

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 | ELLSWORTH | Town/City _____ | Permit # _____ |
| Street or Road | SENNETT WAY | Date Permit Issued ___/___/___ | Fee \$ _____ Double Fee Charged () |
| Subdivision, Lot # | LOT # 2 | _____ | L.P.I. # _____ |
| OWNER/APPLICANT INFORMATION | | Local Plumbing Inspector Signature _____ | |
| Name (last, first, MI) | RUSSELL, MALLORY | Fee: \$ _____ state min. fee \$ _____ | 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 | NICK WOOD 102 MAIN ST. - SUITE B ELLSWORTH, ME, 04605 | 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 type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant | | | |
| Daytime Tel. # | (207) 240-6091 | Municipal Tax Map # _____ | Lot # _____ |
| email address: | nick@acadiamodularconsulting.com | | |
| 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 | | _____ (1st Date Approved) | |
| | | _____ (2nd Date Approved) | |

| PERMIT INFORMATION | | |
|---|---|---|
| TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____ Year Installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <25% <input type="checkbox"/> b. Major Expansion ≥ 25% <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion | THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit | DISPOSAL SYSTEM COMPONENT(S) <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System(2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous components |
| SIZE OF PROPERTY _____ sq. ft. <u>5±</u> acres | DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: (SPECIFY) _____ | TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____ |
| SHORELAND ZONING <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 <input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular OR <input type="checkbox"/> b. Low Profile <input type="checkbox"/> c. with lift station <input type="checkbox"/> d. monolithic <input type="checkbox"/> e. two compartment <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY <u>1000</u> gallons | DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <u>10 END FEED CONCRETE CHAMBERS</u> <input type="checkbox"/> a. Cluster Array <input checked="" type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE <u>900</u> sq. ft. <input type="checkbox"/> lin. ft. | GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment Tank <input type="checkbox"/> b. _____ Tanks in Series <input type="checkbox"/> c. Increase in Tank Capacity <input checked="" type="checkbox"/> d. Filter on Tank Outlet | DESIGN FLOW <u>270</u> gallons per day BASED ON <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities |
| SOIL DATA & DESIGN CLASS PROFILE <u>3</u> CONDITION <u>1C/A, III</u> at Observation Hole # <u>1</u> Depth <u>20"</u> LEDGE OF MOST LIMITING SOIL FACTOR | DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium -- 2.6 sq. ft./gpd <input checked="" type="checkbox"/> 2. Medium-Large -- 3.3 sq. ft./gpd <input type="checkbox"/> 3. Large -- 4.1 sq. ft./gpd <input type="checkbox"/> 4. Extra Large -- 5.0 sq. ft./gpd | EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not Required <input checked="" type="checkbox"/> 2. May be Required <input type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons | <input checked="" type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>44°</u> d <u>24'</u> m <u>11"</u> S N Lon. <u>68°</u> d <u>26'</u> m <u>05"</u> S W if g.p.s., state margin of error <u>30'</u> |

SITE EVALUATOR STATEMENT

I certify that on 4/19/2023 (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>Nicholas Skidmore</u> Site Evaluator Signature NICHOLAS SKIDMORE Site Evaluator Name Printed | 409 SE# (207) 735 - 8041 Telephone Number | <u>4/25/23</u> Date <u>soiltestsepticdesign@gmail.com</u> E-mail Address |
|---|--|---|

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
ELLSWORTH

Street, Road, Subdivision **LOT 2**
SENNETT WAY

Owner or Applicant Name
MALORY RUSSELL

SITE PLAN

Scale 1" = _____ Ft.

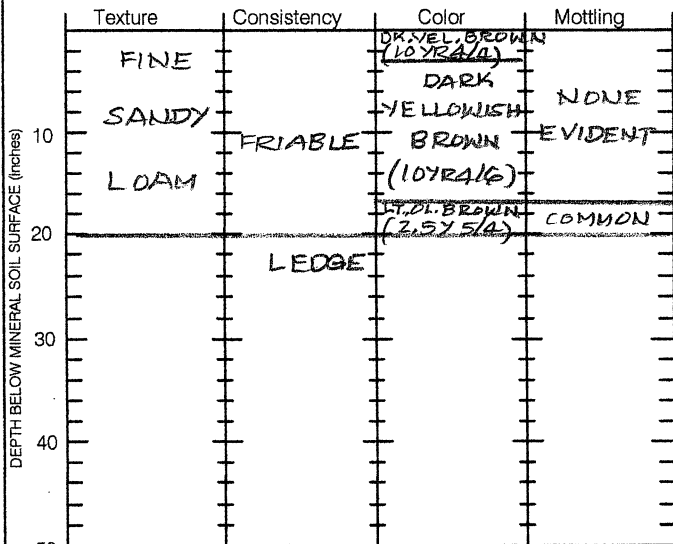
(SEE ATTACHED SITE PLAN)

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

(0.2 mile
to
North St.)

