

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. Environmental Health, 11SHS
(207) 287-2070 Fax: (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation		Town/City _____	Permit # _____
Street or Road		Date Permit Issued: ___/___/___	Fee: \$ _____ Double Fee Charged []
Subdivision, Lot #		L.P.I. # _____	
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature _____	
Name (last, first, MI) _____		Fee: \$ _____ state min fee \$ _____ Locally adopted fee _____	
Mailing Address of Owner/Applicant _____		Copy: [] Owner [] Town [] State _____	
Daytime Tel. # _____		Municipal Tax Map # _____ Lot # _____	

OWNER OR APPLICANT STATEMENT	CAUTION: INSPECTION REQUIRED
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is cause for the Department and/or Local Plumbing Inspector to deny a Permit.	I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
Signature of Owner or Applicant _____	Local Plumbing Inspector Signature _____
	(1st) date approved _____
	(2nd) date approved _____

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TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS
1. First Time System 2. Replacement System Type replaced: UNKNOWN Year installed: UNKNOWN 3. Expanded System a. <25% Expansion b. ≥25% Expansion 4. Experimental System 5. Seasonal Conversion	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	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
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
SQ. FT. _____ ACRES _____	1. Single Family Dwelling Unit, No. of Bedrooms: _____ 2. Multiple Family Dwelling, No. of Units: _____ 3. Other: _____ (specify) Current Use: Seasonal Year Round Undeveloped	1. Drilled Well 2. Dug Well 3. Private 4. Public 5. Other
SHORELAND ZONING		
Yes No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
1. Concrete a. Regular b. Low Profile 2. Plastic 3. Other: _____ CAPACITY: <u>1000</u> GAL.	1. Stone Bed 2. Stone Trench 3. Proprietary Device a. cluster array c. Linear b. regular load d. H-20 load 4. Other: _____ SIZE: <u>891</u> sq. ft. lin. ft.	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	_____ <u>270</u> gallons per day BASED ON: 1. Table 4A (dwelling unit(s)) 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	LATITUDE AND LONGITUDE
PROFILE CONDITION _____/_____ at Observation Hole # _____ Depth _____" of Most Limiting Soil Factor _____	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	1. Not Required 2. May Be Required 3. Required Specify only for engineered systems: DOSE: _____ gallons	3. Section 4G (meter readings) ATTACH WATER METER DATA at center of disposal area Lat. <u>43</u> d <u>51</u> m <u>44.84</u> s Lon. <u>69</u> d <u>54</u> m <u>49.07</u> s if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT		
I certify that on <u>12/29/2023</u> (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	_____ SE #	_____ Date
_____ 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
 BRUNSWICK

Street, Road, Subdivision
 GURNET RD

Owner's Name
 FREE FLOW REAL
 ESTATE LLC

SUBSURFACE WASTEWATER DISPOSAL PLAN

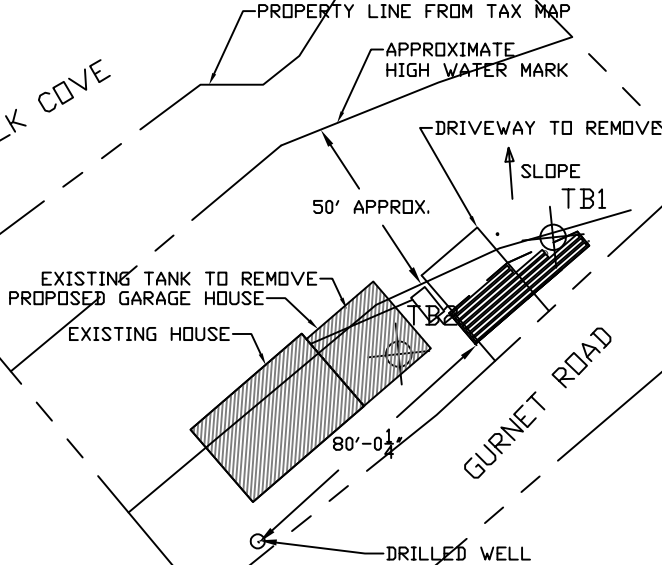
SITE LOCATION PLAN

NOTES:

- 1) PROPERTY LINES ARE APPROXIMATE. A SURVEY SHOULD BE PERFORMED TO VERIFY THE LOCATION OF THE PROPERTY LINES.
- 2) GRADING SHALL BE INSTALLED TO DIVERT SURFACE WATER AROUND SYSTEM.



