

Bridge + C-4

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION

Town or Plantation	T4R8
Street	Bowlin Camps
Subdivision Lot #	Cabin #1
PROPERTY OWNERS NAME	
Last: Smallwood	First: Jon + Betty
Mailing Address of Owner	P.O. Box 251 Patten, ME. 04765
Daytime Tel. #	207-528-2022

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here 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.

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 of Owner/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

Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- ☒ First Time System
- ☐ Multi-User System
- ☐ Replacement System
- ☐ Expanded System
 - ☐ One-time exempted
 - ☐ Non-exempted
- ☐ Experimental System
- ☐ Seasonal Conversion

THIS APPLICATION REQUIRES:

- ☒ No Rule Variance
- ☐ First Time System Variance (Municipal)
- ☐ First Time System Variance (State)
- ☐ Replacement System Variance
 - ☐ Local Plumbing Inspector approval
 - ☐ State & Local Plumbing Inspector approval
- ☐ Minimum Lot Size Variance
- ☐ Seasonal Conversion Variance

DISPOSAL SYSTEM COMPONENT(S)

- ☒ Non-Engineered System
- ☐ Primitive System
- ☐ Alternative Toilet
Specify _____
- ☐ Non-Engineered Treatment Tank
- ☐ Holding Tank _____ Gallons
- ☐ Non-Engineered Disposal Area (only)
- ☐ Separated Laundry System
- ☐ Engineered System (+2000 gpd)
- ☐ Engineered Treatment Tank (only)
- ☐ Engineered Disposal Area (only)

SIZE OF PROPERTY

30 Acres ±

DISPOSAL SYSTEM TO SERVE:

- ☐ Single Family Dwelling Unit
- ☐ Multiple Family Dwelling Unit
Number of Units _____
- ☒ Other Rental Cabin
SPECIFY _____

SHORELAND ZONING

☒ Yes ☐ No

TYPE OF WATER SUPPLY

Spring Water
Gravity Feed

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- ☒ Concrete
 - ☒ Regular
 - ☐ Low Profile
 - ☐ Plastic
- SIZE 1000 Gallons

DISPOSAL AREA TYPE/SIZE

- ☐ Stone Bed _____ Sq. Ft.
- ☒ Proprietary Device 450 Sq. Ft.
 - ☐ Clustered ☒ Linear
 - ☒ Regular ☐ H-20
- ☐ Trench _____ Lin. Ft.
- ☐ Other _____

GARBAGE DISPOSAL UNIT

- ☒ No
- ☐ Yes
 - ☐ Multi-compartment tank
 - ☐ Tank in series
 - ☐ Increase in tank capacity
 - ☐ Filter on tank outlet

CRITERIA USED FOR DESIGN FLOW (Show Calculations)

4 Beds @ 50 GPD
each = 200 GPD
1 Employee @
15 GPD

PROFILE & DESIGN CLASS

PROFILE DESIGN

6 B
DEPTH TO MOST LIMITING FACTOR _____"

DISPOSAL AREA SIZING

- ☒ Small 2.0
- ☐ Medium 2.60
- ☐ Medium-Large 3.30
- ☐ Large 4.10
- ☐ Extra-Large 5.00

PUMPING

- ☒ Not required
- ☐ May be required
- ☐ Required

DOSE _____ Gallons

DESIGN FLOW: 215
(Gallons/Day)

SITE EVALUATOR'S STATEMENT

On 4 / 22 / 98 (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.

