

SUBSURFACE WASTEWATER DISPOSAL SYSTEM PERMIT APPLICATION

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

Property Address		Issuing Municipality or Territory	
Address (# & Street) <input type="text"/>		Permit # <input type="text"/>	Date Issued <input type="text"/>
City/Town/ Plantation <input type="text"/>		X <input type="text"/>	
Municipal Tax Map # <input type="text"/>		Lot # <input type="text"/>	Local Plumbing Inspector Signature <input type="text"/> LPI # <input type="text"/>
Property Owner or Applicant Information			
Owner Name (Last, First) <input type="text"/>		X <input type="text"/>	
Applicant Name <input type="text"/>		Local Plumbing Inspector Signature <input type="text"/> LPI # <input type="text"/>	
Owner or Applicant Mailing Address			
Street <input type="text"/>	X <input type="text"/>		
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	Local Plumbing Inspector Signature <input type="text"/> Date <input type="text"/>
Phone <input type="text"/>	X <input type="text"/>		
Email <input type="text"/>	Local Plumbing Inspector Signature <input type="text"/> Date <input type="text"/>		
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 <input type="text"/>		X <input type="text"/>	
Property Owner/ Applicant Signature <input type="text"/>		Date <input type="text"/>	
Installer Information			
Name <input type="text"/>	Phone <input type="text"/>	X <input type="text"/>	
Email <input type="text"/>	X <input type="text"/>		
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	<input type="checkbox"/> 2. First Time System
<input type="checkbox"/> 2. Replacement System	<input type="checkbox"/> LPI Only <input type="checkbox"/>	Type Replaced <input type="text"/>	State Required <input type="checkbox"/>
Type Replaced <input type="text"/>	Year Installed <input type="text"/>	<input type="checkbox"/> 3. Replacement System	<input type="checkbox"/> LPI Only <input type="checkbox"/>
<input type="checkbox"/> 3. Expansion	<input type="checkbox"/> State Required <input type="checkbox"/>	<input type="checkbox"/> 4. Minimum Lot Size	<input type="checkbox"/> LPI Only <input type="checkbox"/>
<input type="checkbox"/> <25% (Minor) Expansion	<input type="checkbox"/> 5. Seasonal Conversion	<input type="checkbox"/> 5. Seasonal Conversion	<input type="checkbox"/> State Required <input type="checkbox"/>
<input type="checkbox"/> ≥25% (Major) Expansion	<input type="checkbox"/> Capacity <input type="text"/> gals	<input type="checkbox"/> 1. Complete Non-Engineered System (Field /Tank /Pump)	<input type="checkbox"/> Specify Total Number of New Tanks <input type="text"/>
<input type="checkbox"/> 4. Experimental System	Specify <input type="text"/>	<input type="checkbox"/> 2. Primitive/ Limited System (Greywater + Alternative Toilet)	<input type="checkbox"/> Specify Type <input type="text"/>
<input type="checkbox"/> 5. Seasonal Conversion Permit	Tank Capacity <input type="text"/> gals	<input type="checkbox"/> 3. Alternative Toilet	<input type="checkbox"/> Specify Type <input type="text"/>
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	X <input type="text"/>		
<input type="checkbox"/> 3. External Grease Interceptor	Capacity <input type="text"/> gals	Disposal System Components	
<input type="checkbox"/> 4. Other	Specify <input type="text"/>	<input type="checkbox"/> 1. Complete Non-Engineered System (Field /Tank /Pump)	<input type="checkbox"/> Specify Total Number of New Tanks <input type="text"/>
Tank Capacity <input type="text"/> gals	Total # of New Tanks <input type="text"/>	<input type="checkbox"/> 2. Primitive/ Limited System (Greywater + Alternative Toilet)	<input type="checkbox"/> Specify Type <input type="text"/>
Notes:			
<input type="checkbox"/> Riser(s) required in accordance with 10-144-CMR Chapter 241 (7)(F)(2)(a)			

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

<input type="checkbox"/> Yes	Current Use	
<input type="checkbox"/> No	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Undeveloped
	<input type="checkbox"/> Year-Round	<input type="checkbox"/> 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:

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

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

SE #

Date

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Owner

Address

Scale: 1" = _____ ft.

SITE PLAN

SITE LOCATION

A large grid of squares covering the left two-thirds of the page, with a single large empty square on the right side.

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

Observation Hole #
Test Pit Boring

Organic Horizon Thickness	11
Ground Surface Elevation	11
Depth to Exploration or Refusal	11

(Location of Observation Holes Shown Above)

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"/>
		Depth to Exploration or Refusal	<input type="text"/>

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

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

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

Soil Classification		Slope	Limiting Factor		
Profile	Condition	%	"		
				Ground water	Restrictive Layer
				Bedrock	Pit Depth

Site Evaluator Signature or Initials

SF #

Date

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Scale: 1" = _____ ft.

Owner _____

Address _____

SITE PLAN

SITE LOCATION

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # _____ Organic Horizon Thickness " "
 Test Pit Boring
 Depth to Exploration or Refusal "

Observation Hole # _____ Organic Horizon Thickness " "
 Test Pit Boring
 Depth to Exploration or Refusal "

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

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0				
6				
12				
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24				
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42				
48				

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

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

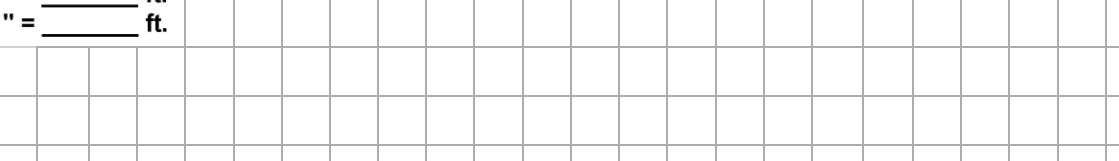
Maine DHHS/CDC – Division of Environmental and Community Health
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Owner

Address

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

Scales: Vertical: 1" = _____ ft. Horizontal: 1" = _____ ft.				DISPOSAL AREA CROSS-SECTION		
						

Site Evaluator Signature or Initials

SE #

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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)	<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:

DISPOSAL AREA CROSS-SECTION

Vertical: 1" = _____ ft.

Horizontal: 1" = _____ ft.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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SE#

Date

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APPLICATION**

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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 #

Date

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

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

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

Textures	Consistence	Color	Redox Features	Textures	Consistence	Color	Redox Features
0				0			
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42				42			
48				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
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			<input type="checkbox"/> Restrictive Layer
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Date