STATE ck#1163 $250+$15=$265

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation	BLUE HILL
Street or Road	157 ELLSWORTH ROAD/ ROUTE 172 SYSTEM 1
Subdivision, Lot #	SYSTEM 1

OWNER/APPLICANT INFORMATION

Name (last, first, MI) Christina Schuneman X Owner
HOWARD CHITTENDEN Applicant

Mailing Address of Owner/Applicant: 297 FALLS BRIDGE ROAD
BLUE HILL, ME 04614

Daytime Tel. #:

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 — Date 1/4/2021

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City Blue Hill Permit # 2757

Date Permit Issued 1/4/2021 Fee: $ 250.00 Double Fee Charged [ ]

Judith Jenkins
Local Plumbing Inspector Signature

L.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 # 20 Lot # 49

CAUTION: INSPECTION REQUIRED

I have inspected the installation authoirzed 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
X 2. Replacement System
Type replaced: UNK
Year installed: UNK
3. Expanded System
   a. <25% Expansion
   b. ≥25% Expansion
4. Experimental System
5. Seasonal Conversion

THIS APPLICATION REQUIRES

X 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

X 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

1+/- SQ. FT. X ACRES

SHORELAND ZONING

Yes X No

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: ____
X 2. Multiple Family Dwelling, No. of Units: 2
3. Other: _____ (specify)

Current Use Seasonal X Year Round Undeveloped

TYPE OF WATER SUPPLY

X 1. Drilled Well 2. Dug Well 3. Private
4. Public 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

X 1. Concrete
X a. Regular
b. Low Profile
2. Plastic
3. Other: _____
CAPACITY: 1500 GAL.

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
X 4. Other: 27 TYPE B GSF'S
SIZE: 1200 X sq. ft. lin. ft.

GARBAGE DISPOSAL UNIT

1. No 2. Yes X 3. Maybe
If Yes or Maybe, specify one below:
a. multi-compartment tank
b. ___ tanks in series
c. increase in tank capacity
X d. Filter on Tank Outlet

DESIGN FLOW

360 gallons per day
BASED ON:
X 1. Table 4A (dwelling unit(s))
2. Table 4C(other facilities)
SHOW CALCULATIONS for other facilites

2- 2BDR UNITS @ 180 EA

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

SOIL DATA & DESIGN CLASS

PROFILE CONDITION
3 /C
at Observation Hole # _____
Depth 21 "
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

1. Medium---2.6 sq. ft. / gpd
X 2. Medium---Large 3.3 sq. f.t / gpd
3. Large---4.1 sq. ft. / gpd
4. Extra Large---5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

X 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 25 m 31.74 s
Lon. -68 d 34 m 40.14 s
if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on 10/17/2020 (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).

Andrew McCullough
Site Evaluator Signature — #326 SE # — 10/25/2020 Date

ANDREW MCCULLOUGH — Site Evaluator Name Printed
207-667-6551 — Telephone Number
mccengr@myfairpoint.net — E-mail Address

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

HHE-200 Rev. 08/2011

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
BLUE HILL	ELLSWORTH ROAD/ ROUTE 172 SYSTEM 1	HOWARD CHITTENDEN

SITE PLAN Scale 1" = _____ ft. or as shown

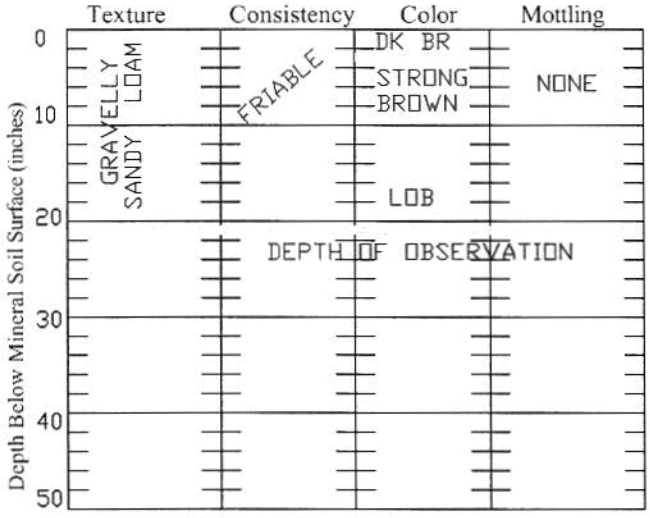
SEE ATTACHED

SITE LOCATION PLAN
(map from Maine Atlas recommended)

