

12-1D

Town

30000 0180

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. Environmental Health, 115HS
(207) 287-2070 Fax: (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	MILBRIDGE	Town/City	Milbridge Permit # 860
Street or Road	336 RAY POINT ROAD	Date Permit Issued	8/9/19 Fee: \$150 Double Fee Charged <input type="checkbox"/>
Subdivision, Lot #		Local Plumbing Inspector Signature	Charles P. Peterson LPI # 2196

OWNER/APPLICANT INFORMATION		Fee: \$ _____ state min fee \$ _____ Locally adopted fee _____	
Name (last, first, MI)	LAFRANCE JOSEPH <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	Copy: <input type="checkbox"/> Owner <input type="checkbox"/> Town <input checked="" type="checkbox"/> State	
Mailing Address of Owner/Applicant	74 GRANDVIEW ROAD ELLSWORTH, ME	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.	
Daytime Tel. #	667-7719	Municipal Tax Map #	Lot #

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: Joseph LaFrance Date: 6-7-19	CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	Signature of Local Plumbing Inspector: Charles P. Peterson Date: 9-18-19 (1st) date approved
---	---	---	--

PERMIT INFORMATION		
TYPE OF APPLICATION 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: CEMENT CHANGING Year installed: 1970 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 .66 ACRES	DISPOSAL SYSTEM TO SERVE 1. Single Family Dwelling Unit, No. of Bedrooms: 2 2. Multiple Family Dwelling, No. of Units: _____ 3. Other: _____ (specify) Current Use Seasonal Year Round Undeveloped	TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> 1. Drilled Well 2. Dug Well 3. Private 4. Public 5. Other
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)	

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete a. Regular b. Low Profile 2. Plastic 3. Other: CAPACITY: 1000 GAL ADD FILTER	DISPOSAL FIELD TYPE & SIZE 1. Stone Bed 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device a. cluster array c. Linear b. regular load d. H-20 load 4. Other: SIZE: 924 sq. ft. 12ft	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 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 180 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: 91D at Observation Hole # TP2 Depth: 2' of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 1. Medium—2.6 sq. ft. / gpd 2. Medium—Large 3.3 sq. ft. / gpd 3. Large—4.1 sq. ft. / gpd <input checked="" type="checkbox"/> 4. Extra Large—5.0 sq. ft. / gpd	EFFLUENT/JECTOR PUMP <input checked="" type="checkbox"/> 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: 44 d 33 m 37.8 s Lon: 67 d 49 m 40.8 s if g.p.s. state margin of error: ±33'

SITE EVALUATOR STATEMENT

I certify that on 6/3/2019 (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).

Signature: James E. Sonns Site Evaluator Signature
SE #: 269
Date: 6/3/19

JAMES E. SONNS Site Evaluator Name Printed
207-469-3627 Telephone Number
JSONNS@ROADRUNNER.com E-mail Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

