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	Eliot
Street or Road	1795 State Rd
Subdivision, Lot #	

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	Cote, Heather ☒ Owner ☒ Applicant
Mailing Address of Owner/Applicant	1795 State Rd Eliot ME 03903
Daytime Tel. #	207 475-5359

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.

Heather Cote — Signature of Owner or Applicant — 5/2/14 Date

STATE 3273 <<REQUIRED>>

Town of Eliot 25

Town/ DATE ISSUED 5-5-14 FEE 345

Date f TOWN 225 DHHS 75 DEP 15

LPI SIGNATURE Brian S. Shaw LPI# 325

Local Plumbing Inspector Signature 62.50 187.50

Double Fee Charged [ ]

P.I. # _____

☐ Owner ☐ Town ☐ State

The Subsurface Wastewater Disposal System ***shall not*** be installed until a Permit is issued 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 # 61 Lot # 23

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

_____ Local Plumbing Inspector Signature _____ (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

☐ 1. First Time System
☒ 2. Replacement System
Type replaced: Crushed stone
Year installed: Unknown
☐ 3. Expanded System
☐ a. <25% Expansion
☐ b. ≥25% 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

± 0.4 ☐ 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

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. Concrete
☒ a. Regular existing
☐ b. Low Profile
2. Plastic
3. Other: _____
CAPACITY: 1000 GAL.
inspect baffles

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: 900 ☒ 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 4A (dwelling unit(s))
☐ 2. Table 4C (other facilities)
SHOW CALCULATIONS for other facilities

SOIL DATA & DESIGN CLASS

PROFILE CONDITION
3 / C
Observation Hole # TP 1
Depth 34"
Most Limiting Soil Factor

DISPOSAL FIELD SIZING

☐ 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

☐ 3. Section 4G (meter readings)
ATTACH WATER METER DATA

LATITUDE AND LONGITUDE
at center of disposal area
43° 08.992N
70° 48.944W
if g.p.s., state margin of error: 10m

SITE EVALUATOR STATEMENT

I certify that on 04-09-14 (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).

Site Evaluator Signature	SE #	Date
	219	04-14-14

Site Evaluator Name Printed	Telephone Number	E-mail Address
MICHAEL MARIANO	603 692-4457	highlandsoilservices@comcast.net

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

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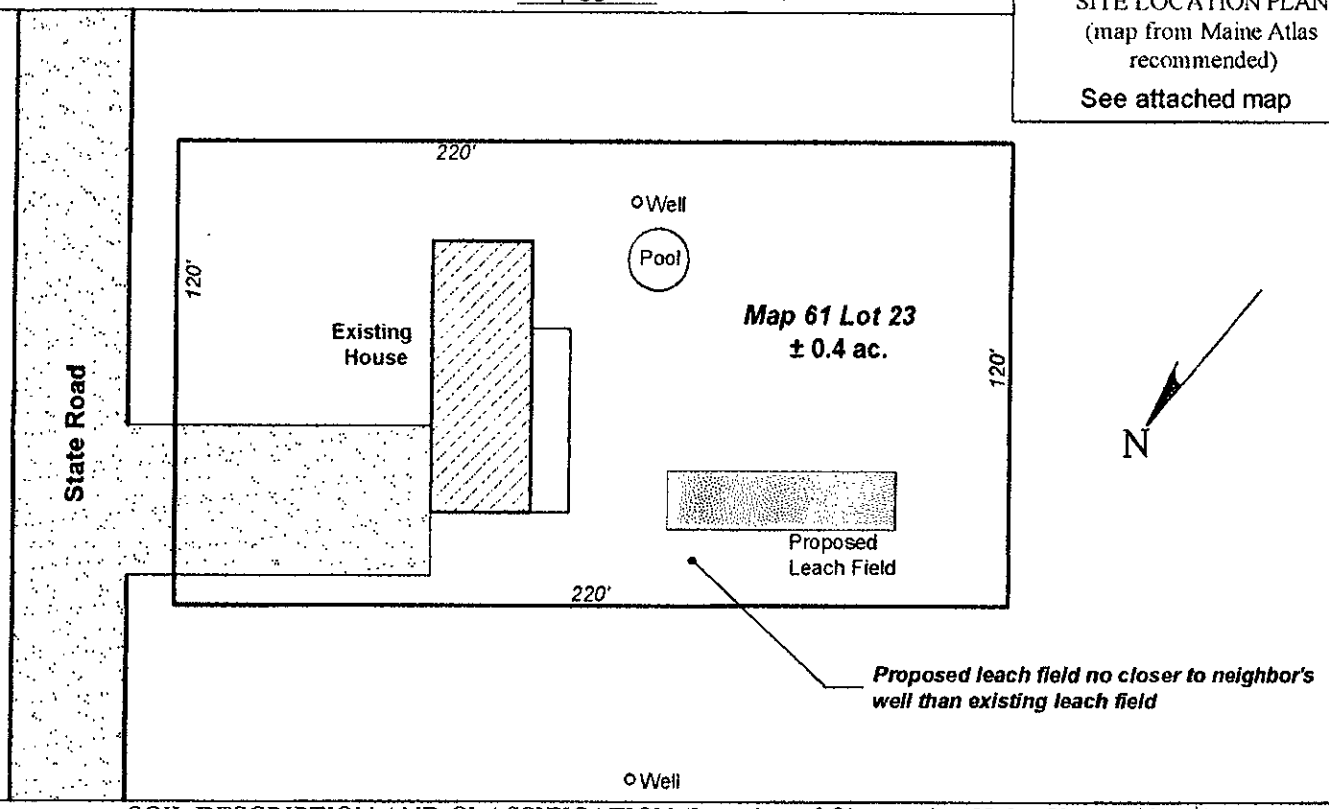
Division of Health Engineering
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
Eliot	1795 State Rd	Heather Cote

