

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 <i>only</i> Seas. Conv. must be a stand-alone permit	

Type of Application	Variance Requirements
☐ 1. First Time System	☐ 1. No Rule Variance
☐ 2. Replacement System	☐ 2. First Time System
Type Replaced	LPI Only ☐
Year Installed	State Required ☐
☐ 3. Expansion	☐ 3. Replacement System
☐ <25% (Minor) Expansion	LPI Only ☐
☐ ≥25% (Major) Expansion	State Required ☐
☐ 4. Experimental System	☐ 4. Minimum Lot Size
☐ 5. Seasonal Conversion Permit	☐ 5. Seasonal Conversion

Treatment Tank(s)	
☐ 1. Concrete	☐ Regular ☐ Low Profile ☐ H-20
☐ 2. Plastic	
☐ 3. External Grease Interceptor	Capacity
☐ 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 APPLICATIONMaine 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**Current Use**☐ Seasonal☐ Undeveloped☐ No☐ 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 PumpRequired: ☐ 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

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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

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				

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

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

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SUBSURFACE WASTEWATER DISPOSAL PLAN

A full-page sheet of graph paper featuring a uniform grid of small squares. The grid consists of 20 columns and 20 rows, creating a total of 400 square units. The lines are thin and light gray, set against a white background. There are no margins, text, or other markings on the page.

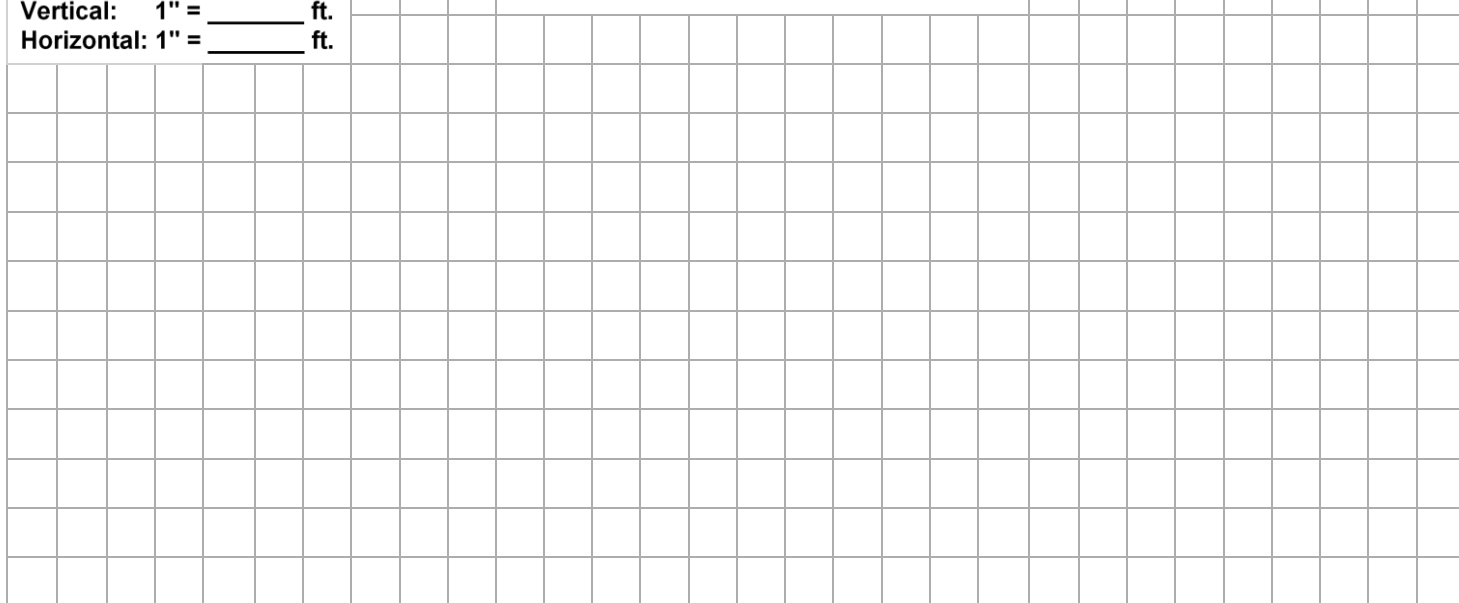
Backfill Requirements Above Existing Grade		Construction Elevations from Elevation Reference Point		Elevation Reference Point	
Depth of Backfill (upslope)	"	Finished Grade Elevation	"	Location & Description:	
Depth of Backfill (downslope)	"	Top of Distribution Pipe or Proprietary Device	"		
Depths at 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

Vertical: 1" = _____ ft.

Horizontal: 1" = _____ ft.

A large grid of graph paper, consisting of 20 columns and 15 rows of squares, intended for drawing a map.

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Date _____

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Address

Scale 1" = _____ ft.

SUBSURFACE WASTEWATER DISPOSAL PLAN**Backfill Requirements Above
Existing Grade**

Depth of Backfill (upslope)

"

Depth of Backfill (downslope)

"

Depths at Cross- Section (shown below)

**Construction Elevations from Elevation
Reference Point**

Finished Grade Elevation

"

Top of Distribution Pipe or Proprietary Device

"

Bottom of Disposal Field

"

Elevation Reference Point

Location & Description:

Reference Elevation is: 0.0 " or

"

Scales:

Vertical: 1" = _____ ft.

Horizontal: 1" = _____ ft.

DISPOSAL AREA CROSS-SECTION

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Site Evaluator Signature or Initials

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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 #

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

Observation Hole # Organic Horizon Thickness "
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