

RECEIVED

JUL 5 2024

TOWN OF BAR HARBOR MAINE

## 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                                                                                                                                                                                                  |                                                                              | >> CAUTION: LPI APPROVAL REQUIRED <<                                                                                                                                                                                                                                                               |                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| City, Town, or Plantation                                                                                                                                                                                          | BAR HARBOR                                                                   | Town/City                                                                                                                                                                                                                                                                                          | Bar Harbor Permit # 4440                 |
| Street or Road                                                                                                                                                                                                     | CORNER OF ARROWHEAD & INDIAN POINT ROADS                                     | Date Permit Issued                                                                                                                                                                                                                                                                                 | 7/9/24 Fee \$ 459 Double Fee Charged ( ) |
| Subdivision, Lot #                                                                                                                                                                                                 | LOT 1                                                                        |                                                                                                                                                                                                                                                                                                    | L.P.I. # 1000                            |
| OWNER/APPLICANT INFORMATION                                                                                                                                                                                        |                                                                              | Local Plumbing Inspector Signature                                                                                                                                                                                                                                                                 |                                          |
| Name (last, first, MI)                                                                                                                                                                                             | HADNOT, CLAYTON                                                              | Fee: \$ 250 state min. fee \$ 459                                                                                                                                                                                                                                                                  | Locally adopted fee                      |
|                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant | Copy: <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State                                                                                                                                                                                                  |                                          |
| Mailing Address of                                                                                                                                                                                                 | P.O. BOX 276                                                                 | 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. |                                          |
| <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant                                                                                                                                       | WILMOT NH 03282                                                              |                                                                                                                                                                                                                                                                                                    |                                          |
| Daytime Tel. #                                                                                                                                                                                                     | (603) 568-6346                                                               | Municipal Tax Map # 234 Lot # 35                                                                                                                                                                                                                                                                   |                                          |
| email address:                                                                                                                                                                                                     |                                                                              |                                                                                                                                                                                                                                                                                                    |                                          |
| 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 Subsurface Wastewater Disposal Rules Application.                                                                                                                                                         |                                          |
| Signature of Owner or Applicant                                                                                                                                                                                    |                                                                              | Local Plumbing Inspector Signature                                                                                                                                                                                                                                                                 |                                          |
| Date 7/5/2024                                                                                                                                                                                                      |                                                                              | (1st Date Approved)                                                                                                                                                                                                                                                                                |                                          |
|                                                                                                                                                                                                                    |                                                                              | (2nd Date Approved)                                                                                                                                                                                                                                                                                |                                          |

## PERMIT INFORMATION

| TYPE OF APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                       | THIS APPLICATION REQUIRES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DISPOSAL SYSTEM COMPONENT(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> 1. First Time System<br><input type="checkbox"/> 2. Replacement System<br>Type Replaced: _____<br>Year Installed: _____<br><input type="checkbox"/> 3. Expanded System<br><input type="checkbox"/> a. Minor Expansion <25%<br><input type="checkbox"/> b. Major Expansion ≥ 25%<br><input type="checkbox"/> 4. Experimental System<br><input type="checkbox"/> 5. Seasonal Conversion | <input checked="" type="checkbox"/> 1. No Rule Variance<br><input type="checkbox"/> 2. First Time System Variance<br><input type="checkbox"/> a. Local Plumbing Inspector Approval<br><input type="checkbox"/> b. State & Local Plumbing Inspector Approval<br><input type="checkbox"/> 3. Replacement System Variance<br><input type="checkbox"/> a. Local Plumbing Inspector Approval<br><input type="checkbox"/> b. State & Local Plumbing Inspector Approval<br><input type="checkbox"/> 4. Minimum Lot Size Variance<br><input type="checkbox"/> 5. Seasonal Conversion Permit | <input checked="" type="checkbox"/> 1. Complete Non-engineered System<br><input type="checkbox"/> 2. Primitive System (graywater & alt. toilet)<br><input type="checkbox"/> 3. Alternative Toilet, specify: _____<br><input type="checkbox"/> 4. Non-engineered Treatment Tank (only)<br><input type="checkbox"/> 5. Holding Tank _____ gallons<br><input type="checkbox"/> 6. Non-engineered Disposal Field (only)<br><input type="checkbox"/> 7. Separated Laundry System<br><input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more)<br><input type="checkbox"/> 9. Engineered Treatment Tank (only)<br><input type="checkbox"/> 10. Engineered Disposal Field (only)<br><input type="checkbox"/> 11. Pre-treatment, specify: _____<br><input type="checkbox"/> 12. Miscellaneous components |
| SIZE OF PROPERTY<br>____ sq. ft.<br>____ acres                                                                                                                                                                                                                                                                                                                                                                            | DISPOSAL SYSTEM TO SERVE<br><input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 4<br><input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____<br><input type="checkbox"/> 3. Other: (SPECIFY) _____                                                                                                                                                                                                                                                                                                                               | TYPE OF WATER SUPPLY<br><input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing<br><input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private<br><input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| SHORELAND ZONING<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                   | Current Use: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

