

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
 Div. Environmental Health, 11SHS  
 (207) 287-2070 Fax: (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation		Town/City _____	Permit # _____
Street or Road		Date Permit Issued: ___/___/___	Fee: \$ _____ Double Fee Charged [ ]
Subdivision, Lot #		L.P.I. # _____	
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature	
Name (last, first, MI) _____		Fee: \$ _____ state min fee \$ _____ Locally adopted fee	
Owner Applicant		Copy: [ ] Owner [ ] Town [ ] State	
Mailing Address of Owner/Applicant		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. #		Municipal Tax Map # _____ Lot # _____	
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. _____ (1st) date approved	
Signature of Owner or Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (2nd) date approved _____	

PERMIT INFORMATION			
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS	
1. First Time System 2. Replacement System Type replaced: _____ Year installed: _____ 3. Expanded System a. <25% Expansion b. ≥25% Expansion 4. Experimental System 5. Seasonal Conversion	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	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	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY	
SQ. FT. ACRES	1. Single Family Dwelling Unit, No. of Bedrooms: _____ 2. Multiple Family Dwelling, No. of Units: _____ 3. Other: _____ (specify) Current Use Seasonal Year Round Undeveloped	1. Drilled Well    2. Dug Well    3. Private 4. Public    5. Other	
SHORELAND ZONING			
Yes      No			

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
1. Concrete a. Regular b. Low Profile 2. Plastic 3. Other: _____ CAPACITY: _____ GAL.	1. Stone Bed    2. Stone Trench 3. Proprietary Device a. cluster array    c. Linear b. regular load    d. H-20 load 4. Other: _____ SIZE: _____ sq. ft.    lin. ft.	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	_____ 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	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	LATITUDE AND LONGITUDE
PROFILE    CONDITION _____ / _____ at Observation Hole # _____ Depth _____" of Most Limiting Soil Factor	1. Medium---2.6 sq. ft. / gpd 2. Medium---Large 3.3 sq. ft. / gpd 3. Large---4.1 sq. ft. / gpd 4. Extra Large---5.0 sq. ft. / gpd	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 at center of disposal area Lat. _____ d _____ m _____ s Lon. _____ d _____ m _____ s if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT		
I certify that on _____ (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
_____ Site Evaluator Name Printed	_____ Telephone Number	_____ E-mail Address

**SUBSURFACE WASTE WATER DISPOSAL SYSTEM APPLICATION**

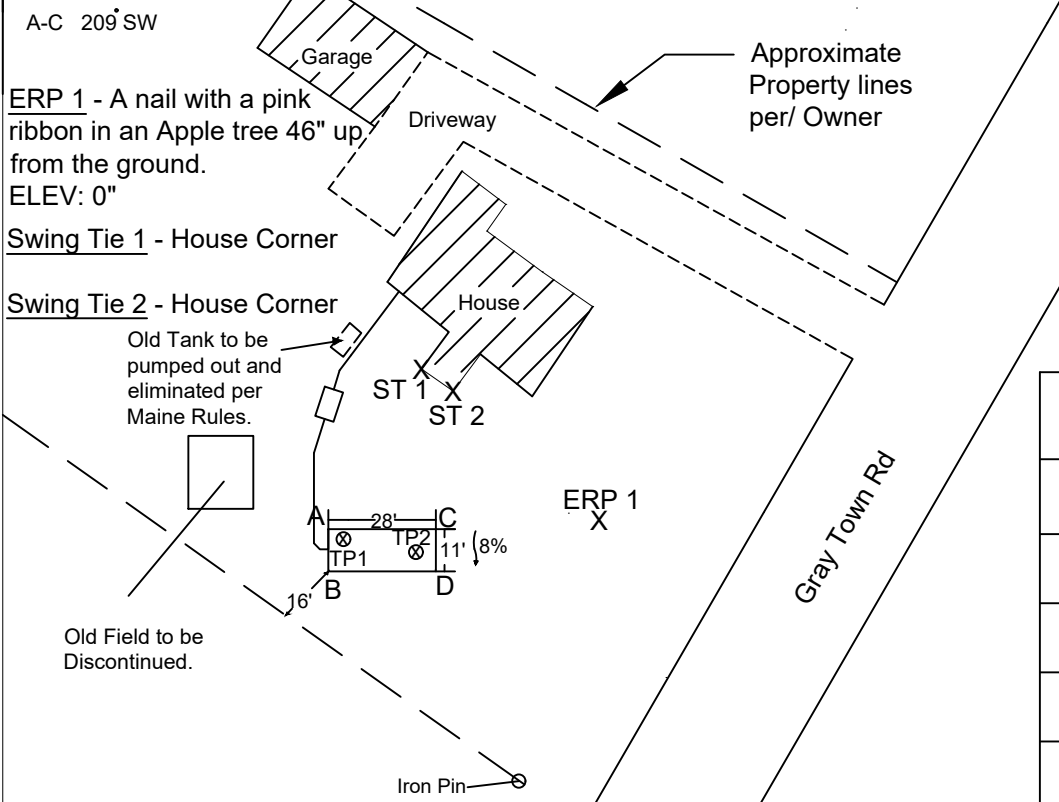
Department of Health & Human Services  
 Division of Environmental Health  
 (207)287-5672 Fax:(207)287-3165