SEE ATTACHED

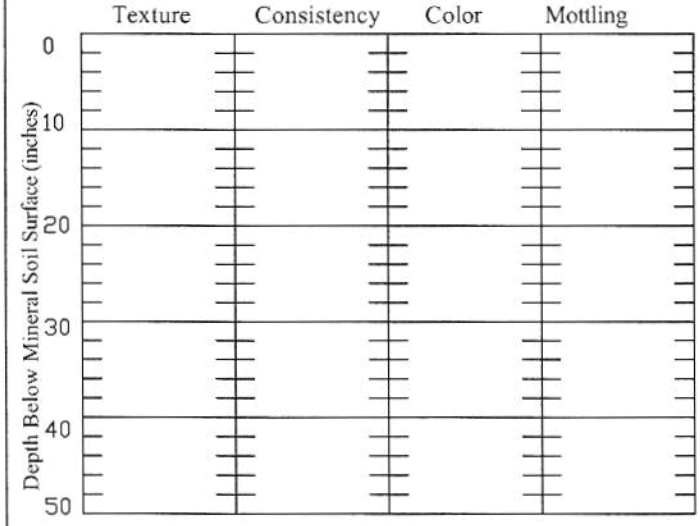
SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

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



Soil Classification	Slope	Limiting Factor	
3 Profile / C Condition	7 %	21 "	[ ] Ground Water [ ] Restrictive Layer [ ] Bedrock [X] Pit Depth

