

PERMITTING FEES

INTERNAL



SUBSURFACE

**30-A
§4215
Permits**

Permit required.

A permit is required for the following activities and is valid for work commenced within 24 months after the permit is issued :

The installation of plumbing into a building

The installation of a subsurface waste water disposal system or components

INTERNAL

WHO IS ABLE TO TAKE OUT AN INTERNAL PLUMBING PERMIT?

MASTER PLUMBER

HOMEOWNER DOING ITS OWN WORK

MASTER FUEL TECHNICIAN

MANUFACTURED HOUSING MECHANIC

PUC UTILITY EMPLOYEE

NOT THE GENERAL CONTRACTOR

WATER METERS

PUC employees can only install a meter and non-testable backflow device without a permit

Testable devices have to be installed by plumbers with a permit.

- * Title 30-A §4201-3 Plumbing.
- * Plumbing means the installation, alteration or replacement of pipes, fixtures and other apparatus for bringing in potable water, removing waste water and the piping connections to heating systems using water. Except for the initial connection to a potable water supply and the final connection that discharges indirectly into the public sewer or waste water disposal system, the following are excluded from this definition.

* **Maine State Law**

- A. All pipes, equipment or material used exclusively for manufacturing or industrial processes
- B. The installation or alteration of automatic sprinkler systems used for fire protection and standpipes connected to automatic sprinkler systems or overhead.
- C. Building drains outside the foundation wall or structure.
- D. The replacement of fixtures with similar fixtures at the same location without any alteration of pipes
- E. The sealing of leaks within an existing line.

* Plumbing Definition Exclusions

10-144

Chapter 240

STATE OF MAINE
RULES FOR APPOINTMENT AND ADMINISTRATION OF
LOCAL PLUMBING INSPECTORS



DEPARTMENT OF HEALTH & HUMAN SERVICES
MAINE CENTER FOR DISEASE CONTROL & PREVENTION
DIVISION OF ENVIRONMENTAL HEALTH
11 STATE HOUSE STATION
AUGUSTA, MAINE 04333

EFFECTIVE DATE: January 7, 2011

Appropriation 014-10A-2426-012-2658

Table E: Permits for Internal Plumbing

Minimum fee, includes up to four fixtures	\$40.00
Individual fixtures, each, above four total	\$10.00
Hook up to public sewer	\$10.00
Hook up to existing subsurface system	\$10.00
Piping relocation with no new fixtures	\$10.00
Permit transfer	\$10.00

MUNICIPALITY = 75%, STATE = 25% OF MINIMUM FEE

IF YOU HAVE A LOCAL ORDINANCE THAT ALLOWS YOU TO CHARGE MORE THAN THE STATE MINIMUM FEE, YOU ONLY SEND IN 25% OF THE STATE MINIMUM

FOR EXAMPLE:

ORDINANCE OF \$15.00 PER FIXTURE/MINIMUM FEE OF \$60.00

PLUMBING PERMIT OF 4 FIXTURES = \$60.00

STATE MINIMUM = \$40.00

**WHEN YOU SEND IN YOUR 25% STATE FEE = \$10.00
25% OF \$40.00 = \$10.00**

HHE-211 Internal Plumbing Permit Application

PLUMBING APPLICATION		Maine Dept. Health & Human Services Div of Environmental Health, 11 SHS (207) 287-5672 Fax: (207) 287-4172	
PROPERTY ADDRESS		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation		Town/City _____	Permit # _____
Street or Road		Date Permit Issued ___/___/___	Fee: \$ _____ Double Fee Charged []
Subdivision, Lot #		_____	L.P.I. # _____
PROPERTY OWNERS NAME		Local Plumbing Inspector Signature _____	
Name (last, first, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Applicant	The Internal Plumbing Fixtures and Piping 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 plumbing system in accordance with this application and the Maine Internal Plumbing Rules.	
Mailing Address of Owner/Applicant			
Daytime Tel. #			
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 Maine Plumbing Rules.	
Signature of Owner or Applicant _____ Date _____		Date Approved (Rough-In) _____ Date Approved (Final) _____	
Local Plumbing Inspector Signature _____			

This Application Is For	Type of Structure To Be Served	Plumbing To Be Installed By
1. <input type="checkbox"/> NEW PLUMBING INSTALLATION	1. <input type="checkbox"/> SINGLE FAMILY DWELLING	1. <input type="checkbox"/> MASTER PLUMBER
2. <input type="checkbox"/> RELOCATED PLUMBING	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> OIL BURNERMAN
	3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC
	4. <input type="checkbox"/> OTHER-SPECIFY _____	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal		Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system		Indirect Waste		Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures		Waste Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
OR		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
	TRANSFER FEE (\$10.00)			Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

Owner Town State rev. 08/2011

FEE = \$40.00, STATE SHARE = \$ 10.00

DOUBLE FEE = \$ 80.00 , STATE SHARE = \$ 10.00

PLUMBING APPLICATION		Maine Dept. Health & Human Services Div of Environmental Health , 11 SHS (207) 287-5672 Fax: (207) 287-4172	
PROPERTY ADDRESS		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	AUGUSTA	Town/City AUGUSTA	Permit # 1234
Street or Road	286 Water Street	Date Permit Issued 03 / 05 / 2014	Fee: \$ 40.00 Double Fee Charged []
Subdivision, Lot #		<i>Brent Lawson</i>	L.P.I. # XXX
PROPERTY OWNERS NAME		Local Plumbing Inspector Signature	
Name (last, first, MI)	Howard, Moe <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	The Internal Plumbing Fixtures and Piping 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 plumbing system in accordance with this application and the Maine Internal Plumbing Rules.	
Mailing Address of Owner/Applicant	SAME	CAUTION: INSPECTION REQUIRED	
Daytime Tel. #	207-592-7376	I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.	
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.		<i>Brent Lawson</i>	
<i>Moe Howard</i> 03/04/2014		03/15/2014	
Signature of Owner or Applicant Date		Date Approved (Rough-In)	
		03/31/2014	
		Date Approved (Final)	

25% OF THE STATE MINIMUM

PERMIT INFORMATION

<p>This Application Is For</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING INSTALLATION</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input checked="" type="checkbox"/> OTHER-SPECIFY <u>RESTAURANT</u></p>	<p>Plumbing To Be Installed By</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>X X X X X </u></p>
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NEW PLUMBING: ANY PLUMBING IN A STRUCTURE THAT WASN'T THERE BEFORE

