

<b>PROPERTY LOCATION</b>	<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>
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City, Town, or Plantation	<b>TOWN OF NORTH YARMOUTH</b>	Town/City <u>TOWN OF NORTH YARMOUTH</u>	Permit # _____
Street or Road		Date Permit Issued: ___/___/___ Fee: \$_____ Double Fee Charged [ ]	
Subdivision, Lot #		L.P. I. # _____	

<b>OWNER/APPLICANT INFORMATION</b>	Local Plumbing Inspector Signature _____ <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State
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Name (last, first, MI) _____ <input type="checkbox"/> Owner <input type="checkbox"/> 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.
Mailing Address of Owner/Applicant _____	Municipal Tax Map # _____ Lot # _____

<b>OWNER OR APPLICANT STATEMENT</b>	<b>CAUTION: INSPECTION REQUIRED</b>
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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	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	_____ Local Plumbing Inspector Signature

_____ Date	_____ (1st) date approved
_____ Date	_____ (2nd) date approved

<b>PERMIT INFORMATION</b>
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<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>FEE</b>	<b>DISPOSAL SYSTEM COMPONENTS</b>	<b>FEE</b>
<input 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. <25% Expansion <input type="checkbox"/> b. ≥25 Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<input 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 Permit	\$30	<input 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 or more) <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	\$250+15 \$100 \$50 \$150 \$100 \$150 \$35 \$200+15 \$80 \$150 \$30
<b>SIZE OF PROPERTY</b>	<b>DISPOSAL SYSTEM TO SERVE</b>			
<input type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	<input type="checkbox"/> 1. Single Family Dwelling Unit. No. of Bedrooms: ____ <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 type="checkbox"/> Undeveloped			
<b>SHORELAND ZONING</b>	<b>TYPE OF WATER SUPPLY</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other			

<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>
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<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>	<b>DESIGN FLOW</b>
<input type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____ CAPACITY: _____ GAL.	<input 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: _____ sq. ft. <input type="checkbox"/> lin. ft.	<input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input 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 type="checkbox"/> d. Filter on Tank Outlet	_____ gallons per day BASED ON: <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>EFFLUENT/EJECTOR PUMP</b>		<b>LATITUDE AND LONGITUDE</b>
PROFILE CONDITION _____/_____ at Observation Hole # _____ Depth _____" of Most Limiting Soil Factor	<input type="checkbox"/> Not Required <input type="checkbox"/> May Be Required <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ gallons		at center of disposal area Lat. _____d _____m _____s Lon. _____d _____m _____s if g.p.s., state margin of error: _____

<b>SITE EVALUATOR STATEMENT</b>
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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 _____
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Site Evaluator Name Printed _____	Telephone Number _____	E-mail Address _____
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