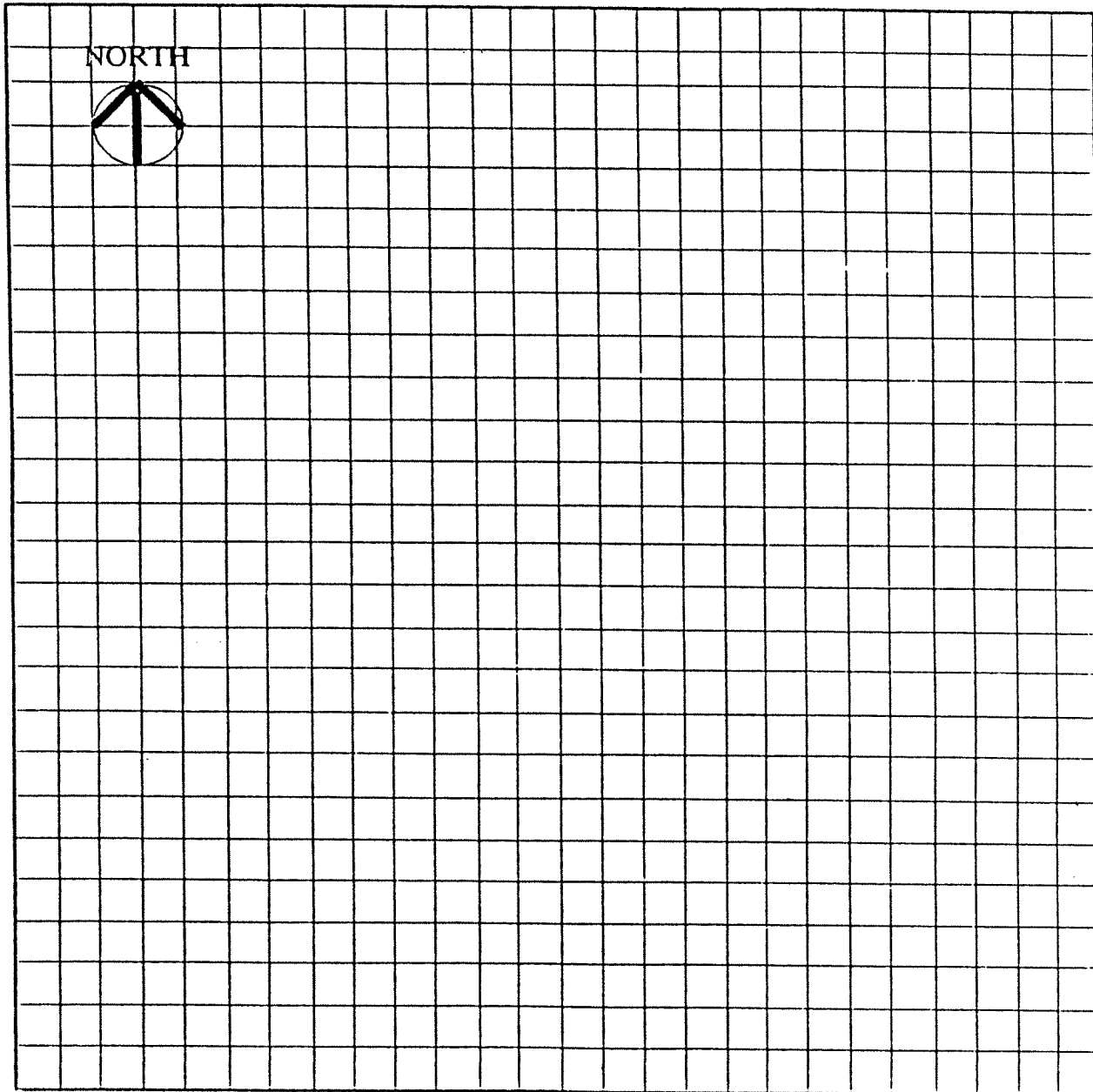


SITE PLAN

PLEASE INCLUDE: LOT LINES; THE EXACT POSITION OF ACTUAL AND/OR PROPOSED STRUCTURES, INCLUDING DECKS, PORCHES, AND OUT BUILDINGS WITH ACCUATE SETBACK DISTANCES FROM ROADS, SIDE AND REAR PROPERTY LINES, AND SHORELINES; THE LOCATION OF ACTUAL AND/OR PROPOSED WELLS, SEPTIC SYSTEMS, AND DRIVEWAYS; AND AREAS TO BE CLEARED OF TREES AND OTHER VEGETATION, ALONG WITH AREAS AND AMOUNTS TO BE FILLED OR GRADED. IF THE PROPOSAL IS FOR THE EXPANSION OF AN EXISTING STRUCTURE, PLEASE DISTINGUISH BETWEEN THE EXISTING STRUCTURE AND THE PROPOSED EXPANSION.



