

194 L11

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; Caution: Permit Required -- Attach In Space Below &lt;&lt;</b>	
City, Town, or Plantation	ELLSWORTH	<i>Town Copy</i>	
Street or Road	<i>Upper</i> BOGGY BROOK ROAD		
Subdivision, Lot #	LOT #17	The Subsurface Wastewater Disposal System <b>shall not</b> be installed until a Permit is attached HERE 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.	
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	DYER, VANCE	<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Applicant
Mailing Address of	RR #1 333 BAYSIDE RD. TRENTON, MAINE 04605		
Daytime Tel. #	207-664-0242	Municipal Tax Map # <u>9A</u>	Lot # <u>11</u>
<b>Owner or Applicant Statement</b>		<b>Caution: Inspections Required</b>	
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant _____		Local Plumbing Inspector Signature _____	
Date _____		(1st) Date Approved _____	
		(2nd) Date Approved _____	

## PERMIT INFORMATION

<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENT(S)</b>
1. <input checked="" type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	1. <input checked="" 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. <input type="checkbox"/> Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	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
<b>SIZE OF PROPERTY</b>	<b>DISPOSAL SYSTEM TO SERVE</b>	<b>TO BE TYPE OF WATER SUPPLY</b>
21 ± <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	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 _____	1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
<b>SHORELAND ZONING</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>	<b>DESIGN FLOW</b>
1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons	1. <input checked="" 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 type="checkbox"/> Other: _____ SIZE <u>900</u> sq. ft. <input type="checkbox"/> lin. ft.	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	<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 --
<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>DISPOSAL FIELD SIZING</b>	<b>PUMPING</b>	
PROFILE CONDITION DESIGN <u>3 1 C 1 1</u> at Observation Hole # <u>1</u> Depth <u>15</u> * Elevation <u>-78</u> OF MOST LIMITING SOIL FACTOR	1. <input type="checkbox"/> Small -- 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium -- 2.6 sq. ft./gpd 3. <input checked="" 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	1. <input checked="" type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input 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 8-6-00 (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).

William A. LaBelle Jr Site Evaluator Signature      319 SE #      8-8-00 Date

William A. LaBelle Jr      207-537-5900      REVISED 7-24-01

Page 1 of 3  
HHE-200 Rev. 6/00

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

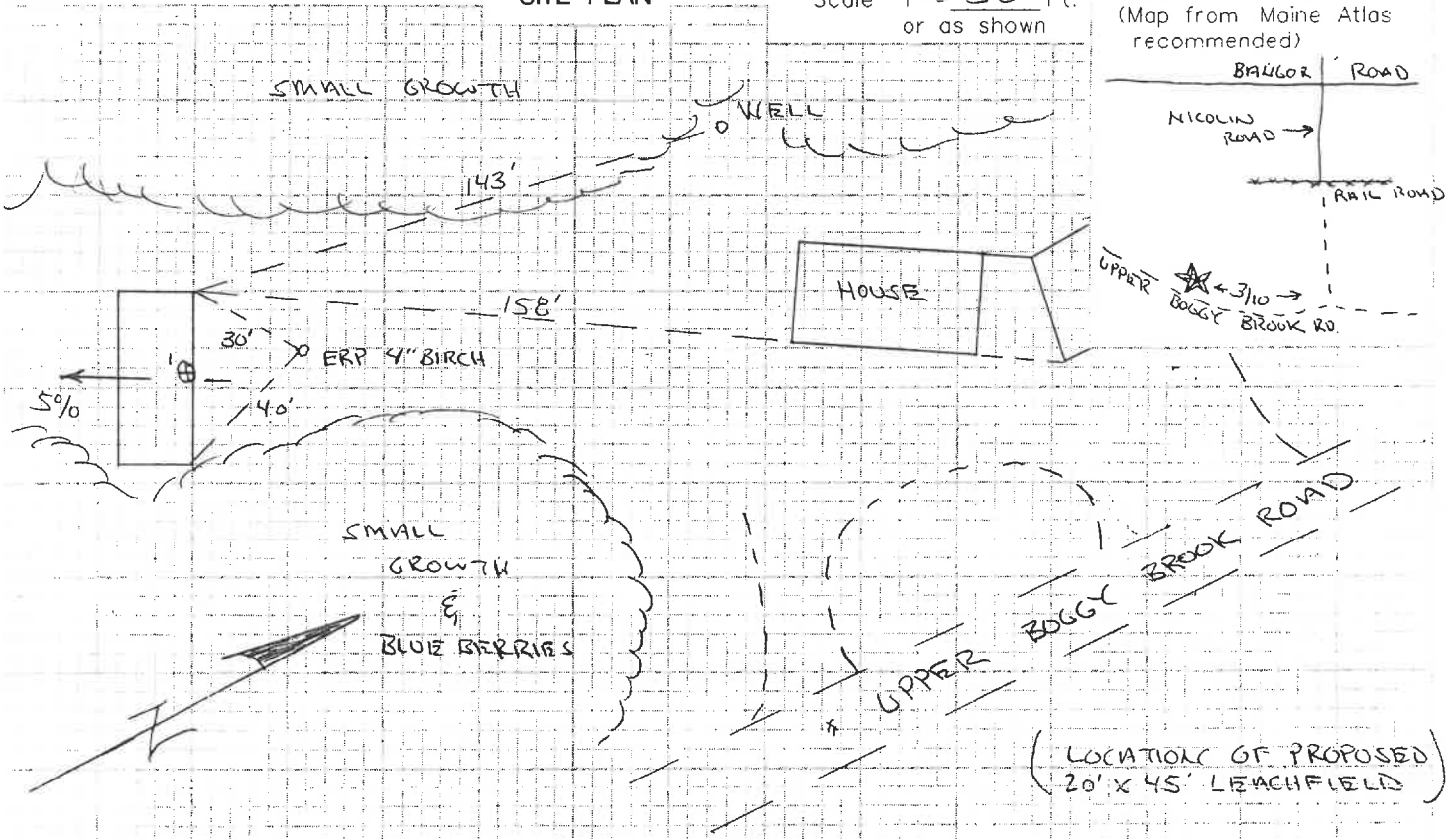
Department of Human Services  
Division of Health Engineering  
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation  
**ELLSWORTH**

