

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION		>> Caution: Permit Required – Attach in Space Below <<	
City, Town, or Plantation	MT. DESERT	MT. DESERT Sewerage District 2195 shall not TOWN COPY until a Date Permit Issued: 5/29/01 \$14.50 FEE Charged Kimberly Keene Local Plumbing Inspector Signature L.P.I. # 07288	
Street or Road	BEECH HILL CROSS RD.		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	JONES, HEATHER		
Mailing Address of	83 - BEECH HILL CROSS ROAD		
☒ Owner ☐ Applicant	MT. DESERT, ME 04660		
Daytime Tel. #	207-244-9295	Municipal Tax Map # 10 Lot # 15	
Owner or Applicant Statement		Caution: Inspections Required	
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.	
Heather Jones Eric Jones 5/23/01 Signature of Owner or Applicant Date		Kimberly Keene Local Plumbing Inspector Signature (1st) Date Approved	
		(2nd) Date Approved	

PERMIT INFORMATION		
TYPE OF APPLICATION 1. ☐ First Time System 2. ☒ Replacement System Type Replaced: STONE Year Installed: 1985 3. ☒ Expanded System a. ☒ Minor Expansion b. ☐ Major Expansion 4. ☐ Experimental System 5. ☐ Seasonal Conversion ADD 1 BEDROOM	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 Approval	DISPOSAL SYSTEM COMPONENT(S) 1. ☒ Complete Non-engineered System 2. ☐ Primitive System (graywater & silt 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 3 ± sq. ft. ☐ acres	DISPOSAL SYSTEM TO SERVE 1. ☒ Single Family Dwelling Unit, No. of Bedrooms: 3 2. ☐ Multiple Family Dwelling, No. of Units: 3. ☐ Other: SPECIFY	TYPE OF WATER SUPPLY 1. ☒ Drilled Well 2. ☐ Dug Well 3. ☐ Private 4. ☐ Public 5. ☐ Other
SHORELAND ZONING ☐ Yes ☒ No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. ☒ Concrete CUL USE a. ☒ Regular EXISTING TANK b. ☐ Low Profile 1000 GAL 2. ☐ Plastic 3. ☐ Other: CAPACITY 1000 gallons	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 4. ☐ Other: SIZE 896 sq. ft. ☐ lin. ft.	GARBAGE DISPOSAL UNIT 1. ☒ No 3. ☐ Maybe 2. ☐ Yes >> Specify one below: a. ☐ Multi-compartment Tank b. ☐ Tanks in Series c. ☐ Increase in Tank Capacity d. ☐ Filter on Tank Outlet	DESIGN FLOW 270 gallons per day BASED ON: 1. ☒ Table 501.1 (dwelling unit(s)) 2. ☐ Table 501.2 (other facilities) SHOW CALCULATIONS – for other facilities –
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN 3, C, 1 at Observation Hole # 1 Depth 20" Elevation -72" OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 1. ☐ Small – 2.0 sq. ft./gpd 2. ☐ Medium – 2.6 sq. ft./gpd 3. ☒ Medium-Large – 3.3 sq. ft./gpd 4. ☐ Large – 4.1 sq. ft./gpd 5. ☐ Extra Large – 5.0 sq. ft./gpd	PUMPING 1. ☒ Not Required 2. ☐ May Be Required 3. ☐ Required >> Specify only for engineered or experimental systems: DOSE: _____ gallons	3. ☐ Section 503.0 (meter readings) ATTACH WATER-METER DATA

I Certify that on 10-26-00 (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 10-31-00 Date
207-537-5900