SCALE: \_\_\_\_\_ = \_\_\_\_\_ FT.

**Asbestos Building  
Demolition  
Notification**

State of Maine  
Department of Environmental Protection  
Lead & Asbestos Hazard Prevention Program  
17 State House Station, Augusta, ME 04333  
TEL (207) 287-2651 FAX (207) 287-6220

**FORM  
D**

Page 1 of 2  
2015

**Notice**

Prior to demolition, building owners must determine if there is any asbestos-containing material(s) (ACM) in the building. An "asbestos inspection" by a MDEP-licensed Asbestos Consultant is required for all buildings regardless of construction date, except single-family homes and residential buildings with 2-4 units built after 1980. In lieu of an asbestos inspection, pre-1981 residential buildings with 2-4 units can be surveyed to identify possible ACM by someone knowledgeable about ACM, such as a code enforcement officer or building inspector.

If your project involves the demolition of a single family residence or a residential building with less than 5 units, please answer the following questions to determine whether you need to have your inspection performed by a MDEP-licensed Asbestos Consultant:

Does this demolition/renovation project involve more than ONE residential building at the same site with the same owner?  Yes  No

Is this building currently being used, or has it EVER been used, as a commercial, government, daycare, office, church, charitable or other non-profit place of business?  Yes  No

Is this building to be demolished as part of a highway or road-widening project?  Yes  No

Is this building part of a building cooperative, apartment or condo building?  Yes  No

Is this building used for military housing?  Yes  No

Have other residences or non-residential buildings at this site been scheduled to be demolished now, or in the future, as part of a larger project?  Yes  No

Is more than ONE building to be lifted from its foundation and relocated?  Yes  No

Will this building be intentionally burned for the purpose of demolition or fire department training?  Yes  No

If you answer "no" to all the questions above, your building can be inspected by a knowledgeable non-licensed person as applicable.

Any "yes" answers to the above questions requires an inspection by a MDEP-licensed Asbestos Consultant.

**Important Notice**

Before you can demolish any building, including single-family residences, all asbestos materials must be removed from the building. The removal of those materials must be done by a MDEP-licensed Asbestos Abatement Contractor, except single-family homeowners may remove some asbestos under certain circumstances (Contact MDEP for more information).

With the exception of a single family home, building owners are required to submit the Asbestos Building Demolition Notification to the MDEP at least five (5) working days prior to the demolition **EVEN IF NO ASBESTOS** is present.

# Asbestos Building Demolition Notification

State of Maine  
Department of Environmental Protection  
Lead & Asbestos Hazard Prevention Program  
17 State House Station, Augusta, ME 04333  
TEL (207) 287-2651 FAX (207) 287-6220

# FORM D

Page 2 of 2  
2015

## Inspection/Survey Results:

Were asbestos-containing building materials identified or presumed positive?  Yes  No

If Yes, is the removal of ACM subject to MDEP asbestos regulations?  Yes  No

If No, explain WHY NOT: \_\_\_\_\_

property address:	building description: <input type="checkbox"/> pre-1981 residential with 2-4 units <input type="checkbox"/> post-1980 residential with 2-4 units <input type="checkbox"/> other:
asbestos survey/inspection performed by: (name & address)	asbestos abatement contractor
telephone:	telephone:
property owner: (name & address)	demolition contractor: (name & address)
telephone:	telephone:
demolition start date:	demolition end date:

Whenever more than 3 square feet or 3 linear feet of ACM is identified, the ACM must be abated in accordance with the Maine Asbestos Management Regulations by a DEP-licensed Asbestos Abatement Contractor. This includes materials presumed to be ACM. Check [www.maine.gov/dep/rwm/asbestos/index.htm](http://www.maine.gov/dep/rwm/asbestos/index.htm) for a listing of asbestos contractors.

Prior to issuing a local demolition permit, the MDEP requests that municipalities have applicants for municipal demolition permits complete this form and fax it to the MDEP at 207-287-6220. Municipalities should not issue local demolition permits if the required asbestos inspection or survey has not been performed and identified ACM removed.

