

0100356

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

| | | | |
|---|---|---|--|
| PROPERTY LOCATION | | >> Caution: Permit Required -- Attach In Space Below << | |
| City, Town, or Plantation | ELIOT | The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached HERE 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. | |
| Street or Road | PIWECREST | | |
| Subdivision, Lot # | | | |
| OWNER/APPLICANT INFORMATION | | Municipal Tax Map # _____ Lot # <u>18</u> | |
| Name (last, first, MI) | KOBILLARD, LINDA Owner Applicant | | |
| Mailing Address of | 11 PIWECREST ELIOT, ME | | |
| Daytime Tel. # | | | |
| Owner or Applicant Statement I state 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: Inspections Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. | |
| Signature of Owner or Applicant _____ Date _____ | | Local Plumbing Inspector Signature _____ (1st) Date Approved _____ _____ (2nd) Date Approved _____ | |

| PERMIT INFORMATION | | |
|--|--|---|
| TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>SED</u> Year Installed: <u>1978</u> 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non-exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion | THIS APPLICATION REQUIRES 1. <input checked="" type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval | DISPOSAL SYSTEM COMPONENT(S) 1. <input type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ gallons 6. <input checked="" type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd or more) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components |
| SIZE OF PROPERTY _____ sq. ft. _____ acres | DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____ 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY _____ | TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: |
| SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | | | |
|---|--|---|--|
| TREATMENT TANK 1. <input type="checkbox"/> Concrete <u>EXISTING</u> a. <input type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: CAPACITY <u>1,000</u> gallons | DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input checked="" type="checkbox"/> Cluster array c. <input type="checkbox"/> Linear b. <input type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: SIZE <u>550</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. | GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment Tank b. <input type="checkbox"/> Tanks in Series c. <input type="checkbox"/> Increase in Tank Capacity d. <input type="checkbox"/> Filter on Tank Outlet | DESIGN FLOW <u>360</u> gallons per day BASED ON: 1. <input type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS -- for other facilities -- |
| SOIL DATA & DESIGN CLASS PROFILE <u>3</u> / CONDITION <u>C1</u> / DESIGN <u>2</u> at Observation Hole # <u>2</u> Depth <u>NOT</u> Elevation <u>ADJLIC</u> OF MOST LIMITING SOIL FACTOR | DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small -- 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium -- 2.6 sq. ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large -- 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large -- 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra Large -- 5.0 sq. ft./gpd | PUMPING 1. <input checked="" type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ gallons | 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA |

| SITE EVALUATOR STATEMENT | | |
|---|------------------------------------|------------------------|
| I Certify that on <u>10/25/01</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). | | |
| <u>Thomas W. HARMON</u> Site Evaluator Signature | <u>114</u> SE # | <u>2/02/02</u> Date |
| <u>THOMAS W. HARMON</u> Site Evaluator Name Printed | <u>207-284-2550</u> Telephone # | |

