

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION		>> Caution: Permit Required -- Attach In Space Below <<	
City, Town, or Plantation	DEER ISLE	DEER ISLE PERMIT # 1404 STATE 0077 Date Permit Issued: 2/15/01 \$ 12130 <small># Double Fee Charged</small> L.P.I. # 734 Local Plumbing Inspector Signature: <u>[Signature]</u>	
Street or Road	99 HUCKLEBERRY POINT ROAD		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	POWELL, LINDA E. DON <small>(Owner) Applicant</small>		
Mailing Address of	116 OLD GEORGETOWN ROAD		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	PRINCETON, N.J. 08540		
Daytime Tel #	(609) 683-4786	Municipal Tax Map # _____ Lot # _____	
Owner or Applicant Statement		Caution: Inspections Required	
I state 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. <u>Linda Powell</u> 7/25/01 Signature of Owner or Applicant Date		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. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>HOLDING TANK</u> Year Installed: <u>1988</u> 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non-exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 1. <input type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement: System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input checked="" type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENT(S) 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd or more) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify _____ 12. <input type="checkbox"/> Miscellaneous components _____
SIZE OF PROPERTY <u>1 1/2</u> <input type="checkbox"/> sq ft <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units _____ 3. <input type="checkbox"/> Other: _____ SPECIFY _____	TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input checked="" type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input type="checkbox"/> Concrete a. <input type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input checked="" type="checkbox"/> Plastic (Z) 3. <input type="checkbox"/> Other _____ CAPACITY: <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input type="checkbox"/> Linear b. <input type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 load 4. <input checked="" type="checkbox"/> Other: <u>SEPTITECH DRIP HOSE</u> SIZE: <u>270</u> sq ft <input type="checkbox"/> sq ft <input checked="" type="checkbox"/> lin ft	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment Tank b. <input type="checkbox"/> Tanks in Series c. <input type="checkbox"/> Increase in Tank Capacity d. <input type="checkbox"/> Filter on Tank Outlet	DESIGN FLOW <u>270</u> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS -- for other facilities --
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN: <u>2/C/1/1</u> at Observation Hole # <u>1</u> Depth _____ Elevation <u>30</u> OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small -- 2.0 sq ft/gpd 2. <input type="checkbox"/> Medium -- 2.6 sq ft/gpd 3. <input type="checkbox"/> Medium-Large -- 3.3 sq ft/gpd 4. <input type="checkbox"/> Large -- 4.1 sq ft/gpd 5. <input type="checkbox"/> Extra Large -- 5.0 sq ft/gpd	PUMPING 1. <input type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input checked="" type="checkbox"/> Required >> Specify only for engineered or experimental systems DOSE: _____ gallons	3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA

SITE EVALUATOR STATEMENT

I Certify that on 6/14/01 (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).

JANE M. MAGIERA Site Evaluator Signature 206 SE # 7/23/01 Date
JANE M. MAGIERA Site Evaluator Name Printed 417-7795 Telephone #

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation
DEER ISLE

Street, Road, Subdivision
99 HUCKLEBERRY POINT ROAD

Owner's Name
LINDA & DON POWELL

SITE PLAN

Scale 1" = 50' ft
or as shown

SITE LOCATION PLAN
(Map from Maine Atlas recommended)

(See attached Site Location Plan).

(SEE ATTACHED SITE PLAN)

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

Observation Hole **TP 1** Test Pit Boring
○ Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface - inches	Texture	Consistency	Color	Moisture
0 - 15	GRAVELLY SANDY FILL	FRIABLE	BROWN	N.E.
15 - 30	FINE SANDY LOAM	FRIABLE	LT. GRAY (10/10) YELLOWISH BROWN (10/10 5/10) LIGHT OLIVE BROWN (2.5Y 5/6)	N.E.
30 - 50				

Soil Classification: **2 Profile** **C Condition** **7-10** **30"**
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Observation Hole **B-1** Test Pit Boring
○ Depth of Organic Horizon Above Mineral Soil

