SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept.Health & Human Services
Div of Environmental Health , 11 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION

City, Town, or Plantation	New Gloucester
Street or Road	56 Highview Drive
Subdivision, Lot #	

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

NEW GLOUCESTER PERMIT # 3276 STATE COPY

Date Permit Issued: 8/7/12 $ 165 FEE ☐ If Double Fee Charged

Debra Parks Larrivee L.P.I. # 0928

Local Plumbing Insector Signature

OWNER/APPLICANT INFORMATION

Name (last, first, MI): Chagnon, Paulette F. ■ Owner ☐ Applicant

Mailing Address of Owner/Applicant	56 Highview Drive New Gloucester, Maine 04260
Daytime Tel. #	(207) 926-3679

Municipal Tax Map # 2 Lot # 45L

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 — Date 8-7-12

Paulette F Chagnon

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. 8-27-12 (1st) date approved

Local Plumbing Inspector Signature — (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

☐ 1. First Time System
■ 2. Replacement System
Type replaced: Stone & Pipe
Year installed: 1993
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 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

SIZE OF PROPERTY

2 +/- ☐ SQ. FT. ■ ACRES

SHORELAND ZONING

☐ Yes ■ No

DISPOSAL SYSTEM TO SERVE

■ 1. Single Family Dwelling Unit, No. of Bedrooms: 6
☐ 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 (existing)
■ 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: 1,420 ■ sq. ft. ☐ lin. 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

540 gallons per day
BASED ON:
■ 1. Table 501.1 (dwelling unit(s))
☐ 2. Table 501.2 (other facilities)
SHOW CALCULATIONS for other facilites
☐ 3. Section 503.0 (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN
5 / B /
at Observation Hole # TP-1
Depth >48"
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

☐ 1. Small---2.0 sq. ft. / gpd
■ 2. Medium---2.6 sq. ft. / gpd
☐ 3. Medium---Large 3.3 sq. f.t / 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. 43 d 57 m 13.8 s
Lon. 70 d 19 m 29.0 s
if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on July 6, 2010 (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).

David Chapman — Site Evaluator Signature
293 — SE #
7/9/10 — Date

David Chapman — Site Evaluator Name Printed
(207) 272-7136 — Telephone Number
dvchapman@yahoo.com — E-mail Address

Note: Existing garbage grinder must be removed.

HHE-200 Rev. 4/05

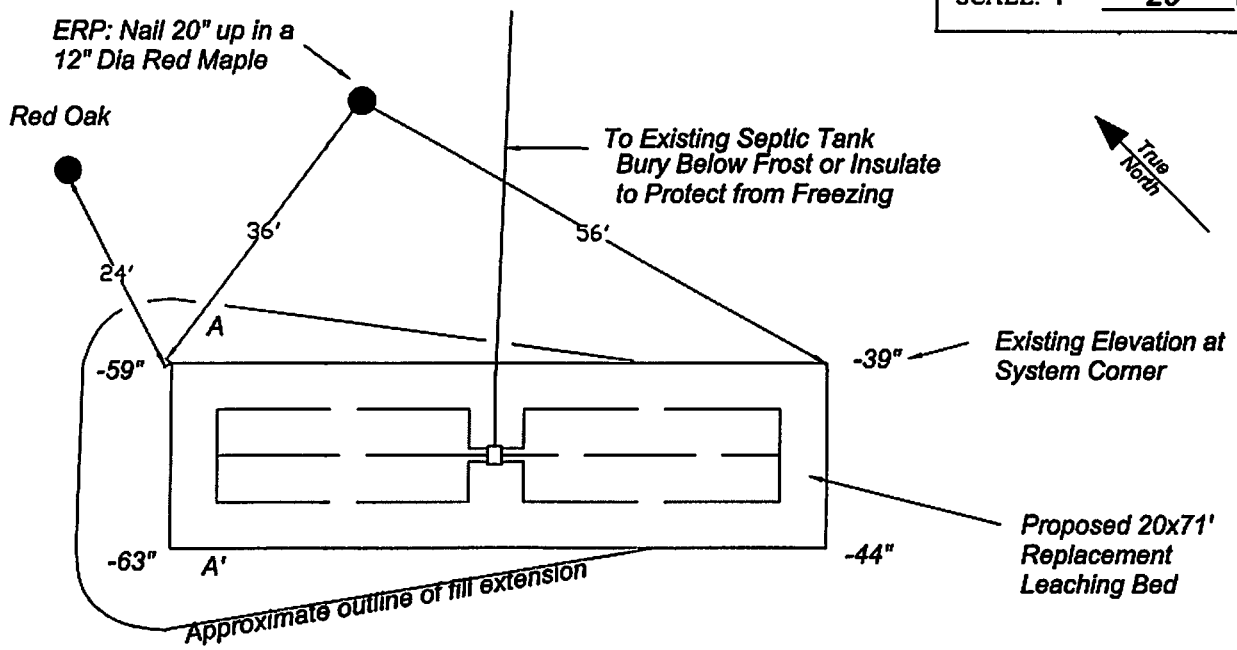
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
New Gloucester	56 Highview Drive	Chagnon, Paulette F.

