

New Septic fa C2+C3

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Div of Environmental Health, 11 SHS  
(207) 287-5672 Fax: (207) 287-4172

## PROPERTY LOCATION

>> CAUTION: LPI APPROVAL REQUIRED <<

City, Town, or Plantation	T5 R8
Street or Road	BOWLIN CAMPS ROAD
Subdivision, Lot #	N/A
<b>OWNER/APPLICANT INFORMATION</b>	
Name (last, first, MI)	SCALA, TOM NORVEST, LLC
Mailing Address of Owner/Applicant	203 Stephens Rd. WEST MILFORD, NJ 07480
Daytime Tel. #	973-728-8466

Town/City	T5-R8	Permit #	1010
Date Permit Issued	6/14/14	Fee: \$	250
Local Plumbing Inspector Signature		L.P.I. #	1072
		Owner	Town

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 # \_\_\_\_\_

## OWNER OR APPLICANT STATEMENT

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 \_\_\_\_\_

## 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 \_\_\_\_\_

(1st) date approved 6/14/14  
(2nd) date approved \_\_\_\_\_

## PERMIT INFORMATION

<b>TYPE OF APPLICATION</b> <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>Tank/Field</u> Year installed: <u>UNKNOWN</u> <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	<b>THIS APPLICATION REQUIRES</b> <input checked="" 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	<b>DISPOSAL SYSTEM COMPONENTS</b> <input checked="" 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
<b>SIZE OF PROPERTY</b> <u>3 1/2</u> SQ. FT. <input checked="" type="checkbox"/> ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other: <u>RECREATION/SPORTING CAMPS</u> (specify) <u>4 BEDS IN 2 CAMPS</u> Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input checked="" type="checkbox"/> 5. Other <u>SPRING/GRAVITY FEED</u>

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<b>TREATMENT TANK</b> <input checked="" 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: <u>1000</u> GAL.	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <u>STANDARD INFILTRATOR</u> <input type="checkbox"/> a. cluster array <input checked="" type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: <u>445 F. each unit</u> SIZE: _____ sq. ft. <input checked="" type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <input checked="" 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	<b>DESIGN FLOW</b> <u>190</u> 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 <u>4 x 25 GPD + 2 x 45 = 190 GPD</u> <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION <u>4 / B</u> at Observation Hole # <u>1</u> Depth <u>N/A</u> " of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <input checked="" type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd <input type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd	<b>EFFLUENT/EJECTOR PUMP</b> <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. <u>46</u> d <u>02</u> m <u>00</u> s Lon. <u>68</u> d <u>43</u> m <u>40</u> s if g.p.s., state margin of error: <u>DEFORMED</u>

## SITE EVALUATOR STATEMENT

I certify that on May 27, 2014 (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 Edwin H MacArthur

SE # 50

Date May 27, 2014

Site Evaluator Name Printed Edwin H MacArthur

Telephone Number 207-528-2663

E-mail Address \_\_\_\_\_

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services  
Division of Environmental Health  
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

