

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

State Dept. of Health, 1701 State St.,
 Dover, Delaware, 19901, (302) 426-1300
 FAX (302) 232-4172

PROPERTY & LOCATION INFORMATION

City/Town: Pelee Island

Street or Road: 51 Ocean Street

Subdivision: _____

OWNER/APPLICANT INFORMATION

Name (Last, First MI): Webster, Susan

Address: 51 Ocean Street

City/Town: Pelee Island ME 04108

Phone: 766-5846

Owner or Applicant Statement

I state that the information furnished is correct to the best of my knowledge and I understand that my obligation is to the Department and the Local Public Health Inspector to obey a Permit.

Signature of Owner or Applicant: _____ Date: _____

Caution: Permit Required - Attach in Space Below

Permit No: _____ Label: 2x55 APPROXIMATE (30%)

Date Permit Issued: 6/10/04

Local Plumbing Inspector Signature: _____ Date: 6/10/04

THE WORK SPECIFIED IN THE APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

Maricopa Tax Map # 92-N City 4587

Caution: Inspection Required

I have reviewed the installation authorized to be installed and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

TYPE OF APPLICATION

1. First Time System

2. Replacement System

Year Replaced: 87

3. Expanded System

4. Sewerage Conversion

SIZE OF PROPERTY

0.504 sq. ft. acre

SHORELAND ZONING

Yes No

PERMIT INFORMATION

THIS APPLICATION REQUIRES

1. No Title Variance

2. First Time System Variance

3. Local Plumbing Inspector Approval

4. State & Local Plumbing Inspector Approval

5. Replacement System Variance

6. Local Plumbing Inspector Approval

7. State & Local Plumbing Inspector Approval

8. Minimal Lot Size Variance

9. Sewerage Conversion Approval

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: 2

2. Multiple Family Dwelling, No. of Units: _____

3. Other: _____

DISPOSAL SYSTEM COMPONENT(S)

1. Complete Non-engineered System

2. Primitive System (sewer & all solid)

3. Alternative Toilet, septic: _____

4. Non-Engineered Treatment Tank (only)

5. Holding Tank, _____ gallons

6. Non-engineered Disposal Field (only)

7. Sewer and Laundry System

8. Complete Engineered System (2000 gpd or more)

9. Engineered Treatment Tank (only)

10. Engineered Disposal Field (only)

11. Pre-treatment facility: _____

TYPE OF WATER SUPPLY

1. Drilled Well 2. Tap Water 3. Rainwater

4. Other: _____

TREATMENT TANK

1. Concrete

2. Regular

3. Low Profile

4. Plastic

5. Other: _____

CAPACITY 1000 gallons

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE #)

DISPOSAL FIELD TYPE & SIZE

1. Standard 2. Stone/Trench

3. Rectangular Design

4. Cluster/Line

5. Linear

6. IT Regular

7. H-Trench

8. Other: _____

SIZE _____ sq. ft. ft. ft.

GARBAGE DISPOSAL UNIT

1. No 2. Yes

3. Multi-compartment tank

4. Tank in Series

5. In-Feed in Tank Capacity

6. Filter or Tank Outlet

DESIGN FLOW

120 gallons per day

BASED ON:

1. 1500 gpd (allowing unit)

2. Tank: 2000 gpd (allowing unit)

3. GWCAL (allowing unit)

SOIL DATA & DESIGN CLASS

PROF. CONDITION: N/A

DESIGN: N/A

Depth: _____

DISPOSAL FIELD SIZING

1. Small - 20 sq. ft. gpd

2. Medium - 29 sq. ft. gpd

3. Medium-Large - 33 sq. ft. gpd

4. Large - 41 sq. ft. gpd

5. Extra Large - 50 sq. ft. gpd

PUMPING

1. Not Required

2. May Be Required

3. Required - see Brewery only for higher or experimental systems

LOSS: _____ gallons

ATTACH WATERWORKS DATA

1. Section 802 Closure (reading)

STATE EVALUATOR STATEMENT

I Certify that on 4-6-04 (date), I conducted a site evaluation on the property and state that the data reported are accurate and that the garbage disposal system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-A M.R.S. 241).