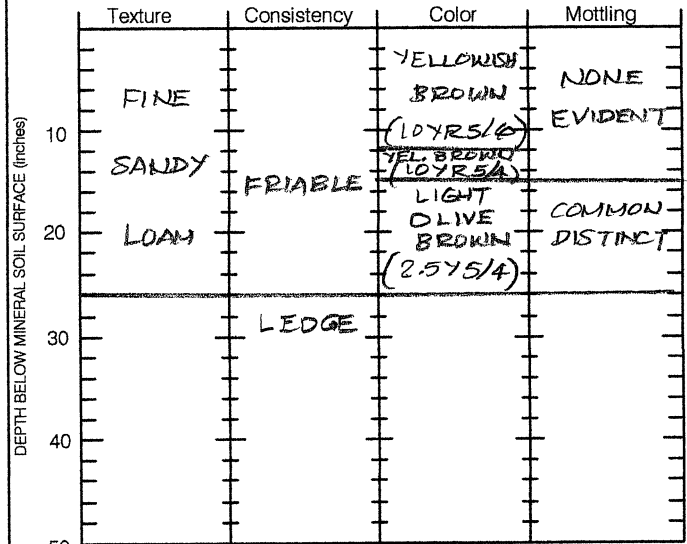
SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above or on pg. 2A)

Observation Hole TP1 Test Pit Boring
2 " Depth of organic horizon above mineral soil



| | | | | | | | |
|--------------|--------------------------|-------------|-----------------------|---------------------------------------|--|----------------------------------|------------------------------------|
| Soil Profile | Classification Condition | Slope | Limiting Factor Depth | <input type="checkbox"/> Ground Water | <input type="checkbox"/> Restrictive Layer | <input type="checkbox"/> Bedrock | <input type="checkbox"/> Pit Depth |
| <u>3</u> | <u>C/A, III</u> | <u>1/2%</u> | <u>20"</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Observation Hole TP2 Test Pit Boring
2 " Depth of organic horizon above mineral soil



| | | | | | | | |
|--------------|--------------------------|-----------|-----------------------|---------------------------------------|--|----------------------------------|------------------------------------|
| Soil Profile | Classification Condition | Slope | Limiting Factor Depth | <input type="checkbox"/> Ground Water | <input type="checkbox"/> Restrictive Layer | <input type="checkbox"/> Bedrock | <input type="checkbox"/> Pit Depth |
| <u>3</u> | <u>C/A, III</u> | <u>7%</u> | <u>26"</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Elizabeth Johnson
Site Evaluator's Signature

409
S. E. #

4/25/23
Date

| | | | |
|-------------------------------------|--|----------------------|---|
| Town, City, Plantation ELLSWORTH | Street, Road, Subdivision SENNETT WAY | Subdivision LOT 2 | Owner or Applicant Name MALLOREY RUSSELL |
|-------------------------------------|--|----------------------|---|

