

084-I-003

2003-6008

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, Station 10  
(207) 287-6672 FAX (207) 287-4172

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; Caution: Permit Required – Attach In Space Below &lt;&lt;</b>	
City, Town, or Plantation	Peaks Island, Me 04108		
Street or Road	42 Epps Street		
Subdivision, Lot #	PORTLAND Date Permit Issued: 9/12/03 Local Plumbing Inspector Signature: <i>[Signature]</i> 8612 TOWN COPY \$ 1120.00 FEE Double Fee Charged L.P.I. # 06160		
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	Kamp DEAN A. <span style="float:right">Owner Applicant</span>		
Mailing Address of	P.O. Box 63		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	Peaks Island, Me 04108		
Daytime Tel. #	207-766-2062		
	Municipal Tax Map # _____		Lot # _____
<b>Owner or Applicant Statement</b>		<b>Caution: Inspections Required</b>	
I state 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 the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant _____		Local Plumbing Inspector Signature <i>[Signature]</i>	
Date _____		(1st) Date Approved 9/26/03 (2nd) Date Approved _____	

PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENT(S)</b>
1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non-exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	1. <input type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input checked="" type="checkbox"/> Local Plumbing Inspector Approval b. <input checked="" type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & all toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd or more) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components
<b>SIZE OF PROPERTY</b>	<b>DISPOSAL SYSTEM TO SERVE</b>	<b>TYPE OF WATER SUPPLY</b>
9053 S.F. <input checked="" type="checkbox"/> sq. ft. 154 <input checked="" type="checkbox"/> acres	1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____ 2. <input checked="" type="checkbox"/> Multiple Family Dwelling, No. of Units: 2 3. <input type="checkbox"/> Other: _____ SPECIFY _____	1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
<b>SHORELAND ZONING</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>	<b>DESIGN FLOW</b>
1. <input checked="" type="checkbox"/> Concrete <i>EXISTING</i> a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input checked="" type="checkbox"/> Plastic <i>New</i> 3. <input type="checkbox"/> Other: _____ CAPACITY 1000 gallons	1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input checked="" type="checkbox"/> Cluster array c. <input type="checkbox"/> Linear b. <input type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE 1296 sq. ft. <input type="checkbox"/> lin. ft. 36 PLASTIC CHAMBERS	1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment Tank b. <input type="checkbox"/> Tanks in Series c. <input type="checkbox"/> Increase in Tank Capacity d. <input type="checkbox"/> Filter on Tank Outlet	150 gallons per day BASED ON: 1. <input type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input checked="" type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities - Total 5 Bedrooms Finist 3 Bedrooms 2nd unit 2 Bedrooms 450 gpd 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>DISPOSAL FIELD SIZING</b>	<b>PUMPING</b>	
PROFILE CONDITION DESIGN 5 1 B 1 at Observation Hole # TPA1 Depth 48" Elevation _____ OF MOST LIMITING SOIL FACTOR	1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd 2. <input checked="" type="checkbox"/> Medium - 2.6 sq. ft./gpd 3. <input type="checkbox"/> Medium-Large - 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra Large - 5.0 sq. ft./gpd	1. <input type="checkbox"/> Not Required 2. <input checked="" type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ gallons	

SITE EVALUATOR STATEMENT		
I Certify that on 6-20-03 (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).		
<i>John M. Toothaker</i> Site Evaluator Signature	#347 SE #	6-29-03 Date
John M. Toothaker 839-5746 6/3/09 Permit applied, closed 6/6		

RECEIVED  
 JUL 3 1 2003  
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# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

