M104 L1-11

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

City, Town, or Plantation	ELLSWORTH
Street or Road	JORDAN WAY
Subdivision, Lot #	242 JORDAN WAY

>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

ELLSWORTH 4247 TOWN COPY

Date Permit Issued: 7/16/04 $ 100.00 ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 10108

OWNER/APPLICANT INFORMATION

Name (last, first, MI): SAWYER, CLARENCE & PAMELA ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant	268 NORTH ROAD NEWBURGH, ME 04444
Daytime Tel. #	234-2603

Municipal Tax Map # 104 Lot # 1-11

OWNER OR APPLICANT STATEMENT

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.

Signature of Owner or Applicant — Date 7-12-04

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. Jun 13 05 (1st) date approved

Local Plumbing Inspector Signature — Jun 16 05 (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

☒ 1. First Time System
☐ 2. Replacement System
Type replaced: _____
Year installed: _____
☐ 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 COMPONENTS

☒ 1. Complete Non-engineered System
☐ 2. Primitive System (graywater & alt. toilet)
☐ 3. Alternative Toilet, specify: _____
☐ 4. Non-engineered Disposal Area
☐ 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

+/- 0.93 ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING

☒ Yes ☐ No

DISPOSAL SYSTEM TO SERVE

☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 3
☐ 2. Multiple Family Dwelling, No. of Units: _____
☐ 3. Other: _____ (specify)
Current Use ☐ Seasonal ☐ Year Round ☒ Undeveloped

TYPE OF WATER SUPPLY

☐ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private
☐ 4. Public ☒ 5. Other PUMPED FROM LAKE

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK*

☒ 1. Concrete
☒ a. Regular
☐ b. Low Profile
☐ 2. Plastic
☐ 3. Other: _____
CAPACITY: 1000 GAL.

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: 900 ☒ 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

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 2 / CONDITION B / DESIGN 1
at Observation Hole # TP 1
Depth 30 "
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

EFFLUENT/EJECTOR PUMP

☐ 1. Not Required
☐ 2. May Be Required
☒ 3. Required
Specify only for engineered systems:
DOSE: _____ gallons

☐ 3. Section 503.0 (meter readings)
ATTACH WATER METER DATA

SITE EVALUATOR STATEMENT

I certify that on 05/25/04 (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).

