

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	<u>Dixfield</u>	Town/City	Permit # _____
Street or Road	<u>off Averill Hill Rd</u>	Date Permit Issued	Fee: \$ _____ Double Fee Charged ( )
Subdivision, Lot #	<u>Lot # Bradbury Ridge Road</u>	Local Plumbing Inspector Signature	L.P.I. # _____
<b>OWNER/APPLICANT INFORMATION</b>		Fee: \$ _____ state min fee \$ _____ Locally adopted fee Copy: [ ] Owner [ ] Town [ ] State	
Name (last, first, MI)	<u>Beauview Scott</u> * Owner Applicant	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.	
Mailing Address of Owner/Applicant	<u>76 North Light Construction</u>		
Daytime Tel. #	<u>76 Brook Wood Drive Westport, Me 02790</u> <u>207-899-6966</u>		
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

<b>TYPE OF APPLICATION</b> <input checked="" type="checkbox"/> 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> <input checked="" type="checkbox"/> 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> <input checked="" type="checkbox"/> 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> <u>3.5</u> SQ. FT. ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>4</u> 2. Multiple Family Dwelling, No. of Units: _____ 3. Other: _____ (specify)	<b>TYPE OF WATER SUPPLY</b> <u>Recommended</u> <input checked="" type="checkbox"/> 1. Drilled Well 2. Dug Well 3. Private 4. Public 5. Other
<b>SHORELAND ZONING</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Current Use Seasonal Year Round <input checked="" type="checkbox"/> Undeveloped	

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

<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete a. Regular b. Low Profile 2. Plastic 3. Other: _____ CAPACITY: <u>1,000</u> GAL.	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> 1. Stone Bed 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device a. cluster array c. Linear b. regular load d. H-20 load 4. Other: <u>1 Row of 9</u> SIZE: <u>25</u> ft. x <u>12</u> ft.	<b>GARBAGE DISPOSAL UNIT</b> <input checked="" type="checkbox"/> 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> <u>"360"</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <u>Proposed New 1 Bed Room House</u> 3. Section 4G (meter readings) ATTACH WATER METER DATA <u>House size unknown</u>
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION: <u>31 C</u> at Observation Hole # <u>1&amp;2</u> Depth: <u>36"</u> of Most Limiting Soil Factor: <u>12-15</u>	<b>DISPOSAL FIELD SIZING</b> 1. Medium---2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 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</b> <input checked="" type="checkbox"/> 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. <u>44</u> d <u>34</u> m <u>377</u> Lon. <u>67</u> d <u>24</u> m <u>525</u> if g.p.s. state margin of error: <u>30'</u>

## 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 OMR 241).

Steve Hamilton 173 11/3/23  
 Site Evaluator Signature SE # Date  
Steve Hamilton 207-899-6962 N/A  
 Site Evaluator Name Printed Telephone Number E-mail Address

