

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 FAX (207) 287-3165

PROPERTY LOCATION		>> Caution: Permit Required – Attach in Space Below <<	
City, Town, or Plantation	BLUE HILL	Date Permit Issued: 4/17/08	PERMIT # 1911 STATE COPY
Street or Road	HINCKLEY HILL ROAD	\$ 11/20	<input type="checkbox"/> Double Fee Charged
Subdivision, Lot #		L.P.I. # 1028	
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature	
Name (last, first, MI)	REV. & MRS. W. CHRISTIAN KOCH	Signature of <u>Judith Jenkins</u> Local Plumbing Inspector Signature	
Mailing Address of	468 HINCKLEY RIDGE ROAD		
Owner <input type="checkbox"/> Applicant	BLUE HILL, ME. 04614		
Daytime Tel. #	(207) 374-5466	Municipal Tax Map # 35	Lot # 42
Owner or Applicant Statement 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. Signature of Owner or Applicant: <u>W. Christian Koch</u> Date: <u>4/17/08</u>		Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application. Local Plumbing Inspector Signature: _____ (1st Date Approved) _____ (2nd Date Approved)	

PERMIT INFORMATION		
TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input checked="" 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	THIS APPLICATION REQUIRES 1. <input 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 checked="" 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 Permit	DISPOSAL SYSTEM COMPONENT(S) 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
SIZE OF PROPERTY _____ sq. ft. <input type="checkbox"/> 10± acres <input checked="" type="checkbox"/>	DISPOSAL SYSTEM TO SERVE 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) _____	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: _____
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current Use: <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. Concrete a. <input checked="" type="checkbox"/> Regular OR b. Low Profile c. <input type="checkbox"/> With in-tank lift station 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE 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.	GARBAGE DISPOSAL UNIT 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	DESIGN FLOW <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
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>2 A III/B 1</u> at Observation Hole # <u>1</u> Depth <u>36"</u> OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 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	PUMPING 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 RECORDS Lat. <u>44°</u> d <u>26.357</u> m _____ s N Lon. <u>66°</u> d <u>56.115</u> m _____ s W If g.p.s. state margin of error

SITE EVALUATOR STATEMENT		
I certify that on <u>4-1-08</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) Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.		
Site Evaluator Signature <u>Richard Babine</u> RICHARD BABINE Site Evaluator Name Printed	SE# <u>117</u> Telephone # <u>(207) 852-7898</u>	Date <u>4-6-08</u> E-mail Address _____

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Division of Health Engineering
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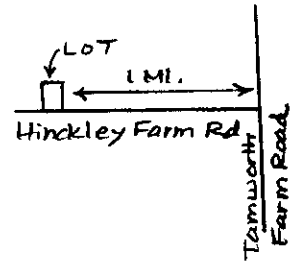
Town, City, Plantation
BLUE HILL

Street, Road, Subdivision
HINCKLEY HILL ROAD

Owner's Name
REV. & MRS. W. CHRISTIAN KOCH

SITE PLAN Scale 1" = 50 Ft.

SITE LOCATION PLAN
(Map from Maine Atlas recommended)



(SEE ATTACHED SITE PLAN)

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

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

Texture	Consistency	Color	Mottling
LOAM		BROWN	
		YELLOW BROWN	
FINE SANDY LOAM	FRIABLE	OLIVE	NONE