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

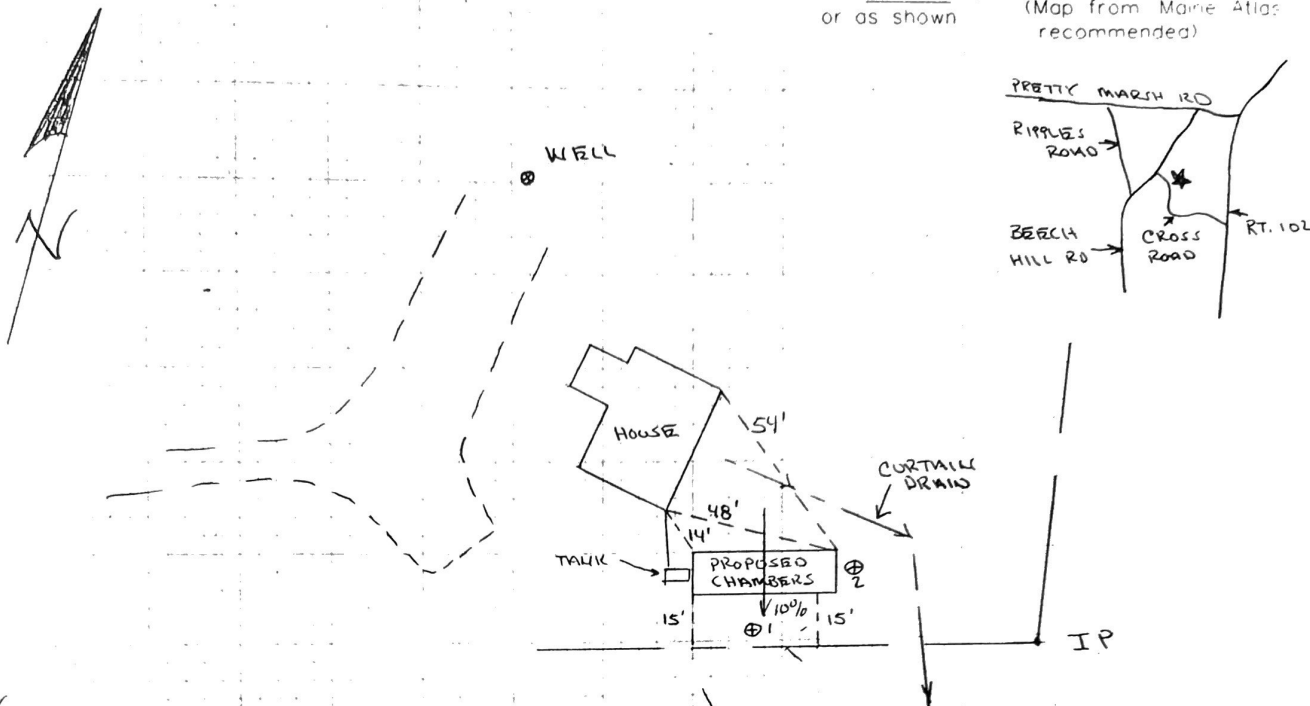
Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation
MT. DESERT

Street, Road Subdivision
BEECH HILL CROSS ROAD JONES,
SITE PLAN

Scale 1" = 50 Ft.
or as shown

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



LOCATION OF PROPOSED REPLACEMENT/
EXPANDED SYSTEM CONSISTING OF
14-4x8 CHAMBERS

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

Observation Hole #1 ☒ Test Pit ☐ Boring
2" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0			
MIXY LOAM	FRIMBLE	BLACK	
SANDY		REDISH	
GRAVELY		BROWN	
10			
CURBY			
LOAM			
20			
		PALE	FEW
		BROWN	FAINT
30			
40			
50			

Soil Classification 3 C Slope 10% Limiting Factor 20"
Profile Condition
☐ Ground Water
☐ Restrictive Layer
☐ Bedrock
☐ Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring
1" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0			
MIXY LOAM	FRIMBLE	BLACK	
SANDY		GREY	
GRAVELY		REDISH	
LOAM		BROWN	
10			
20			
30			FEW
40			FAINT
50			

Soil Classification 3 C Slope 10% Limiting Factor 21"
Profile Condition
☐ Ground Water
☐ Restrictive Layer
☐ Bedrock
☐ Pit Depth

