SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

City, Town, or Plantation: ELLSWORTH

Street or Road: GREEN LAKE CAMPUS WAY

Subdivision, Lot #:

OWNER/APPLICANT INFORMATION

Name (last, first, MI): THAYER, MARY ☒ Owner ☐ Applicant

Mailing Address of ☒ Owner ☐ Applicant: 23 TIMBERVIEW DRIVE HERMON, ME 04401

Daytime Tel. # / email address: (207) 631-5546

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] 5/6/19

Signature of Owner or Applicant   Date

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City ______ Permit # ______

Date Permit Issued ___/___/___ Fee $ ______ Double Fee Charged [ ]

______ L.P.I. # ______

Local Plumbing Inspector Signature

Fee: $______ state min. fee $______ Locally adopted fee

Copy: ☐ 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 the application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map # ______ Lot # ______

CAUTION: INSPECTION REQUIRED

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

(1st) Date Approved

Local Plumbing Inspector Signature   (2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION

☐ 1. First Time System
☒ 2. Replacement System
Type Replaced: STEEL TANK + UNKNOWN
Year Installed: UNKNOWN
☐ 3. Expanded System
☐ a. Minor Expansion <25%
☐ b. Major Expansion ≥ 25%
☐ 4. Experimental System
☐ 5. Seasonal Conversion

SIZE OF PROPERTY: 1+/- ☐ sq. ft. ☐ acres

SHORELAND ZONING: ☒ Yes ☐ No

THIS APPLICATION REQUIRES

☐ 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 TO SERVE

☐ 1. Single Family Dwelling Unit, No. of Bedrooms: ____
☐ 2. Multiple Family Dwelling, No. of Units: ____
☒ 3. Other: (specify) YEAR ROUND CAMP - 4 BEDROOMS

Current Use ☒ Seasonal ☐ Year Round ☐ Undeveloped

DISPOSAL SYSTEM COMPONENT(S)

☒ 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

TYPE OF WATER SUPPLY

☐ Proposed ☒ Existing
☒ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private
☐ 4. Public ☐ 5. Other: ______

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

☒ 1. Concrete
☒ a. Regular
☐ b. Low Profile
☐ c. with aft station
☒ d. multiple
☐ e. two compartment
☐ 2. Plastic
☐ 3. Other
CAPACITY: 1000 gallons

DISPOSAL FIELD TYPE & SIZE

☐ 1. Stone Bed ☐ 2. Stone Trench
☒ 3. Proprietary Device 4x2x8' SIDEFEED CHAMBER
☐ a. Cluster Array ☒ c. Linear
☒ b. Regular load ☐ d. H-20 load
☐ 4. Other:
SIZE: 960 ☒ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT

☒ 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

360 gallons per day
BASED ON:
☒ 1. Table 4A (dwelling units)
☐ 2. Table 4C (other facilities)
SHOW CALCULATIONS for other facilities

SOIL DATA & DESIGN CLASS

PROFILE: 4 CONDITION: B
at Observation Hole # TP2
Depth 43"
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
☐ 4. Extra Large – 5.0 sq. ft./gpd

EFFLUENT/EJECTOR PUMP

☒ 1. Not Required
☐ 2. May be Required
☐ 3. Required
Specify only for engineered systems:
DOSE ______ gallons

☐ 3. Section 4G meter: ______
ATTACH WATER METER DATA

LATITUDE AND LONGITUDE
at center of disposal area
Lat. 44 33.18 N
Lon. 68 29.73 W
if g.p.s. state margin of error: 20'

SITE EVALUATOR STATEMENT

I certify that on 7/05/19 (date) I completed a site evaluation on this property and state that the data reported are accurate and the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241). Revised 5/04/2021