RELOCATED PLUMBING: MOVING PLUMBING FROM ONE PLACE TO ANOTHER

OIL BURNERMAN: CAN PLUMB HOT AND COLD IN THE SAME ROOM AS THE BOILER

MFG'D HOUSING DEALER/MECHANIC: HOOK UP ON A PAD, IF ITS ON A FOUNDATION-MASTER PLUMBER/HOMEOWNER, (dealer #)

PUBLIC UTILITY EMPLOYEE: WATER DISTRICT/SEWER DISTRICT, ANYTHING THAT IS A PUC REGULATED UTILITY

Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District OR <input type="checkbox"/> HOOK UP: to an existing subsurface wastewater disposal system <input type="checkbox"/> 1 <u>PIPING RELOCATION</u> : of sanitary lines, drains, and piping without new fixtures			Hosebibb / Sillcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal		Sink
			Drinking Fountain		Wash Basin
			Indirect Waste		Water Closet (Toilet)
			Waste Treatment Softener, Filter, etc.		Clothes Washer
			Grease / Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
			Other: _____		Water Heater
<input type="checkbox"/>	OR TRANSFER FEE (\$10.00)		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
					Fixtures (Subtotal) Column 2
					Total Fixtures
					Fixture Fee
					Transfer Fee
					\$10.00 Hook-Up & Relocation Fee
					Permit Fee (Total)

Owner Town State

rev. 08/2011

\$10.00

Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District OR <input type="checkbox"/> 1 HOOK UP: to an existing subsurface wastewater disposal system <input type="checkbox"/> <u>PIPING RELOCATION</u> : of sanitary lines, drains, and piping without new fixtures			Hosebibb / Sillcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal		Sink
			Drinking Fountain		Wash Basin
			Indirect Waste		Water Closet (Toilet)
			Waste Treatment Softener, Filter, etc.		Clothes Washer
			Grease / Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
			Other: _____		Water Heater
			Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
					Fixtures (Subtotal) Column 2
					Total Fixtures
					Fixture Fee
					Transfer Fee
				\$10.00	Hook-Up & Relocation Fee
				\$40.00	Permit Fee (Total)

OR
TRANSFER FEE
(\$10.00)

Owner Town State

rev. 08/2011

\$10.00
\$40.00

MINIMUM PERMIT FEE IS \$ 40.00 (1-4 FIXTURES)

Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District</p> <p>OR</p> <p>HOOK UP: to an existing subsurface wastewater disposal system</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures</p>			Hosebibb / Sillcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal		Sink
			Drinking Fountain		Wash Basin
			Indirect Waste		Water Closet (Toilet)
			Waste Treatment Softener, Filter, etc.		Clothes Washer
			Grease / Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
			Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
				Fixtures (Subtotal) Column 2	
				Total Fixtures	
				Fixture Fee	
				Transfer Fee	
				Hook-Up & Relocation Fee	
				Permit Fee (Total)	

1

OR

TRANSFER FEE (\$10.00)

rev. 08/2011

Owner Town State

\$10.00

MINIMUM PERMIT FEE IS \$ _____ (1-4 FIXTURES)

Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input type="checkbox"/>	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District		Hosebibb / Sillcock		Bathtub (and Shower)
	OR		Floor Drain		Shower (Separate)
			Urinal		Sink
<input type="checkbox"/>	HOOK UP: to an existing subsurface wastewater disposal system		Drinking Fountain		Wash Basin
	OR		Indirect Waste		Water Closet (Toilet)
<input type="checkbox"/>		PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures		Waste Treatment Softener, Filter, etc.	
			Grease / Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	OR		Other: _____		Water Heater
<input type="checkbox"/>		TRANSFER FEE (\$10.00)		Fixtures (Subtotal) Column 2	
					Fixtures (Subtotal) Column 2
					Total Fixtures
					Fixture Fee
				\$10.00	Transfer Fee
					Hook-Up & Relocation Fee
				\$10.00	Permit Fee (Total)

Owner Town State

rev. 08/2011

MINIMUM PERMIT FEE IS \$ 10.00 (Transfer Fee Only)

State 25% = \$2.50

TRANSFER FEE

WHEN SOMEONE ELSE TAKES OVER THE RESPONSIBILITY
OF THE PERMIT

FIRE A PLUMBER, HIRE ANOTHER
OR
FIRE THE PLUMBER, HOMEOWNER TAKES OVER

Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District OR <input type="checkbox"/> HOOK UP: to an existing subsurface wastewater disposal system		1	Hosebibb / Sillcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal		Sink
			Drinking Fountain		Wash Basin
			Indirect Waste		Water Closet (Toilet)
<input type="checkbox"/> <u>PIPING RELOCATION</u> : of sanitary lines, drains, and piping without new fixtures		1	Waste Treatment Softener, Filter, etc.		Clothes Washer
			Grease / Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
			Other: _____		Water Heater
<input type="checkbox"/> OR TRANSFER FEE (\$10.00)			Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				2	Fixtures (Subtotal) Column 2
				2	Total Fixtures
				\$20.00	Fixture Fee
					Transfer Fee
					Hook-Up & Relocation Fee
				\$40.00	Permit Fee (Total)

Owner Town State

rev. 08/2011

MINIMUM PERMIT FEE IS \$ 40.00 (1-4 FIXTURES)

Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Column 2 Number	Column 2 Type of Fixture	Column 1 Number	Column 1 Type of Fixture
<input type="checkbox"/>	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District		Hosebibb / Sillcock	1	Bathtub (and Shower)
			Floor Drain		Shower (Separate)
	OR		Urinal		Sink
			Drinking Fountain		Wash Basin
<input type="checkbox"/>	HOOK UP: to an existing subsurface wastewater disposal system		Indirect Waste	1	Water Closet (Toilet)
<input type="checkbox"/>	<u>PIPING RELOCATION:</u> of sanitary lines, drains, and piping without new fixtures		Waste Treatment Softener, Filter, etc.		Clothes Washer
			Grease / Oil Separator	1	Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	OR		Other: _____	1	Water Heater
<input type="checkbox"/>		TRANSFER FEE (\$10.00)		Fixtures (Subtotal) Column 2	4
					Fixtures (Subtotal) Column 2
				4	Total Fixtures
				\$40.00	Fixture Fee
					Transfer Fee
					Hook-Up & Relocation Fee
				\$40.00	Permit Fee (Total)

Owner Town State

rev. 08/2011

MINIMUM PERMIT FEE IS \$ 40.00 (1-4 FIXTURES)

Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Column 2 Number	Column 2 Type of Fixture	Column 1 Number	Column 1 Type of Fixture
1 HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District OR HOOK UP: to an existing subsurface wastewater disposal system PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures			Hosebibb / Sillcock	2	Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal	1	Sink
			Drinking Fountain	2	Wash Basin
			Indirect Waste	2	Water Closet (Toilet)
		1	Waste Treatment Softener, Filter, etc.	1	Clothes Washer
			Grease / Oil Separator	1	Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
			Other: _____	1	Water Heater
OR TRANSFER FEE (\$10.00)		Fixtures (Subtotal) Column 2	1	0	Fixtures (Subtotal) Column 1
				1	Fixtures (Subtotal) Column 2
				11	Total Fixtures
				\$110.00	Fixture Fee
					Transfer Fee
				\$10.00	Hook-Up & Relocation Fee
<input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State				\$120.00	Permit Fee (Total)

75% Municipality = \$90.00 ----- 25% State = \$30.00

Town ordinance = \$20.00 / fixture

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
1 HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District OR HOOK UP: to an existing subsurface wastewater disposal system		Hosebabb / Sillcock	2	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR <u>PIPING RELOCATION:</u> of sanitary lines, drains, and piping without new fixtures		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
	1	Waste Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	1	Water Heater
OR <input type="checkbox"/> TRANSFER FEE (\$10.00)		Fixtures (Subtotal) Column 2	1 0	Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
			11	Total Fixtures
			\$220.00	Fixture Fee
				Transfer Fee
			\$20.00	Hook-Up & Relocation Fee
			\$240.00	Permit Fee (Total)