Will A. 2. Bay
Site Evaluator Signature

319
SE

10-31-00
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

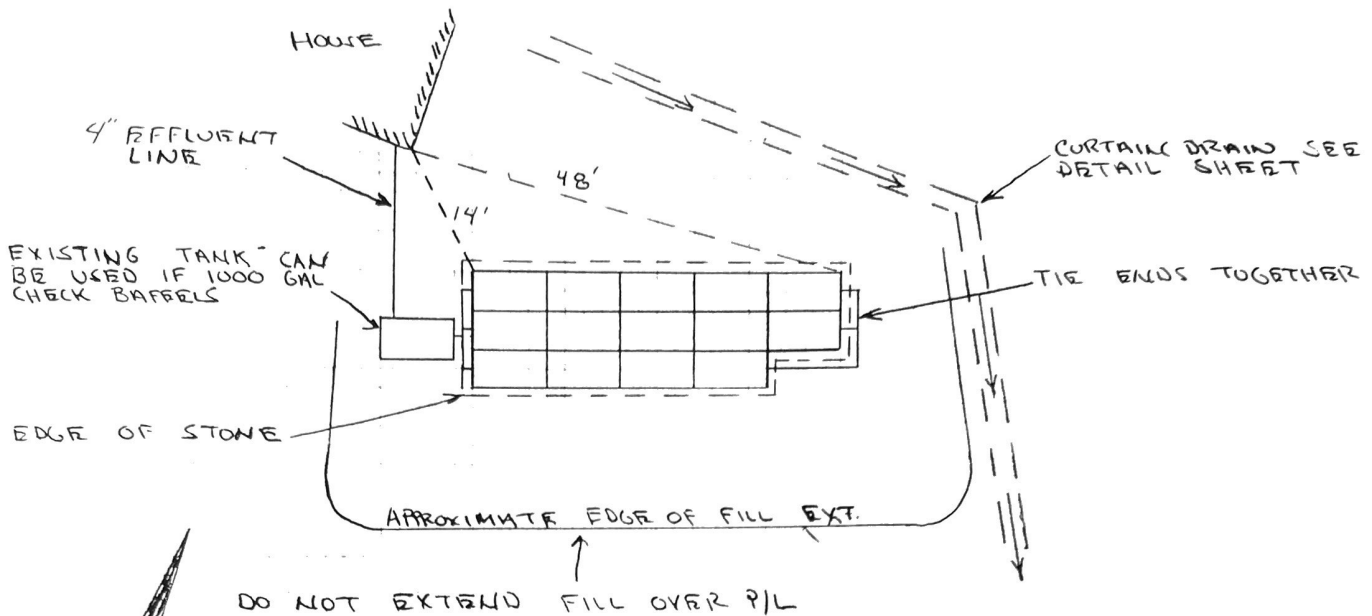
Town, City, Plantation
MT. DESERT

Street, Road, Subdivision
BEECH HILL CROSS ROAD
SUBSURFACE WASTEWATER DISPOSAL PLAN

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

Owner's Name
JONES, HEATHER

SCALE 1" = 20 FT



PROPOSED SYSTEM CONSISTING OF 14- END FEED 4x8 CHAMBERS 4 CORNERS ARE STAKED OUT.

FILL REQUIREMENTS

Depth of Fill (Upslope)	12"
Depth of Fill (Downslope)	38"

TOP 12" OF FILL TO BE A GOOD LOAM SOIL MIX TO ESTABLISH A GOOD VEGETATIVE COVER SEED AND MULCH TO PREVENT EROSION

2" COMPRESSED HAY OR FILTER FABRIC SEC. 805.3 RECOMMEND OVER STONE AND CHAMBERS

FILL EXTENSIONS NO GREATER THAN 3:1 33% SLOPE

ORIGINAL GRADE

REMOVE VEGETATION AND SCRIFY ORIGINAL SOIL UNDER ENTIRE FILL AREA

CONSTRUCTION ELEVATIONS

Finished Grade Elevation	-48"
Top of Distribution Pipe or Proprietary Device	-59"
Bottom of Disposal Area	-72"

DISPOSAL AREA CROSS SECTION

FILL MATERIAL SHALL BE 8"-12" THK OVER CHAMBERS AND SHALL BE GRAVELY COURSE SAND TO THE STANDARDS IN SEC. 804.0 IN THE SUBSURFACE RULES.

BERM

CROWN FINISH GRADE FROM CENTER AT 3% SLOPE

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

SEASONAL GROUND WATER

CURTAIN DRAIN SEE DETAIL SHEET

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

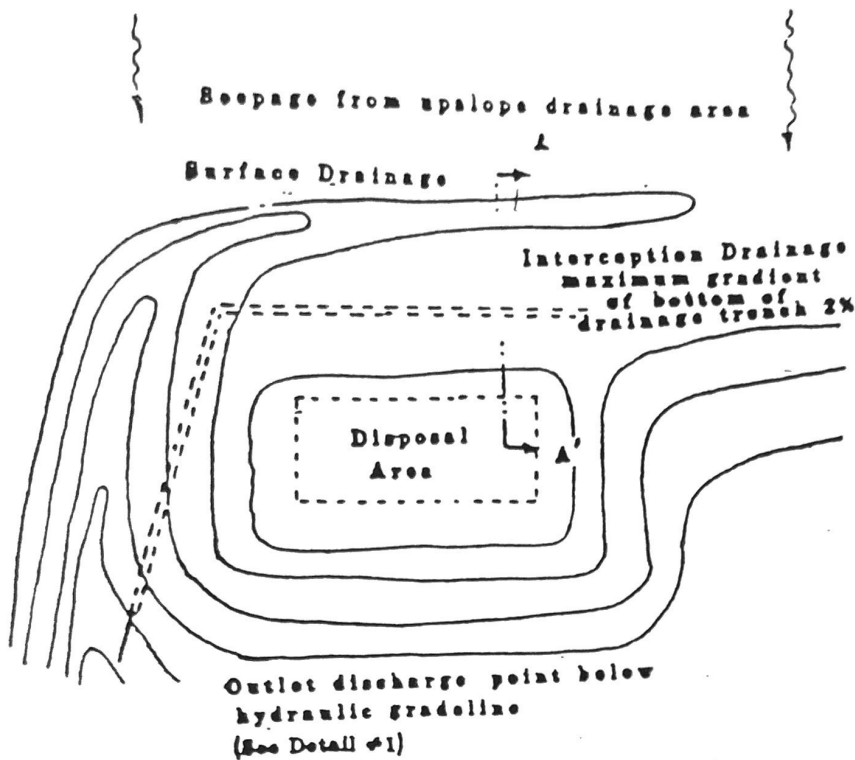
SYSTEM MUST BE INSTALLED ACCORDING TO THE RULES AND PRACTICES SET FORTH IN THE SUBSURFACE WASTEWATER RULES IN EFFECT AT THIS TIME