Site Evaluator Signature — 265 SE # — 05/25/04 Date

PAUL B. COREY — Site Evaluator Name Printed

945-4302 — Telephone Number

E-mail Address

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

HHE-200 Rev. 10/02

5339

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

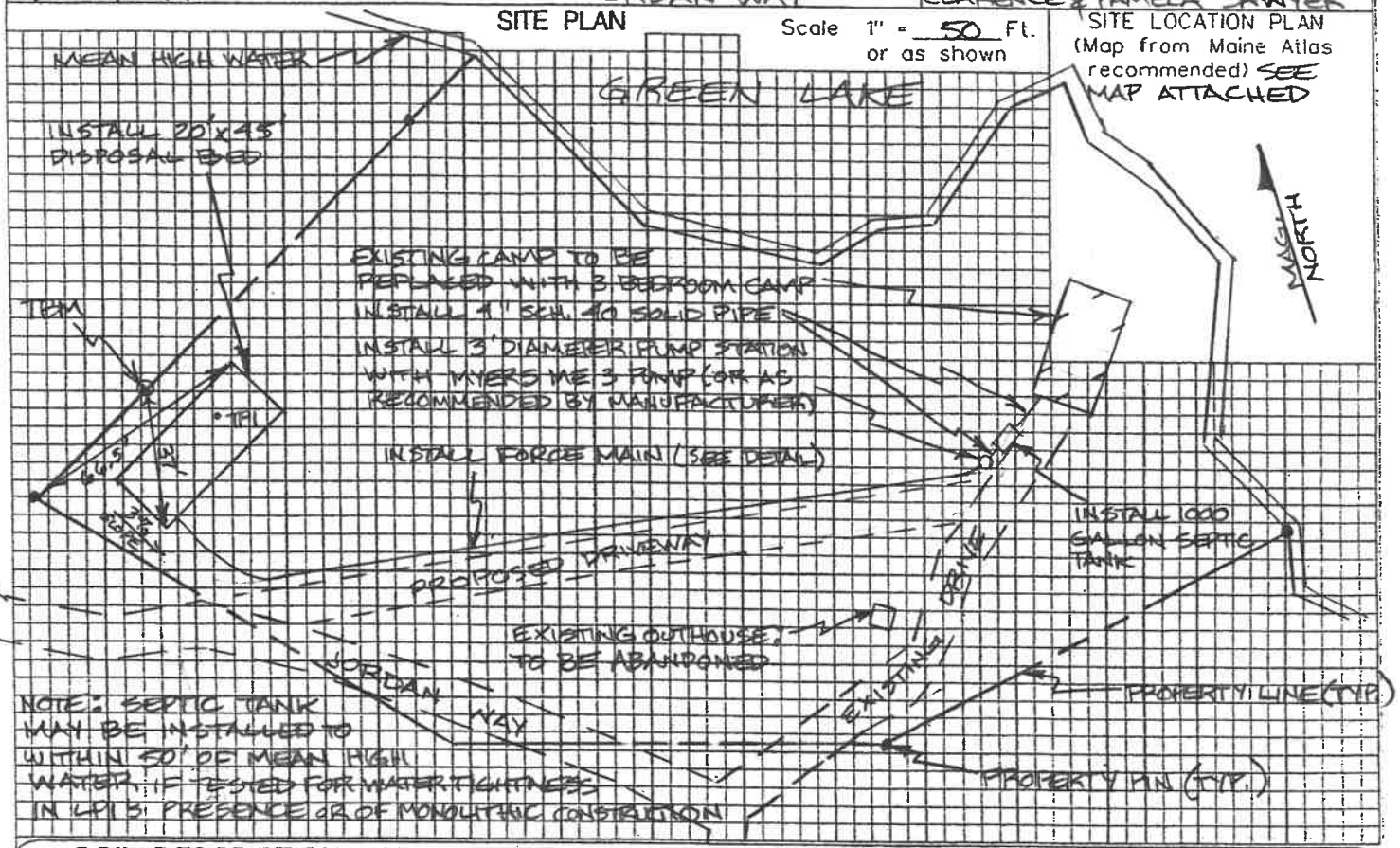
Town, City, Plantation: ELLSWORTH

Street, Road Subdivision: JORDAN WAY

Owner's Name: CLARENCE & PAMELA SAWYER

SITE PLAN

Scale 1" = 50 Ft. or as shown



SITE LOCATION PLAN

(Map from Maine Atlas recommended) SEE MAP ATTACHED

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

Observation Hole TP1 ■ Test Pit ☐ Boring

3 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0			BROWN / DARK YELLOWISH BROWN	
10	FINE SANDY LOAM	FRIABLE	YELLOWISH BROWN / LIGHT OLIVE BROWN	NONE
20				
30	REFUSAL @ 30" IN DEPTH - LARGE BOULDER			
40				
50				

Soil Classification	Slope	Limiting Factor	
Profile: 2 / Condition: B	0-3%	30"	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock ■ Pit Depth