Street, Road Subdivision  
**BOGGY BROOK ROAD DYER**  
**SITE PLAN**

Owner's Name  
**VANCE**  
**SITE LOCATION PLAN**  
(Map from Maine Atlas recommended)

Scale 1" = 50 Ft.  
or as shown



## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole H1  Test Pit  Boring  
12 " Depth of Organic Horizon Above Mineral Soil  
AT EDGE OF DISTURBED SOIL

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	SANDY GRAVELLY COBBLY LOAM	FRIABLE	BLACK YELLOW BROWN	
10			BROWN	
20	LOAM	FIRM		FEW FAINT
30				
40				
50				

Soil Classification: 3 Profile, C Condition, Slope: 5%, Limiting Factor: 16"

Ground Water  
 Restrictive Layer  
 Bedrock  
 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				
10				
20				
30				
40				
50				

Soil Classification: \_\_\_\_\_ Profile, \_\_\_\_\_ Condition, Slope: \_\_\_\_\_%, Limiting Factor: \_\_\_\_\_"

Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

*Will A. LeBelle*  
Site Evaluator Signature

319  
SE

7-24-01  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

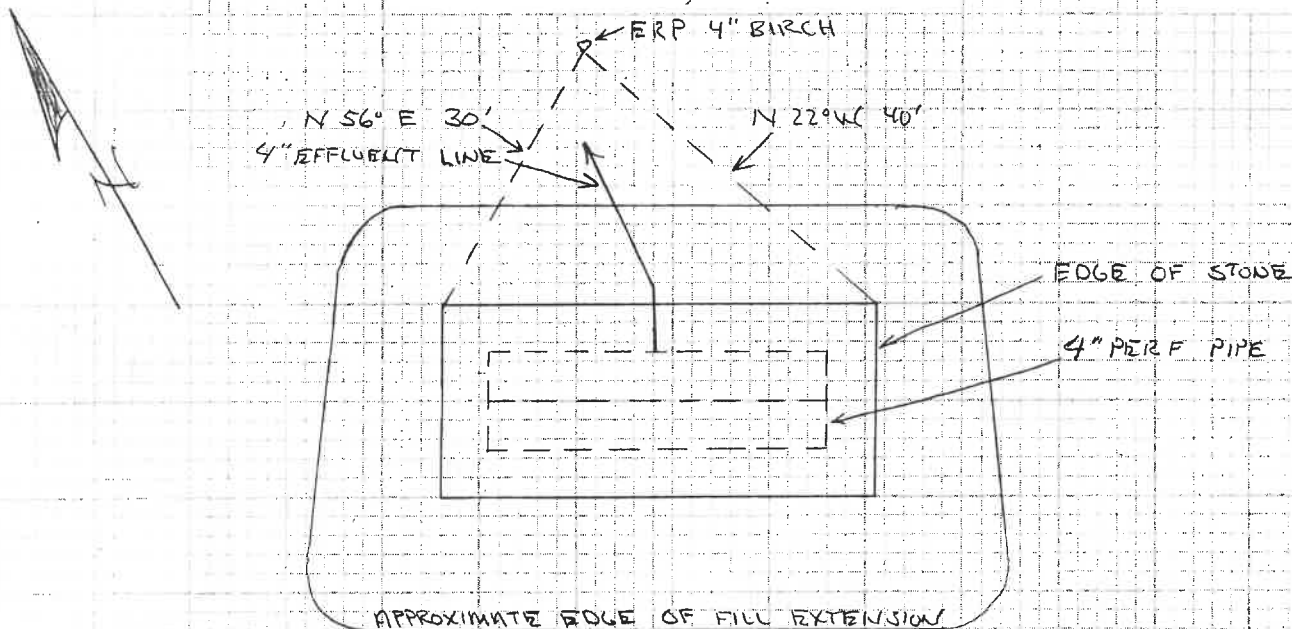
Town, City, Plantation  
**ELLSWORTH**

Street, Road, Subdivision  
**BOGGY BROOK ROAD**

Owner's Name  
**DYER, VANCE**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