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

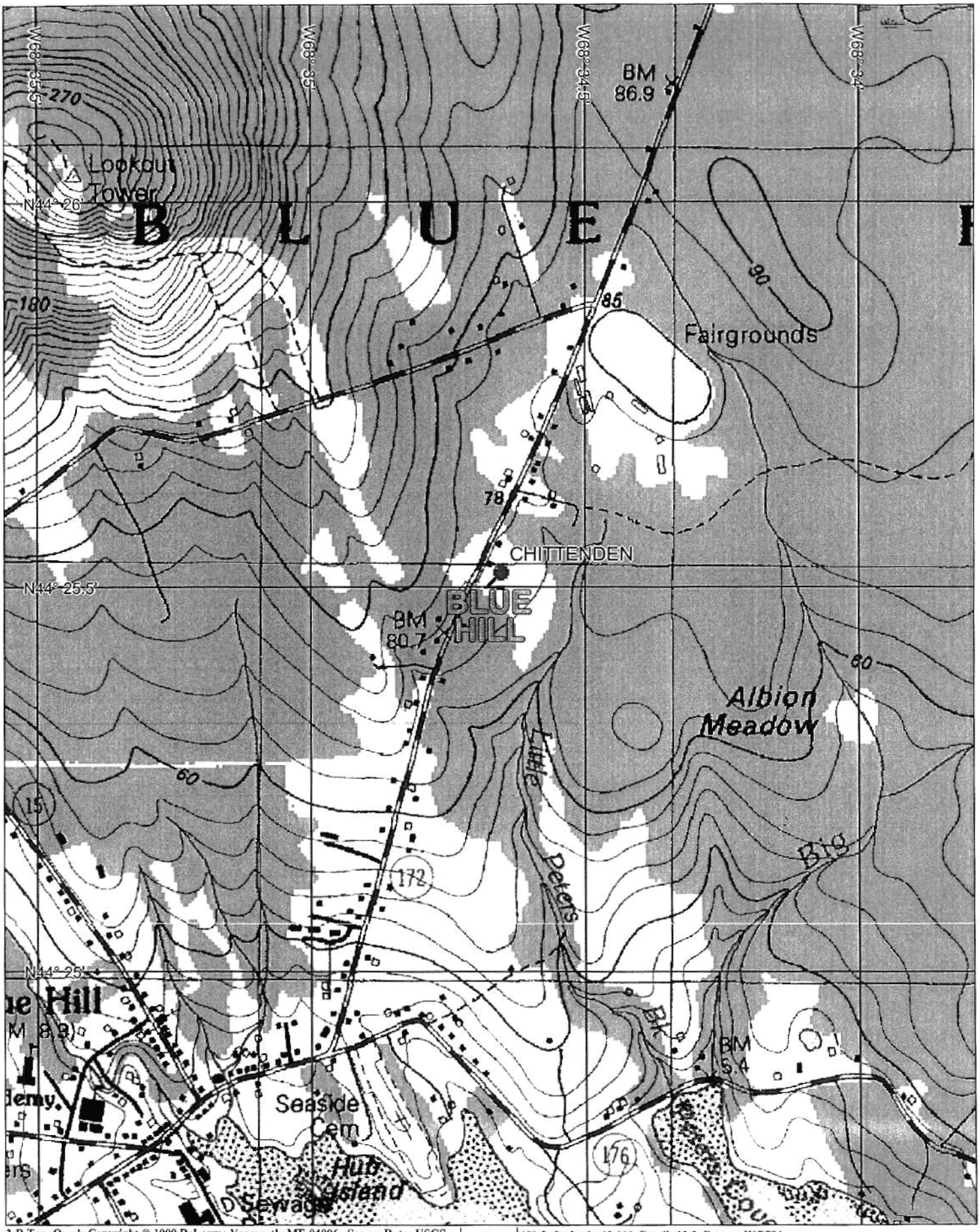


Soil Classification	Slope	Limiting Factor	
_____ Profile / _____ Condition	_____ %	_____ "	[ ] Ground Water [ ] Restrictive Layer [ ] Bedrock [ ] Pit Depth

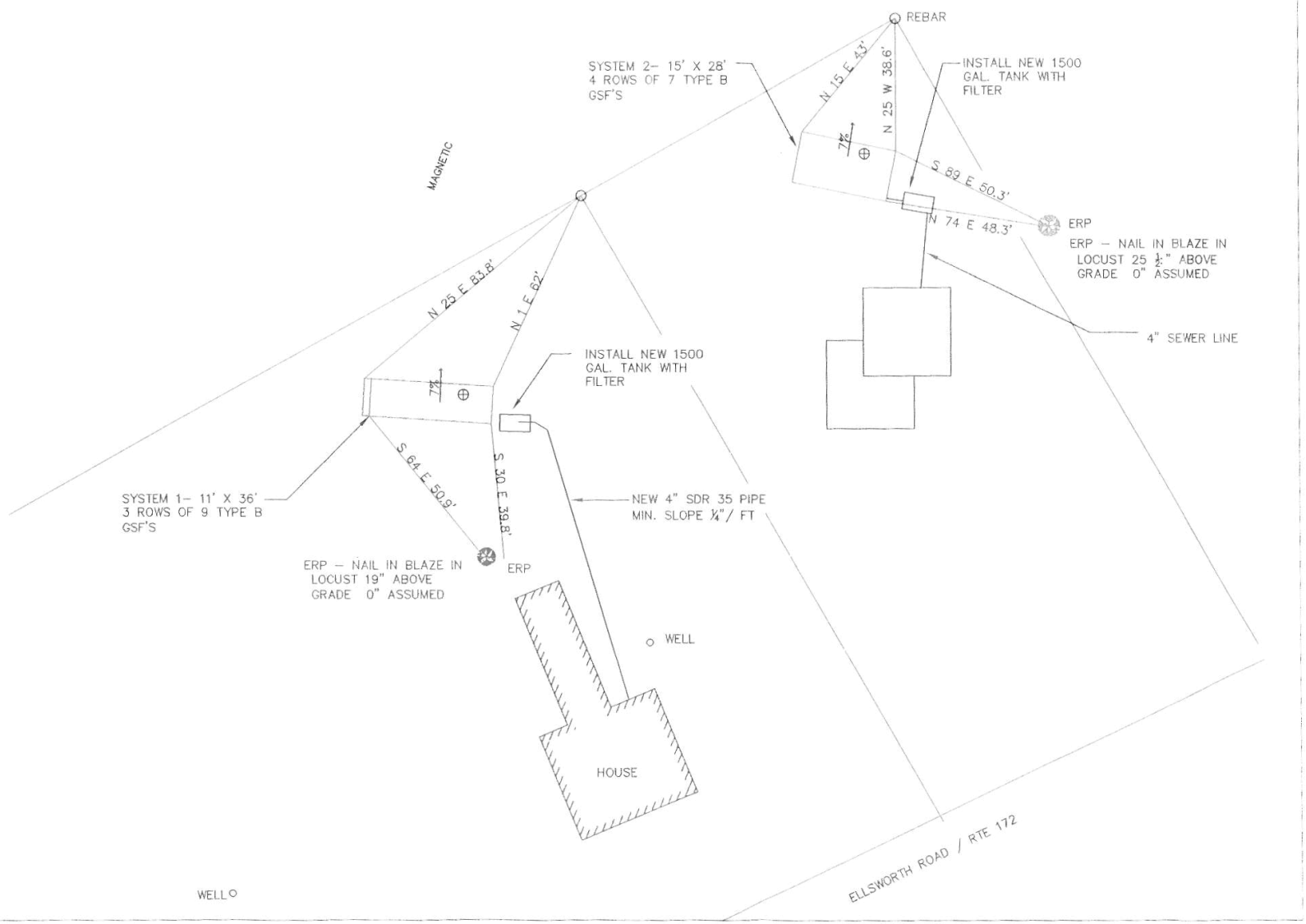
Andrew McCullough
Site Evaluator Signature