Owner Town State

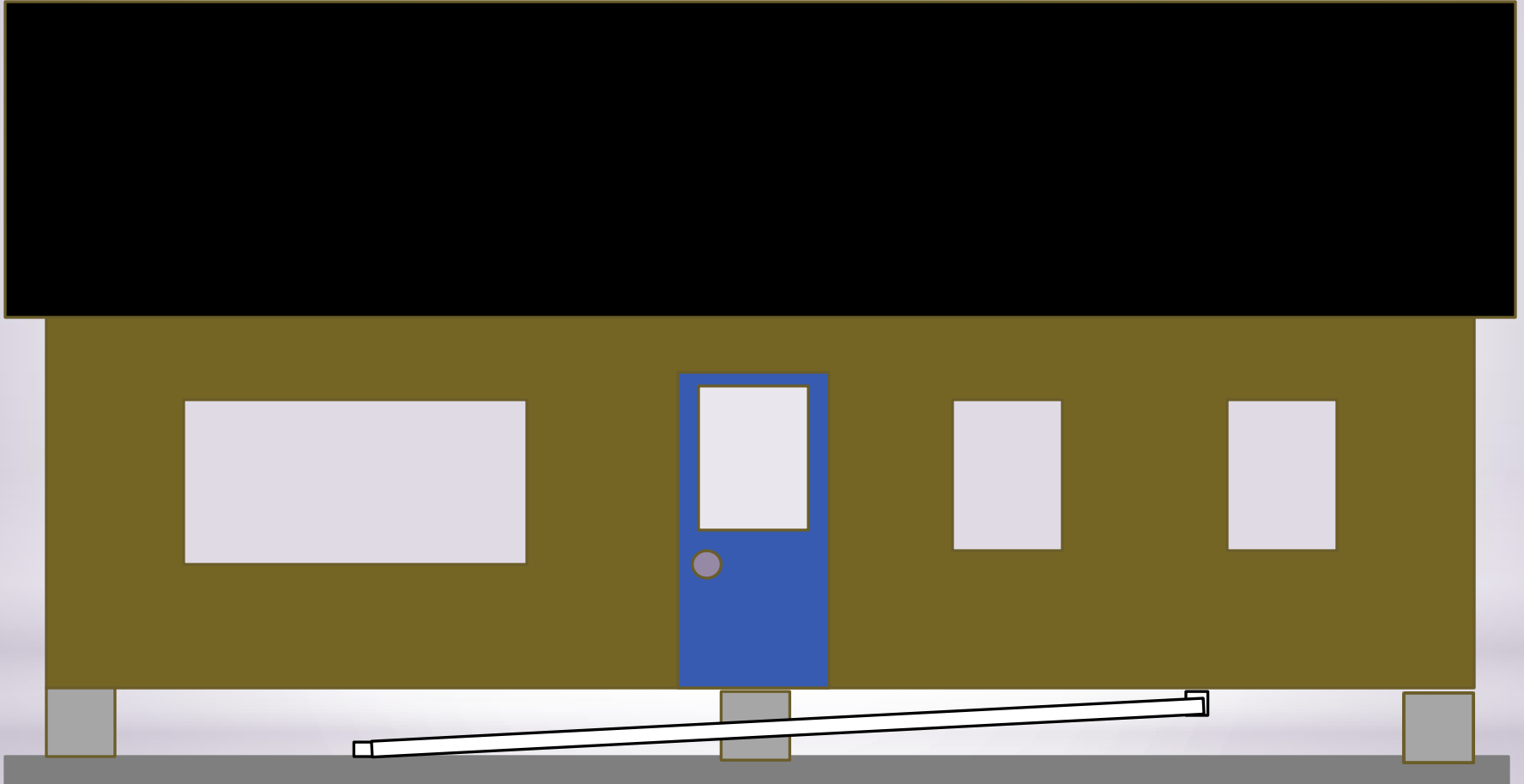
rev. 08/2011

25% State = \$30.00

STATE MINIMUM PERMIT FEES 12 fix. X \$10.00=\$120.00-25%= \$30.00

NEW MANUFACTURED HOUSE

1-TOILET, 1- SHOWER, 1- WASH BASIN, 1- KITHEN SINK, 1-WATER HEATER

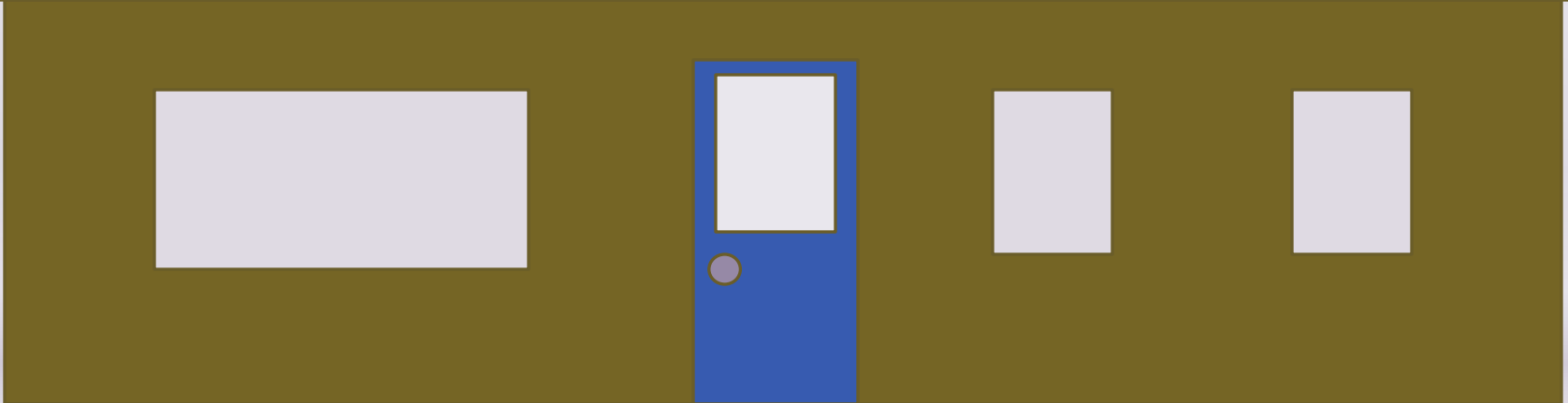


PERMIT TOTAL WOULD BE? _____

HOOK UP = \$40.00 New- no charge for existing fixtures

NEW MANUFACTURED HOUSE

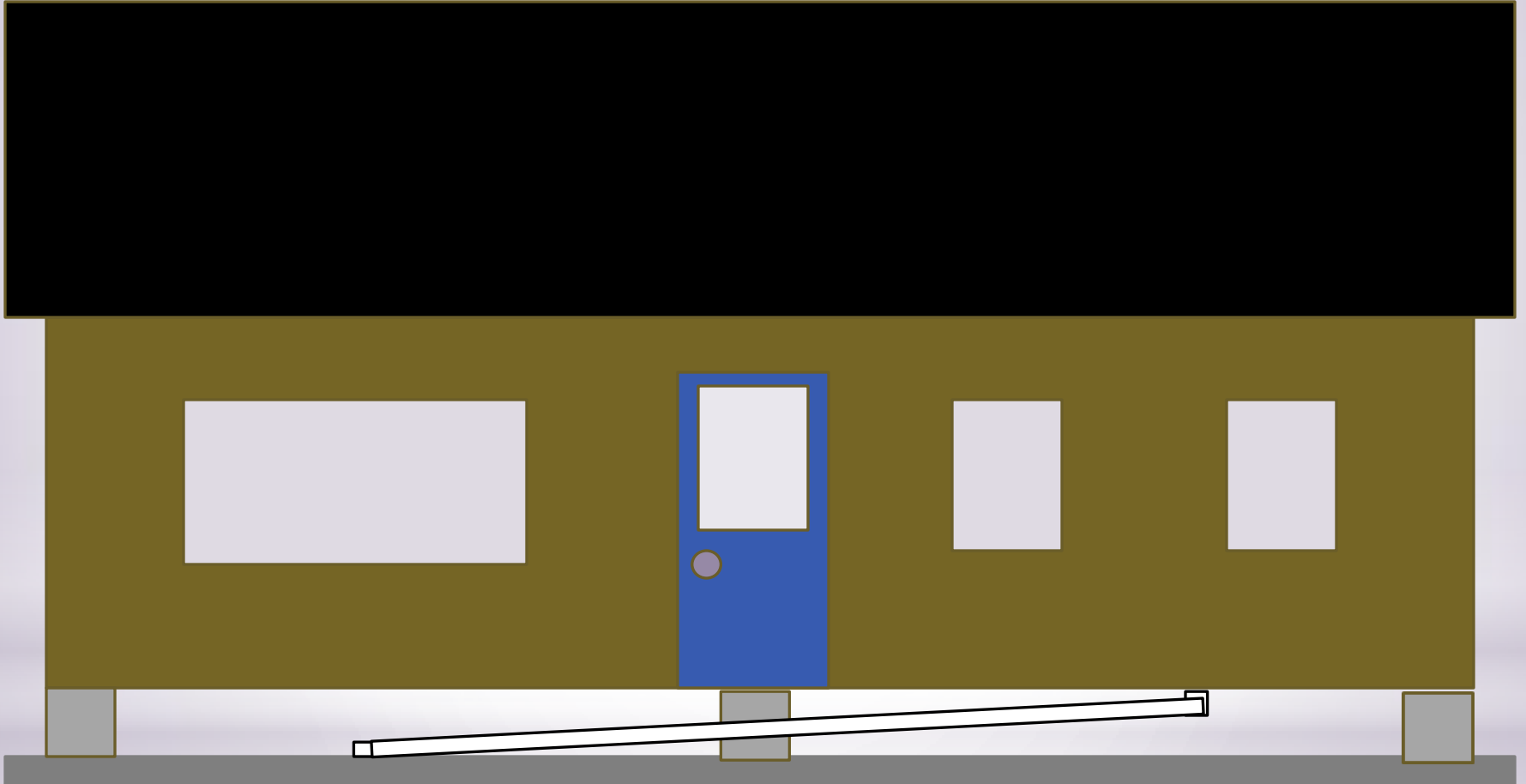
1-TOILET, 1- SHOWER, 1- WASH BASIN, 1- KITHEN SINK, 1-WATER HEATER



**UNLESS THERE ARE NEW FIXTURES IN THE BASEMENT,
STILL A HOOK UP OF \$40.00
MASTER PLUMBER OR HOMEOWNER**

NOT NEW MANUFACTURED HOUSE

1-TOILET, 1- SHOWER, 1- WASH BASIN, 1- KITHEN SINK, 1-WATER HEATER



5 FIXTURES PLUS 1-HOOK UP FEE = \$60.00
Charge for all existing fixtures

Modular or stick built



New manufactured home

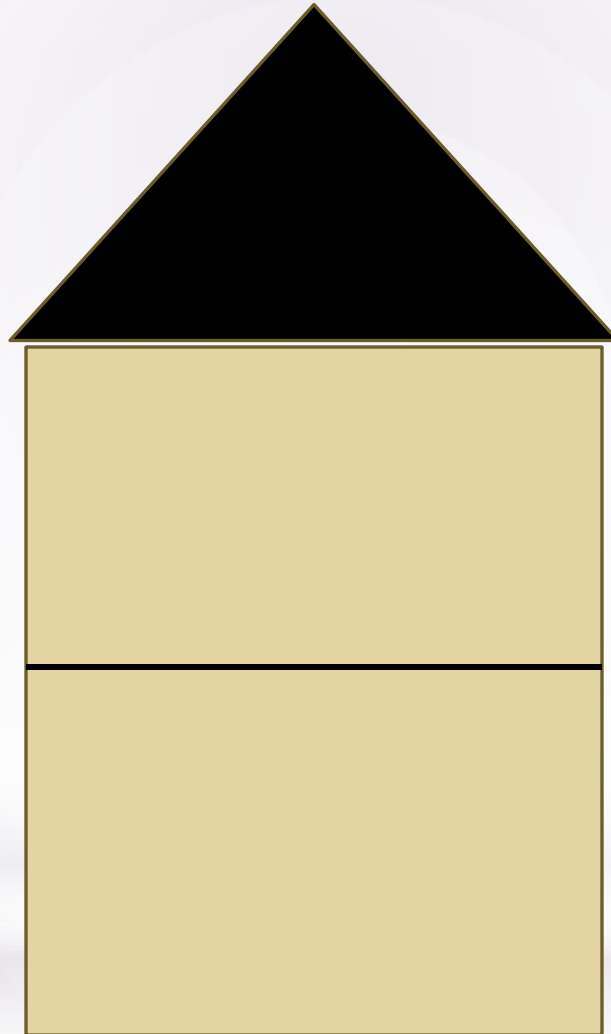
Sold to neighbor and moved

Must be permitted including all fixtures.

