

#4204

187.50 62.50 DEP 15.00 ADU 50.00

Maine Dept. Health & Human Services
Div of Environmental Health, II SHS
(207) 287-2070 FAX (207) 287-4172

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY LOCATION		>> Caution: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	CASCO	Town/City	CASCO Permit 4204
Street or Road	50 RABBIT RUN LANE	Date Permit Issued	9/10/25 Fee: \$315 Double Fee Charged ()
Subdivision, Lot *		Local Plumbing Inspector Signature	<i>John Wisen</i> L.P.I. 2179
OWNER/APPLICANT INFORMATION		<input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> State The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached HERE by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.	
Name (last, first, MI)	MEET YOURSELF FULLY, LLC	Municipal Tax Map *	3 Lot * 9-2
Mailing Address of Owner/Applicant	DEREK JANUSZEWSKI 50 RABBIT RUN LANE CASCO, ME 04015		
Daytime Tel. *	904-377-7534		

Owner or Applicant Statement I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit.	Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
<i>[Signature]</i> Signature of Owner or Applicant	<i>[Signature]</i> Local Plumbing Inspector Signature
9/11/25 Date	11/18/25 (1st) Date Approved 11/19/25 (2nd) Date Approved

PERMIT INFORMATION		
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: <u>UNK.</u> Year Installed: <u>UNK.</u> <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENTS 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd+) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous Components
SIZE OF PROPERTY 42.2 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____ 2. <input type="checkbox"/> Multiple Family Dwelling, No of Units: _____ 3. <input checked="" type="checkbox"/> Other: <u>WELLNESS RETREAT - APPROX.</u> KITCHEN MEAL PREP (SPECIFY) <u>45 ATTENDEES</u> Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: ADD METER

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>2500 MIN</u> gallons (1) 1000 EXIST. + (1) NEW 1500	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> regular load d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE: <u>3,360</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> increase in tank capacity d. <input checked="" type="checkbox"/> Filter on tank outlet	DESIGN FLOW <u>1055</u> gallons per day BASED ON: 1. <input type="checkbox"/> Table 4A (dwelling unit(s)) 2. <input checked="" type="checkbox"/> Table 4C (other facilities) SHOW CALCULATIONS - for other facilities - WELLNESS RETREAT SIMILAR TO LIMITED HUNTING CAMP W/7 FULL TIME STAFF @ 45 GPD EACH + 45 GUESTS @ 12 GPD EACH + 200 GPD KITCHEN PREF 3. <input type="checkbox"/> Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION <u>5 1 C</u> at Observation Hole * <u>TP-1</u> Depth <u>38</u> " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 1. <input checked="" type="checkbox"/> Medium - 2.6 sq.ft./gpd 2. <input type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 3. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 4. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ Gallons	LATITUDE AND LONGITUDE at center of disposal area Lot. <u>43</u> d <u>56</u> m <u>57</u> s Lon. <u>70</u> d <u>33</u> m <u>25</u> s if g.p.s, state margin of error <u>16'</u>

SITE EVALUATOR STATEMENT

I certify that on 9/5/23 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

[Signature]
 Site Evaluator Signature #348 SE * 9/10/25 Date

NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.) (207) 892-2435 harrisptic@gmail.com

Page 1 of 3
HHE-200 Rev. 06/2020
(DIVISION APPROVED)