#326
SE #

10/25/2020
Date



3-D TopoQuads Copyright © 1999 DeLorme Yarmouth, ME 04096 Source Data: USGS 450 ft Scale: 1 : 12,000 Detail: 13-3 Datum: WGS84



CONSTRUCTION DRAWINGS

No.	Revision/Issue	Date

Firm Name and Address

ANDREW McCULLOUGH
ENGINEERING CONSULTANTS
93 Bucksport Road
Ellsworth, ME
207–667–6551
mccengr@myfairpoint.net

Project Name and Address

SITE PLAN
SUBSURFACE WASTEWATER DISPOSAL AREAS
HOWARD CHITTENDEN
ELLSWORTH ROAD
Blue Hill, Maine

Project 1686	SP–1
Date 10/25/20	
Scale 1"=30'	

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
BLUE HILL	ELLSWORTH ROAD/ ROUTE 172 SYSTEM 1	HOWARD CHITTENDEN

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = _____ FT.

SEE ATTACHED

FILL REQUIREMENTS

Depth of Fill (Upslope) _____

Depth of Fill (Downslope) _____

CONSTRUCTION ELEVATIONS

Finished Grade Elevation SEE CROSS SECTION

Top of Distribution Pipe or Proprietary Device AND

Bottom of Disposal Area DISPOSAL PLAN

ELEVATION REFERENCE POINT

Location & Description: NAIL IN BLAZE IN LOCUST TREE

Reference Elevation: 19' ABOVE GROUND 0' ASSUMED

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = _____ ft.

Vertical 1" = _____ ft.

SEE ATTACHED

Andrew McCluskey Jr.