Property line

Unfinished 2nd floor

Finished 1st floor



Permit must also include fixtures “roughed-in” on the 2nd floor

The background features a series of concentric, semi-transparent purple circles centered in the upper half of the frame. A thin, horizontal purple line spans the width of the image, positioned just below the center of the circles. The overall color palette is a range of light to medium purple tones.

SUBSURFACE

SECTION 11
QUALITY ASSURANCE AND QUALITY
CONTROL

C. EXCAVATION

Disposal fields should not be installed in frozen ground or when the ambient air temperature is below freezing, especially if construction will take place over several days.



2014/04/04



2014/04/04



2014/04/04

TABLE 3A
MUNICIPAL AND LURC TERRITORIES PERMIT FEE SCHEDULE
(Fees to be paid to the municipality/LPI)

Permits for complete disposal system and variances

Engineered system	\$200.00
Non-engineered system	\$250.00
Primitive system (includes one alternative toilet)	\$100.00
Separate grey waste disposal field	\$35.00
Seasonal conversion permit	\$50.00
First-Time System Variance	\$20.00

Permits for separate parts of disposal system

Alternative toilet (only)	\$50.00
Disposal field only (engineered system)	\$150.00
Disposal field only (non-engineered)	\$150.00
Treatment tank only (non-engineered)	\$150.00
Treatment tank (engineered system)	\$80.00
Holding tank	\$100.00
Other components (complete pump station, piping, other)	\$30.00

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Windham	Town/City _____	Permit # _____
Street or Road	15 Lake Road	Date Permit Issued ___/___/___	Fee: \$ _____ Double Fee Charged []
Subdivision, Lot #	n/a	_____	L.P.I. # _____
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature _____	
Name (last, first, MI)	Jones, Robert A.	<input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
Mailing Address of Owner/Applicant	James Smith Acme Realty Box 77 Windham ME 04092	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.	
Daytime Tel. #	(207) 123-4567	Municipal Tax Map # _____	Lot # _____
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
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. _____ (1st) date approved	
Signature of Owner or Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (2nd) date approved _____	

TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: trench Year installed: +/- 1965 <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	<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 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	<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
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
0.85 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 3 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify)	<input type="checkbox"/> 1. Drilled Well <input checked="" type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
SHORELAND ZONING	Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<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: _____ GAL.	<input checked="" 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: _____ sq. ft. _____ lin. ft.	<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	270 _____ gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities 3 BR SFD <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	LATITUDE AND LONGITUDE
PROFILE CONDITION 5 / C at Observation Hole # 4 Depth 42" of Most Limiting Soil Factor	<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	<input type="checkbox"/> Not Required <input type="checkbox"/> May Be Required <input checked="" type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ gallons	at center of disposal area Lat. ___° ___' ___" S Lon. ___° ___' ___" S if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on 06/15/11 (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	900	06/16/11
John Doe	SE #	Date
Site Evaluator Name Printed	(207) 765-4321	jdoe@isp.com
	Telephone Number	E-mail Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Windham	Town/City _____	Permit # _____
Street or Road	15 Lake Road	Date Permit Issued ___/___/___	Fee: \$ _____ Double Fee Charged []
Subdivision, Lot #	n/a	_____	L.P.I. # _____
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature _____	
Name (last, first, MI)	Jones, Robert A.	<input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
Mailing Address of Owner/Applicant	James Smith Acme Realty Box 77 Windham ME 04092	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.	
Daytime Tel. #	(207) 123-4567	Municipal Tax Map # _____	Lot # _____
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
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. _____ (1st) date approved	
Signature of Owner or Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (2nd) date approved _____	

PERMIT INFORMATION		
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: trench Year installed: +/- 1965 <input type="checkbox"/> 3. Expanded System a. <25% Expansion b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<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
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
0.85 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 3 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify)	<input type="checkbox"/> 1. Drilled Well <input checked="" type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
SHORELAND ZONING	Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<input checked="" type="checkbox"/> 1. Concrete a. Regular b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: _____ GAL.	<input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device a. cluster array <input type="checkbox"/> c. Linear b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: _____ sq. ft. _____ lin. ft.	<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	270 _____ gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities 3 BR SFD <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
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PROFILE CONDITION 5 / C at Observation Hole # 4 Depth 42 " of Most Limiting Soil Factor	<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	<input type="checkbox"/> Not Required <input type="checkbox"/> May Be Required <input checked="" type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ gallons	at center of disposal area Lat. ___° ___' ___" S Lon. ___° ___' ___" S if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT

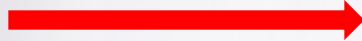
I certify that on 06/15/11 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature	900 SE #	06/16/11 Date
John Doe	(207) 765-4321 Telephone Number	jdoe@isp.com E-mail Address

TABLE 3A
MUNICIPAL AND LURC TERRITORIES PERMIT FEE SCHEDULE
(Fees to be paid to the municipality/LPI)

Permits for complete disposal system and variances

Engineered system	\$200.00
Non-engineered system	\$250.00
Primitive system (includes one alternative toilet)	\$100.00
Separate grey waste disposal field	\$35.00
Seasonal conversion permit	\$50.00
First-Time System Variance	\$20.00



Permits for separate parts of disposal system

Alternative toilet (only)	\$50.00
Disposal field only (engineered system)	\$150.00
Disposal field only (non-engineered)	\$150.00
Treatment tank only (non-engineered)	\$150.00
Treatment tank (engineered system)	\$80.00
Holding tank	\$100.00
Other components (complete pump station, piping, other)	\$30.00

Town/City _____	Permit # _____
Date Permit Issued ___/___/___	Fee: \$ 250.00 Double Fee Charged []
L.P.I. # _____	
Local Plumbing Inspector Signature _____	Owner Town State _____