TANK MUST BE 100' MIN FROM WELL USE  
OUTLET FILTER

BUILDING MUST BE 20' MIN FROM LEACHFIELD

WELL MUST BE 100' MIN FROM TANK AND LEACHFIELD

GRADE UPSLOPE TO DIVERT SURFACE WATER AWAY FROM SYSTEM

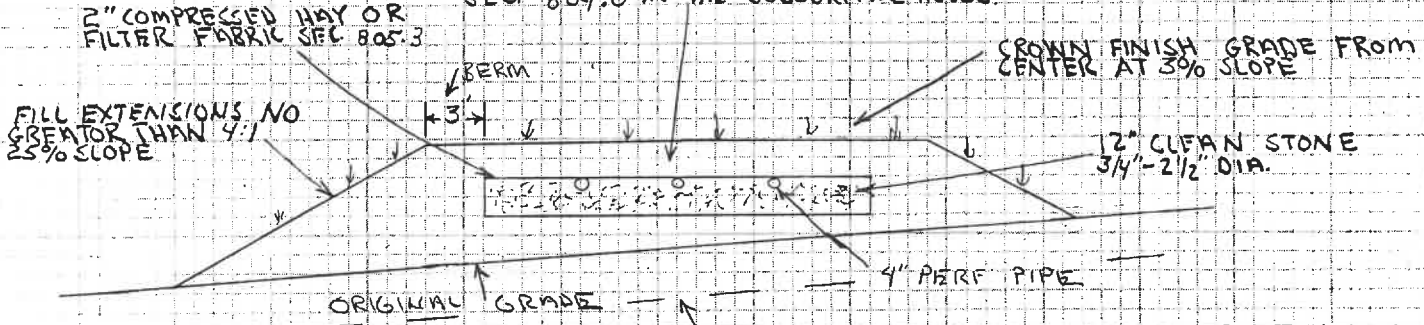
PROPOSED 20' X 45' LEACHFIELD  
4 CORNERS ARE STAKED OUT

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	30"	Finished Grade Elevation	-36"	Location & Description	N 56° E 30'
Depth of Fill (Downslope)	40" TO 45"	Top of Distribution Pipe or Proprietary Device	-49"	From North CORN OF BED	
		Bottom of Disposal Area	-60"	4" BIRCH TREE NAIL 0"	
				Reference Elevation	29" ABOVE GROUND

TOP 4" OF FILL TO BE A GOOD LOAM SOIL MIX TO ESTABLISH A GOOD VEGETATIVE COVER SEED AND MULCH TO PREVENT EROSION

### DISPOSAL AREA CROSS SECTION

FILL MATERIAL SHALL BE 8"-12" THICK OVER STONE AND SHALL BE GRAVELLY COURSE SAND TO THE STANDARDS IN SEC 804.0 IN THE SUBSURFACE RULES.



REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER ENTIRE FILL AREA

BOTTOM OF STONE MUST BE LEVEL W/ MAX GRADE TOLERANCE OF 2" PER 100'

SYSTEM MUST BE INSTALLED ACCORDING TO THE RULES AND PRACTICE SET FORTH IN THE SUBSURFACE WASTEWATER RULES IN EFFECT AT THIS TIME

*Will C. Boy*  
Site Evaluator Signature

319  
SE \*

8-8-00  
Date

Page 3 of 3  
HHE-200 Rev. 7/97

REVISED 7-24-01

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, Station 10  
(207) 287-6672 FAX (207) 287-4172

<b>PROPERTY LOCATION</b>		>> Caution: Permit Required – Attach in Space Below <<	
City, Town, or Plantation	ELLSWORTH	ELLSWORTH 3489 TOWN COPY Date Permit Issued: <u>8/27/01</u> \$ <u>1100</u> <input type="checkbox"/> If Double Fee Charged Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # <u>955</u>	
Street or Road	BOGGY BROOK ROAD		
Subdivision, Lot #	LOT #17		
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	DYER, VANCE <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of	RR #1 333 BAYSIDE RD. TRENTON, MAINE 04605		
Daytime Tel. #	207-664-0242	Municipal Tax Map # <u>94</u> Lot # <u>11</u>	
<b>Owner or Applicant Statement</b> 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>[Signature]</u> Signature of Owner or Applicant _____ Date _____		<b>Caution: Inspections Required</b> I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.  _____ Local Plumbing Inspector Signature (1st) Date Approved _____  _____ Local Plumbing Inspector Signature (2nd) Date Approved _____	

## PERMIT INFORMATION

<b>TYPE OF APPLICATION</b> 1. <input checked="" type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> 1. <input checked="" 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. <input type="checkbox"/> Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	<b>DISPOSAL SYSTEM COMPONENT(S)</b> 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & ait 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 TO BE TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
<b>SIZE OF PROPERTY</b> 21 ± <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	<b>DISPOSAL SYSTEM TO SERVE</b> 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 _____	
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

<b>TREATMENT TANK</b> 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> 1. <input checked="" 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 type="checkbox"/> Other: _____ SIZE <u>900</u> sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> 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	<b>DESIGN FLOW</b> <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 -
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION DESIGN <u>3 1 0 1 3</u> at Observation Hole # <u>1</u> Depth <u>13</u> • Elevation <u>-75</u> OF MOST LIMITING SOIL FACTOR	<b>DISPOSAL FIELD SIZING</b> 1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq. ft./gpd 3. <input checked="" 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	<b>PUMPING</b> 1. <input checked="" type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input 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 8-6-00 (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).