BUTTERMILK COVE



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

Observation Hole TB1 Test Pit Boring
 1 _____ " Depth of Organic Horizon Above Mineral Soil

Observation Hole TB2 Test Pit Boring
 1 _____ " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	LOOSE	LIGHT BROWN	NONE
10				
20	SILT LOAM	FIRM	OLIVE	SOME MOTTLING
30				
40				
50				

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	LOOSE	DARK BROWN	NONE
10				
20	SANDY LOAM	LOOSE	LIGHT BROWN	NONE
30				
40	SILT LOAM	FIRM	OLIVE	SOME
50				

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
<u>7</u> <u>D</u>	<u>2</u> %	<u>-12</u> "	<input checked="" type="checkbox"/> Restrictive Layer
Profile Condition			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
<u>7</u> <u>D</u>	<u>2</u> %	<u>-15</u> "	<input checked="" type="checkbox"/> Restrictive Layer
Profile Condition			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

Site Evaluator Signature

431
 SE #

1/16/2024
 Date

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Department of Health & Human Services
 Division of Environmental Health
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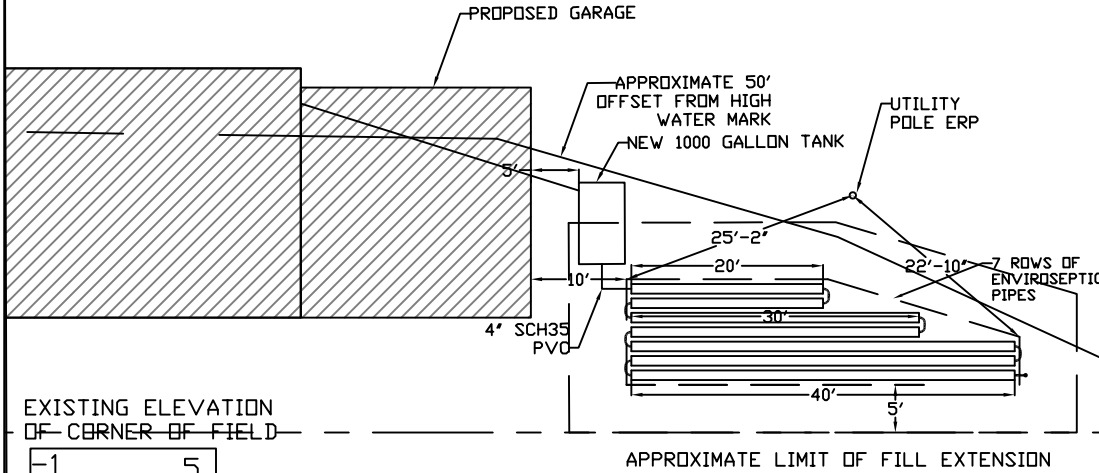
Town, City, Plantation
BRUNSWICK

Street, Road, Subdivision
GURNET RD

Owner's Name
FREE FLOW REAL ESTATE LLC

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20' FT.



EXISTING ELEVATION OF CORNER OF FIELD

-1	5
10	5

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FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

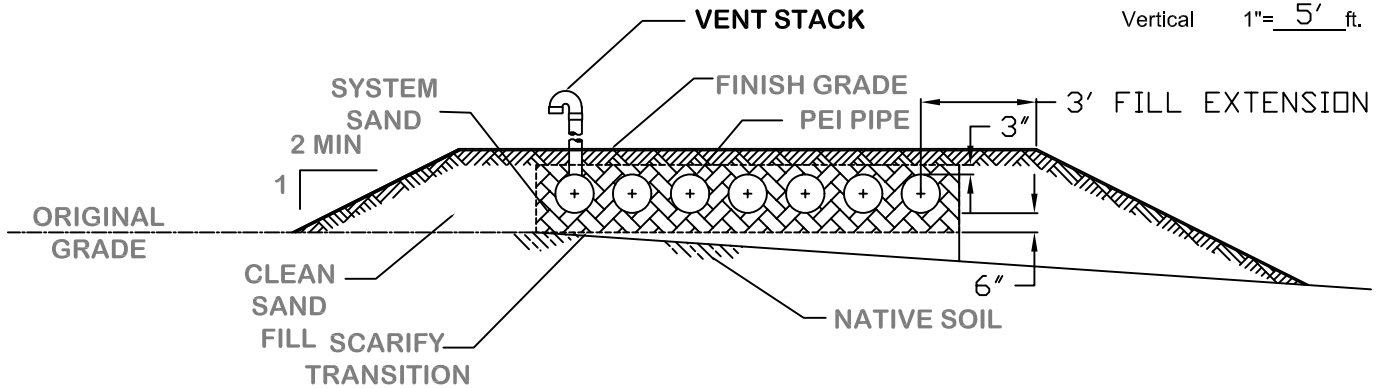
Depth of Fill (Upslope)	<u>25"</u>	Finished Grade Elevation	<u>35"</u>	Location & Description:	<u>NAIL ON UTILITY POLE</u>
Depth of Fill (Downslope)	<u>36"</u>	Top of Distribution Pipe or Proprietary Device	<u>28"</u>	Reference Elevation:	<u>0"</u>
		Bottom of Disposal Area	<u>10"</u>		

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = 5' ft.

Vertical 1" = 5' ft.



NOTES:

- 1) USE ONLY CLEAN "GRAVELY COURSE SAND" BACKFILL THAT MEETS STANDARDS OF SECTION 11 (E) AND MANUFACTURERS REQUIREMENT
- 2) REMOVE ALL ORGANIC MATERIAL
- 3) SEE MANUFACTURER'S INSTRUCTIONS FOR INSTALLATION OF PRESBY ENVIRO-SEPTIC.

Site Evaluator Signature

431

SE #

1/16/2024

Date