pl # 2476

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

City, Town, or Plantation	NEW SWEDEN
Street or Road	WEST ROAD
Subdivision, Lot #	

>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

NEW SWEDEN PERMIT # 214 STATE COPY +1500

Date Permit Issued: 10/15/09 $ 120.00 FEE ☐ Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 0848

OWNER / APPLICANT INFORMATION

Name (last, first, MI) ■ Owner ☐ Applicant

BENNETT, RICHARD

Mailing Address of Owner / Applicant	WEST ROAD NEW SWEDEN, ME 04762
Daytime Tel. #	

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.

Signature of Owner or Applicant 10/15/09 Date

CAUTION: INSPECTION REQUIRED

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

Local Plumbing Inspector Signature (1st) Date approved 10-15-09 AM (2nd) Date approved 10-15-09 PM

PERMIT INFORMATION

TYPE OF APPLICATION

☐ 1. First Time System
■ 2. Replacement System
Type replaced: _____
Year installed: _____
☐ 3. Expanded System
☐ a. Minor Expansion
☐ b. Major 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 Disposal Area
☐ 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. Pretreatment, specify: _____
☐ 12. Miscellaneous Components

SIZE OF PROPERTY

90+/- ☐ SQ. FT. ■ ACRES

SHORE LAND ZONING

☐ Yes ■ No

DISPOSAL SYSTEM TO SERVE

■ 1. Single Family Dwelling Unit, No. of Bedrooms: 4
☐ 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: 1,000 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: 1,500 ■ sq. ft. ☐ ln. 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

360 gallons per day
BASED ON:
■ 1. Table 501.1 (dwelling unit(s))
☐ 2. Table 501.2 (other facilities)
SHOW CALCULATIONS
---- for other facilities ----
4 BEDROOMS AT 90 GALLONS EACH = 360 GALLONS PER DAY
☐ 3. Section 503.0 (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE	CONDITION	DESIGN
I	A III,	I A III

at Observation Hole # 1
Depth 20"
of Most Limiting Soil Factor
LEDGE

DISPOSAL FIELD SIZING

☐ 1. Small — 2.0 sq. ft. / gpd
☐ 2. Medium — 2.6 sq. ft. / gpd
☐ 3. Medium — Large 3.3 sq. ft. / gpd
■ 4. Large — 4.1 sq. ft. / gpd
☐ 5. Extra Large — 5.0 sq. ft. / gpd

EFFLUENT / EJECTOR PUMP

■ 1. Not Required
☐ 2. May Be Required
☐ 3. Required
Specify only for engineered systems:
DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area
Lat. 47 d 00 m 44.7 s
Lon. 68 d 10 m 41.1 s
If g.p.s. state margin error: 10'

SITE EVALUATOR STATEMENT

I certify that on 9/17/09 (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).

William K. Hersey — Site Evaluator Signature
60 — SE #
9/24/09 — Date

WILLIAM K. HERSEY — Site Evaluator Name Printed
(207) 498-2108 — Telephone Number
SoilDogger@Juno.com — E-mail Address