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

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

Site Evaluator Signature

Z65
SE #

05/25/09
Date

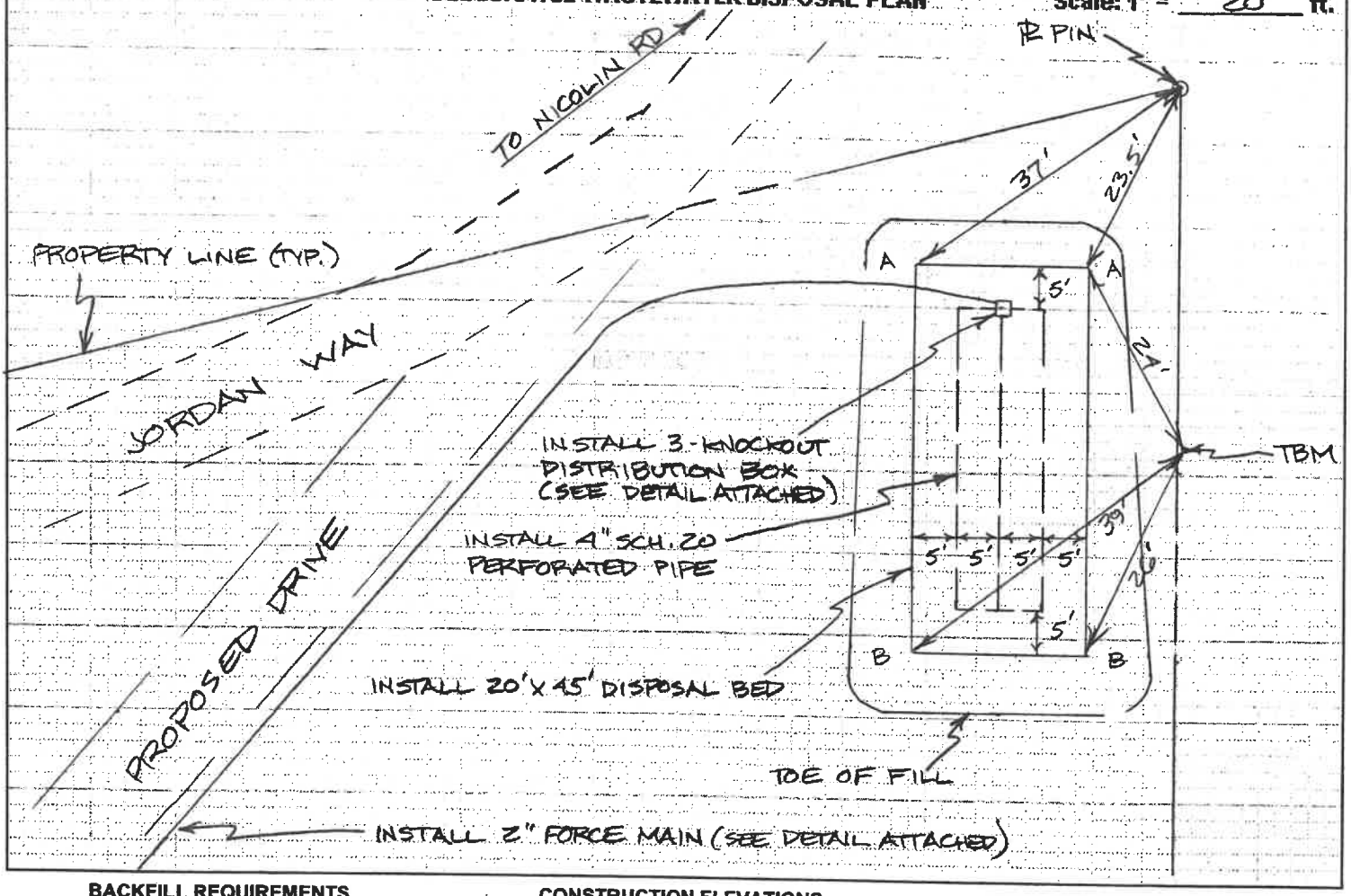
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
ELLSWORTH	JORDAN WAY	CLARENCE & PAMELA SAWYER

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS

Depth of Backfill (upslope) _____"
Depth of Backfill (downslope) _____"
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation _____"
Top of Distribution Pipe or Proprietary Device _____"
Bottom of Disposal Field _____"

