

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering, Station 10
(207) 287-6672 FAX (207) 287-3165

PROPERTY LOCATION

City, Town or Plantation: Casco
Street or Road: Roosevelt Trail
Subdivision, Lot #: _____

OWNER/APPLICANT INFORMATION

Name (last, first, MI): Harmon, Stephen Owner Applicant

Mailing Address of Owner / Applicant:
229 Maple Dr.
Gorham, ME. 04038

Daytime Tel. #: 207 839 2685

>> Caution: Permit Required - Attach in Space Below <<

CASCO 2317 TOWN COPY

Date Permit Issued: 11/12/03 \$ 11100 # Double Fee Charged

[Signature] L.P.I. # 6109
Local Plumbing Inspector Signature

Municipal Tax Map # 3 Lot # 907

Owner Statement

I state 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.

[Signature] 11/12/03
Signature of Owner or Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

Local Plumbing Inspector Signature

(1st) Date Approved _____
(2nd) Date Approved _____

TYPE OF APPLICATION	THIS APPLICATION REQUIRES:	DISPOSAL SYSTEM COMPONENT(S)
<input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced _____ Year Installed _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<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 Variance	<input checked="" type="checkbox"/> 1. Complete Non-Engineered System <input type="checkbox"/> 2. Primitive System (graywater & Alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify _____ <input type="checkbox"/> 4. Non-Engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank _____ Gallons <input type="checkbox"/> 6. Non-Engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (>2000 gpd) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY 42+/- <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE: <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms <u>2</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units _____ <input type="checkbox"/> 3. Other: _____ SPECIFY _____ Current Use: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY 1. <input 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 FUTURE

TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other CAPACITY <u>1000</u> Min. gallons (see Standard Notes on pg. 2)	<input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE <u>520</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input checked="" type="checkbox"/> 3. Maybe If yes or maybe, specify one below: <input type="checkbox"/> a. Multi-compartment Tank <input type="checkbox"/> b. Tanks in Series <input type="checkbox"/> c. Increase in Tank Capacity <input checked="" type="checkbox"/> d. Filter on Tank Outlet	<u>200</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities-
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>5 / B / 2</u> at Observation Hole # <u>1</u> Depth <u>48</u> " of Most Limiting Factor	DISPOSAL AREA SIZING <input type="checkbox"/> 1. Small - 2.0 sq. ft./gpd <input checked="" type="checkbox"/> 2. Medium - 2.6 sq. ft./gpd <input type="checkbox"/> 3. Medium-Large - 3.3 sq. ft./gpd <input type="checkbox"/> 4. Large - 4.1 sq. ft./gpd <input type="checkbox"/> 5. Extra-Large - 5.0 sq. ft./gpd	EFFLUENT/EJECTOR PUMP <input checked="" type="checkbox"/> 1. Not required <input type="checkbox"/> 2. May be required <input type="checkbox"/> 3. Required Specify only for engineered systems DOSE _____ Gallons	<input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER-METER DATA

SITE EVALUATOR'S STATEMENT

I Certify that on 12 / 13 / 02 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 241).

[Signature] 67 12 / 17 / 02
 Site Evaluator Signature SE# Date
W. HORTON 647- 8798 meldrum@megalink.net
 Site Evaluator Name Printed Telephone # E-mail Address

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

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Department of Health Services
Division of Health Engineering, Section 19
(207) 287-6672 FAX (207) 287-3111