[Signature]  
Site Evaluator Signature

319  
SE #

8-8-00  
Date

William A. LaBelle Jr

207-537-5900

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation  
**ELLSWORTH**

Street, Road Subdivision  
**BOGGY BROOK ROAD**

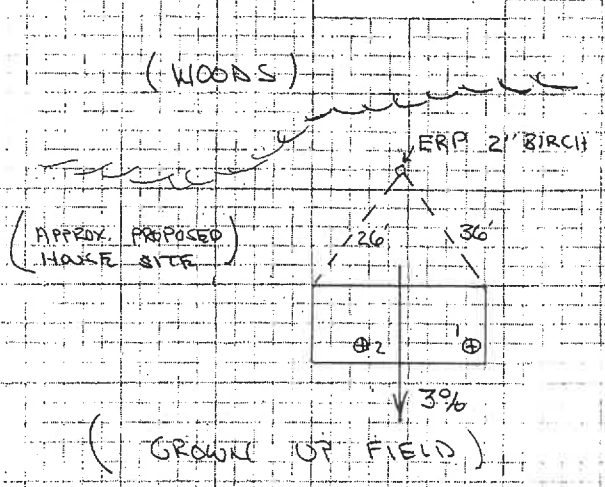
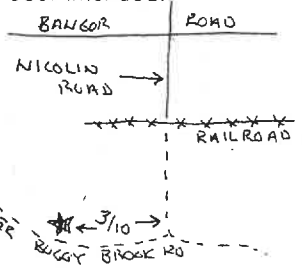
**DYER, VANCE**

Owner's Name  
**VANCE**

## SITE PLAN

Scale 1" = 50 Ft.  
or as shown

SITE LOCATION PLAN  
(Map from Maine Atlas recommended)



(LOCATION OF PROPOSED 20' X 45' LEACHFIELD)

UPPER BOGGY BROOK ROAD

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

Observation Hole #1  Test Pit  Boring  
12" Depth of Organic Horizon Above Mineral Soil

Observation Hole #2  Test Pit  Boring  
12" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
GRAVELLY LOAM	FRIABLE	BLACK LIGHT YELLOW BROWN	
	COMPACTED	PALE BROWN	FEW FAINT

Texture	Consistency	Color	Mottling
GRAVELLY LOAM	FRIABLE	BLACK YELLOW BROWN	
	COMPACTED	PALE BROWN	FEW FAINT

Soil Classification: 3 D 3% Slope, Limiting Factor 13"  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

Soil Classification: 3 D 3% Slope, Limiting Factor 14"  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

*Will O'Neil*  
Site Evaluator Signature

319  
SE

8-8-00  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

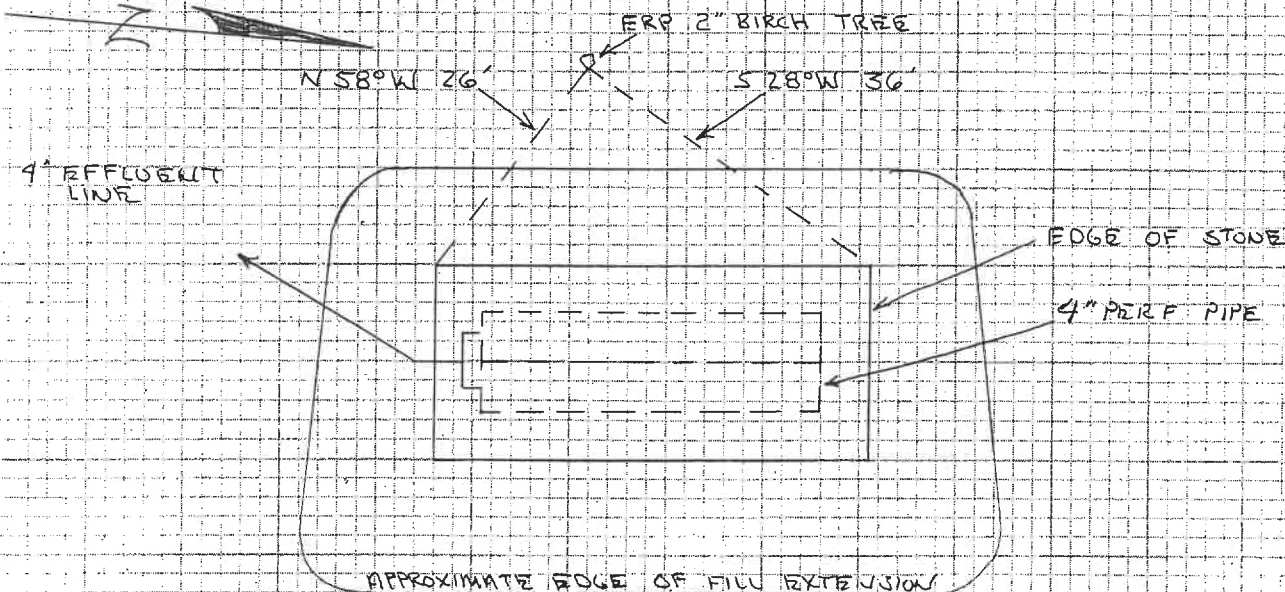
Town, City, Plantation  
**ELLSWORTH**

Street, Road, Subdivision  
**BOGGY BROOK ROAD**

Owner's Name  
**DYER, VANCE**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



