

WASTEWATER DISPOSAL SYSTEM APPLICATION

Department  
Division of  
(207)

Turner  
NEW ROUTE 4  
PROPERTY OWNERS NAME

Last: PEDDLE  
Applicant Name:  
Mailing Address of  
Owner/Applicant  
(If Different)  
ROUTE 1, Box 490  
LITCHFIELD, ME 04350  
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.  
Signature of Owner/Applicant  
Date 3-7-88

TURNER  
Date  
Permit # 521  
L.P.I. # 1779  
FEE  
ST  
Caution: Inspection Required  
I have inspected the installation authorized above and found it to  
be in compliance with the Subsurface Wastewater Disposal Rules.  
Local Plumbing Inspector Signature  
Date Approved

THIS APPLICATION IS FOR:

- ☒ NEW SYSTEM
- ☐ REPLACEMENT SYSTEM
- ☐ EXPANDED SYSTEM
- ☐ SEASONAL CONVERSION
- ☐ EXPERIMENTAL SYSTEM

IF REPLACEMENT SYSTEM:  
YEAR THE FAILING SYSTEM INSTALLED

- ☐ BED
- ☐ CHAMBER
- ☐ TRENCH
- ☐ OTHER

SIZE OF PROPERTY  
3.6 ± ACRES

TREATMENT TANK

- ☒ SEPTIC: ☐ Regular ☐ Low Profile
- ☐ AEROBIC

SIZE: 1000 GALS.

SOIL CONDITIONS USED FOR  
DESIGN PURPOSES

PROFILE 5  
DEPTH TO  
LIMITING  
FACTOR  
19

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

- WATER CONSERVATION
- ☒ NONE
  - ☐ LOW VOLUME TOILET
  - ☐ SEPARATED LAUNDRY SYSTEM
  - ☐ ALTERNATIVE TOILET
- SPECIFY:

SIZE RATINGS USED FOR  
DESIGN PURPOSES

- ☐ SMALL
- ☒ MEDIUM
- ☐ MEDIUM-LARGE
- ☐ LARGE
- ☐ EXTRA LARGE

DISPOSAL SYSTEM TO SERVE:

- ☒ SINGLE FAMILY DWELLING
  - ☐ MODULAR OR MOBILE HOME
  - ☐ MULTIPLE FAMILY DWELLING
  - ☐ OTHER
- SPECIFY:

PERMIT INFORMATION  
THIS APPLICATION REQUIRES:

- ☒ NO RULE VARIANCE REQUIRED
- ☐ NEW SYSTEM VARIANCE  
Attach New System Variance Form
- ☐ REPLACEMENT SYSTEM VARIANCE  
Attach Replacement System Variance Form
- ☐ Requiring Local Plumbing Inspector Approval
- ☐ Requires State and Local Plumbing Inspector Approval

INSTALLATION IS:  
COMPLETE SYSTEM

- ☒ NON-ENGINEERED SYSTEM  
(Includes Alternative Toilet)
- ☐ PRIMITIVE SYSTEM
- ☐ ENGINEERED (+ 2000 gpd)
- ☐ TREATMENT TANK (ONLY)
- ☐ HOLDING TANK (ONLY)
- ☐ ALTERNATIVE TOILET (ONLY)
- ☐ NON-ENGINEERED DISPOSAL AREA
- ☐ ENGINEERED DISPOSAL AREA (ONLY)
- ☐ SEPARATED LAUNDRY SYSTEM

TYPE OF WATER SUPPLY

CRITERIA USED FOR  
DESIGN FLOW (BEDROOMS, SEATING,  
EMPLOYEES, WATER RECORDS, ETC.)  
3 BEDROOM HOME

DISPOSAL AREA TYPE/SIZE

- ☒ BED 700 Sq. Ft.
- ☐ CHAMBER Sq. Ft.
- ☐ REGULAR H-20 Linear Ft.
- ☐ TRENCH
- ☐ OTHER

PUMPING

- ☐ NOT REQUIRED
  - ☒ MAY BE REQUIRED  
(DEPENDENT ON TREATMENT  
LOCATION AND ELEVATION)
  - ☐ REQUIRED
- DOSE:

DESIGN  
FLOW: 270  
(GALLONS/DAY)

SITE EVALUATOR STATEMENT

12/23/87 - 1/6/88  
I propose is in accordance with the Subsurface Wastewater Disposal Rules.  
(date) I conducted a site evaluation for this project and certify that the data reported is accurate. The  
Site Evaluator Signature  
Inspection Signature  
SE# 730  
Date 4/8/88

DATE EVALUATION WAIVED BY LOCAL OPTION