

SUBSURFACE WASTEWATER DISPOSAL SYSTEM PERMIT APPLICATION

Maine CDC: Drinking Water Program
 Attn: SSWW Unit
 286 Water Street, 3rd floor
 Augusta, ME 04330

Property Address			
Address (# & Street)			
City/Town/ Plantation			
Municipal Tax Map #		Lot #	

Issuing Municipality or Territory			
Permit #		Date Issued	
X			
Local Plumbing Inspector Signature		LPI #	

Property Owner or Applicant Information	
Owner Name (Last, First)	
Applicant Name	

A subsurface wastewater disposal system may not be installed until a permit is issued by the Local Plumbing Inspector. The permit authorizes the installation of the disposal system in accordance with 10-144-CMR Chapter 241.

CAUTION: INSPECTION REQUIRED

"I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application."

Owner or Applicant Mailing Address			
Street			
City	State	Zip	
Phone			
Email			

X	
Local Plumbing Inspector Signature	Date
X	
Local Plumbing Inspector Signature	Date

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 Department and/or Local Plumbing Inspector(s) to deny a permit.	
X	
Property Owner/ Applicant Signature	Date

Fee Calculations (For Town/ LPI Use Only)		<input type="checkbox"/> Revision
		<input type="checkbox"/> Doubled Fee
		<input type="checkbox"/> Variance
		<input type="checkbox"/> Seas. Conv.
	Total Fee	\$
	Town Share	\$
	State 25%	\$
	DEP WQS	\$

The Town retains all doubled fees
 The State receives 25% for First-time variances requiring State approval *only*
 Seas. Conv. must be a stand-alone permit

Installer Information	
Name	Phone
Email	

Type of Application	Variance Requirements
<input type="checkbox"/> 1. First Time System	<input type="checkbox"/> 1. No Rule Variance
<input type="checkbox"/> 2. Replacement System Type Replaced <input type="text"/> Year Installed <input type="text"/>	<input type="checkbox"/> 2. First Time System LPI Only <input type="checkbox"/> State Required <input type="checkbox"/>
<input type="checkbox"/> 3. Expansion <input type="checkbox"/> <25% (Minor) Expansion <input type="checkbox"/> ≥25% (Major) Expansion	<input type="checkbox"/> 3. Replacement System LPI Only <input type="checkbox"/> State Required <input type="checkbox"/>
<input type="checkbox"/> 4. Experimental System	<input type="checkbox"/> 4. Minimum Lot Size
<input type="checkbox"/> 5. Seasonal Conversion Permit	<input type="checkbox"/> 5. Seasonal Conversion
Treatment Tank(s)	
<input type="checkbox"/> 1. Concrete <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input type="checkbox"/> H-20	
<input type="checkbox"/> 2. Plastic	
<input type="checkbox"/> 3. External Grease Interceptor Capacity <input type="text"/> gals	
<input type="checkbox"/> 4. Other Specify <input type="text"/>	
Tank Capacity <input type="text"/> gals	Total # of New Tanks <input type="text"/>
Notes:	
<input type="checkbox"/> Riser(s) required in accordance with 10-144-CMR Chapter 241 (7)(F)(2)(a)	

Disposal System Components	
<input type="checkbox"/> 1. Complete Non-Engineered System (Field /Tank /Pump) Specify Total Number of New Tanks <input type="text"/>	
<input type="checkbox"/> 2. Primitive/ Limited System (Greywater + Alternative Toilet) Specify Type <input type="text"/>	
<input type="checkbox"/> 3. Alternative Toilet Specify Type <input type="text"/>	
<input type="checkbox"/> 4. Non-Engineered Treatment Tank(s) (750 gals or over*) Specify Total # of New Tanks: <input type="text"/>	
<input type="checkbox"/> 5. Holding Tank	
<input type="checkbox"/> 6. Non-Engineered Disposal Field	
<input type="checkbox"/> 7. Complete Engineered System (Field/ 2 Tanks/ Pump) New: # Disposal Fields <input type="text"/> # Tanks <input type="text"/> # Pumps <input type="text"/>	
<input type="checkbox"/> 8. Engineered Tank(s) Only Specify # of New Tanks <input type="text"/>	
<input type="checkbox"/> 9. Engineered Field(s) Only	
<input type="checkbox"/> 10. Miscellaneous Components Specify <input type="text"/>	
<input type="checkbox"/> 11. Pre-Treatment Tank (Tank fees apply)**	
<input type="checkbox"/> 12. Pre-Treatment Component (Misc. Component fees apply)**	
*Includes Grease Interceptors, Pump Tanks, etc. **Details on Pg. 2	