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation
ELIOT

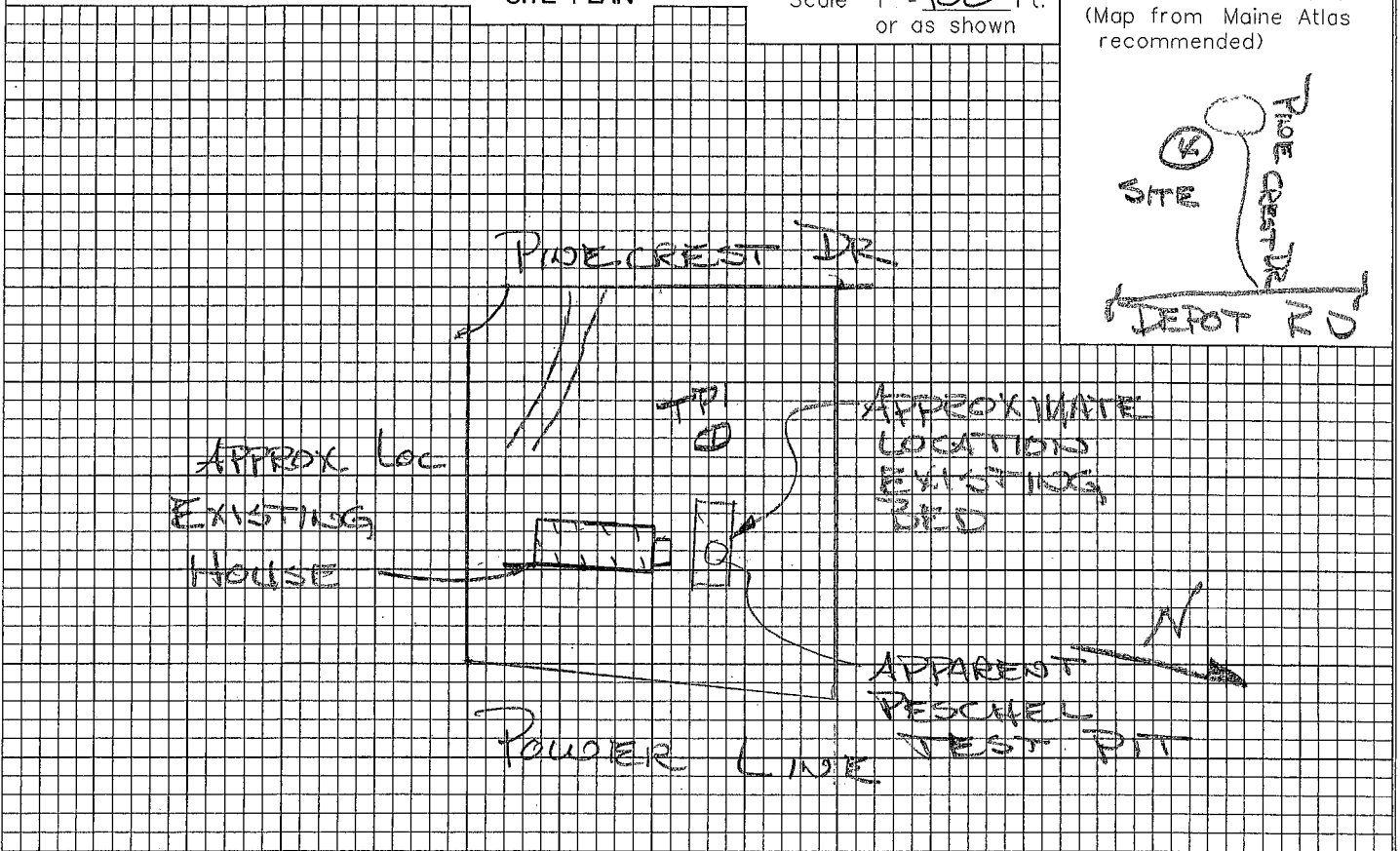
Street, Road Subdivision
11 PINECREST

Owner's Name
LINDA BOILLARD

SITE PLAN

Scale 1" = 100 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 EXIST INFO Test Pit Boring
" Depth of Organic Horizon Above Mineral Soil

| DEPTH BELOW MINERAL SOIL SURFACE (inches) | Texture | Consistency | Color | Mottling |
|---|----------------------|-------------|--------------|----------|
| 0 | LOAM | LOOSE | DARK BROWN | |
| 10 | SANDY LOAM | FRABLE | ORANGE BROWN | |
| 20 | SANDY LOAM | FRABLE | BROWN | COMMON |
| 30 | | COMPACT | GREY | |
| 40 | | | | |
| 50 | BOTTOM OF EXCAVATION | | | |

| DEPTH BELOW MINERAL SOIL SURFACE (inches) | Texture | Consistency | Color | Mottling |
|---|----------|-------------|--------------|----------|
| 0 | gn s.l. | | Red BROWN | |
| 10 | | | | |
| 20 | gn s.l. | | YELLOW BROWN | |
| 30 | | | | |
| 40 | gn. s.l. | HARDPAK | OLIVE | |
| 50 | | | | |

Soil Classification: **3 C**
Profile: **3** Condition: **C**
Slope: **3%** Limiting Factor: **10"**
 Ground Water Restrictive Layer Bedrock Pit Depth

Soil Classification: **3 C**
Profile: **3** Condition: **C**
Slope: **13%** Limiting Factor: **24"**
 Ground Water Restrictive Layer Bedrock Pit Depth