SUBSURFACE WASTEWATER DISPOSAL PLAN

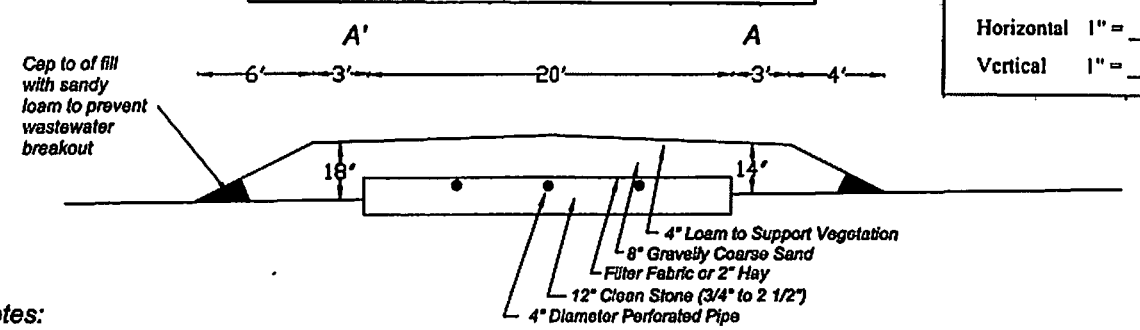
SCALE: 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	0-14"	Finished Grade Elevation	-45"	Location & Description: Nail 20" up in a 12" Dia. Red Maple
		Top of Distribution Pipe or Proprietary Device	-58"	
Depth of Fill (Downslope)	0-18"	Bottom of Disposal Area	-69"	Reference Elevation: 0"

DISPOSAL AREA CROSS SECTION

Scale
Horizontal 1" = 10 ft.
Vertical 1" = 5 ft.



Notes:

1. *Stabilize to prevent erosion (seed and mulch).*
2. *Verify property line is at least 10' from leach bed and all fill is on owner's property before constructing leach field.*
3. *Check integrity of septic tank baffles before reusing tank.*
4. *Garbage disposal must be removed.*
5. *Thoroughly rototill entire sodded area under disposal field and fill extensions prior to fill placement, then till first 6" lift of fill into existing soil surface to promote mixing.*

