

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION

City, Town, or Plantation: Machias
Street or Road: Hill Farm Road
Subdivision, Lot #: _____

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City: _____ Permit # _____
Date Permit Issued: ___/___/___ Fees: \$ _____ Double Fee Charged ()
L.P.I. # _____

OWNER/APPLICANT INFORMATION

Name (last, first, MI): Jackson, Titus Owner Applicant
Mailing Address of Owner/Applicant: 27 Hill Farm Road
Machias, ME 04654
Daytime Tel. #: (712)789-1203

Local Plumbing Inspector Signature: _____
The Subsurface Wastewater Disposal System **shall not** be installed until a Permit is attached HERE 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 # 10 Lot # 6

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: _____
Local Plumbing Inspector Signature: _____ (2nd) date approved: _____

PERMIT INFORMATION

TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System a. <25% Expansion b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY 5 SQ. FT. ACRES	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use: Seasonal Year Round <input checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> 1. Drilled Well 2. Dug Well 3. Private <input type="checkbox"/> 4. Public 5. Other
SHORELAND ZONING Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1,000</u> GAL.	DISPOSAL FIELD TYPE & SIZE 1. Stone Bed 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device Presby Enviro-Spetic x a. cluster array c. Linear b. regular load d. H-20 load 4. Other: _____ SIZE: <u>150</u> sq. ft. lin. ft <input checked="" type="checkbox"/>	GARBAGE DISPOSAL UNIT <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	DESIGN FLOW <u>180</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 5A (dwelling unit(s)) <input type="checkbox"/> 2. Table 5C (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS PROFILE CONDITION: <u>3 / D</u> at Observation Hole # <u>TP-1</u> Depth <u>12</u> " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 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	EFFLUENT/EJECTOR PUMP Depends on home location and elevation <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	3. Section 5G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>44</u> d <u>42</u> m <u>38.67</u> s Lon. <u>67</u> d <u>28</u> m <u>12.04</u> s if g.p.s. state margin of error: <u>7'</u>

SITE EVALUATOR STATEMENT

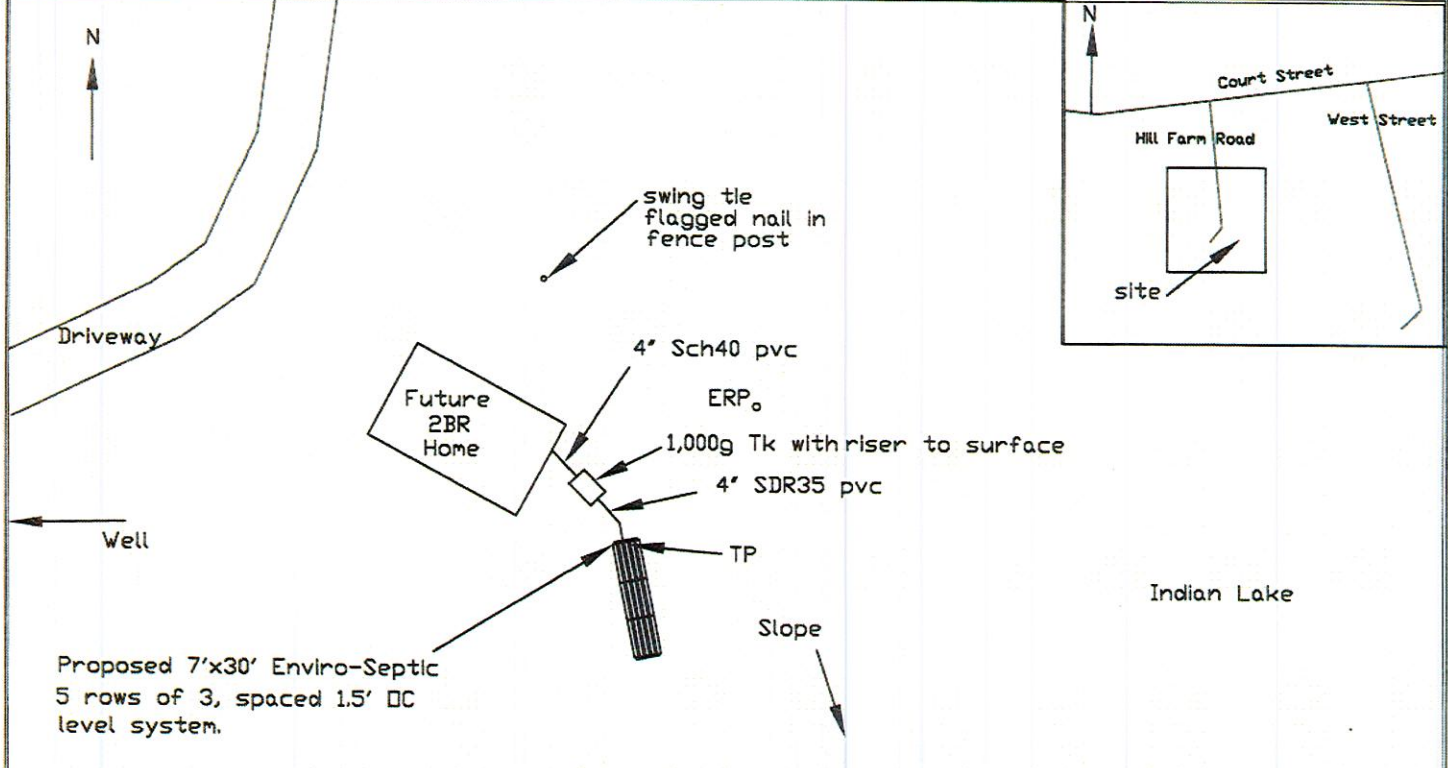
I certify that on 4/26/24 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature: Dana Altvater SE # SE00366 Date 4/30/24
 Site Evaluator Name Printed: Dana Altvater Telephone Number (207)853-2462 E-mail Address daltvater@myfairpoint.net

