SurveyWorks, Incorporated
Land Use Consultants

RECEIVED
MAR 01 2006
TOWN OF
GREENE, ME

Memorandum

To: Randy Ray, Greene CEO, LPI

CC: David Smith

From: George Courbron

Date: 2/28/2006

Re: HHE-200 Forms dated September 9, 2005 for First Ave. – Greene

Tax Map Reference: Map 27, P/O Lot 6

I have enclosed a copy of the Setback Reduction Notification Form sent to the State of Maine, for David Smith for the property referenced above. Should you have any questions, please give me a call.

George

528 RIVER ROAD
GREENE, ME 04236-4103
PHONE: 207-946-4480
FAX: 207-946-4483

JOB NO. 05-0164

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 FAX (207) 287-3165

PROPERTY LOCATION

City, Town, or Plantation	GREENE
Street or Road	FIRST AVENUE
Subdivision Lot #	N/A

OWNER/APPLICANT INFORMATION

Name (last, first, MI): SMITH, DAVID ■ Owner ☐ Applicant

Mailing Address Of Owner Applicant	15 OLDE FARM LANE NORTH READING, MA 01864
Daytime Tel. #	(978)-500-4009

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 ____

» Caution: Permit Required - Attach in Space Below «

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.

Municipal Tax Map # 27 Block # - Lot # 6
TO BE COMPLETED BY APPLICANT

Caution: Inspection Required

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

(1st) Date Approved ____

(2nd) Date Approved ____

Local Plumbing Inspector's Signature ____

PERMIT INFORMATION

TYPE OF APPLICATION
- ☐ 1. First Time System
- ■ 2. Replacement System
  - Type Replaced: UNKNOWN
  - Year Installed: PRE 1974
- ☐ 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
20,000± ☐ sq. ft. ■ acres

SHORELAND ZONING
■ Yes ☐ No

DISPOSAL SYSTEM TO SERVE:
- ■ 1. Single Family Dwelling Unit, No. of Bedrooms: 3
- ☐ 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: PROPOSED

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
- ■ 1. Concrete
  - ■ a. Regular, or
  - ■ b. Low Profile (as required)
- ☐ 2. Plastic
- ☐ 3. Other ____

CAPACITY 1,000 gallons

DISPOSAL FIELD TYPE / SIZE
- ☐ 1. Stone Bed ☐ 2. Stone Trench
- ■ 3. Proprietary Device 1000 Sq.Ft.
  - ☐ a. Cluster Array ☐ c. Linear
  - ☐ b. Regular Load ☐ d. H-20 Load
- ☐ 4. Other ____

SIZE 200 ■ 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
270 gallons per day

BASED ON:
- ☐ 1. Table 501.1 (dwelling unit(s)
- ☐ 2. Table 501.2 (other facilities)

SHOW CALCULATIONS FOR OTHER FACILITIES-
- ☐ 3. Section 503.0 (meter readings)

ATTACH WATER-METER DATA

SOIL DATA & DESIGN CLASS

PROFILE	CONDITION	DESIGN
3	C	1

at Observation Hole # 1
Depth -18
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. 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

STATE OF MAINE
GEORGE A. COURBRON
#88
LICENSED SITE EVALUATOR

SITE EVALUATOR'S STATEMENT

I Certify that on 9-09-05 (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 State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature

88
SE #

GEORGE A. COURBRON RSV
Site Evaluator Name Printed

946-4480
Telephone #

9-09-05
Date

USE ONLY COPIES STAMPED WITH SITE EVALUATOR'S SEAL IN BLUE INK FOR CONSTRUCTION AND PERMITS

NOTE: Changes to or deviations from this design shall be confirmed by the Site Evaluator. 10 CMR 241 (October 1, 2002)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-3165