MILBRIDGE

Street, Road, Subdivision

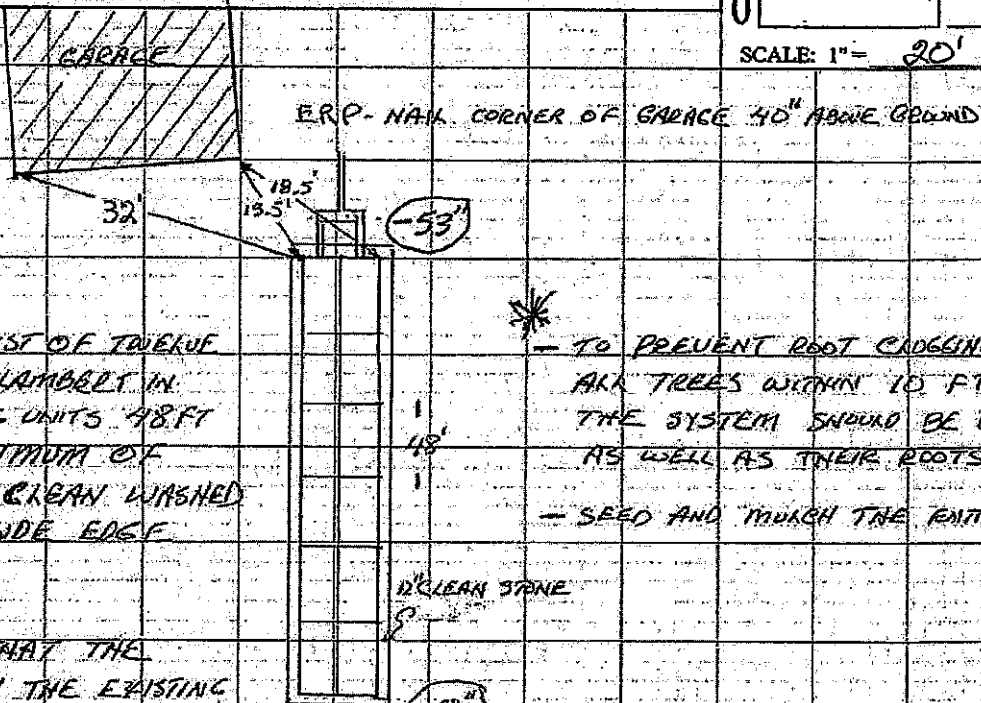
336 RAY POINT ROAD

Owner's Name

LAFRANCE, JOSEPH

SUBSURFACE WASTEWATER DISPOSAL PLAN

0
SCALE: 1" = 20' FT.



SYSTEM TO CONSIST OF TWO ROWS OF 4' X 8' CEMENT CHAMBERS IN TWO ROWS OF 6 UNITS 48' IN LENGTH. MINIMUM OF 12 INCHES OF CLEAN WASHED STONE ON OUTSIDE EDGE OF CHAMBERS

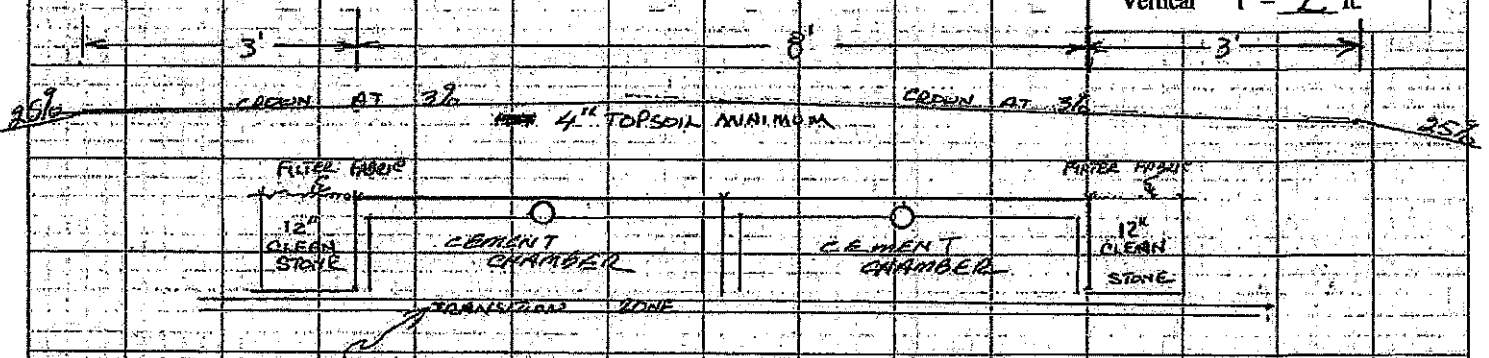
- TO PREVENT ROOT CROSSING - ALL TREES WITHIN 10 FT OF THE SYSTEM SHOULD BE REMOVED AS WELL AS THEIR ROOTS
- SEED AND MULCH THE ENTIRE AREA

IT IS CRITICAL THAT THE SOIL UNDER NEATH THE EXISTING PAVED CHAMBERS BE REMOVED AND REPLACED WITH CLEAN FILL OF GRAVELLY COARSE SAND < 20% PASSING # 60 SIEVE

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
REPLACEMENT CHAMBERS SAME ELEVATION AS ORIGINAL CHAMBERS	Finished Grade Elevation	-65"	Location & Description: NAIL CORNER OF GARAGE 40" ABOVE GROUND	Reference Elevation:	0
Depth of Fill (Upslope)	Top of Disposal Area or Proprietary Device	-77"			
Depth of Fill (Downslope)	Bottom of Disposal Area	-90"			

DISPOSAL AREA CROSS SECTION

Scale
Horizontal 1" = 2 ft.
Vertical 1" = 2 ft.



- MIX 4" OF BACKFILL INTO SOIL TO FORM A TRANSITION ZONE
- ALL BACKFILL MUST BE GRAVELLY COARSE SAND < 20% PASSING # 60 SIEVE.