*Leak Island, Me*

Street, Road

*04108*

Subdivision

*42 Epps Street*

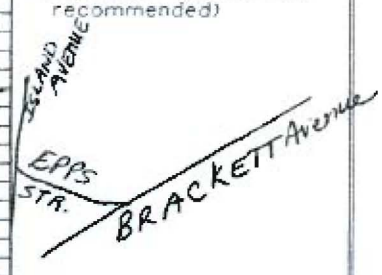
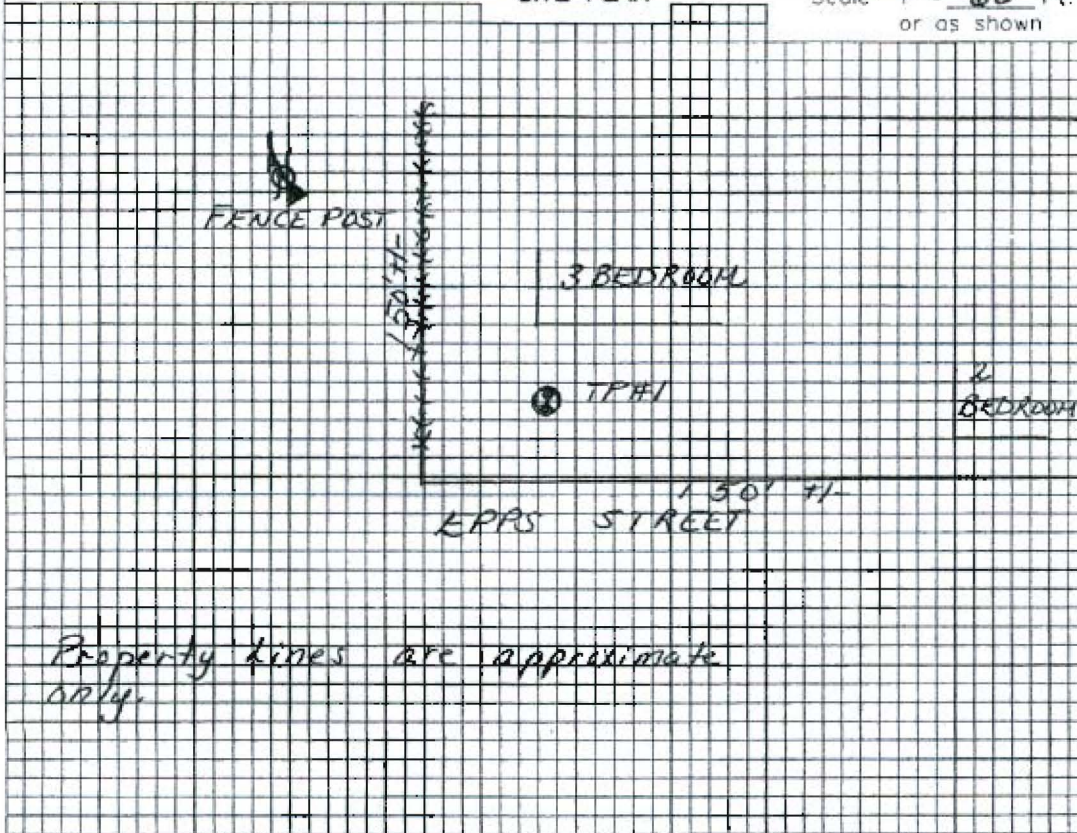
Owner's Name

*Dean A. Kamp*

SITE PLAN

Scale  $1" = 60$  Ft.  
or as shown

SITE LOCATION PLAN  
(Map from Maine Atlas recommended)



Property lines are approximate only.

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

Observation Hole TP#1  Test Pit  Boring  
0'-1" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
LOAMY SAND	Friable	Brown	
MED. SAND	LOOSE	Orange Brown	
Limit of Excavation			

Soil Classification: 5 B  
Profile: 5 Condition: B  
Slope: 01% Limiting Factor: 48"  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

Observation Hole \_\_\_\_\_  Test Pit  Boring  
\_\_\_\_\_ Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
(This area is crossed out with a diagonal line)			

Soil Classification: \_\_\_\_\_  
Profile: \_\_\_\_\_ Condition: \_\_\_\_\_  
Slope: \_\_\_\_\_ Limiting Factor: \_\_\_\_\_  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