Site Evaluator Signature

#326

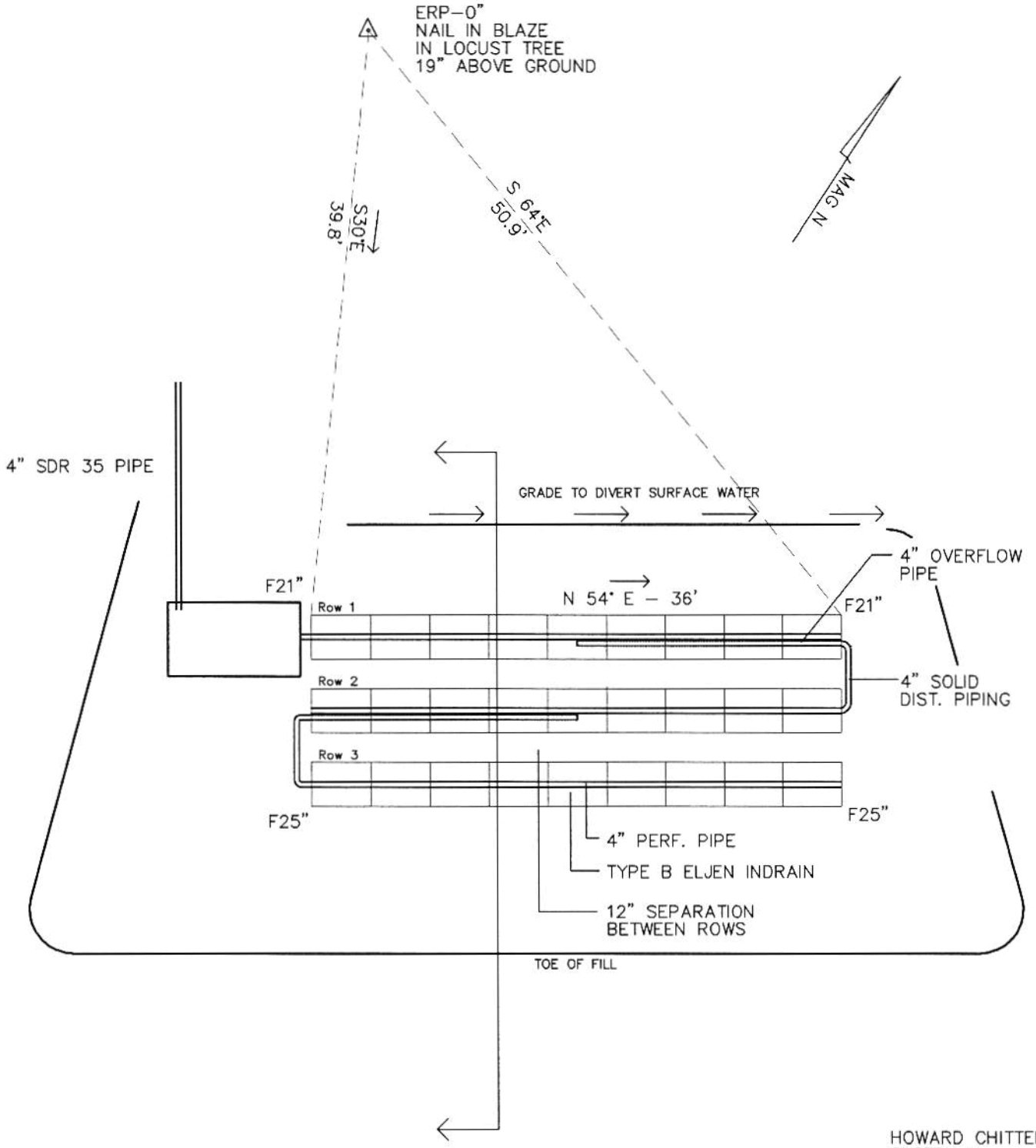
SE #

10/25/2020

Date

SYSTEM 1

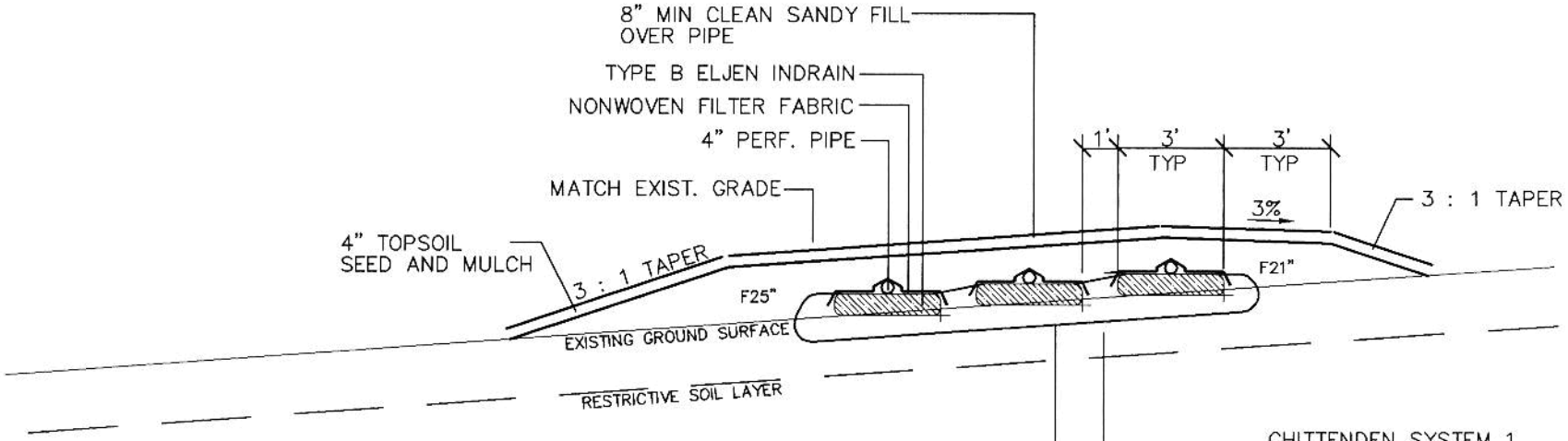
DISPOSAL AREA PLAN



HOWARD CHITTENDEN
SYSTEM 1
SCALE 1"=10'
JN: 1686
10–25–20

SYSTEM 1

DISPOSAL AREA CROSS SECTION



CHITTENDEN SYSTEM 1
SCALE 1"=5'
JN: 1686
10-25-20

Elevations

Elevation Reference Point 0"

Row	Bottom of Indrain	Top of Pipe
1	-85"	-74"
2	-88"	-77"
3	-92"	-81"

Sand Gradation

All particles shall pass the 3/8" sieve
particle size 0.01" – 0.08"
< 5% passing the #200 sieve