*This demolition notification does not take the place of the Asbestos Project Notification if applicable*

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

Print Name: Owner/Agent

Title

Signature

Telephone #

FAX #

Date

**TABLE 1. LAND USES IN THE SHORELAND ZONE**

LAND USES	DISTRICT				
	SP	RP	LR	NT	CFMA
1. Non-intensive recreational uses not requiring structures such as hunting, fishing and hiking	yes	yes	yes	Yes	yes
2. Motorized vehicular traffic on existing roads and trails	yes	yes	yes	Yes	yes
3. Forest management activities except for timber harvesting	yes	yes	yes	Yes	yes
4. Timber harvesting	yes	CEO	yes	Yes	yes
5. Clearing or removal of vegetation for activities other than timber harvesting	CEO	CEO	yes	Yes	yes
6. Fire prevention activities	yes	yes	yes	Yes	yes
7. Wildlife management practices	yes	yes	yes	Yes	yes
8. Soil and water conservation practices	yes	yes	yes	Yes	yes
9. Mineral exploration	no	yes <sup>2</sup>	yes <sup>2</sup>	Yes <sup>2</sup>	yes <sup>2</sup>
10. Mineral extraction including sand and gravel extraction	no	PB <sup>3</sup>	PB	PB	PB
11. Surveying and resource analysis	yes	yes	yes	Yes	yes
12. Emergency operations	yes	yes	yes	Yes	yes
13. Agriculture	yes	PB	yes	yes	yes
14. Aquaculture	PB	PB	PB	yes	yes
15. Principal structures and uses					
A. One and two family residential, including driveways	PB <sup>4</sup>	PB <sup>9</sup>	CEO	CEO	no
B. Multi-unit residential	no	no	PB	No	no
C. Commercial	no <sup>10</sup>	no <sup>10</sup>	no <sup>10</sup>	PB	PB <sup>5</sup>
D. Industrial	no	no	no	PB	PB <sup>5</sup>
E. Governmental and institutional	no	no	PB	PB	PB <sup>5</sup>
F. Small non-residential facilities for educational, scientific, or nature interpretation purposes	PB <sup>4</sup>	PB	CEO	CEO	PB <sup>5</sup>
16. Structures accessory to allowed uses	PB <sup>4</sup>	PB	CEO	CEO	yes
17. Piers, docks, wharfs, bridges and other structures and uses extending over or below the normal high-water line or within a wetland					
a. Temporary	CEO <sup>11</sup>	CEO <sup>11</sup>	CEO <sup>11</sup>	CEO <sup>11</sup>	CEO <sup>11</sup>
b. Permanent	PB	PB	PB	PB	PB <sup>5</sup>
18. Conversions of seasonal residences to year-round residences	LPI	LPI	LPI	no	no
19. Home occupations	PB	PB	PB	CEO	yes
20. Private sewage disposal systems for allowed uses	LPI	LPI	LPI	LPI	LPI
21. Essential services					
A. Roadside distribution lines (34.5kV and lower)	CEO <sup>6</sup>	CEO <sup>6</sup>	yes <sup>12</sup>	yes <sup>12</sup>	yes <sup>12</sup>
B. Non-roadside or cross-country distribution lines involving ten poles or less in the shoreland zone	PB <sup>6</sup>	PB <sup>6</sup>	CEO	CEO	CEO
C. Non-roadside or cross-country distribution lines involving eleven or more poles in the shoreland zone	PB <sup>6</sup>	PB <sup>6</sup>	PB	PB	PB
D. Other essential services	PB <sup>6</sup>	PB <sup>6</sup>	PB	PB	PB
22. Service drops, as defined, to allowed uses	yes	yes	yes	yes	yes
23. Public and private recreational areas involving minimal structural development	PB	PB	PB	CEO	CEO <sup>5</sup>
24. Individual, private campsites	CEO	CEO	CEO	CEO	CEO
25. Campgrounds	no	no <sup>7</sup>	PB	PB	no
26. Road construction	PB	no <sup>8</sup>	PB	PB	PB <sup>5</sup>
27. Parking facilities	no	no <sup>7</sup>	PB	PB	PB <sup>5</sup>
28. Marinas	PB	no	PB	PB	PB
29. Filling and earth moving of <10 cubic yards	CEO	CEO	yes	yes	yes
30. Filling and earth moving of >10 cubic yards	PB	PB	CEO	CEO	CEO
31. Signs	yes	yes	yes	yes	yes
32. Uses similar to allowed uses	CEO	CEO	CEO	CEO	CEO
33. Uses similar to uses requiring a CEO permit	CEO	CEO	CEO	CEO	CEO
34. Uses similar to uses requiring a PB permit	PB	PB	PB	PB	PB

<sup>2</sup>Requires permit from the Code Enforcement Officer if more than 100 square feet of surface area, in total, is disturbed.