Town, City, Plantation: GREENE

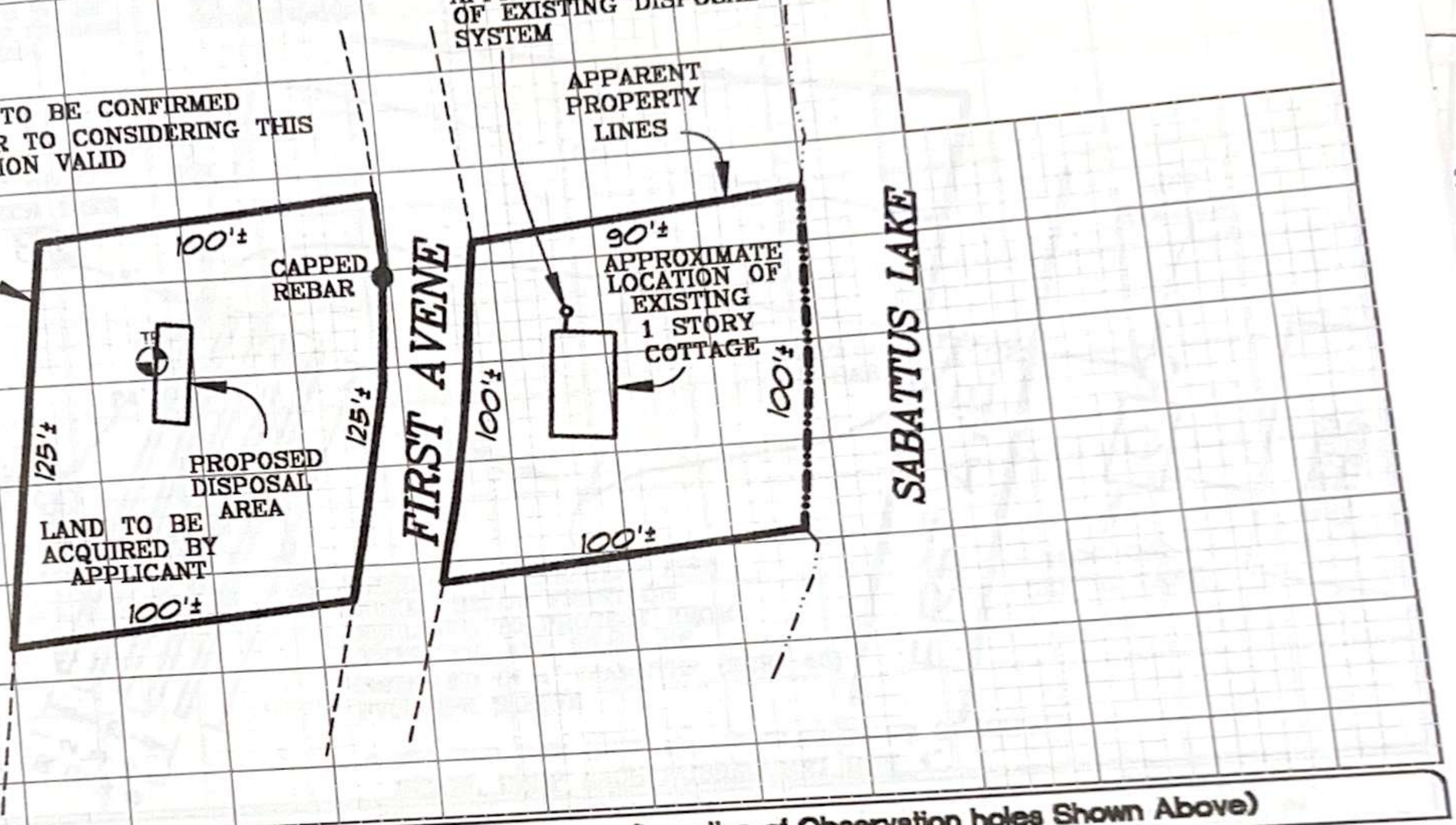
Street, Road, Subdivision Lot No.: FIRST AVENUE

Owner or Applicant Name: DAVID SMITH

SITE PLAN

Scale 1" = 60 Ft.

NOTE: LOCATION OF SEPTIC SYSTEM HAS BEEN SITED ON THE PROPERTY BASED UPON BOUNDARY LINE/PROPERTY INFORMATION PROVIDED BY OWNER OR OWNER'S AGENT. NO INDEPENDENT VERIFICATION OF BOUNDARY LINE LOCATIONS HAS BEEN MADE BY THIS SITE EVALUATOR. PROPERTY LINES SHOWN SHALL BE VERIFIED BY OWNER/INSTALLER PRIOR TO CONSTRUCTION OF SYSTEM. ANY DISCREPANCY FROM THAT SHOWN SHALL BE IMMEDIATELY BROUGHT TO THE ATTENTION OF THE DESIGN SITE EVALUATOR PRIOR TO BEGINNING ANY WORK.



SITE LOCATION PLAN

(Attach map from Maine Atlas for First Time System Variance)

SEE ATTACHED

SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation holes Shown Above)

Observation Hole No.: 1 — ☐ Test Pit ■ Boring — Depth of Organic Horizon Above Mineral Soil: "

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

	Texture	Consistency	Color	Mottling
0			BROWN	
6	FINE	FRIABLE	YELLOWISH BROWN	
12				
20	SANDY		OLIVE	
30	LOAM	FIRM	BROWN	
40				
50				

Soil Classification		Slope	Limiting Factor	
3	C	12	-18 "	■ Ground Water
Profile	Condition	Percent	Depth	☐ Restrictive Layer
				☐ Bedrock
				☐ Pit Depth

Observation Hole No.: _____ — ☐ Test Pit ☐ Boring — Depth of Organic Horizon Above Mineral Soil: "

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

	Texture	Consistency	Color	Mottling
0				
6				
12				
20				
30				
40				
50				

STATE OF MAINE
GEORGE A. COURBRON, JR.
#88
LICENSED SITE EVALUATOR

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

Site Evaluator Signature: Geo A Courbron — SE #: 88 — Date: 9-09-05

10 CMR 241 (October 1, 2002)

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 ... shall review the Replacement System Variance Request an HHE-200 and may ... met, and the variance(s) requested fall within the limits of ...