Signature: Jonathan Webster
 Site Evaluator Name (Print)

Signature: _____
 SE# 399
878-3313
 Machine #

Signature: _____
 Date: 5-20-04
4093

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Health Services
 Division of Health Engineering, Station 40
 207, 887-5672 FAX 207, 237-4172

Town, City, Planation

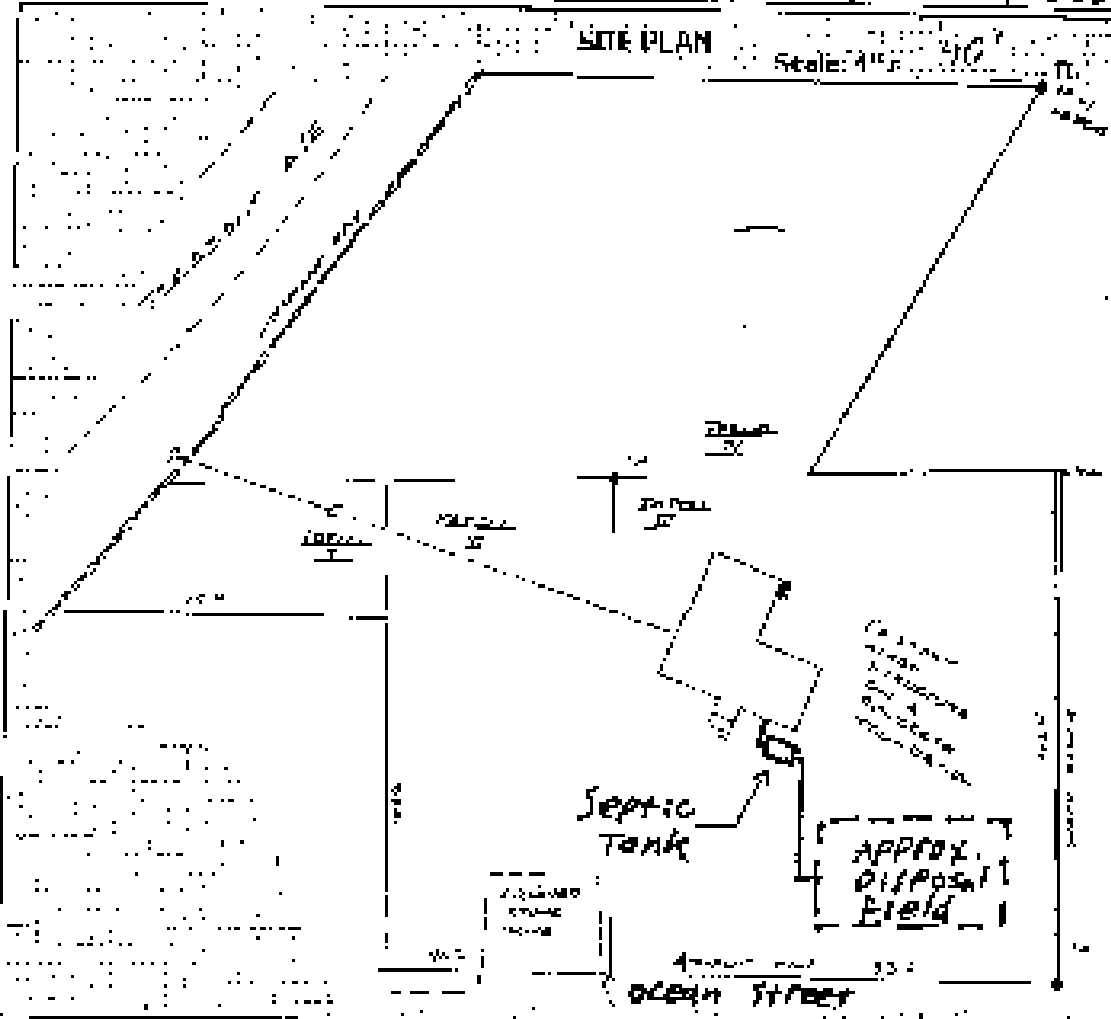
Peaks Island

Street, Road, Subdivision

51 Ocean Street

Owner or Applicant Name

Susan Webster



SITE LOCATION MAP
 (Attach map from Maine Dept. of Health Services for First Time System Variance)

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

Observation Hole # 1 Test Pit Boring

Depth of organic horizon above mineral soil

Depth (ft)	Texture	Consistency	Color	Molding
0				
2				
4				
6				
8				
10				
12				
14				
16				
18				
20				
22				
24				
26				
28				
30				
32				
34				
36				
38				
40				

Soil Classification: 359

Notes: None

Observation Hole # 2 Test Pit Boring

Depth of organic horizon above mineral soil

Depth (ft)	Texture	Consistency	Color	Molding
0				
2				
4				
6				
8				
10				
12				
14				
16				
18				
20				
22				
24				
26				
28				
30				
32				
34				
36				
38				
40				

Soil Classification: 359

Notes: None

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health, Engineering, Station 19
 287-287-5872 FAX 207-287-4-72