<sup>3</sup>In RP not allowed in areas so designated because of wildlife value.

<sup>4</sup>Provided that a variance from the setback requirement is obtained from the Board of Appeals.

<sup>5</sup>Functionally water-dependent uses and uses accessory to such water dependent uses only (See note on previous page).

<sup>6</sup>See further restrictions in Section 15(L)(2).

<sup>7</sup>Except when area is zoned for resource protection due to floodplain criteria in which case a permit is required from the PB.

<sup>8</sup>Except as provided in Section 15(H)(3).

<sup>9</sup>Single family residential structures may be allowed by special exception only according to the provisions of Section 16(E), Special Exceptions. Two-family residential structures are prohibited.

<sup>10</sup>Except for commercial uses otherwise listed in this Table, such as marinas and campgrounds, that are allowed in the respective district.

<sup>11</sup>Excluding bridges and other crossings not involving earthwork, in which case no permit is required.

<sup>12</sup>Permit not required but must file a written "notice of intent to construct" with CEO.



# PLUMBING APPLICATION

Maine DHHS/CDC – Division of Environmental & Community Health

PROPERTY ADDRESS				ISSUING MUNICIPAL OFFICE			
City, Town, or Plantation				Town/City			
Street/Subdivision Lot #				Permit #		Total Fee \$	
PROPERTY OWNER INFORMATION				Date Issued		Double Fee	
Name (Last, First)							
Applicant Name (Last, First)				Local Plumbing Inspector Signature		License #	
OWNER/APPLICANT MAILING ADDRESS				FEES		State \$	
Street				Local		\$	
City				LOCATION		Map #	
State		Zip Code		Lot #			
OWNER/APPLICANT STATEMENT				<p><b>CAUTION: INSPECTION REQUIRED</b> I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.</p>			
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(s) to deny a permit.							
Signature of Owner/Applicant		Date		LPI Signature		Date (Rough-In)	
Copy: Property Owner <input type="checkbox"/>		Town <input type="checkbox"/>		State <input type="checkbox"/>		Date (Final)	

PERMIT INFORMATION					
This application is for:		Type of structure to be served:		Plumbing to be installed by:	
New Plumbing <input type="checkbox"/>		Single Family Residence <input type="checkbox"/>		Master Plumber <input type="checkbox"/> License # <input type="text"/>	
Relocated Plumbing <input type="checkbox"/>		Modular or Mobile Home <input type="checkbox"/>		Oil Burner Installer <input type="checkbox"/> License # <input type="text"/>	
		Multiple Family Dwelling <input type="checkbox"/>		Mfd. Housing Rep. <input type="checkbox"/> License # <input type="text"/>	
		Other (specify below) <input type="text"/>		Public Utility Rep. <input type="checkbox"/> License # <input type="text"/>	
				Property Owner <input type="checkbox"/>	
Column 1 – Hook-Up & Relocation		Column 2 – Fixtures		Column 3 – Fixtures	
Maximum 1 Hook-Up		Type of Fixture		Type of Fixture	
Hook-Up (a) <input type="checkbox"/>		Hosebib/Sillcock		Bathtub (and Shower)	
<i>Hook-up to public sewer in those cases where the connection is not regulated and inspected by the local sanitary district.</i>		Floor Drain		Shower (Separate)	
		Urinal		Sink	
		Drinking Fountain		Wash Basin	
Hook-Up (b) <input type="checkbox"/>		Indirect Waste		Water Closet (Toilet)	
<i>Hook-up to an existing subsurface wastewater disposal system.</i>		Treatment Softener, Filter, etc.		Clothes Washer	
		Grease/Oil Separator		Dishwasher	
		Roof Drain		Garbage Disposal	
Piping Relocation <input type="checkbox"/>		Bidet		Laundry Tub	
<i>Relocation of sanitary lines, drains, and piping without new fixtures.</i>		Other: <input type="text"/>		Water Heater	

**State of Maine**  
 Department of Health and Human Services/  
 Center for Disease Control and Prevention  
 Environmental & Community Health –  
 Subsurface Wastewater  
 286 Water Street  
 State House Station 11  
 Augusta, ME 04333  
 207-287-2070  
 HHE-211  
 Revised 7/24/2018

