

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering, 10 SHS
(207) 237-5672 Fax (207) 237-3165

PROPERTY LOCATION

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

City, Town, or Plantation BAR HARBOR

Street or Road SCHONKER HARBOR RD

Subdivision, Lot # _____

BAR HARBOR PERMIT # 4392 STATE COPY

Date Permit Issued: 2/8/08 \$ 110.00 + 1.00 FEE ☐ Double Fee Charged

[Signature] Local Plumbing Inspector Signature L.P.I. # 1000

OWNER/APPLICANT INFORMATION

Name (last, first, MI) SCHONKER ☐ Owner ☐ Applicant

Mailing Address of Owner/Applicant 19 COTTAGE ST
BAR HARBOR ME 04609

Daytime Tel. # 208-0954

Municipal Tax Map # 253 Lot # 20

OWNER OR APPLICANT STATEMENT

I state and acknowledge that the information submitted is correct to the best of my knowledge and understanding and that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

CAUTION: INSPECTION REQUIRED
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

(1st) date approved _____

Signature of Owner or Applicant

2/12/08
Date

Local Plumbing Inspector Signature

(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

SIZE OF PROPERTY
1 1/2 AC ☐ SQ. FT. ☐ ACRES

SHORELAND ZONING
☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE

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

DISPOSAL SYSTEM COMPONENTS

- ☒ 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

- ☐ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private
☒ 4. Public ☐ 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK ☒ 1. Concrete Septic Tank and Distribution Box ☐ a. Regular <u>PRETREATMENT</u> ☐ b. Low Profile TANK ☐ 2. Plastic TANK 1500 ☒ 3. Other: <u>OXYPEN</u> CAPACITY: <u>2000</u> GAL	DISPOSAL FIELD TYPE & SIZE ☐ 1. Stone Bed ☐ 2. Stone Trench ☒ 3. Proprietary Device: <u>PRETREATMENT</u> ☐ a. cluster array ☐ c. linear <u>50%</u> ☐ b. regular load ☐ d. H-20 load ☐ 4. Other: _____ SIZE: <u>768</u> sq. ft. D 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>450</u> gallons per day BASED ON: ☒ 1. Table 501.1 (dwelling unit(s)) ☐ 2. Table 501.2 (other facilities) SHOW CALCULATIONS for other facilities: <u>3 BR HOME & 2 BATHS: 15</u> <u>ONE CAR GARAGE</u> <u>270 + 180 = 450 GPD</u> ☐ 3. Section 503.0 (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lot <u>44</u> d <u>21</u> m <u>1.8</u> s Lon. <u>68</u> d <u>11</u> m <u>23.8</u> s If g.p.s., state margin of error: <u>UNKNOWN</u>
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>2, CIA 1</u> a) Observation Hole # <u>TP2</u> Depth <u>24</u> 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	

SITE EVALUATOR STATEMENT

I certify that on 7-16-07 (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).

#189

7-26-07

SE #

Date

Site Evaluator Signature

Mike J Gramlich

207-843-6395

POB 284 Holden, ME 04429

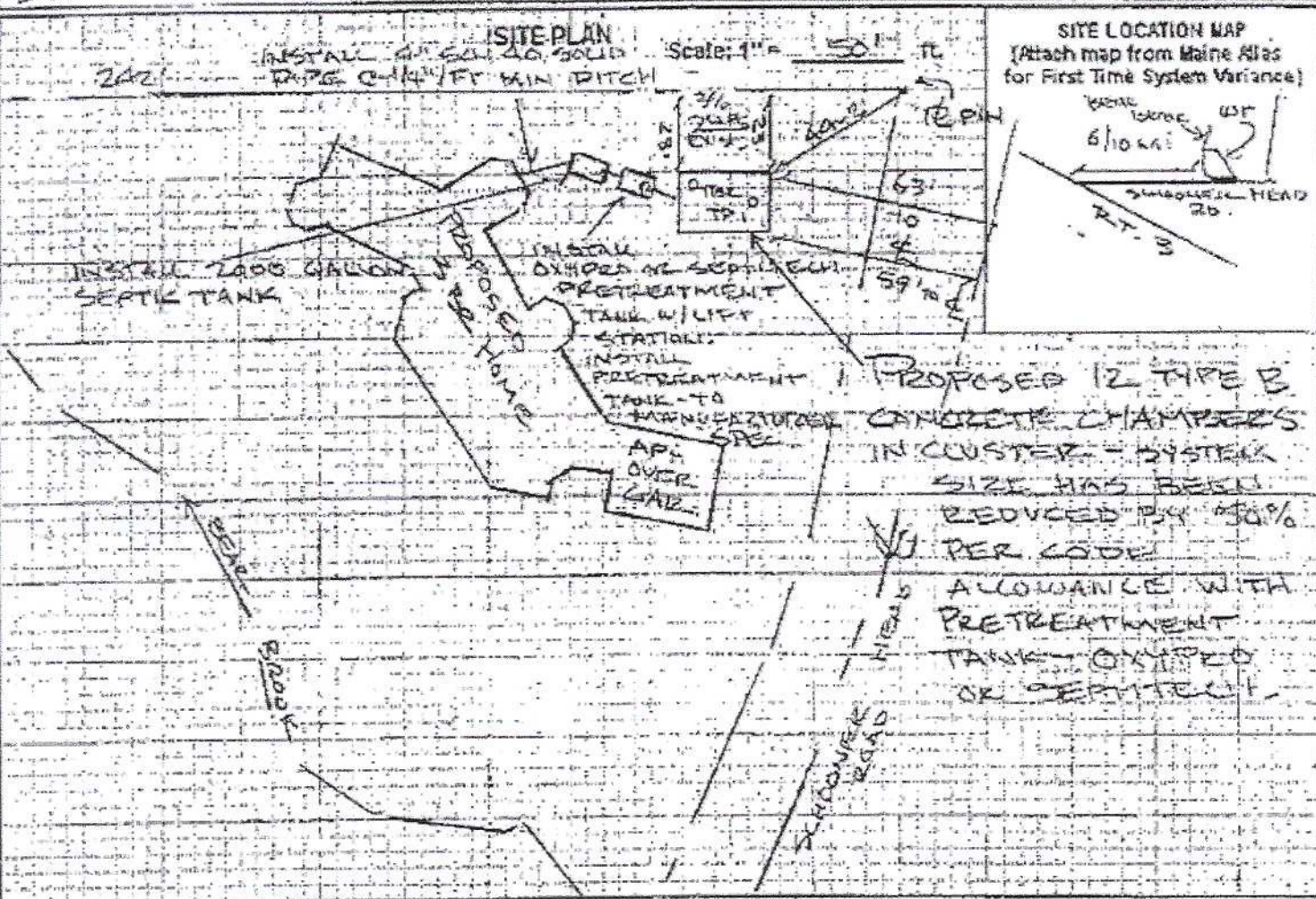
Site Evaluator Name Printed

Telephone Number

Address

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

HHE-200 Rev. 4/05



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

Observation Hole # <u>TP 16 TB 2</u> Test Pit ☒ Boring ☐				
2" Depth of organic horizon above mineral soil				
Texture	Consistency	Color	Mottling	
0				
6		Brown		
12	FEARABLE	YELLOW	NONE	
18		BROWN		
24				
30	REFUSAL			
36	ASSUMED BEDROCK			
42				
48				
Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	☐ Groundwater ☐ Percolative Layer ☒ Bedrock
2	CA	3	24"	

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0				
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