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 #

Property Owner or Applicant Information

Owner Name (Last, First)

Applicant Name

Owner or Applicant Mailing Address

Street

City | State | Zip

Phone

Email

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

Installer Information

Name | Phone

Email

Issuing Municipality or Territory

Permit # | Date Issued

X

Local Plumbing Inspector Signature | LPI #

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."

X

Local Plumbing Inspector Signature | Date

X

Local Plumbing Inspector Signature | Date

Fee Calculations (*For Town/ LPI Use Only*)

- ☐ Revision
- ☐ Doubled Fee
- ☐ Variance
- ☐ 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

Type of Application

- ☐ 1. First Time System
- ☐ 2. Replacement System
  - Type Replaced
  - Year Installed
- ☐ 3. Expansion
  - ☐ <25% (Minor) Expansion
  - ☐ ≥25% (Major) Expansion
- ☐ 4. Experimental System
- ☐ 5. Seasonal Conversion Permit

Variance Requirements

- ☐ 1. No Rule Variance
- ☐ 2. First Time System
  - LPI Only ☐
  - State Required ☐
- ☐ 3. Replacement System
  - LPI Only ☐
  - State Required ☐
- ☐ 4. Minimum Lot Size
- ☐ 5. Seasonal Conversion

Treatment Tank(s)

- ☐ 1. Concrete ☐ Regular ☐ Low Profile ☐ H-20
- ☐ 2. Plastic
- ☐ 3. External Grease Interceptor — Capacity gals
- ☐ 4. Other — Specify

Tank Capacity gals | **Total # of New Tanks**

Notes:

Disposal System Components

- ☐ 1. Complete Non-Engineered System (Field /Tank /Pump)
  - Specify Total Number of New Tanks
- ☐ 2. Primitive/ Limited System (Greywater + Alternative Toilet)
  - Specify Type
- ☐ 3. Alternative Toilet
  - Specify Type
- ☐ 4. Non-Engineered Treatment Tank(s) (750 gals or over*)
  - Specify Total # of New Tanks:
- ☐ 5. Holding Tank
- ☐ 6. Non-Engineered Disposal Field
- ☐ 7. Complete Engineered System (Field/ 2 Tanks/ Pump)
  - New: # Disposal Fields | # Tanks | # Pumps
- ☐ 8. Engineered Tank(s) Only — Specify # of New Tanks
- ☐ 9. Engineered Field(s) Only
- ☐ 10. Miscellaneous Components — Specify # of New Tanks
- ☐ 11. Pre-Treatment Tank (*Tank fees apply*)**
- ☐ 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) | Phone | SE #

Signature | Date | Email

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. ☐ acres

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

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

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 "

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

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				

Site Evaluator Signature or Initials	SE #	Date

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

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 ''

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

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				

Site Evaluator Signature or Initials	SE #	Date

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

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)	"	Finished Grade Elevation	"	Location & Description:	
Depth of Backfill (downslope)	"	Top of Distribution Pipe or Proprietary Device	"		
Depths at Cross- Section (shown below)		Bottom of Disposal Field	"	Reference Elevation is: 0.0 " or	"

Scales:
Vertical: 1" = _____ ft.
Horizontal: 1" = _____ ft.

DISPOSAL AREA CROSS-SECTION

Site Evaluator Signature or Initials	SE #	Date

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	

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)	"	Finished Grade Elevation	"	Location & Description:	
Depth of Backfill (downslope)	"	Top of Distribution Pipe or Proprietary Device	"		
Depths at Cross- Section (shown below)		Bottom of Disposal Field	"	Reference Elevation is: 0.0 " or	"

Scales:
Vertical: 1" = _____ ft.
Horizontal: 1" = _____ ft.

DISPOSAL AREA CROSS-SECTION

Site Evaluator Signature or Initials	SE#	Date

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

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 INCLUSE 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)	"	Finished Grade Elevation	"	Location & Description	
Depth of Backfill (downslope)	"	Top of Distribution Pipe or Proprietary Device	"		
Depth at Cross-Section (shown in attachment)		Bottom of Disposal Field	"	Reference Elevation is: 0.0 " or	"

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

Observation Hole # ____ Test Pit ☐ Boring ☐ Organic Horizon Thickness " Ground Surface Elevation " Depth to Exploration or Refusal "

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

Observation Hole # ____ Test Pit ☐ Boring ☐ Organic Horizon Thickness " Ground Surface Elevation " Depth to Exploration or Refusal "

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

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	

Site Evaluator Signature or Initials	SE#	Date