1. The proposed ...

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-3165

City, Plantation: KEENE

Street, Road, Subdivision Lot No.: FIRST AVENUE

Owner's Name: DAVID SMITH

SUBSURFACE WASTEWATER DISPOSAL PLAN

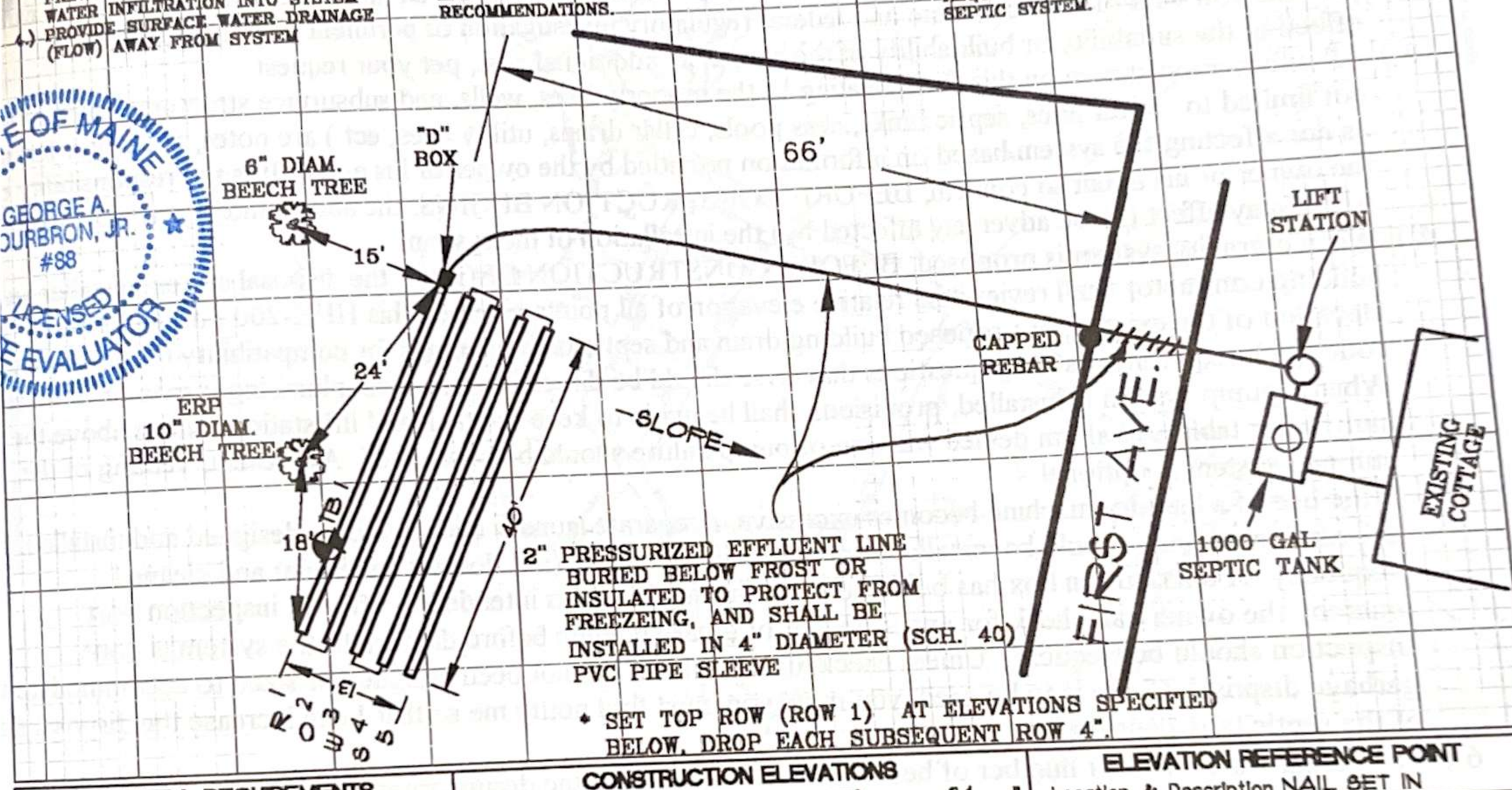
Scale 1" = 20 Ft.

NOTES:
1.) REFER TO GENERAL NOTES ON THE BACKSIDE OF THIS PAGE 24
2.) ALL DISTURBED AREAS AND FINISHED SURFACE SHALL BE LOAMED, SEEDED AND MULCHED TO PREVENT EROSION
3.) SEPTIC TANK SHALL BE SEALED TO PREVENT GROUND WATER OR SURFACE WATER INFILTRATION INTO SYSTEM
4.) PROVIDE SURFACE WATER DRAINAGE (FLOW) AWAY FROM SYSTEM

5.) MINIMUM SEPARATION DISTANCES:
A.) SEPTIC TANK FROM HOUSE 8 FEET
B.) SEPTIC TANK FROM WELL 100 FEET
C.) DISPOSAL FIELD FROM HOUSE 20 FEET
D.) DISPOSAL FIELD FROM WELL 100 FEET

6.) INSTALL 200 LINEAR FEET OF 10" "ENVIRO SEPTIC" LEACHING PIPE IN CONFIGURATION SHOWN AND AS PER MANUFACTURER'S INSTRUCTIONS AND RECOMMENDATIONS.

7.) THE OWNER OR APPLICANT MUST INVESTIGATE AND DETERMINE WHETHER OR NOT ADDITIONAL REQUIREMENTS MUST BE MET REGARDING OTHER BUILDING REGULATIONS (i.e. ZONING, BUILDING CODES, MINIMUM LOT SIZE, ETC.). IT IS ALSO THE OWNER/APPLICANTS RESPONSIBILITY TO OBTAIN ANY LOCAL, STATE OR FEDERAL PERMITS THAT MAY BE REQUIRED FOR INSTALLATION OF THIS SEPTIC SYSTEM.

