SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

Town or Plantation	HANCOCK
Street / Subdivision Lot #	HANCOCK PT.

HANCOCK PERMIT # 1119 STATE COPY

Date Permit Issued: 6/4/96 $ 160 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 512

PROPERTY OWNERS NAME

Last: BEVER First: CHRIS

Mailing Address of Owner	C/O HANCOCK TOWN OFFICE
	P.O. BOX 68 HANCOCK ME
Daytime Tel. #	422-9077 04640

Municipal Tax Map # 31 LOT 51 Page # 101-013

Owner 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.

Signature of Owner/Applicant — 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 — Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:
1. ☐ First Time System
2. ☐ Multi-User System
3. ☒ Replacement System
4. ☐ Expanded System
   a. ☐ One-time exempted
   b. ☐ Non-exempted
5. ☐ Experimental System
6. ☐ Seasonal Conversion

THIS APPLICATION REQUIRES:
1. ☐ No Rule Variance
2. ☐ First Time System Variance (Municipal)
3. ☐ First Time System Variance (State)
4. ☒ Replacement System Variance
   a. ☐ Local Plumbing Inspector approval
   b. ☒ State & Local Plumbing Inspector approval
5. ☐ Minimum Lot Size Variance
6. ☐ Seasonal Conversion Variance

DISPOSAL SYSTEM COMPONENT(S)
1. ☒ Non-Engineered System
2. ☐ Primitive System
3. ☐ Alternative Toilet
   Specify _____
4. ☐ Non-Engineered Treatment Tank
5. ☐ Holding Tank _____ Gallons
6. ☐ Non-Engineered Disposal Area (only)
7. ☐ Separated Laundry System
8. ☐ Engineered System (+2000 gpd)
9. ☐ Engineered Treatment Tank (only)
10. ☐ Engineered Disposal Area (only)

SIZE OF PROPERTY
12,000 ft²

SHORELAND ZONING
☒ Yes ☐ No

DISPOSAL SYSTEM TO SERVE:
1. ☒ Single Family Dwelling Unit
2. ☐ Multiple Family Dwelling Unit
   Number of Units _____
3. ☐ Other _____ SPECIFY

TYPE OF WATER SUPPLY
DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☒ Concrete
   ☐ Regular
   ☒ Low Profile
2. ☐ Plastic

SIZE 1000 Gallons

DISPOSAL AREA TYPE/SIZE
1. ☐ Stone Bed _____ Sq. Ft.
2. ☒ Proprietary Device 960 Sq. Ft.
   ☒ Clustered ☐ Linear 48 ft² UNIT.
   ☐ Regular ☐ H-20
3. ☐ Trench _____ Lin. Ft.
4. ☐ Other _____

GARBAGE DISPOSAL UNIT
1. ☒ No
2. ☐ Yes
   ☐ Multi-compartment tank
   ☐ Tank in series
   ☐ Increase in tank capacity
   ☐ Filter on tank outlet

CRITERIA USED FOR DESIGN FLOW
(Show Calculations)
MINIMUM DESIGN FLOW 3 BR. HOME, SEASONAL

DESIGN FLOW: 270 (Gallons/Day)

PROFILE & DESIGN CLASS

PROFILE	DESIGN
2	C/A

DEPTH TO MOST LIMITING FACTOR 36"

DISPOSAL AREA SIZING
1. ☐ Small 2.0
2. ☐ Medium 2.60
3. ☒ Medium-Large 3.30
4. ☐ Large 4.10
5. ☐ Extra-Large 5.00

PUMPING
1. ☒ Not required
2. ☐ May be required
3. ☐ Required

DOSE _____ Gallons

SITE EVALUATOR STATEMENT

On 9/11/96 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules.