Town, City, Plantation  
 Sedgwick

Street, Road, Subdivision  
 297 Gray Town Rd.

Owner's Name  
 Gillen, Heidi

**SITE PLAN** Scale 1" = 50 ft. or as shown



Corner Reference from ERP and Swing Tie		
	Swing Tie 1	Swing Tie 2
<b>A</b>	45'-0"	45'-11"
<b>B</b>	-	-
<b>C</b>	38'-7"	33'-1"
<b>D</b>	-	-

**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

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	Silt Loam	Friable	Olive Brown	Non Evident
10	Silt Clay Loam	Firm	Light Olive Brown	Common Concentrations
20	<b>Limit of Investigation</b>			
30				
40				
50				

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0		Friable		Non Evident
10		Firm		Common Concentrations
20	<b>Same results as TP 1</b>			
30				
40				
50				

Soil Classification <b>9 E</b> Profile Condition	Slope <b>5 %</b>	Limiting Factor <b>8 "</b>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Soil Classification <b>9 D</b> Profile Condition	Slope <b>8 %</b>	Limiting Factor <b>9 "</b>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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*Ann Taylor*

00439

4/23/26

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Site Evaluator Signature

SE#

Date

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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

Town, City, Plantation  
 Sedgwick

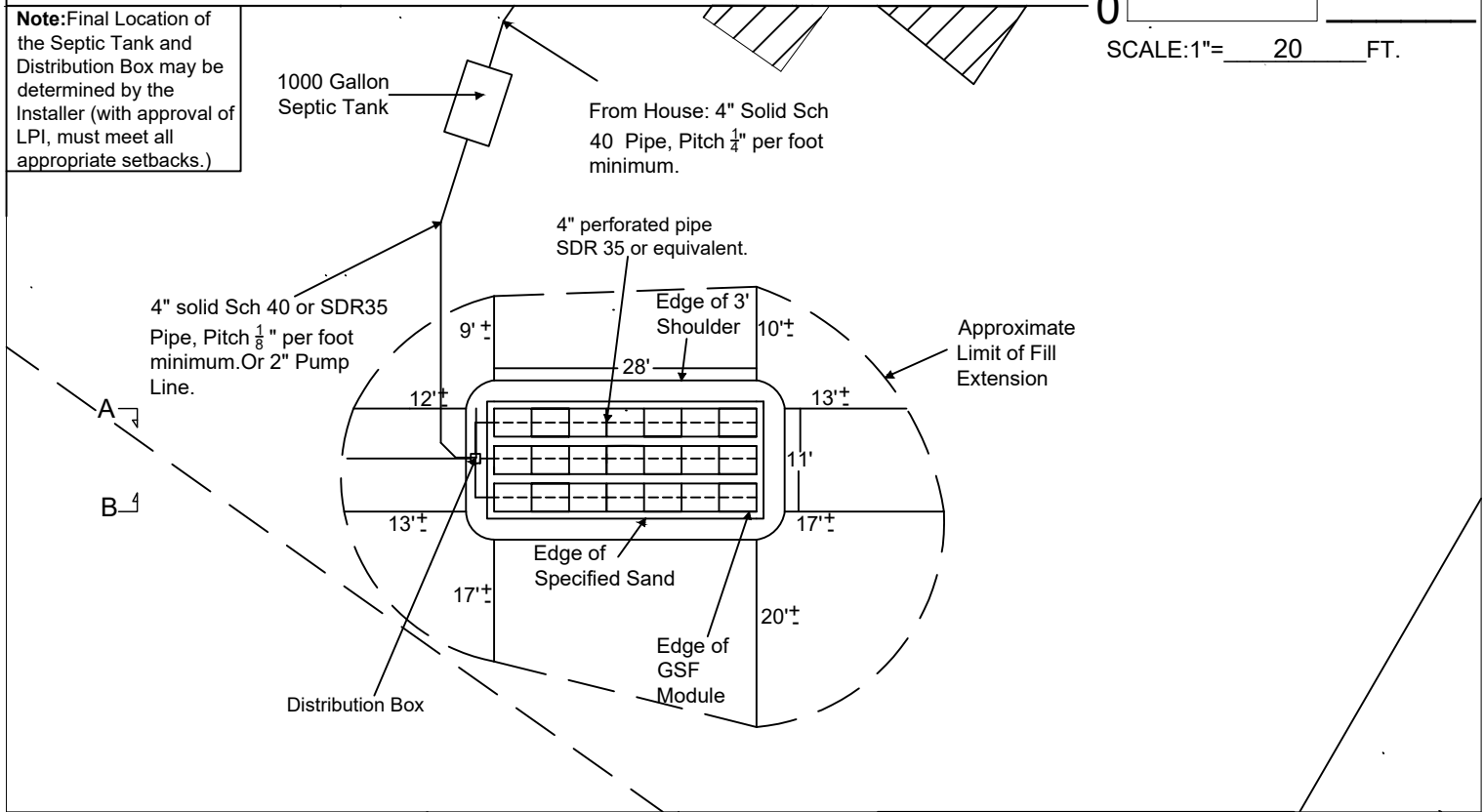
Street, Road, Subdivision  
 297 Gray Town Rd.