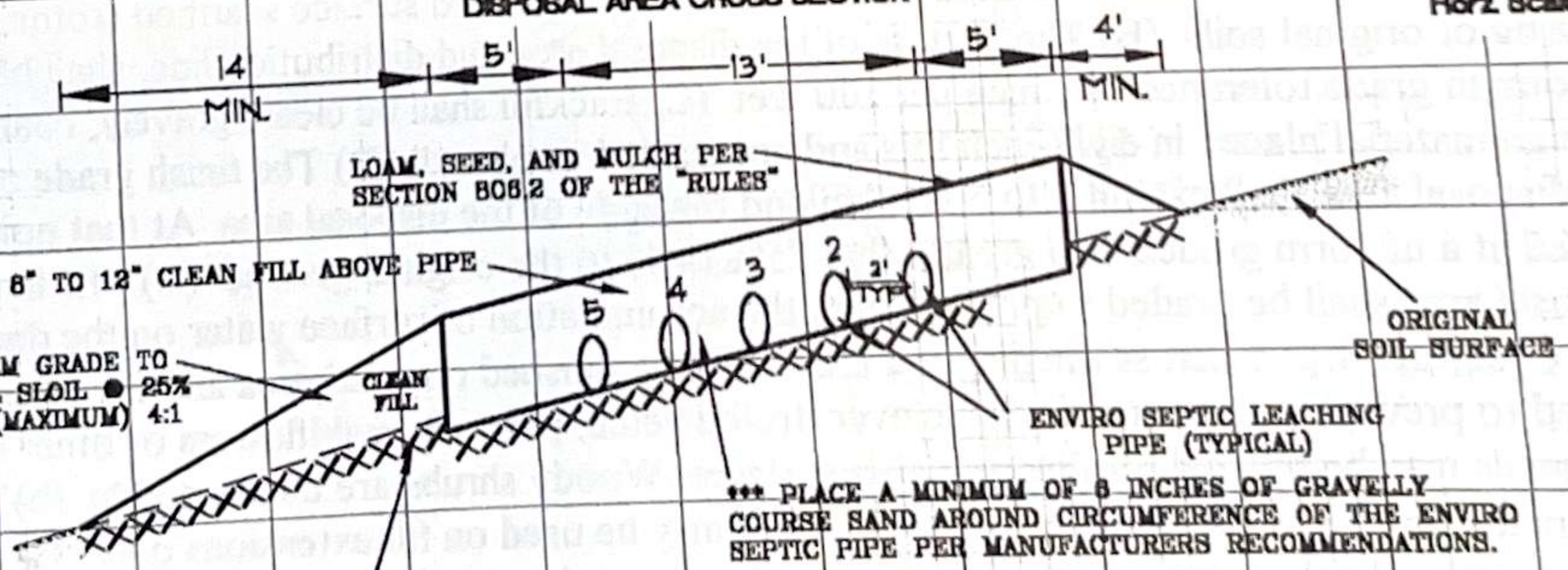


* SET TOP ROW (ROW 1) AT ELEVATIONS SPECIFIED BELOW, DROP EACH SUBSEQUENT ROW 4".

BACKFILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Backfill (upslope)	18 "	Finished Grade Elevation (ROW 1 ONLY)	-24 "	Location & Description NAIL SET IN 10" DIAM. BEECH TREE
Depth of Backfill (downslope)	21 "	Top of Distribution Pipe or Proprietary Device	-36 "	Reference Elevation is: 0 " or:
(Fill Depth May Vary Due To Uneven Ground Slope)		Bottom of Disposal Area	-48 "	

DISPOSAL AREA CROSS SECTION

Vert. Scale 1" = 5 Ft.
Horz. Scale 1" = 10 Ft.



*** PLACE A MINIMUM OF 6 INCHES OF GRAVELLY COURSE SAND AROUND CIRCUMFERENCE OF THE ENVIRO SEPTIC PIPE PER MANUFACTURERS RECOMMENDATIONS.

XXX DENOTES TRANSITION HORIZON: PLACE A MINIMUM OF 4" OF CLEAN FILL OVER ORIGINAL SOIL AND MIX (BY PLOWING, DISKING OR ROTOTILLING) INTO ORIGINAL SOIL PER SECTION 801.5 OF THE "RULES"

NOTES:
1.) USE ONLY CLEAN "GRAVELY COARSE SAND" BACKFILL MATERIAL, WHICH MEET THE BACKFILL STANDARDS OF SECTION 804.0 OF THE "RULES", FREE OF FOREIGN MATERIALS (ROOTS, LARGE ROCKS, ETC.) PLACED IN 8" LIFTS AND COMPACTED AS PLACED.

2.) REMOVE ALL ORGANIC MATERIALS (ROOTS, STUMPS, AND LARGE ROCKS) UNDER SYSTEM AND FILL EXTENSIONS AND PREPARE TRANSITION HORIZON BY PLACING A MINIMUM OF 4" OF CLEAN FILL OVER ORIGINAL SOIL AND MIX (BY PLOWING, DISKING OR ROTOTILLING) INTO ORIGINAL SOIL PER SECTION 801.5 OF THE "RULES".