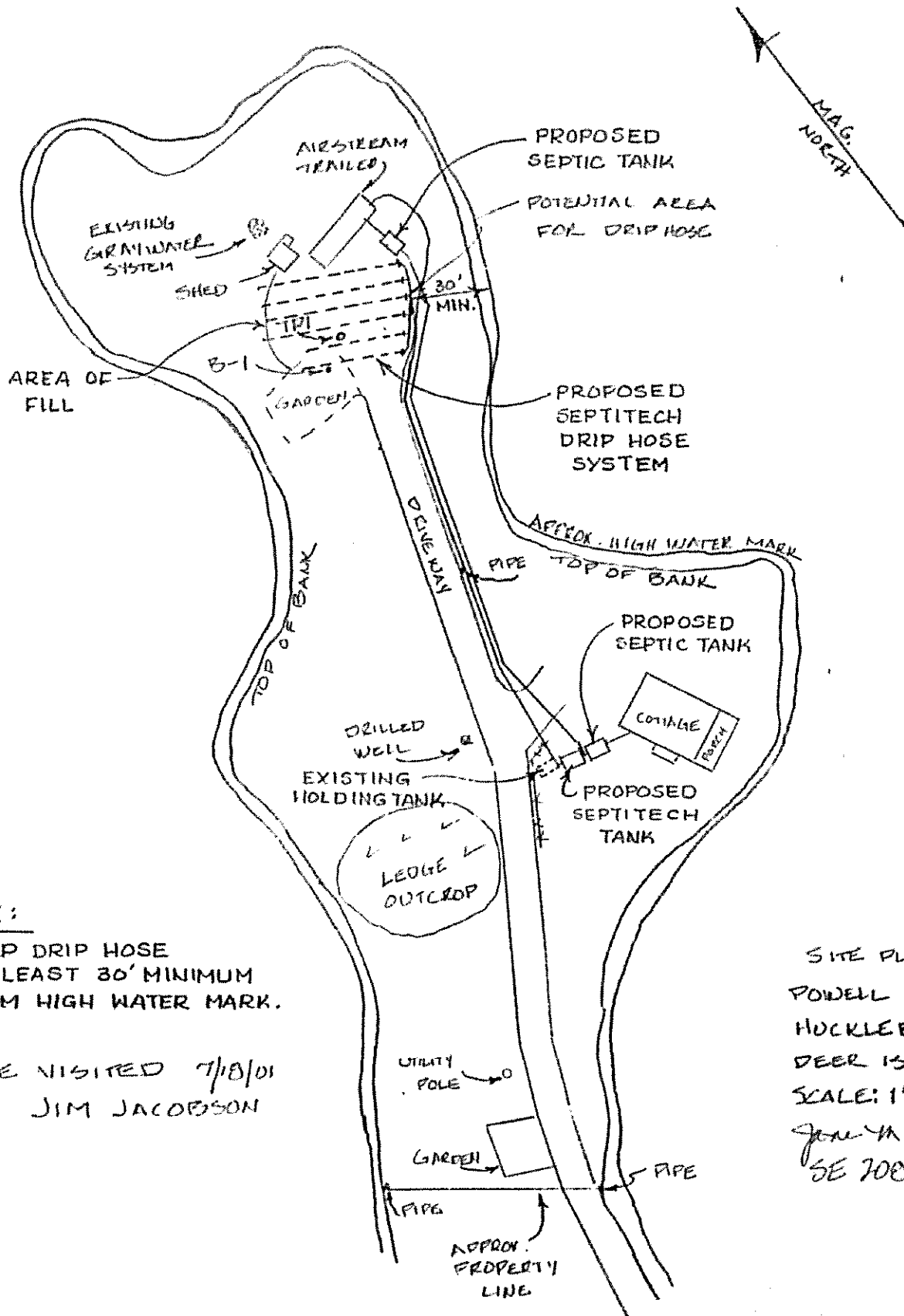
Depth Below Mineral Soil Surface - inches	Texture	Consistency	Color	Moisture
0 - 15	GRAVELLY SANDY FILL	FRIABLE	BROWN	N.E.
15 - 30				
30 - 50				

Soil Classification: **2 Profile** **C Condition** **7-10** **28"**
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Juan M. Maguire
Site Evaluator Signature

702

7/23/01
(Date)



NOTE:

- KEEP DRIP HOSE AT LEAST 30' MINIMUM FROM HIGH WATER MARK.
- SITE VISITED 7/18/01 BY JIM JACOBSON

SITE PLAN
 POWELL PROPERTY
 HUCKLEBERRY POINT
 DEER ISLE
 SCALE: 1" = 50'
 JON M. MAGUIRE
 SE 200 7/18/01

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(907) 587-6678 FAX (907) 587-6178

