

**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 # _____		
Street or Road		Date Permit Issued ____/____/____ Fee: \$ _____ Double Fee Charged [ ]		
Subdivision, Lot #		Local Plumbing Inspector Signature _____ L.P.I. # _____		
<b>OWNER/APPLICANT INFORMATION</b>		<div style="text-align: right;">□ Owner □ Town □ State</div> <p>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.</p> <p>Municipal Tax Map # _____ Lot # _____</p> <p><b>CAUTION: INSPECTION REQUIRED</b> I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. _____ (1st) date approved</p> <p>_____ Local Plumbing Inspector Signature (2nd) date approved</p>		
Name (last, first, MI)	□ Owner □ Applicant			
Mailing Address of Owner/Applicant				
Daytime Tel. #				
<b>OWNER OR APPLICANT STATEMENT</b> 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.  _____ Signature of Owner or Applicant Date _____				
<b>PERMIT INFORMATION</b>				
<b>TYPE OF APPLICATION</b> □ 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	<b>THIS APPLICATION REQUIRES</b> □ 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	<b>DISPOSAL SYSTEM COMPONENTS</b> □ 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		
<b>SIZE OF PROPERTY</b> □ SQ. FT. □ ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> □ 1. Single Family Dwelling Unit, No. of Bedrooms: _____ □ 2. Multiple Family Dwelling, No. of Units: _____ □ 3. Other: _____ (specify) Current Use □ Seasonal □ Year Round □ Undeveloped			<b>TYPE OF WATER SUPPLY</b> □ 1. Drilled Well □ 2. Dug Well □ 3. Private □ 4. Public □ 5. Other
<b>SHORELAND ZONING</b> □ Yes □ No				
<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>				
<b>TREATMENT TANK</b> □ 1. Concrete □ a. Regular □ b. Low Profile □ 2. Plastic □ 3. Other: _____ CAPACITY: _____ GAL.	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> □ 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.	<b>GARBAGE DISPOSAL UNIT</b> □ 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	<b>DESIGN FLOW</b> _____ gallons per day BASED ON: □ 1. Table 4A (dwelling unit(s)) □ 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities  □ 3. Section 4G (meter readings) ATTACH WATER METER DATA	
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION _____ at Observation Hole # _____ Depth _____" of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> □ 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	<b>EFFLUENT/EJECTOR PUMP</b> □ 1. Not Required □ 2. May Be Required □ 3. Required Specify only for engineered systems: DOSE: _____ gallons	<b>LATITUDE AND LONGITUDE</b> 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>				
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.				