

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services  
Div. Environmental Health, 11 SHS  
(207) 287-2070 FAX (207) 287-4172

<b>PROPERTY LOCATION</b>		<b>ELLSWORTH PERMIT # 6193</b>	
City, Town, or Plantation	ELLSWORTH	Town/City	TOWN
Street or Road	ROUTE 1A	DATE	11/6/17 FEE \$ 265.00 DBL
Subdivision, Lot #	REMAINING LAND OF NORTH ELLSWORTH ESTATES	Date Per	DWIGHT TILTON #628 Charged ( )
<b>OWNER/APPLICANT INFORMATION</b>		<b>LORETTA ROBERTS #1092</b>	
Name (last, first, MI)	COLPAERT, KEN	Local Plumbing Inspector Signature	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		Fee: \$ _____ state min. fee \$ _____	Locally adopted fee
Mailing Address of	22 NATHAN CUTLER DRIVE	Copy: <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	BEDFORD, NH 03110	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.	
Daytime Tel. #		Municipal Tax Map #	58 Lot # 24
<b>OWNER OR APPLICANT STATEMENT</b>		<b>CAUTION: INSPECTION REQUIRED</b>	
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: <u>[Signature]</u> Date: _____		Local Plumbing Inspector Signature: <u>[Signature]</u>	
		AFFIDAVIT (1st Date Approved) 12-1-17 (2nd Date Approved)	

## PERMIT INFORMATION

<b>TYPE OF APPLICATION</b> <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	<b>THIS APPLICATION REQUIRES</b> <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	<b>DISPOSAL SYSTEM COMPONENT(S)</b> <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
<b>SIZE OF PROPERTY</b> _____ sq. ft. 3F acres	<b>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 3 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: (SPECIFY) _____	<b>TYPE OF WATER SUPPLY</b> TO BE <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: _____
<b>SHORELAND ZONING</b> <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)

<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY 1000 gallons	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device: _____ <input type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE 900 sq. ft. lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <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 type="checkbox"/> d. Filter on Tank Outlet	<b>DESIGN FLOW</b> 270 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
<b>SOIL DATA &amp; DESIGN CLASS PROFILE CONDITION</b> 31C at Observation Hole # 1 Depth 16" OF MOST LIMITING SOIL FACTOR	<b>DISPOSAL FIELD SIZING</b> <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	<b>EFFLUENT/EJECTOR PUMP</b> <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May be Required <input type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA <b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. 43° 03' 30" N Lon. 70° 58' 30" W if g.p.s., state margin of error

## SITE EVALUATOR STATEMENT

I certify that on 7-20-17 (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>[Signature]</u> Site Evaluator Signature WILLIAM A. LABELLE, JR.	319 SE# (207) 537-5900	7-26-17 Date labelleseptic@rivah.net
Site Evaluator Name Printed	Telephone Number	E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

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Maine Dept. of Health & Human Services  
Division of Environmental Health, 11 SHS  
(207) 287-5872 FAX (207) 287-4172

Town, City, Plantation  
**ELLSWORTH**

Street, Road, Subdivision  
**ROUTE 1A**

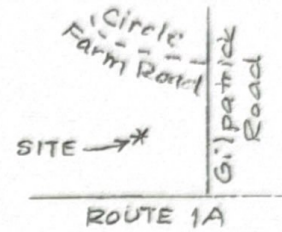
Owner or Applicant Name  
**KEN COLPAERT**

SITE PLAN

Scale 1" = 50 Ft.

( SEE ATTACHED SITE PLAN )

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



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

Observation Hole #1  Test Pit  Boring  
3 " Depth of organic horizon above mineral soil

	Texture	Consistency	Color	Mottling
10	SANDY		DARK BROWN	
15	STONY	FRIABLE	(10YR 3/3)	N.E.
20	GRAVELLY		DARK VEL. BROWN (10YR 3/6)	
25	LOAM	FIRM	OLIVE BROWN	PROBABLE
30			(2.5Y 4/4)	
40				
50				
Soil Profile <u>3</u>		Classification <u>C</u>	Slope <u>4 1/2%</u>	Limiting Factor <u>10" Depth</u>
		Condition	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth	

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

	Texture	Consistency	Color	Mottling
10	SANDY		DARK YELLOWISH BROWN (10YR 3/4)	
15	STONY	FRIABLE	DARK	N.E.
20	LOAM	FIRM	YELLOWISH BROWN	FEW FAINT
30			(10YR 3/6)	
40				
50				
Soil Profile <u>3</u>		Classification <u>C</u>	Slope <u>4 1/2%</u>	Limiting Factor <u>10" Depth</u>
		Condition	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth	