Town, City, Plantation

DEER ISLE

Street, Road, Subdivision

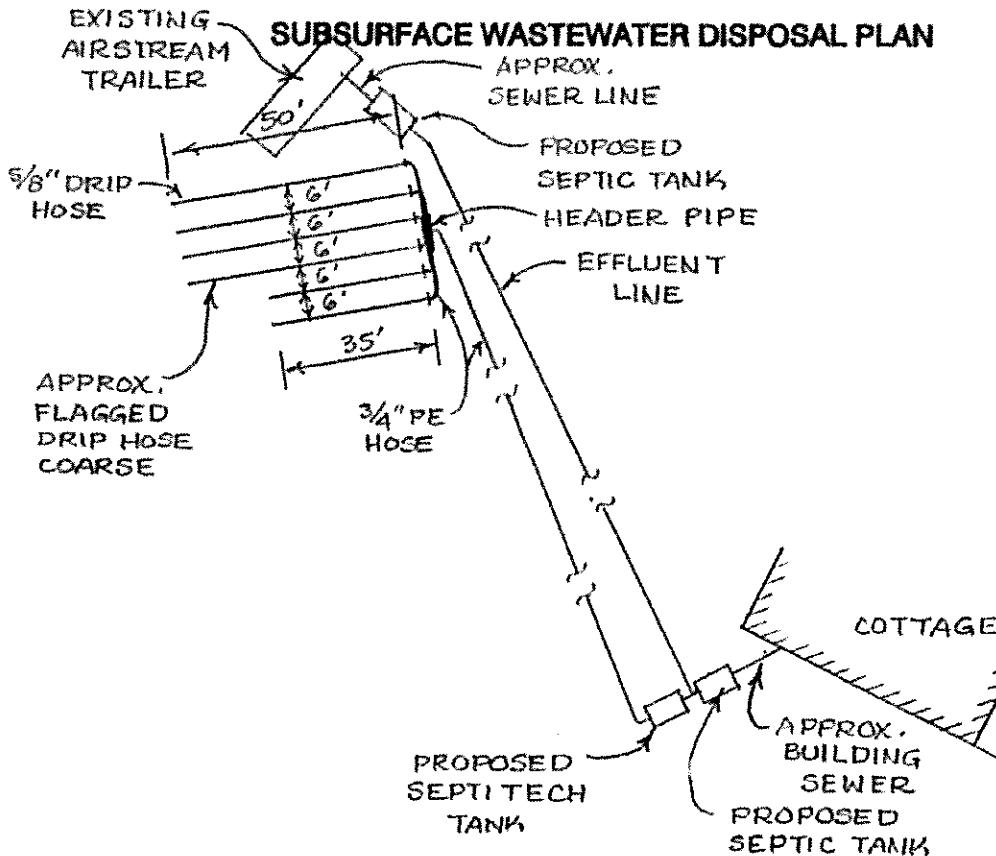
99 HUCKLEBERRY POINT ROAD

Owner's Name

LINDA & DON POWELL

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 40 FT.



NOTES:

1. DRIP HOSE TO APPROXIMATELY FOLLOW FLAGGED COURSE MAINTAINING 6' BETWEEN HOSE AND ROUTING HOSE AROUND TREES AND OBSTACLES.
2. CHANGE TO 3/4" PE HOSE OVER LARGE OBSTACLES AND UNDER ROADS AND WALKWAYS.
3. TOTAL DRIP HOSE LENGTH 270 FT.
4 LENGTHS 50'
2 LENGTHS 35'
4. SEPTITECH
TEL: 857-5252
SUPPLIES M400UV PROCESSOR, HOSE, AND HEADER PIPE.