PECELL TEST PIT

EXIST INFO

Site Evaluator Signature

114 SE *

Date

2/2/02

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

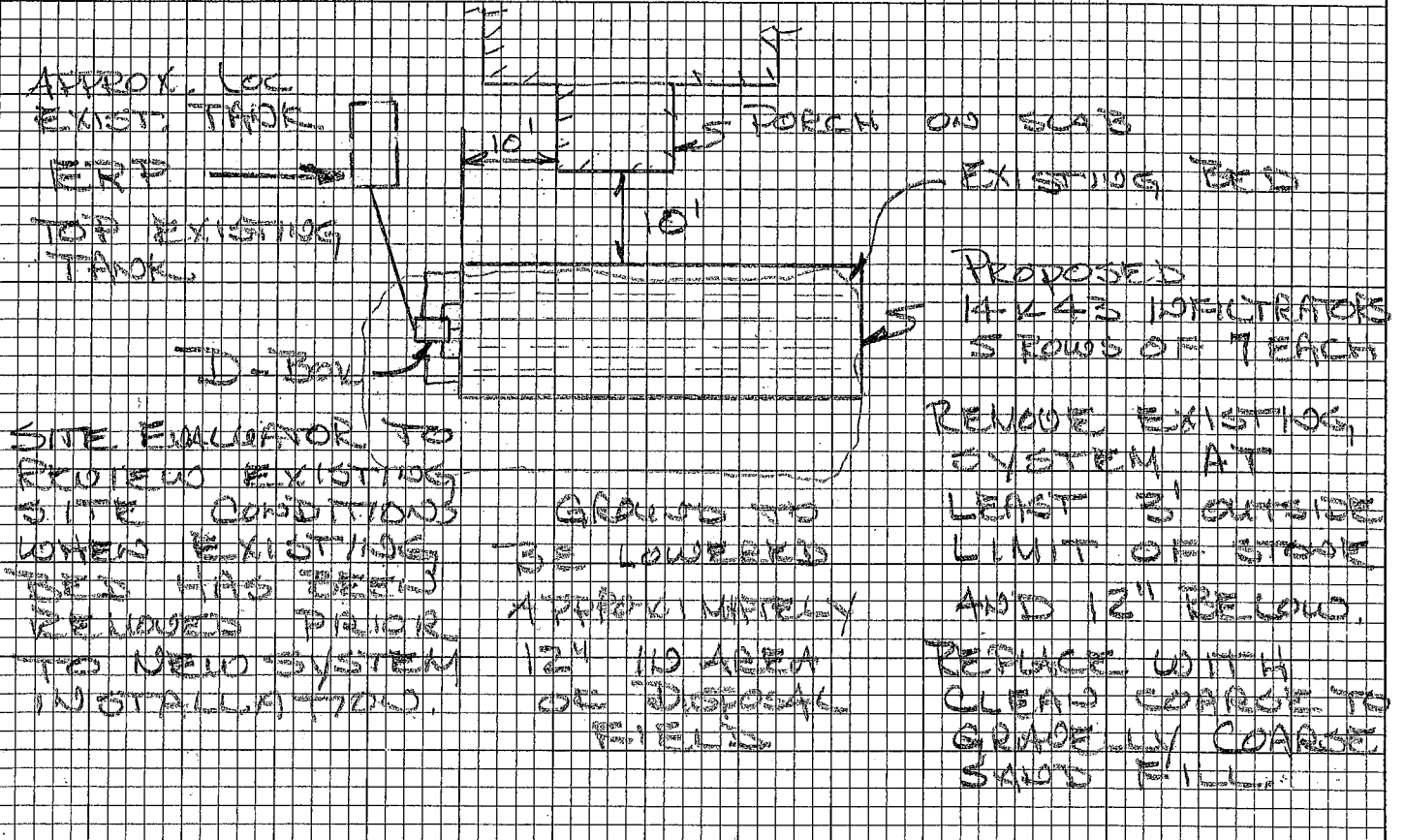
Town, City, Plantation
ELIOT

Street, Road, Subdivision
11 PINECREST DR

Owner's Name
LINDA ROBILLARD

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



FILL REQUIREMENTS

Depth of Fill (Upslope) 0
Depth of Fill (Downslope) 0

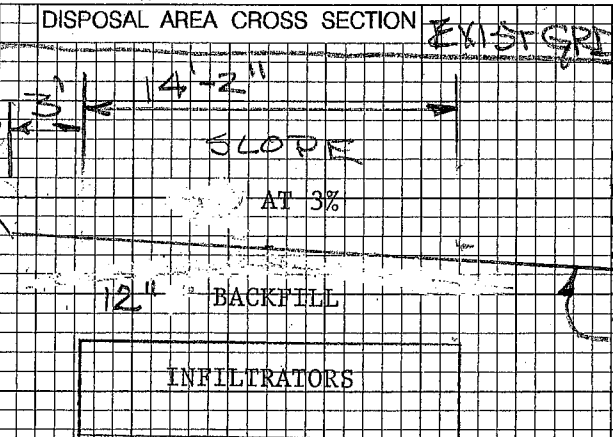
CONSTRUCTION ELEVATIONS

Finished Grade Elevation
Top of Distribution Pipe or Proprietary Device
Bottom of Disposal Area

ELEVATION REFERENCE POINT
0'-0" Location & Description
-12" EXIST. SEPTIC
-24" Reference Elevation
0'-0"

DISPOSAL AREA CROSS SECTION

Cover for bed may be: grass, clover, trefoil, vetch, perennial wild flowers, or other herbaceous perennials which can be established by seeding.



SCALE:
VERTICAL: 1" = 2'
HORIZONTAL: 1" = 10'

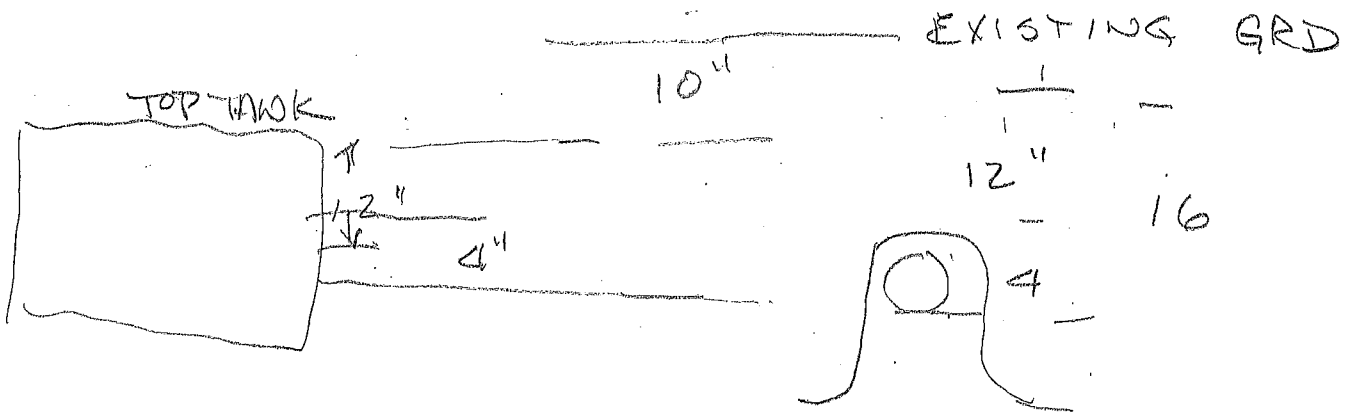
Cover for fill extensions may be: Small woody shrubs with hardy perennial ground cover.

[Signature]

Site Evaluator Signature

114 SE *

2/02/02 Date



REPLACEMENT SYSTEM VARIANCE REQUEST

FORMS

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request an HHE-200 and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

- 1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 1903)
2. There will be no change in use of the structure except as authorized for one-time exempted expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

GENERAL INFORMATION
Town of ELIOT
Permit No.
Date Permit Issued
Property Owner's Name: LINDA ROBILLARD Tel. No.: 439-1530
System's Location: 11 PINE CREST DRIVE
Property Owner's Address:
(if different from above)

SPECIFIC INSTRUCTIONS TO THE:
LOCAL PLUMBING INSPECTOR (LPI):
If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit.
SITE EVALUATOR:
If after completing the Application, you find that a variance for the proposed replacement system is needed, complete the Replacement Variance Request with your signature on reverse side of form.
PROPERTY OWNER:
If has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

PROPERTY OWNER
I understand that the proposed system requires a variance to the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.
SIGNATURE OF OWNER DATE

LOCAL PLUMBING INSPECTOR
I, _____, the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):
a. () approve, () disapprove the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant. -OR-
b. find that one or more of the requested Variances exceeds my approval authority as LPI. I () recommend, () do not recommend the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.
Comments:
LPI SIGNATURE DATE