STATE OF MAINE
GEORGE A. COURBRON, JR. #88
LICENSED SITE EVALUATOR

Site Evaluator Signature: [signature] | SE # 88 | Date 9-09-05

10 CMR 241 (October 1, 2002)

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. 2006)
2. There will be no change in use of the structure except as authorized for minor 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 GREENE

Permit No. _____ Date Permit Issued _____

Property Owner's Name: DAVID SMITH Tel. No.: (978) 500-4009

System's Location: FIRST AVENUE

Property Owner's Address: 15 OLDE FARM LANE

(if different from above) NORTH READING, MA 01864

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.

X _____ X 10-21-05

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 6/00

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
SOILS								
Soil Profile								
Soil Condition	Ground Water Table			to 7"			___ inches	
from HHE-200	Restrictive Layer			to 7"			___ inches	
SETBACK DISTANCES (in feet)	Bedrock			to 12"			___ inches	
	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 supply wells	300 ft [a]	300 ft [a]	300 ft [a]	100 ft [a]	100 ft [a]	100 ft [a]		
Owner's wells	100 down to 60 ft	200 down to 100 ft	300 down to 150 ft	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft		
Neighbor's wells	100 down to 60 ft [b]	200 down to 120 ft [b]	300 down to 180 ft [b]	100 down to 50 ft [b]	100 down to 75 ft [b]	100 down to 75 ft [b]		
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 major 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		80'
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		
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 ft [c]	18 down to 9 ft [c]	20 down to 10 ft [c]	10 down to 4 ft [c]	15 down to 7 ft [c]	20 down to 10 ft [c]		
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. May not be any closer to neighbor's well than the existing disposal field or septic tank unless written permission is granted by the neighbor.
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.

Matt Cowan — SITE EVALUATOR'S SIGNATURE

9/09/05 — 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

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

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1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 2006)
2. There will be no change in use of the structure except as authorized for minor 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 GREENE

Permit No. _____ Date Permit Issued _____

Property Owner's Name: DAVID SMITH Tel. No.: (978) 500-4009

System's Location: FIRST AVENUE

Property Owner's Address: 15 OLDE FARM LANE

(If different from above) NORTH READING, MA 01864

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.

X _____ SIGNATURE OF OWNER

X _____ 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 6/00

STEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-3165

Street, Road, Subdivision Lot No. | Owner or Applicant Name

CEMENT SYSTEM VARIANCE REQUEST

lacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
ILS								
l Profile	Ground Water Table			to 7"			—	inches
il Condition	Restrictive Layer			to 7"			—	inches
m HHE-200	Bedrock			to 12"			—	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 supply wells	300 ft [a]	300 ft [a]	300 ft [a]	100 ft [a]	100 ft [a]	100 ft [a]	—	—
Owner's wells	100 down to 60 ft	200 down to 100 ft	300 down to 150 ft	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft	—	—
Neighbor's wells	100 down to 60 ft [b]	200 down to 120 ft [b]	300 down to 180 ft [b]	100 down to 50 ft [b]	100 down to 75 ft [b]	100 down to 75 ft [b]	—	—
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 major 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	—	80'
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	—	—
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 ft [c]	18 down to 9 ft [c]	20 down to 10 ft [c]	10 down to 4 ft [c]	15 down to 7 ft [c]	20 down to 10 ft [c]	—	—
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. May not be any closer to neighbor's well than the existing disposal field or septic tank unless written permission is granted by the neighbor.
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.

SITE EVALUATOR'S SIGNATURE — DATE: 9/09/05

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision Lot No.
FIRST AVENUE

Owner or Applicant Name
DAVID SMITH

PLAN

Scale 1" = 60 FT.

SITE LOCATION PLAN
(Attach map from Maine Atlas for First Time System Variance)

mailed 12/27/05 - to state

SETBACK REDUCTION NOTIFICATION FORM

MAINE WATER WELL DRILLING COMMISSION
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF HEALTH ENGINEERING
11 STATE HOUSE STATION
AUGUSTA ME 04333-0011
(207) 287-5699 FAX (207) 287-4172 TDD (207) 287-5550

The Well Driller is required to submit a completed Setback Reduction Notification Form for all wells drilled less than 100 feet from a disposal field, or 60 feet from a septic tank, holding tank, or lift station.

COPY

PROPERTY OWNER David Smith

MAILING ADDRESS 15 Old Farm Lane
N. Reading MA 01864

WELL DRILLER Scott Hodgdon

WELL DRILLER REGISTRATION # 1067

WELL DRILLER ADDRESS P.O. Box 80
Mint ME 04358

LOCATION OF WELL:

STREET 61 1st AVE

CITY/TOWN Greene

MAINE GEOLOGICAL SURVEY - WATER WELL INFORMATION # 121494
(Number on information postcard mailed to MGS)

REASON WELL DRILLED UNDER SECTION 400.3 (check appropriate letter)

a. [✓] the size of the property is not sufficient to allow for the required setback; or
b. [ ] sufficient setbacks from other potential sources of contamination cannot be met; or
c. [ ] excessive slopes prohibit access; or
d. [ ] the location of permanent structures would result in unreasonable impacts or damage to the structures; or
e. [ ] the location of lakes, ponds, streams or wetlands prohibits meeting the required setback; or
f. [ ] the presence of bedrock at or within three vertical feet of the surface would result in unreasonable trenching requirements.
g. [ ] Other – Specialty Well – Date Approved by Commission _____

Property Owner Signature

Well Driller Signature

DESCRIPTION OF COMPLETED WELL CONSTRUCTION

Well Depth 160 Date Drilled (m/d/y) _____

Casing Length 100' Setback to Leachfield 66'

Depth to Bedrock 40' Setback to Septic Tank, Holding Tank, & Lift Station 60'

Length of Any Liners Installed n/a

Depth of Any Liner Seals Installed Bottom Seal n/a Top Seal n/a

ADDITIONAL COMMENTS: _____

Well Driller Signature

White Copy – Well Drillers Commission

Yellow Copy – Property Owner

PInk Copy – Well Driller

RECEIVED
AUG 11 2006
TOWN OF
GREENE, ME

Mr. David Smith
15 Olde Farm Lane
North Reading, Mass. 01864

August 8, 2006

Dear Mr. Smith,

This confirms today's telephone conversation, regarding the contractor's recent work at your 61 First Avenue, Greene, Maine property.