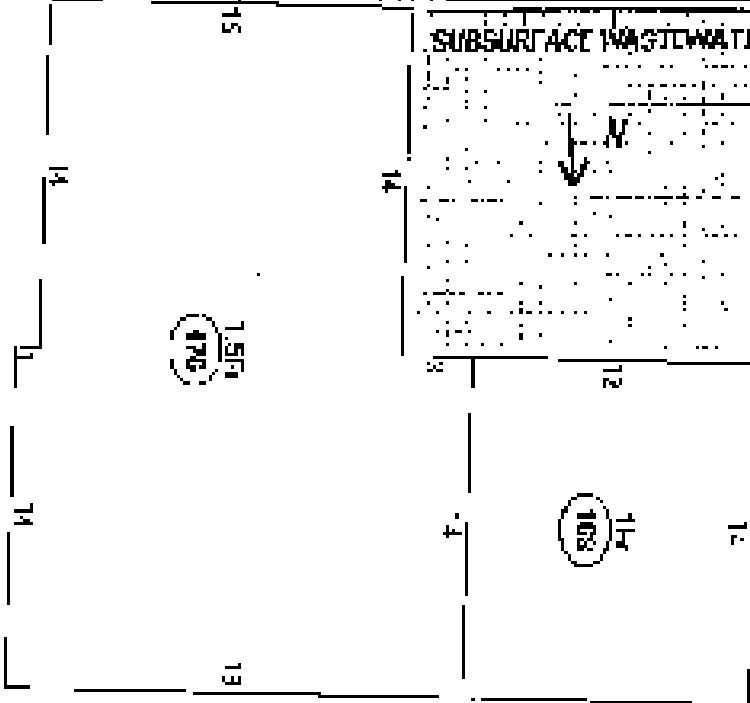
Site Location
Peaks Island

Street, Road, Subdivisor
51 Ocean Street

Owner or Applicant Name
Jusan Webster

SUBSURFACE WASTEWATER DISPOSAL PLAN

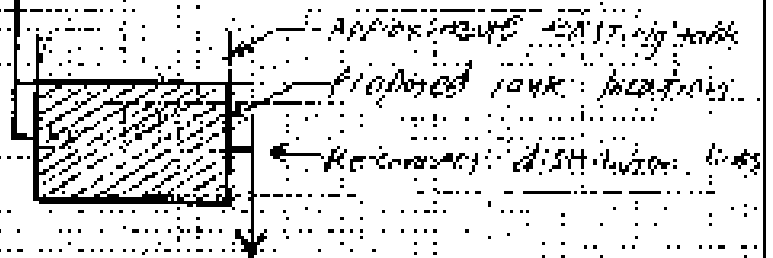
Scale: 1" = 8' R.



NOTES:

- 1) Pump & remove existing septic tank.
- 2) Replace with new septic tanks (1000 gallon) and reconnect distribution lines.
- 3) Minimum 5' minimum of five feet (5') clearance between foundation columns and new septic tank.
- 4) Tank location depends on extent of ledge - to be set back in field by contractor.

5.0
 4.0



BACKFILL REQUIREMENTS

Depth of Backfill (above): _____
 Depth of Backfill (below): _____
 Material: _____

CONSTRUCTION ELEVATIONS

Finished Ground Elevation: _____
 Top of Distributor Pipe or Dispersal Device: _____
 Bottom of Dispersal Pipe: _____

ELEVATION REFERENCE POINT

Location & Description: _____
 Reference Elevation is: 0.0' at _____

DISPOSAL FIELD CROSS SECTION

Scale:

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

N/A

359

5-20-04

24-8-03
 HHE-20 Rev 03

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

The form shall be attached to an application (DHE 200) for the proposed replacement system which requires a variance to the Rules. The applicant must also submit the Replacement System Variance Request in DHE 200 and pay a fee of \$100. The Request shall include the following: equipment requirements, and the calculation requested, all within the limits of LPI's authority.

- 1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 200.6)
- 2. There will be no change in use of the structure except as authorized for machine equipped excavators through the continued use of major waterbeds in use.
- 3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to deal and highest of the water table.
- 4. The ROTS plus S.M. content of the water table is no greater than that of normal ground conditions.

GENERAL INFORMATION _____ Town of Portland

Local No. _____ Date Permit Issued _____

Property Owner's Name Susan Webster A. No. 766-5846

System's Location: 51 Ocean Street, Peaks Island, ME 04108

Property Owner's Address _____

(If different from above) _____

SPECIFIC INSTRUCTIONS TO THE LOCAL PLUMBING INSPECTOR (LPI):

LOCAL PLUMBING INSPECTOR (LPI):

If any of the variances exceed your approval authority or the physical level of all the requirements listed under the Limitation 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 to the proposed replacement system is needed, complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

If it has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system, in a variance request to file in physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the physical conditions and have concluded that a replacement system is not mandated 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 authorized providers 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 this variance request form, I acknowledge permission for representatives of the Department to enter on this property to perform such duties as may be necessary to evaluate the proposed request.