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation
CASCO

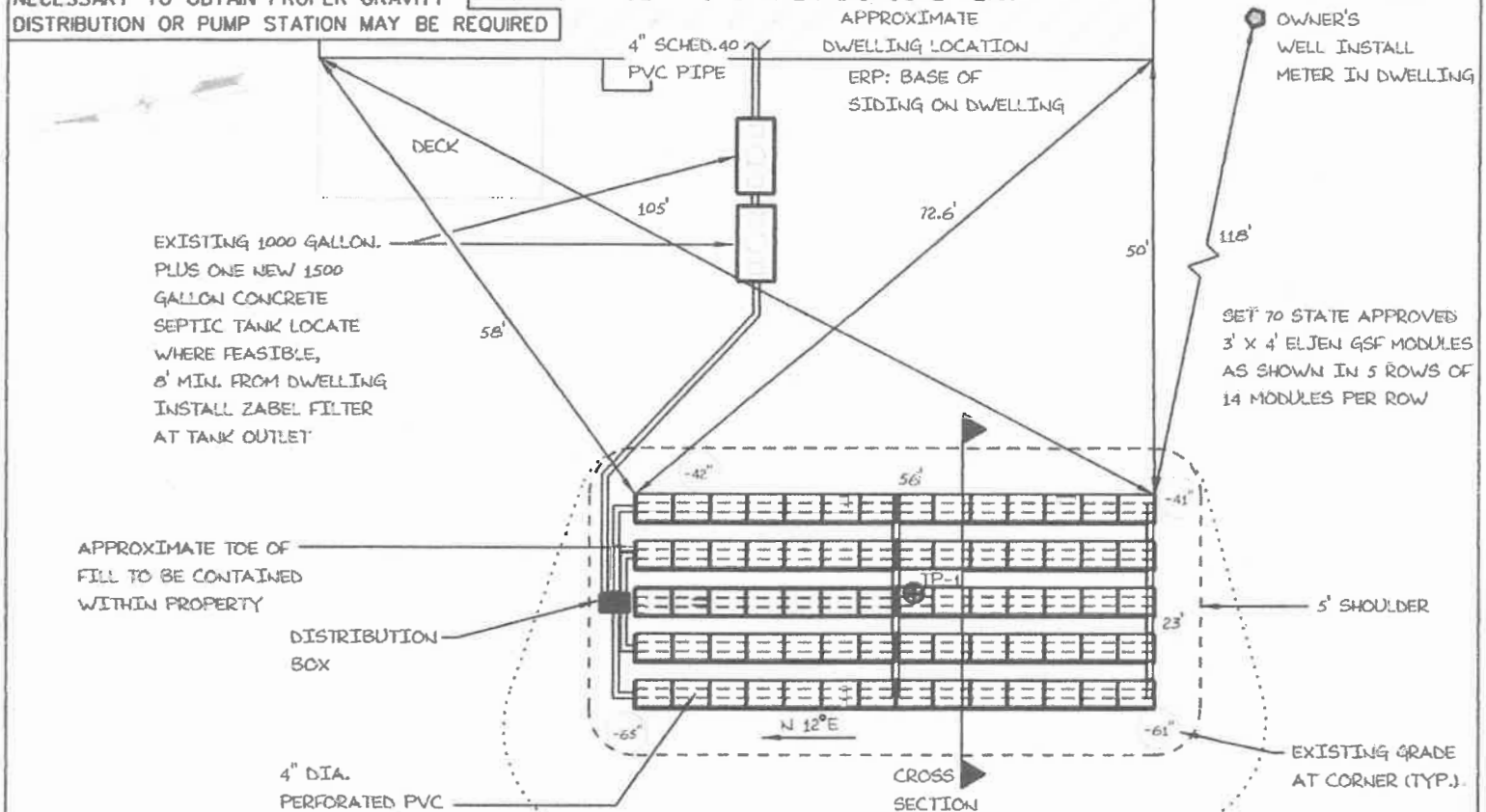
Street, Road, Subdivision
50 RABBIT RUN LANE

Owner or Applicant Name
MEET YOURSELF FULLY, LLC

INSTALLER TO CONFIRM ELEVATIONS
NECESSARY TO OBTAIN PROPER GRAVITY
DISTRIBUTION OR PUMP STATION MAY BE REQUIRED

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.



IT IS THE OWNER'S RESPONSIBILITY TO VERIFY THAT THERE ARE NO UNIDENTIFIED WELLS LOCATED WITHIN 100' OF DISPOSAL SYSTEM.
ALL INFORMATION CONTAINED WITHIN THIS APPLICATION IS AS REPRESENTED BY OWNER, APPLICANT OR OWNER'S/APPLICANT'S REPRESENTATIVE.
THE SITE EVALUATOR WILL NOT BE HELD RESPONSIBLE FOR ANY PERTINENT FACTORS NOT IDENTIFIED, DISCLOSED OR INACCURATELY DISCLOSED.