[signature]   213   7/10/19

Site Evaluator Signature   SE#   Date

STEPHEN H. HOWELL   (207) 825-4792   showellsoilsolutions@gmail.com

Site Evaluator Name Printed   Telephone Number   E-mail Address

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

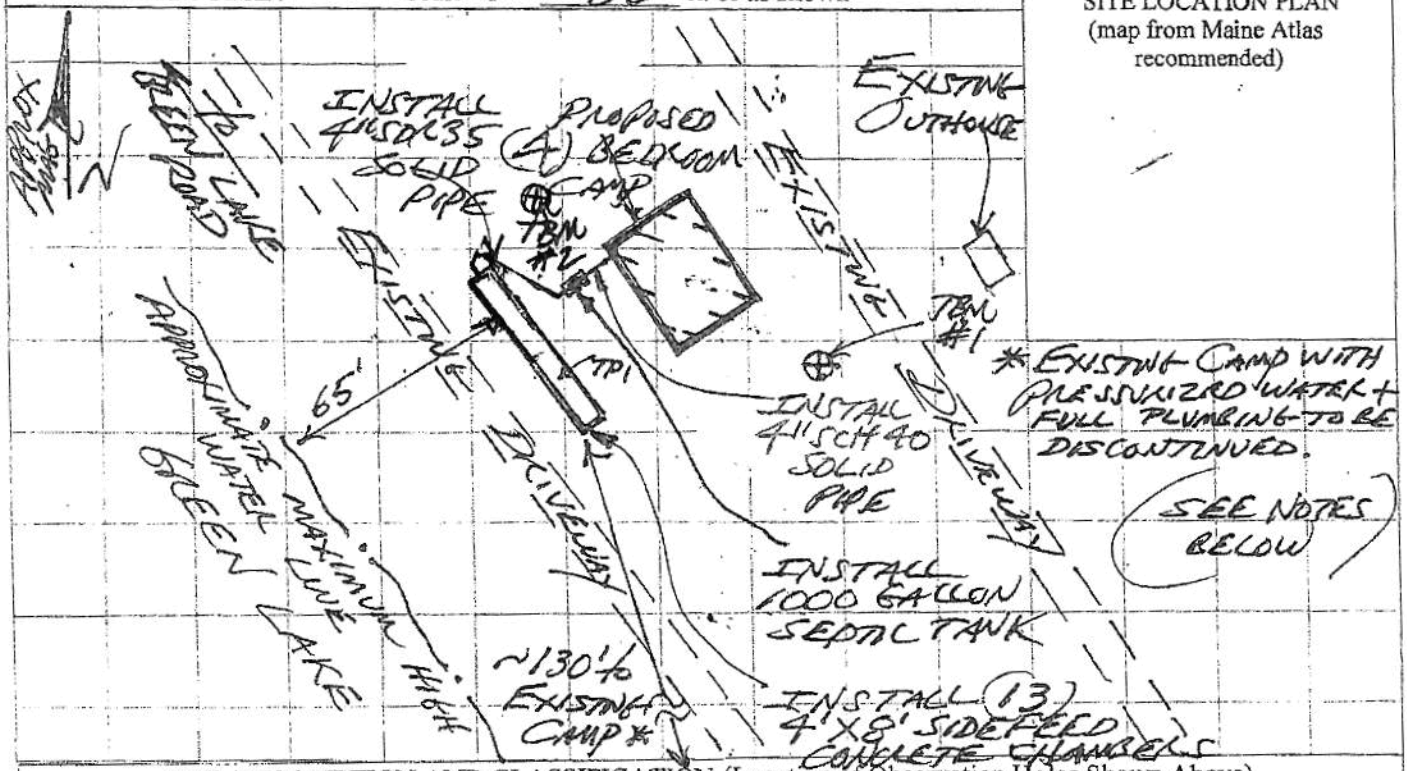
Town, City, Plantation: ELLSWORTH

Street, Road, Subdivision: GREEN LAKE CAMPING WAY

Owner's Name: MAURY THAYER

SITE PLAN

Scale 1" = 50 ft. or as shown



SITE LOCATION PLAN

(map from Maine Atlas recommended)

