

PROPERTY LOCATION

City, Town, or Plantation Shapleigh
 Street or Road 22 Back Rd
 Subdivision, Lot # _____

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City _____ Permit # _____
 Date Permit Issued: 1/1 Fee: \$ _____ Double Fee Charged
 Local Plumbing Inspector Signature _____ L.P.I. # _____
 Fee: \$ _____ state min fee \$ _____ Locally adopted fee _____
 Copy: Owner Town State

OWNER/APPLICANT INFORMATION

Name (last, first, MI) Shapleigh Town of Owner
Shapleigh, Me Applicant
 Mailing Address of Owner/Applicant P.O. Box 26
 Daytime Tel. # 04076

The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued 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 # _____ Lot # _____

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
 1. First Time System
 2. Replacement System
 Type replaced: _____
 Year installed: _____
 3. Expanded System
 a. < 25% Expansion
 b. ≥ 25% Expansion
 4. Experimental System
 5. Seasonal Conversion

THIS APPLICATION REQUIRES
 1. No Rule Variance
 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

DISPOSAL SYSTEM COMPONENTS
 1. Complete Non-engineered System
 2. Primitive System (graywater & att. 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
17 SQ. FT. ACRES

DISPOSAL SYSTEM TO SERVE
 1. Single Family Dwelling Unit, No. of Bedrooms: _____
 2. Multiple Family Dwelling, No. of Units: _____
 3. Other: Community center
 (specify)
 Current Use Seasonal Year Round Undeveloped

TYPE OF WATER SUPPLY
Proposed
 1. Drilled Well 2. Dog Well 3. Private
 4. Public 5. Other

SHORELAND ZONING
 Yes No

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
 1. Concrete
 a. Regular
 b. Low Profile
 2. Plastic
 3. Other: _____
 CAPACITY: 1000 GAL

DISPOSAL FIELD TYPE & SIZE
 1. Stone Bed 2. Stone Trench
 3. Proprietary Device Concrete Chambers
 a. cluster array Linear
 b. regular load. H-20 load
 4. Other: _____
 SIZE: 384 sq. ft. lin. ft.

GARBAGE DISPOSAL UNIT
 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
260 gallons per day
 BASED ON:
 1. Table 4A (dwelling unit(s))
 2. Table 4C (other facilities)
 SHOW CALCULATIONS for other facilities
130 People @ 2.2 gpd/person
 3. Section 4G (meter readings)
 ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS PROFILE CONDITION
3/ALLC
 at Observation Hole # 2
 Depth 24"
 of Most Limiting Soil Factor

DISPOSAL FIELD SIZING
 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

EFFLUENT/EJECTOR PUMP
 1. Not Required
 2. May Be Required
 3. Required
 Specify only for engineered systems:
 DOSE: _____ gallons

LATITUDE AND LONGITUDE
 at center of disposal area
 Lat. 43 d 32 m 25 s
 Lon. 70 d 50 m 44 s
 if g.p.s., state margin of error: ± 20 FT

SITE EVALUATOR STATEMENT

I certify that on 12-9-22 (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).

Kenneth Gardner
 Site Evaluator Signature

73
 SE #

12-9-22
 Date

Kenneth Gardner
 Site Evaluator Name Printed

207-637-2260
 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

Street, Road, Subdivision

Owner's Name

Shapleigh

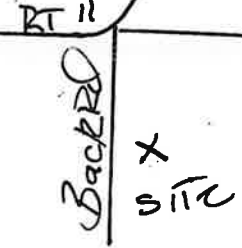
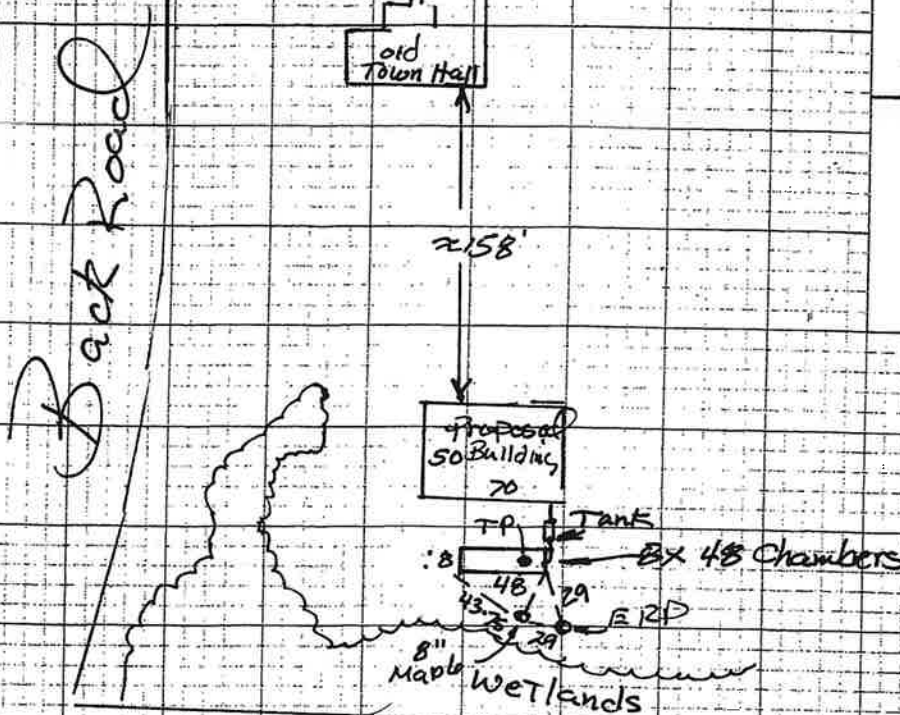
22 Back Rd

Town of Shapleigh

SITE PLAN

Scale 1" = 100 ft. or as shown

SITE LOCATION PLAN
 (map from Maine Atlas recommended)