| TREATMENT TANK                                                                                                                                                                                                                                                                                                                                                                              | DISPOSAL FIELD TYPE & SIZE                                                                                                                                                                                                                                                                                                                                                                                                                         | GARBAGE DISPOSAL UNIT                                                                                                                                                                                                                                                                                                                                                       | DESIGN FLOW                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> 1. Concrete<br><input type="checkbox"/> a. Regular OR<br><input type="checkbox"/> b. Low Profile<br><input type="checkbox"/> c. with lift station<br><input type="checkbox"/> d. water tight<br><input type="checkbox"/> e. two compartment<br><input type="checkbox"/> 2. Plastic<br><input type="checkbox"/> 3. Other: _____<br>CAPACITY 1000 gallons | <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench<br><input checked="" type="checkbox"/> 3. Proprietary Device 16 SIDE<br>FEED CONCRETE CHAMBERS<br><input type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear<br><input type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load<br><input type="checkbox"/> 4. Other: _____<br>SIZE 1232 sq. ft. <input type="checkbox"/> lin. ft. | <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe<br>If Yes or Maybe, specify one below:<br><input type="checkbox"/> a. Multi-compartment Tank<br><input type="checkbox"/> b. _____ Tanks in Series<br><input type="checkbox"/> c. Increase in Tank Capacity<br><input type="checkbox"/> d. Filter on Tank Outlet | 360 gallons per day<br>BASED ON<br><input checked="" type="checkbox"/> 1. Table 5A (dwelling unit(s))<br><input type="checkbox"/> 2. Table 5C (other facilities)<br>SHOW CALCULATIONS for other facilities<br>4 BEDROOMS       |
| SOIL DATA & DESIGN CLASS<br>PROFILE CONDITION<br>3 / C / A, III<br>at Observation Hole # 1<br>Depth 22"<br>OF MOST LIMITING SOIL FACTOR                                                                                                                                                                                                                                                     | DISPOSAL FIELD SIZING<br><input type="checkbox"/> 1. Medium -- 2.6 sq. ft./gpd<br><input checked="" type="checkbox"/> 2. Medium-Large -- 3.3 sq. ft./gpd<br><input type="checkbox"/> 3. Large -- 4.1 sq. ft./gpd<br><input type="checkbox"/> 4. Extra Large -- 5.0 sq. ft./gpd                                                                                                                                                                     | EFFLUENT/EJECTOR PUMP<br><input checked="" type="checkbox"/> 1. Not Required<br><input type="checkbox"/> 2. May be Required<br><input type="checkbox"/> 3. Required<br>Specify only for engineered systems<br>DOSE: _____ gallons                                                                                                                                           | <input type="checkbox"/> 3. Section 4G (meter readings)<br>ATTACH WATER METER DATA<br>LATITUDE AND LONGITUDE<br>at center of disposal area<br>Lat. 44° 23' 25" N<br>Lon. 68° 21' 24" W<br>if g.p.s., state margin of error 30' |

## SITE EVALUATOR STATEMENT

I certify that on 5-31-2024 (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 (10-144 CMR 241).

|                                                     |                              |                                            |
|-----------------------------------------------------|------------------------------|--------------------------------------------|
| Site Evaluator Signature<br>WILLIAM A. LaBELLE, JR. | 319<br>SE#<br>(207) 537-5900 | 6-17-24<br>Date<br>labelleseptic@rivah.net |
| 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

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

Town, City, Plantation

BAR HARBOR

CORNER OF Street, Road, Subdivision LOT 1

ARROWHEAD INDIAN POINT ROADS

Owner or Applicant Name

CLAYTON HADNOT

SITE PLAN

Scale 1" = \_\_\_\_\_ Ft.

