

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3826

PROPERTY ADDRESS

Town Or Plantation: **Stonington**

Street Subdivision Lot #: **Route # 15**

PROPERTY OWNERS NAME

Last: **Eaton** First: **Everette**

Applicant Name:

Mailing Address of Owner/Applicant (if Different):

STONINGTON Permit Number: **PERMIT # 230** STATE COPY

Fee Paid: **1619.88** Fee Charged: **1910.10**

Local Plumbing Inspector Signature: *Edwin S. Sullivan* L.P.I. # **18103**

Owner/Applicant Statement
I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Everett Eaton
Signature of Owner/Applicant Date

Caution: Inspection Required
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Edwin S. Sullivan
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>4. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>5. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>6. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>SEASONAL CONVERSION to be completed by the LPI</p> <p>6. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>7. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>8. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>9. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 2. <input type="checkbox"/> TRENCH</p> <p>3. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input checked="" type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>
<p>SIZE OF PROPERTY: 1¹/₂ ac</p> <p>ZONING: _____</p>	<p>TYPE OF WATER SUPPLY Drilled-Proposed</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS</p>	<p>WATER CONSERVATION:</p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING:</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC)</p> <p>3 Bedroom minimum Design</p> <p>DESIGN FLOW: 270 GPD (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 3 CONDITION: C</p> <p>DEPTH TO LEAKING FACTOR: 24"</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input checked="" type="checkbox"/> BED 900 Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft.</p> <p><input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	

SITE EVALUATOR STATEMENT

On **05-31-88** (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Edwin S. Sullivan Site Evaluator Signature **00175** SE# **06-03-88** Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

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Department of Human Services
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Town, City, Plantation
Stonington

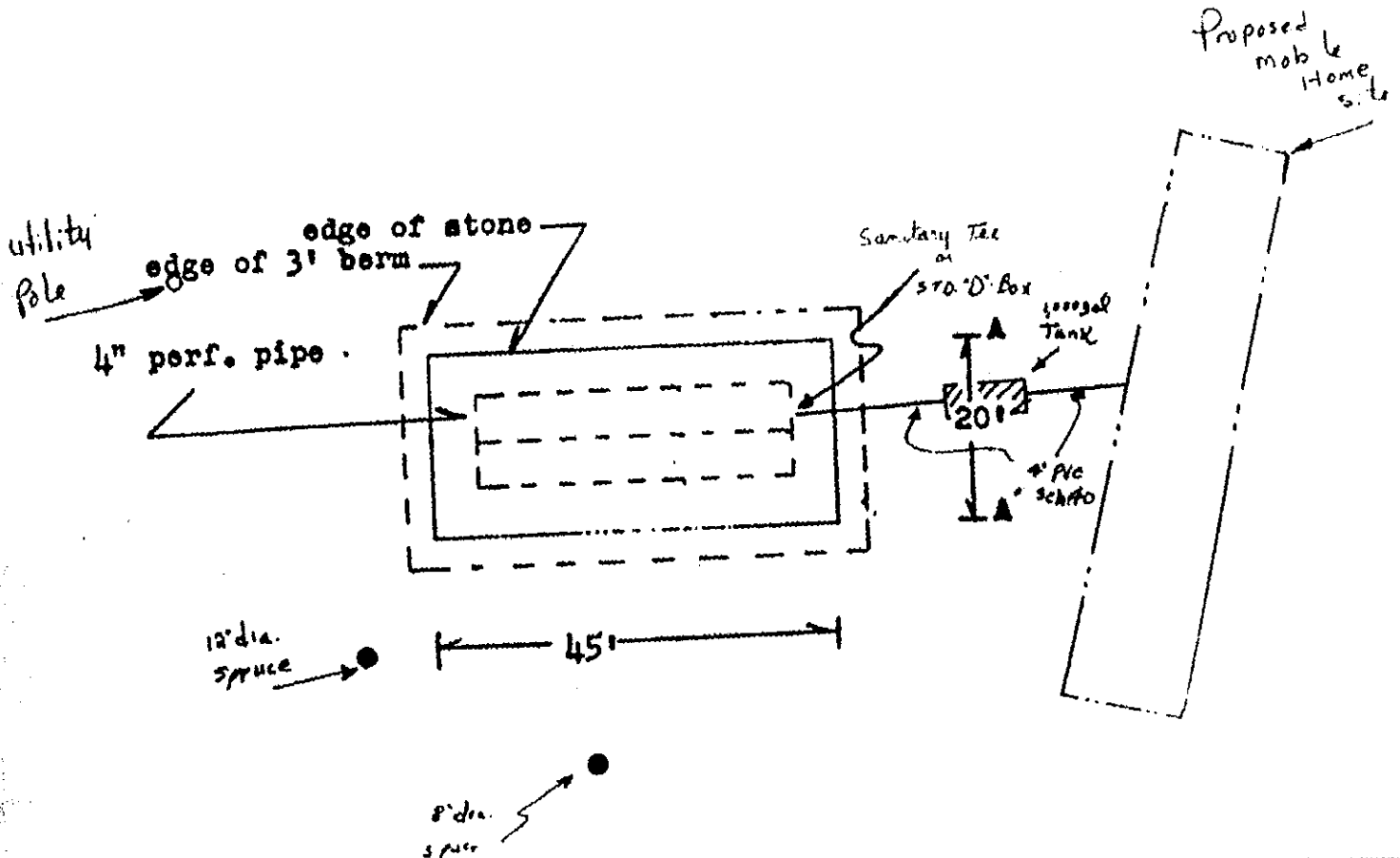
Route # **15**

Street, Road, Subdivision

Owners Name
Everette Eaton

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20'



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	$\frac{12}{20}$	Reference Elevation Is	100.0'	Nail in 8" dia Spruce	
Depth of Fill (Downslope)	$\frac{22}{20}$	Bottom of Disposal Area	95.0'	Nail in 12" dia Spruce	
Fill Extension	$\frac{10}{20}$	Top of Distribution Lines or Chambers	95.92'		

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = Ft.
Horizontal: 1 inch = Ft.

*See Cross-Section
Page 4*

[Signature]
Soil Evaluator Signature

00175
SE#

06-03-88
Date