TANK MUST BE 8' MIN FROM BUILDING USE  
OUTLET FILTER

BUILDING MUST BE 20' MIN FROM LEACHFIELD

WELL MUST BE 100' MIN FROM TANK AND LEACHFIELD

GRADE UPSLOPE TO DIVERT SURFACE WATER AWAY FROM SYSTEM

PROPOSED 20' X 45' LEACHFIELD  
4 CORNERS ARE STAKED OUT

### FILL REQUIREMENTS

### CONSTRUCTION ELEVATIONS

### ELEVATION REFERENCE POINT

Depth of Fill (Upslope) 24"  
Depth of Fill (Downslope) 30"

Finished Grade Elevation -36"  
Top of Distribution Pipe or Proprietary Device -49"  
Bottom of Disposal Area -60"

Location & Description N 58° W 26'  
FROM SE CORN OF BED  
2" BIRCH TREE NAIL 0"  
Reference Elevation 49" ABOVE GROUND

TOP 4" OF FILL TO BE A GOOD LOAM SOIL MIX TO ESTABLISH A GOOD VEGETATIVE COVER SEED AND MULCH TO PREVENT EROSION

### DISPOSAL AREA CROSS SECTION

SCALE:  
VERTICAL: 1" = 5"  
HORIZONTAL: 1" = 10"

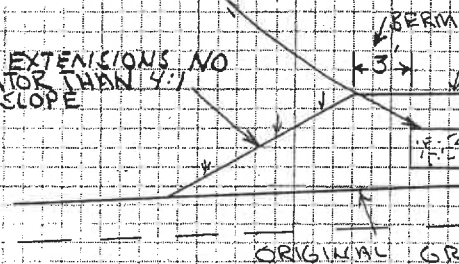
FILL MATERIAL SHALL BE 8"-12" THICK OVER STONE AND SHALL BE GRAVELLY COURSE SAND TO THE STANDARDS IN SEC. 804.0 IN THE SUBSURFACE RULES

2" COMPRESSED HAY OR FILTER FABRIC SFL 805.3

FILL EXTENSIONS NO GREATER THAN 4:1 25% SLOPE

CROWN FINISH GRADE FROM CENTER AT 3% SLOPE

12" CLEAN STONE 3/4"-2 1/2" DIA.



ORIGINAL GRADE

SEASONAL GROUND WATER

4" PERFORATED PIPE

REMOVE VEGETATION AND SCRIP ORIGINAL SOIL UNDER ENTIRE FILL AREA

BOTTOM OF STONE MUST BE LEVEL W/ MAX GRADE TOLERANCE OF 2" PER 100'

SYSTEM MUST BE INSTALLED ACCORDING TO THE RULES AND PRACTICES SET FORTH IN THE SUBSURFACE WASTEWATER RULES IN EFFECT AT THIS TIME

*Will C. DeBoy*

Site Evaluator Signature

319

SE \*

8-8-00

Date

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

94-11

## PROPERTY ADDRESS

Town or Plantation: Ellsworth, ME  
Street: Upper Soggy Brook rd  
Subdivision Lot #: Map 94 lot 11

## PROPERTY OWNERS NAME

Last: Dyer First: Vance, W

Applicant Name: same

Mailing Address of Owner/Applicant (If Different): 211 333 Bayside Rd  
Trinity, ME 04605

ELLSWORTH PERMIT # 3488 TOWN COPY

Date Permit Issued: 8/17/01 \$ 34  If Double Fee Charged

[Signature] L.P.I. # 19515  
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 Inspectors to deny a Permit.

Vance W. Dyer Signature of Owner/Applicant Date: 5-17-01

## Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

John Holdsworth Local Plumbing Inspector Signature Date Approved: 8/1/01

## PERMIT INFORMATION

### This Application is for

- 1.  NEW PLUMBING
- 2.  RELOCATED PLUMBING

### Type of Structure To Be Served:

- 1.  SINGLE FAMILY DWELLING
- 2.  MODULAR OR MOBILE HOME
- 3.  MULTIPLE FAMILY DWELLING
- 4.  OTHER - SPECIFY \_\_\_\_\_

### Plumbing To Be Installed By:

- 1.  MASTER PLUMBER
- 2.  OIL BURNERMAN
- 3.  MFG'D. HOUSING DEALER/MECHANIC
- 4.  PUBLIC UTILITY EMPLOYEE
- 5.  PROPERTY OWNER

LICENSE # \_\_\_\_\_

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<p><b>OR</b></p> <p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p><b>OR</b></p> <p>TRANSFER FEE [\$6.00]</p>		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

24.00

APPLICATION FOR BUILDING PERMIT

City of Ellsworth, Maine  
P.O. Box 586, Church Street  
Ellsworth, Maine 04605  
(207) 667-4910

TAX MAP 94  
LOT 11  
ZONE R-2

The undersigned hereby applies for a permit to (erect) (alter) (install) the following (building) (structure) (equipment) in accordance with the Laws of the State of Maine and the Codes and Ordinances of the Municipality of Ellsworth.

Owner's Name(s) Vance W. Dyer

Applicant's Name Same

Mailing Address RR1 333 Bayside Rd

Town/City Trenton State ME zip 04605

Telephone (207) 664-0242

Description of Proposed Project: Modular home (3 bed, 2 bath) + garage on presently undeveloped land. 1248 square feet + garage 1248 square feet.

