

APPROVED

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3169

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION			
PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Topsham	Town/City	Topsham
Street or Road	32 Sky-Hy Drive	Date Permit Issued	12.07.2016
Subdivision, Lot #	R07 028001	Fee: \$	225.00
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature	L.P.I. # 0766
Name (last, first, MI)	Sky-Hy Conference and Renewal Center	<input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
Mailing Address of Owner/Applicant	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. This Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.		
Daytime Tel. #	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.		CAUTION: INSPECTION REQUIRED 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: <u>N. O. Houde</u> Date: <u>12/7/16</u>		(1st) date approved _____ Local Plumbing Inspector Signature _____ (2nd) date approved _____	
PERMIT INFORMATION			
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <u>N/A</u> <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	THIS APPLICATION REQUIRES <input checked="" 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 <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	DISPOSAL SYSTEM COMPONENTS <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 checked="" 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	
SIZE OF PROPERTY <input type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other: <u>Conference Center</u> (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <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	
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)		
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>2-2,000</u> GAL	DISPOSAL FIELD TYPE & SIZE <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: <u>N/A</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" 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	DESIGN FLOW <u>1,680</u> 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 — Septic Design by Patton 1991 <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA PROFILE <u>3</u> CONDITION <u>AIII</u> at Observation Hole # <u>TP-1</u> Depth <u>24</u> " of Most Limiting Soil Factor <u>Bedrock</u>	DISPOSAL FIELD SIZING <u>N/A</u> <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	EFFLUENT/EJECTOR PUMP <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: _____ gallons	LATITUDE AND LONGITUDE at center of disposal area Lat. <u>N43</u> d <u>59</u> m <u>32.10</u> s Lon. <u>W69</u> d <u>58</u> m <u>43.13</u> s if g.p.s. state margin of error: <u>20</u>
SITE EVALUATOR STATEMENT			
I certify that on <u>10-28-16</u> (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).			
Signature: <u>Richard A. Sweet</u> Site Evaluator Signature		<u>34</u> SE #	<u>11/14/16</u> Date
Richard A. Sweet Site Evaluator Name Printed		<u>(207) 797-2110</u> Telephone Number	<u>sweet@maine.rr.com</u> Email Address
Designed with SeptiCAD v3 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.			