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

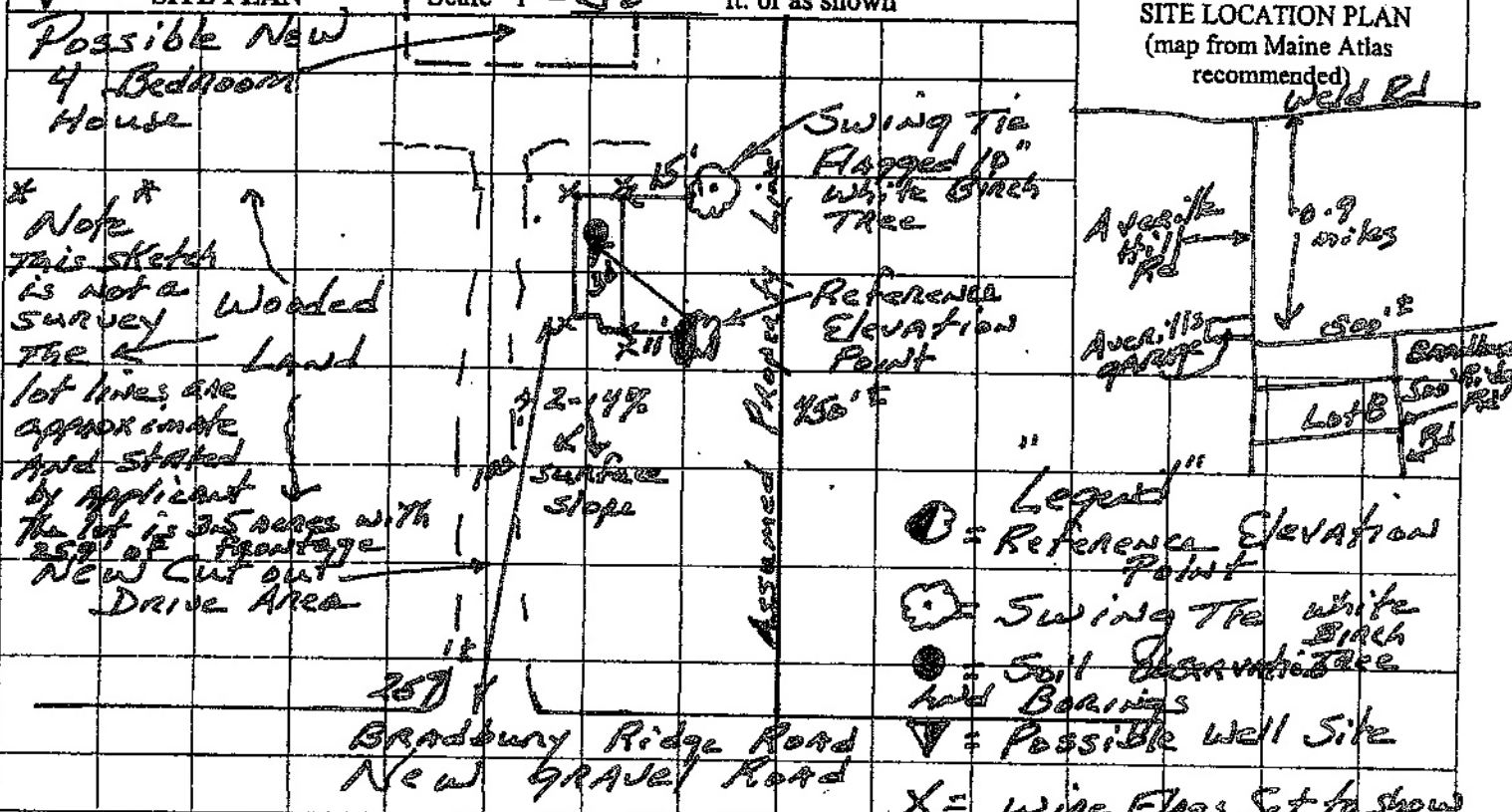
Department of Health & Human Services  
 Division of Environmental Health  
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation Dixfield Street, Road, Subdivision Lot 8 Bradbury Ridge Road off Averill Hill Rd

Owner's Name Scott Braunlew

**SITE PLAN** Scale 1" = 50' ft. or as shown

**SITE LOCATION PLAN**  
 (map from Maine Atlas recommended)



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

Observation Hole 1 & 2 Test Pit  Borings   
 0" Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	fine sand	firm	Brown	
10	loam soil	firm	yellow	
20	gravelly fine sand	firm	to light	many
30	loam	firm	olive	
40	rocks & boulders		gray	
50				

Soil Classification <u>3 C</u>	Slope <u>24% - 15%</u>	Limiting Factor <u>"</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile	Condition		

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

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	The Reference Elevation Point is a nail set in a flagged 8" inch softwood. The Eljen In-DRAINS to the Bottom at each Row will be 36" inches below the nail set in the Reference Elevation Point. The NAIL MEASURES 31" inches from the			
10				
20				
30				
40				
50				

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

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

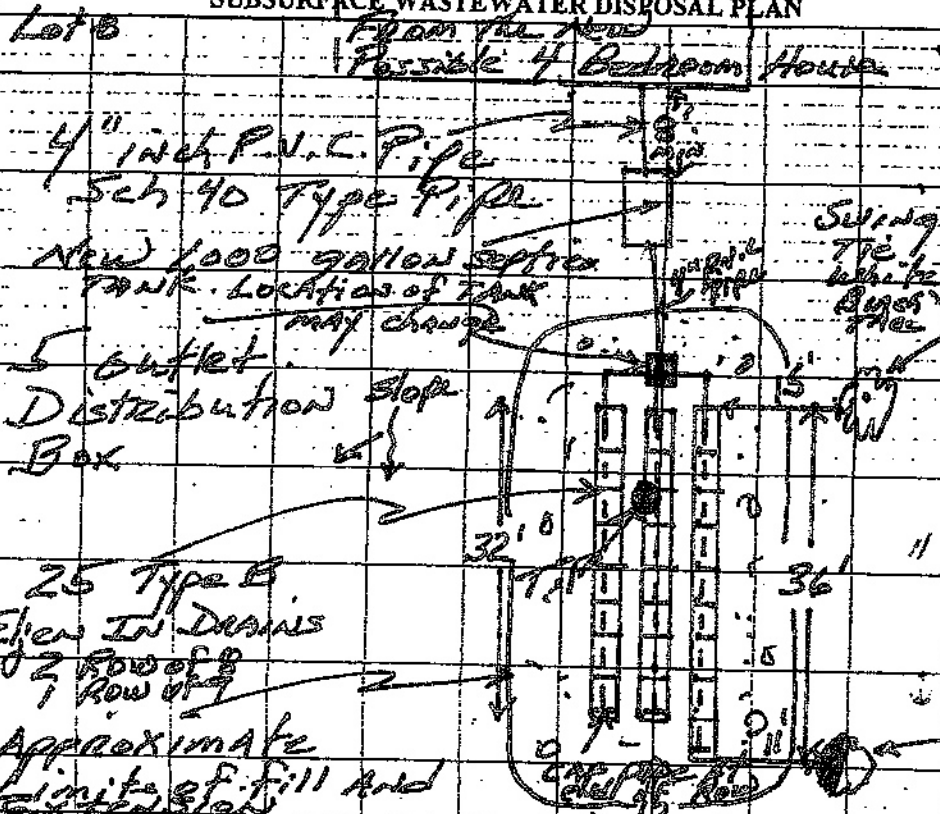
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Department of Health & Human Services  
 Division of Environmental Health  
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation Lot B Dixfield Street, Road, Supervision off Averill Hill Rd