Complete non engineered system = \$250.00

State share (25%) = **\$62.50**

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Holding tank	\$100.00
Other components (complete pump station, piping, other)	\$30.00

Town/City _____	Permit # _____
Date Permit Issued ___/___/___	Fee: \$ 500.00 Double Fee Charged <input type="checkbox"/>
_____	L.P.I. # _____
Local Plumbing Inspector Signature	Owner Town State



Complete non engineered system = \$250.00

State share (25%) = **\$62.50** (25% state Min.)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Windham	Town/City _____	Permit # _____
Street or Road	15 Lake Road	Date Permit Issued ___/___/___	Fee: \$ _____ Double Fee Charged []
Subdivision, Lot #	n/a	Local Plumbing Inspector Signature _____ L.P.I. # _____	
OWNER/APPLICANT INFORMATION		<input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	
Name (last, first, MI)	Jones, Robert A.	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.	
Mailing Address of Owner/Applicant	James Smith Acme Realty Box 77 Windham ME 04092	Municipal Tax Map # _____ Lot # _____	
Daytime Tel. #	(207) 123-4567	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 _____ (2nd) date approved	
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 _____ Local Plumbing Inspector Signature _____ (2nd) date approved _____	

TYPE OF APPLICATION

1. First Time System

2. Replacement System
Type replaced: trench
Year installed: +/- 1965

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 & alt. 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

0.85 SQ. FT. ACRES

SHORELAND ZONING

Yes No

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: 3

2. Multiple Family Dwelling, No. of Units: _____

3. Other: _____ (specify)

Current Use Seasonal Year Round Undeveloped

TYPE OF WATER SUPPLY

1. Drilled Well 2. Dug Well 3. Private

4. Public 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. Concrete
 a. Regular
 b. Low Profile

2. Plastic

3. Other: _____

CAPACITY: _____ GAL.

DISPOSAL FIELD TYPE & SIZE

1. Stone Bed 2. Stone Trench

3. Proprietary Device
 a. cluster array c. Linear
 b. regular load d. H-20 load

4. Other: _____

SIZE: _____ 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

270 _____ gallons per day

BASED ON:

1. Table 4A (dwelling unit(s))

2. Table 4C (other facilities)

SHOW CALCULATIONS for other facilities

3 BR SFD

3. Section 4G (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION
5 / C

at Observation Hole # 4

Depth 42 "

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

Not Required

May Be Required

Required

Specify only for engineered systems:
DOSE: _____ gallons

LATITUDE AND LONGITUDE
at center of disposal area

Lat. ___° ___' ___" S

Lon. ___° ___' ___" S

if g.p.s., state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on 06/15/11 (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 # 900 Date 06/16/11

John Doe (207) 765-4321 jdoe@isp.com

Site Evaluator Name Printed Telephone Number E-mail Address

TABLE 3A
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(Fees to be paid to the municipality/LPI)

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First-Time System Variance	\$20.00



Permits for separate parts of disposal system

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Other components (complete pump station, piping, other)	\$30.00

TYPE OF APPLICATION

1. First Time System
2. Replacement System

Type replaced: _____

Year installed: _____

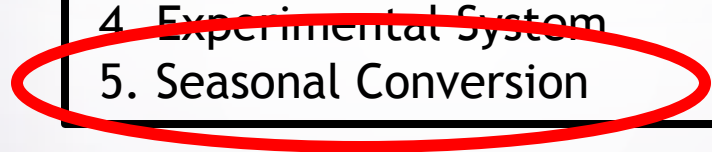
3. Expanded System

a. <25% Expansion

b. >25% Expansion

4. Experimental System

5. Seasonal Conversion



10-144

Chapter 242

**STATE OF MAINE RULES
FOR CONVERSION OF SEASONAL DWELLING UNITS INTO
YEAR-ROUND RESIDENCES IN THE SHORELAND ZONE**



**DEPARTMENT OF HEALTH & HUMAN SERVICES
MAINE CENTER FOR DISEASE CONTROL & PREVENTION
DIVISION OF ENVIRONMENTAL HEALTH
11 STATE HOUSE STATION
AUGUSTA, MAINE 04333**

EFFECTIVE DATE: JANUARY 7, 2011

**TABLE D
ALLOWED SETBACKS FOR SEASONAL CONVERSIONS
WITHIN THE SHORELAND ZONE**

Site features vs. disposal system components of various sizes	Disposal Fields (total design flow)			Treatment Tanks (total design flow)		
	Less than 1,000 gpd	1,000 to 2000 gpd	Over 2,000 gpd	Less than 1,000 gpd	1,000 to 2,000 gpd	Over 2,000 gpd
Wells with water usage of 2000 or more gpd or public water system wells	300 feet	300 feet	300 feet	150 feet	150 feet	150 feet
Potable Water Supply	80 feet	160 feet	240 feet	50 feet	50 feet	50 feet
Water supply line	10 feet	10 feet	10 feet	10 feet	10 feet	10 feet
Water body/course, major	80 feet	160 feet	240 feet	40 feet	40 feet	40 feet
Water body/course, minor	40 feet	80 feet	120 feet	40 feet	40 feet	40 feet
Drainage ditches	20 feet	40feet	60 feet	20 feet	20 feet	20 feet
Edge of fill extension-- Coastal wetlands, wetlands of special significance, significant vernal pools	25 feet	25 feet	25 feet	25 feet	25 feet	25 feet
Slopes greater than 3:1	10 feet	14 feet	20 feet	N/A	N/A	N/A
No full basement [e.g. slab, frost wall, columns]	15 feet	28 feet	40 feet	8 feet	14 feet	20 feet
Full basement [below grade foundation]	20 feet	30 feet	40 feet	8 feet	14 feet	20 feet
Property lines	10 feet	14 feet	20 feet	8 feet	14 feet	20 feet
Burial sites or graveyards, measured from the toe of the fill extension	25 feet	25 feet	25 feet	25 feet	25 feet	25 feet
Stormwater infiltration systems	80 feet	160 feet	240 feet	50 feet	50 feet	50 feet
Wetponds, retention ponds, and detention basins (excavated below grade); Soil filters, underdrained swales, underdrained outlets, and similar structures	50 feet	100 feet	150 feet	50 feet	50 feet	50 feet
Stormwater detention basins (basin bottom at or above predevelopment grade)	20 feet	40 feet	60 feet	20 feet	20 feet	20 feet

