STATE

#150- Cash pd jbj

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept Health & Human Services
Div of Environmental Health
(207) 287-2070 Fax (207) 287-4

PROPERTY LOCATION

City, Town, or Plantation	BLUE HILL
Street or Road	641 FALLS BRIDGE RD.
Subdivision, Lot #	

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	COUSINS ADAM ☑ Owner ☐ Applicant
Mailing Address of Owner/Applicant	POB 691 BLUE HILL ME 04614
Daytime Tel #	669-2261

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 _____

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City Blue Hill Permit # 2776
Date Permit Issued 4/12/21 Fee: $ 150- Double Fee Charged ☐
Local Plumbing Inspector Signature _____ L.P.I. # TMS 1028
☐ Owner ☐ Town State

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 this application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map # 3 Lot # 6

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

Local Plumbing Inspector Signature _____ (1st) date approved _____ (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION
- ☐ 1. First Time System
- ☑ 2. Replacement System
  - Type replaced: TRENCH
  - Year installed: UNKNOWN
- ☐ 3. Expanded System
  - ☐ a. <25% Expansion
  - ☐ b. >25% 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 (greywater & 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

SIZE OF PROPERTY
0.80A ☐ 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

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
- ☐ 1. Concrete EXISTING
  - ☐ a. Regular
  - ☐ b. Low Profile 1000
- ☐ 2. Plastic
- ☐ 3. Other _____

CAPACITY _____ GAL.

DISPOSAL FIELD TYPE & SIZE
- ☐ 1. Stone Bed ☐ 2. Stone Trench
- ☑ 3. Proprietary Device CONCRETE TYPE B
  - ☑ a. cluster array ☐ c. Linear
  - ☑ b. regular load ☐ d. H-20 load
- ☐ 4. Other: _____

SIZE: 896 ☑ 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 4A (dwelling unit(s))
- ☐ 2. Table 4C (other facilities)

SHOW CALCULATIONS for other facilities
3 BEDROOM HOME
- ☐ 3. Section 4G (meter readings) ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION
3 E/III
at Observation Hole # TP1
Depth 6"
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING
- ☐ 1. Medium---2.6 sq. ft. / gpd
- ☑ 2. Medium---Large 3.3 sq. ft. / gpd
- ☐ 3. Large---4.1 sq. ft. / gpd
- ☐ 4. Extra Large---5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP
- ☑ Not Required
- ☐ May Be Required
- ☐ Required

Specify only for engineered systems:
DOSE _____ gallons

LATITUDE AND LONGITUDE
at center of disposal area
Lat. 44 d 20 m 33 s
Lon. 68 d 33 m 354 s
If g.p.s, state margin of error 30'±

SITE EVALUATOR STATEMENT

I certify that on 12-30-20 (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	SE #	Date
	#189	1-6-21

Site Evaluator Name Printed	Telephone Number	E-mail Address
Mike J. Gramlich POB 284 Holden ME 04429	207 843 6395	