HHE-204 Rev 3/97

FORMS

Replacement System Variance Request

| VARIANCE CATEGORY | LIMIT OF LPI'S APPROVAL AUTHORITY | | | | | | VARIANCE REQUESTED TO: | |
|---|-----------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------|------------------------|--------------|
| | Disposal Fields | | | Septic Tanks | | | Disposal Fields | Septic Tanks |
| SOILS | | | | | | | | |
| Soil Profile | Ground Water Table | | | to 7" | | | | Inches |
| Soil Condition | Restrictive Layer | | | to 7" | | | | Inches |
| from HHE-200 | Bedrock | | | to 12" | | | | Inches |
| SETBACK DISTANCES (in feet) | | | | | | | | |
| From | Less than 1000 gpd | 1000 to 2000 gpd | Over 2000 gpd | Less than 1000 gpd | 1000 to 2000 gpd | Over 2000 gpd | To | To |
| Wells with water usage of 2000 or more gpd or public water supply wells | 300 ^a ft | 300 ^a ft | 300 ^a ft | 100 ^d ft | 100 ^a ft | 100 ^d ft | | |
| Owner's wells | 100 down to 50 ft | 200 down to 100 ft | 300 down to 150 ft | 100 ^b down to 50 ft | 100 down to 50 ft | 100 down to 50 ft | | |
| Neighbor's wells | 100 ^b down to 60 ft | 200 ^b down to 120 ft | 300 ^b down to 180 ft | 100 ^b down to 50 ft | 100 ^b down to 75 ft | 100 ^b down to 75 ft | | |
| Water supply line | 10 ft ^a | 20 ft ^a | 25 ft ^a | 10 ft ^a | 10 ft ^a | 10 ft ^a | | |
| Water course, major - for replacements only, see Table 400.4 for exempted expansions | 100 down to 60 ft | 200 down to 120 ft | 300 down to 180 ft | 100 down to 50 ft | 100 down to 50 ft | 100 down to 50 ft | | |
| Water course, minor | 50 down to 25 ft | 100 down to 50 ft | 150 down to 75 ft | 50 down to 25 ft | 50 down to 25 ft | 50 down to 25 ft | | |
| Drainage ditches | 25 down to 12 ft | 50 down to 25 ft | 75 down to 35 ft | 25 down to 12 ft | 25 down to 12 ft | 25 down to 12 ft | | |
| Edge of fill extension -- Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams | 25 ft ^d | 25 ft ^d | 25 ft ^d | 25 ft ^d | 25 ft ^d | 25 ft ^d | | |
| Slopes greater than 3:1 | 10 ft | 18 ft | 25 ft | N/A | N/A | N/A | | |
| No full basement [e.g. slab, frost wall, columns] | 15 down to 7 ft | 30 down to 15 ft | 40 down to 20 ft | 8 down to 5 ft | 14 down to 7 ft | 20 down to 10 ft | 10 | |
| Full basement [below grade foundation] | 20 down to 10 ft | 30 down to 15 ft | 40 down to 20 ft | 8 down to 5 ft | 14 down to 7 ft | 20 down to 10 ft | | |
| Property lines | 10 down to 5 ^c ft | 18 down to 9 ^c ft | 20 down to 10 ^c ft | 10 down to 4 ^c ft | 15 down to 7 ^c ft | 20 down to 10 ^c ft | | |
| Burial sites or graveyards, measured from the down toe of the fill extension | 25 ft | 25 ft | 25 ft | 25 ft | 25 ft | 25 ft | | |

OTHER

1. Fill extension Grade - to 3:1

2.

3.

Footnotes: a. This setback distance cannot be reduced by the LPI, but may be considered for reduction by State variance.
 b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 (200 ft. for 1000-2000 gpd or 300 ft. for over 2000 gpd) feet and closer to that well than the system it is replacing.
 c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope or property line.
 d. Natural Resources Protection Act requires a 25 foot setback on slopes with less than 20% from the edge of disturbance and 100 feet on slopes greater than 20% except for the repair or installation of a replacement system when no practical alternative exists.

[Signature]

 SITE EVALUATOR'S SIGNATURE

2/02/02

 DATE

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (does does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

 SIGNATURE OF THE DEPARTMENT

 DATE