*John M. Louthaker*  
Site Evaluator Signature

# 347  
SE \*

6-29-03  
Date



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Peaks Island, Me 04108

DEAN A. KAMP

## SUBSURFACE WASTEWATER DISPOSAL PLAN

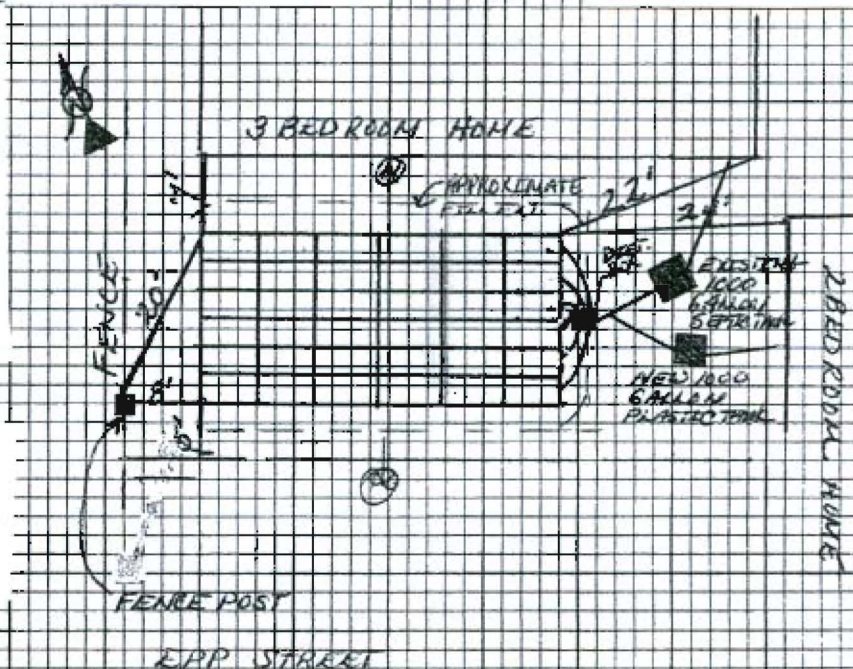
SCALE 1" = 20' FT.

### LEGEND:

- MON = GRANITE MONUMENT
- IRF = IRON ROD FOUND
- IPF = IRON PIPE FOUND
- TP = TEST PIT

### NOTES:

1. IF A GARBAGE DISPOSAL IS USED, THEN CHANGES TO THIS DESIGN ARE NECESSARY.
2. ALLOW FOR POSITIVE DRAINAGE AROUND THE LEACHFIELD.
3. ALL MATERIALS AND INSTALLATION SHALL BE IN ACCORDANCE WITH THE MAINE SUBSURFACE WASTEWATER DISPOSAL RULES DATED 6/02, AS AMENDED, AND SUPPLEMENTED BY THE ATTACHED GENERAL NOTES WHICH BECOME A PART OF THIS DESIGN.



### PROPOSED LEACHFIELD

ROWS OF 6 12" PLASTIC CHAMBERS IN CLUSTER CONFIGURATION W/ 6" OF SPECIFIED STONE UNDER EACH

REMOVE OLD LEACHFIELD PER CODE STANDARDS REPLACE W/ CLEAN GRAVELLY COARSE SAND

LIKE KIND SYSTEM VARY SOIL DEPTH

### FILL REQUIREMENTS

Depth of Fill (Upslope) REPLACE 12'-48" OLD W/ NEW 12'-48"

Depth of Fill (Downslope)

### CONSTRUCTION ELEVATIONS

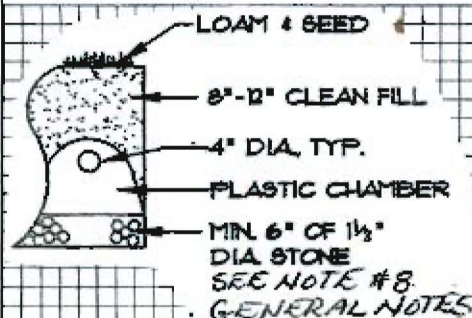
Finished Grade Elevation  
Top of Distribution Pipe or Proprietary Device  
Bottom of Disposal Area

-50"  
-62"  
-80"

