

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	ELLSWORTH	Town/City	Permit #
Street or Road	PATRIOT ROAD	ELLSWORTH PERMIT # 5925	
Subdivision, Lot #		Date Permit Issued	Charged ()
		DATE <u>9-10-15</u>	FEE \$ <u>265.00</u> DBL
		DWIGHT TILTON #628	
		Local F	
		LOPETTA ROBERTS #1092	
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	TOZIER, DONNY	☒ Owner	☐ State
Mailing Address of	10 PATRIOT ROAD	☐ Applicant	
	ELLSWORTH, ME, 04605		
Daytime Tel. #	(207) 479-2848		
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.	
<u>Donny Tozier</u> Signature of Owner or Applicant		<u>Robert</u> Local Plumbing Inspector Signature	
		Date <u>9-12-15</u> (1st Date Approved) <u>9-15-15</u> (2nd Date Approved)	

PERMIT INFORMATION		
TYPE OF APPLICATION ☐ 1. First Time System ☒ 2. Replacement System Type Replaced: <u>BED</u> Year Installed: <u>2000±</u> ☐ 3. Expanded System ☐ a. < Minor Expansion ☐ b. ≥ Major Expansion ☐ 4. Experimental System ☐ 5. Seasonal Conversion	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: <u>3</u> ☐ 2. Multiple Family Dwelling, No. of Units: _____ ☐ 3. Other: (SPECIFY) _____ 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 <u>BURIED</u> ☒ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private ☐ 4. Public ☐ 5. Other: _____

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK ☒ 1. Concrete (EXISTING, CHECK) ☐ a. Regular <u>CONDITION</u> ☐ b. Low Profile ☐ 2. Plastic ☐ 3. Other: _____ CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE ☐ 1. Stone Bed ☐ 2. Stone Trench ☒ 3. Proprietary Device <u>15 END</u> <u>FEED CONCRETE CHAMBERS</u> ☐ a. Cluster Array ☒ c. Linear ☒ b. Regular load ☐ d. H-20 load ☐ 4. Other: _____ SIZE <u>1350</u> 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 <u>270</u> gallons per day BASED ON ☒ 1. Table 4A (dwelling unit(s)) ☐ 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS PROFILE <u>9</u> <u>1</u> <u>D</u> CONDITION at Observation Hole # <u>1</u> Depth <u>12</u> " 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 readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at Center of Disposal Area Lat. <u>44°</u> <u>35'</u> <u>07.3"</u> N Lon. <u>68°</u> <u>20'</u> <u>07.8"</u> W if g.p.s., state margin of error <u>30'</u>

SITE EVALUATOR STATEMENT			
I certify that on <u>9-15-15</u> (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).			
<u>William A. LaBelle, Jr.</u> Site Evaluator Signature WILLIAM A. LaBELLE, JR.	319 SE# (207) 537-5900	<u>9-10-15</u> Date labeleseptic@rivah.net	
Site Evaluator Name Printed	Telephone Number	E-mail Address	Page 1 of 3
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.			HHE-200 Rev. 08/2015

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Owner or Applicant Name
DONNY TOZIER

Scale 1" = 60 Ft.

SITE X

Road

1/10

North St. (RT. 179)

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

_____ " Depth of organic horizon above mineral soil

Diagram illustrating a soil profile chart with depth below mineral soil surface (inches) on the Y-axis (0 to 50). The chart is divided into four columns: Texture, Consistency, Color, and Mottling. A diagonal line indicates the depth of the mineral soil surface.