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

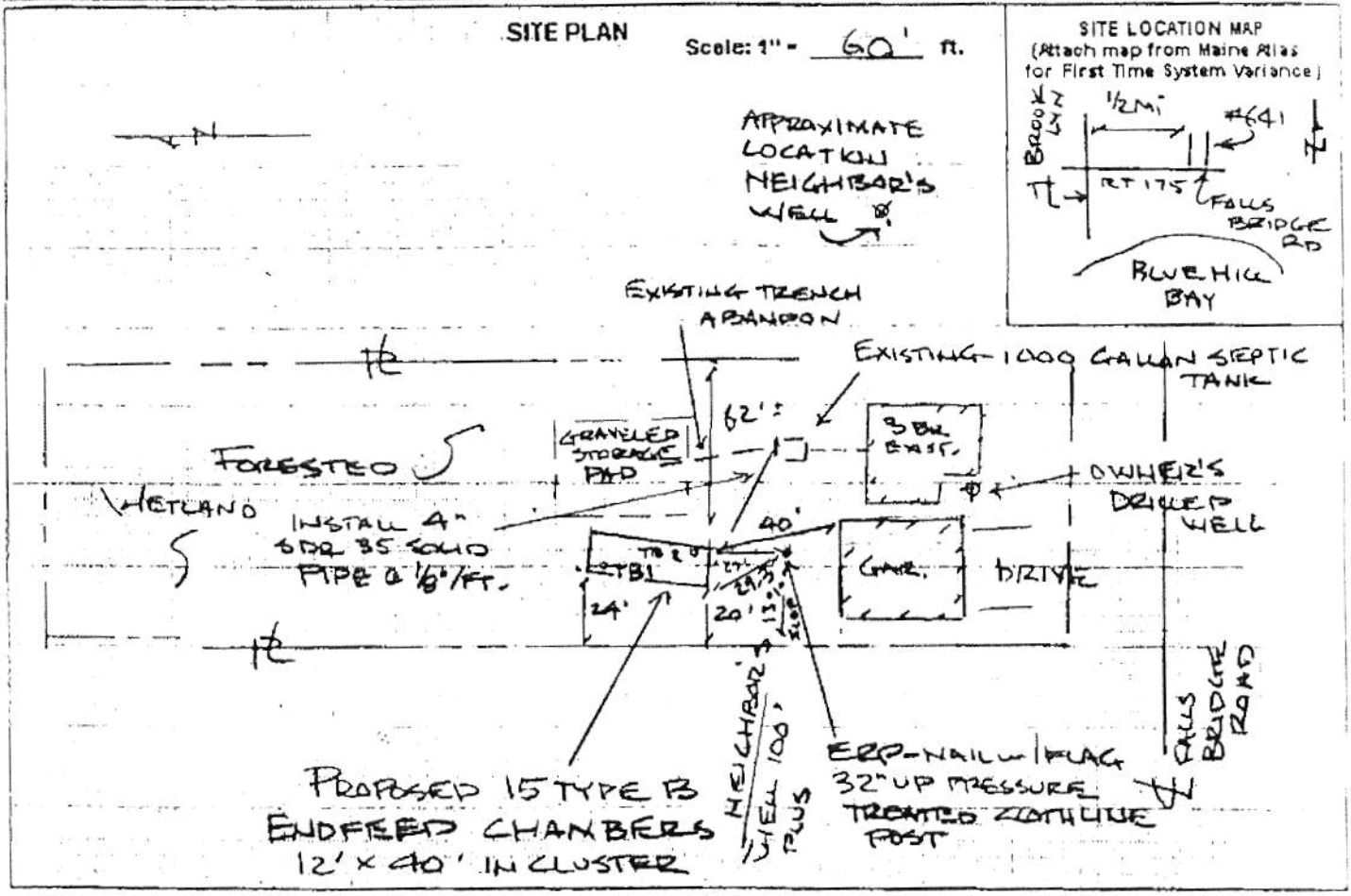
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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
BLUE HILL	641 FALLS BRIDGE RD	ADAM COUSINS

SITE PLAN

Scale: 1" = 60' ft.



SITE LOCATION MAP

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

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # TB1 ☐ Test Pit ■ Boring

2" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	SANDY		BROWN	NONE
6–12	LOAM	FRIABLE	GREY OLIVE	PROMINENT
12–18		FIRM	GLEYED	MANY
18–24				
24–30		DEPTH OF PROBE		
30–36				
36–42				
42–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3	E/III	5	6"	■ Groundwater ☐ Restrictive Layer ☐ Bedrock

Observation Hole # TB2 ■ Test Pit ■ Boring

0" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	SANDY		BROWN	
6–12	LOAM	FRIABLE	YELLOW	NONE
12–18			BROWN	
18–24				
24–30				
30–36		FIRM	OLIVE	COMMON
36–42			BROWN	DISTINCT
42–48		DEPTH OF PROBE		

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3	C/AIII	B	32"	■ Groundwater ■ Restrictive Layer ☐ Bedrock

