

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Div. Environmental Health, 115FHS  
(207) 287-2070 Fax: (207) 287-4172

**PROPERTY LOCATION**

City, Town, or Plantation: Dixfield

Street or Road: off Averill Hill Rd

Subdivision, Lot #: Lot 7 Bradbury Ridge

**>> CAUTION: LPI APPROVAL REQUIRED <<**

Town/City: \_\_\_\_\_ Permit #: \_\_\_\_\_

Date Permit Issued: 1/1 Fee: \$ \_\_\_\_\_ Double Fee Charged

Local Plumbing Inspector Signature: \_\_\_\_\_ L.P.I. #: \_\_\_\_\_

**OWNER/APPLICANT INFORMATION**

Name (last, first, MI): Beaulieu Scott \* Owner Applicant

Mailing Address of Owner/Applicant: 76 North Light Construction  
76 Brookwood Drive

Daytime Tel. #: Westport, Me 02790

Fee: \$ \_\_\_\_\_ state min fee \$ \_\_\_\_\_ Locally adopted fee \_\_\_\_\_

Copy:  Owner  Town  State

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.

(1st) date approved: \_\_\_\_\_

(2nd) date approved: \_\_\_\_\_

**PERMIT INFORMATION**

**TYPE OF APPLICATION**

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

**SIZE OF PROPERTY**  
4.18<sup>±</sup> SQ. FT.  ACRES

**SHORELAND ZONING**  
Yes  No

**THIS APPLICATION REQUIRES**

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

**DISPOSAL SYSTEM TO SERVE**

1. Single Family Dwelling Unit, No. of Bedrooms: 4

2. Multiple Family Dwelling, No. of Units: \_\_\_\_\_

3. Other: \_\_\_\_\_ (specify)

Current Use: Seasonal  Year Round  Undeveloped

**DISPOSAL SYSTEM COMPONENTS**

1. Complete Non-engineered System

2. Primitive System (graywater & airt. 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

**TYPE OF WATER SUPPLY**

Recommended

1. Drilled Well 2. Dug Well 3. Private

4. Public 5. Other

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

**TREATMENT TANK**

1. Concrete

a. Regular

b. Low Profile

2. Plastic

3. Other: \_\_\_\_\_

CAPACITY: 1000 GAL.

**DISPOSAL FIELD TYPE & SIZE**

1. Stone Bed 2. Stone Trench

3. Proprietary Device  
a. cluster array c. Linear  
b. regular 3 Rows of 4  
4. Other: 1 Row of 9

SEE: 25 EYE TO TANKS sq. ft. min. ft.

**GARBAGE DISPOSAL UNIT**

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

**DESIGN FLOW**

360 gallons per day

BASED ON:

1. Table 4A (dwelling unit(s))

2. Table 4C (other facilities)

SHOW CALCULATIONS for other facilities

Proposed New 4 Bed  
Robin House

3. Section 4G (meter readings)

ATTACH WATER METER DATA

**SOIL DATA & DESIGN CLASS PROFILE CONDITION**

3.1 C

at Observation Hole # 142

Depth 37"

of Most Limiting Soil Factor 15-17"

**DISPOSAL FIELD SIZING**

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

**EFFLUENT/EJECTOR PUMP**

1. Not Required

2. May Be Required

3. Required

Specify only for engine driven pumps:

DOSE: \_\_\_\_\_

Note: depending on final house floor plan

**LATITUDE AND LONGITUDE**

at center of disposal area

Lat. 44 d. 34 m. 307 s

Lon. 070 d. 24 m. 325 s

if g.p.s., state margin of error: 30'

**SITE EVALUATOR STATEMENT**

I certify that on 11/1/23 (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: Steve Hamilton SE #: 173 Date: 11/3/23

Site Evaluator Name Printed: Steve Hamilton Telephone Number: 207-897-6962 E-mail Address: N/A