Location: Upper Boggy Brook Rd Estimated Cost of Construction: \$ 90,000

Any structure(s) erected, altered, installed under permission granted by this PERMIT must conform to all provisions of both the BUILDING CODE and ZONING ORDINANCE in effect on the DATE OF THIS PERMIT, unless permission for non-conformance has been granted by the ZONING BOARD OF APPEALS.

Signature of Owner/Applicant Vance W. Dyer Date 5-14-2001

(For Office Use Only)

ADDITIONAL PERMITS, APPROVALS, AND INSPECTIONS REQUIRED

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Plumbing         | <input checked="" type="checkbox"/> Mechanical/Heating  | <input checked="" type="checkbox"/> Chimney |
| <input checked="" type="checkbox"/> Septic/HHE-200   | <input checked="" type="checkbox"/> Local Fire Marshall | <input checked="" type="checkbox"/> Sign    |
| <input checked="" type="checkbox"/> Sewer Connection | <input checked="" type="checkbox"/> State Fire Marshall | <input checked="" type="checkbox"/> D.E.P.  |
| <input checked="" type="checkbox"/> Electrical       | <input checked="" type="checkbox"/> Corps of Engineers  | <input type="checkbox"/> Other:             |

MISCELLANEOUS PROPERTY INFORMATION

Total Sq. Footage of New Construction/Addition: 2496.0  
Lot Size (in sq. ft. or acres): 20.  
Minimum Required Setbacks: 40' 15' 30'  
Front Side Rear

PERMIT INFORMATION

Building Permit:	# <u>3919</u>	\$ <u>374.40</u>
Septic Permit:	# <u>2489</u>	\$ <u>100.00</u>
Plumbing Permit:	# <u>2488</u>	\$ <u>24.00</u>
Sewer Connection Permit:	#	\$
Electrical Permit:	# <u>01-70</u>	\$ <u>25.00</u>
Total Fees:	(check or cash)	\$ <u>523.20</u>

Assessment for this project to be assigned to: Owner  Applicant  Other

Approved  Denied  Signed: [Signature] Date: 5-14-01

CITY OF ELLSWORTH  
PERMIT TO INSTALL ELECTRICAL

94-11

Date issued 11/11/01 Permit number 01-70

Description of project line extension + construction of residence (MODULAR)

Commercial  Residential Permit fee 25.00 Fee paid 25.00

Location of work Upper Boggy Brook Rd Lot #17 Deed Book 1680 pg 106

Owner Vance W. Dyer Phone 664-0242

Address RR1 333 Bayside Rd, Trenton, ME 04605

Electrician Winkumpugh Line Construction Phone 667-2962

Address RR1 Box 5029 Trenton ME 04605 License number \_\_\_\_\_

I, Vance W. Dyer, agree to install the electrical in accordance with the current National Electrical Code and City of Ellsworth ordinances. I also agree to inspection of this work and give 24 hours notice to the Electrical Inspector when ready for each phase of operation.

Signature \_\_\_\_\_ Date 11/11/01

Issued by \_\_\_\_\_ Electrical Inspector \_\_\_\_\_

PANEL/SERVICE INSPECTION

Date inspected \_\_\_\_\_ Date approved \_\_\_\_\_ Remarks \_\_\_\_\_

ROUGH-IN INSPECTION

Date inspected \_\_\_\_\_ Date approved \_\_\_\_\_ Remarks \_\_\_\_\_

FINISHED WORK INSPECTION

Date inspected 2/12 Date approved \_\_\_\_\_ Remarks \_\_\_\_\_

I, \_\_\_\_\_, have completed an inspection of the electrical installation and have determined that this installation appears to meet the intent of the current National Electrical Code and City of Ellsworth ordinances.

Electrical Inspector \_\_\_\_\_ Date \_\_\_\_\_

white — Contractor

yellow — Utility

pink — Inspector

CITY OF ELLSWORTH  
PERMIT TO INSTALL ELECTRICAL

94-11

Date issued 7/26/01 Permit number 117-01

Description of project Install 500 Amp Service Lateral - 100 Amp sub panel to garage and all necessary connections in basement to complete feeding wiring

Commercial  Residential Permit fee 25.00 Fee paid 25.00 Cash

Location of work \_\_\_\_\_

Owner Vance Dyer Phone \_\_\_\_\_

Address 79 Upper Buggy Brook Rd.

Electrician Vance Electric Service / Richard S. Vance Phone 943 839.3

Address 146 Fern St Bangor, ME 04401 License number 16213

I, Richard S. Vance, agree to install the electrical in accordance with the current National Electrical Code and City of Ellsworth ordinances. I also agree to inspection of this work and give 24 hours notice to the Electrical Inspector when ready for each phase of operation.

Signature Richard S. Vance Date 7/26/01

Issued by Mary Klement Electrical Inspector \_\_\_\_\_

PANEL/SERVICE INSPECTION

Date inspected \_\_\_\_\_ Date approved \_\_\_\_\_ Remarks \_\_\_\_\_

ROUGH-IN INSPECTION

Date inspected \_\_\_\_\_ Date approved \_\_\_\_\_ Remarks \_\_\_\_\_

FINISHED WORK INSPECTION

Date inspected 9/25 Date approved \_\_\_\_\_ Remarks \_\_\_\_\_

I, \_\_\_\_\_, have completed an inspection of the electrical installation and have determined that this installation appears to meet the intent of the current National Electrical Code and City of Ellsworth ordinances.