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

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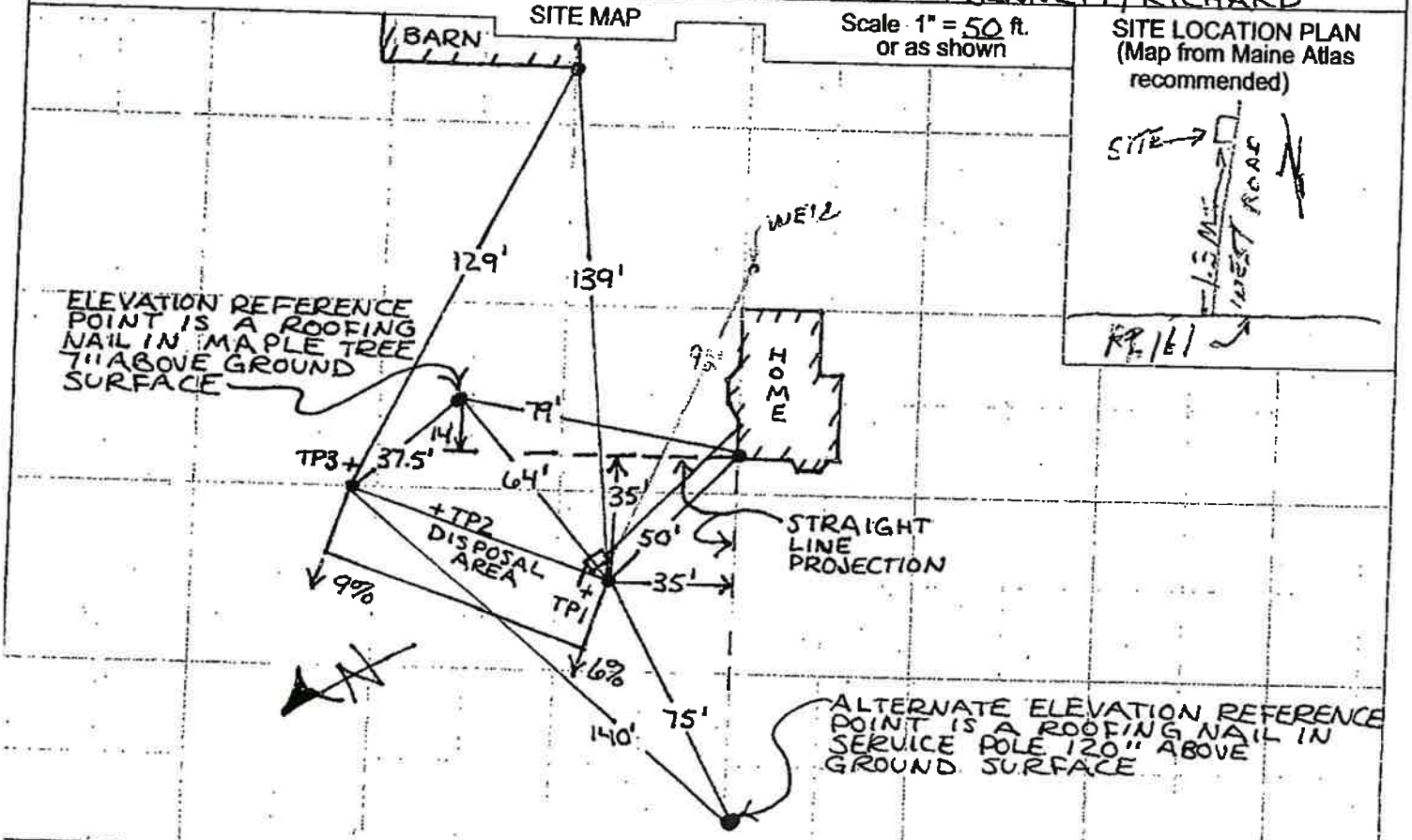
SITE MAP

Scale 1" = 50 ft. or as shown



SITE LOCATION PLAN
(Map from Maine Atlas recommended)

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

Observation Hole 1 ■ Test Pit ☐ Boring
_____" Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	GRAVELLY SILT LOAM	FRIABLE	BROWN	
10				
20	SHALY SILT LOAM	LEDGE	STRONG BROWN	
30				
40				
50				

Soil Classification: Profile I, Condition A III | Slope: 6 % | Limiting Factor: 20 | ☐ Ground Water ☐ Restrictive Layer ■ Bedrock ☐ Pit Depth

Observation Hole 2 ■ Test Pit ☐ Boring
_____" Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	GRAVELLY SILT LOAM	FRIABLE	DARK GRAYISH BROWN	
10				
20	GRAVELLY LOAM	LEDGE	STRONG BROWN / YELLOWISH BROWN	
30				
40				
50				

Soil Classification: Profile I, Condition A III | Slope: 8 % | Limiting Factor: 24 | ☐ Ground Water ☐ Restrictive Layer ■ Bedrock ☐ Pit Depth

William H. Hussey
Site Evaluator Signature

60
SE #

9/24/09
Date

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

Observation Hole 3 — ■ Test Pit ☐ Boring

_____" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)

Texture	Consistency	Color	Mottling
0 GRAVELLY LOAM	FRIABLE	BROWN	
10		STRONG BROWN	
20		YELLOWISH BROWN	
30 LEDGE			
40			
50			

Soil Classification	Slope	Limiting Factor	
Profile: I / Condition: A III	9 %	24 "	☐ Ground Water ☐ Restrictive Layer ■ Bedrock ☐ Pit Depth

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			

Soil Classification	Slope	Limiting Factor	
Profile / Condition	%	"	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

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			

Soil Classification	Slope	Limiting Factor	
Profile / Condition	%	"	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

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			

Soil Classification	Slope	Limiting Factor	
Profile / Condition	%	"	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

William F. Hussey
Site Evaluator Signature

60
SE #

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Town, City, Plantation: NEW SWEDEN