Total Column 1  + Total Column 2  + Total Column 3  = Enter Total Fixtures / Hook-Ups Below

<b>PERMIT TRANSFER ONLY</b> <input type="checkbox"/> \$10.00	Total Fixtures / Hook-Ups	
	Per-Fixture Fee	
	<b>TOTAL PERMIT FEE</b>	

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
 Div of Environmental Health, 11 SHS  
 (207) 287-2070 Fax: (207) 287-4172

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation		Town/City _____	Permit # _____
Street or Road		Date Permit Issued ___/___/___	Fee: \$ _____ Double Fee Charged [ ]
Subdivision, Lot #		L.P.I. # _____	
<b>OWNER/APPLICANT INFORMATION</b>		Local Plumbing Inspector Signature _____	
Name (last, first, MI) _____		<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. 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. # _____			
		Municipal Tax Map # _____ Lot # _____	

<p><b>OWNER OR APPLICANT STATEMENT</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.</p> <p>_____                  Signature of Owner or Applicant      Date _____</p>	<p style="text-align: center;"><b>CAUTION: INSPECTION REQUIRED</b></p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.</p> <p style="text-align: right;">_____                  (1st) date approved</p> <p style="text-align: right;">_____                  Local Plumbing Inspector Signature      (2nd) date approved</p>
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PERMIT INFORMATION		
<p><b>TYPE OF APPLICATION</b></p> <p>; 1. First Time System                  ; 2. Replacement System</p> <p>Type replaced: _____                  Year installed: _____</p> <p>; 3. Expanded System                  ; a. &lt;25% Expansion                  ; b. ≥25% Expansion</p> <p>; 4. Experimental System                  ; 5. Seasonal Conversion</p>	<p><b>THIS APPLICATION REQUIRES</b></p> <p>; 1. No Rule Variance                  ; 2. First Time System Variance                  ; a. Local Plumbing Inspector Approval                  ; b. State &amp; Local Plumbing Inspector Approval</p> <p>; 3. Replacement System Variance                  ; a. Local Plumbing Inspector Approval                  ; b. State &amp; Local Plumbing Inspector Approval</p> <p>; 4. Minimum Lot Size Variance                  ; 5. Seasonal Conversion Permit</p>	<p><b>DISPOSAL SYSTEM COMPONENTS</b></p> <p>; 1. Complete Non-engineered System                  ; 2. Primitive System (graywater &amp; 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</p>
<p><b>SIZE OF PROPERTY</b></p> <p>_____ SQ. FT.                  _____ ACRES</p>	<p><b>DISPOSAL SYSTEM TO SERVE</b></p> <p>; 1. Single Family Dwelling Unit, No. of Bedrooms: _____                  ; 2. Multiple Family Dwelling, No. of Units: _____                  ; 3. Other: _____                  (specify)</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p>; 1. Drilled Well ; 2. Dug Well ; 3. Private                  ; 4. Public ; 5. Other</p>
<p><b>SHORELAND ZONING</b></p> <p>; Yes ; No</p>	<p>Current Use ; Seasonal ; Year Round ; Undeveloped</p>	

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

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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
 Division of Environmental Health  
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

**SITE PLAN**

Scale 1" = \_\_\_\_\_ ft. or as shown

**SITE LOCATION PLAN**  
 (map from Maine Atlas  
 recommended)

## SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole \_\_\_\_\_  Test Pit  Boring  
 \_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

Observation Hole \_\_\_\_\_  Test Pit  Boring  
 \_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
_____	_____ %	_____ "	<input type="checkbox"/> Restrictive Layer
Profile Condition			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
_____	_____ %	_____ "	<input type="checkbox"/> Restrictive Layer
Profile Condition			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Maine Dept. Health & Human Services  
Division of Environmental Health  
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

SCALE: 1" = \_\_\_\_\_ FT.

**FILL REQUIREMENTS**

**CONSTRUCTION ELEVATIONS**

**ELEVATION REFERENCE POINT**

Depth of Fill (Upslope) \_\_\_\_\_

Finished Grade Elevation \_\_\_\_\_

Location & Description: \_\_\_\_\_

Top of Distribution Pipe or Proprietary Device \_\_\_\_\_

Reference Elevation: \_\_\_\_\_

Depth of Fill (Downslope) \_\_\_\_\_

Bottom of Disposal Area \_\_\_\_\_

**DISPOSAL AREA CROSS SECTION**

**Scale**

Horizontal 1" = \_\_\_\_\_ ft.

Vertical 1" = \_\_\_\_\_ ft.