

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3826

PROPERTY ADDRESS

Town Or Plantation: **GOULDSBORO**

Street Subdivision Lot #: **CHICKEN MILL ROAD**

PROPERTY OWNERS NAME

Last: **BARTLETT** First: **BOB**

Applicant Name: **SAME**

Mailing Address of Owner/Applicant (If Different): **RR1, Box 598 GOULDSBORO, ME. 04687**

GOULDSBORO PERMIT # **642** STATE COPY

Date Permit Issued: **7/14/95** \$ **118.10** FEE ☐ Double Fee Charged

Harold J. Hammond L.P.I. # **110113**

Local Plumbing Inspector Signature

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Caution: Inspection Required

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

Bob Bartlett **7/14/95**

Signature of Owner/Applicant Date

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. ☐ NEW SYSTEM
2. ☒ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ EXPERIMENTAL SYSTEM

SEASONAL CONVERSION

to be completed by the LPI

5. ☐ SYSTEM COMPLIES WITH RULES
6. ☐ CONNECTED TO SANITARY SEWER
7. ☐ SYSTEM INSTALLED - P#
8. ☐ SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED **1976**

THE FAILING SYSTEM IS:

1. ☒ BED
2. ☐ CHAMBER
3. ☐ TRENCH
4. ☐ OTHER:

SIZE OF PROPERTY

ZONING

20.7 AC

NONE

THIS APPLICATION REQUIRES:

1. ☐ NO RULE VARIANCE
2. ☐ NEW SYSTEM VARIANCE
Attach New System Variance Form
3. ☒ REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
- a. ☒ Requiring Local Plumbing Inspector Approval
- b. ☐ Requires State and Local Plumbing Inspector Approval
4. ☐ MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:

1. ☒ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER **SEPARATE WINERY**
SPECIFY

INSTALLATION IS:

COMPLETE SYSTEM

1. ☒ NON-ENGINEERED SYSTEM **PLUS**
 2. ☐ PRIMITIVE SYSTEM
(Includes Alternative Toilet)
 3. ☐ ENGINEERED (+ 2000 gpd)
- INDIVIDUALLY INSTALLED COMPONENTS:
4. ☐ TREATMENT TANK (ONLY)
 5. ☐ HOLDING TANK _____ GAL
 6. ☐ ALTERNATIVE TOILET (ONLY)
 7. ☒ NON-ENGINEERED DISPOSAL AREA (ONLY)
 8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
 9. ☐ SEPARATED LAUNDRY SYSTEM

TYPE OF WATER SUPPLY
EXISTING DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ☒ SEPTIC: ☒ Regular ☒ Low Profile
 2. ☐ AEROBIC **EXISTING**
- SIZE: **1000** GALS.

WATER CONSERVATION

1. ☐ NONE **RECOMMENDED**
 2. ☒ LOW VOLUME TOILET
 3. ☐ SEPARATED LAUNDRY SYSTEM
 4. ☐ ALTERNATIVE TOILET
- SPECIFY: _____

PUMPING

1. ☒ NOT REQUIRED
 2. ☐ MAY BE REQUIRED
(DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
 3. ☐ REQUIRED
- DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

1-2 BR HOME
180 GPD
WINERY FLOOR
DRAINS - 120 GPD
⇒ USE 2 SEPARATE DISPOSAL AREAS

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE CONDITION

9

D

DEPTH TO LIMITING FACTOR:

14" / 12"

SIZE RATINGS USED FOR DESIGN PURPOSES

1. ☐ SMALL
2. ☐ MEDIUM
3. ☐ MEDIUM-LARGE
4. ☒ LARGE
5. ☒ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. ☒ BED **1500** Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
- ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN FLOW: **180 / 120**

(GALLONS/DAY)

SITE EVALUATOR STATEMENT

On **4/20/95** (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Deane L. Bradshaw