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

Observation Hole TP1 ☒ Test Pit ☐ Boring

1 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10	VERY GRAVELLY LOAMY SAND (OLD FILL)	FRIABLE	LIGHT OLIVE BROWN	NONE
10–30	GRAV. LOAMY LOAM		LIGHT YELL. BROWN	
30–50	GRAVELLY SAND		OLIVE BROWN	

LIMIT OF OBSERV 43"

Soil Classification	Slope	Limiting Factor	
4 B (Profile / Condition)	8 %	>43"	[ ] Ground Water [ ] Restrictive Layer [ ] Bedrock [X] Pit Depth

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–50	NOTES: 1. REVIEW + COMPLY WITH ATTACHED SEPTIC SYSTEM USER + CONSTRUCTION NOTES. 2. DIVERT RUNOFF AWAY FROM DISPOSAL FIELD (CHAMBERS). 3. PROPERLY PROTECT PIPES + SEPTIC TANK FROM FREEZING + CRUSHING. 4. INSTALL SILT FENCE PRIOR TO CONSTRUCTION AT EDGE OF PROPOSED DISTURBANCE. 5. ALL PROPERTY LINES ARE MORE THAN 20' FROM SEPTIC SYSTEM.			

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

Site Evaluator Signature

#213
SE #

7/10/19
Date

5/04/2021

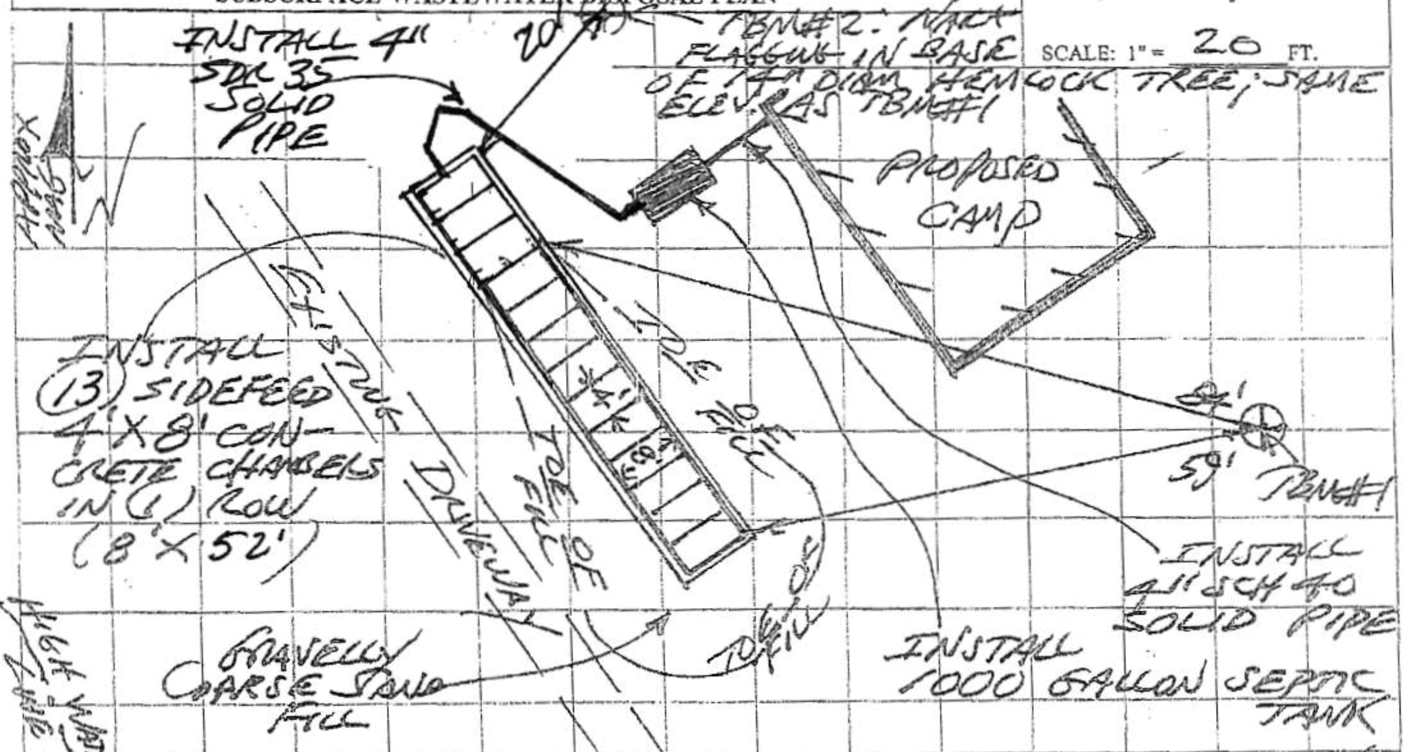
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
ELLSWORTH	GREEN LAKE CAMPING WAY	MAURY THAYER