SIGNATURE OF OWNER

DATE

LOCAL PLUMBING INSPECTOR

I, Mike Anderson, 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):

Approve, where (a) the variance request based on my authority to grant such variances. Note: If the LPI does not give his approval, I shall list his reasons for denial in Comments Section below and return to the applicant. --OR--

Give the one or more of the requested Variance exceed my approval authority as LPI. If recommended, I do not recommend the Department's approval of the variance. Note: If the LPI does not recommend the Department's approval, the reasons shall be stated in Comments Section below so as to way the proposed replacement system is not being recommended.

Comments: M.C.S. Re 51 Ocean Street

LPI SIGNATURE

DATE 6/24/09

VARIANCE CATEGORY	LIMIT OF LPT'S APPROVAL AUTHORITY						VARIANCE REQUESTED TYPE	
	Disposal Field			Septic Tanks			Setback	Septic Tanks
Soils								
Soil Profile	General Sewer Table						15'	Inches
Soil Condition	Residential Layer						15'	Inches
From 7105-204	Red oak						12"	Inches
SETBACK DISTANCES (in feet)	Disposal Field			Septic Tanks			Setback	Septic Tanks
From	Less than 1000 gpd, 300 ft. x 3)	1000 to 2000 gpd, 300 ft. x 3)	Over 2000 gpd, 350 ft. x 3)	Less than 1000 gpd, 60 ft. x 3)	1000 to 2000 gpd, 60 ft. x 3)	Over 2000 gpd, 60 ft. x 3)	To	To
Wells with water usage of 2000 or more gal. w. public water supply wells								
Unsewered wells	100 down to 80 ft.	200 down to 100 ft.	300 down to 150 ft.	100 down to 50 ft.	100 down to 50 ft.	100 down to 50 ft.		
Height of well	100 down to 50 ft. (0)	200 down to 100 ft. (0)	300 down to 150 ft. (0)	50 down to 25 ft. (0)	100 down to 50 ft. (0)	100 down to 50 ft. (0)		
Water supply line	10 ft. (0)	20 ft. (0)	25 ft. (0)	0 ft. (0)	0 ft. (0)	10 ft. (0)		
Water supply (pipes - for replacement refer to Table 400.4 for meter excavations)	10 ft. down to 60 ft.	20 ft. down to 125 ft.	10 ft. down to 100 ft.	10 ft. down to 50 ft.	100 ft. down to 50 ft.	100 ft. down to 50 ft.		
Water service, main	50 down to 35 ft.	100 down to 50 ft.	150 down to 75 ft.	50 down to 25 ft.	50 down to 25 ft.	50 down to 25 ft.		
Drainage ditches	25 down to 15 ft.	50 down to 25 ft.	75 down to 35 ft.	25 down to 15 ft.	25 down to 15 ft.	25 down to 15 ft.		
Edge of fill extension - (Cover well with special freshwater variance, great permeability, streams Slopes greater than 3%)	25 ft. (0)	25 ft. (0)	25 ft. (0)	25 ft. (0)	25 ft. (0)	25 ft. (0)		
No fill basement (e.g. stairs, mechanical 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.	30 down to 15 ft.		5'
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. (0)	18 down to 9 ft. (0)	20 down to 10 ft. (0)	10 down to 5 ft. (0)	15 down to 7.5 ft. (0)	20 down to 10 ft. (0)		
Other (e.g. in yard game, measure from the down side of the fill extension)	25 ft.	25 ft.	25 ft.	25 ft.	25 ft.	25 ft.		

OTHER

1. Fill extension Grade to 1'

2.

3.

- a. This setback distance cannot be reduced by the LPT, but may be considered for reduction by State variance.
- b. May not be any closer to neighbor's well than the existing disposal field or septic tank unless written permission is granted by the neighbor.
- c. Sufficient distances shall be maintained to assure that the toe of the fill does not extend to the 5% slope or property line.
- d. National Resource Protection Act requires a 25 foot setback on slopes with less than 20% from the edge of easement and 100 feet on slopes greater than 20% except for the repair or installation of a replacement system when no practical alternative exists.

[Signature] #359
 SITE BY ALLIATOR'S SIGNATURE

5-20-04
 DATE

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed this variance(s) and (if/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