Electrical Inspector \_\_\_\_\_ Date \_\_\_\_\_

white — Contractor

yellow — Utility

pink — Inspector

APPLICATION FOR BUILDING PERMIT

City of Ellsworth, Maine  
 P.O. Box 586, Church Street  
 Ellsworth, Maine 04605  
 (207) 667-4910

TAX MAP 94  
 LOT 11  
 ZONE R-2

The undersigned hereby applies for a permit to (erect) (alter) (install) the following (building) (structure) (equipment) in accordance with the Laws of the State of Maine and the Codes and Ordinances of the Municipality of Ellsworth.

Owner's Name(s) Vance W. Dyer

Applicant's Name Same

Mailing Address RR1 333 Bayside Rd

Town/City Trenton State ME Zip 04605

Telephone (207) 664-0242

Description of Proposed Project: Modular home (3 bed, 2 bath) + GARAGE on presently undeveloped land. 1248 square feet + garage 1248 sq. feet

Location: Upper Boggy Brook Rd. Estimated Cost of Construction: \$ 90,000

Any structure(s) erected, altered, installed under permission granted by this PERMIT must conform to all provisions of both the BUILDING CODE and ZONING ORDINANCE in effect on the DATE OF THIS PERMIT, unless permission for non-conformance has been granted by the ZONING BOARD OF APPEALS.

Signature of Owner/Applicant Vance W. Dyer Date 5.14.2001

(For Office Use Only)

ADDITIONAL PERMITS, APPROVALS, AND INSPECTIONS REQUIRED

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Plumbing         | <input checked="" type="checkbox"/> Mechanical/Heating  | <input checked="" type="checkbox"/> Chimney |
| <input checked="" type="checkbox"/> Septic/HHE-200   | <input checked="" type="checkbox"/> Local Fire Marshall | <input checked="" type="checkbox"/> Sign    |
| <input checked="" type="checkbox"/> Sewer Connection | <input checked="" type="checkbox"/> State Fire Marshall | <input checked="" type="checkbox"/> D.E.P.  |
| <input checked="" type="checkbox"/> Electrical       | <input checked="" type="checkbox"/> Corps of Engineers  | <input type="checkbox"/> Other:             |

MISCELLANEOUS PROPERTY INFORMATION

Total Sq. Footage of New Construction/Addition: 2496  
 Lot Size (in sq. ft. or acres): 20  
 Minimum Required Setbacks: 40' 15' 30'  
 Front Side Rear

PERMIT INFORMATION

Building Permit:	# <u>3919</u>	\$ <u>374.40</u>
Septic Permit:	# <u>2489</u>	\$ <u>100.00</u>
Plumbing Permit:	# <u>2488</u>	\$ <u>24.00</u>
Sewer Connection Permit:	#	\$
Electrical Permit:	# <u>01-70</u>	\$ <u>25.00</u>
Total Fees:	(check or cash)	\$ <u>523.20</u>

Assessment for this project to be assigned to: Owner  Applicant  Other

Approved  Denied  Signed: [Signature] Date: 5.17.01

City of  
Ellsworth

RECEIVED APR 18 2002



CITY HALL

Map 94 Lot 11 - -

CITY HALL PLAZA  
P.O. BOX 586  
ELLSWORTH, MAINE 04605

(207) 667-8674 PHONE  
(207) 667-4908 FAX

TO:

DYER VANCE W

79 Upper Boggy Brook Road  
Ellsworth, Me 04605

Section 706 of Title 36 Request for Information  
**2002 NEW CONSTRUCTION or CONSTRUCTION  
RECORDED AS UNFINISHED LAST YEAR  
PERCENT COMPLETE Form**

Section 706 of Title 36 of the Maine Revised Statutes Annotated provides assessors with a summary procedure to efficiently update their records identifying, categorizing and confirming the taxable property in their respective jurisdictions. To track and develop the "inventory" assessors have two principle tools: they can complete site inspections, which will be done; and seek information through certain requests authorized under Section 706. Please be informed that this is a Section 706 Notice. Failure to comply will impact you appeal rights. The consequence for refusal or neglect to respond to this request is as follows: If a notice is mailed and taxpayer does not furnish the list, the taxpayer is barred from the right to make an application for abatement or from taking any appeal from the decision of the assessor. If the assessor does not send notice by mail, the taxpayer is not barred from appeal provided that upon demand the taxpayer shall answer in writing all proper inquiries as to the nature, situation and value of his property and a refusal or neglect to answer the inquiries and subscribe the same bars an appeal.

**Notice Date: April 8, 2002**

To: All in receipt of a Building Permit issued **prior to April 1, 2002.**  
Building Permit records indicate you were issued:

PERMIT # 3919 DATE: 5-17-01

Permitted Activity: New Residence

We ask that within 14 days you do these two things:

- 1) Please complete the form on the back of this notice and return it here to the Assessor's office; and
- 2) Contact the Assessing Office and set-up an inspection visit convenient to your time-schedule.

Thank you very much. Please feel to call me if you have any questions.