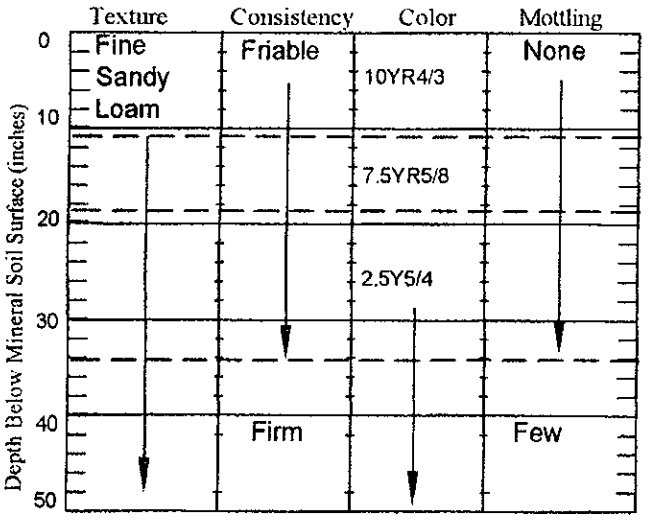
SITE PLAN Scale 1" = +/-50 ft. or as shown

SITE LOCATION PLAN
(map from Maine Atlas recommended)
See attached map



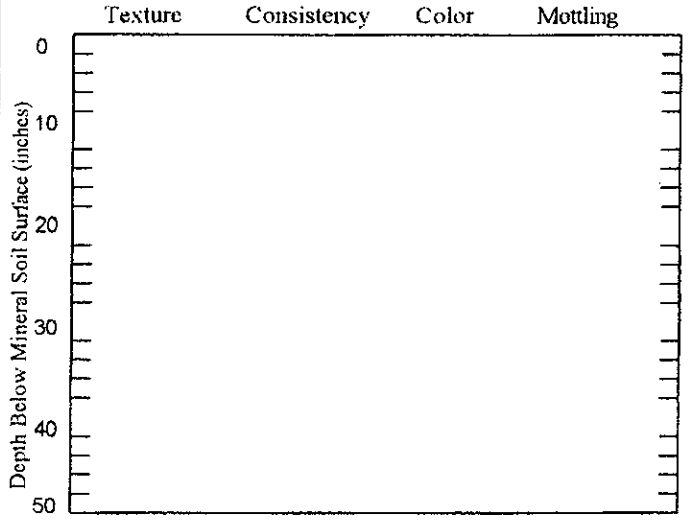
SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole TP1 ■ Test Pit ☐ Boring
_____" Depth of Organic Horizon Above Mineral Soil



Soil Classification	Slope	Limiting Factor	
3 C Profile Condition	7 %	34 "	[ ] Ground Water [X] Restrictive Layer [ ] Bedrock at 48" [ ] Pit Depth