*Ken Colpaert*  
Site Evaluator's Signature

319  
S. E. #

7-26-17  
Date



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services  
Division of Environmental Health, 11 9-15  
(207) 287-5672 FAX (207) 287-4172

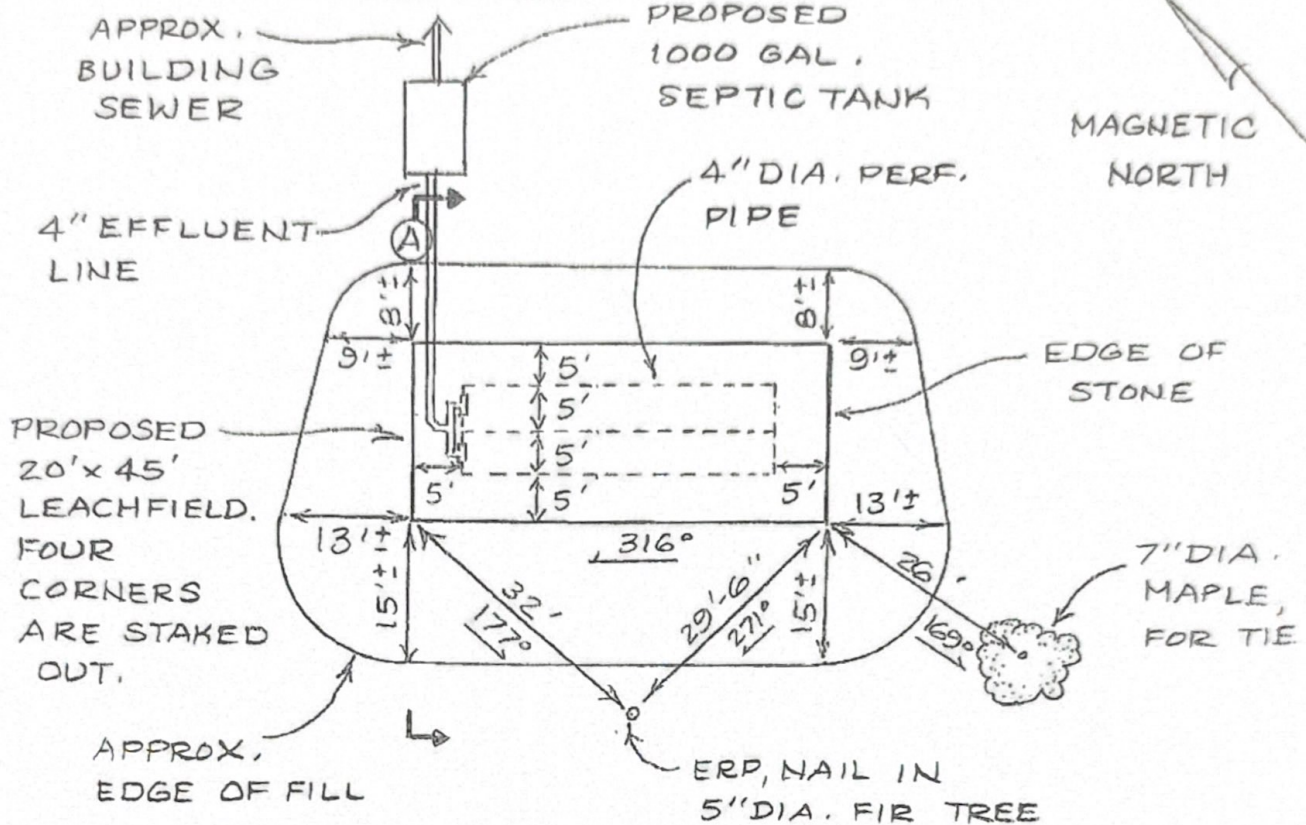
Town, City, Plantation  
**ELLSWORTH**

Street, Road, Subdivision  
**ROUTE 1A**

Owner or Applicant Name  
**KEN COLPAERT**

## SUBSURFACE WASTEWATER DISPOSAL PLAN PROPOSED HOUSE

SCALE: 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		SYSTEM:	PRIVY:	ELEVATION REFERENCE POINT
Depth of Backfill (Upslope)	19"	Finished Grade Elevation	CROWN	-34"		Location & Description NAIL 81"
Depth of Backfill (Downslope)	30"	Top of Distribution Pipe or Proprietary Device		-49"	N/A	ABOVE GROUND IN 5" DIA. FIR TREE.
Depths @ cross-section shown below or on X-sec. detail.		Bottom of Disposal Field		-60"		Reference Elevation is: 0"

### DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

#### NOTES:

1. Tank(s) must be 8' minimum from building.
2. Grade surrounding area to divert surface water away from system.
3. Well to be 51' minimum from septic tank(s) and 100' minimum from disposal field.
4. All work done adjacent to wetlands and water bodies must be done in compliance with section 12 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" (DEPW0588).
5. 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).
6. Full basement below grade foundation, frost wall or columns must be 20' minimum from edge of disposal field and slab on grade must be 15' minimum from edge of disposal field.