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

9-10-15
Date

Town, City, Plantation

ELLSWORTH

Street, Road, Subdivision

PATRIOT ROAD

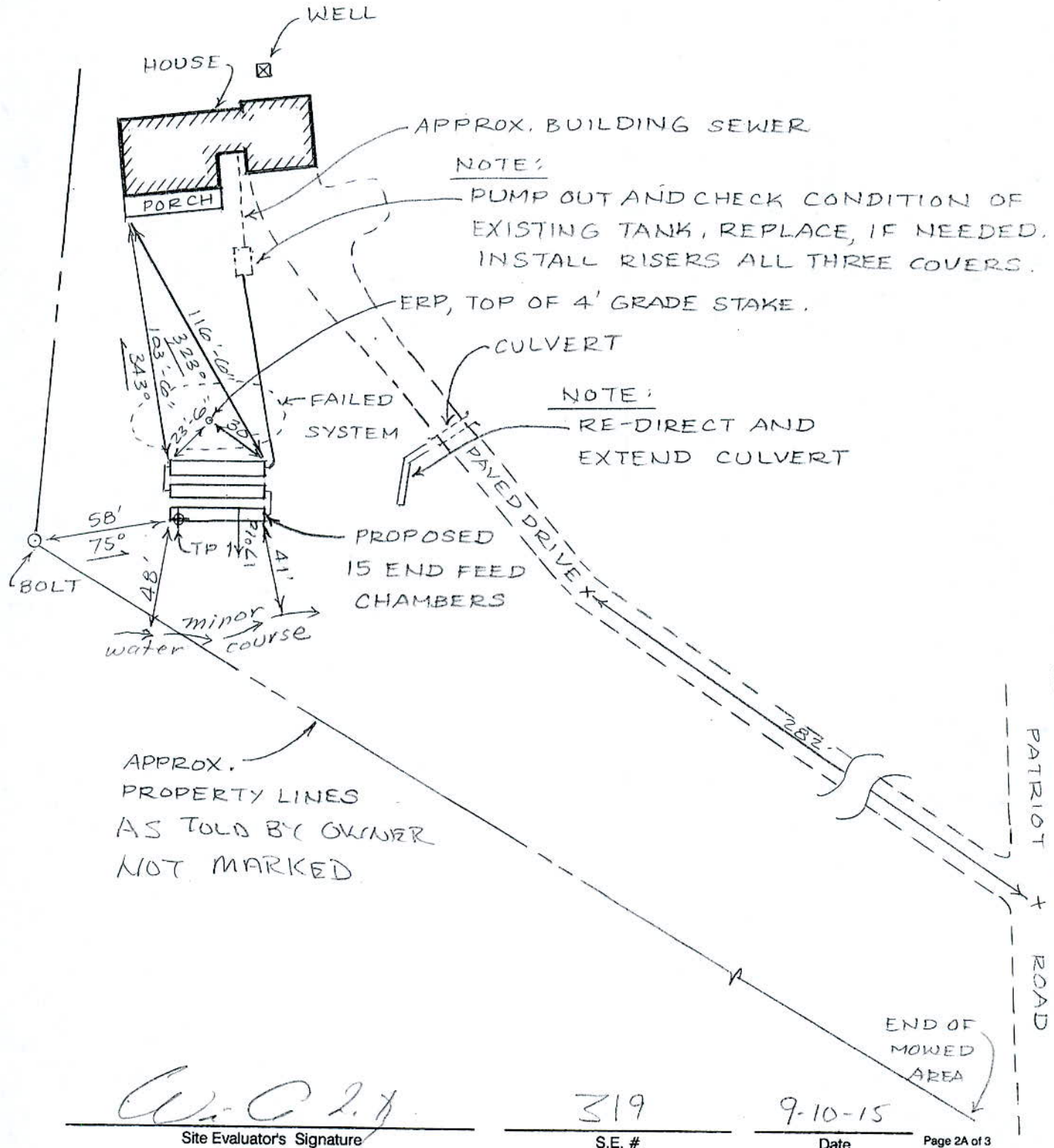
Owner or Applicant Name

DONNY TOZIER

SITE PLAN:

SCALE: 1" = 60 FT.

MAGNETIC
NORTH



Site Evaluator's Signature

S.E. #

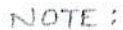
Date

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Owner or Applicant Name

DONNY TOZIER



SEE ALL NOTES
PAGE 2A.

PROPOSED 15 - 4'x8' END FEED
CHAMBERS PLACED IN 3 ROWS
OF 5 SEPARATED BY 5'; FOUR
CORNERS ARE STAKED OUT.
FED BY SERIAL DISTRIBUTION.

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		SYSTEM:	PRIVY:	ELEVATION REFERENCE POINT
Depth of Backfill (Upslope)	<u>33"</u>	Finished Grade Elevation	<u>(See</u>			Location & Description <u>39'</u>
Depth of Backfill (Downslope)	<u>35' & 37"</u>	Top of Distribution Pipe or Proprietary Device	<u>attached</u>	<u>N/A</u>		<u>ABOVE GROUND TOP OF</u>
Depths @ cross-section shown below or on X-sec. detail.		Bottom of Disposal Field	<u>X Sec.</u>			<u>4' GRADE STAKE.</u>
						Reference Elevation is: <u>0"</u>

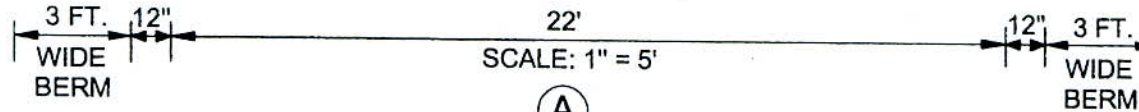
NOTES:

- ~~1. Tank(s) must be 8' minimum from building.~~
2. Grade surrounding area to divert surface water away from system.
3. All work done adjacent to wetlands and water bodies must be done in compliance with section 11-m 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" (DEPWO588).
4. Install septic tank(s) risers 18" in diameter "minimum" to within 6" of finished grade on inlet, cleanout and outlet covers; (recommend extending risers to finish grade).