Observation Hole _____ Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling

Soil Classification 2 A_{III}/B Slope 7½% Limiting Factor 36°
 Profile Condition

Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

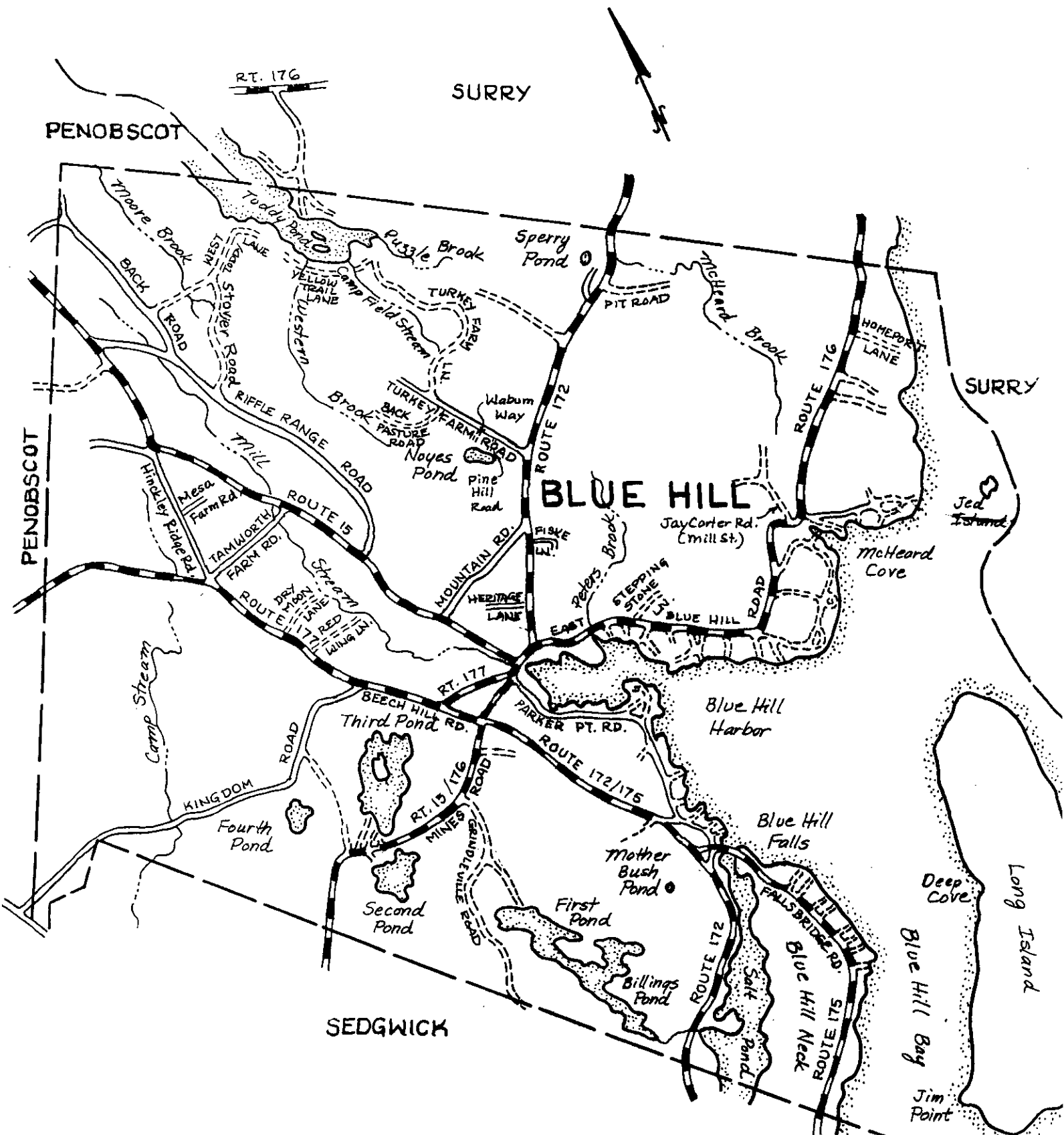
Soil Classification _____ Slope _____% Limiting Factor _____
 Profile Condition

Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Robert P. ...
Site Evaluator's Signature