Site Evaluator Signature — SE # #189 — Date 9-16-96

MIKE J GRAMLICH — Print Name

(207)843-6395 — Telephone

POB 284 E.HOLDEN ME 04429

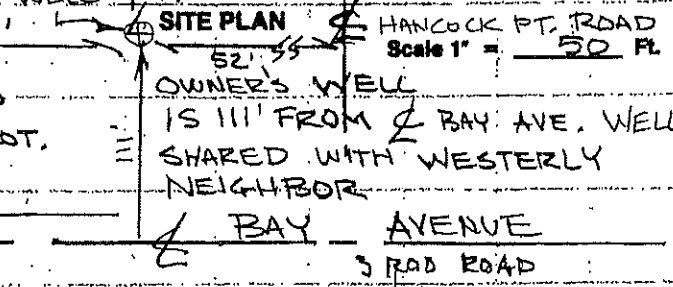
Town, City, Plantation: HANCOCK

Street, Road, Subdivision: BAY AVENUE

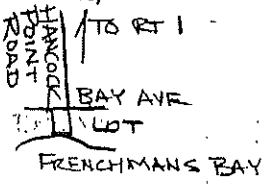
Owners Name: CHRIS BEVER

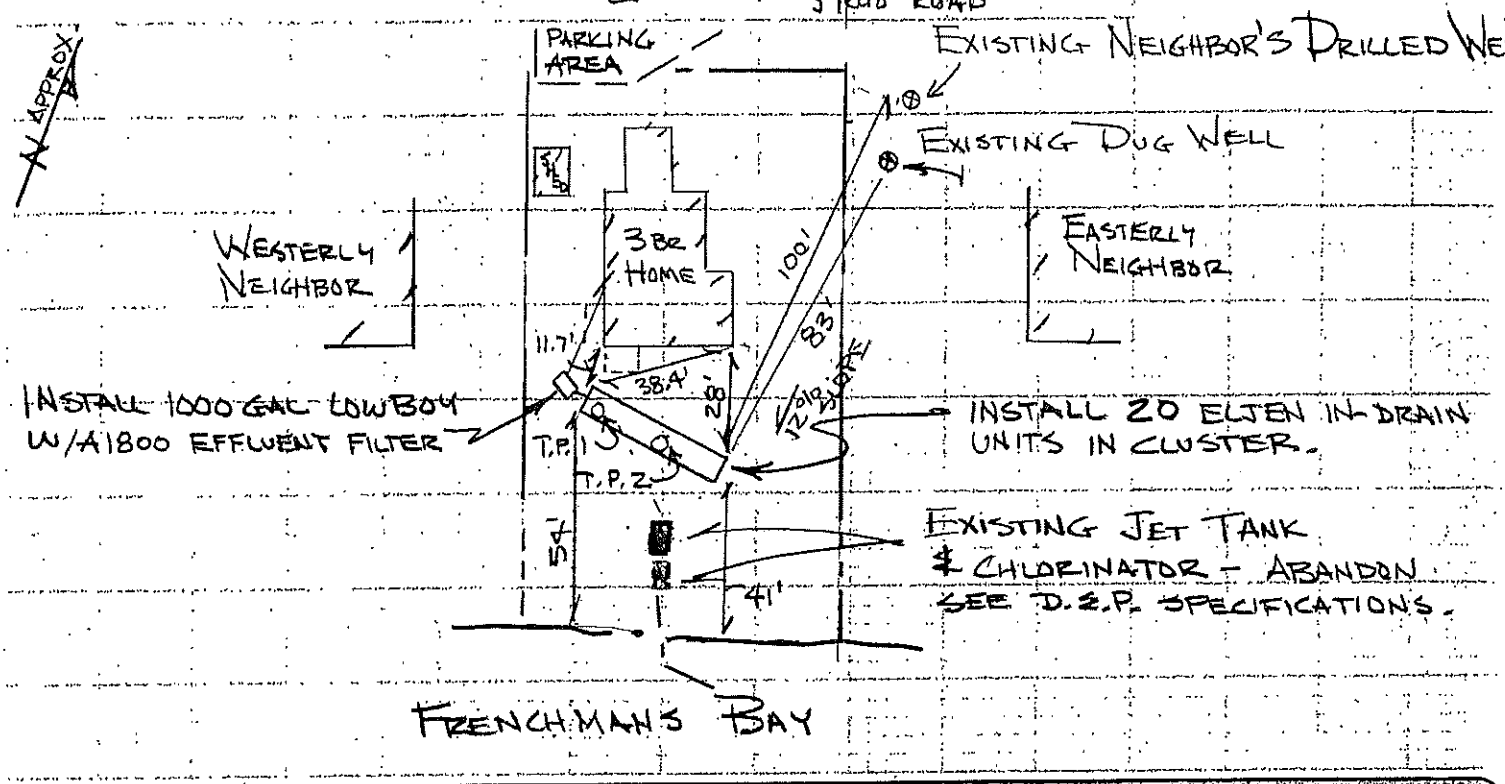
OWNER OWNS APPROX. 67' 100' x 150' LOT ON NORTH SIDE OF ROAD. DRILLED WELL IS IN MIDDLE OF LOT.

SITE PLAN — Scale 1" = 50 Ft.



SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)





Soil Description and Classification (Refer to Observation Holes Shown Above)

Observation Hole T.P.#1 ☒ Test Pit ☐ Boring

0 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (Inches)	Texture	Consistency	Color	Mottling
0–6	VERY SHALEY SANDY LOAM	FRIABLE	BROWN	NONE
30–40				COMMON
40–50	BEDROCK			

Soil Profile	Classification Condition	Slope	Limiting Factor	
2	C/A	10 %	36"	☐ Ground Water ☐ Restrictive Layer ☒ Bedrock

Observation Hole T.P.#2 ☒ Test Pit ☐ Boring

1" " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (Inches)	Texture	Consistency	Color	Mottling
0–6	LOAMY FILL		BROWN	
6–15		FRIABLE	STRONG BROWN	NONE
15–30	SHALEY SANDY LOAM			
30–40				COMMON
40–50	BEDROCK			

Soil Profile	Classification Condition	Slope	Limiting Factor	
2	C/A	12 %	36"	☐ Ground Water ☐ Restrictive Layer ☒ Bedrock

MIKE J GRAMLICH (207)843-6395

Site Evaluator Signature

#189
SE#

9-16-96
Date

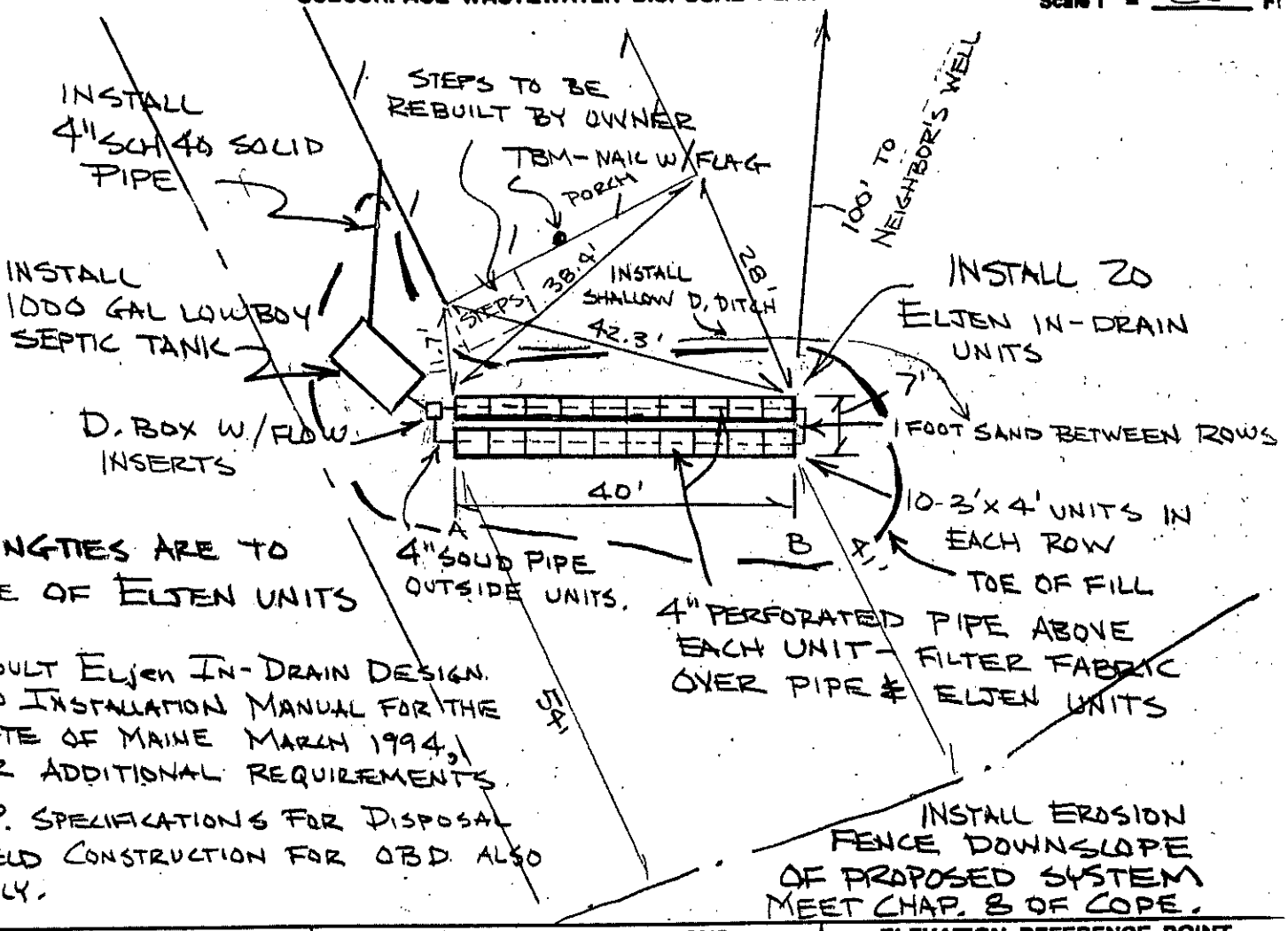
Town, City, Plantation: HANCOCK

Street, Road, Subdivision: BAY AVENUE

Owners Name: CHRIS BEVER

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft



FILL REQUIREMENTS	
Depth of Fill (Upslope)	13"
Depth of Fill (Downslope)	28"