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Windham	Town/City _____	Permit # _____
Street or Road	15 Lake Road	Date Permit Issued ___/___/___	Fee: \$ _____ Double Fee Charged []
Subdivision, Lot #	n/a	_____	L.P.I. # _____
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature _____ <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
Name (last, first, MI)	Jones, Robert A. <input type="checkbox"/> Owner <input type="checkbox"/> Applicant	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.	
Mailing Address of	James Smith	Municipal Tax Map # _____ Lot # _____	
Owner/Applicant	Acme Realty Box 77 Windham ME 04092	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.	
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Signature of Owner or Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (2nd) date approved _____	

PERMIT INFORMATION

TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: trench Year installed: +/- 1965 <input type="checkbox"/> 3. Expanded System a. <25% Expansion b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<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
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SHORELAND ZONING	DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	

TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<input checked="" type="checkbox"/> 1. Concrete a. Regular b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: 1000 GAL.	<input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device a. cluster array <input type="checkbox"/> c. Linear b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: _____ sq. ft. _____ lin. ft.	<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	270 gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities 3 BR SFD <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	LATITUDE AND LONGITUDE
PROFILE CONDITION 5 / C at Observation Hole # 4 Depth 42" of Most Limiting Soil Factor	<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	<input type="checkbox"/> Not Required <input type="checkbox"/> May Be Required <input checked="" type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ gallons	at center of disposal area Lat. ___° ___' ___" S Lon. ___° ___' ___" S if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on 06/15/11 (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	900	06/16/11
John Doe	SE #	Date
Site Evaluator Name Printed	(207) 765-4321	jdое@isp.com
	Telephone Number	E-mail Address

TABLE 3A
MUNICIPAL AND LURC TERRITORIES PERMIT FEE SCHEDULE
 (Fees to be paid to the municipality/LPI)

Permits for complete disposal system and variances

Engineered system	\$200.00
Non-engineered system	\$250.00
Primitive system (includes one alternative toilet)	\$100.00
Separate grey waste disposal field	\$35.00
Seasonal conversion permit	\$50.00
First-Time System Variance	\$20.00

 **Stays @ town level**

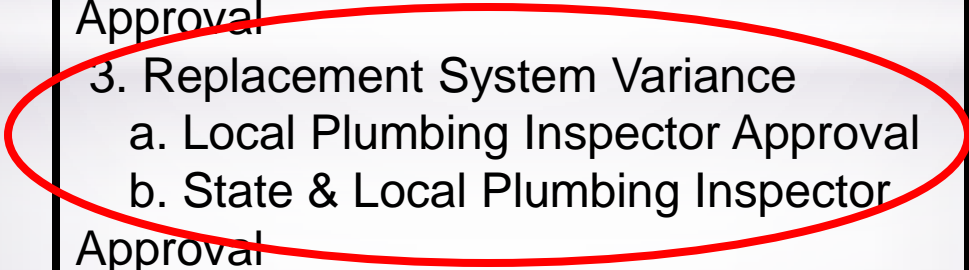
(We only receive 25% of permit fees)

Permits for separate parts of disposal system

Alternative toilet (only)	\$50.00
Disposal field only (engineered system)	\$150.00
Disposal field only (non-engineered)	\$150.00
Treatment tank only (non-engineered)	\$150.00
Treatment tank (engineered system)	\$80.00
Holding tank	\$100.00
Other components (complete pump station, piping, other)	\$30.00

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



**NO
FEE**

TABLE 3A**MUNICIPAL AND LURC TERRITORIES PERMIT FEE SCHEDULE**

(Fees to be paid to the municipality/LPI)

Permits for complete disposal system and variances

Engineered system	\$200.00
Non-engineered system	\$250.00
Primitive system (includes one alternative toilet)	\$100.00
Separate grey waste disposal field	\$35.00
Seasonal conversion permit	\$50.00
First-Time System Variance	\$20.00

Permits for separate parts of disposal system

Alternative toilet (only)	\$50.00
Disposal field only (engineered system)	\$150.00
Disposal field only (non-engineered)	\$150.00
Treatment tank only (non-engineered)	\$150.00
Treatment tank (engineered system)	\$80.00
Holding tank	\$100.00
Other components (complete pump station, piping, other)	\$30.00

MIN. LOT SIZE RULES**1000.2 Review fees.****The Department or the municipality may charge****a review fee not to exceed \$50.****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

TABLE 3B**DEPARTMENT REVIEW FEE SCHEDULE**

(Fees to be paid directly to the Department)

Engineered system review	\$100.00
Minimum lot request review fee	\$50.00
Multi-user review fee	\$100.00
Licensed Establishment Review	\$20.00
Microfilm Record Search	\$5.00

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Windham	Town/City _____	Permit # _____
Street or Road	15 Lake Road	Date Permit Issued ___/___/___	Fee: \$ _____ Double Fee Charged []
Subdivision, Lot #	n/a	_____	L.P.I. # _____
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature _____ <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
Name (last, first, MI)	Jones, Robert A. <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	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.	
Mailing Address of	James Smith Acme Realty Box 77 Windham ME 04092	Municipal Tax Map # _____ Lot # _____	
Daytime Tel. #	(207) 123-4567	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 _____ (2nd) date approved	
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 _____		Local Plumbing Inspector Signature _____ (2nd) date approved _____	

PERMIT INFORMATION		
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: trench Year installed: +/- 1965 <input type="checkbox"/> 3. Expanded System a. <25% Expansion b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<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
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
0.85 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 3 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify)	<input type="checkbox"/> 1. Drilled Well <input checked="" type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
SHORELAND ZONING	Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<input checked="" type="checkbox"/> 1. Concrete a. Regular b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: 1000 GAL.	<input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device a. cluster array <input type="checkbox"/> c. Linear b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: _____ sq. ft. _____ lin. ft.	<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	270 gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities 3 BR SFD <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	LATITUDE AND LONGITUDE
PROFILE CONDITION 5 / C at Observation Hole # 4 Depth <2" of Most Limiting Soil Factor	<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	<input type="checkbox"/> Not Required <input type="checkbox"/> May Be Required <input checked="" type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ gallons	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 06/15/11 (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).