ELEVATION REFERENCE POINT

Location & Description: _____

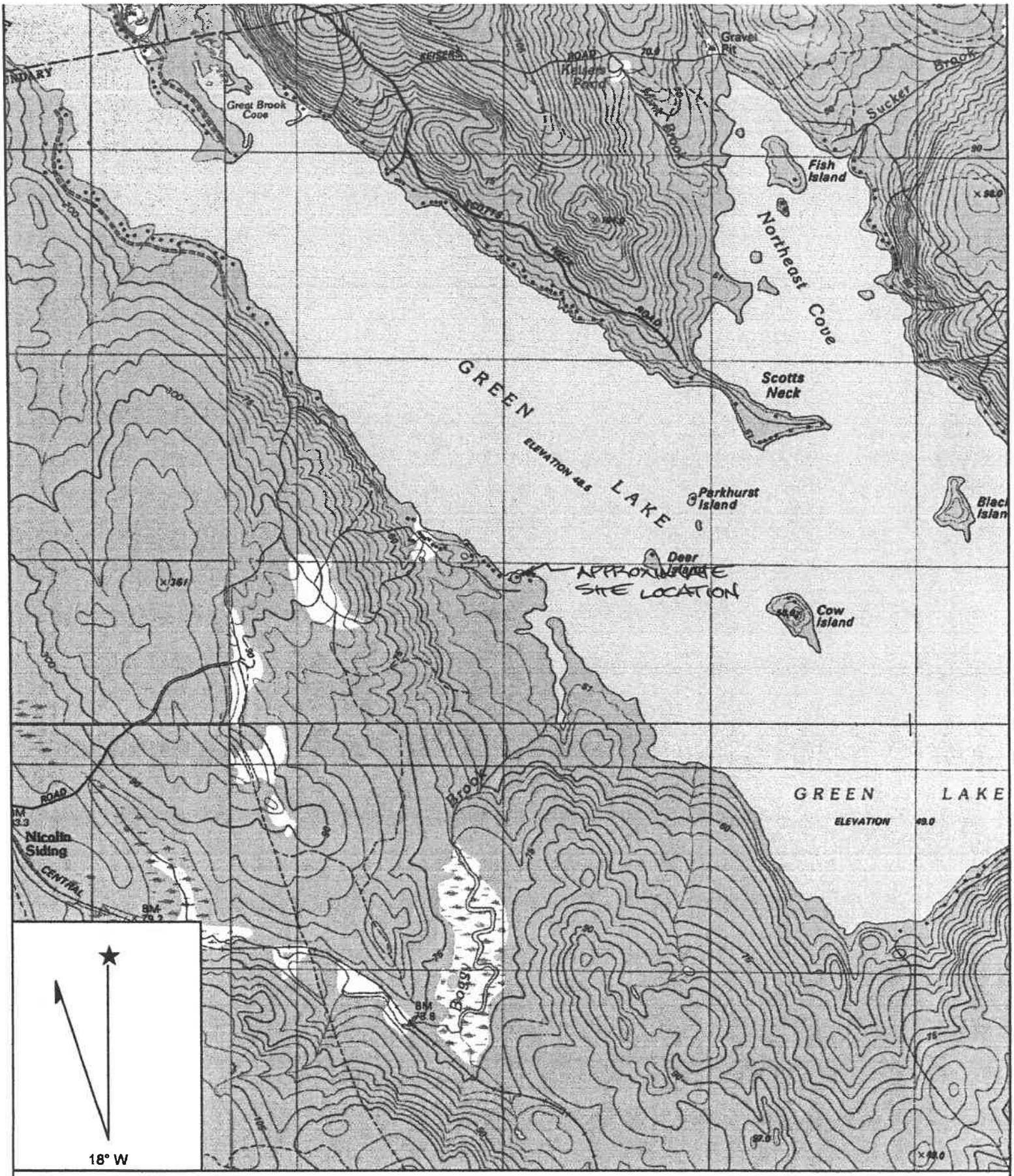
Reference Elevation is: 0.0" or: _____

DISPOSAL FIELD CROSS-SECTION

Scales:
Vertical: 1" = _____ ft.
Horizontal: 1" = _____ ft.