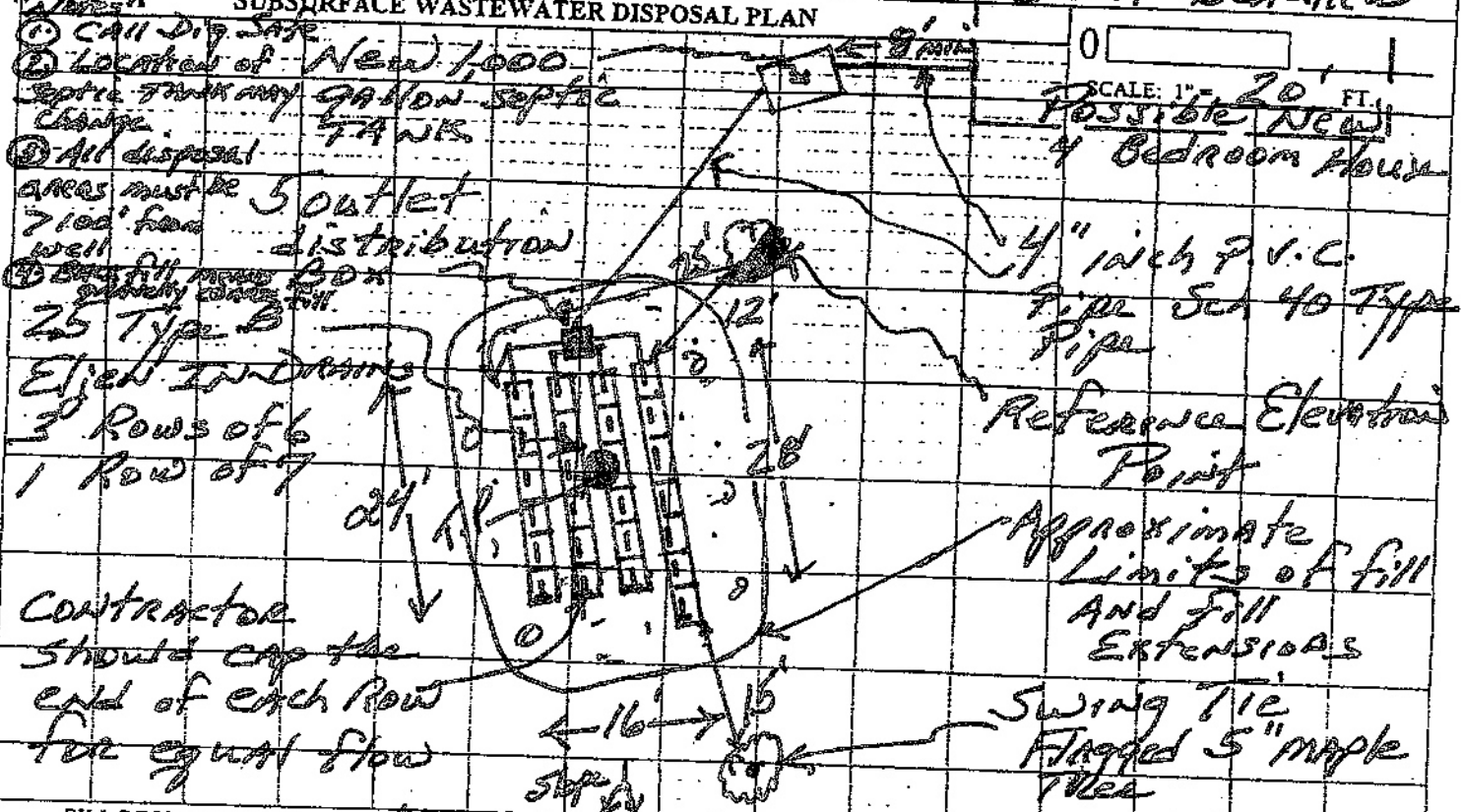
**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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