Town, City or Plantation
Casco

Street, Road, Subdivision
Roosevelt Trail

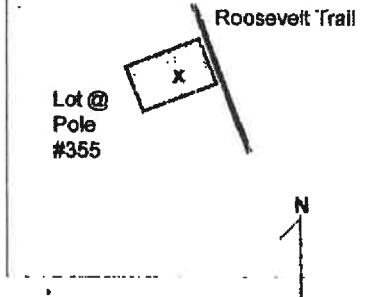
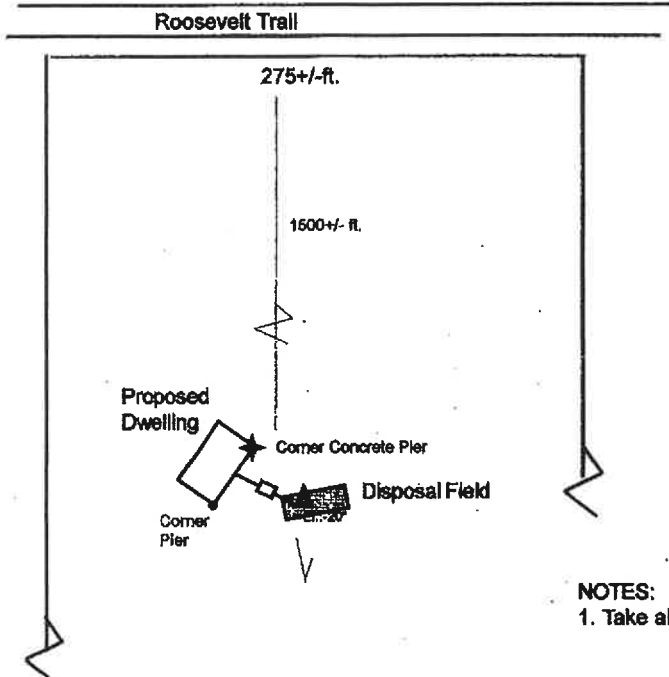
Owner or Applicant Name
S. Harmon

SITE PLAN

Scale: 1" = 100 FT.

Site Preparation Inspection (new requirement):
Time shall be allowed for first inspection by the LPI after site is prepared for installation.
The SE shall be informed of any design criteria that may require review at this time:

SITE LOCATION PLAN
(Attach map from Maine Atlas for First Time System Variance)



NOTES:

1. Take all measures to protect against surface erosion of Disposal Field.

- SLOPE
- ◆ = E.R.P.
- ▲ = OBSERVATION PIT

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

Texture	Consistency	Color	Mottling
Loam	Friable	Dk. Br.	
Loamy Sand		Brown	None Evident
Med. Sand	Loose	Lt. Brown	

TO BE READ BY OWNER or AGENT and INSTALLER -

The Owner Statement (page 1) shall include the fact of reading these notes:

- This Application requires a Permit from the Town before a Building Permit for the lot is obtainable.
- A Septic Tank Filter is required whenever garbage disposal device is contemplated for the dwelling, and is recommended for all installations for prolongation of a disposal system's life.
- Owner/Installer shall review this Application and verify that it accurately describes the intended uses (present and future) for the system, and all setbacks and other information hereon is complete and factually correct, prior to its submission to the Town's LPI for a permit.
- The four corner flags placed by the SE are indicators of the general location of the disposal field. However, installer shall use the layout measurements on page 3 to locate the field precisely. If a measurement involves a property line, the Owner is responsible for locating the same prior to installation.
- SE's phone number is on page #1 for questions.
- Proper functioning of a disposal system requires Septic Tank being pumped out periodically, and the tank inspected. Non-pumping and broken baffles reduce the life expectancy of a disposal field, causing clogging and requiring a replacement. For easy access to Septic Tank, use a riser over the cleanout.
- Because the method of installation and the usage* & maintenance practices* have a significant effect on the working order of a private septic system, it is not possible to adequately predict the efficiency and/or longevity of any particular septic system design.
- *Products on the market today (some liquid soaps and septic tank additives, garbage disposals, water softeners, & some dishwashers) can be harmful to leaching fields.

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
5 B	6 %	48	<input type="checkbox"/> Restrictive Layer
Profile Condition	Percent	Depth	<input type="checkbox"/> Bedrock

Profile	Condition	Percent	Depth
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Sits Evaluator Signature

67 SE #

12 / 16 / 02 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-4872 FAX (207) 287-3181