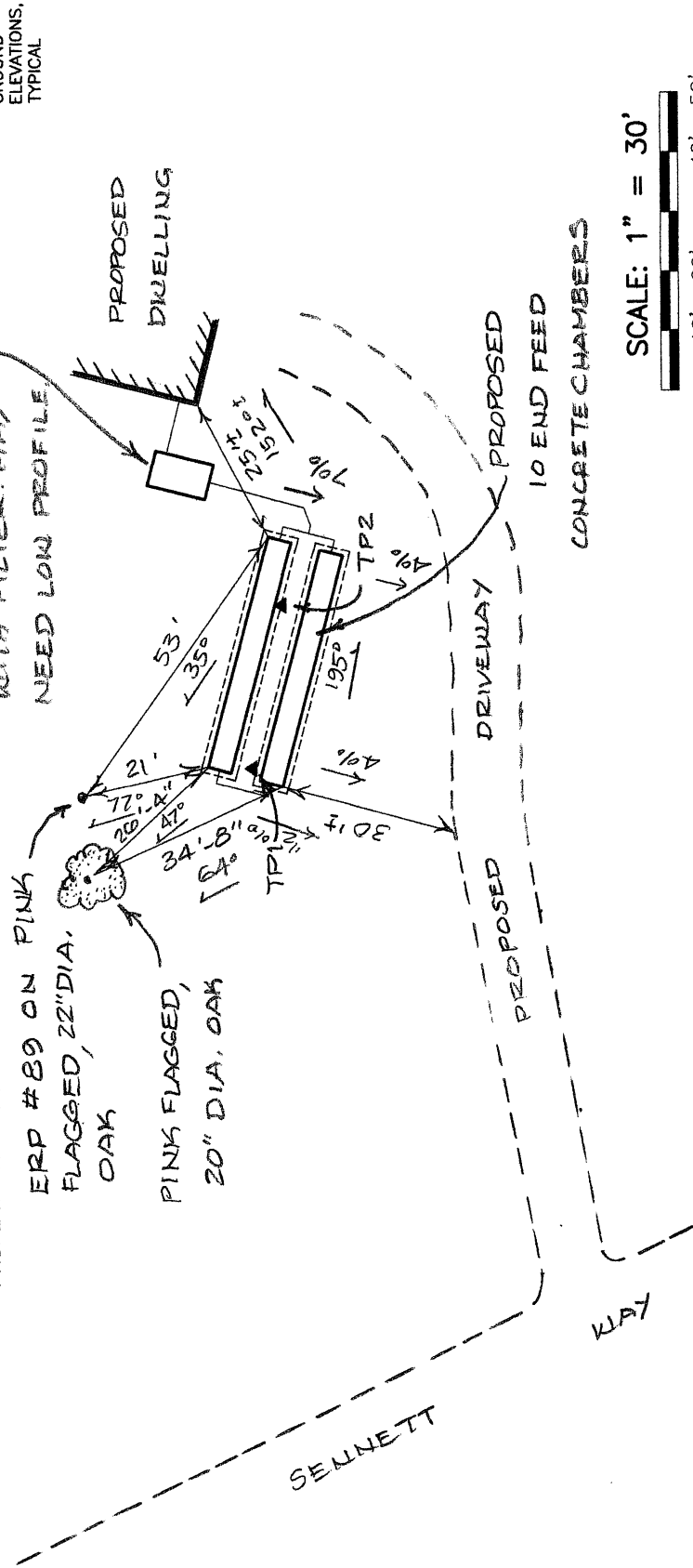
SITE PLAN:

SCALE: 1" = 30 FT.

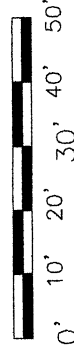


NOTES:

- IF PUMPED, INSTALL LIFT STATION.
2" PRESSURE LINE PROTECTED FROM FREEZING AND CRUSHING AND DISTRIBUTION BOX PROTECTED FROM FREEZING.
- PROPERTY LINE(S) NOT VISIBLE.
OWNER STATES SYSTEM MEETS ALL PROPERTY LINE SETBACKS.



SCALE: 1" = 30'