James E. [Signature] 269 6/3/19



Maine Center for Disease
Control and Prevention
An Office of the
Department of Health and Human Services

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-2070
Fax: (207) 287-4172; TTY: 1-800-606-0215

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 <u>MILBRIDGE</u>
Property Owner's Name:	<u>JOSEPH LA FRANCE</u>	Tel. No.: <u>667-7719</u>
System's Location:	<u>336 RAY POINT ROAD</u>	
Property Owner's Address:	<u>74 GRANDVIEW ROAD, ELLSWORTH</u> Zip Code <u>04605</u>	
e-mail address:	<u>None</u>	

The subsurface wastewater disposal system design for the subject property requires a replacement system variance first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires 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. <u>45 FT EDGE OF EXISTING + REPLACEMENT SYSTEM TO</u>	<u>TABLE 8A</u>
2. <u>FRAT BAY.</u>	
3. _____	
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.	
<u>EXISTING 12 UNIT CEMENT CHAMBER SYSTEM INSTALLED 1979. SYSTEM ACCORDING TO OWNER IS WORKING BUT INSPECTION REVEALED COMPLETELY ROOT CLOGGED. SMALL LOT AND THIS IS ONLY PLACE A SYSTEM CAN GO. ORIGINAL SOILS SILT LOAM #9D DESIGN IS EXTRA LARGE. CHAMBER ELEVATION SAME TO MAINTAIN GRAVITY FEED.</u>	
I, <u>JAMES E. SOHNS</u> , 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.	
<u>[Signature]</u> SIGNATURE OF SITE EVALUATOR	<u>6/3/19</u> DATE

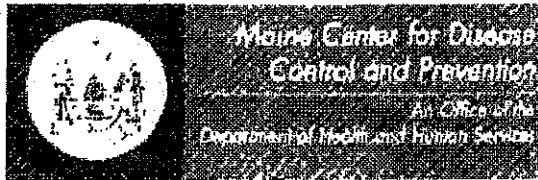
PROPERTY OWNER
I, <u>Joseph D. LaFrance</u> , am the <input checked="" type="checkbox"/> owner <input type="checkbox"/> agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, 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.

Joseph O. Franco

6-7-19

• SIGNATURE OF OWNER
• AGENT FOR THE OWNER

DATE



Department of Health and Human Services
Maine Center for Disease Control and Prevention
280 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-2070
Fax: (207) 287-4172; TTY: 1-800-606-0215

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, Charles S. Peterson, 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 ~~not~~) approve the requested variance. I (will ~~not~~) issue a permit for the system's installation as proposed by the application.

Charles S. Peterson
LPI Signature

6-11-19
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, Charles S. Peterson, 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 ~~not~~) recommend the issuance of a permit for the system's installation as proposed by the application.

Charles S. Peterson
LPI Signature

6-11-19
Date

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (does ~~not~~) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

Brian Jordan
SIGNATURE OF THE DEPARTMENT

6/19/19
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

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

June 14 2019

Town of Milbridge
Charles Peterson
18 School Street
PO Box 66
Milbridge, Maine 04658

Subject: Approval Replacement System Variance Request, Joseph LaFrance Property, 336 Ray Point Road, Milbridge, Maine. Mailing Address Of: 74 Grandview Road, Ellsworth, Maine, 04605.

Charles;

We have completed our review of an HHE-200 form from James Sohns, SE# 269 on 06-03-2019 for the property at 336 Ray Point Road, Milbridge, Maine. The design is a disposal field only for a 2-bedroom dwelling and a existing 1000 gallon septic tank with the addition of an outlet filter.

The variance requested which is not within the LPI's authority is from the disposal field to a major water course of 45 feet which is no closer than the existing disposal field.

The variances requested that is within the LPI's authority is none.

The variance request has been submitted because topography and existing development limit the potential of the system location.

The system design prepared by James Sohns, SE# 269 on 06-03-2019 is otherwise found to be in compliance with the Maine Subsurface Wastewater Disposal Rules.

We approve the local requested variance with the following requirements:

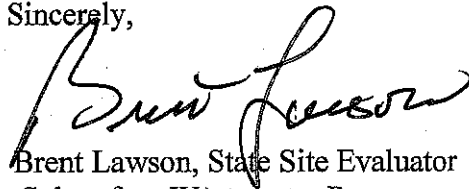
1. A permit for system installation is to be obtained from the Local Plumbing Inspector in advance of the start of system construction.
2. The system is to be installed in accordance with the submitted and approved system design. Should alterations to the design be required at the time of construction, the site evaluator is to be notified prior to making any changes.
3. The contractor is to scarify the soils under the fill extensions to create a transitional zone more compatible with the disposal field area.

By accepting this approval and the associated plumbing permit, the owner agrees to comply fully with the conditions of approval and the Subsurface Wastewater Rules.

Because installation and owner maintenance has a significant effect on the working order of onsite sewage disposal systems, including their components, the Division makes no representation or guarantee as to the efficiency and/or operation of the system.

Should you or others have any questions, please feel free to contact me at 592-7376.

Sincerely,



Brent Lawson, State Site Evaluator
Subsurface Wastewater Program
Division of Environmental Health
e-mail: brent.lawson@maine.gov

/BML

xc: File

Joseph LaFrance; Owner/Applicant.

James Sohns: SE