Site Evaluator Signature

John R. Whitney
Print Name

SE #

239
207-794-8622
Telephone

Date

5/4/98

Town, City or Plantation

Street, Road or Subdivision

Name of Owner

74R8

Bowling Camps

Cabin #1

Toy Smallwood

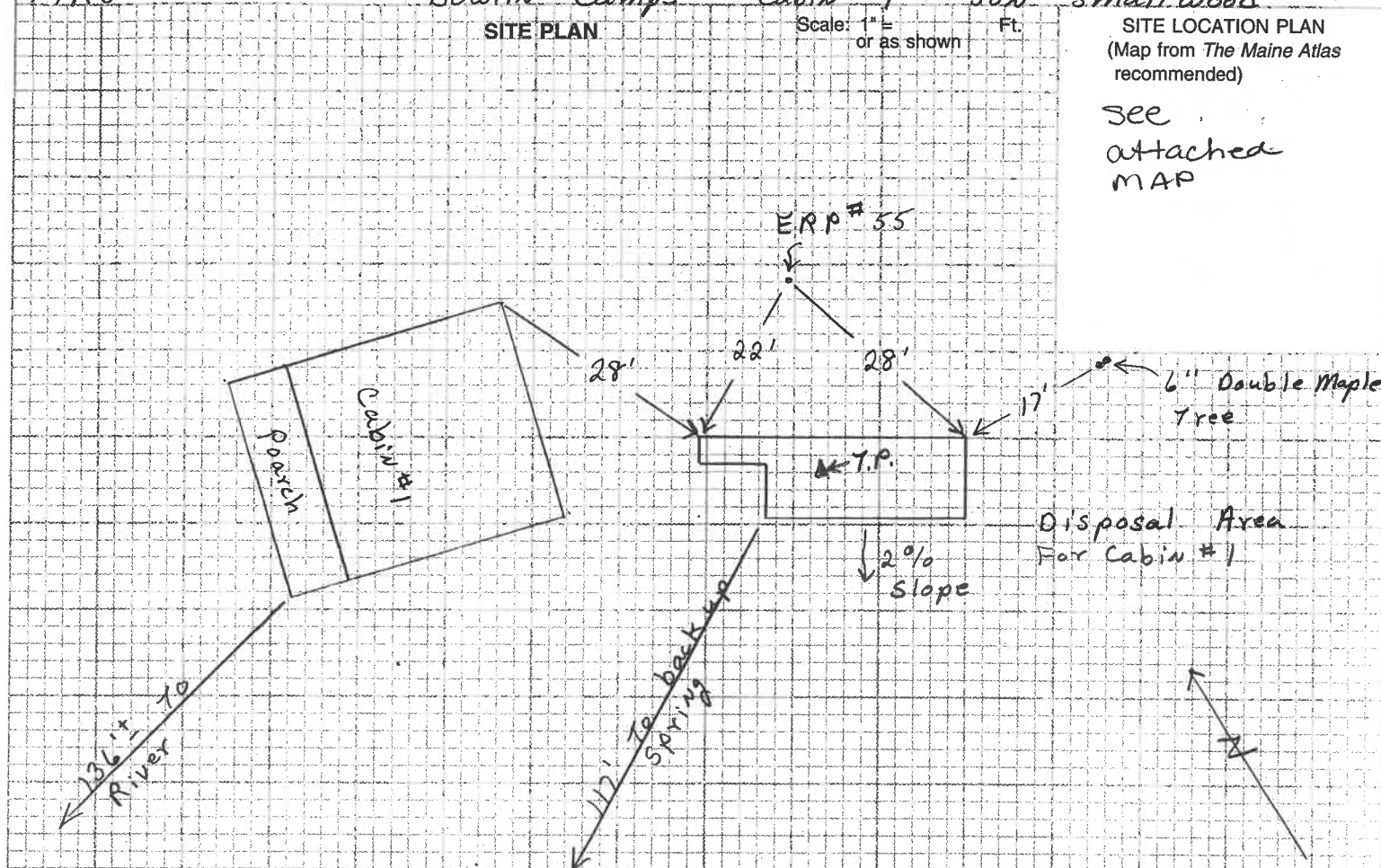
SITE PLAN

Scale: 1" = _____
or as shown

Ft.