Site Evaluator Signature

#159

SE#

4/28/95

Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

FACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Plantation

GOULDSBORO

Street, Road, Subdivision

CHICKEN MILL RD

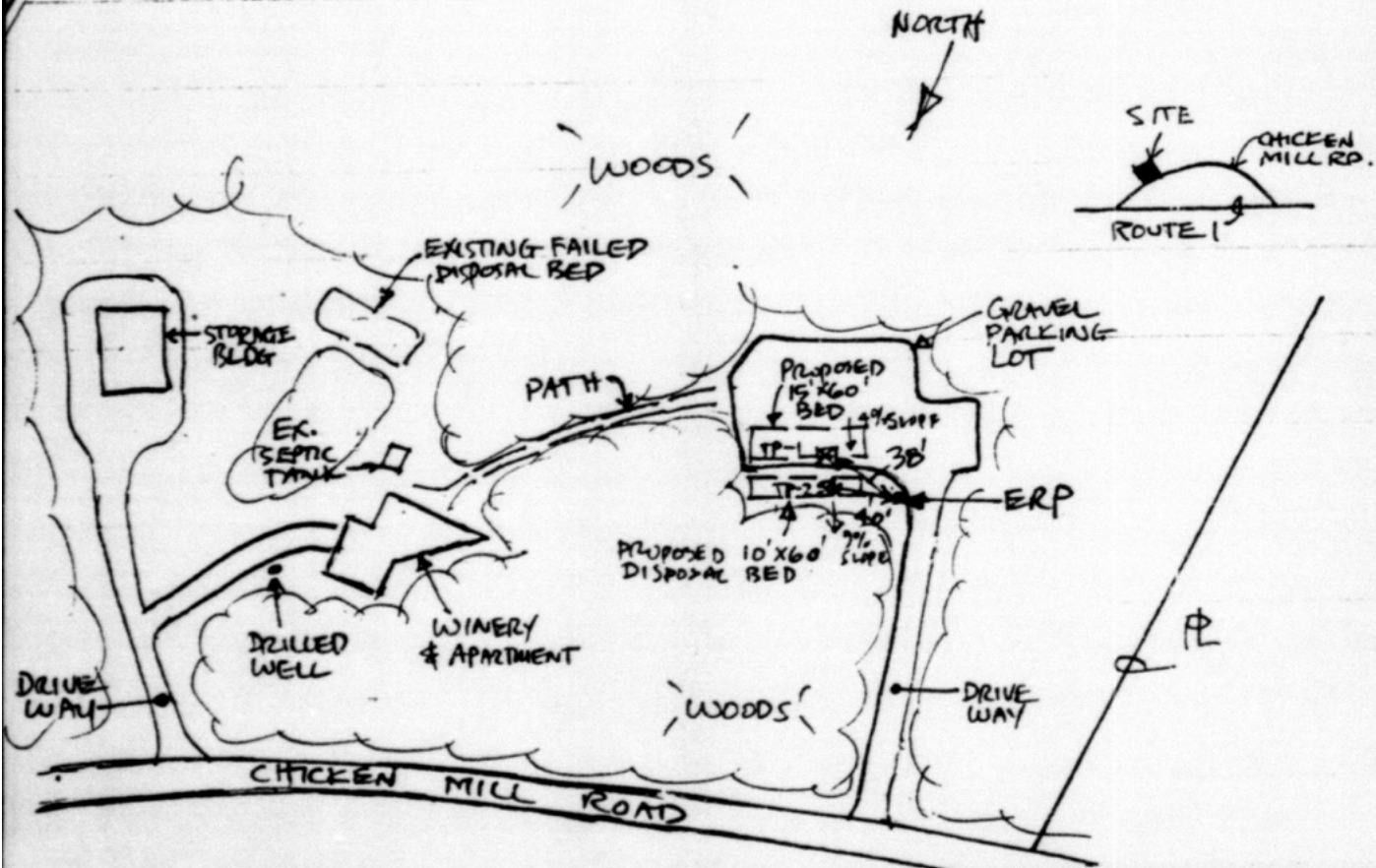
SITE PLAN

Owners Name

BOB BARTLETT

SITE LOCATION PLAN (Attach
Map from Maine Atlas for
New System Variance)

Scale 1" = 100' FL



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP-1 ☒ Test Pit ☐ Boring

NONE * Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
SAND & GRAVEL FILL	FRIABLE	BROWN	NONE
SILT LOAM		RED BROWN	
SILTY CLAY LOAM	FIRMER	LIGHT BROWN	MOTTLED

Soil Profile 9 Classification D Slope 4 Limiting Factor 14

☒ Ground Water
☐ Restrictive Layer
☐ Bedrock

Observation Hole TP-2 ☒ Test Pit ☐ Boring

1" HUMUS * Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
LOAM	FRIABLE	RED BROWN	NONE
SILT LOAM		LIGHT RED BROWN	
SILTY CLAY LOAM	FIRM	LIGHT BROWN	MOTTLED

