

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services  
Division of Environmental Health, SHS 11  
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION	
City, Town, or Plantation	T1 R9 WELS
Street or Road	Baxter Park Road
Subdivision, Lot #	Millinocket Lake
OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	Upper Valley Economic Corp. <input type="checkbox"/> Owner Attn: Fred Michaud <input checked="" type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	36 School St., Suite #3 Sherman, ME 04776
Daytime Tel #	207-446-7000

CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW

Town /City-Territory T1 R9 PERMIT No. 21-120  
DATE ISSUED 02/22/2022 FEE \$335.00 NO DOUBLE FEE  
Local Plumbing Inspector Signature \_\_\_\_\_ LPI NO. 0601  
Copy ( ) Owner Town ( ) ( ) State

The subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules

Map(Territory) PL010 Lot 01 1-2

CAUTION: INSPECTION REQUIRED

I have inspected the installation above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

1st date approved PENDING 2nd date approved PENDING

Local Plumbing Inspector signature \_\_\_\_\_ LPI 0601  
Contractor must contact LPI BEFORE any work is started

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.

*Jeffrey C. Packard* 09-22-20  
Signature of Owner or Applicant Date

## PERMIT INFORMATION

<b>TYPE OF APPLICATION</b> <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. < 25% Expansion <input type="checkbox"/> b. ≥ 25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> <input checked="" type="checkbox"/> 1. No Rule Variance * Water Use To Be Monitored <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<b>DISPOSAL SYSTEM COMPONENTS</b> <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
<b>SIZE OF PROPERTY</b> 1.4 +/- <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> <input type="checkbox"/> 1. Single-Family Dwellings, Total No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other Scenic Byway - Rest Stop (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY "Non-potable"</b> <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5 Other
<b>SHORELAND ZONING</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

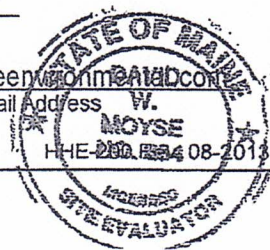
## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic w/ PL-122 Filter <input type="checkbox"/> 3. Other: _____ CAPACITY: 1,500 GAL	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device Concrete Chambers <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4 Other: _____ SIZE: 1,518 sq ft <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes of Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input checked="" type="checkbox"/> d. Filter on Tank Outlet	<b>DESIGN FLOW</b> 460 gallons per day BASED ON: <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input checked="" type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities— See Attached <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
<b>SOIL DATA PROFILE CONDITION</b> 3 / C at Observation Hole # TP-1 Depth 18" of Most Limiting Soil Factor Mottling	<b>DISPOSAL FIELD SIZING</b> <input type="checkbox"/> 1. Medium—2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 2. Medium—Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large—4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large—5.0 sq. ft. / gpd	<b>EFFLUENT/EJECTOR PUMP</b> <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: _____	<b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. 045 d 43' m 48.90"s Lon. 068 d 50' m 15.82"s if g.p.s. state margin of error: _____

## SITE EVALUATOR STATEMENT

I certify that on 09-24-15 (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: *David W. Moyses* SE #: 264 Date: 9-25-15  
 Site Evaluator Name Printed: DAVID W. MOYSE Telephone Number: (207) 945-6179 Email Address: dave@moyseenvironmental.com



Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.