Site Evaluator Signature: Mike J Gramlich

189
SE #

1-6-21
Date

Mike J Gramlich POB 284 Holden ME 04429 207 843-6395

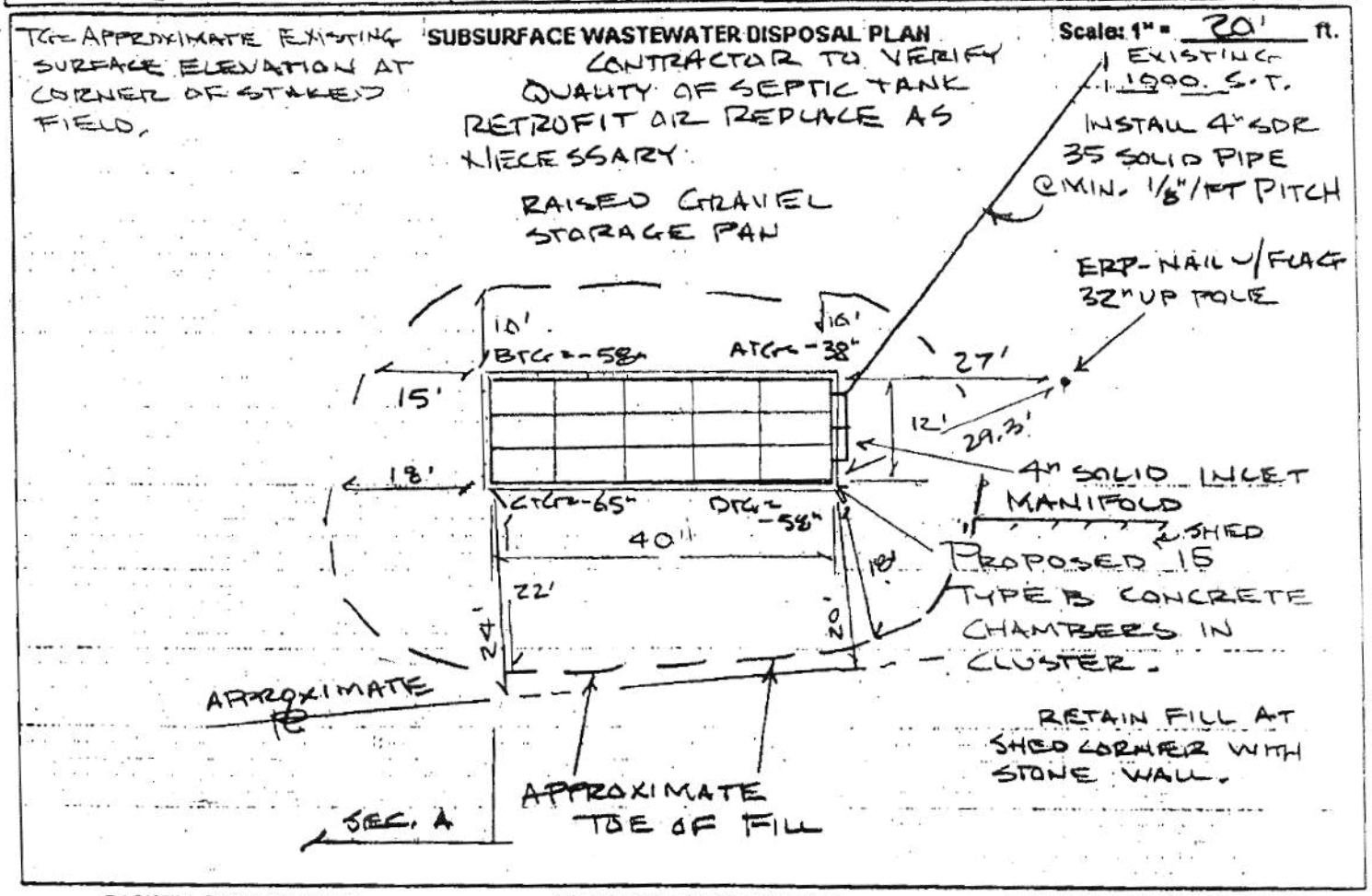
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BLUE HILL	641 FALLS BRIDGE RD.	ADAM COUSINS

SUBSURFACE WASTEWATER DISPOSAL PLAN

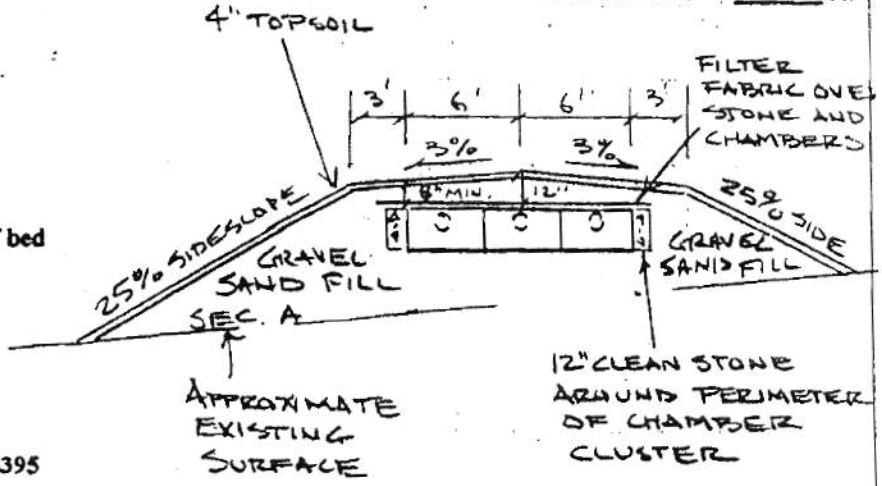
Scale: 1" = 20' ft.



BACKFILL REQUIREMENTS			CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Backfill (upslope)	A 17" | 37"	B	Finished Grade Elevation	- 21"	Location & Description: ERP- N/E
Depth of Backfill (downslope)	D 37" | 47"	C	Top of Distribution Pipe or Proprietary Device	- 33"	32" UP POLE
DEPTHS AT CROSS-SECTION (shown below)			Bottom of Disposal Field	- 46"	Reference Elevation is: 0.0" or: 0"

DISPOSAL FIELD CROSS-SECTION

Scales:
Vertical: 1" = 5 ft.
Horizontal: 1" = 10 ft.