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator. HHE-200 Rev. 2/2011

Town, City, Plantation: **Machias** Street, Road, Subdivision: **Hill Farm Road** Owner's Name: **Titus Jackson**

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



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

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

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	Sandy	Friable	Dark Brown	none
10	Loam	firm	Strong Brown	
20		Compacted		
30				
40				
50				

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
<u>3 D</u>	<u>5</u> %	<u>12</u> "	<input checked="" type="checkbox"/> Restrictive Layer
Profile Condition			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

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

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

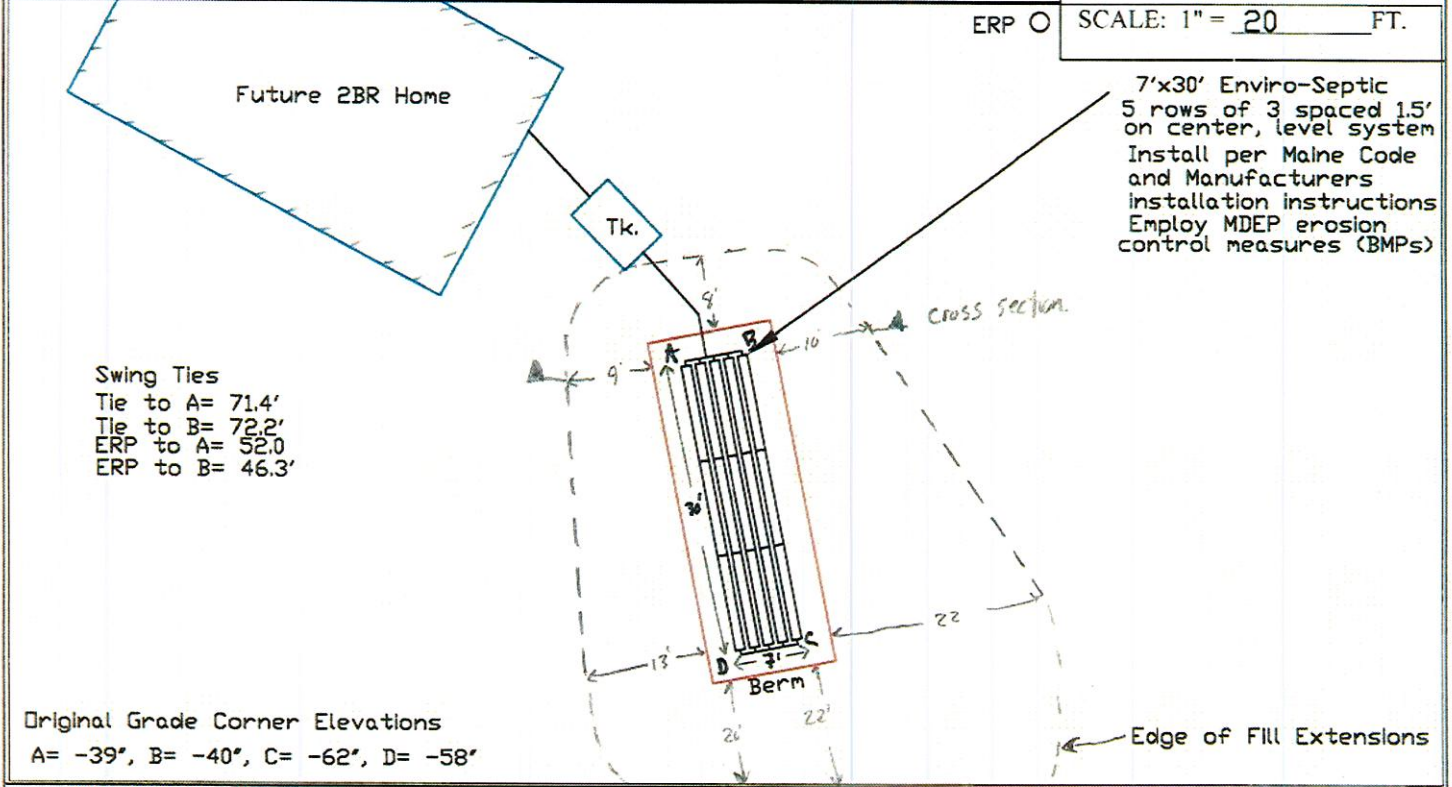
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Owner's Name
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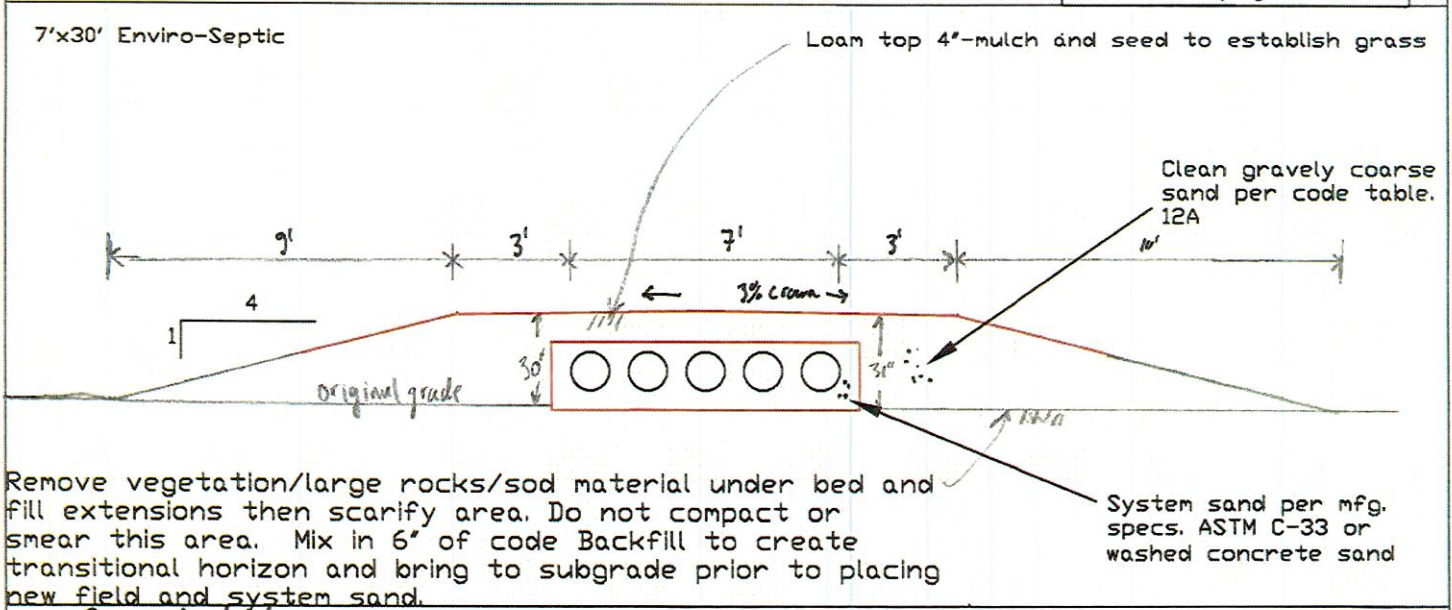