SITE LOCATION PLAN
(Map from *The Maine Atlas*
recommended)

see
attached
MAP



(Location of Observation Holes Shown Above)

Observation Hole T.P. ☒ Test Pit ☐ Boring

1" Depth of Organic Horizon Above Mineral Soil

	Texture	Consistency	Color	Mottling
0	Gravelly Sandy Loam	Friable	10YR 5/2	
6			10YR 4/4	
10				
15				
20	Loamy Gravel			
30				NONE
40	Gravel	Loose	2.5Y 3/3	
50				

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Soil Profile <u>G</u>	Class <u>B</u>	Slope <u>2</u> %	Limiting Factor _____	<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

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

Texture	Consistency	Color	Mottling
0			
6			
10			
15			
20			
30			
40			
50			

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Soil _____ Profile	Class _____	Slope _____%	Limiting Factor _____*	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Site Evaluator Signature

SE #

Date _____

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City or Plantation

Street, Road or Subdivision

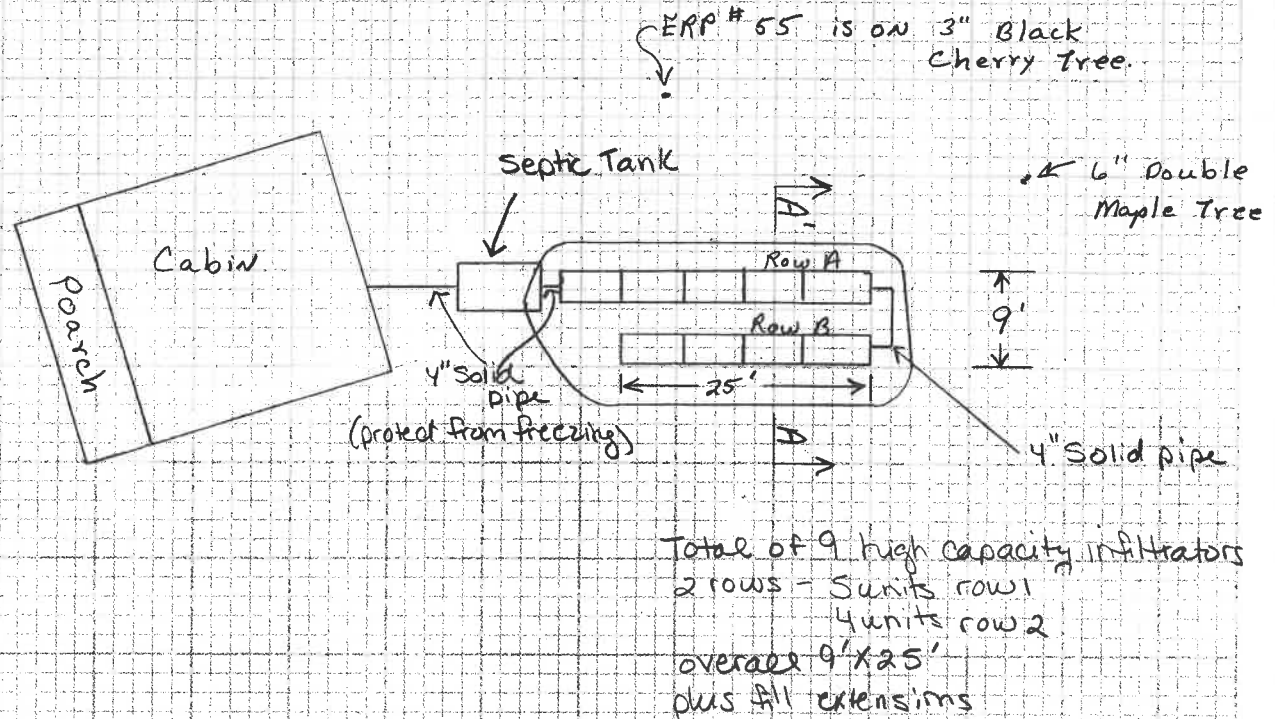
Name of Owner

74 R 8

Rowlin Camps Cabin #1
SUBSURFACE WASTEWATER DISPOSAL PLAN

Jon Smallwood

Scale: 1" = 20 Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) 0"
Depth of Fill (Downslope) 1"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation 50"-58"
Top of Distribution Pipe or Proprietary Device 58"-60"
Bottom of Disposal Area 74"-76"

