MAP R7 / LOT 39.4

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town Or Plantation: BOOTHBAY

Street Subdivision Lot #: COUNTRY CLUB RD.

PROPERTY OWNERS NAME

Last: GISTIS First: CHRIS

Applicant Name:

Mailing Address of Owner/Applicant if Different: 743 COUNTRY CLUB RD. BOOTHBAY, ME. 04537

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any false statement may be grounds for revocation of any Plumbing Permit issued to carry out the work.

Signature of Owner Applicant — Date

BOOTHBAY PERMIT # 91 STATE COPY

Date Issued: 11/21/91

Local Plumbing Inspector

$60.00 Fee Paid

LPI: [illegible]

Caution: Inspection Required

Local Plumbing Inspector Signature — Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:
1. ☐ NEW SYSTEM
2. ☒ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ EXPERIMENTAL SYSTEM

SEASONAL CONVERSION
to be completed by the LPI
5. ☐ SYSTEM COMPLIES WITH RULES
6. ☐ CONNECTED TO SANITARY SEWER
7. ☐ SYSTEM INSTALLED - Pe
8. ☐ SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED ____
THE FAILING SYSTEM IS
1. ☐ BED 2. ☐ TRENCH 3. ☐ CHAMBER 4. ☐ OTHER

SIZE OF PROPERTY: 12,000 ± ACRS — ZONING:

THIS APPLICATION REQUIRES:
1. ☐ NO RULE VARIANCE
2. ☐ NEW SYSTEM VARIANCE
3. ☒ REPLACEMENT SYSTEM VARIANCE
   a. ☒ Requires Local Plumbing Inspector Approval
   b. ☐ Requires State and Local Plumbing Inspector Approval
4. ☐ MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:
1. ☒ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER — SPECIFY

INSTALLATION IS:
COMPLETE SYSTEM
1. ☒ NON-ENGINEERED SYSTEM
2. ☐ PRIMITIVE SYSTEM (Includes Alternate Toilet)
3. ☐ ENGINEERED (2000 GPD)

INDIVIDUALLY INSTALLED COMPONENTS
4. ☐ TREATMENT TANK (ONLY)
5. ☐ HOLDING TANK ____ GAL
6. ☐ ALTERNATIVE TOILET (ONLY)
7. ☐ NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

TYPE OF WATER SUPPLY: DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☒ SEPTIC ☒ Regular ☐ Low Profile
2. ☐ AEROBIC
SIZE 1000 GALS

WATER CONSERVATION
1. ☒ NONE
2. ☐ LOW VOLUME TOILET
3. ☐ SEPARATED LAUNDRY SYSTEM
4. ☐ ALTERNATIVE TOILET
SPECIFY

PUMPING
1. ☐ NOT REQUIRED
2. ☒ MAY BE REQUIRED
3. ☐ REQUIRED
DOSE ____ GALS

CRITERIA USED FOR DESIGN (FLOW IN GALLONS PER DAY, OR NUMBER OF BEDROOMS, OR PLUMBING FIXTURE UNITS; WATER METERING, ETC.)
3 BEDROOM RESIDENTIAL

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
2	C

Depth to Limiting Factor: 20

SIZE RATINGS USED FOR DESIGN PURPOSES
1. ☐ SMALL
2. ☐ MEDIUM
3. ☒ MEDIUM LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE
1. ☒ BED 900 Sq. Ft.
2. ☐ CHAMBER ____ Sq. Ft.
3. ☐ TRENCH ____ Linear Ft.
4. ☐ OTHER ____

DESIGN FLOW: 270 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 11/6/91 (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.