Owner's Name  
 Gillen, Heidi

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

**Note:** Final Location of the Septic Tank and Distribution Box may be determined by the Installer (with approval of LPI, must meet all appropriate setbacks.)

0   
 SCALE: 1" = 20 FT.



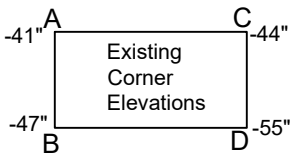
**FILL REQUIREMENTS**

**CONSTRUCTION ELEVATIONS**

**ELEVATION REFERENCE POINT**

Depth of Fill (Upslope)	35"-38"	Finished Grade Elevation (at corners)	-6"	Location & Description:	Pg 2
		Top of Distribution Pipe or Proprietary Device	-14"	Reference Elevation:	0"
Depth of Fill (Downslope)	41"-49"	Bottom of Disposal Area	-25"		

**DISPOSAL AREA CROSS SECTION**



**Scale**

Horizontal 1" = \_\_\_\_ ft.  
 Vertical 1" = \_\_\_\_ ft.

- Install all erosion control methods if needed before construction.
- All systems are located within owner/ applicants property as per the owner/owner representative.
- Septic tank to be 8' minimum from building and water tight. (one-piece tank recommended). Take precautions to prevent tank from floating during and after installation.
- Final grading to be completed so that surface and groundwater are diverted from the disposal field.
- Protect all piping and distribution box from frost and crushing.
- Well to be a minimum of 100' from septic system, 50' minimum from septic tank.
- Disposal field to be 20' min from foundation or frost wall, or 15' from slab.
- Septic Tank to have water tight access covers to grade. Pump tank to have water tight access covers to grade.
- THIS SYSTEM IS NOT DESIGNED FOR A VEHICULAR LOAD.
- THIS SYSTEM IS NOT DESIGNED FOR BACKWASH FROM A WATER SOFTNER.
- THIS SYSTEM IS NOT DESIGNED FOR USE WITH A GARBAGE DISPOSAL.