Site Evaluator Statement			
I certify that I have 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 Name (Print)	<input type="text"/>	Phone	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>
		Email	<input type="text"/>

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine DHHS/CDC – Division of Environmental and Community Health
(207) 287-2070 | Fax (207) 287-4172 | subsurface.wastewater@maine.gov

Owner

Address

Property Size

sq. ft. acres

Shoreland Zoning

Yes No
Current Use
 Seasonal Undeveloped
 Year-Round Commercial

Latitude & Longitude (D.M.S.)

Latitude
Longitude
GPS margin of error

Type of Water Supply

1. Drilled Well 2. Dug/ Point Well
 3. Private 4. Public 5. Other

Specify:

Effluent/ Ejector Pump

Required: Yes No Maybe

Dose (Engineered Systems) gals

Garbage Disposal Unit

Yes No Maybe *If Yes...*
 Multi-compartment Tank
 Tanks in Series # of Tanks
 Increase Tank Capacity
 Filter on Tank Outlet

Pre-/ Advanced Treatment Systems

Make
Model

Notes:

Maintenance contract (HHE-300A) required

Make
Model

Notes:

Maintenance contract (HHE-300A) required

Disposal System to Serve

1. Single Family Dwelling Unit
of bedrooms:
 2. Multiple Family Dwelling Units
of bedrooms:
 3. Accessory Dwelling Unit(s)
of bedrooms:
 4. Other

Specify:

Disposal Field Type & Size

1. Stone Bed
 2. Stone Trench
 3. Proprietary Device
 Cluster Array Linear
 Regular Load
 4. Other

Specify:

Size sq. ft. lin. ft.

Design Flow

Gallons per Day

Based on (select one)

1. Table 5A (Dwelling Units)
 2. Table 5C (Other Facilities)

Show Calculations for "Other Facilities"

3. Section 5(G) – Meter Readings

ATTACH WATER METER DATA

Soil Data & Design Class

/

Profile

Condition

At Observation Hole #

Limiting Factor Depth

Limiting Factor Elevation

Highest Elevation within Disposal Field

Additional Notes

Site Evaluator Signature or Initials

SE #

Date

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Owner

Address

Scale: 1" = _____ ft.

SITE PLAN

SITE LOCATION

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # Organic Horizon Thickness "

Test Pit Boring Ground Surface Elevation "

Depth to Exploration or Refusal "

Observation Hole # Organic Horizon Thickness "

Test Pit Boring Ground Surface Elevation "

Depth to Exploration or Refusal "

	Textures	Consistence	Color	Redox Features
0				
6				
12				
18				
24				
30				
36				
42				
48				

	Textures	Consistence	Color	Redox Features
0				
6				
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18				
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30				
36				
42				
48				

Soil Classification		Slope	Limiting Factor	<input type="checkbox"/> Ground water
Profile	Condition	%	"	<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock
				<input type="checkbox"/> Pit Depth

Soil Classification		Slope	Limiting Factor	<input type="checkbox"/> Ground water
Profile	Condition	%	"	<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock
				<input type="checkbox"/> Pit Depth

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Site Evaluator Signature or Initials

SE #

Date

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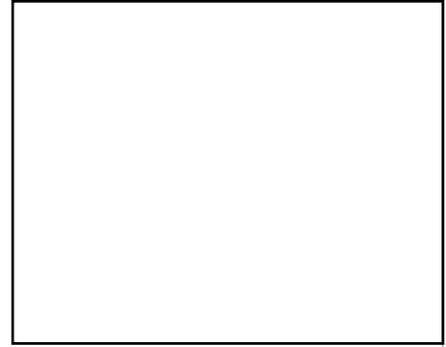
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SITE PLAN

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Profile	Condition	%	"	

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Scale 1" = _____ ft.