Site Evaluator Signature — 132 — 11/11/91 Date

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

Page 1 of 3

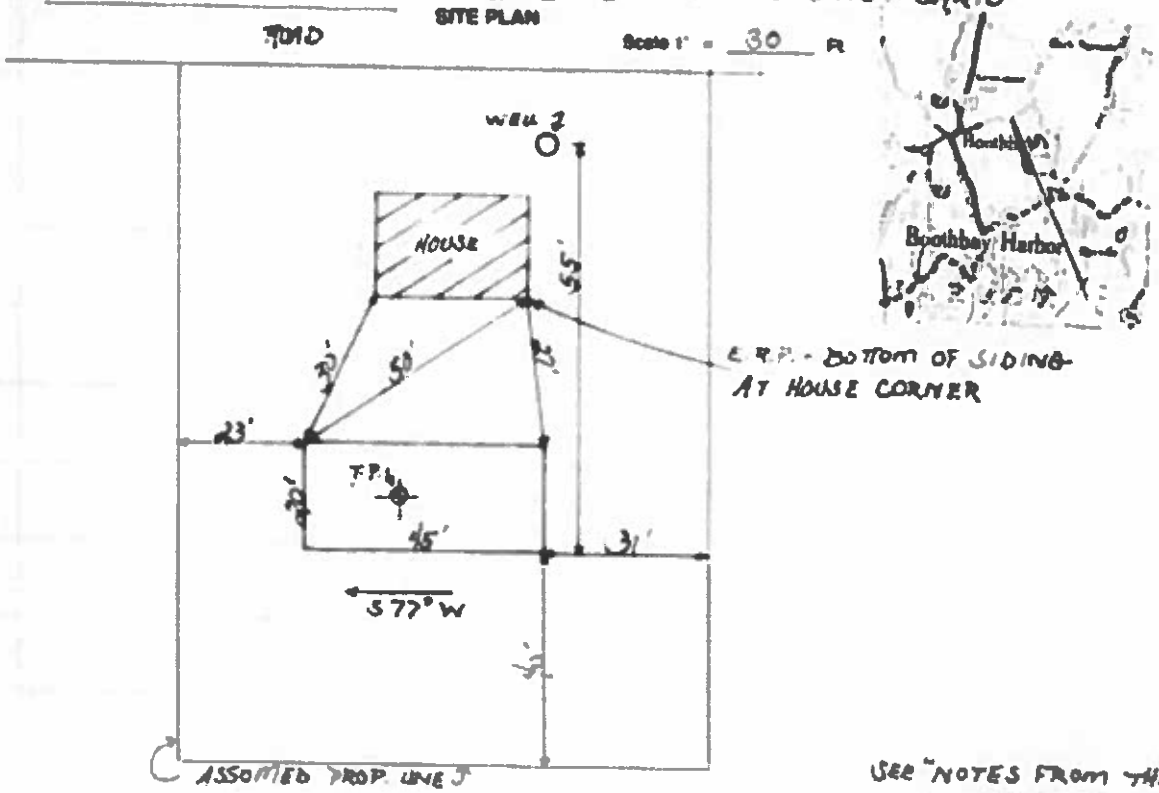
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: BOOTHBAY
Street, Road, Subdivision: COUNTRY CLUB RD.
Owner's Name: GISTIS, CHRIS

SITE PLAN

Scale 1" = 30 ft.



SEE "NOTES FROM THE SITE EVALUATOR"

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	SANDY LOAM	FRIABLE	BROWN	
8	LOAMY SAND		REDDISH BROWN	
20			GRAY	EVIDENT

Soil	Classification	Slope	Limiting Factor
2	C	2	20

Observation Hole ☐ Test Pit ☐ Boring
Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling

Soil	Classification	Slope	Limiting Factor

Terry D. Adams — Site Evaluator Signature
132 — Soil #
4/11/91 — Date

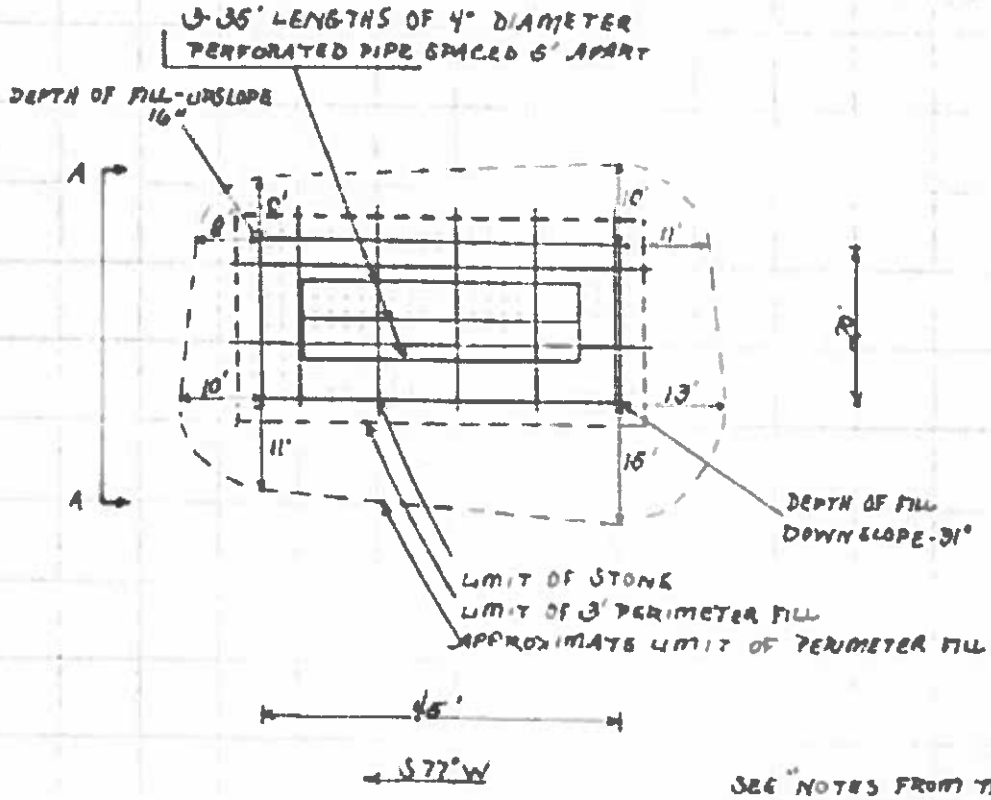
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town City Plantation: BOOTHBAY
Street Road Subdivision: COUNTRY CLUB RD.
Owners Name: GISTIS, CHRIS

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 ft



SEE "NOTES FROM THE SITE EVALUATOR"

FILL REQUIREMENTS

Depth of Fill (Upslope) 16
Depth of Fill (Downslope) 31

CONSTRUCTION ELEVATIONS

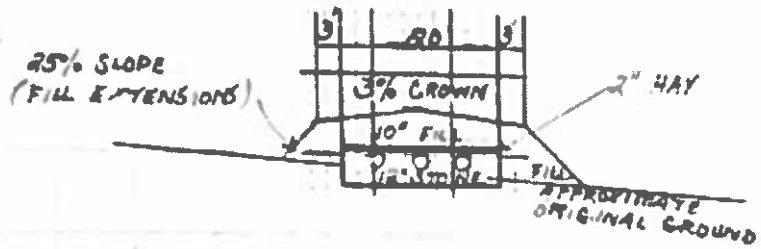
Reference Elevation is 0.00"
Bottom of Disposal Area -38"
Top of Distribution Lines or Chambers -27"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

BOTTOM OF SIDING AT SE CORNER OF HOUSE

Scale:
Vertical 1 inch = 5 Ft.
Horizontal 1 inch = 20 Ft.