Street, Road, Subdivision: WEST ROAD

Owner's Name: BENNETT, RICHARD

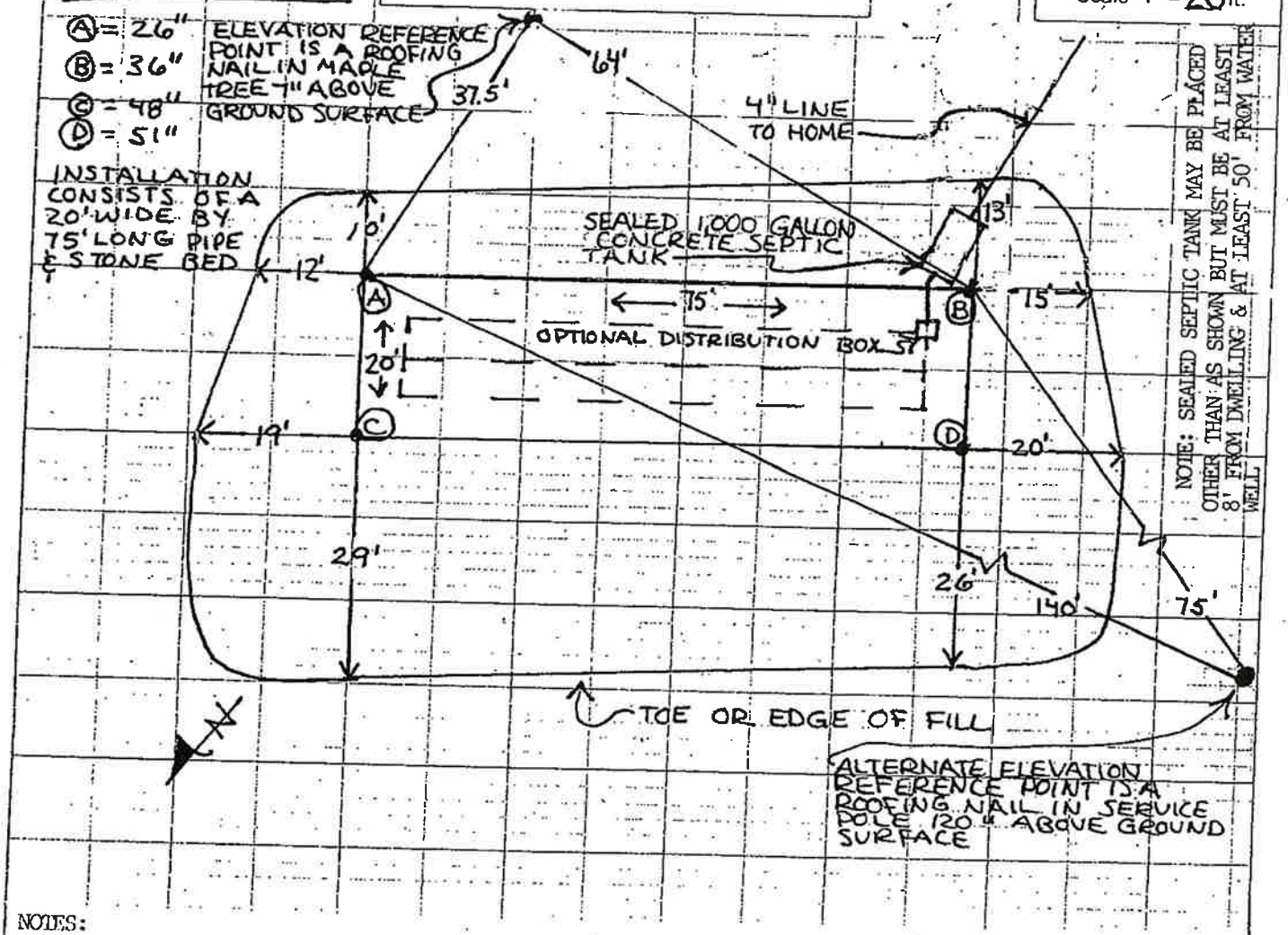
FILL REQUIREMENTS

Ⓐ = 26"
Ⓑ = 36"
Ⓒ = 48"
Ⓓ = 51"

INSTALLATION CONSISTS OF A 20' WIDE BY 75' LONG PIPE & STONE BED

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 ft.



NOTES:

1. INSTALLATION TO COMPLY WITH CHAPTER 8 ATTACHED.
2. DO NOT USE WHEELED VEHICLES ON DISPOSAL AREA AND BACKFILL EXTENSIONS DURING INSTALLATION.
3. CONTRACTOR TO FIELD VERIFY THAT BACKFILL EXTENSIONS & CUT AND/OR FILL REQUIREMENTS SHOWN ON PAGES 3 & 4 ARE CONSISTENT.