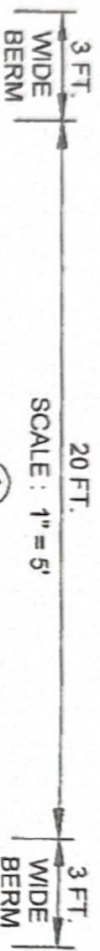
*W.C.3*  
Site Evaluator's Signature

319  
S.E. #

7-26-17  
Date

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# DISPOSAL BED CROSS SECTION



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

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

TOP 4" OF FILL TO BE A GOOD LOAM  
SOIL MIX TO ESTABLISH A GOOD  
VEGETATIVE COVER; SEED  
AND MULCH TO PREVENT EROSION,  
SEC. 11-G.  
FILL EXTENSIONS  
NO GREATER THAN 4:1,  
(25% SLOPE).

2" COMPRESSED HAY (OR FILTER FABRIC) SEC. 11-F  
PLACED OVER STONE.  
FILL EXTENSIONS  
NO GREATER THAN 4:1,  
(25% SLOPE).  
EXISTING GRADE  
LIMITING FACTOR

3%  
3%  
4" PERFORATED PIPE,  
TYPICAL  
BOTTOM OF STONE MUST BE  
LEVEL WITH MAXIMUM GRADE  
TOLERANCE OF 2" PER 100'.

THOROUGHLY MIX, DISK OR ROTO-TILL  
CLEAN, COARSE, SHARP SAND INTO  
TOP 6 INCHES OF ORIGINAL SOIL TO  
CREATE A TRANSITION ZONE, SEC. 11-B.

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.

ELEVATIONS:  
ELEV. REF. PT. (ERP): 0"  
FINISHED GRADE: -34" CROWN  
TOP OF DISTRIBUTION PIPE: -49"  
BOTTOM OF STONE: -60"

OWNER: KEN COLPAERT  
LOCATION: ELLSWORTH

*WAC 2.4*

WILLIAM A. LABELLE, JR.

S.E.# 319

DATE 7-26-17

Wastewater & Plumbing Control Program  
Division of Health Engineering  
Maine Department of Human Services

**AFFIDAVIT OF SITE PREPARATION**

This affidavit is to be completed by a certified system installer and submitted to the Local Plumbing Inspector to document compliance with Section 111.5.1 of the Maine Subsurface Wastewater Disposal Rules, 144 CMR 241. *Permission to utilize this document in lieu of a site preparation inspection by the Local Plumbing Inspector must be verified when the permit is issued.* This affidavit is *not* to be utilized in place of the system inspection described in Section 111.5.2 of the Rules.

INSTALLER NAME:

**BUDDY PALMER**

(Please Print)

CERTIFICATION NUMBER:

**#16**

SSWD PERMIT NUMBER:

**6193**

PERMIT ISSUE DATE:

**11-9-17**

PROPERTY OWNER NAME:

**Ken Colpaert**

PROPERTY ADDRESS:

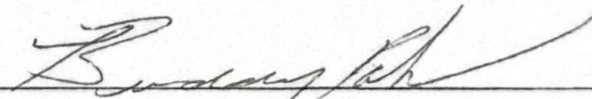
**Colpatrick Rd.**

MUNICIPALITY:

**Ellsworth**

By signing and submitting this document to the Local Plumbing Inspector, I certify that all construction activities noted in Section 111.5.1 including removal of all vegetation from the disposal field area and fill extensions as specified in Section 801.3; roughening of the ground surface as specified in Section 801.4; establishment of a transitional horizon as specified in Section 801.5; and placement of erosion control devices as specified in Section 801.2 have been completed in full compliance with the Maine Subsurface Wastewater Disposal Rules, 144 CMR 241 for the referenced SSWD permit.

INSTALLER SIGNATURE:

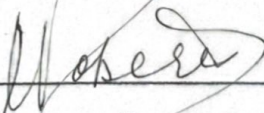


DATE SUBMITTED:

**11/29/17**

By signing and accepting this document from the Certified Installer, I acknowledge that a site preparation inspection was not conducted for the referenced SSWD permit.

LPI SIGNATURE:



ACCEPTANCE DATE:

**11-29-17**