SEE CROSS SECTION ATTACHED

Site Evaluator Signature | 265 SE # | 05/25/04 Date



Name: BEECH HILL POND
Date: 5/25/2004
Scale: 1 inch equals 2000 feet

Location: 044° 37' 52.99" N 068° 28' 58.10" W
SAWYER PROPERTY
GREEN LAKE
ELLSWORTH, ME

Department of Health and Human Services
Division of Health Engineering

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation: ~~Marble~~ ELLSWORTH

Street Address / Subdivision Lot #: 00242 BLACK BEAR WAY

PROPERTY OWNER'S NAME

Last: SAWYER First: CLARENCE

Applicant Name: SAWYER CLARENCE W

Mailing Address of Owner/Applicant (If Different): 242 BLACK BEAR WAY, Ellsworth ME 04605

RE ID: 104001011000

ELLSWORTH

Date Permit Issued: 8/18/09

Local Plumbing Inspector Signature

PERMIT # 5266 TOWN COPY

$ 80 FEE ☐ If Double Fee Charged

L.P.I. # 1092

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is a reason for the local Plumbing Inspectors to deny a Permit.

Clarence Sawyer
Signature of Owner/Applicant

8/18/09
Date

Caution: Permit Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

PERMIT INFORMATION

PI-09-4405

This Application is for

1. ☒ NEW PLUMBING
2. ☐ RELOCATED PLUMBING

Type of Structure To Be Served:

1. ☒ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER- SPECIFY _____

Plumbing To Be Installed By:

1. ☐ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☐ MFG'D HOUSING DEALER/MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☒ PROPERTY OWNER

LICENSE # _____

Hook-Up & Piping Relocation
Maximum of 1 Hook-Up

☐ HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.

OR

☐ HOOK-UP: to existing subsurface wastewater disposal system

☐ PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

☐ TRANSFER FEE ($6,00)

Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
1	Hosebibb/Sillcock	1	Bathtub (and Shower)
	Floor Drain	1	Shower (Separate)
	Urinal	1	Sink
	Drinking Fountain	2	Wash Basin
	Indirect Waste	2	Water Closet (Toilet)
	Water Treatment Softener, Filter, etc.	1	Clothes Washer
	Grease Oil Separator	1	Dish Washer
	Dental Cuspidor		Garbage Disposal
	Bidet		Laundry Tub
	Other: _____		Water Heater
1	Fixtures (Subtotal) Column 2	9	Fixtures (Subtotal) Column 1
		1	Fixtures (Subtotal) Column 2
		10	**Total Fixtures**
		$80.00	Fixture Fee
			Transfer Fee
			Hook-Up & Relocation Fee
		$80.00	**Permit Fee (Total)**

TOWN COPY

8 of 8

Department of Health and Human Services
Division of Health Engineering

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation: ELLSWORTH

Street Subdivision Lot #: 242 BLACK BEAR WAY

PROPERTY OWNER'S NAME

Last: SAWYER First: CLARENCE + PAMELA

Applicant Name:

Mailing Address of Owner/Applicant (If Different): 242 BLACK BEAR WAY ELLSWORTH, ME 04605

RE ID

Caution: Permit Required

Plumbing shall not be installed until a Permit attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing in accordance with this application and the Maine Plumbing Rules

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is a reason for the local Plumbing Inspectors to deny a Permit.

Clarence Sawyer — Signature of Owner/Applicant — 8/18/09 — Date

Caution: Permit Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature — Date Approved

PERMIT INFORMATION

This Application is for

1. [X] NEW PLUMBING
2. [ ] RELOCATED PLUMBING

Type of Structure To Be Served:

1. [X] SINGLE FAMILY DWELLING
2. [ ] MODULAR OR MOBILE HOME
3. [ ] MULTIPLE FAMILY DWELLING
4. [ ] OTHER- SPECIFY

Plumbing To Be Installed By:

1. [ ] MASTER PLUMBER
2. [ ] OIL BURNERMAN
3. [ ] MFG'D HOUSING DEALER/MECHANIC
4. [ ] PUBLIC UTILITY EMPLOYEE
5. [X] PROPERTY OWNER

LICENSE #

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb/Sillcock		Bathtub (and Shower)
OR		Floor Drain		Shower (Separate)
HOOK-UP: to existing subsurface wastewater disposal system		Urinal		Sink
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
OR		Bidet		Laundry Tub
TRANSFER FEE ($6,00)		Other:		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

STATE COPY