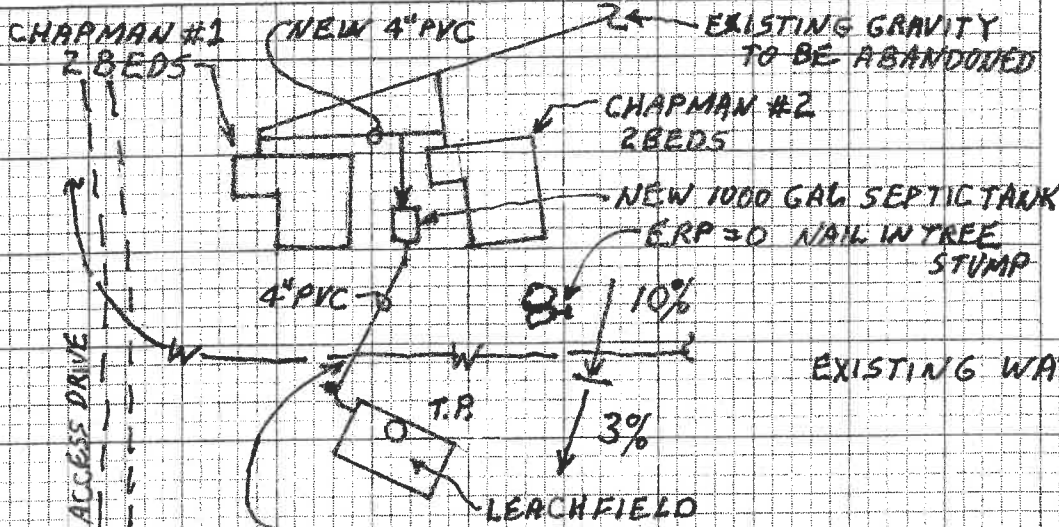
T5 R8

BOWLIN CAMPS ROAD

SCALA, TOM  
NORVEST LLC

## SITE PLAN

Scale 1" = \_\_\_\_\_ ft. or as shown



SITE LOCATION PLAN  
(map from Maine Atlas recommended)

SEE ATTACHED  
DELORMES  
COPY MAP 51

NOTE: VERIFY DEPTH OF EXISTING WATER LINE  
PRIOR TO SETTING NEW SEPTIC TANK TO  
ASSURE GRAVITY FEED FROM TANK TO LEACH FIELD

NORTH

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

Observation Hole Backhoe ☒ 1 Test Pit ☐ Boring  
0 " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0 SANDY LOAM	LOOSE	BROWN	
10 STONEY SAND			
20 GRAVEL	LOOSE	ORANGE BROWN	
30			
40			
50			

Soil Classification  
4 8  
Profile Condition

Slope  
3 %

Limiting Factor  
N/A " ☐ Ground Water  
☐ Restrictive Layer  
☐ Bedrock  
☐ Pit Depth

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

Texture	Consistency	Color	Mottling
0			
10			
20			
30			
40			
50			

Soil Classification  
\_\_\_\_\_  
Profile Condition

Slope  
\_\_\_\_ %

Limiting Factor  
\_\_\_\_ " ☐ Ground Water  
☐ Restrictive Layer  
☐ Bedrock  
☐ Pit Depth

Edwin W. McArthur

50

May 29, 2014

Site Evaluator Signature

SE #

Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services  
Division of Environmental Health  
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