Owner's Name  
Scott Beaujeu

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

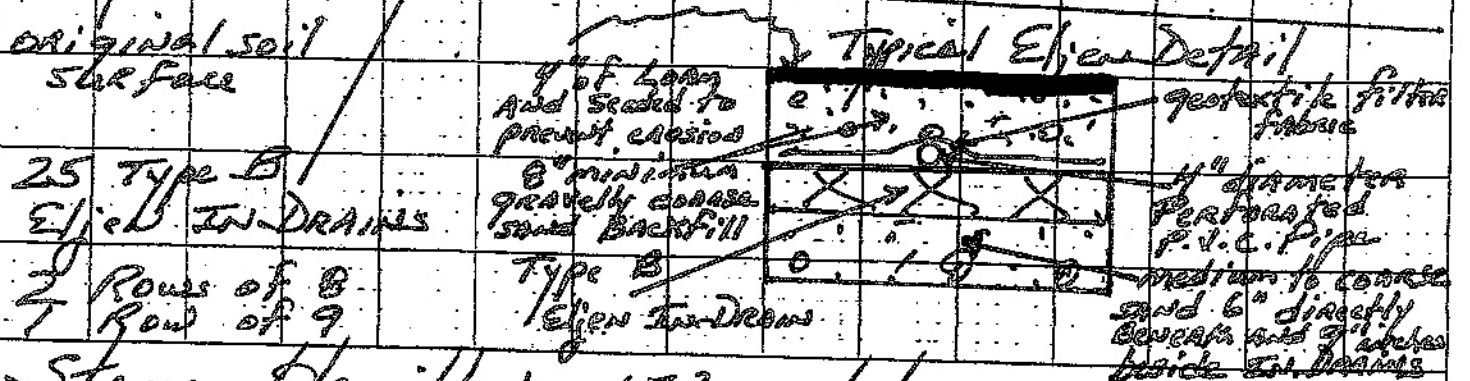
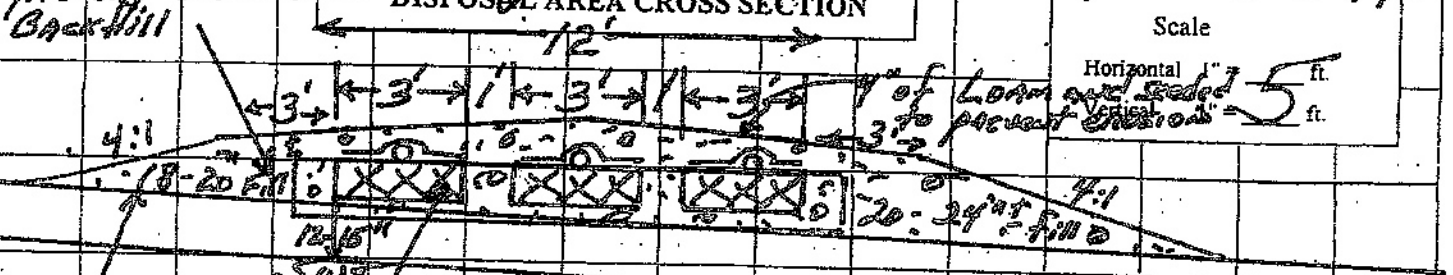


ASSUMED PROPERTY LINE

0 [ ]  
 SCALE: 1" = 20' FT.

- Notes To Owner/Applicant/Contractor \*
- All disposal Areas must be > 10' feet from All property lines and > 100 feet from wells and streams
  - Call dig safe
  - Backfill means gravelly coarse sand backfill.
- Reference Elevation at Point of Setwood

FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope) 18-20"	Finished Grade Elevation At each Row -17"	Location & Description: Nail set in a flagged 8" inch soft
Depth of Fill (Downslope) 20-24"	Top of Distribution Pipe At each Row -25"	Reference Elevation: word please refer to pg 2
	Bottom of <del>Eljen</del> At each Row -36"	



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