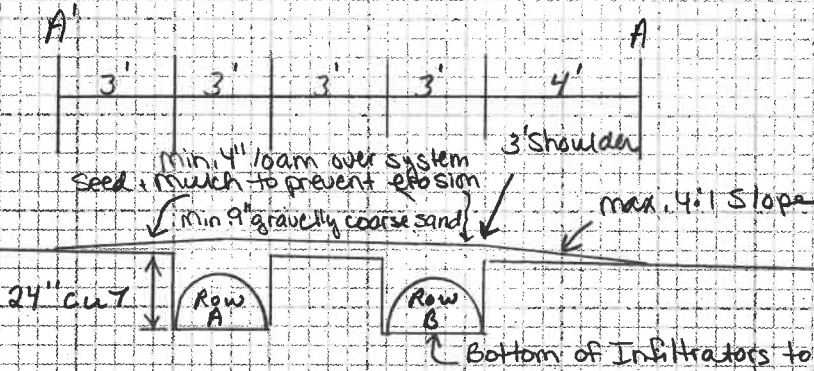
ELEVATION REFERENCE POINT

Location & Description Nail in Tag #55
Nail is 40" Above Ground Level
Reference & Elevation 0"

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1" = 5 Ft.
Scale: 1" = 5 Ft.



Remove all organic matter and
stabilize original soil under infiltrators
and fill extensions

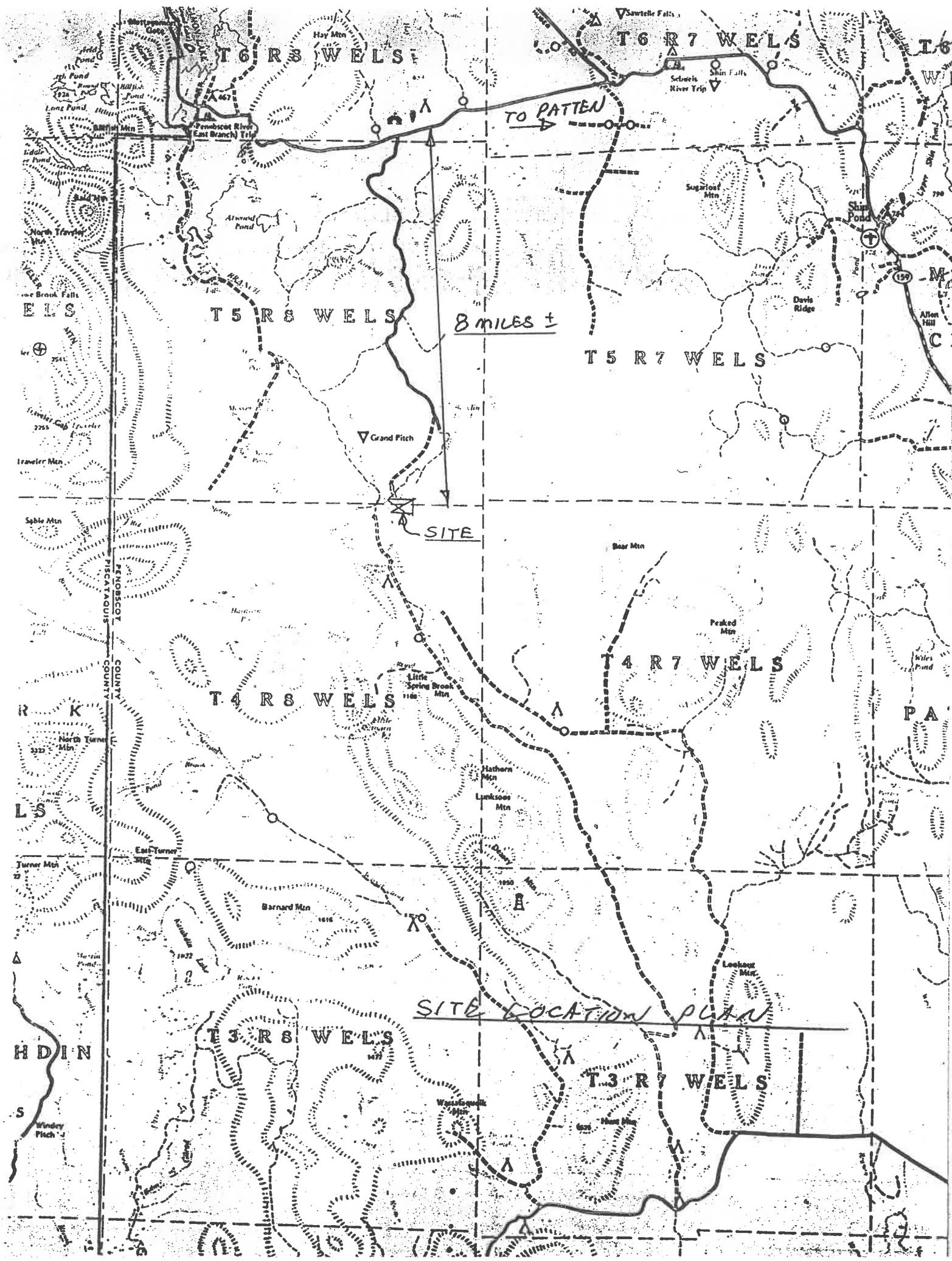
Mix 4" of the top soil into the
bottom of the trenches.