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



FILL REQUIREMENTS	X-SECT A	B	CONSTRUCTION ELEVATIONS	
Depth of Fill (Upslope)	0"	22"	Finished Grade Elevation	-89"
Depth of Fill (Downslope)	0"	25"	Top of Distribution Pipe or Proprietary Device	-101"
			Bottom of Disposal Area	-114"

ELEVATION REFERENCE POINT (TBM#1)
Location & Description: NAIL + FLAGGING IN BASE OF A 15" DIAM. HEMLOCK TREE
Reference Elevation: -0"

DISPOSAL AREA CROSS SECTION

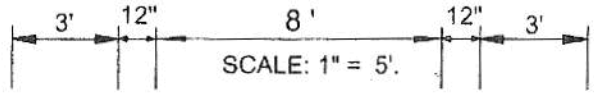
Scale
Horizontal 1" = ____ ft.
Vertical 1" = ____ ft.

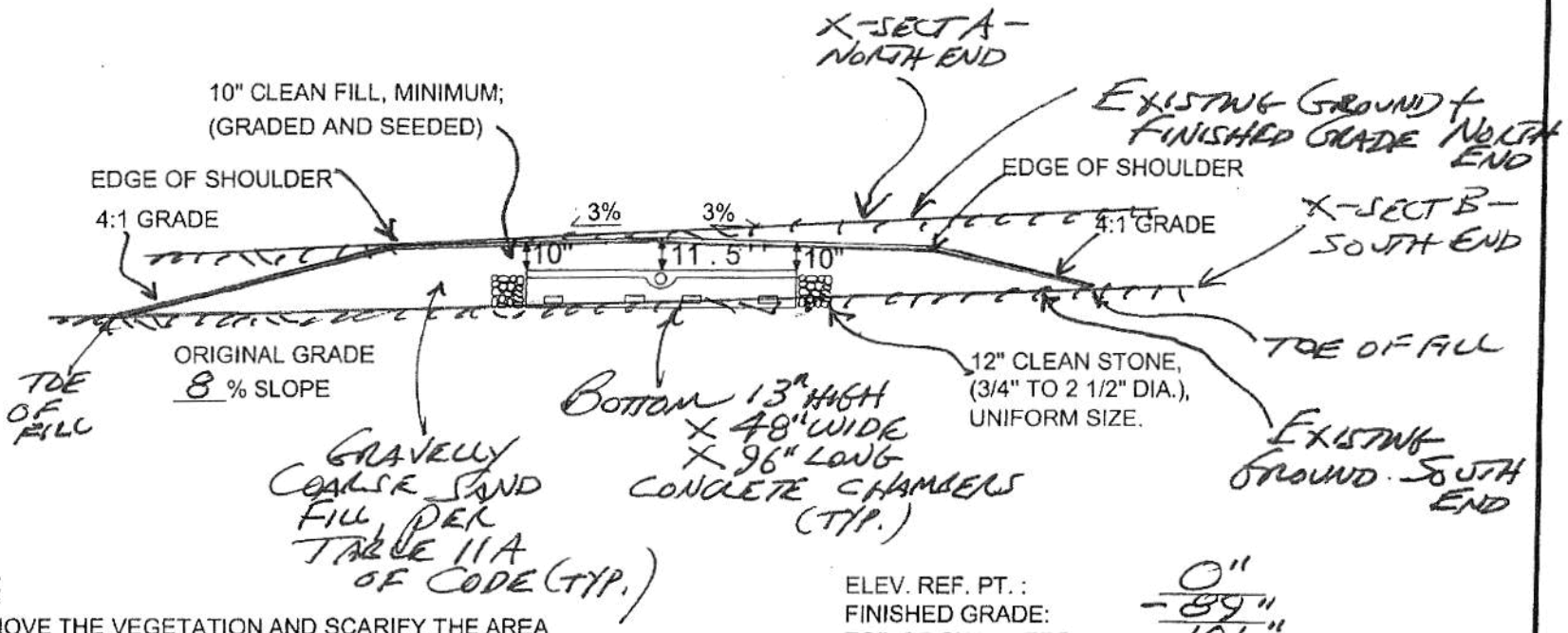
SEE ATTACHED CROSS SECTION

Site Evaluator Signature	SE #	Date
[signature]	#213	7/10/19