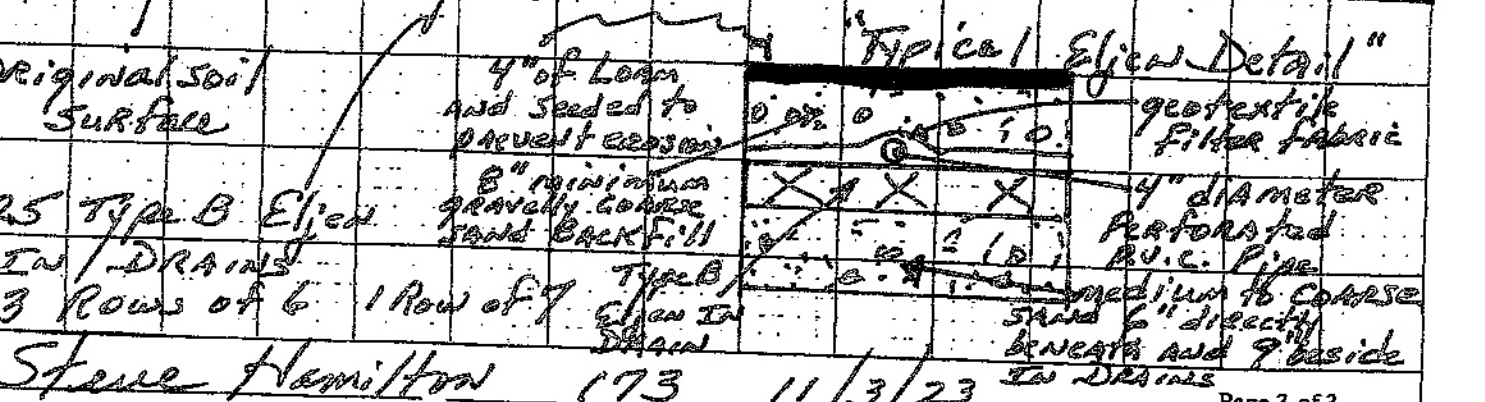
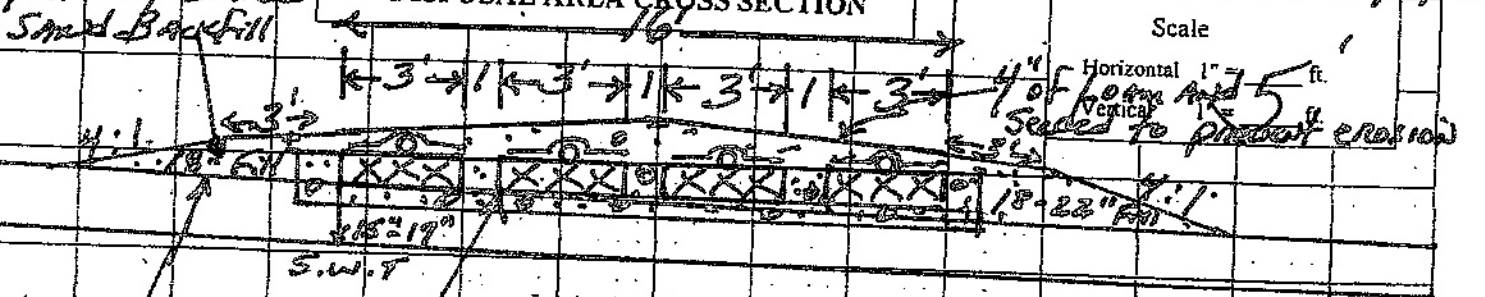
Town, City, Plantation **Dixfield** Lot 7 **Brookway Ridge Rd**  
 Street, Road, Subdivision **off Averill Hill Rd**

Owner's Name **Scott Beaulieu**

**SUBSURFACE WASTEWATER DISPOSAL PLAN**



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope) <b>18"</b>	Finished Grade Elevation <b>At each Row -19"</b>	Location & Description: <b>MAIL set in a flagged 14" Hemlock</b>
Depth of Fill (Downslope) <b>18-22"</b>	Top of Distribution Pipe <b>At each Row -27"</b>	Reference Elevation: <b>Tree. Please refer to page 2</b>
	Bottom of <b>Eljen's at each Row -30"</b>	



Site Evaluator Signature **Steve Hamilton** SE# **173** Date **11/3/23**