FILL REQUIREMENTS

Depth of Fill (Upslope) N/A
Depth of Fill (Downslope) _____

CONSTRUCTION ELEVATIONS

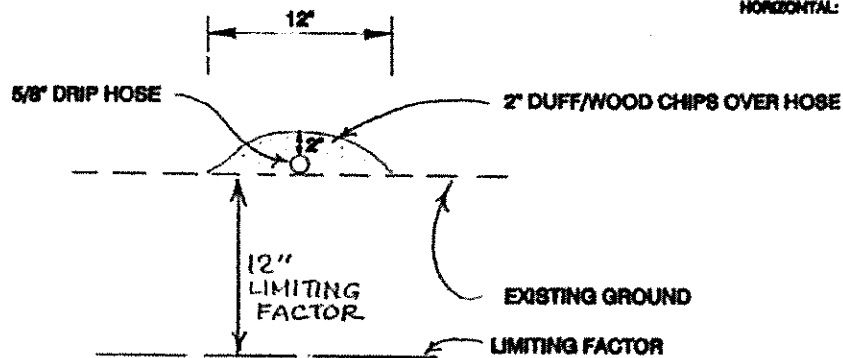
Finished Grade Elevation _____
Top of Distribution Pipe or Proprietary Device N/A
Bottom of Disposal Area _____

ELEVATION REFERENCE POINT

Location & Description N/A
Reference Elevation _____

DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" = 1'
HORIZONTAL: 1" = 1'



NOTES:

1. RAKE LEAVES, DUFF AND/OR WOOD CHIPS TO DEPTH OF 3" TO FORM PATH 12" TO 18" WIDE. LAY HOSE AND STAKE ABOUT EVERY 6 FEET.
2. RAKE DUFF OR WOOD CHIPS OVER HOSE TO DEPTH OF 2-3 INCHES.
3. SEPARATE HOSE RUNS BY 6 FEET.

J. M. Maguire
Site Evaluator Signature

208
S.E. #

7/23/01
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 <u>DEER ISLE</u>
Permit No. _____	Date Permit Issued _____
Property Owner's Name: <u>LINDA & DON POWELL</u>	Tel. No.: <u>609-683-4786</u>
System's Location: <u>99 HUCKLEBERRY POINT RD.</u>	
Property Owner's Address: <u>116 OLD GEORGETOWN RD.</u>	
(if different from above) <u>PRINCETON, NJ 08540</u>	

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 it 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.

Linda Powell
SIGNATURE OF OWNER

7/25/01
DATE

LOCAL PLUMBING INSPECTOR

I, Gregory Brown, 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:

Gregory Brown
LPI SIGNATURE

8/17/01
DATE

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
	SOILS							
Soil Profile	Ground Water Table			to 7"			inches	
Soil Condition	Restrictive Layer			to 7"			inches	
from 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		30 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	30 FT.	25 FT.
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.

[Signature]
SITE EVALUATOR'S SIGNATURE

1/23/01
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



STATE OF MAINE
 DEPARTMENT OF HUMAN SERVICES
 DIVISION OF HEALTH ENGINEERING
 10 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0010

ANGUS S. KING, JR.
 GOVERNOR

KEVIN W. CONCANNON
 COMMISSIONER

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE
 DEED COVENANT**

To Property Owner: Complete and record this form with your County Registry of Deeds. Afterward, submit a copy of the recorded covenant to the Local Plumbing Inspector and the Department of Human Services, Division of Health Engineering, State House Station #10, Augusta, Maine 04333-0010.

To County Registrar: Please cross reference by book and page number:

Book 1822, Page 552

Address of Property with Disposal System: 99 Huc2lebery Point Deer Isle 04627
 (Incl. Municipal Book & Page No.) - 1822-552

Stipulations of Covenant:

1. The structures shall be restricted to a minimum of one two-bedroom single-family residence and one one-bedroom single-family residence (currently camper trailer).
2. The property shall be seasonal use only while served by the SeptiTech drip irrigation subsurface wastewater disposal system.

The Department of Human Services and/or the Town of Deer Isle has approved a Variance to the Maine Subsurface Waste Water Disposal Rules, 10-144A CMR 241, for the installation of a subsurface waste water disposal system subject to the implementation of the above conditions.

Signature Donald W. Powell Date 8/9/01

Signature Linda Powell Date 8/9/01

.....

State of Maine

County of Hancock, ss. Date 8/9/01

Then personally appeared the above named Donald Powell

(and Linda Powell) and (severally) acknowledged the foregoing

instrument to be his (or their) free act and deed.

Before me, Donna Day
 Justice of the Peace or Notary Public

DONNA DAY, Notary Public
 My Commission Expires June 19, 2002

HHE-304 Rev 3/97



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