SUBSURFACE WASTEWATER DISPOSAL PLAN

Backfill Requirements Above Existing Grade		Construction Elevations from Elevation Reference Point		Elevation Reference Point	
Depth of Backfill (upslope)	<input type="text"/>	Finished Grade Elevation	<input type="text"/>	Location & Description:	
Depth of Backfill (downslope)	<input type="text"/>	Top of Distribution Pipe or Proprietary Device	<input type="text"/>		
Depths at Cross- Section (shown below)		Bottom of Disposal Field	<input type="text"/>	Reference Elevation is: 0.0 " or	<input type="text"/>

Scales:

Vertical: 1" = _____ ft.

Horizontal: 1" = _____ ft.

DISPOSAL AREA CROSS-SECTION

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address

THIS PAGE MAY SUBSTITUTE FOR PAGES 3 & 4 WITH THE ATTACHED FOLLOWING FIGURES:

THE ATTACHED PAGES SHOULD BE STANDARD LETTER SIZE (8.5 IN X 11 IN) PAGES. EACH ATTACHED PAGE MUST INCLUDE THE OWNER/ APPLICANT'S NAME AND ADDRESS

To this permit document, the following REQUIRED information has been attached:

- Site Location Map** showing the position of the subsurface wastewater disposal system relative to known points of reference that would enable a third party to locate the system in order to drive to the site, or for plotting it on a map. The information in these applications is frequently used for Municipal and State planning purposes.
- Site Plan** including the scale of the drawing and orientation, designating whether true or magnetic North is referenced
- Soil Profile Description and Classification** (fill in below)
- Subsurface Wastewater Disposal Plan** including the scale of the drawing, and/or the setbacks to pertinent features. Including the elevation reference point location and description
- Disposal Area Cross Section** including the vertical and horizontal scale
- Backfill, ERP, and elevation information** (fill in below)

SITE EVALUATOR STATEMENT

I certify that I have attached all the above information on this property and state that the data reported are accurate and that the proposed system is in compliance with 10-144A-CMR 241. The information that I have provided fulfills the requirements for HHE-200 pages 3 & 4

Site Evaluator Name (Printed) SE #

Site Evaluator Signature

Date

Backfill Requirements Above Existing Grade

Construction Elevation from Elevation Reference Point

Elevation Reference Point

Depth of Backfill (upslope)	<input type="text"/> "	Finished Grade Elevation	<input type="text"/> "	Location & Description
Depth of Backfill (downslope)	<input type="text"/> "	Top of Distribution Pipe or Proprietary Device	<input type="text"/> "	
Depth at Cross-Section (shown in attachment)		Bottom of Disposal Field	<input type="text"/> "	Reference Elevation is: 0.0 " or <input type="text"/> "

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # <input type="text"/>	Organic Horizon Thickness <input type="text"/> "	Observation Hole # <input type="text"/>	Organic Horizon Thickness <input type="text"/> "
Test Pit <input type="checkbox"/> Boring <input type="checkbox"/>	Ground Surface Elevation <input type="text"/> "	Test Pit <input type="checkbox"/> Boring <input type="checkbox"/>	Ground Surface Elevation <input type="text"/> "
	Depth to Exploration or Refusal <input type="text"/> "		Depth to Exploration or Refusal <input type="text"/> "

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Profile	Condition		<input type="checkbox"/> Pit Depth

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