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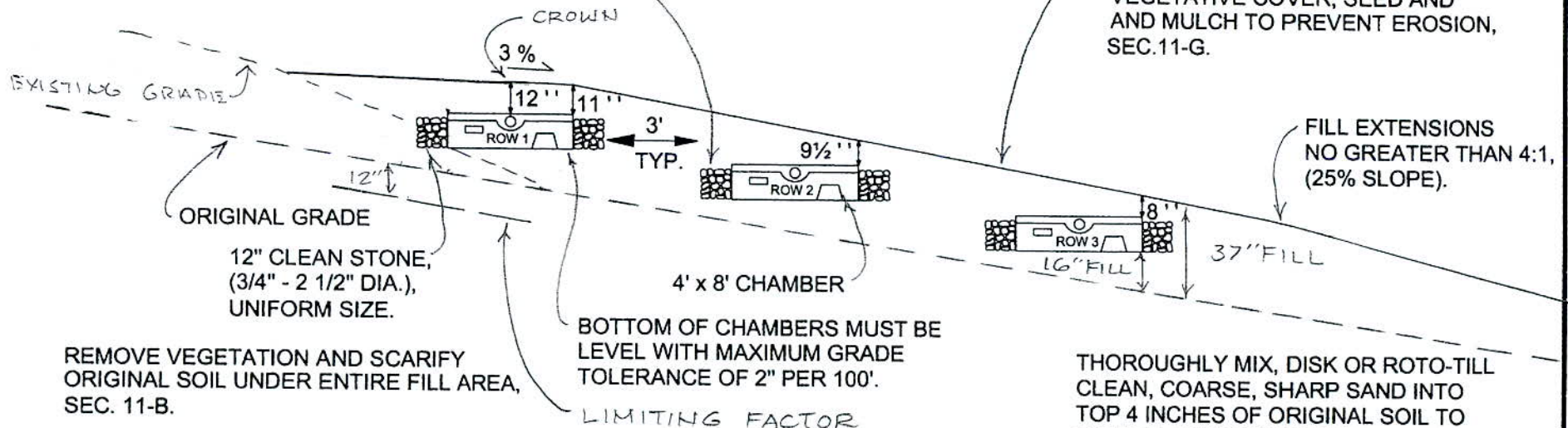
DISPOSAL AREA CROSS SECTION SLOPE 17 %

NOTE: GRADE
UPSLOPE TO
DIVERT SURFACE
WATER AWAY
FROM SYSTEM.



FILL MATERIAL SHALL BE 8"-12" THICK
OVER CHAMBERS AND SHALL BE GRAVELLY
COARSE SAND TO THE STANDARDS IN
SEC. 11-E IN THE SUBSURFACE RULES.

2" COMPRESSED HAY (OR FILTER FABRIC) SEC. 11-F
RECOMMENDED OVER STONE AND CHAMBERS



ELEVATIONS:

ELEV. REF. PT. (ERP):	0"	ROW 1	ROW 2	ROW 3
FINISHED GRADE:		-31"	(-51 1/2" MIN.)	(-71" MIN.)
TOP OF CHAMBERS:		-43"	-61"	-79"
BOTTOM OF CHAMBERS:		-56"	-74"	-92"

OWNER: DONNY TOZIER

LOCATION: ELLSWORTH

W. A. LaBelle, Jr.

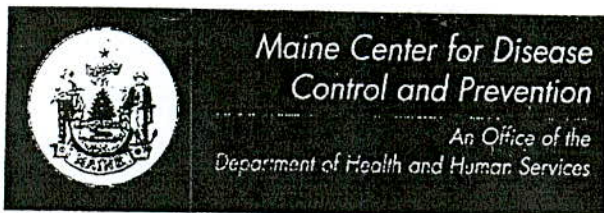
WILLIAM A. LaBelle, JR.

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 11 OF SAID RULES.

319
S.E.#

9-10-15
DATE



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) 287-5672
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 <u>ELLSWORTH</u>
Property Owner's Name: <u>DONNY TOZIER</u>	Tel. No.: <u>(207) 479-2848</u>	
System's Location: <u>10 PATRIOT ROAD</u>		
Property Owner's Address: <u>10 PATRIOT ROAD - ELLSWORTH, ME.</u>	Zip Code	<u>04605</u>
e-mail address: _____		

The subsurface wastewater disposal system design for the subject property requires a ☒ replacement 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. <u>SETBACK REDUCTION: SYSTEM TO MINOR WATER COURSE 40'</u>	<u>TABLE 8-A</u>
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 request 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.	
<u>VARIANCE REQUESTS MINIMIZED.</u>	
1. <u>WILLIAM A. LABELLE, JR. #319</u> , S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.	
<u>W. A. Labelle, Jr.</u> #319	<u>9-10-15</u>
SIGNATURE OF SITE EVALUATOR	DATE

PROPERTY OWNER	
1. <u>Donald Tozier</u> , 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 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.	
<u>Donald Tozier</u> SIGNATURE OF OWNER ☐ AGENT FOR THE OWNER	<u>9/10/15</u> DATE

ELLSWORTH

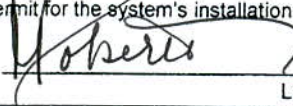
PATRIOT ROAD

DONNY TOZIER

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

9-10-15

Date

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		
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