## NOTES:

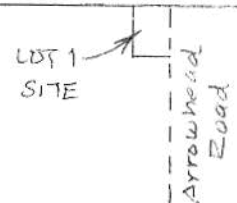
(SEE ATTACHED SITE PLAN)

"WATER TREATMENT SYSTEMS SHALL NOT BE CONNECTED TO THE SEPTIC SYSTEM", FOR FIRST TIME SYSTEMS.

"IF A WATER TREATMENT SYSTEM EXIST AND IS CONNECTED TO THE SEPTIC SYSTEM, IT MUST BE REMOVED FROM THE SEPTIC SYSTEM", FOR REPLACEMENT SYSTEMS.

SITE LOCATION PLAN  
(Attach map from Maine Atlas for First Time System Variance)

Indian Point Road



TP#1 (OUTSIDE SYSTEM AREA)

(USED THIS TP WITH PROBINGS)

## SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above or on pg. 2A)

Observation Hole #1 ☒ Test Pit ☐ Boring

4" Depth of organic horizon above mineral soil

| Texture    | Consistency         | Color                     | Mottling  |
|------------|---------------------|---------------------------|-----------|
| MUCKY LOAM |                     | VERY DK. BROWN (10YR 2/2) |           |
| SANDY      | FRIABLE             | DARK                      | N.E.      |
| STONY      |                     | YELLOWISH                 |           |
| LOAM       |                     | BROWN                     | FEW FAINT |
|            | FIRM                | (10YR 3/4)                |           |
|            | (LEDGE LIKELY SOON) |                           |           |

Soil Profile 3 Classification C/A III Slope 2.5% Limiting Factor 16" Depth

Observation Hole #2 ☒ Test Pit ☐ Boring

2" Depth of organic horizon above mineral soil

| Texture    | Consistency         | Color                     | Mottling |
|------------|---------------------|---------------------------|----------|
| MUCKY LOAM |                     | VERY DK. BROWN (10YR 2/2) |          |
| SANDY      | FRIABLE             | DARK                      |          |
| STONY      |                     | YELLOWISH                 | N.E.     |
| LOAM       |                     | BROWN                     |          |
|            | FIRM                | (10YR 3/6)                |          |
|            | (LEDGE LIKELY SOON) |                           |          |

Soil Profile 3 Classification C/A III Slope 5 1/2% Limiting Factor 22" Depth

Site Evaluator's Signature

319  
S. E. #

6-17-24  
Date

Town, City, Plantation

BAR HARBOR

Street, Road, Subdivision LOT 1

ARROWHEAD INDIAN POINT ROADS

Owner or Applicant Name

CLAYTON HADNOT

# SITE PLAN

SCALE: 1" = 60' FT.

MAGNETIC  
NORTH

ARROWHEAD ROAD

- LOT 1 -

INDIAN  
POINT  
ROAD

PROPOSED  
HOUSE

PROPOSED 1000 GAL.  
SEPTIC TANK, MAY  
NEED LOW PROFILE.

PROPOSED  
16 SIDE FEED  
CHAMBERS

TP1  
PROBINGS,  
TYPICAL

ERP, NAIL IN  
6" DIA. SPRUCE

TP2  
LEDGE

5" DIA. FIRE TREE,  
FOR TIE

APPROX.  
PROPERTY LINES

-48"  
-54"  
-64"  
-60"

EXISTING  
GROUND  
ELEVATIONS,  
TYPICAL

## NOTE:

SEE ALL NOTES  
PAGE 2.