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of fill (Upslope)	26" 36"	Finish Grade Elevation	-44"	Location & Description	SEE ABOVE
Depth of fill (Downslope)	48" 51"	Top of Distribution Pipe or Proprietary Device	-56"		
		Bottom of Disposal Area	-67"	Reference Elevation	00"

SEE PAGE 4 ATTACHED FOR CROSS-SECTION

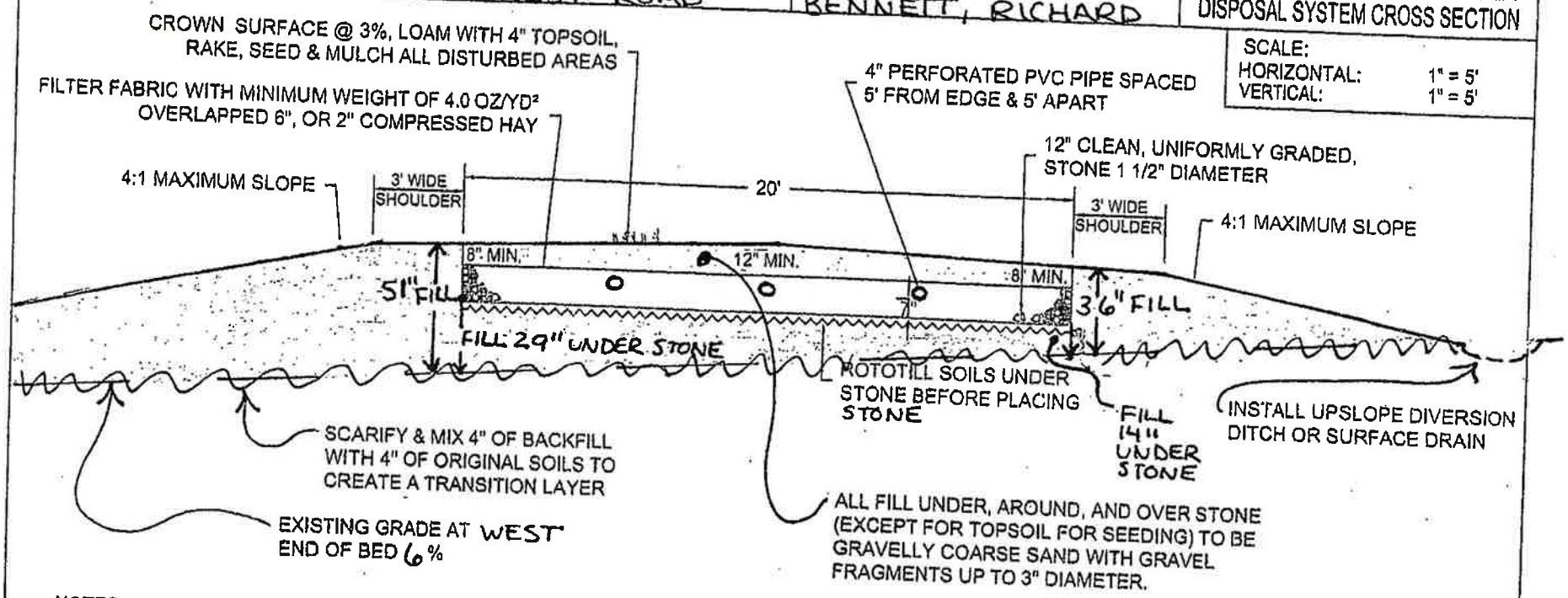
Site Evaluator Signature

60
SE #

9/24/09
Date

Town, City, Plantation	Street, Road, Subdivision	Owner's Name	SUBSURFACE WASTEWATER DISPOSAL SYSTEM CROSS SECTION
NEW SWEDEN	WEST ROAD	BENNETT, RICHARD	

SCALE:
HORIZONTAL: 1" = 5'
VERTICAL: 1" = 5'



NOTES:

