

90 @ 14 2006 6004

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

| | | | |
|--|--------------------------|--|--|
| PROPERTY LOCATION | | >> Caution: Permit Required - Attach In Space Below << | |
| City, Town, or Plantation | PORTLAND; PEAKS ISLAND | Date Permit Issued: <u>10/15/06</u> Local Plumbing Inspector Signature: <u>[Signature]</u> \$ <u>1100.00</u> <input type="checkbox"/> Double Fee FEE Charged L.P.I. # <u>0640</u> | |
| Street or Road | 254 PLEASANT AVENUE | | |
| Subdivision, Lot * | | | |
| OWNER/APPLICANT INFORMATION | | | |
| Name (last, first, MI) | MOXHAY PETER & CATHERINE | Owner | |
| Mailing Address of | 254 PLEASANT AVENUE | | |
| <input type="checkbox"/> Owner <input type="checkbox"/> Applicant | PEAKS ISLAND, ME 04108 | | |
| Daytime Tel. * | | Municipal Tax Map * 90 Lot * 14 BLOCK Q Lat. N 43s, 40m, 4s Lon. W 70d, 1m, 25s | |
| Owner or Applicant Statement | | Caution: Inspections Required | |
| 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. | | I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. | |
| Signature of Owner/Applicant: <u>[Signature]</u> Date: <u>4/18/06</u> | | Local Plumbing Inspector Signature: _____ (1st) Date Approved: _____ (2nd) Date Approved: _____ | |

PERMIT INFORMATION

| | | |
|--|--|---|
| TYPE OF APPLICATION | THIS APPLICATION REQUIRES | DISPOSAL SYSTEM COMPONENTS |
| 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>UNKNOWN</u> Year Installed: <u>UNKNOWN</u> 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 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 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 & airt 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+) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. 0 Miscellaneous components |
| SIZE OF PROPERTY | DISPOSAL SYSTEM TO SERVE | TYPE OF WATER SUPPLY |
| _____ sq. ft. <input checked="" type="checkbox"/> _____ acres <input type="checkbox"/> 5,900 | 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped | 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: |
| SHORELAND ZONING | DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

| | | | |
|---|---|---|---|
| TREATMENT TANK | DISPOSAL FIELD TYPE & SIZE | GARBAGE DISPOSAL UNIT | DESIGN FLOW |
| 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons | 1. <input type="checkbox"/> Stone Bed 2. Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE <u>1008</u> sq. ft. <input type="checkbox"/> lin. ft. 21 ELJEN IN-DRAIN UNITS | 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 | 270 gallons per day EASED ON 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities - |
| SOIL DATA & DESIGN CLASS | DISPOSAL FIELD SIZING | EFFLUENT/EJECTOR PUMP | 3 BEDROOMS AT 90 GALLONS PER DAY EACH |
| PROFILE CONDITION DESIGN <u>3 / A/C / 1</u> AT Observation Hole • <u>TB 2</u> Depth <u>34</u> " OF MOST LIMITING SOIL FACTOR | 1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq.ft./gpd 3. <input checked="" 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 checked="" type="checkbox"/> Not required 2. <input type="checkbox"/> May be required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ Gallons | 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA |

SITE EVALUATOR STATEMENT

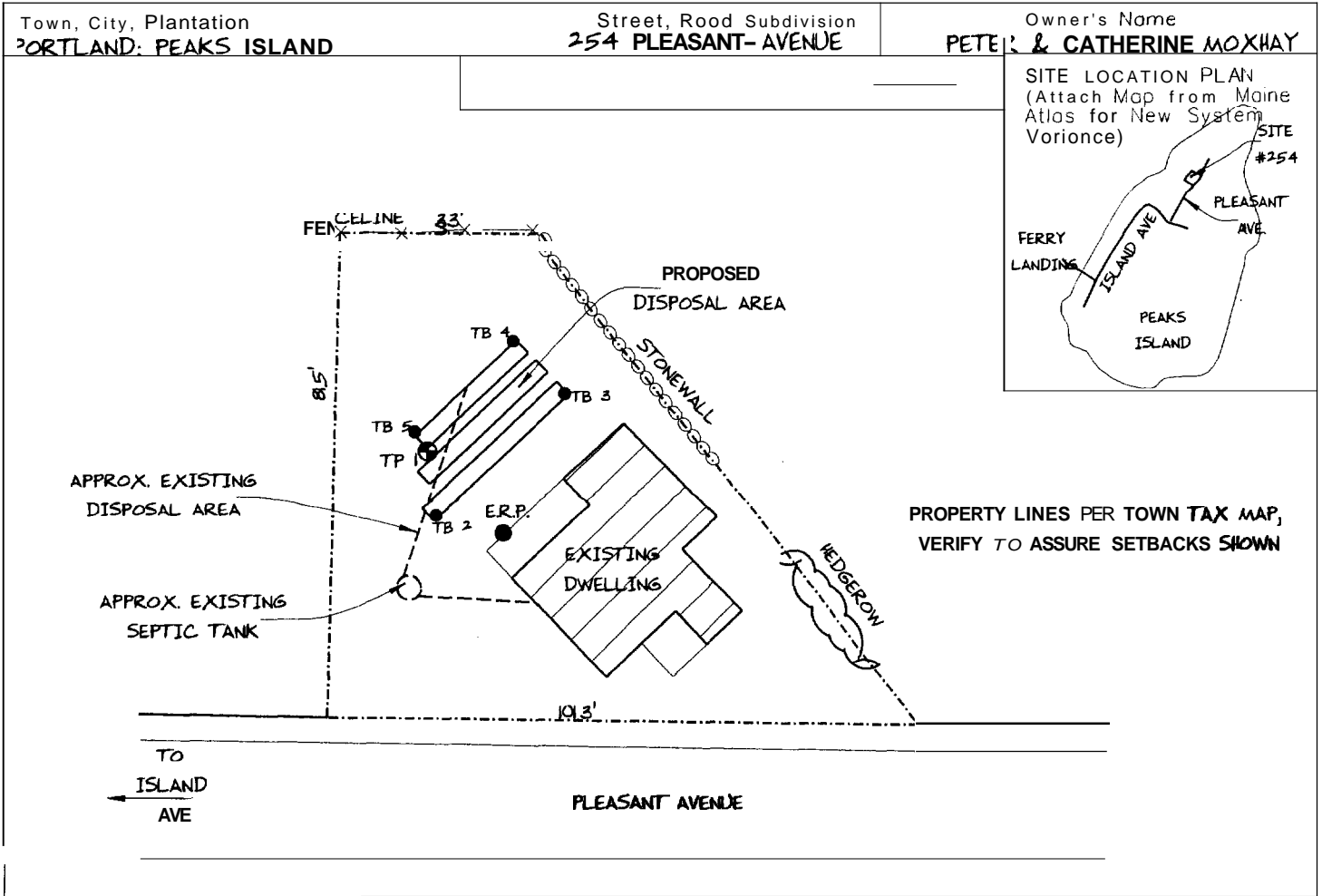
I certify that on 5/17/06 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 271).

Site Evaluator Signature: [Signature] SE # 163 Date: 3/28/2006

ALBERT FRICK (207) 839-5563 AFAC@MAINEERR.COM

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Highways Services
 Div. (207) 633-2100
 200 State St. Portland, ME 04102



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

Observation Hole TP 1 Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

Observation Hole TB Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

| DEPTH BELOW MINERAL SOIL SURFACE (inches) | Texture | Consistency | Color | Mottling |
|---|---------------------|---------------|-------------------|------------|
| 0 | SANDY LOAM | | DARK BROWN | |
| 10 | LOAMY SAND | FRIABLE | DARK YELLOW BROWN | |
| 20 | SAND | | YELLOW BROWN | |
| 30 | GRAVELLY LOAMY SAND | SOMEWHAT FIRM | LIGHT OLIVE BROWN | FREE WATER |
| 40 | SAND | | | |
| | BEDROCK | | | |