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



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

Site Evaluator Signature | 219 SE # | 04-14-14 Date

Revised 04-23-14
15' x 60' leach field

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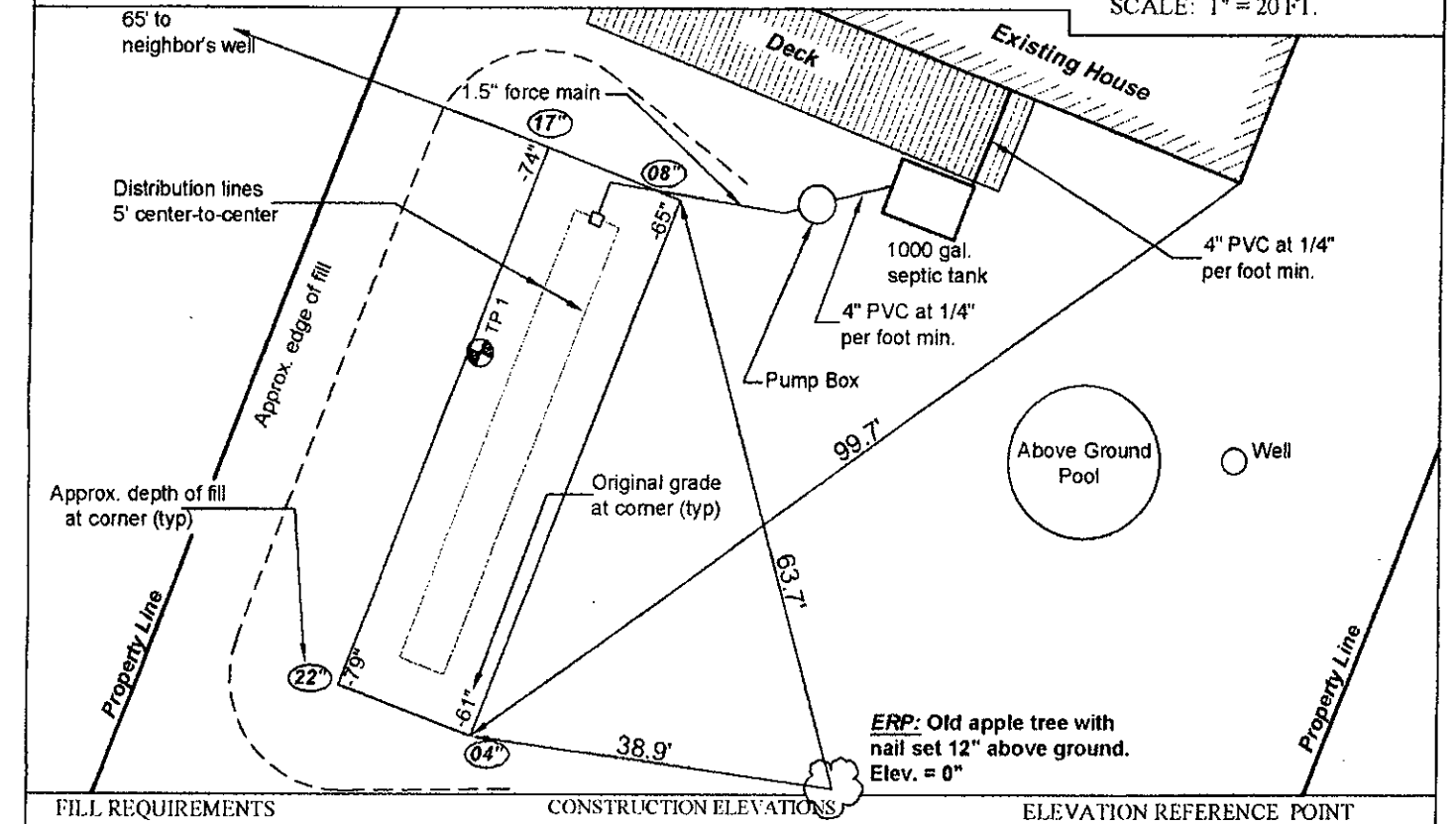
Eliot	1795 State Rd	Heather Cote