REVISED 5/04/2021

CHAMBER CROSS SECTION





NOTES:

1. REMOVE THE VEGETATION AND SCARIFY THE AREA BENEATH SYSTEM AND FILL EXTENSIONS.
2. INSTALL COARSE SAND TO GRAVELLY COARSE SAND IN 8" LIFTS AND USING A SMALL DOZER.
3. KEEP THE BOTTOM OF THE CHAMBERS LEVEL.
4. THE TOP 4" OF THE CLEAN FILL WILL CONSIST OF SOIL AMENDMENT MIX, SUITABLE FOR ESTABLISHMENT OF A VEGETATIVE COVER. THIS WILL BE PLACED OVER THE SYSTEM INCLUDING FILL EXTENSIONS.
5. PROTECT ALL PIPING FROM FROST.

ELEV. REF. PT. :	0"
FINISHED GRADE:	-89"
TOP OF CHAMBERS:	-101"
BOTTOM OF CHAMBERS:	-114"

OWNER: Mary Thayer

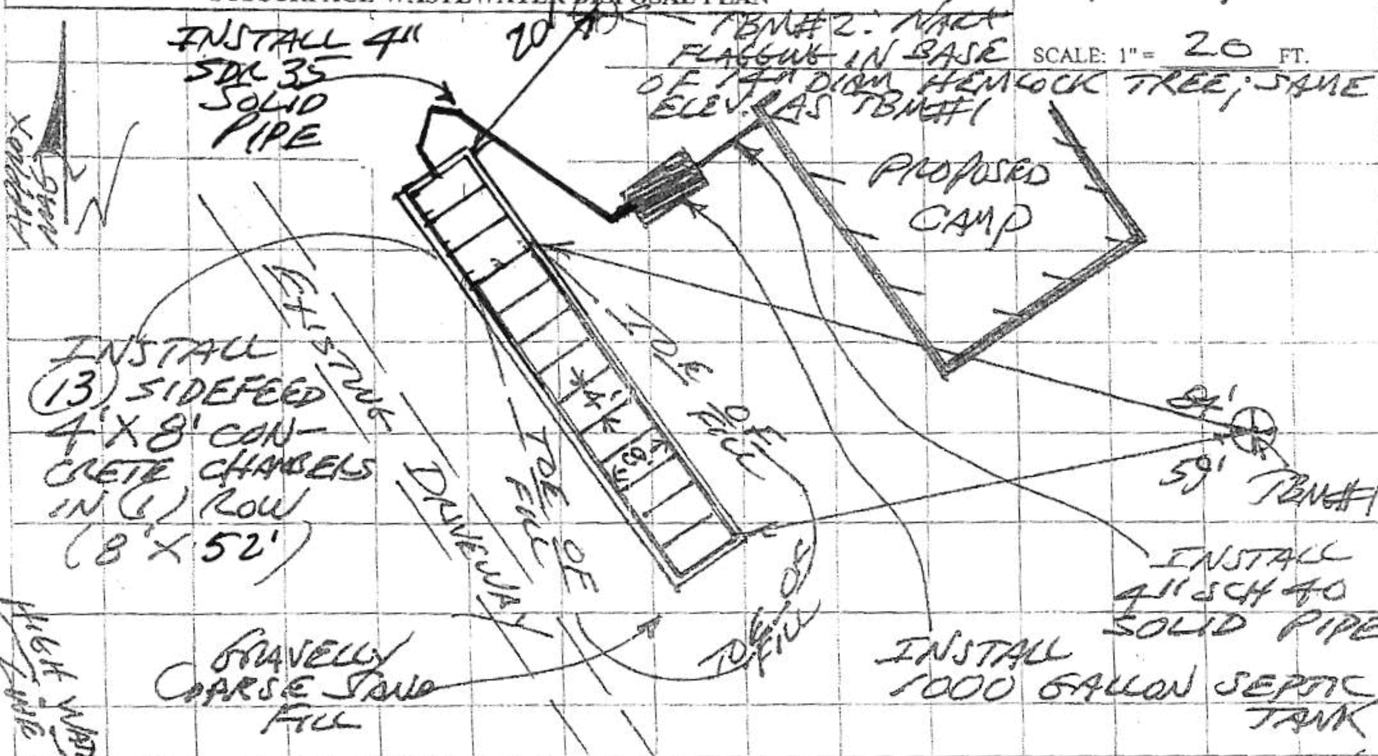
LOCATION: Green Lake Campwy Way
Ellsworth