FILL REQUIREMENTS

Depth of Fill (Upslope) = 7" - 8"
Depth of Fill (Downslope) = 27" - 31"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -34"
Top of Distribution Pipe or Proprietary Device -46"
Bottom of Disposal Area -57"

ELEVATION REFERENCE POINT

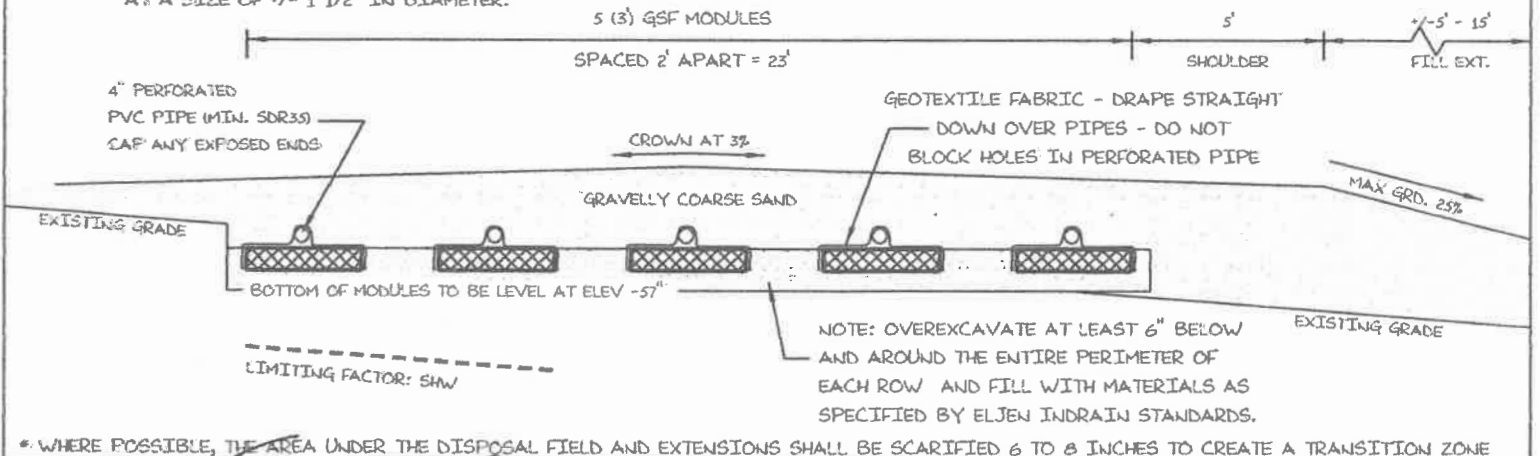
Location & Description BASE OF SIDING ON DWELLING
Reference Elevation -0"

DISPOSAL FIELD CROSS-SECTION

- NOTES:
- * GSF MODULES TO BE INSTALLED PER MANUFACTURER'S RECOMMENDATIONS
 - * BACKFILL TO BE GRAVELLY COARSE SAND FREE OF FINES AND ORGANIC DEBRIS
 - * FINAL GRADES SHALL BE LOAMED, SEEDED AND OR MULCHED TO PREVENT EROSION
 - * ANY STONE REQUIRED TO BE FREE OF FINES AND ORGANIC DEBRIS AT A SIZE OF +/- 1 1/2" IN DIAMETER.