Will A. D. Belf
Site Evaluator Signature

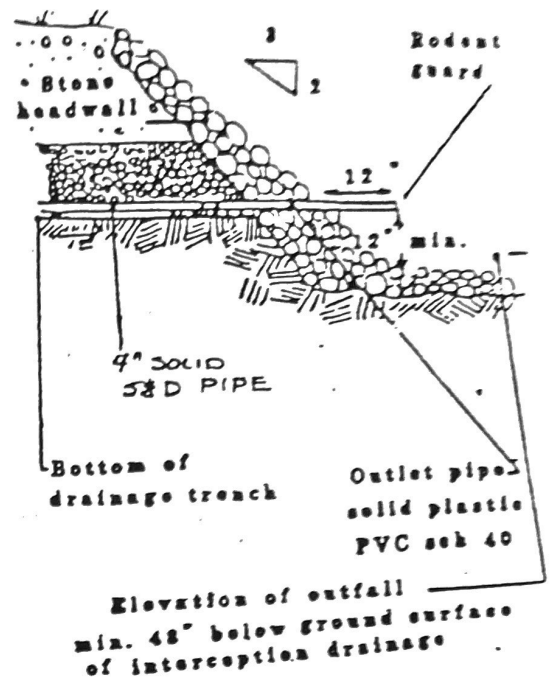
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10-31-00
Date