117
S. E. #

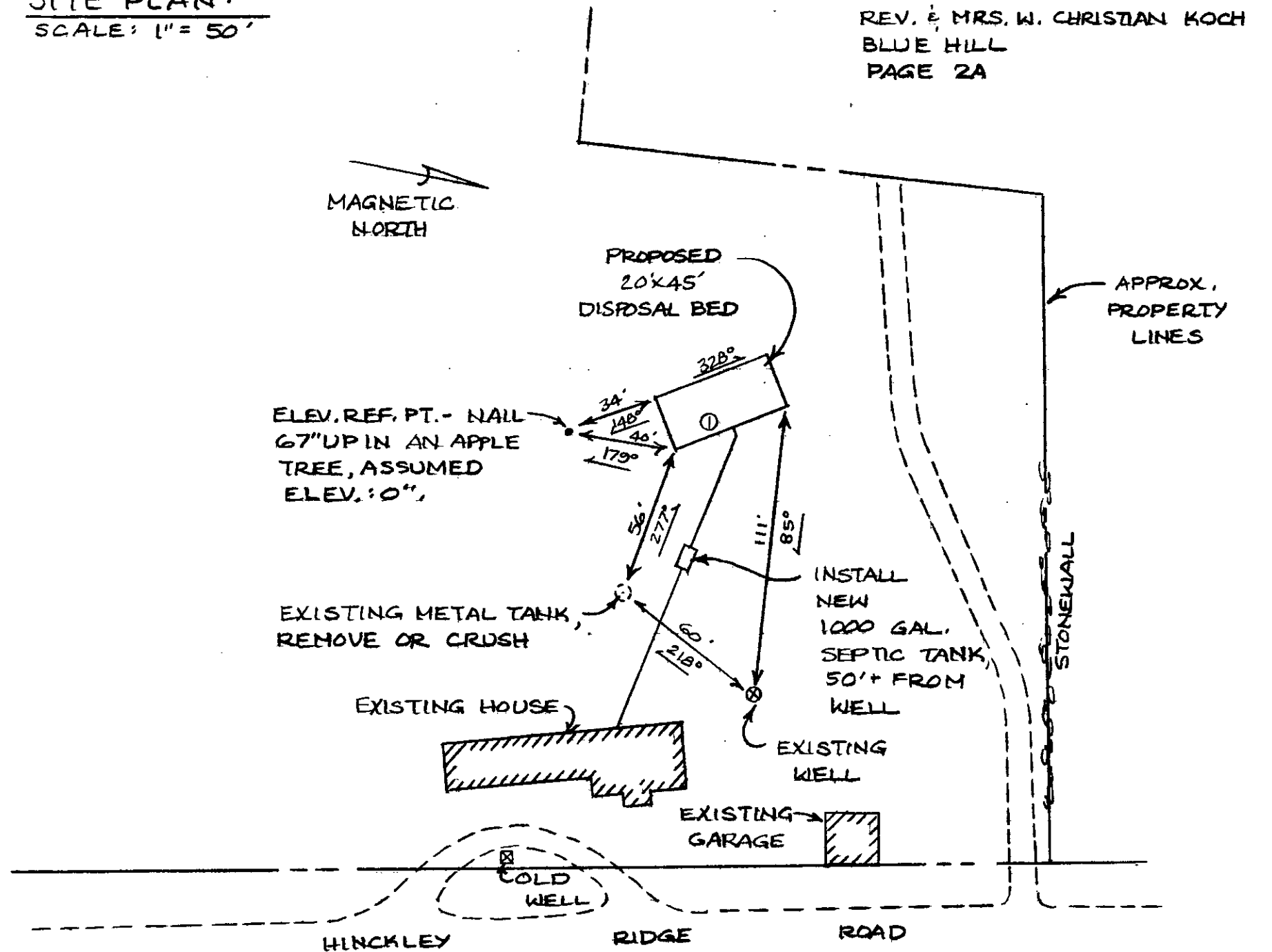
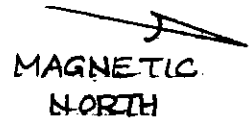
4-6-08
Date



SITE LOCATION PLAN

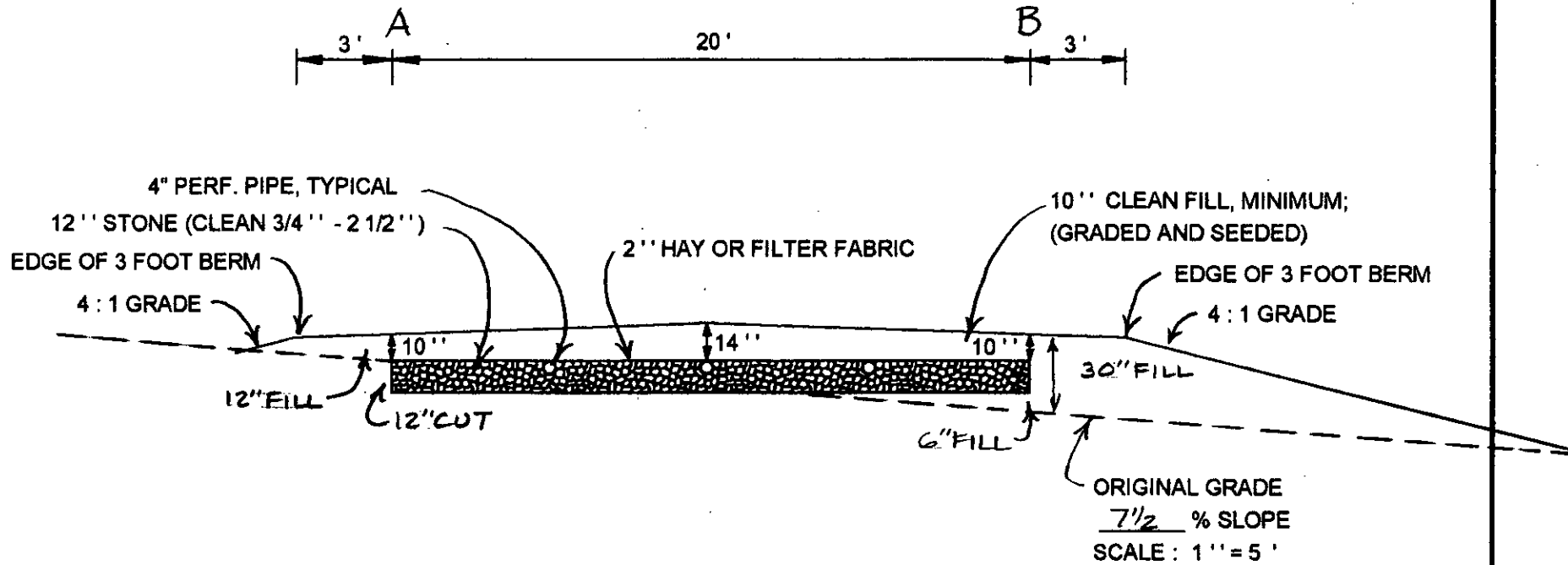
SITE PLAN:
SCALE: 1" = 50'