Site Evaluator Signature	SE #	Date
[signature]	293	7/9/10

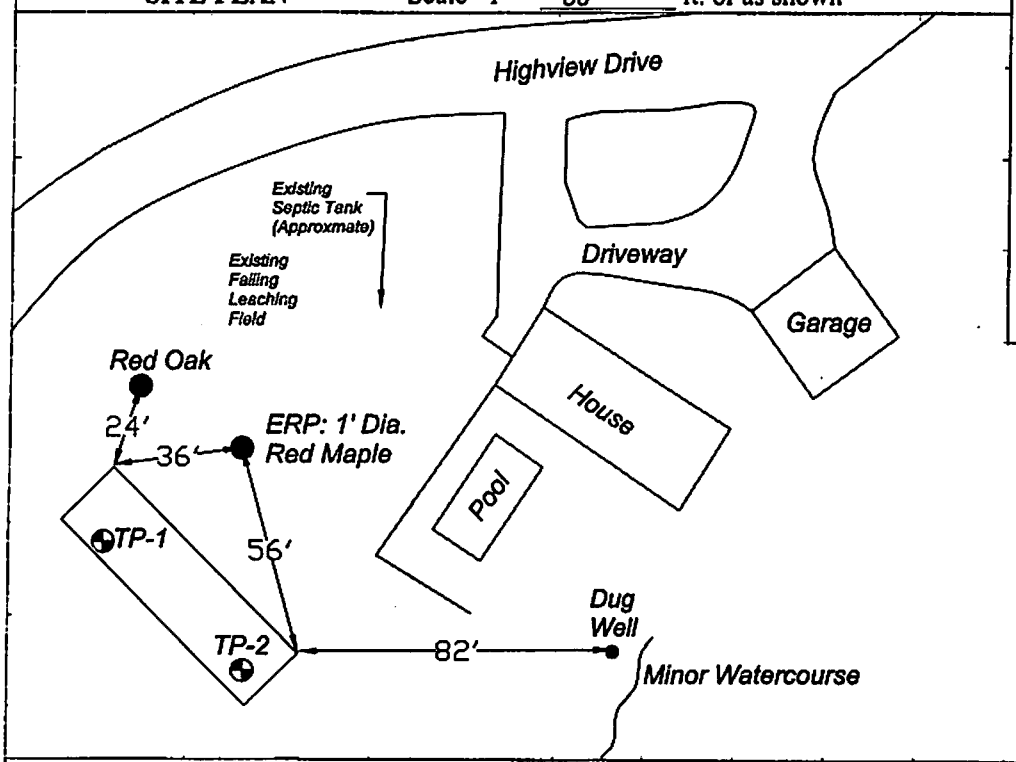
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
New Gloucester	56 Highview Drive	Chagnon, Paulette F.

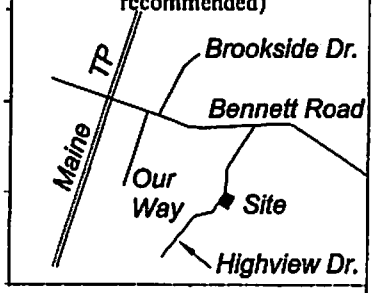
SITE PLAN

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 TP-1 ■ Test Pit □ Boring

1 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10	Loamy Sand	Friable	Dk Brown	None
10–20			Red Br	
20–30	Fine to Coarse Sand		Yellowish Brown	
30–40				
40–50				

Soil Classification	Slope	Limiting Factor	
5 Profile / B Condition	2 %	>48"	□ Ground Water □ Restrictive Layer □ Bedrock ■ Pit Depth

Observation Hole TP-2 ■ Test Pit □ Boring

1 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10	Loamy Sand	Friable	Dk Brown	None
10–20			Yellowish Brown / Light Yellowish Brown	
20–30	Fine to Coarse Sand			
30–40				
40–50				

Soil Classification	Slope	Limiting Factor	
5 Profile / B Condition	2 %	>48"	□ Ground Water □ Restrictive Layer □ Bedrock ■ Pit Depth

Dave Chapman — Site Evaluator Signature

293 — SE #

7/9/10 — Date

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form must be attached to an application (HHE-200) for any replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request and HHE-200 and may approve the Request if all of the following requirements are met.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 1906.0)
2. The replacement system is determined by the Site Evaluator to be the most practical method to treat and dispose of the wastewater.
3. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

GENERAL INFORMATION Town of *New Gloucester*

Permit No. 3276 Date Permit Issued _____

Property Owner's Name: *Paulette Chagnon* Tel. No.: *(207) 926-3679*

System's Location: *56 Highview Drive, New Gloucester, ME 04260*

Property Owner's Address: *Same*

(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. The Site Evaluator has considered the site/soil restrictions and has 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.

Paulette F Chagnon
SIGNATURE OF OWNER

_____
DATE

LOCAL PLUMBING INSPECTOR

I, Debra Parks Larrivee, 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 (☒ 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.

Comments: _____

Debra Parks Larrivee
LPI SIGNATURE

8-13-12
DATE

HHE-204 Rev 08/05

FORMS

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	80'	
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.

David Chapman
SITE EVALUATOR'S SIGNATURE

7/9/10
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