As mentioned, I have been requested by our First Avenue dwellers to bring the road deterioration matter to your attention. They are as follows:

- a new culvert installation has been depressed and dented.
- an older culvert which maintained constant water-flow, is now blocked by this heavy vehicular traffic.
- The roadway itself is in dire need of compact/gravel fill, since it has suffered from overbearing loads of trucking and the weight of the excavator/trailer. This has caused deep depressions throughout that will require the gravel fill to even road and retain its "crown" to offset erosion. It presently displays a "flat" altogether road surface.

Perhaps the most affected road area is from your 61 First Avenue start of property going down to the larger pine tree at the foot of the small hill. The portion of the hill itself, is quite concave due to heavy loads.

The completion of roadway work to bring it to its former state, will be an expense which neighbors do not which to defray. As private road residents, it would be an unfair demand to expense such repair.

We wish to continue in being "good neighbors" and ask that you review this matter with your contractor, since heavy construction equipment and number of daily earth loads have caused this condition. You may also contact Mr. Howard Levesque who is most familiar with the project and can verify our predicament. We thank you for your cooperation in this important matter which the residents seek to resolve.

Cordially,
Road Maintance Committee

Charles Peillet
59 First Ave.
Greene, Me. 04236
375-8675

Leroy Hunter
44 First Ave.
Greene, Me. 04236

Marc Theriault
61 Lake Shore Drive
Greene, Me. 04236

& WISH

REQUEST FOR PLANNING BOARD REVIEW

TOWN OF GREENE
220 MAIN STREET ~ PO BOX 510
GREENE, MAINE 04236-0510

Summary Information

* Name DAVID B. SMITH Phone # 978-500-4009

* Mailing Address
15 OLDE FARM LANE
NORTH READING MA 01864

Property Information (available at town office)

* Property Owner DAVID B. SMITH

* Street 61 First AVE * Tax Map # 27 Lot # 6

* Frontage 100' * Acre .25 # of dwelling units 1.

Brief description of project (feel free to use additional paper if necessary)
I HAVE PURCHASED ADDITIONAL LOT ACROSS A PRIVATE WAY (FIRST AVE) IN WHICH I PLAN TO RELOCATE MY SEPTIC SYSTEM AND ALSO DIG (DRILL) FOR A WELL. SO I AM ABLE TO USE PROPERTY YEAROUND

Signature of Applicant DBS Date 11-4-05

The Code Enforcement Officer will review all applications and forward them to the Planning Board. This application must be accompanied by a plot plan showing the setbacks from the sides, rear and front of the property.

For questions, please call RANDALL V. RAY (Code Enforcement Officer)
(207) 946-5146

Rev 6/00

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. 2006)
2. There will be no change in use of the structure except as authorized for minor 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

Permit No. _____ Town of GREENE

Property Owner's Name: DAVID SMITH Date Permit Issued _____

System's Location: FIRST AVENUE Tel. No.: (978) 500-4009

Property Owner's Address: 15 OLDE FARM LANE

(if different from above) NORTH READING, MA 01864

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.

X _____ X 10-21-05

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

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. 2006)
2. There will be no change in use of the structure except as authorized for minor 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 GREENE

Permit No. _____ Date Permit Issued _____

Property Owner's Name: DAVID SMITH Tel. No.: (978) 500-4009

System's Location: FIRST AVENUE

Property Owner's Address: 15 OLDE FARM LANE

(if different from above) NORTH READING, MA 01864

SPECIFIC INSTRUCTIONS TO THE:

LOCAL PLUMBING INSPECTOR (LPI):

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PROPERTY OWNER:

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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.

X _____ X 4-7-06

SIGNATURE OF OWNER DATE

LOCAL PLUMBING INSPECTOR

I, RANDALL RAY, 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:

_____

_____

Randall Ray 4-19-06

LPI SIGNATURE DATE

HHE-204 Rev 6/00

George A. Courbron

Rec'd 12/27/05 to state

SETBACK REDUCTION NOTIFICATION FORM

MAINE WATER WELL DRILLING COMMISSION
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF HEALTH ENGINEERING
11 STATE HOUSE STATION
AUGUSTA ME 04333-0011
(207) 287-5699 FAX (207) 287-4172 TDD (207) 287-5550

The Well Driller is required to submit a completed Setback Reduction Notification Form for all wells drilled less than 100 feet from a disposal field, or 60 feet from a septic tank, holding tank, or lift station.