SCALES:

VERTICAL: 1" = 5 FT
HORIZONTAL: 1" = 5 FT



* WHERE POSSIBLE, THE AREA UNDER THE DISPOSAL FIELD AND EXTENSIONS SHALL BE SCARIFIED 6 TO 8 INCHES TO CREATE A TRANSITION ZONE

Norman "Bud" Harris
Site Evaluator Signature
NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.) (207) 892-2435

#348
SE • harrisptic@gmail.com

9/10/25
Date

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Maine Dept. Health & Human Services
 Div. of Environmental Health
 (207) 287-5672 FAX (207) 287-3165

Town, City, Plantation
CASCO

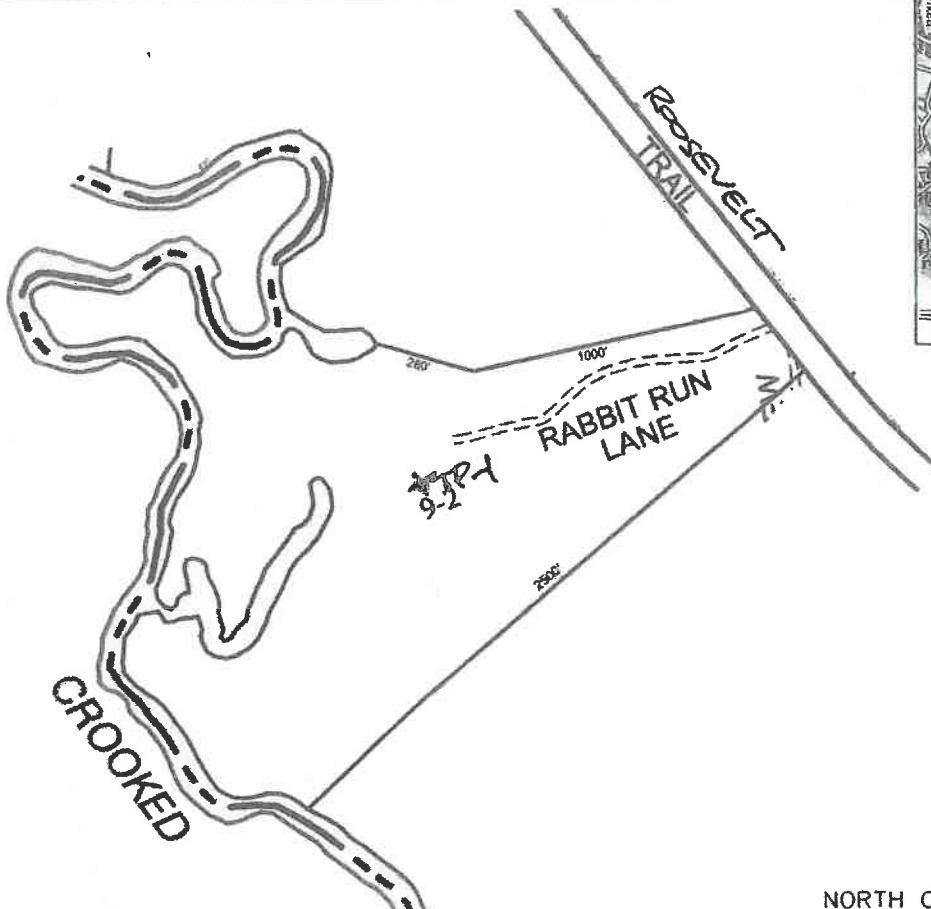
Street, Road, Subdivision
50 RABBIT RUN LANE

Owner's Name
MEET YOURSELF FULLY, LLC

SITE PLAN

Scale 1" = NTS ft. or as shown

SITE LOCATION PLAN



NORTH ORIENTATION APPROXIMATE

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole TP-1 Test Pit Boring
9.2 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	DARK BROWN	
10	LOAMY FINE SAND	FRIABLE	MEDIUM BROWN	
20	MEDIUM SAND	FRIABLE	LIGHT YELLOW BROWN	
30				
40	FINE SAND	FRIABLE	LIGHT GRAY	FEW & FAINT
50				

Observation Hole _____ Test Pit Boring
 _____ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification: S Profile, S Condition
 Slope: 3-5%
 Limiting Factor: 30"
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Soil Classification: _____ Profile, _____ Condition
 Slope: _____ %
 Limiting Factor: _____"
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Norman Harris
 Site Evaluator Signature

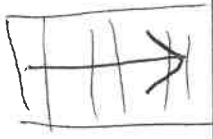
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33