4/25/23
Date

409
S.E. #

[Signature]
Site Evaluator's Signature

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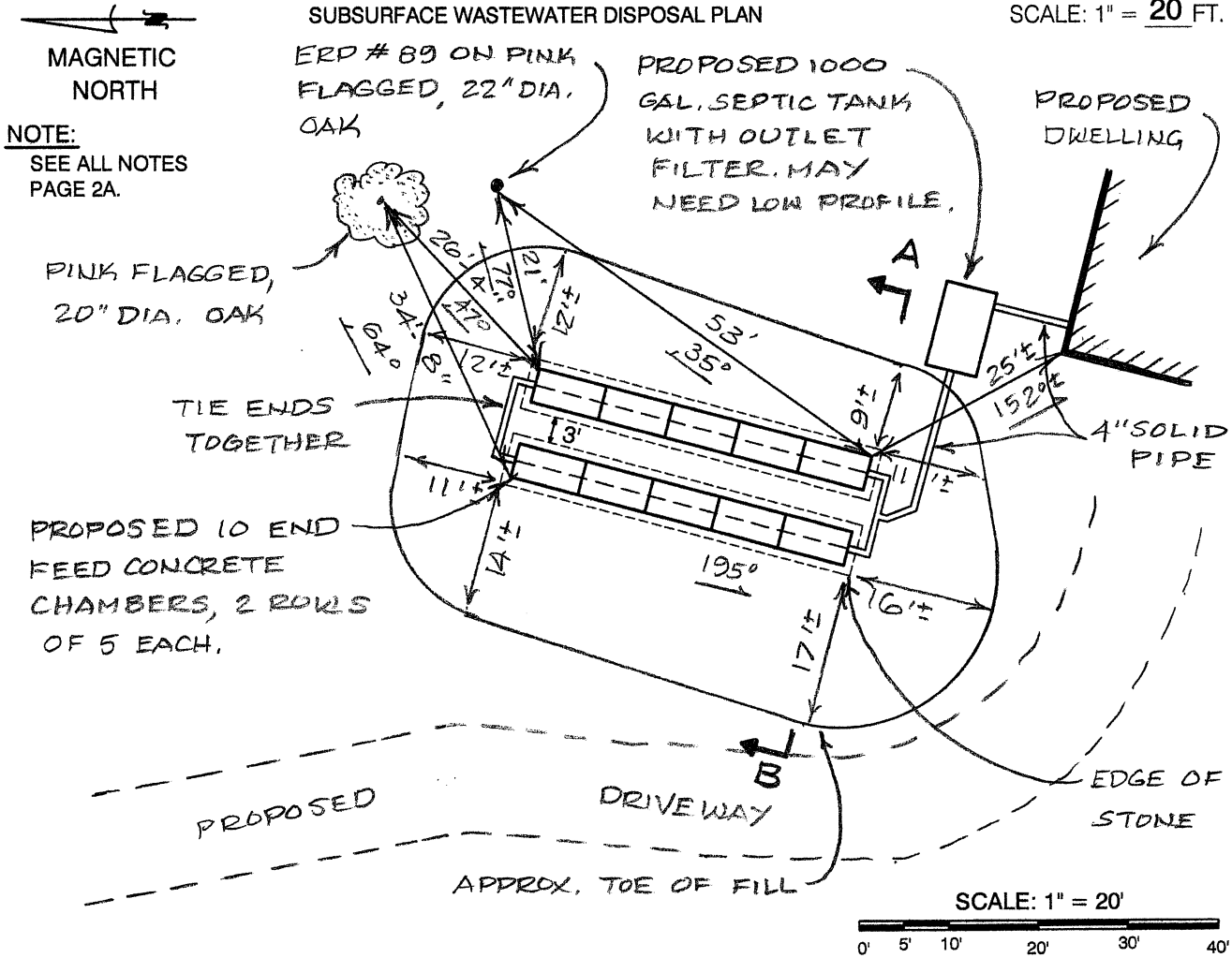
Town, City, Plantation
ELLSWORTH

Street, Road, Subdivision
**LOT 2
SENNETT WAY**

Owner or Applicant Name
MALLORY RUSSELL

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



| FILL REQUIREMENTS | CONSTRUCTION ELEVATIONS | SYSTEM: | PRIVY: | ELEVATION REFERENCE POINT |
|---|--|---------|--------|--|
| Depth of Backfill (Upslope) <u>25"-26"</u> | Finished Grade Elevation MIN. <u>-27"</u> | | | Location & Description <u>MAIL 42"</u> |
| Depth of Backfill (Downslope) <u>27"-36"</u> | Top of Distribution Pipe or Proprietary Device <u>-35"</u> | | N/A | <u>ABOVE GROUND IN A</u> |
| Depths @ cross-section shown below or on X-sec. detail. | Bottom of Disposal Field <u>-48"</u> | | | <u>22" DIA. OAK,</u> |
| | | | | Reference Elevation is: <u>0"</u> |

NOTES:

DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

1. Divert surface water and ground water away from the disposal system.
2. Septic tank(s) to be 8' minimum from building. Check septic tank(s) at least every two years for pumping.
3. Protect all piping from freezing. Garbage disposals are not recommended.
4. Full basement below grade foundation, frost wall or columns to be at least 20' minimum from leachfield and slab on grade to be at least 15' minimum from leachfield.
5. Well to be 51' minimum from septic tank(s) and 100' minimum from disposal system.
6. Distribution boxes and pump lines shall be protected with at least 2" of density expanded rigid polystyrene insulation to protect against frost penetration and freezing.
7. This HHE-200 form is not valid until local Plumbing Inspector signs and stamps. This design is completed under current Maine Subsurface Wastewater Disposal Rules. Future rule and regulation changes may invalidate the HHE-200 form. Maine rule and regulation changes occur on a regular basis.

