

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(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 [] _____ L.P.I. # _____ Local Plumbing Inspector Signature _____ ☐ Owner ☐ Town ☐ State	
Street or Road			
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION		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. Municipal Tax Map # _____ Lot # _____	
Name (last, first, MI) _____ Owner _____ Applicant _____			
Mailing Address of Owner/Applicant			
Daytime Tel. #			
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. _____ (1st) date approved	
_____ Signature of Owner or Applicant _____ Date _____		_____ Local Plumbing Inspector Signature _____ (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.			