Sincerely,

*Larry Gardner*

Larry E. Gardner, CMA  
Ellsworth City Assessor

MUNICIPAL CERTIFICATION FORM  
FOR INSTALLATION OF TELEPHONE SERVICE

VANCE W. DYER who resides at RR1, 333 Bayside Rd whose telephone number is 664-0242 request(s) that an appropriate municipal official provide the following certification:

**CERTIFICATION**

With regard to the parcel of land located on Upper Boggy Brook Rd, Ellsworth (street and town) and tax map 94, lot 11 and recorded in the Hancock County Registry of Deeds at Book 1766, Page 150 for which utility service is requested, the undersigned authorized officials of the (Town) (City) of Ellsworth certify that said premises to be served are:

(CHECK APPROPRIATE BOX UNDER SECTIONS 1 AND 2 AND SIGN AND DATE BOTH SECTIONS):

**SECTION 1 - SUBDIVISION**

Not part of a subdivision as defined in Title 30-A &4406, or

Part of a subdivision as defined in Title 30-A &4406 for which all required local permits and/or approvals have been obtained from the appropriate Municipal Officials and that said permits and approvals are valid and in full force and effect.

4-18-01  
(Date)

Signature: [Signature]  
Title of Municipal Official: CEO

**SECTION 2 - SHORELAND**

Not within the shoreland area of this municipality as defined in Title 38 &435: or

Within the shoreland area of this municipality as defined in Title 38 &435, that all local permits and/or necessary approvals required under Title 38 Chapter 3 have been granted by the appropriate Municipal Officials, and that said permits and approvals are valid and in full force and effect.

4-18-01  
(Date)

Signature: [Signature]  
Title of Municipal Official: CEO

Title 38 &435 defines shoreland area as being within 250 feet above the normal highwater mark of any pond, river, or salt water body.

**REASONS FOR THIS FORM.** The Maine law prohibits a public utility from installing services to a lot or structure unless written authorization attesting to the validity and currency of all local permits required under the Subdivision Control Law and the Shoreland Zoning Law have been issued by the appropriate municipal officials. This prohibition is provided in M.R.S.A. 30-A &4406 for subdivisions and M.R.S.A. 38 &444 for shoreland zoning.

Therefore, prior to installing service, it is necessary to have the appropriate municipal officials (usually the Planning Board or Code Enforcement Office) certify that these laws do not apply (because the lot or structure is not part of a subdivision or a shoreland zoning area), or if either or both laws apply to the lot or structure, certify that all local permits and/or authorizations required for the lot or structure have been obtained and are still valid.

The Company appreciates your cooperation in the completion of these forms so that the municipal residents and the Company's customers can be served.

**CONFIRMATION FOLLOWING INSTALLATION**

The installation has been completed and this form is being sent to the municipality on \_\_\_\_\_ (date) as required by law.

NS 050242

Ellsworth

# VERIZON MUNICIPAL CERTIFICATION FORM FOR INSTALLATION OF TELEPHONE SERVICE

VANCE DYER  
number is 664-0242  
who ~~resides~~ <sup>will reside when it is finished</sup> at 79 UPPER BOGGY BROOK RD whose telephone  
request(s) that an appropriate municipal official provide the following certification:

currently living RRI 323 Bayside Rd  
Trenton, ME 04605

## CERTIFICATION

With regard to the parcel of land located on 79 Upper Boggy Brook Rd (street and town)  
and tax map 94, lot 22, and recorded in the 1746001 County  
Registry of Deeds at Book 2954, Page 68 for which utility service is requested, the undersigned authorized  
officials of the (Town) (City) of Ellsworth certify that said premises to be served are:

(CHECK APPROPRIATE BOX UNDER SECTIONS 1 AND 2 AND SIGN AND DATE BOTH SECTIONS):

### SECTION 1 - SUBDIVISION

Not part of a subdivision as defined in Title 30-A 4406, or  
 Part of a subdivision as defined in Title 30-A 4406 for which all required local permits and/or approvals have been  
obtained from the appropriate Municipal Officials and that said permits and approvals are valid in full force and  
effect.  
7-12-01  
(Date) Signature: Mary Klement  
Title of Municipal Official: Admin. Asst.

### SECTION 2 - SHORELAND

Not within the shoreland area of this municipality as defined in Title 38 435; or  
 Within the shoreland area of this municipality as defined in Title 38 435, that all local permits and/or necessary  
approvals required under Title 38 Chapter 3 have been granted by the appropriate municipal officials, and that said  
permits and approvals are valid and in full force and effect.  
7-12-01  
(Date) Signature: Mary Klement  
Title of Municipal Official: Admin. Asst.

Title 38 435 defines shoreland area as being within 250 feet above the normal high-water mark of any pond, river, or salt water body.

**REASONS FOR THIS FORM.** The Maine law prohibits a public utility from installing services to a lot or structure unless written authorization attesting to the validity and currency of all local permits required under the Subdivision Control Law and the Shoreland Zoning Law have been issued by the appropriate municipal officials. This prohibition is provided in M.R.S.A. 30-A 4406 for subdivisions and M.R.S.A. 38 444 for shoreland zoning.

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The Company appreciates your cooperation in the completion of these forms so that the municipal residents and the Company's customers can be served.

### CONFIRMATION FOLLOWING INSTALLATION

The installation has been completed and this form is being sent to the municipality on \_\_\_\_\_ (date) as required by law.