Soil Profile 9 Classification D Slope 9 Limiting Factor 12

☒ Ground Water
☐ Restrictive Layer
☐ Bedrock

Deane C Bradshaw

Site Evaluator Signature

#159

SE#

4/28/95

Date

FACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Plantation

GOULDSBORO

Street, Road, Subdivision

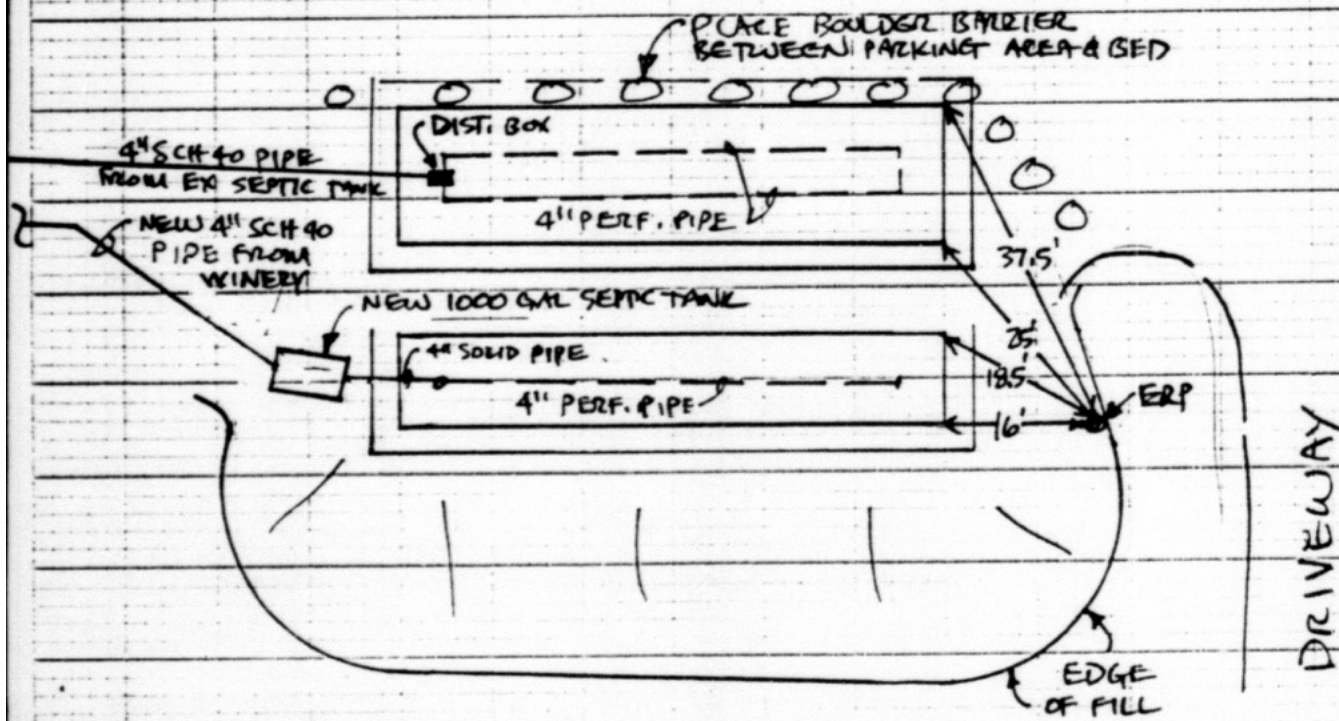
CHICKEN MILL RD

Owners Name

BOB BARTLETT

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL



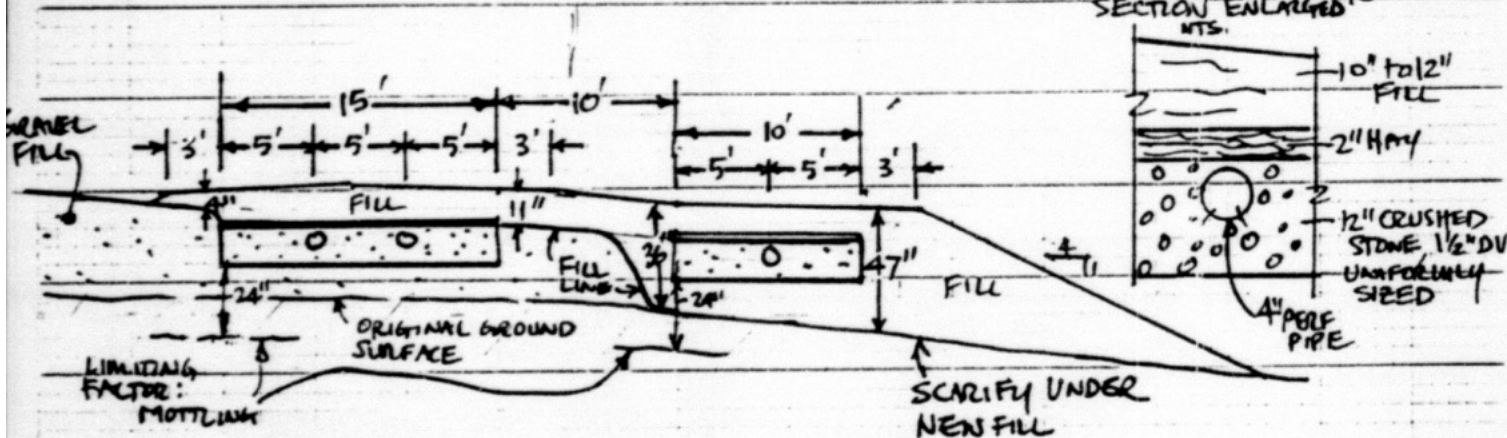
FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	4"	Reference Elevation is	20'	
Depth of Fill (Downslope)	11"	Bottom of Disposal Area	-36" -46"	
		Top of Distribution Lines or Chambers	-25" -35"	

FLAGGED NAIL ON 12" MAPLE
TREE, 5'-10' ABOVE GROUND

DISPOSAL AREA CROSS SECTION

CROSS SECTION:

Scale:
Vertical: 1 inch = 5' FL
Horizontal: 1 inch = 10' FL
SECTION ENLARGED



NOTES: FILL TO BE SHARP LOAMY SAND OR COARSE
SCRIFY UNDER BEDS AND FILL EXTENSION

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application for the proposed replacement system which does not comply with the Rules. The LPI shall review the Replacement System Variance Request and Application 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 from the rules.
2. A system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

GENERAL INFORMATION

Permit No. _____ E Date Permit Issued _____
MONTH/DAY/YEAR

Property Owner's Name: BOB BARTLET Tel. No. _____

System's Location: RR1, Box 598, CHICKEN MILL RD
STREET
GOULDSBORO TOWN Maine 04687 ZIP

Property Owner's Address: _____
(if different from above) STREET
TOWN STATE ZIP

SPECIFIC INSTRUCTIONS TO THE:

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, they 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, then complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

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.

The OWNER shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

Bob Barthell cm
PROPERTY OWNER'S SIGNATURE

7/14/95
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table	to 6"		12"/14" inches	
Soil Condition	Restrictive Layer	to 6"		inches	
from HHE-200	Bedrock	to 10"		inches	
SETBACK DISTANCES (IN FEET)	FROM:	TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
Potable Water Supplies	1. Well: > 2000 gal/day	100'	300'		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50'	60'		