Fill between and over Infiltrators to be gravelly coarse sand

John R. Whitney
Site Evaluator Signature

239
SE #

5/4/98
Date



PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation	TYRRE BOWLIN
Street Subdivision Lot #	

PROPERTY OWNERS NAME

Last: SMALLWOOD	First: JONIA BETTY
Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	BOX 251 PATTEN, ME.

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant

Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature

Date Approved

LURC 179

PERMIT # 61 APPLICANTS COPY

Date

Permit Issued:

5.5.99

\$

4.0

FEE

Double Fee Charged

Local Plumbing Inspector Signature

L.P.I. # 1719

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

PERMIT INFORMATION

This Application is for

- ☒ NEW PLUMBING
- ☐ RELOCATED PLUMBING

Type Of Structure To Be Served:

- ☐ SINGLE FAMILY DWELLING
- ☐ MODULAR OR MOBILE HOME
- ☐ MULTIPLE FAMILY DWELLING
- ☒ OTHER - SPECIFY CAMP

Plumbing To Be Installed By:

- ☐ MASTER PLUMBER
- ☐ OIL BURNERMAN
- ☐ MFG'D. HOUSING DEALER/MECHANIC
- ☐ PUBLIC UTILITY EMPLOYEE
- ☒ PROPERTY OWNER

LICENSE #

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.

OR

HOOK-UP: to an existing subsurface wastewater disposal system.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

Number of Hook-Ups & Relocations

Hook-Up & Relocation Fee

Number

Column 2
Type of Fixture

Hosebibb / Sillcock

Floor Drain

Urinal

Drinking Fountain

Indirect Waste

Water Treatment Softener, Filter, etc.

Grease/Oil Separator

Dental Cuspidor

Bidet

Other:

Fixtures (Subtotal)
Column 2

Number

Column 1
Type of Fixture

Bathtub (and Shower)

Shower (Separate)

Sink

Wash Basin

Water Closet (Toilet)

Clothes Washer

Dish Washer

Garbage Disposal

Laundry Tub

Water Heater

Fixtures (Subtotal)
Column 1

Fixtures (Subtotal)
Column 2

Total Fixtures

Fixture Fee

Hook-Up & Relocation F

Permit Fee
(Total)

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE

DOUBLE FEE

APPLICANT COPY