CONSTRUCTION ELEVATIONS	
Reference Elevation is	0
Bottom of Disposal Area ELJEN UNIT	-66"
Top of ~~Distribution Lines/Chambers~~	-53"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

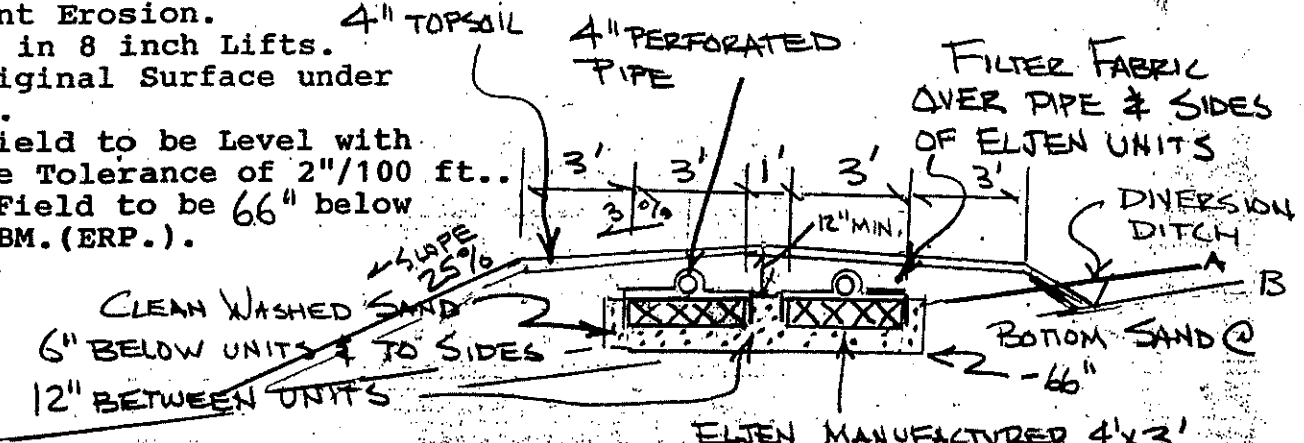
TBM - NAIL W/FLAG AT BASE OF SILL OF PORCH.

NOTE:

1.) Lime, Fertilize, Seed, & Mulch op & Sides of Bed and All Disturbed reas to Prevent Erosion.
2.) Place Fill in 8 inch Lifts.
3.) Scarify Original Surface under isposal Field.
4.) Disposal Field to be Level with Maximum Grade Tolerance of 2"/100 ft..
5.) Bottom of Field to be 66" below levation of TBM.(ERP.).

DISPOSAL AREA CROSS SECTION

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



BOTTOM FIELD IS BOTTOM OF SAND BELOW ELJEN UNITS

Ike J Crawlich

Site Evaluator Signature

#189

SE#

9-16-96

Date

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 HANCOCK

Permit No. _____ E

Date Permit Issued _____ (MONTH/DAY/YEAR)

Property Owner's Name: CHRIS BENER Tel. No. 422-9077

System's Location: BAY AVENUE (STREET)

HANCOCK (TOWN) Maine 04640 (ZIP)

Property Owner's Address: C/O TOWN OFFICE - HANCOCK (STREET)
(if different from above)

P.O. BOX 68 (TOWN) HANCOCK (STATE) ME 04640 (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.

_____ PROPERTY OWNER'S SIGNATURE

_____ DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table	to 6"		—	inches
Soil Condition	Restrictive Layer	to 6"		—	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[a]	300[a]	—	—
	2. Well: < 2000 gal/day a. Neighbor's	50'[b]	60'[b]	—	DUG WELL 83'
	b. Property Owner's	25'	50'	—	—
	3. Water Supply Line	See note 'a'		—	—
Waterbodies	1. Perennial	50'	60'	60'	40 1/2'
	2. Intermittent	15'	20'	—	—
	3. Manmade drainage ditch	10'	15'	—	—
Downhill Slope	Greater than 3:1 (33%)	5'[c]	10'[c]	—	—
Buildings	1. With Basement	5'	10'	—	—
	2. Without Basement	5'	10'	5'	11'
Property Line		4'	5'	4'	—

OTHER

1. Fill extension Grade—to 3:1
2. EASEMENT REQUIRED FROM NEIGHBOR FOR SETBACK FROM DUG WELL
3. _____

Footnotes:

a. This setback distance cannot be reduced by variance. See Table 6-2.
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 assure that the toe of the fill does not extend to the 3:1 slope.

_____ SITE EVALUATOR'S SIGNATURE

9-16-96 DATE

LPI STATEMENT

I, _____, LPI for the Town of _____ 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: _____

_____ LPI'S 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.

_____ SIGNATURE OF THE DEPARTMENT

_____ DATE