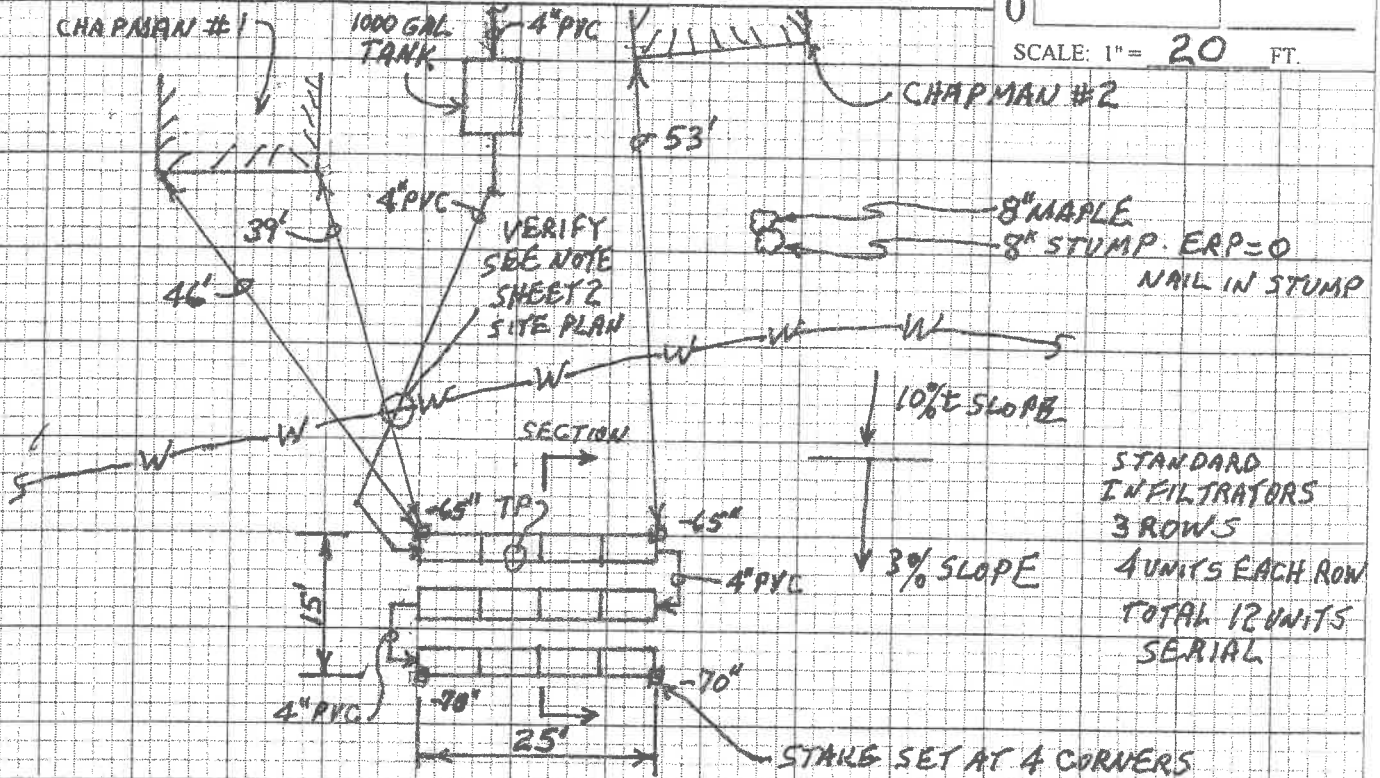
T5 R8

BOWLIN CAMPS ROAD

Owner's Name  
SCALA, TOM  
NORVEST LLC

## SUBSURFACE WASTEWATER DISPOSAL PLAN

0    
SCALE: 1" = 20 FT.



### FILL REQUIREMENTS

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

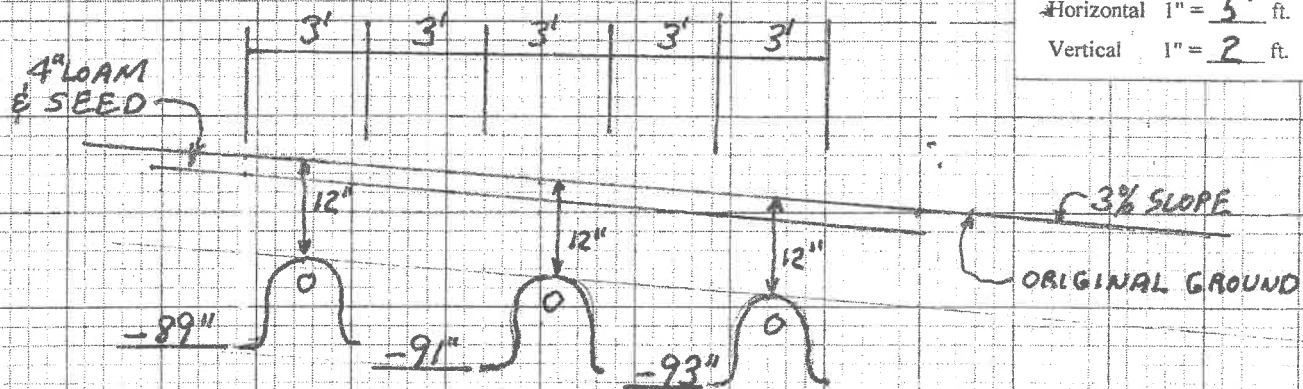
### CONSTRUCTION ELEVATIONS

Finished Grade Elevation TOP ROW -65"  
Top of Distribution Pipe or Proprietary Device -77"  
Bottom of Disposal Area -89"

### ELEVATION REFERENCE POINT

Location & Description: NAIL IN 8" STUMP  
Reference Elevation: 0"

### DISPOSAL AREA CROSS SECTION



Scale

Horizontal 1" = 5 ft.  
Vertical 1" = 2 ft.