Town, City or Plantation
Casco

Street, Road, Subdivision
Roosevelt Trail

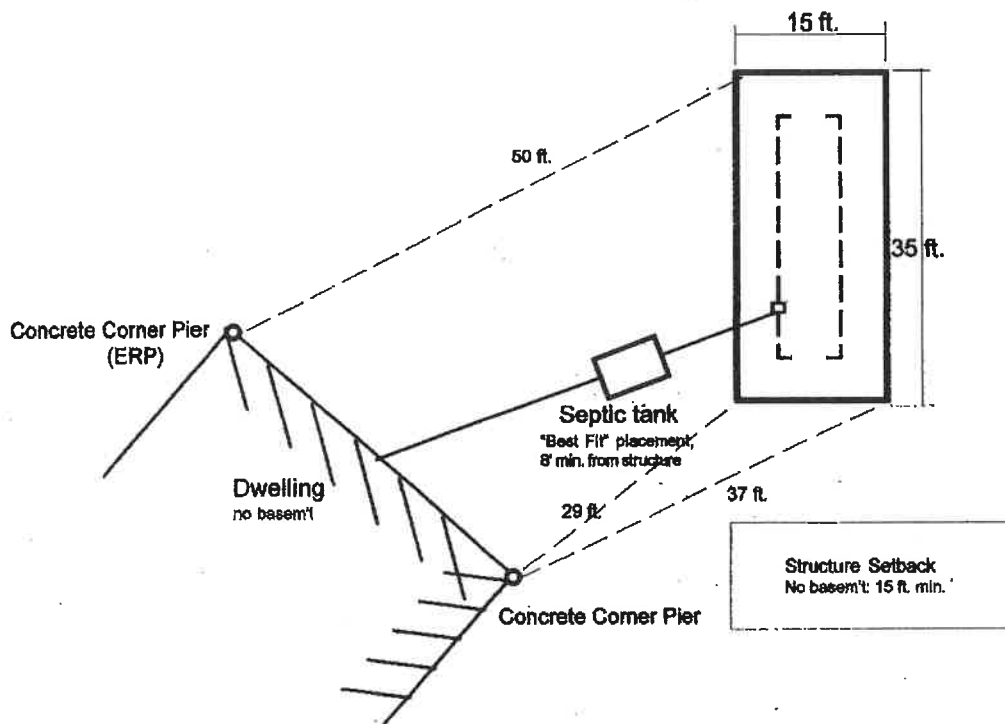
Owner or Applicant Name
S. Harmon

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft.

STONE BED: 15' x 35'

2 - 25 ft. Lines
of 4" Perforated Pipe,
5 ft. Apart.



FILL REQUIREMENTS

Depth of Backfill (Upslope) 0 "
Depth of Backfill (Downslope) 10 +/- "
DEPTH AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -19 "
Top of Distribution Pipe or Proprietary Devices -32 "
Bottom of Disposal Area -43 "

ELEVATION REFERENCE POINT

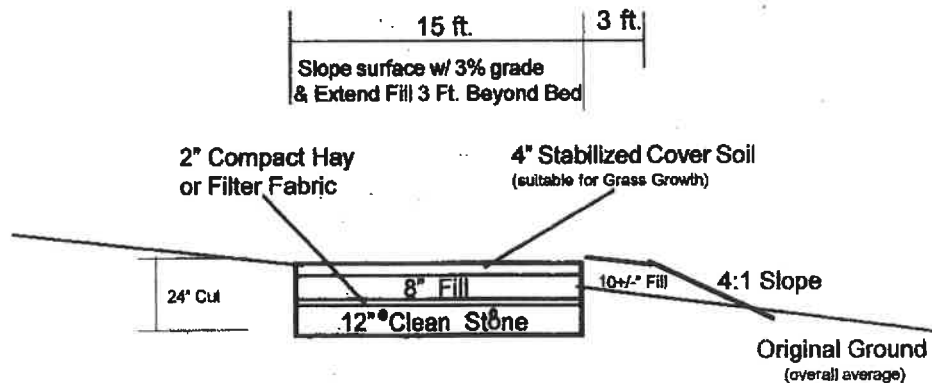
Location & Description top of Concrete
Corner Pier
Reference Elevation is: 0.0 " C.F.

Construction Notes:

- Installer shall follow the construction techniques of the CODE (Section 800).

DISPOSAL AREA CROSS SECTION

Scales:
Vertical: 1" = 5 Ft.
Horizontal: 1" = 10 Ft.



Backfill under & around the Stone with 8" min. of gravelly sand (see sect. 804.2.3 for field testing of material), with 4" mixed into original soil beneath bed for transitional zone.

Site Evaluator Signature

67
SE #

12 / 16 / 02
Date

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