Stairway

UPstairs



Bathroom

Bedroom

Bedroom

MAYBE
Bedroom



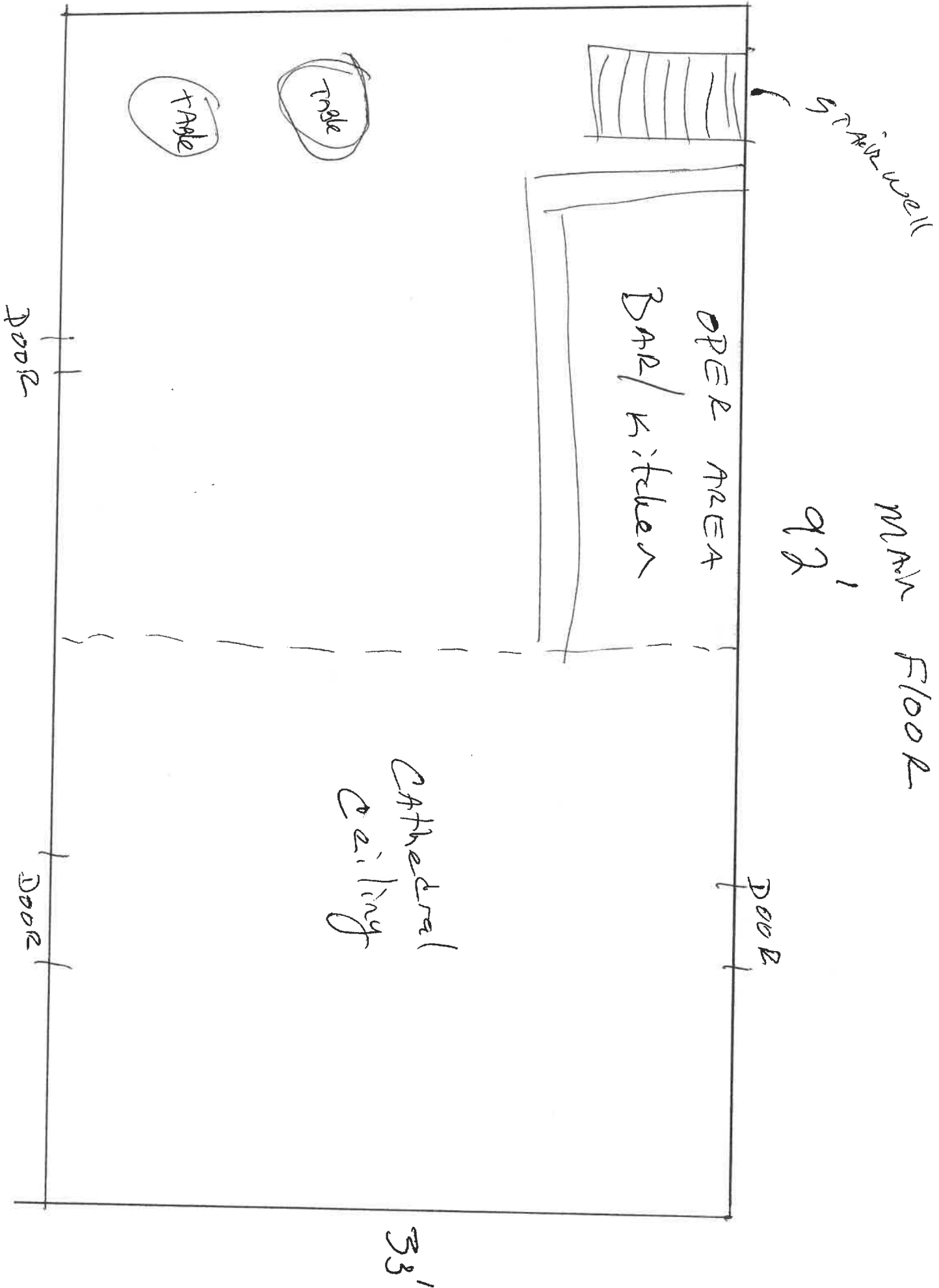
