

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. Environmental Health, 11SHS
(207) 287-2070 Fax: (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation		Town/City _____ Permit # _____	Date Permit Issued: ____/____/____ Fee: \$ _____ Double Fee Charged []
Street or Road			L.P.I. # _____
Subdivision, Lot #		Local Plumbing Inspector Signature	
OWNER/APPLICANT INFORMATION		Fee: \$ _____ state min fee \$ _____ Locally adopted fee	
Name (last, first, MI)	Owner Applicant	Copy: [] Owner [] Town [] State	
Mailing Address of Owner/Applicant		The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued 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.	
Daytime Tel. #		Municipal Tax Map # _____ Lot # _____	
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (1st) date approved _____	
		(2nd) date approved _____	
PERMIT INFORMATION			
TYPE OF APPLICATION 1. First Time System 2. Replacement System Type replaced: _____ Year installed: _____ 3. Expanded System a. <25% Expansion b. ≥25% Expansion 4. Experimental System 5. Seasonal Conversion	THIS APPLICATION REQUIRES 1. No Rule Variance 2. First Time System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval 3. Replacement System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval 4. Minimum Lot Size Variance 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS 1. Complete Non-engineered System 2. Primitive System (graywater & alt. toilet) 3. Alternative Toilet, specify: _____ 4. Non-engineered Treatment Tank (only) 5. Holding Tank, _____ gallons 6. Non-engineered Disposal Field (only) 7. Separated Laundry System 8. Complete Engineered System (2000 gpd or more) 9. Engineered Treatment Tank (only) 10. Engineered Disposal Field (only) 11. Pre-treatment, specify: _____ 12. Miscellaneous Components	
SIZE OF PROPERTY SQ. FT. ACRES	DISPOSAL SYSTEM TO SERVE 1. Single Family Dwelling Unit, No. of Bedrooms: _____ 2. Multiple Family Dwelling, No. of Units: _____ 3. Other: _____ (specify) Current Use Seasonal Year Round Undeveloped	TYPE OF WATER SUPPLY 1. Drilled Well 2. Dug Well 3. Private 4. Public 5. Other	
SHORELAND ZONING Yes No			
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. Concrete a. Regular b. Low Profile 2. Plastic 3. Other: _____ CAPACITY: _____ GAL.	DISPOSAL FIELD TYPE & SIZE 1. Stone Bed 2. Stone Trench 3. Proprietary Device a. cluster array c. Linear b. regular load d. H-20 load 4. Other: _____ SIZE: _____ sq. ft. lin. ft.	GARBAGE DISPOSAL UNIT 1. No 2. Yes 3. Maybe If Yes or Maybe, specify one below: a. multi-compartment tank b. _____ tanks in series c. increase in tank capacity d. Filter on Tank Outlet	DESIGN FLOW _____ gallons per day BASED ON: 1. Table 4A (dwelling unit(s)) 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS PROFILE CONDITION _____/ at Observation Hole # _____ Depth _____" of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 1. Medium---2.6 sq. ft. / gpd 2. Medium---Large 3.3 sq. ft. / gpd 3. Large---4.1 sq. ft. / gpd 4. Extra Large---5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP 1. Not Required 2. May Be Required 3. Required Specify only for engineered systems: DOSE: _____ gallons	3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. _____d _____m _____s Lon. _____d _____m _____s if g.p.s, state margin of error: _____
SITE EVALUATOR STATEMENT			
I certify that on _____ (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).			
Site Evaluator Signature _____		SE # _____	Date _____
Site Evaluator Name Printed _____		Telephone Number _____	E-mail Address _____
Note : Changes to or deviations from the design should be confirmed with the Site Evaluator. <div style="text-align: right;">Page 1 of 3 HHE-200 Rev.11/2013</div>			

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(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

SITE PLAN

Scale 1" = _____ ft. or as shown

SITE LOCATION PLAN
(map from Maine Atlas
recommended)

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

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

	Texture	Consistency	Color	Mottling
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1				
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Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
Profile Condition	_____ %	_____ "	<input type="checkbox"/> Restrictive Layer
			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

Observation Hole _____ ☐ Test Pit ☐ Boring
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Site Evaluator Signature

SE #

Date

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SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = _____ FT.

FILL REQUIREMENTS**CONSTRUCTION ELEVATIONS****ELEVATION REFERENCE POINT**

Depth of Fill (Upslope) _____

Finished Grade Elevation _____

Location & Description: _____

Top of Distribution Pipe or Proprietary Device _____

Reference Elevation: _____

Depth of Fill (Downslope) _____

Bottom of Disposal Area _____

DISPOSAL AREA CROSS SECTION**Scale**

Horizontal 1" = _____ ft.

Vertical 1" = _____ ft.

Site Evaluator Signature_____
SE #_____
Date