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

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

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	Sandy loam		olive yell. br.	
10		frictile		
20		firm	olive gray	few
30				
40				
50				

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 <u>3 C</u> Profile Condition	Slope <u>0-4%</u>	Limiting Factor <u>16</u>	<input checked="" type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer 17" <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth 24"
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Soil Classification _____ Profile Condition	Slope _____%	Limiting Factor ____"	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Kenneth Landner
 Site Evaluator Signature

23
 SE #

3-25-24
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
 Division of Environmental Health
 (207) 287-5672 Fax (207) 287-3165

Town, City, Plantation

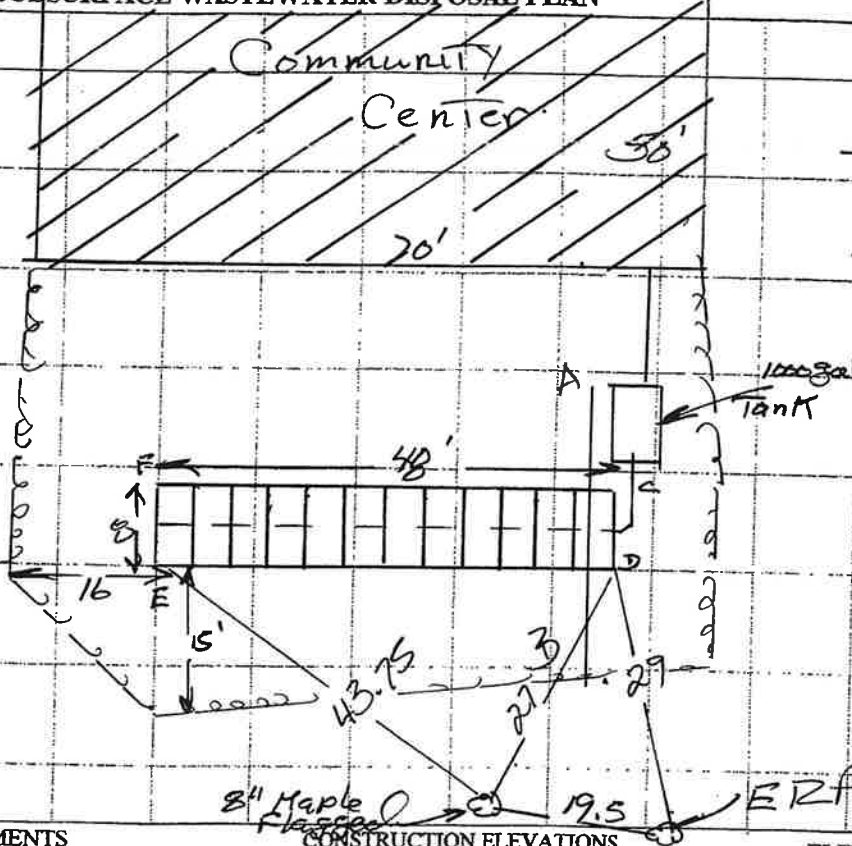
Street, Road, Subdivision

Owner's Name

Town of Shapleigh 22 Back Rd.

Town of Shapleigh

SUBSURFACE WASTEWATER DISPOSAL PLAN



0 []
 SCALE: 1" = 20 FT.
 Top of Slab should be a minimum of 24" above the top of the concrete chambers.

Elev	Fill
C - 56"	23"
D - 56"	23"
E - 72"	39"
F - 68"	35"

FILL REQUIREMENTS

Depth of Fill (Upslope)	23"	Finished Grade Elevation	-33"
Depth of Fill (Downslope)	23"	Top of Distribution Pipe or Proprietary Device	37"
		Bottom of Disposal Area	-56"

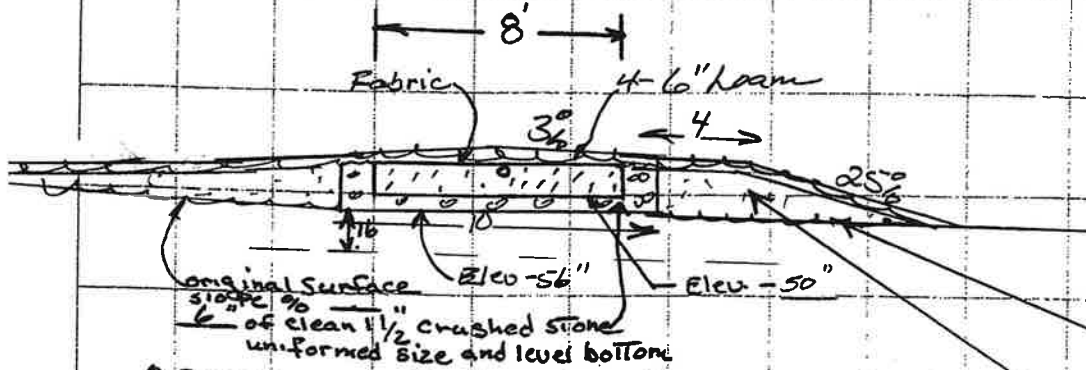
ELEVATION REFERENCE POINT

Location & Description: 8" Pine with a nail 42" above the ground at Reference Elevation: ELEV 0"

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = 6 ft.
 Vertical 1" = 6 ft.



- Place Diversion Ditch uphill of system as needed.
- Remove vegetation and scarify the original surface.
- Mix fill, when need, to a depth of 6" with the original soil - Transitional Horizon.
- Fill shall be gravelly coarse sand, 4-8% passing a #200 sieve.
- Install per the Rules.
- insulate D. Box if used and pipe from tank.

Kenneth Gardner
 Site Evaluator Signature

73
 SF #

3/25/24
 Date