Edwin J. McArthur

Site Evaluator Signature

50

SE #

May 29, 2014

Date

Page 3 of 3  
HHE-200 Rev. 02/11



68-45-00 68-43-40

68-40-00

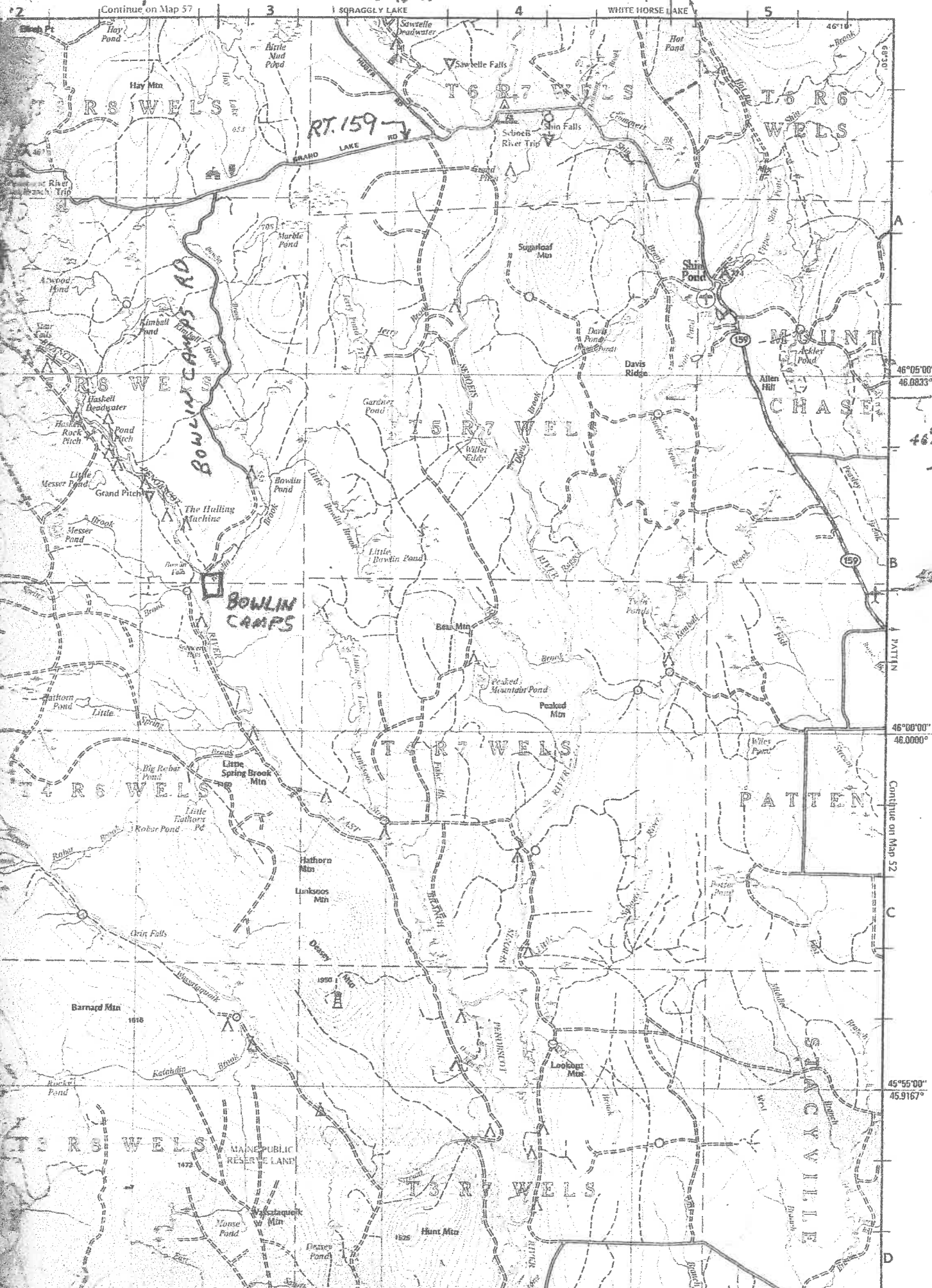
68-35-00

68-30-00

Continue on Map 57

SCRAGGLY LAKE

WHITE HORSE LAKE



46°04'-38"

46°02'

46°08'00"  
46.0000°

45°55'00"  
45.9167°