SUBSURFACE WASTEWATER DISPOSAL PLAN



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope) <u>30'/31'</u>	Finished Grade Elevation <u>-9'</u>	Location & Description: <u>Flagged nail in 4"x4" fence post, 70' up</u>
Depth of Fill (Downslope) <u>49'/53'</u>	Top of XXXXXX Proprietary Device <u>-21'</u>	Reference Elevation: <u>0.0'</u>
	Bottom of Disposal Area <u>-33'</u>	

DISPOSAL AREA CROSS SECTION

Scale Vertical and Horizontal 1"=5'



Remove vegetation/large rocks/sod material under bed and fill extensions then scarify area. Do not compact or smear this area. Mix in 6" of code Backfill to create transitional horizon and bring to subgrade prior to placing new field and system sand.

Site Evaluator Signature: Diana Altman SE # SE00366 Date 4/30/24 Page 3 of 3 HHE-200 Rev. 8/01

Court Street

Marshall
Heath

477 FT

45'

House is 1177 sq ft

210 FT

GARDEN

SLABS /
House

FRONT
DOOR

well
AREA

11679

45'
DEW DRIVE

OWNER
GROUND

1100
SEWER
LID

222 FT

well

CREEK

Trees

159 FT

MP House

Property
Line

TREE'S

