SUBSURFAC	CE WAST	EWATER DISPOSAL S	YSTE	M APPLICAT	TION		Maine Dept.Health & Human Services Div of Environmental Health , 11 SHS		
PROPERTY LOCATION				>> CAU	PROVAL F	(207) 287-5672 Fax: (207) 287-4172 REQUIRED <<			
City, Town, or Plantation	on tenternal								
Street or Road 696 Auburn Porcet			. Town/City Perm  Date Permit Issued/_/_ Fee: \$				#		
Subdivision, Lot#	- 0 //		Dat		_/	. 5			
OWNER	R/APPLICA	NT INFORMATION	Lo	ocal Plumbing Inspe	ector Signature		_ L.P.I. #		
Name (last, first, MI	)	Owner -	-			- House	Owner Town State		
Mailing Address & Bay Street			The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall						
Owner/Applicant Parkwel ME 04/03			authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.						
Daytime Tel. # 838 - 5370			Municipal Tax Map # Lot #						
OWNER OR APPLICANT STATEMENT				CAUTION: INSPECTION REQUIRED					
I state and acknowledge my knowledge and und and/or Local Plumbing	derstand that any	lation submitted is correct to the best of falsification is reason for the Department by a Permit.		I have inspected with the Subsurf	d the installation author face Wastewater Dispo	rzed above and	found it to be in compliance		
Signa	ature of Owner or	r Applicant Date	*******	Local	Plumbing Inspector Si	nature	(2nd) date approved		
				NFORMATION					
TYPE OF APF		THIS APPLICATION F	REQUIR	ES	DISP	OSAL SYSTE	M COMPONENTS		
	2. Replacement System 2. First Time System Variance				2. Prir	omplete Non-engineered System rimitive System (graywater & alt. toilet)			
Type replaced:		a. Local Plumbing Inspector b. State & Local Plumbing In	Approv	ral r Annroval	☐ 3. Alte	ernative Toilet, specify: n-engineered Treatment Tank (only)			
3. Replacement System Varian							gallons		
3. Expanded System a. <25% Expansion b. >25% Expansion b. State & Local Plumbing Inspector b. State & Local Plumbing Inspector				ral r Approval	☐ 7. Se	parated Laund	iry System		
4. Experimental System 4. Minimum Lot Size Variance					9. En	Complete Engineered System (2000 gpd or more) Engineered Treatment Tank (only)			
5. Seasonal Conversion 5. Seasonal Conversion Permit				***	☐10. En	Engineered Disposal Field (only) Pre-treatment, specify:			
SIZE OF PROPERTY  DISPOSAL SYSTEM TO S  1. Single Family Dwelling Unit, I				Redrooms: 3	☐12. Mi	discellaneous Components			
10,050 SF DACRES 2. Multiple Family Dwelling, No.			of Unit	s:	TYI	YPE OF WATER SUPPLY			
SHORELAND ZONING 3. Other:(specify)						led Well 2. Dug Well 3. Private			
☐ Yes ☐ No . Current Use ☐ Seasonal ☐ Year					And the same of th	lic 5. Other			
TREATMENT	T TANK	DESIGN DETAILS (S' DISPOSAL FIELD TYPE &				SE 3)			
1. Concrete	TANK	1. Stone Bed 2. Stone Tree 3. Proprietary Device		GARBAGE DIS	SPOSAL UNIT	777~	DESIGN FLOW		
		3. Proprietary Device		If Yes or Maybe,	specify one below:	270	gallons per day ASED ON:		
☐ 2. Plastic ☐ a. cluster array ☐ c. Linear ☐ 3. Other: ☐ b. regular load ☐ d. H-20 li				a. multi-compa		1. Table	4A (dwelling unit(s))		
CAPACITY: 1500 GAL. 4. Other:				<ul><li>□ b tanks in</li><li>☑ c. increase in ta</li></ul>		2. Table SHOW	4C(other facilities) CALCULATIONS for other facilite		
COU DATA 9 DEC	1011 01 100		asq. ft. ☐lin. ft. ☐d. Filter on Ta				,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
PROFILE CONDIT		DISPOSAL FIELD SIZING		EFFLUENT/EJEC	TOR PUMP	3. Secti	on 4G (meter readings) I WATER METER DATA		
				. Not Required . May Be Required					
at Observation Hole # 12. MediumLarge 3.3 sq. f.t/			/ gpd	. Required		LA dep <sup>6</sup>	TITUDE AND LONGITUDE at center of disposal area d 55 m 55 s		
of Most Limiting Soi	l Factor	■3. Large4.1 sq. ft. / gpd ■4. Extra Large5.0 sq. ft. / gp	04	Specify only for engin		Lat. 45	d <u>45 m 25 s</u> d <u>// m 40 s</u>		
	*****				gallons	if g.p.s, sta	ate margin of error: 🛝		
	71015		-	OR STATEME					
I certify that on		(date) I completed a site e	evaluati	on on this proper	rty and state that	the data rep	ported are accurate and		
Mant		compliance with the State of M	naine S	CGS	ewater Disposal	Rules (10-14 ] <i>Pt [ /</i> 5	14A CMR 241).		
Site Evaluator Signature									
1 1	J. Ham	,		756-290		Date			
Site Evaluator Name Printed				Telephone		E-mail Address			
Note : Changes to	o or deviatio	ns from the design should be co	onfirme				Page 1 of 3		
	- /taw	•					HHE-200 Rev. 08/2011		

	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								
Parland 696 A	uhun Strce	4	T.M 4795/15									
	1" = '50 ft. or as shown			SITE LOCATION PLAN (map from Maine Atlas recommended)								
Puttand	Joc			FOLKMATA		ton to						
Trop .		472-1	4 4	woshing to		w e/los						
	***											
	bon Str	eer										
SOIL DESCRIPTION AND CL	ASSIFICATION	V (Location of Obser	vation F	Ioles Show	n Above)							
SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)  Observation Hole												
Texture Consistency Color  Sandy F7: My Burn  310 Sandy	Mottling	Texture 0	Consiste	ency Col	lor Mottling	g 						
Silon Fridh Bran =	Column =	Surface (inches)			=							
Wineral Soil	Distruct =	Mineral Soi			+							
Depth Below Mineral Soil Surface (inches)  20 20 20 20 20 20 20 20 20 20 20 20 20		Depth Below Mineral Soil			=							
Soil Classification Slope Limiting FGroun	ctive Layer ck	Soil Classification  Profile Condition	Slope%	Limiting Factor	[ ] Ground Water [ ] Restrictive Layer [ ] Bedrock [ ] Pit Depth							
Maw Hauph Site Evaluator Signature	263 SE#	7 9 15 Date	_		Page 2 of HHE-200 Rev							