PROPERTY OWNER David Smith WELL DRILLER Scott Hodgdon

MAILING ADDRESS 15 Old Farm Lane WELL DRILLER REGISTRATION # 0067

N. Reading MA 01864 WELL DRILLER ADDRESS P.O. Box 80

Minot ME 04258

LOCATION OF WELL:

STREET 61 1st Ave CITY/TOWN Greene

MAINE GEOLOGICAL SURVEY - WATER WELL INFORMATION # 121494
(Number on information postcard mailed to MGS)

5 Dorey Rd
528 Fiddlers Rd
Greene 04236

REASON WELL DRILLED UNDER SECTION 400.3 (check appropriate letter)

a. [✓] the size of the property is not sufficient to allow for the required setback; or
b. [ ] sufficient setbacks from other potential sources of contamination cannot be met; or
c. [ ] excessive slopes prohibit access; or
d. [ ] the location of permanent structures would result in unreasonable impacts or damage to the structures; or
e. [ ] the location of lakes, ponds, streams or wetlands prohibits meeting the required setback; or
f. [ ] the presence of bedrock at or within three vertical feet of the surface would result in unreasonable trenching requirements.
g. [ ] Other – Specialty Well – Date Approved by Commission _____

DLB

Property Owner Signature

Well Driller Signature

DESCRIPTION OF COMPLETED WELL CONSTRUCTION

Well Depth 160 Date Drilled (m/d/y) _____

Casing Length 100' Setback to Leachfield 66'

Depth to Bedrock 40' Setback to Septic Tank, Holding Tank, & Lift Station 60+

Length of Any Liners Installed n/a

Depth of Any Liner Seals Installed Bottom Seal n/a Top Seal n/a

ADDITIONAL COMMENTS: _____

Well Driller Signature

White Copy – Well Drillers Commission Yellow Copy – Property Owner PInk Copy – Well Driller

George A. Courbron

JOB NO. 05-0164

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 FAX (207) 287-3165

PROPERTY LOCATION

y, Town, Plantation	GREENE
reet or Road	FIRST AVENUE
ubdivision Lot #	N/A

» Caution: Permit Required – Attach in Space Below «

GREENE PERMIT # 2206 TOWN COPY

Date Permit Issued: 4/19/06 $ 112.00 ☐ If Double Fee Charged FEE

Randall Ray L.P.I. # 1033
Local Plumbing Inspector Signature

OWNER/APPLICANT INFORMATION

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

Mailing Address Of Owner Applicant	15 OLDE FARM LANE NORTH READING, MA 01864
Daytime Tel. #	(978)-500-4009

Municipal Tax Map # 27 Block # - Lot # 6
TO BE COMPLETED BY APPLICANT

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: 4-7-06

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's Signature — (1st) Date Approved — (2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION

- ☐ 1. First Time System
- ■ 2. Replacement System
  - Type Replaced: UNKNOWN
  - Year Installed: PRE 1974
- ☐ 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

20,000± ☐ sq. ft. ■ acres

SHORELAND ZONING

■ Yes ☐ No

DISPOSAL SYSTEM TO SERVE:

- ■ 1. Single Family Dwelling Unit, No. of Bedrooms: 3
- ☐ 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: EXISTING

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- ■ 1. Concrete
  - ■ a. Regular, or
  - ■ b. Low Profile (as required)
- ☐ 2. Plastic
- ☐ 3. Other _____

CAPACITY 1,000 gallons

DISPOSAL FIELD TYPE / SIZE

- ☐ 1. Stone Bed ☐ 2. Stone Trench
- ■ 3. Proprietary Device 1000 Sq.Ft.
  - ☐ a. Cluster Array ☐ c. Linear
  - ☐ b. Regular Load ☐ d. H-20 Load
- ☐ 4. Other _____

SIZE 200 ■ 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

270 gallons per day

BASED ON:

- ☐ 1. Table 501.1 (dwelling unit(s)
- ☐ 2. Table 501.2 (other facilities)

SHOW CALCULATIONS
-FOR OTHER FACILITIES-

- ☐ 3. Section 503.0 (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE / CONDITION / DESIGN
3 / C / 1
at Observation Hole # 1
Depth -18
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. 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

SITE EVALUATOR'S STATEMENT

I Certify that on 9-09-05 (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 State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature — 88 SE # — REVISED 4/3/6 — 9-09-05 Date

GEORGE A. COURBRON RSV
Site Evaluator Name Printed — 946-4480 Telephone #

STATE OF MAINE #88 LICENSED SITE EVALUATOR

USE ONLY COPIES STAMPED WITH SITE EVALUATOR'S SEAL IN BLUE INK FOR CONSTRUCTION AND PERMITS

NOTE: Changes to or deviations from this design shall be confirmed by the Site Evaluator. 10 CMR 241 (October 1, 2002)