1. REMOVE SOD BENEATH BED & BACKFILL EXTENSIONS AND ROTOTILL TO LOOSEN PACKED SOILS.
2. PLACE FOUR INCHES OF BACKFILL UNDER DISPOSAL AREA & BACKFILL EXTENSIONS AND MIX WITH FOUR INCHES OF NATIVE SOILS USING A ROTOTILLER OR EXCAVATOR TEETH. THIS PROCEDURE ENHANCES THE INFILTRATION OF EFFLUENT INTO THE NATIVE SOILS.
3. PLACE REMAINING BACKFILL, COMPACTING ONLY SUFFICIENTLY TO PREVENT FURTHER SETTLING.
4. CONSTRUCT 3' WIDE SHOULDER AROUND PERIMETER BEFORE PLACING STONE TO PREVENT DRIBBLING OF STONE OUTSIDE OF BED AREA WHICH MAY RESULT IN SEEPAGE AROUND THE BED EDGE.
5. BOTTOM OF DISTRIBUTION PIPE TO BE 7" ABOVE BOTTOM OF STONE.
6. LIME & FERTILIZE WITH APPROPRIATE SEED TO ESTABLISH SOD AND PREVENT EROSION. ONCE SEEDED, MULCH ALL DISTURBED AREAS.
7. CONTRACTOR TO FIELD VERIFY THAT BOTTOM OF DISPOSAL AREA CONSTRUCTION ELEVATIONS AND CUT AND/OR FILL REQUIREMENTS ARE CONSISTENT WITH THOSE SHOWN ABOVE.
8. RECOMMENDATION: INSULATE TOP OF SEPTIC TANK WITH 2" POLYSTYRENE TO RAISE DIGESTION TEMPERATURES RESULTING IN MORE COMPLETE WASTEWATER TREATMENT.

CONSTRUCTION ELEVATIONS	
Finish Grade Elevation	- 44"
Top of Distribution Pipe	- 56"
Bottom of Disposal Area	-67"
ELEVATION REFERENCE POINT (E.R.P.)	00"

Site Evaluator Signature

60
SE #

9/24/09
Date

REPLACEMENT SYSTEM VARIANCE REQUEST

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. 1906.0)
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 NEW SWEDEN

Permit No. 711 Date Permit Issued _____

Property Owner's Name: BENNET, RICHARD Tel. No.: _____

System's Location: WEST ROAD

Property Owner's Address: NEW SWEDEN, ME 04762

(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. (See reverse side for Comments Section and your signature.)

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] 10.15.09

SIGNATURE OF OWNER DATE

LOCAL PLUMBING INSPECTOR

I, LEWIS OUSLINS, 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, the reasons shall be stated in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: _____

[signature] 10-15-09

LPI SIGNATURE DATE

HHE-204 Rev 08/05

Replacement System Variance Request

VARIANCE CATEGORY							VARIANCE REQUESTED TO:	
SOILS								
Soil Profile	Ground Water Table			"				inches
Soil Condition	Restrictive Layer			"				inches
from HHE-200	Bedrock			"				inches
SETBACK DISTANCES (in feet)	**Disposal Fields**			**Septic Tanks**			**Disposal Fields**	**Septic Tanks**
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 system wells	300 ft	300 ft	300 ft	150 ft	150 ft	150 ft		
Private Potable Water Supply	100 ft [a]	200 ft	300 ft	50 ft	100 ft	100 ft	72'	
Water supply line	10 ft	20 ft	25 ft [g]	10 ft	10 ft	10 ft [g]		
Water course, major -	100 ft [c]	200 ft [c]	300 ft [c]	100 ft	100 ft	100 ft		
Water course, minor	50 ft [d]	100 ft [d]	150 ft [d]	50 ft [d]	50 ft [d]	50 ft [d]		
Drainage ditches	25 ft	50 ft	75 ft	25 ft	25 ft	25 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 [f]	18 ft [f]	25 ft [f]	N/A	N/A	N/A		
No full basement [e.g. slab, frost wall, columns]	15 ft	30 ft	40 ft	8 ft	14 ft	20 ft		
Full basement [below grade foundation]	20 ft	30 ft	40 ft	8 5 ft	14 ft	20 ft		
Property lines	10 ft [b]	18 ft [b]	20 ft [b]	10 ft [b]	15 ft [b]	20 ft [b]		
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.] Private Potable water Supply setbacks may be reduced as prescribed in Chapter 7
[b.] Additional setbacks may be needed to prevent fill material extensions from encroaching onto abutting property.
[c.] Additional setbacks may be required by local Shoreland zoning.
[d.] Natural Resource Protection Act requires a 25 feet setback, on slopes of less than 20%, from the edge of soil disturbance and 100 feet on slopes greater than 20%. See Chapter 15.
[e] May not be any closer to a private potable water supply than the existing disposal field or septic tank . This setback may be reduced for single family houses with Department approval. See Section 702.3.
[f.] The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.
[g.] See Section 1402.8 for special procedures when these minimum setbacks cannot be achieved.

William K. Kerr — SITE EVALUATOR'S SIGNATURE

9/24/09 — 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