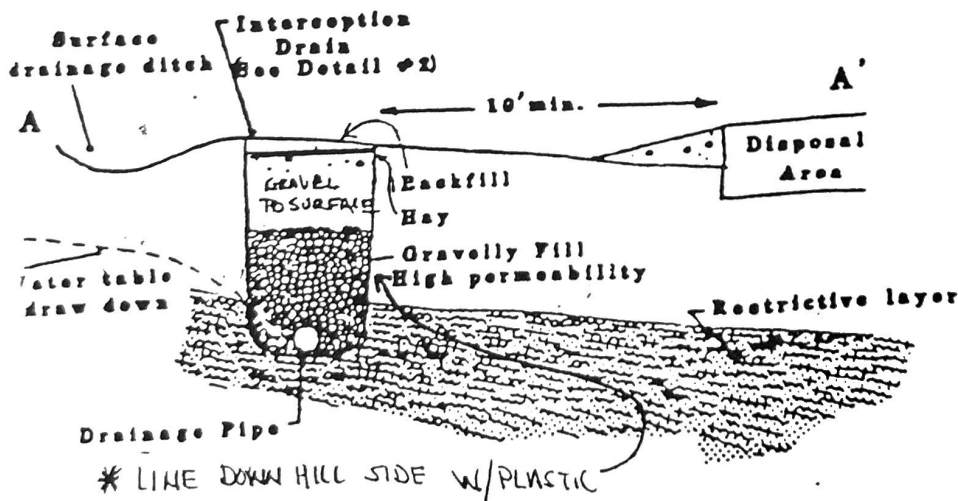
PLAN VIEW



DETAIL #1



CROSS-SECTION



DETAIL #2

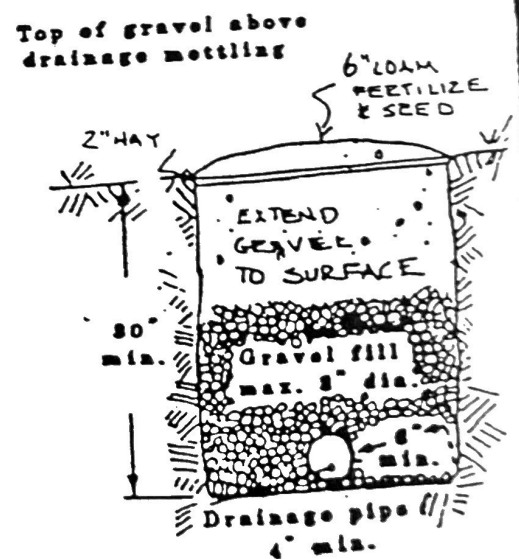


FIGURE H.1 Curtain Drain

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
SOILS							3-c	
Soil Profile	Ground Water Table						— inches	
Soil Condition	Restrictive Layer						— inches	
from HHE-200	Bedrock						— inches	
SETBACK DISTANCES (in feet)	Disposal Fields			Septic Tanks			Disposal Fields	Septic Tanks
From	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	To	To
Wells with water usage of 2000 or more gpd or public water supply wells	300 ft [a]	300 ft [a]	300 ft [a]	100 ft [a]	100 ft [a]	100 ft [a]	—	—
Owner's wells	100 down to 60 ft	200 down to 100 ft	300 down to 150 ft	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft	—	—
Neighbor's wells	100 down to 60 ft [b]	200 down to 120 ft [b]	300 down to 180 ft [b]	100 down to 50 ft [b]	100 down to 75 ft [b]	100 down to 75 ft [b]	—	—
Water supply line	10 ft [a]	20 ft [a]	25 ft [a]	10 ft [a]	10 ft [a]	10 ft [a]	—	—
Water course, major - for replacements only, see Table 400.4 for major expansions	100 down to 60 ft	200 down to 120 ft	300 down to 180 ft	100 down to 50 ft	100 down to 50 ft	100 down to 50 ft	—	—
Water course, minor	50 down to 25 ft	100 down to 50 ft	150 down to 75 ft	50 down to 25 ft	50 down to 25 ft	50 down to 25 ft	—	—
Drainage ditches	25 down to 12 ft	50 down to 25 ft	75 down to 35 ft	25 down to 12 ft	25 down to 12 ft	25 down to 12 ft	—	—
Edge of fill extension - Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	—	—
Slopes greater than 3:1	10 ft	18 ft	25 ft	N/A	N/A	N/A	—	—
No full basement [e.g. slab, frost wall, columns]	15 down to 7 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft	—	—
Full basement [below grade foundation]	20 down to 10 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft	13'	—
Property lines	10 down to 5 ft [c]	18 down to 9 ft [c]	20 down to 10 ft [c]	10 down to 4 ft [c]	15 down to 7 ft [c]	20 down to 10 ft [c]	—	—
Burial sites or graveyards, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft	25 ft	25 ft	—	—

OTHER

1. Fill extension Grade - to 3:1

2.

3.

- Footnotes:
- This setback distance cannot be reduced by the LPI, but may be considered for reduction by State variance
 - May not be any closer to neighbor's well than the existing disposal field or septic tank unless written permission is granted by the neighbor.
 - Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope or property line.
 - Natural Resources Protection Act requires a 25 foot setback on slopes with less than 20% from the edge of disturbance and 100 feet on slopes greater than 20% except for the repair or installation of a replacement system when no practical alternative exists.

Will A. DeRuy
SITE EVALUATOR'S SIGNATURE

319

10-31-00
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

REPLACEMENT SYSTEM VARIANCE REQUEST AND MINOR EXPANSION

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request an HHE-200 and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 2006)
2. There will be no change in use of the structure except as authorized for one-time exempted expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

GENERAL INFORMATION

Permit No. _____ Town of MOUNT DESERT
 Date Permit Issued _____
 Property Owner's Name: JONES, HEATHER Tel. No.: 207-244-9295
 System's Location: 83 BEECH HILL CROSS ROAD
 Property Owner's Address: MOUNT DESERT, MAINE 04660
 (if different from above) _____

SPECIFIC INSTRUCTIONS TO THE:

LOCAL PLUMBING INSPECTOR (LPI):

If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature.)

SITE EVALUATOR:

If after completing the Application, you find that a variance for the proposed replacement system is needed, complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

If has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

PROPERTY OWNER

I understand that the proposed system requires a variance to the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper 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.

Heather D. Jones Eric H. Jones 5/23/01
 SIGNATURE OF OWNER DATE

LOCAL PLUMBING INSPECTOR

Kimberly Keene, the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

- ☒ a. (I approve, ☐ disapprove) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant. —OR—
☐ b. find that one or more of the requested Variances exceeds my approval authority as LPI. I (☐ recommend, ☐ do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: _____

Kimberly Keene 5/29/01
 LPI SIGNATURE DATE