George A. Courbron
Septic Site Evaluator

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-3165

Town, City, Plantation: GREENE

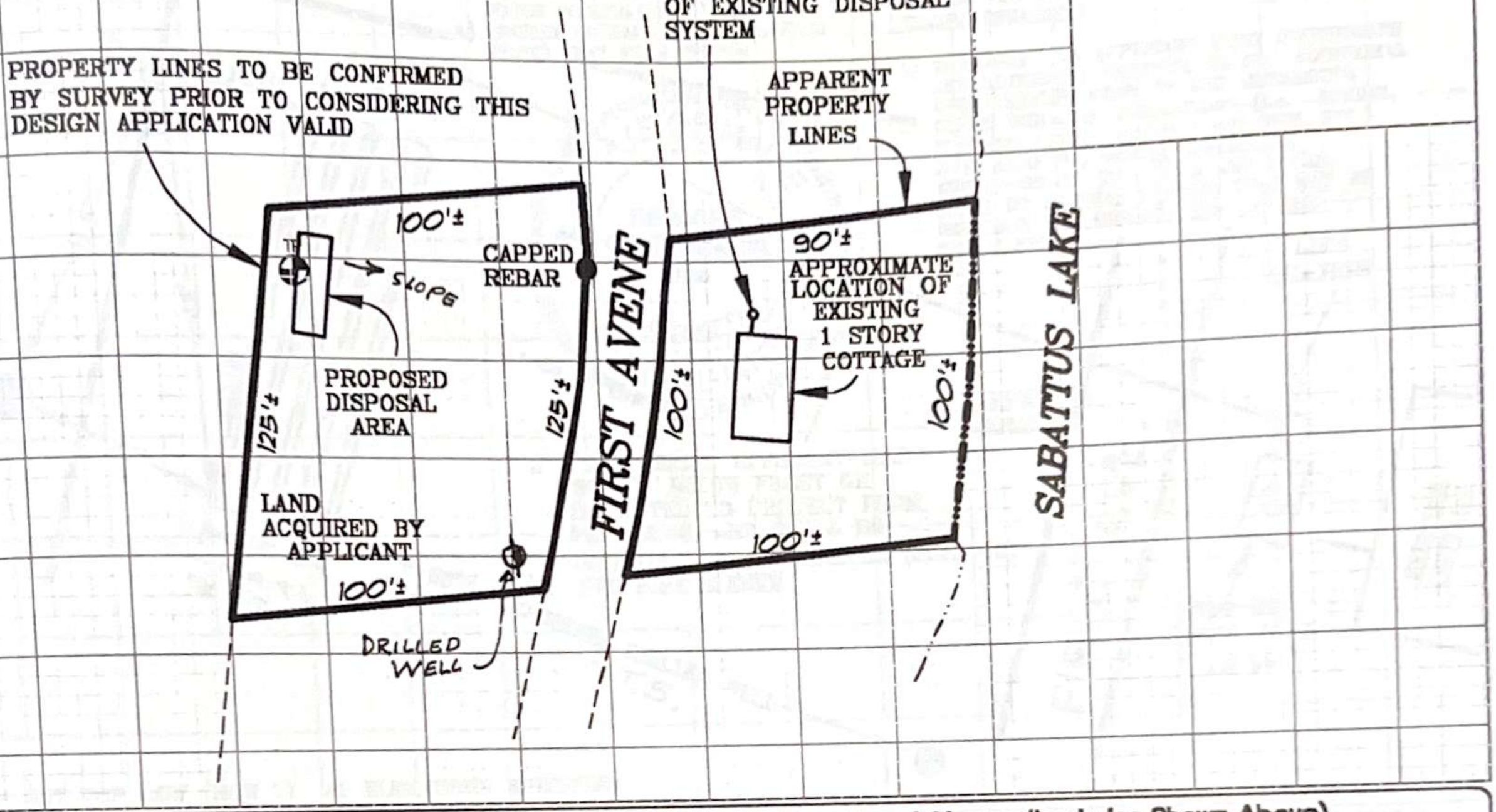
Street, Road, Subdivision Lot No.: FIRST AVENUE

Owner or Applicant Name: DAVID SMITH

SITE PLAN

Scale 1" = 60 FT

NOTE: LOCATION OF SEPTIC SYSTEM HAS BEEN SITED ON THE PROPERTY BASED UPON BOUNDARY LINE/PROPERTY INFORMATION PROVIDED BY OWNER OR OWNER'S AGENT. NO INDEPENDENT VERIFICATION OF BOUNDARY LINE LOCATIONS HAS BEEN MADE BY THIS SITE EVALUATOR. PROPERTY LINES SHOWN SHALL BE VERIFIED BY OWNER/INSTALLER PRIOR TO CONSTRUCTION OF SYSTEM. ANY DISCREPANCY FROM THAT SHOWN SHALL BE IMMEDIATELY BROUGHT TO THE ATTENTION OF THE DESIGN SITE EVALUATOR PRIOR TO BEGINNING ANY WORK.



SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation holes Shown Above)

Observation Hole No. TB 1 ☐ Test Pit ■ Boring

1" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

	Texture	Consistency	Color	Mottling
0			BROWN	
6	FINE	FRIABLE	YELLOWISH BROWN	
12				
20	SANDY		OLIVE	
30	LOAM	FIRM	BROWN	
40				
50				

Soil Classification		Slope	Limiting Factor	
3	C	12	-18"	■ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth
Profile	Condition	Percent	Depth	

Observation Hole No. _____ ☐ Test Pit ☐ Boring

" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

	Texture	Consistency	Color	Mottling
0				
6				
12				
20				
30				
40				
50				

STATE OF MAINE — GEORGE A. COURBRON, JR. #88 — LICENSED SITE EVALUATOR

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

SITE LOCATION PLAN

(Attach map from Maine Atlas for First Time System Variance)

SEE ATTACHED

Site Evaluator Signature

88
SE #

9-09-05
Date REVISED 4/3/06

10 CMR 241 (October 1, 2002)