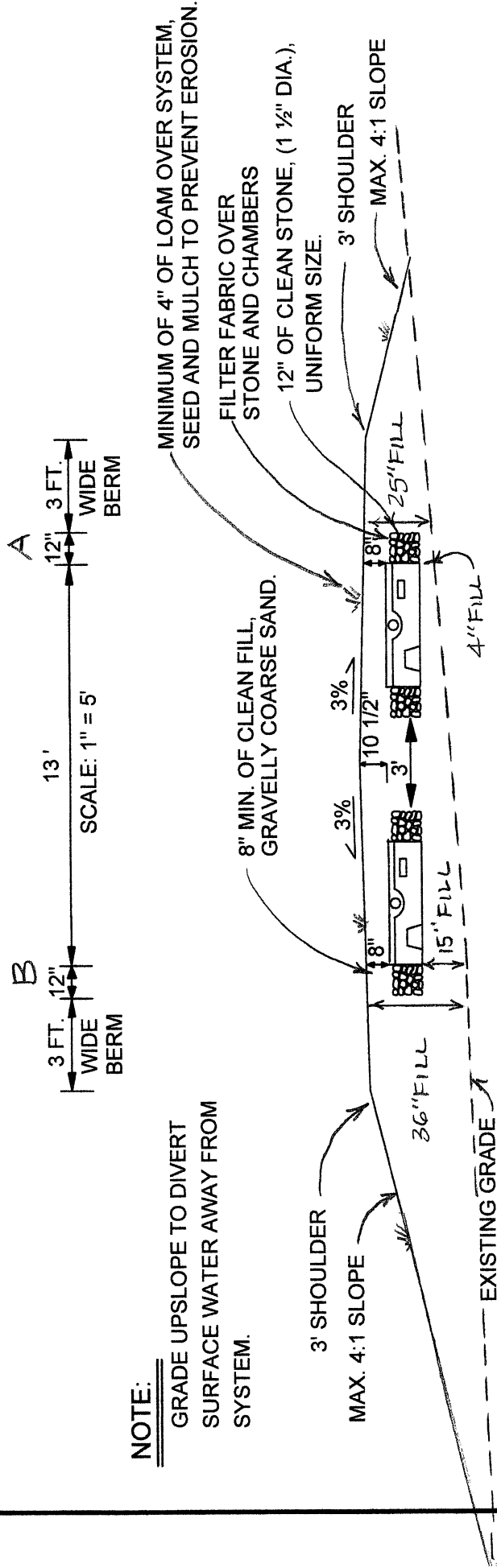
Chick Glendon
Site Evaluator's Signature

409
S.E. #

4/25/23
Date

Page 3 of 3
HHE-200 Rev. 01/2021

CONCRETE CHAMBER CROSS SECTION



NOTE:

GRADE UPSLOPE TO DIVERT SURFACE WATER AWAY FROM SYSTEM.

ELEVATION REFERENCE POINT: 0"

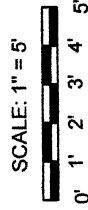
FINISHED GRADE: -27" MIN.

TOP OF CHAMBERS: -35"

BOTTOM OF CHAMBERS: -46"

NOTES:

1. REMOVE ALL ORGANIC MATTER AND SCARIFY ORIGINAL SOIL UNDER CHAMBERS AND FILL EXTENSIONS.
2. ROTOTILL 6" OF CLEAN, COARSE SAND INTO ORIGINAL SOIL.
3. FILL TO BE CLEAN, COARSE SAND.
4. BOTTOM OF CHAMBERS TO BE LEVEL, (2" IN 100').



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 CONTRACTOR MUST BE FAMILIAR WITH SAID RULES AND CONSTRUCT SYSTEM IN FULL COMPLIANCE WITH SECTION 11 OF SAID RULES.

OWNER: MALLORY RUSSELL

LOCATION: ELLSWORTH LOT 2

Nicholas Skidmore 409 DATE 4/25/23

NICHOLAS SKIDMORE S.E.#