DISPOSAL AREA CROSS SECTION



SECTION A-A

Tracy D. Adams
Site Evaluator Signature

132
SE#

11/11/91
Date

Page 3 of 3
HHF 200 Rev 1/1

NOTES FROM THE SITE EVALUATOR

1. Property lines are as indicated by owner or owner's agent.

2. System shall be installed in accordance with the Maine State Plumbing Code.

3. Remove vegetation from the proposed disposal area and scarify original ground before placing fill.

4. Fill shall be clean loamy sand placed in 8" compacted lifts.

5. All stone shall be of uniform size, and free of fines.

6. Site shall be graded in a manner which will divert surface water from the bed.

7. Grass, clover, trefoil, vetch, perennial wildflowers, or other herbaceous perennials may be planted on disposal area surfaces. Woody shrubs in conjunction with a hardy perennial groundcover may only be used on fill extensions.

8. If this application includes a new system variance request, it is assumed that this site is not part of a proposed sub-division.

9. "Permit By Rule" - When the toe of fill for a system extends closer than 100' to a wetland or waterbody, even though the system itself is 100' or more from the wetland or waterbody, or when a system requires a Replacement System Variance, the applicant may be required to file a "Permit By Rule" notification form or a complete application form with the D.E.P.

"Permit By Rule" does not take the place of any other local, state, or federal approvals which may be needed for the proposed activity. In specific instances, the activities may require a shoreland zoning permit from the town, a lease from the Bureau of Public Lands (207-289-3061) if the work extends onto state owned submerged lands, or a permit from the U.S. Army Corps of Engineers (207-623-8367).

10. If system requires pump, it shall be vented in accordance with standard practice. It is recommended that the required audible high water alarm be installed on the premises on a different electrical circuit from the pump.

11. As a general rule, a septic tank should be cleaned every two years. It is recommended that no commercial septic tank additives be used.

12. This site evaluation and design has been done in compliance with the Maine State Plumbing Code. The approval and/or design may be subject to more restrictive local ordinances. The local Plumbing Inspector is to be contacted for final review approval.

13. By signature on this application, the client agrees with location of lot lines, wells and other physical features shown and further agrees to limit North By East Associates liability to the original cost of installation of the system or North By East Associates' total fee for services rendered on this project, whichever is greater.

REV. 5/91

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application for the proposed replacement system which does not comply with the Rules. The LPI shall review the Replacement System Variance Request and Application 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 from the rules.
2. A system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

GENERAL INFORMATION

Town of BOOTHBAY

Permit No. _____ Date Permit Issued _____ (MONTH/DAY/YEAR)

Property Owner's Name GISTIS, CHRIS Tel. No. _____

System's Location: COUNTRY CLUB RD (STREET)

BOOTHBAY (TOWN) Maine 04537 (ZIP)

Property Owner's Addre (If different from above) 743 COUNTRY CLUB RD (STREET)

BOOTHBAY (TOWN) ME (STATE) 04537 (ZIP)

SPECIFIC INSTRUCTIONS TO THE:

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, they 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, then complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

It 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.

The OWNER shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

Clark D Gistis
PROPERTY OWNER'S SIGNATURE

_____
DATE

Last page

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table	to 0"			Inches
Soil Condition	Restrictive Layer	to 0"			Inches
from HHE-200	Bedrock	to 10"			Inches
SETBACK DISTANCES (in FEET)	FROM:	TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
Potable Water Supplies	1. Well: > 2000 gal/day	100'	200'		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50'	50'		
	b. Property Owner's	25'	50'		55'
	3. Water Supply Line	See note 'b'			
Watercourse	1. Perennial	50'	50'		
	2. Intermittent	15'	50'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

OTHER

1. Fill extension (Grade—to 2:1)
2.
3.

Footnotes:

a. This setback distance cannot be reduced by variance. See Table 9-2
b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but closer to that well than the system it is replacing.
c. Sufficient distance shall be maintained to ensure that the toe of the fill does not extend to the 2:1 slope.

Tony Adams — 11/11/91
SITE EVALUATOR'S SIGNATURE — DATE

LPI STATEMENT

I, David Taylor, LPI for the Town of Boothbay, have conducted an on-site inspection for the proposed replacement system and have determined to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Wastewater Disposal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System 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, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments:

David Taylor — 11-21-91
LPI SIGNATURE — 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.