Sept 37.50

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 Fax: (207) 287-3165

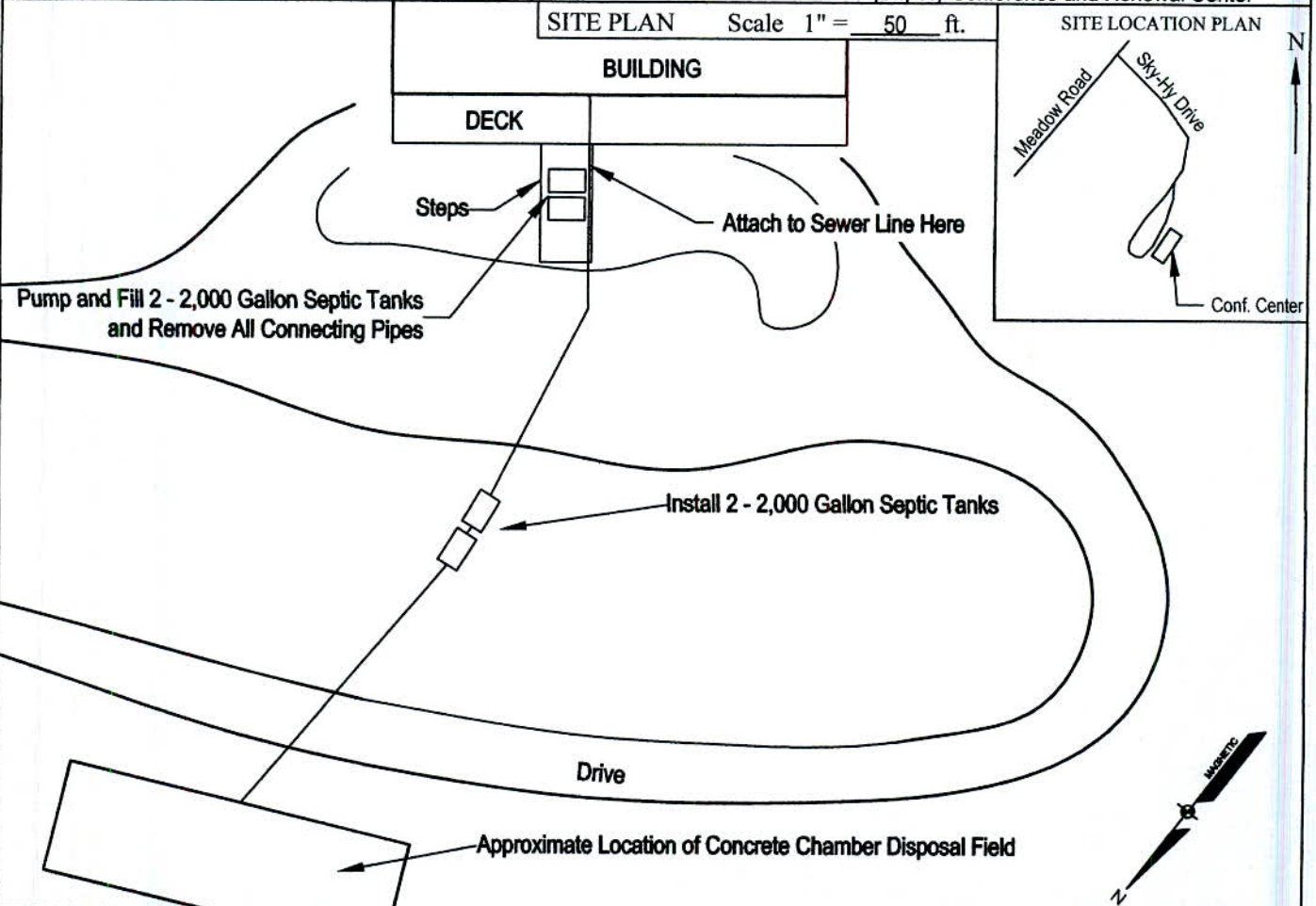
Town, City, Plantation
Topsham

Street, Road, Subdivision
32 Sky-Hy Drive

Owner or Applicant Name
Sky-Hy Conference and Renewal Center

SITE PLAN Scale 1" = 50 ft.

SITE LOCATION PLAN



SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # ☐ Test Pit ☐ Boring

 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
0			
6			
12			
18			
24			
30			
36			
42			
48			

Septic Design by Patton 1991

Soil	Classification	Slope	Limiting Factor	<input type="checkbox"/> Groundwater
Profile	Condition	Percent	Depth	<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

Observation Hole # ☐ Test Pit ☐ Boring

 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
0			
6			
12			
18			
24			
30			
36			
42			
48			

Soil	Classification	Slope	Limiting Factor	<input type="checkbox"/> Groundwater
Profile	Condition	Percent	Depth	<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

Richard O. Hunt
Site Evaluator Signature

34
SE #

11/14/16
Date

Page 2 of 3
HHE-200 Rev. 10/02

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner or Applicant Name

Topsham

32 Sky-Hy Drive

Sky-Hy Conference and Renewal Center

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = ____ ft

N/A

BACKFILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Location & Description: _____

Depth of Backfill (upslope) _____

Finished Grade Elevation (at Row 1) _____

Depth of Backfill (downslope) _____

Top of Proprietary Device (at Row 1) _____

Bottom of Disposal Field (at Row 1) _____

Reference Elevation is 0.0" or: _____

DISPOSAL FIELD CROSS SECTION

Scales:

Verticle: 1" = ____

Horizontal: 1" = ____

N/A

Richard O. Smith
Site Evaluator Signature

34
SE #

11/14/16
Date

Page 3 of 3
HHE-200 Rev. 10/02