Note:

1.) Scarify original surface under Disposal Field and fill extension.
2.) Place gravelly coarse sand fill in 8 " lifts, incorporate into underlying original soil.
3.) Disposal Field to be level with a maximum grade tolerance of 2"/100 ft.
4.) Lime, fertilize, seed & mulch, top and sides of bed and all disturbed areas to prevent erosion.
5.) See Chapter 8 of code for additional requirements.
6.) Bottom of disposal field to be 46" below elevation of TBM (ERP).

Mike J Gramlich POB 284 Holden ME 207-843-6395

M Gramlich — Site Evaluator Signature

189 — SE #

1-6-21 — Date

Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-5672
Fax: (207) 287-4172; TTY: 1-800-606-0215

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION Town of BLUE HILL

Property Owner's Name: ADAM COUSINS Tel. No.: 669-2261

System's Location: 641 FALLS BRIDGE ROAD

Property Owner's Address: PO BOX 691 BLUE HILL ME Zip Code 04614

e-mail address:

The subsurface wastewater disposal system design for the subject property requires a ■ replacement system variance ☐ first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires ☐ local approval ■ local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)

	SECTION OF RULE
1. SEASONAL WATER TABLE @ 6 INCHES	TABLE 4E
2. OWNER'S WELL SETBACK TO CHAMBERS @ 85FT	TABLE 8A
3.	

SITE EVALUATOR

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

POORLY DRAINED 3E SOILS ARE LOCATED UNDER NW CORNER OF PROPOSED FIELD - A 24" SEPARATION IS MAINTAINED BETWEEN 3E SOIL @ 6" AND BOTTOM OF CHAMBERS. SOILS TO BACK OF LOT ARE 3E SOILS TOWARD ROAD HAVE REDUCED WELL SETBACKS

I, MIKE GRAMLICH, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

SIGNATURE OF SITE EVALUATOR — DATE 1-6-21

PROPERTY OWNER

I, ADAM COUSINS, am the ☐ owner ☒ agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with 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.

☐ SIGNATURE OF OWNER
☒ AGENT FOR THE OWNER — DATE 4-12-2021

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☐ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☐ do ☐ do not) approve the requested variance. I (☐ will ☐ will not) issue a permit for the system's installation as proposed by the application.

_____ _____

LPI Signature Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, Judith Jenkins, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☒ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☒ do ☐ do not) recommend the issuance of a permit for the system's installation as proposed by the application.

Judith Jenkins 4-12-2021

LPI Signature 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.

Brent LAwson 04-13-2021

SIGNATURE OF THE DEPARTMENT DATE

Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)

2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
	TOTAL POINT ASSESSMENT:	

Minimum Points (Check One): ☐ Outside Shoreland Zone-50 ☐ Inside Shoreland Zone-65 ☐ Subdivision-65

STATE

#2776

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel: (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

April 13, 2021

Town of Blue Hill
Judy Jenkins
18 Union Street
Blue Hill, Maine 04614

Subject: Approval, Replacement System Variance Request, Adam Cousins Property, 641 Falls Bridge Road, Blue Hill, Maine. Mailing Address Of; PO Box 691, Blue Hill, Maine.

Judy;

We have completed our review of an HHE-200 form from Mike Gramlich, SE# 189 on 01-06-2021 for the property at 641 Falls Bridge Road, Blue Hill, Maine. The design is non-engineered disposal field only with an existing 1000-gallon septic tank for a 3-bedroom dwelling.

The variance requested which is not within the LPI's authority is to the seasonal high-water table of 6 inches.

The variances requested that is within the LPI's authority is from the disposal field to a potable water supply of 85 feet.

The variance request has been submitted because topography and existing development limit the potential of the system location.

The system design prepared by Mike Gramlich, SE# 189 on 01-06-2021 is otherwise found to be in compliance with the Maine Subsurface Wastewater Disposal Rules.

We approve the local requested variance with the following requirements:

1. A permit for system installation is to be obtained from the Local Plumbing Inspector in advance of the start of system construction.

2. The system is to be installed in accordance with the submitted and approved system design. Should alterations to the design be required at the time of construction, the site evaluator is to be notified prior to making any changes.

3. The contractor is to scarify the soils under the fill extensions to create a transitional zone more compatible with the disposal field area.

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner

Maine Department of Health and Human Services
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11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel: (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

By accepting this approval and the associated plumbing permit, the owner agrees to comply fully with the conditions of approval and the Subsurface Wastewater Rules.

Because installation and owner maintenance has a significant effect on the working order of onsite sewage disposal systems, including their components, the Division makes no representation or guarantee as to the efficiency and/or operation of the system.

Should you or others have any questions, please feel free to contact me at 592-7376.

Sincerely,

Brent Lawson, State Site Evaluator
Subsurface Wastewater Program
Division of Environmental Health
e-mail: brent.lawson@maine.gov

/BML
xc: File