SCALE: 1" = 60'



Site Evaluator's Signature

319  
S.E. #

6-17-24  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation **CORNER Street, Road, Subdivision LOT 1**  
**BAR HARBOR OF ARROWHEAD, INDIAN POINT ROADS**

Owner or Applicant Name  
**CLAYTON HADNOT**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.  
PROPOSED HOUSE



### NOTE:

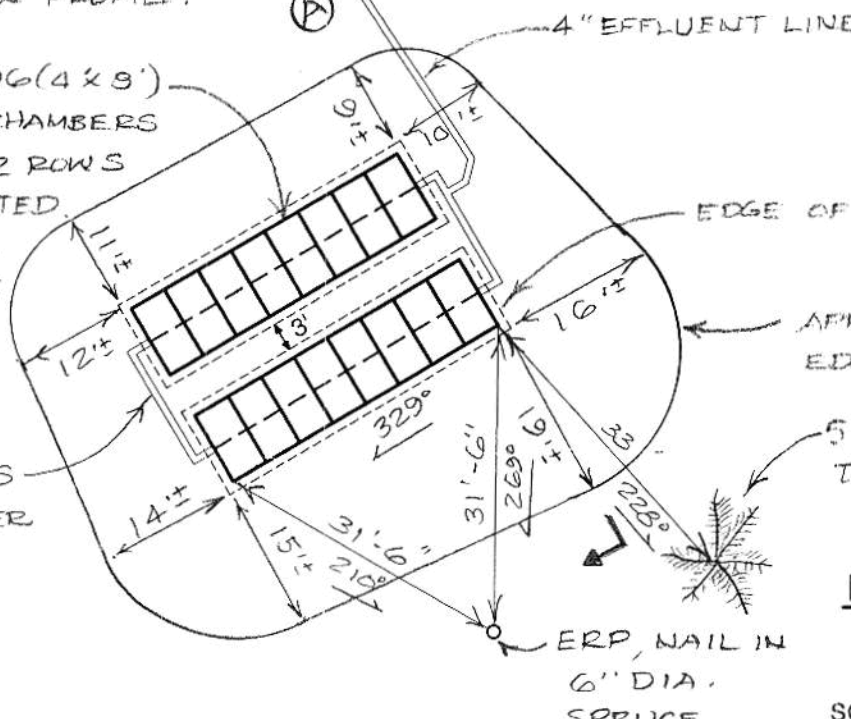
DO NOT OVER SCARIFY SITE. SHALLOW TO LEDGE SOIL CONDITIONS EXIST. GENTLY REMOVE STUMPS AND ORGANIC MATTER; LEAVING AS MUCH ORIGINAL SOIL, AS ABSOLUTELY POSSIBLE.

APPROX. BUILDING SEWER

PROPOSED 1000 GAL. SEPTIC TANK, MAY NEED LOW PROFILE.

PROPOSED 16(4'x8') SIDE FEED CHAMBERS PLACED IN 2 ROWS OF 8 SEPARATED BY 5'; FOUR CORNERS ARE STAVED OUT.

TIE ENDS TOGETHER



### NOTE:

SEE ALL NOTES PAGES 2 AND 2A.

SCALE: 1" = 20'

0' 5' 10' 20' 30' 40'

| FILL REQUIREMENTS                                       |         | CONSTRUCTION ELEVATIONS                        |       | SYSTEM | PRIVY | ELEVATION REFERENCE POINT |                   |
|---------------------------------------------------------|---------|------------------------------------------------|-------|--------|-------|---------------------------|-------------------|
| Depth of Backfill (Upslope)                             | 21"-27" | Finished Grade Elevation                       | CROWN | -23"   |       | Location & Description    | NAIL 72"          |
| Depth of Backfill (Downslope)                           | 33"-37" | Top of Distribution Pipe or Proprietary Device |       | -35"   | N/A   |                           | ABOVE GROUND IN A |
|                                                         |         | Bottom of Disposal Field                       |       | -48"   |       |                           | 6" DIA. SPRUCE,   |
| Depths @ cross-section shown below or on X-sec. detail. |         |                                                |       |        |       | Reference Elevation is:   | 0"                |