SUBSURFACE WASTEWATER DISPOSAL PLAN

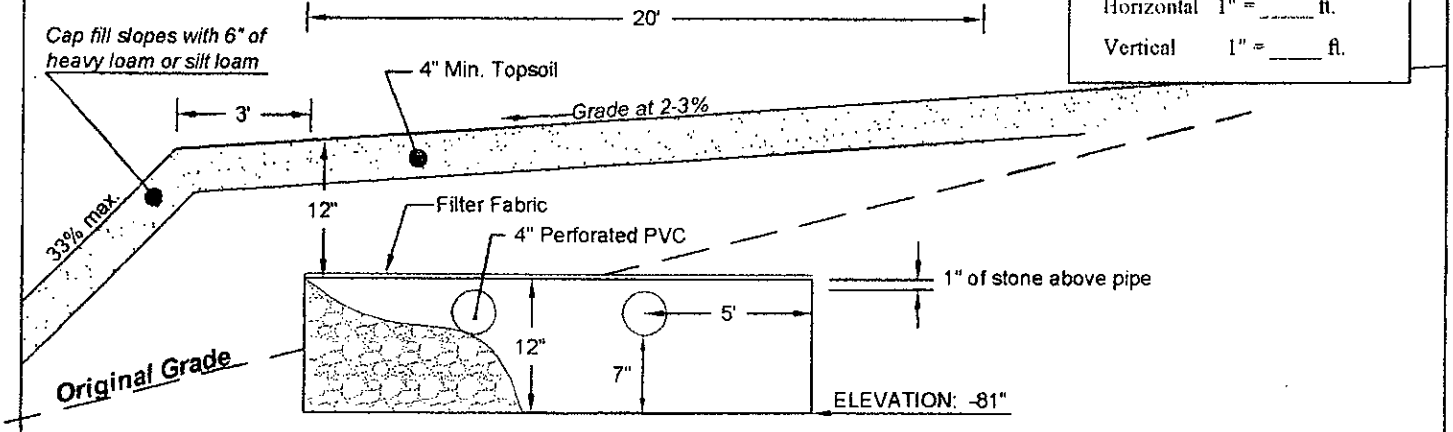
SCALE: 1" = 20 FT.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope) Avg. 6"	Finished Grade Elevation	-57"	Location & Description: Old apple tree with nail 12" above the ground
Depth of Fill (Downslope) Avg 20"	Top of Distribution Pipe or Proprietary Device	-70"	Reference Elevation: 0"
	Bottom of Disposal Area	-81"	

DISPOSAL AREA CROSS SECTION
at d-box

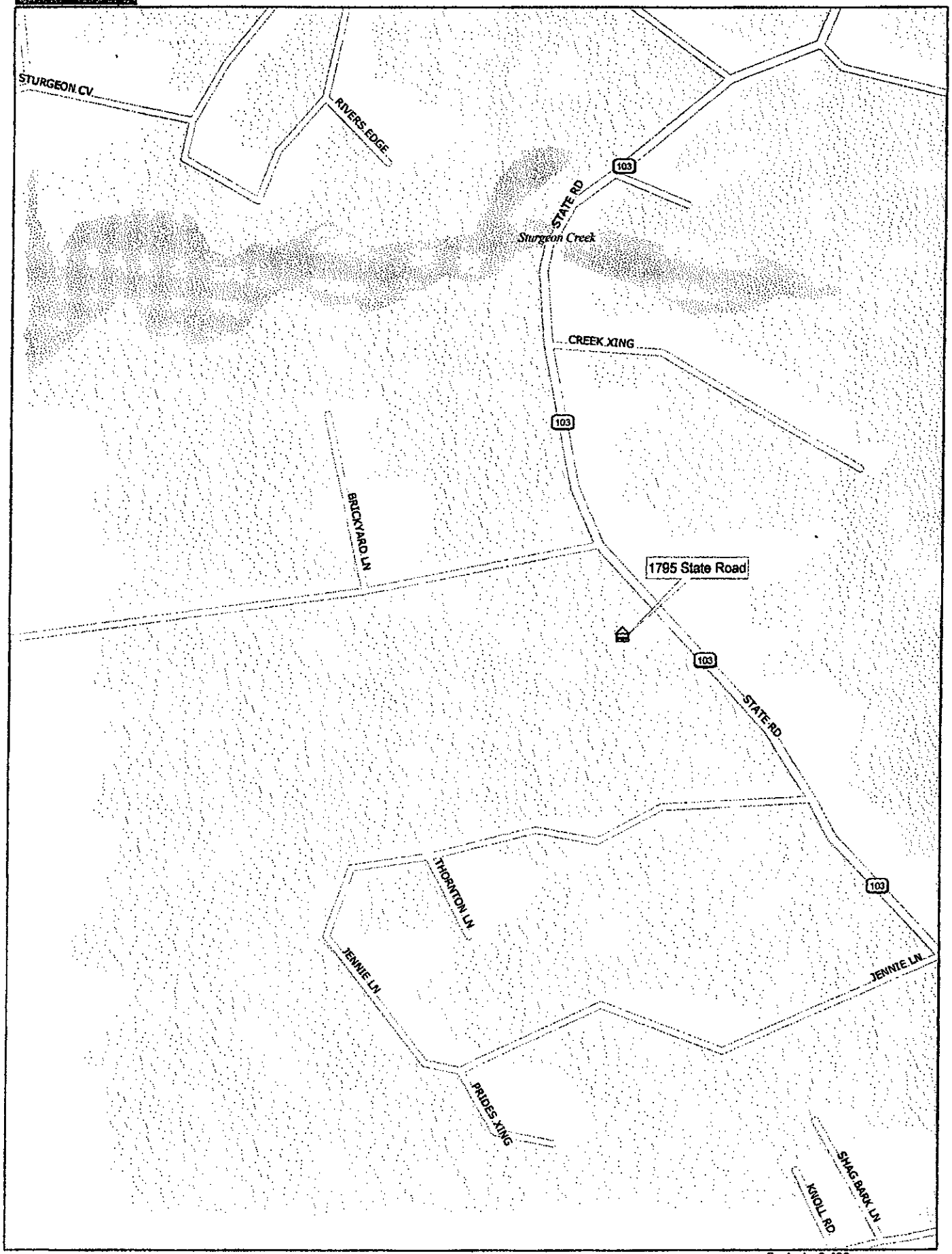
Scale N.T.S
Horizontal 1" = ____ ft.
Vertical 1" = ____ ft.