SITE EVALUATOR — 213 S.E.# — 7/10/19 DATE — 5/04/2021

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION		Department of Health & Human Services Division of Environmental Health (207) 287-5672 Fax: (207) 287-3165
Town, City, Plantation ELLSWORTH	Street, Road, Subdivision GREEN LAKE CAMPING WAY	Owner's Name MAURY THAYER

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



FILL REQUIREMENTS X-SECT A B

Depth of Fill (Upslope) 0" 22"

Depth of Fill (Downslope) 0" 25"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -89"

Top of Distribution Pipe or Proprietary Device -101"

Bottom of Disposal Area -114"

ELEVATION REFERENCE POINT (TBM#1)

Location & Description: NAIL + FLAGGING IN BASE OF A 15" DIAM. HEMLOCK TREE

Reference Elevation: 0"

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = ____ ft.

Vertical 1" = ____ ft.

SEE ATTACHED CROSS SECTION

REVISED 5/04/2021

[signature]	#213	7/10/19
Site Evaluator Signature	SE #	Date

STATE REVISED #6449

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) 287-5671
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: EDDINGTON

Property Owner's Name: MARY THAYER — Tel. No.: 631-5546

System's Location: GREEN LAKE CAMPING WAY, GREEN LAKE

Owner, Current Address: 22 TIMBERVIEW DRIVE, — Zip Code: 04401

Owner address: HERMON, ME. 04401

The subsurface wastewater disposal system variance for the subject property requires a ☐ non-conforming 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. 65' to GREEN LAKE HIGH WATER LINE FROM CHAMBERS — TABLE 8A
2.
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 requested 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.

DUE TO ASHORE LOT & SLOPE OF LAND THE PROPOSED REPLACEMENT CHAMBER SYSTEM IS THE BEST PRACTICAL ALTERNATIVE.

I, STEPHEN H. HOWELL, S.E., certify that a variance to the Rules is necessary since a system cannot be installed that will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available at this time for the subsurface wastewater disposal, and that the system should function properly.

SIGNATURE OF SITE EVALUATOR — DATE 7/10/19 5/04/2021

PROPERTY OWNER

I, Mary Thayer, am the ☐ owner ☐ 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 re-state all concerns provided they have performed their duties in a reasonable and prudent 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.

SIGNATURE OF OWNER ☐ AGENT FOR THE OWNER — DATE 5/4/21

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all variance requests prior to rendering a decision.
I, LORETTA ROBERTS, 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: 5/6/2021

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	NA	NA
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