### NOTES:

DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

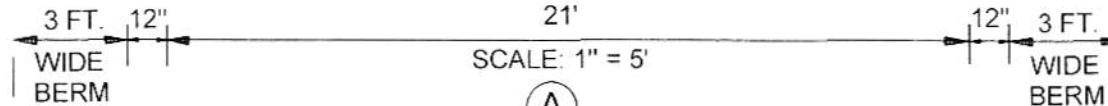
1. Tank(s) must be 8' minimum from building.
2. Grade surrounding area to divert surface water away from system.
3. Well to be 50' minimum from septic tank(s) and 100' minimum from disposal field.
4. All work done adjacent to wetlands, water bodies and water courses must be done in compliance with Section 13 Of the Subsurface Wastewater Disposal Rules. Erosion and sediment control measures must be in accordance with the March 2003 edition of the Maine DEP Handbook "Maine Erosion and Sediment Control BMPS" (DEPW0588).
5. Install water tight, 18" dia. risers to finished finished grade on all covers of tank(s) and separate pump tanks.
6. Full basement below grade foundation must be 20' minimum from edge of disposal field and no full basement, slab, frost wall, columns or posts must be 15' minimum from edge of disposal field.

*W.C.3*  
Site Evaluator's Signature

319  
S.E. #

6-17-23  
Date

# DISPOSAL AREA CROSS SECTION



## NOTE:

GRADE UPSLOPE TO DIVERT SURFACE WATER AWAY FROM SYSTEM.

TOP 4" OF FILL TO BE A GOOD LOAM SOIL MIX TO ESTABLISH A GOOD VEGETATIVE COVER; SEED AND MULCH TO PREVENT EROSION, SEC. 12-E-d.

FILL MATERIAL SHALL BE 8"-12" THICK OVER CHAMBERS AND SHALL BE GRAVELLY COARSE SAND TO THE STANDARDS IN SEC. 12-E IN THE SUBSURFACE RULES.

## NOTE:

DO NOT OVER SCARIFY SITE. SHALLOW TO LEDGE SOIL CONDITIONS EXIST. GENTLY REMOVE STUMPS AND ORGANIC MATTER; LEAVING AS MUCH ORIGINAL SOIL, AS ABSOLUTELY POSSIBLE.

CROWN FINISH GRADE FROM CENTER AT 3 % SLOPE

FILL EXTENSIONS NO GREATER THAN 4:1, (25% SLOPE).

FILTER FABRIC OVER STONE

FILTER FABRIC RECOMMENDED OVER CHAMBERS

37" FILL

8"

16" FILL

3'

12"

3%

3%

8"

21" FILL

22"

EXISTING GRADE

LIMITING FACTOR

12" CLEAN STONE, (3/4" - 2 1/2" DIA.), UNIFORM SIZE.

AT SURFACE

4' x 8' CHAMBER

BOTTOM OF CHAMBERS MUST BE LEVEL WITH MAXIMUM GRADE TOLERANCE OF 2" PER 100'.

THOROUGHLY MIX, DISK OR ROTO-TILL CLEAN, COARSE, SHARP SAND INTO TOP 6 INCHES OF ORIGINAL SOIL TO CREATE A TRANSITION ZONE, SEC. 12-B.

REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER ENTIRE FILL AREA, SEC. 12-B; (SEE NOTE ABOVE).

## ELEVATIONS:

ELEV. REF. PT. (ERP):

0"

FINISHED GRADE:

- 23" CROWN

TOP OF CHAMBERS:

- 35"

BOTTOM OF CHAMBERS:

- 48"

## NOTE:

SYSTEM MUST BE INSTALLED ACCORDING TO THE RULES AND PRACTICES SET FORTH IN THE MOST CURRENT VERSION OF THE STATE OF MAINE SUBSURFACE WASTEWATER DISPOSAL RULES. INSTALLATION CONTRATOR MUST BE FAMILIAR WITH SAID RULES AND CONSTRUCT SYSTEM IN FULL COMPLIANCE WITH SECTION 12 OF SAID RULES.

OWNER: CLAYTON HADNOT

LOCATION: BAR HARBOR

SCALE: 1" = 5'



W. A. LaBelle, Jr.

WILLIAM A. LaBelle, Jr.

319

S.E.#

6-17-24

DATE