Hallway

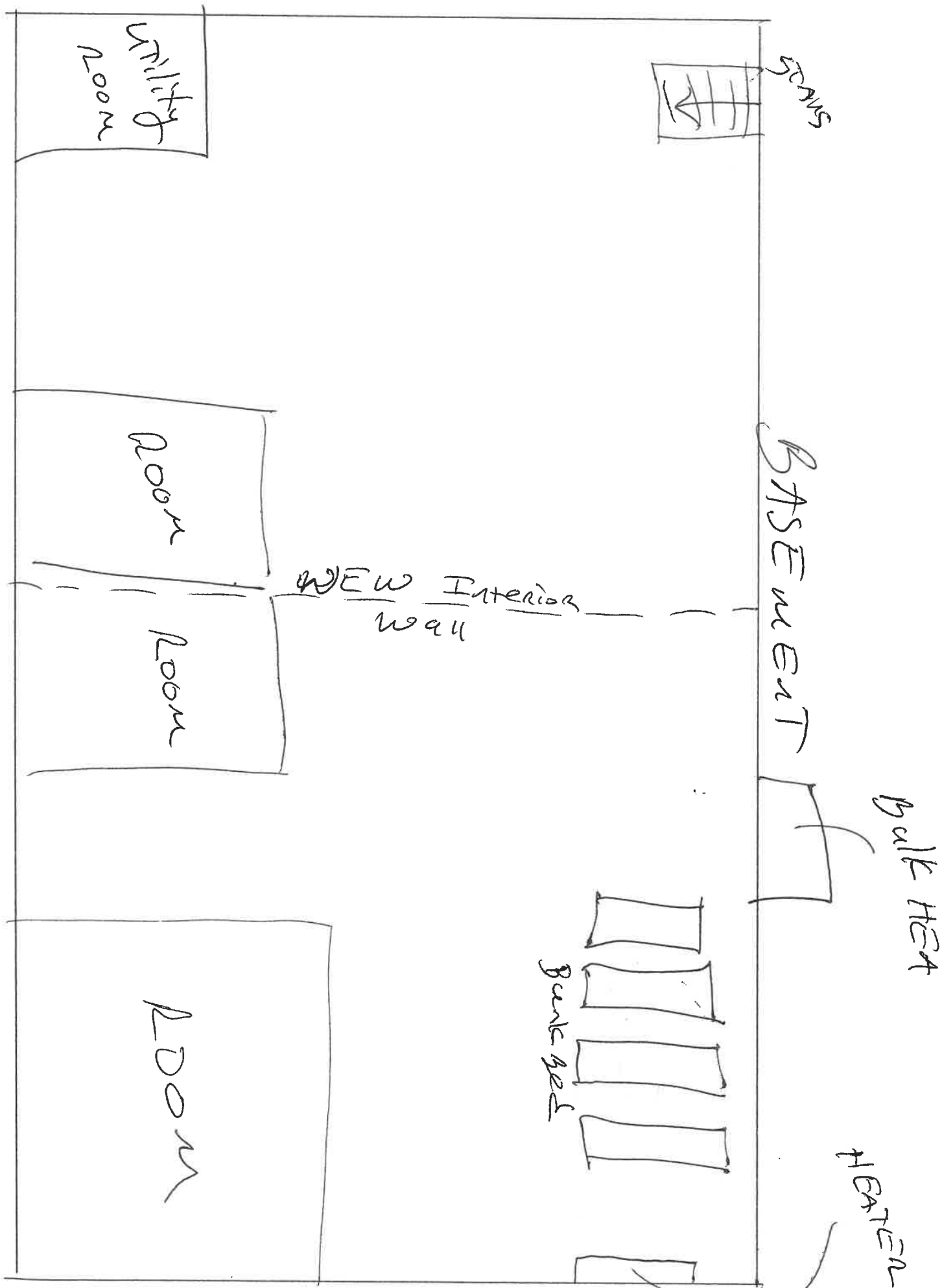
Master
Bedroom

OPEN
SPACE

→ OPEN
To below

56





92

33