

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
 Div of Environmental Health, 11 SHS  
 (207) 287-5672 Fax: (207) 287-4172

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	Newcastle	Town/City <u>Newcastle</u>	Permit # _____
Street or Road		Date Permit Issued ___/___/___	Fee: \$ _____ Double Fee Charged [ ]
Subdivision, Lot #		Local Plumbing Inspector Signature _____ L.P.I. # _____	
<b>OWNER/APPLICANT INFORMATION</b>		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.	
Name (last, first, MI) _____			
<input type="checkbox"/> Owner <input type="checkbox"/> Applicant			
Mailing Address of Owner/Applicant			
Daytime Tel. #		Municipal Tax Map # _____ Lot # _____	
<b>OWNER OR APPLICANT STATEMENT</b>		<b>CAUTION: INSPECTION REQUIRED</b>	
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant _____ Date _____		(1st) date approved _____	
		Local Plumbing Inspector Signature _____ (2nd) date approved _____	

PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b> <input 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 type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<b>DISPOSAL SYSTEM COMPONENTS</b> <input 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> <input type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> 1. Drilled Well    2. Dug Well    3. Private 4. Public    5. Other
<b>SHORELAND ZONING</b> <input 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 checked="" type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: _____ GAL.	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <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: _____ <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or 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 type="checkbox"/> d. Filter on Tank Outlet	<b>DESIGN FLOW</b> _____ gallons per day BASED ON: <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE    CONDITION _____ / _____ at Observation Hole # _____ Depth _____" of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <input type="checkbox"/> 1. Medium—2.6 sq. ft. / gpd <input 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 type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. _____ d _____ m _____ s Lon. _____ d _____ m _____ s if g.p.s., state margin of error: _____

SITE EVALUATOR STATEMENT		
I certify that on _____ (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 _____	SE # _____	Date _____
Site Evaluator Name Printed _____	Telephone Number _____	E-mail Address _____

**TOWN OF NEWCASTLE  
2012  
PLUMBING & SEPTIC FEE SCHEDULE**

**PERMITS for INTERIOR PLUMBING**

Minimum Fee, includes up to four fixtures .....	\$ 40 +add'l below
Individual fixtures, each, above four total .....	\$ 10
Hook up to public sewer .....	\$ 10
Hook up to existing subsurface system.....	\$ 10
Piping relocation with no new fixtures .....	\$ 10
Permit transfer .....	\$ 10

**PERMITS for COMPLETE DISPOSAL SYSTEMS & VARIANCES**

Engineered system.....	\$ 200 + \$15 DEP
Non-engineered system .....	\$ 250 + \$15 DEP
Primitive system (includes one alternative toilet) .....	\$ 100
Separate grey waste disposal field .....	\$ 35
Seasonal conversion permit .....	\$ 50
First-Time System Variance .....	\$ 20

**PERMITS for SEPARATE PARTS of DISPOSAL SYSTEM**

Alternative toilet (only) .....	\$ 50
Disposal field only (engineered system) .....	\$ 150
Disposal field only (non-engineered) .....	\$ 150
Treatment tank only (non-engineered) .....	\$ 150
Treatment tank (engineered system) .....	\$ 80
Holding tank .....	\$ 100
Other components (complete pump station, piping, other) .....	\$ 30

**Late Permit Fee:** A person who starts construction without first obtaining a plumbing and/or septic permit pay double the permit fee indicated above.

**A DEPOSIT WILL BE REQUIRED FOR ANY APPLICATION OR PERMIT REQUIRING AN INSPECTION OF A COMPLETED PROJECT. THE DEPOSIT WILL BE A MINIMUM OF \$100.00 OR 50% OF THE PERMIT FEE, WHICHEVER IS GREATER, BUT NOT TO EXCEED \$5,000.00.**