### ELEVATION REFERENCE POINT

Location & Description TOP OF FENCE POST #3' ABOVE GR

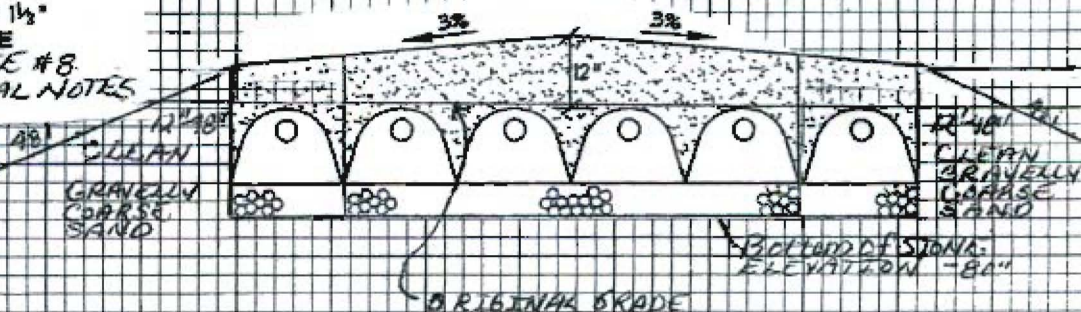
Reference Elevation 0"



### DISPOSAL AREA CROSS SECTION

Cross Section A-A  
24" Separation Used in Design

SCALE:  
VERTICAL: 1" = 3'  
HORIZONTAL: 1" = 5'



John M. Lenthall #347  
Site Evaluator Signature SE

7-2-03  
Date



## REPLACEMENT SYSTEM VARIANCE REQUEST

### THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request an HHE-200 and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 2006)
2. There will be no change in use of the structure except as authorized for minor expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

<b>GENERAL INFORMATION</b>	Town of <u>Peaks Island</u>
Permit No. _____	Date Permit Issued _____
Property Owner's Name: <u>Dean A. Kamp</u>	Tel. No.: <u>746-2062</u>
System's Location: <u>42 Epps Street</u>	
Property Owner's Address: <u>P.O. Box 63 Peaks Island, Me 04108</u>	
(if different from above) _____	

### SPECIFIC INSTRUCTIONS TO THE: LOCAL PLUMBING INSPECTOR (LPI):

If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature.)

#### SITE EVALUATOR:

If after completing the Application, you find that a variance for the proposed replacement system is needed, complete the Replacement Variance Request with your signature on reverse side of form.

#### PROPERTY OWNER:

If has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

### PROPERTY OWNER

I understand that the proposed system requires a variance to 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

\_\_\_\_\_  
DATE

### LOCAL PLUMBING INSPECTOR

I, \_\_\_\_\_, the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

a. ( approve,  disapprove) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant.

-OR-

b. find that one or more of the requested Variances exceeds my approval authority as LPI. I ( recommend,  do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
LPI SIGNATURE

\_\_\_\_\_  
DATE



Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
	SOILS							
Soil Profile	Ground Water Table			to 7"			inches	
Soil Condition	Restrictive Layer			to 7"			inches	
from HHE-200	Bedrock			to 12"			inches	
SETBACK DISTANCES (in feet)	Disposal Fields (total design flow)			Septic Tanks (total design flow)			Disposal Fields	Septic Tanks
	From	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd		
Wells with water usage of 2000 or more gpd or public water supply wells	300 ft	300 ft	300 ft	100 ft	100 ft	100 ft		
Owner's wells	100 down to 60 ft [a]	200 down to 100 ft	300 down to 150 ft	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft		
Neighbor's wells	100 down to 60 ft [f]	200 down to 120 ft [f]	300 down to 180 ft [f]	100 down to 50 ft [f]	100 down to 75 ft [f]	100 down to 75 ft [f]		
Water supply line	10 ft	20 ft	25 ft [h]	10 ft	10 ft	10 ft [h]		
Water course, major - for replacements only, see Table 400.4 for major expansions	100 down to 60 ft [d]	200 down to 120 ft [d]	300 down to 180 ft [d]	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft [e]	100 down to 50 ft [e]	150 down to 75 ft [e]	50 down to 25 ft [e]	50 down to 25 ft [e]	50 down to 25 ft [e]		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	75 down to 35 ft	25 down to 12 ft	25 down to 12 ft	25 down to 12 ft		
Edge of fill extension - Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]		
Slopes greater than 3:1	10 ft [g]	18 ft [g]	25 ft [g]	N/A	N/A	N/A		
No full basement [e.g. slab, frost wall, columns]	15 down to 7 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		
Full basement [below grade foundation]	20 down to 10 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		
Property lines	10 down to 5 ft [c]	18 down to 9 ft [c]	20 down to 10 ft [c]	10 down to 4 ft [c]	15 down to 7 ft [c]	20 down to 10 ft [c]		
Burial sites or graveyards, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft	25 ft	25 ft		
<b>OTHER</b>								
1. Fill extension Grade - to 3:1								
2. Leachfield is in the same location of prior								
3. Leachfield								