REV. E. MRS. W. CHRISTIAN KOCH
BLUE HILL
PAGE 2A



Ruth E. Sh.
SITE EVALUATOR'S SIGNATURE 117 4-6-08
S.E.# DATE

BED CROSS - SECTION



NOTES:

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

OWNER: REV. & MRS. W. CHRISTIAN KOCH

LOCATION: BLUE HILL

Richard Babine
 RICHARD BABINE

117
 S.E. #

4-6-08
 DATE

State

REPLACEMENT SYSTEM VARIANCE REQUEST

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 and HHE-200 and may approve the Request, if all of the following requirements can be met and the variances(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. 1906.0).
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 water bodies/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		Town of	<u>BLUE HILL</u>
Permit No.	<u>1911</u>	Date Permit Issued	<u>4-17-08</u>
Property Owner's Name:	<u>REV. & MRS. W. CHRISTIAN KOCH</u>		
	Tel. No.: <u>(207) 374-5466</u>		
System's Location:	<u>468 HINCKLEY RIDGE ROAD</u>		
Property Owner's Address:	<u>468 HINCKLEY RIDGE ROAD - BLUE HILL, ME. 04614</u>		
(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 the Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side or page 2 of this form 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 or page 2 of this 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 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.

W. Christian Koch
SIGNATURE OF OWNER

April 17, 08
DATE

LOCAL PLUMBING INSPECTOR

I, Judith Jenkins, 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. 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, the reasons shall be stated in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: _____

Judith Jenkins
LPI SIGNATURE

4-17-08
DATE

Replacement System Variance Request

VARIANCE CATEGORY	LIMITS OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
SOILS								
Soil Profile	Ground Water Table			to 7"			inches	
Soil Condition	Restrictive Layer			to 7"			inches	
from HHE-200	Bedrock			to 12"			inches	
SETBACK DISTANCES (in feet)								
	Disposals 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 system wells	300 ft	300 ft	300 ft	150 ft	150 ft	150 ft		
Owner's wells	100 down to 60 ft (a)	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	50	
Neighbor's wells	100 down to 60 ft (f)	200 down to 120 ft (f)	300 down to 180 ft (f)	100 down to 50 ft (f)	100 down to 75 ft (f)	100 down to 75 ft (f)		
Water supply line	10 ft	20 ft	25 ft (-h)	10 ft	10 ft	10 ft (h)		
Water course, major	100 down to 60 ft (d)	200 down to 120 ft (d)	300 down to 180 ft (d)	100 down to 50 ft (b)	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft (e)	100 down to 50 ft (e)	150 down to 75 ft (e)	50 down to 25 ft (e)	50 down to 25 ft (e)	50 down to 25 ft (e)		
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 (e)	25 ft (e)	25 ft (e)	25 ft (e)	25 ft (e)	25 ft (e)		
Slopes grater than 3:1	10 ft (g)	18 ft (g)	25 ft (g)	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		
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 - 3:1 _____								
2. _____								
3. _____								

- Footnotes: (a.) Single-family well setbacks may be reduced as prescribed in Section 701.2.
 (b.) This distance may be reduced to 25 feet, if the septic or holding tank is tested in the plumbing inspector's presence and shown to be watertight or of monolithic construction.
 (c.) Additional setbacks may be needed to prevent fill material extensions from encroaching onto abutting property.
 (d.) Additional setbacks may be required by local Shoreland zoning.
 (e.) Natural Resource Protection Act requires a 25 feet setback, on slopes of less than 20%, from the edge of soil disturbance and 100 feet on slopes greater than 20%. See Chapter 15.
 (f.) May not be any closer to neighbors well than the existing disposal field or septic tank, unless written permission is granted by the neighbor. This setback may be reduced for single family houses with Department approval. See Section 702.3.
 (g.) The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.
 (h.) See Section 1402.8 for special procedures when these minimum setbacks cannot be achieved.



 SITE EVALUATOR'S SIGNATURE

4-6-08

 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