_____	900	06/16/11
Site Evaluator Signature	SE #	Date
John Doe	(207) 765-4321	jdoe@isp.com
Site Evaluator Name Printed	Telephone Number	E-mail Address

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

TABLE 3A

MUNICIPAL AND LURC TERRITORIES PERMIT FEE SCHEDULE
(Fees to be paid to the municipality/LPI)

Permits for complete disposal system and variances

Engineered system	\$200.00
Non-engineered system	\$250.00
Primitive system (includes one alternative toilet)	\$100.00
Separate grey waste disposal field	\$35.00
Seasonal conversion permit	\$50.00
First-Time System Variance	\$20.00

Permits for separate parts of disposal system

Alternative toilet (only)	\$50.00
Disposal field only (engineered system)	\$150.00
Disposal field only (non-engineered)	\$150.00
Treatment tank only (non-engineered)	\$150.00
Treatment tank (engineered system)	\$80.00
Holding tank	\$100.00
Other components (complete pump station, piping, other)	\$30.00

MINIMUM PERMIT FEES
MUNICIPALITY=75%
STATE=25%

ANY OTHER CHARGES OVER THE STATE MIN. MUNICIPALITY KEEPS

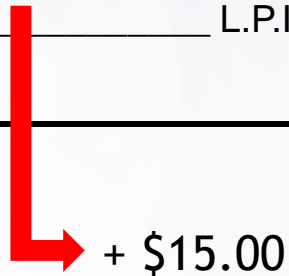
DISPOSAL SYSTEM COMPONENTS

- 1. Complete Non-engineered System -----\$250.00
- 2. Primitive System (graywater & alt. toilet) -----\$100.00
- 3. Alternative Toilet, specify: **PRIVY** -----\$50.00
- 4. Non-engineered Treatment Tank (only) -----\$150.00
- 5. Holding Tank, _____ gallons -----\$100.00
- 6. Non-engineered Disposal Field (only) -----\$150.00
- 7. Separated Laundry System -----\$35.00
- 8. Complete Engineered System (2000 gpd or more) -----\$200.00
- 9. Engineered Treatment Tank (only) -----\$80.00
- 10. Engineered Disposal Field (only) -----\$150.00
- 11. Pre-treatment, specify: _____ -----SAME AS TREATMENT TANK / \$80.00 OR \$150.00
- 12. Miscellaneous Components -----\$30.00

SUBSURFACE DEP \$15.00 SURCHARGE

ANY "FULL" SYSTEM

Town/City <u>AUGUSTA</u>	Permit # <u>12345</u>
Date Permit Issued <u>04/02/14</u>	Fee: \$ <u>\$250.00</u> Double Fee Charged []
L.P.I. # _____	
Local Plumbing Inspector Signature _____	



+ \$15.00

COMPLETE NON ENGINEERED SYSTEM

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION		Maine Dept Health & Human Services Div of Environmental Health, 11 SHS (207) 287-5822 Fax: (207) 287-6172
>> CAUTION: LPI APPROVAL REQUIRED <<		
PROPERTY LOCATION City, Town, or Plantation: <u>Windham</u> Street or Road: <u>15 Lake Road</u> Subdivision, Lot #: <u>n/a</u>		Town/City: _____ Permit # _____ Date Permit Issued: ____/____/____ Fee: \$ _____ Double Fee Charged [] Local Plumbing Inspector Signature: _____ L.P.I. # _____ Owner: _____ Town: _____ State: _____
OWNER/APPLICANT INFORMATION Name (last, first, MI): <u>Jones, Robert A.</u> <input type="checkbox"/> Owner <input type="checkbox"/> Applicant Mailing Address of Owner/Applicant: <u>Acme Realty Box 77 Windham ME 04092</u> Daytime Tel: # <u>(207) 123-4567</u> 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.		
PERMIT INFORMATION Signature of Owner or Applicant: _____ Date: _____ Local Plumbing Inspector Signature: _____ (720) date approved: _____		
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>trench</u> Year installed: <u>>= 1995</u> <input checked="" type="checkbox"/> 3. Expanded System <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 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	DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & at 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 _____
SIZE OF PROPERTY 0.85 <input type="checkbox"/> AC FT <input checked="" type="checkbox"/> ACRES SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DISPOSAL SYSTEM TO SERVE <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input checked="" type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)		
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____ CAPACITY: _____ 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"/> b. Linear <input type="checkbox"/> c. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: _____ sq. ft. _____ in. ft.	DESIGN FLOW 270 _____ gallons per day BASED ON: <input type="checkbox"/> 1. Table 4A (dwelling units) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <input type="checkbox"/> 3. BR SFD <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE: _____ CONDITION: _____ s / c _____ at/Observation Hole # 4 _____ Depth: _____ of Most Limiting Soil Factor: _____	DISPOSAL FIELD SIZING <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	GARBAGE DISPOSAL UNIT <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 EFFLUENT/JECTOR PUMP <input type="checkbox"/> Not Required <input type="checkbox"/> May Be Required <input type="checkbox"/> Required Specify only for engineered systems DOSE: _____ gallons
SITE EVALUATOR STATEMENT I certify that on <u>06/16/11</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).		
Site Evaluator Signature: <u>John Doe</u> Site Evaluator Name Printed: <u>John Doe</u>	SE # <u>(207) 765-4321</u> Telephone Number: <u>765-4321</u>	Date <u>06/16/11</u> E-mail Address: <u>jdoe@isp.com</u>

SUBSURFACE
DEP \$15.00 SURCHARGE

ANY "FULL" SYSTEM


Town/City AUGUSTA Permit # 12345
Date Permit Issued 04/02/14 Fee: \$ \$250.00 Double Fee Charged []
Brent Lawson L.P.I. # XXXX
Local Plumbing Inspector Signature

 + \$15.00

1025

DATE _____

PAY TO THE ORDER OF Treasurer State of Maine \$ 62.50

Sixty two-----50/100 DOLLARS  Security Features
Check in Book

MEMO Permit Fees


⑆000000000⑆ ⑆000000000⑆ ⑆025

25% State Minimum Fee

1025

DATE _____

PAY TO THE ORDER OF Treasurer State of Maine \$ 15.00

Fifteen-----00/100 DOLLARS  Security Features
Check in Book

MEMO DEP Surcharge

⑆000000000⑆ ⑆000000000⑆ ⑆025

Questions

WHAT'S THE MINIMUM INTERNAL PLUMBING PERMIT FEE? **\$40.00**

HOW MUCH IS THE DEP SURCHARGE AND WHEN DO YOU CHARGE FOR IT?

\$15.00 - ANY "FULL" SYSTEM

WHAT % OF THE PERMIT FEES DOES THE STATE CHARGE THE MUNICIPALITIES? **25% OF THE STATE MINIMUM**

WHAT'S THE MINIMUM INTERNAL PLUMBING PERMIT CHARGE FOR A TRANSFER FEE? **\$10.00**

WHEN DOES A INTERNAL PLUMBING PERMIT EXPIRE?

2 YEARS IF WORK HAS COMMENCED WITHIN THAT TIME

WHEN DOES A SUBSURFACE DISPOSAL PERMIT EXPIRE?

2 YEARS IF WORK HAS COMMENCED WITHIN THAT TIME