*Note:*  
 7' - adjacent  
 7' - adjacent  
 5' - leachfield

Footnotes: [a.] Single-family well setbacks may be reduced as prescribed in Section 701.2.  
 [b.] This distance may be reduced to 25 feet, if the septic or holding tank is tested in the plumbing inspector's presence and shown to be watertight or of monolithic construction.  
 [c.] Additional setbacks may be needed to prevent fill material extensions from encroaching onto abutting property.  
 [d.] Additional setbacks may be required by local Shoreland zoning.  
 [e.] Natural Resource Protection Act requires a 25 feet setback, on slopes of less than 20%, from the edge of soil disturbance and 100 feet on slopes greater than 20%. See Chapter 15.  
 [f.] May not be any closer to neighbors well than the existing disposal field or septic tank unless written permission is granted by the neighbor. This setback may be reduced for single family houses with Department approval. See Section 702.3.  
 [g.] The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.  
 [h.] See Section 1402.10 for special procedures when these minimum setbacks cannot be achieved.

John M. Southaker  
 SITE EVALUATOR'S SIGNATURE

6-29-03  
 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.

SIGNATURE OF THE DEPARTMENT

DATE

**General Notes**  
(attachment to form HHE-200)  
< 1,000 gpd Septic System

1. It is your right to get a second opinion if you don't agree with the professional opinion of Tooth & Associates.
2. Property information is from the owner or applicant and shall be correct and verified prior to signing this HHE-200 application.
3. All work shall be done per the Maine Subsurface Wastewater Disposal Rules dated 6/02 as amended.
4. All work shall be done only in dry conditions for disposal area.
5. No vehicular or equipment traffic to be allowed on disposal area. Construct disposal area outside the corner flags located in the field. Protect downslope area as well.
6. Backfill, if required, is to be gravelly coarse sand to coarse sand texture and to be free of foreign debris. If backfill is coarser than original soil, then mix top 4" of backfill and original soil with rototiller.
7. No neighboring wells are apparent (unless so indicated) within 100' of disposal area. Owner or applicant shall verify this prior to signing the HHE-200 application.
8. The disposal field stone shall be clean, uniform in size and free of fines, dusts, ashes, or clay. It shall be no smaller than ¾ inch and no larger than 2½ inches in size (per Section 805.2.3 of the Maine Subsurface Wastewater Rules).
9. Use minimum separation distances required (unless reduced by variance or special circumstance).
  - a. Wells with water usage of 2,000 or more gpd or public water supply wells:

Disposal fields:	300'
Septic Tanks and Holding Tanks:	100'
  - b. any well to disposal area: 100'
  - c. any well to septic tank: 100'
  - d. septic tank or disposal area to lake, river, stream or brook: 100' for major watercourse  
50' for minor watercourse
  - e. house to treatment tank: 8'
  - f. house to disposal area: 20'
  - g. all other separation distances, for less than 1,000 gpd per Maine Subsurface Wastewater Disposal Rules use Table 700.2.
10. Location of septic near a wetland may require a separate permit. As such, the owner or applicant prior to construction of the septic system shall hire a professional wetland scientist to evaluate adjacent wetlands and prepare needed permits.
11. Garbage disposals are not recommended and, if installed, are done so at the owner's risk. Follow Maine State Plumbing Code if installed.
12. Pump Stations shall be water tight to prevent infiltration of ground and surface water.
13. Pressure lines and force mains shall be flushed of any foreign material and pumps shall be checked for proper on/off cycle before being put into service.
14. Force mains, pump stations, and /or gravity piping subject to freezing shall be adequately insulated or installed below the frost line.