*Ann Taylor*

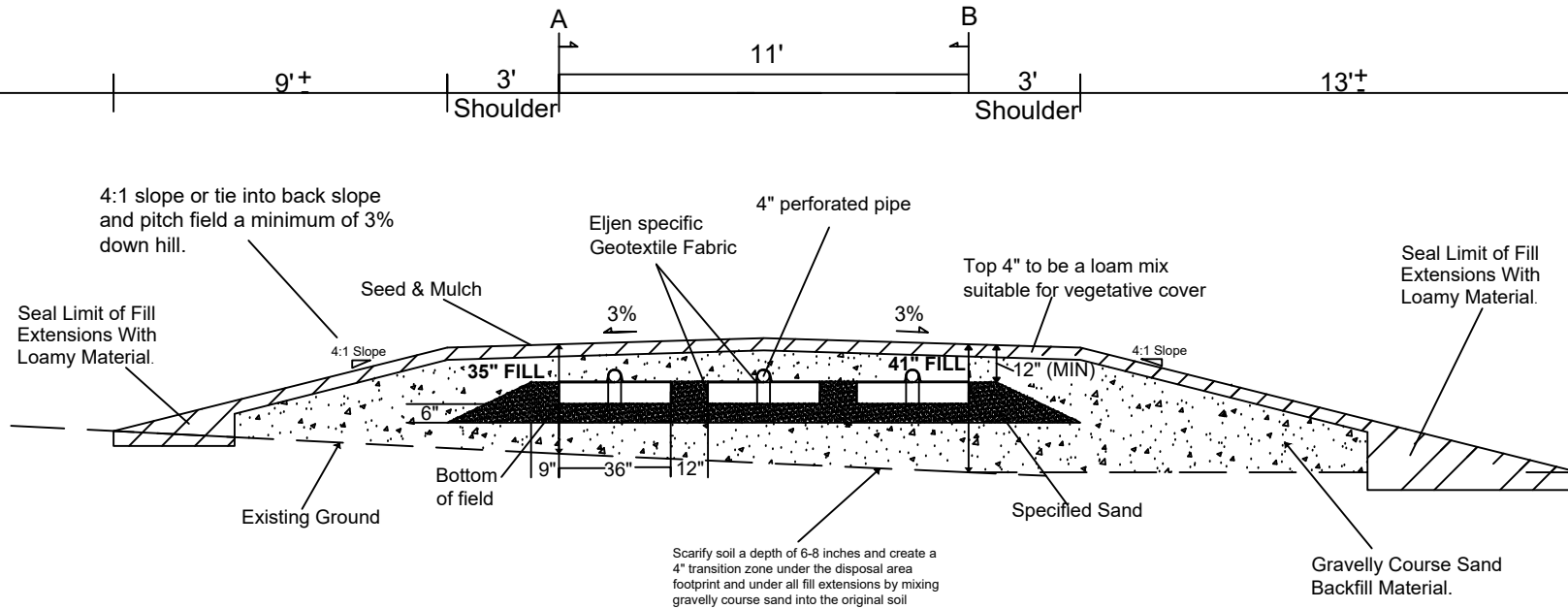
00439

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Site Evaluator Signature

SE#

Date



**Additional Notes:**

1. Remove organic duff or turf layer as well as trees, stumps, and large rocks; scarify soil beneath bed fill and fill extensions before adding backfill.
2. Do not install if ground is wet or frozen.
3. All materials and installation shall be in accordance with the Maine Subsurface Wastewater Disposal Rules dated 09/23/2023 and the most current Eljen Design & Installation manual.
4. If more than 18" of cover is placed over bed, than system must be vented.
5. Fill extension length may vary do to irregularities on the ground.

Backfill Textural Gradation	
Sieve Size	Percent Passing by Weight
3 inches	100
#4	75-100
#10	50-100
#60	10-50
#100	2-20
#200	2-8
Clay Fraction	0-2

ASTM C33 SAND SPECIFICATION		
Sieve Size	Sieve Square Opening Size	Specification Percent Passing (Wet Sieve)
$\frac{3}{8}$ inch	9.52 mm	100
No. 4	4.76 mm	95-100
No. 8	2.38 mm	80-100
No. 16	1.19 mm	50-85
No. 30	590 micro-meters	25-60
No. 50	297 micro-meters	10-30
No. 100	149 micro-meters	< 10
No. 200	75 micro-meters	< 5



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) 287-5672  
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.

<b>GENERAL INFORMATION</b>		Town of <u>Sedgwick</u>
Property Owner's Name: <u>Heidi Gillen</u>	Tel. No.: <u>207-460-7061</u>	
System's Location: <u>297 Graytown Rd</u>		
Property Owner's Address: <u>301 Graytown Rd Sedgwick, ME</u>	Zip Code <u>04676</u>	
e-mail address: <u>gillenconstructionLLC@gmail.com</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.

<b>SPECIFIC VARIANCE REQUESTED</b> (To be filled in by Site Evaluator. Use additional sheets if needed.)	<b>SECTION OF RULE</b>
1. <u>Soil Variance E Soil Outside the Shoreland zone</u>	<u>Section 5</u>
2. _____	_____
3. _____	_____
<b>SITE EVALUATOR</b>	
<p>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.</p> <p>The Location in my opinion is the best spot for the septic system to maximize the better soil on the property. It also maximizes the systems setbacks to other features.</p>	
<p>I, <u>Aaron Leighton</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.</p>	
 SIGNATURE OF SITE EVALUATOR	<u>4/23/26</u> DATE

<b>PROPERTY OWNER</b>	
<p>I, _____, am the <input 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.</p>	
<input type="checkbox"/> SIGNATURE OF OWNER <input type="checkbox"/> 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		
<b>TOTAL POINT ASSESSMENT:</b>		

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