Remove topsoil & excavate to Elev. -81".
Rototill or scarify ground
2 distribution lines, each 50' long, laid level in a closed continuous network
Clean crushed stone shall be a uniform size between 3/4" and 2"

Cover: Grass, seeded and mulched
Herbaceous perennials
No trees or shrubs over leach field

Site Evaluator Signature	SE #	Date	Revised 04-23-14 15' x 60' leach field	Page 3 of 3 HHE-200 Rev. 8/01
	219	04-14-14		



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TN

MN (16.1°W)

Scale 1 : 6,400

0 160 320 640 720 800 ft

0 40 80 120 160 200 m

1" = 533.3 ft

Data Zoom 15-0

Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services
Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Department of Health and Human Services
Maine Center for Disease Control and Prevention
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11 State House Station
Augusta, Maine 04333-0011
Tel. (207) 287-8016
Fax (207) 287-9058; TTY (800) 606-0215

Tel. (207) 287-5672 Subsurface Wastewater Unit Fax (207) 287-4172

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION Town of Eliot

Property Owner's Name: Heather Cote Tel. No.: 207 475-5359

System's Location: 1795 State Rd

Property Owner's Address: Same Zip Code 03903

e-mail address:

The subsurface wastewater disposal system design for the subject property requires a x replacement system variance ☐ first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires ☐x local approval local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.) **SECTION OF RULE**

1. 65' from leach field to owner's well — Table 8A
2. 65' from leach field to neighbor's well — Table 8A
3. 37' from septic tank to well ----- 33% fill slopes where needed — Table 8A

SITE EVALUATOR

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

Leach field situated between wells to maximize setbacks. Existing leach field appears to be a little closer to neighbor's well than the proposed leach field.

I, Michael Mariano, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

SIGNATURE OF SITE EVALUATOR — DATE: 04-14-14

PROPERTY OWNER

I, Heather Cote, am the ☒ owner ☐ agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with 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 OF OWNER
☐ AGENT FOR THE OWNER — DATE

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all variance requests prior to rendering a decision.
I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☐ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☐ do ☐ do not) approve the requested variance. I (☐ will ☐ will not) issue a permit for the system's installation as proposed by the application.

_____ _____
LPI Signature Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.
I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☐ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☐ do ☐ do not) recommend the issuance of a permit for the system's installation as proposed by the application.

_____ _____
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.

_____ _____
SIGNATURE OF THE DEPARTMENT DATE

Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)

2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
	TOTAL POINT ASSESSMENT:	

Minimum Points (Check One): ☐ Outside Shoreland Zone-50 ☐ Inside Shoreland Zone-65 ☐ Subdivision-65