	b. Property Owner's	25'	50'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

OTHER

1. Fill extension Grade—to 3:1

2.

3.

Footnotes:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but closer to that well than the system it is replacing.
c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

Deane Bradshaw

SITE EVALUATOR'S SIGNATURE

4/28/95

DATE

LPI STATEMENT

I, HAROLD T. HAMMOND, LPI for the Town of GOULDSBORO have conducted an on-site inspection for the proposed replacement system and have determined to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Wastewater Disposal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System 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, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments:

Harold T. Hammond

LPI'S SIGNATURE

2/14/95

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

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

DATE-200

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table	to 6"		12"/14" inches	
Soil Condition	Restrictive Layer	to 6"		inches	
from HHE-200	Bedrock	to 10"		inches	
SETBACK DISTANCES (IN FEET)	FROM:	TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
Potable Water Supplies	1. Well: > 2000 gal/day	100*	300*		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50' ^{rs}	60' ^{rs}		
	b. Property Owner's	25'	50'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5' ^{rc}	10' ^{rc}		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

OTHER

1. Fill extension Grade—to 3:1

2.

3.

Footnotes:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but closer to that well than the system it is replacing.
c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

Deane C Bradshaw

SITE EVALUATOR'S SIGNATURE

4/28/95

DATE

LPI STATEMENT

I, HAROLD T. HAMMOND, LPI for the Town of GOULDSBORO, have conducted an on-site inspection for the proposed replacement system and have determined to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Wastewater Disposal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System 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, he shall state his reasons in **Comments** Section below as to why the proposed replacement system is not being recommended.

Comments: _____

Harold T. Hammond

LPI'S SIGNATURE

2/14/95

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