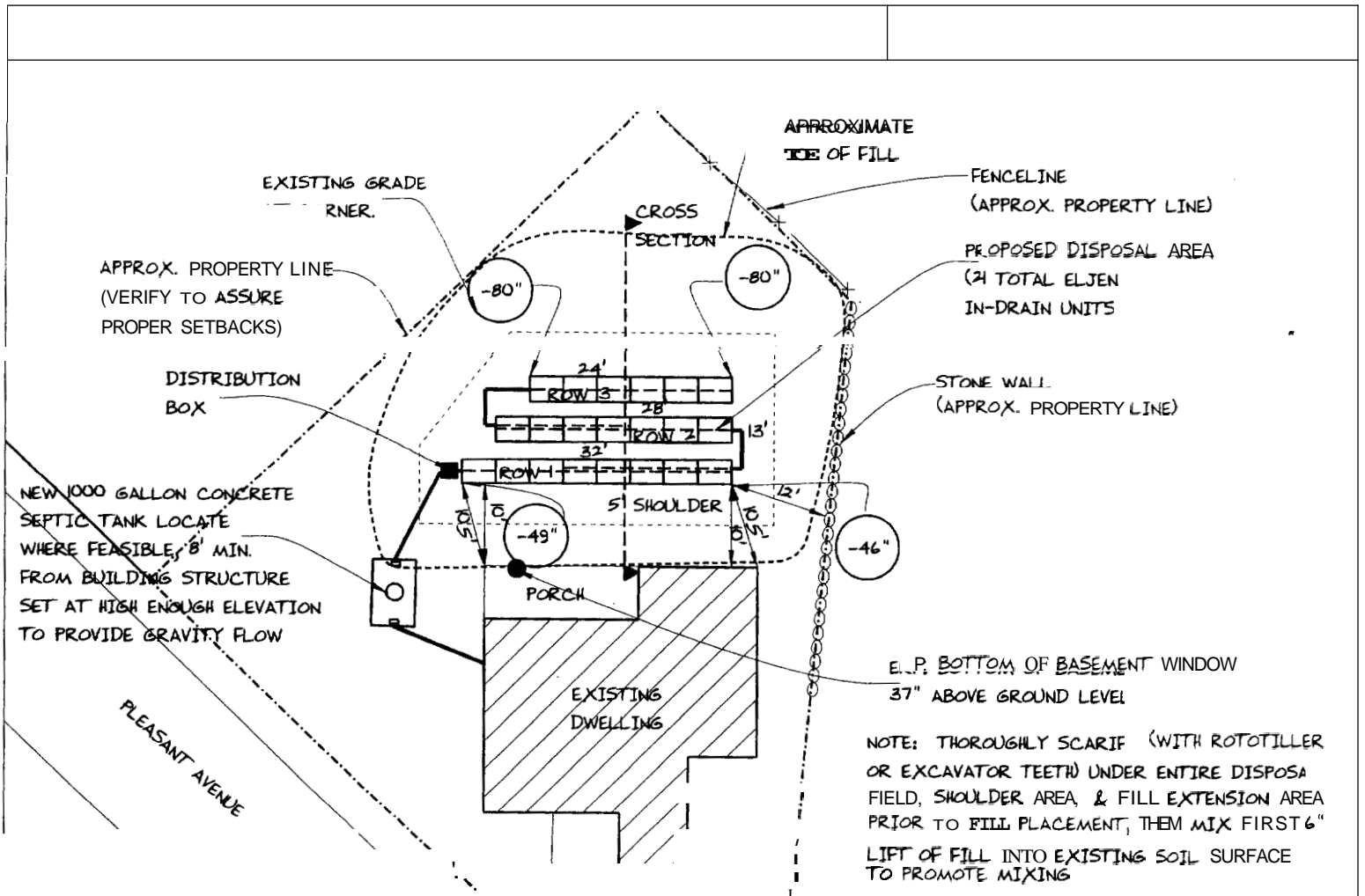
| SOIL SURFACE (inches) | Texture | Consistency | Color | Mottling |
|-----------------------|-----------------------|-------------|-------|----------|
| 0 | | | | |
| 10 | TB 2 = 34" TO BEDROCK | | | |
| 20 | TB 3 = 35" TO BEDROCK | | | |
| 30 | TB 4 = 34" TO BEDROCK | | | |
| 40 | TB 5 = 34" TO BEDROCK | | | |

| | | | |
|---------------------|-------|-----------------|--|
| Soil Classification | Slope | Limiting Factor | <input checked="" type="checkbox"/> Ground Water |
| 3 A/C | | 24 | <input type="checkbox"/> Restrictive Layer |
| Profile Condition | | | <input type="checkbox"/> Bedrock |
| | | | <input type="checkbox"/> Pit Depth |

| | | | |
|---------------------|-------|-----------------|--|
| Soil Classification | Slope | Limiting Factor | <input type="checkbox"/> Ground Water |
| | | | <input type="checkbox"/> Restrictive Layer |
| Profile Condition | | | <input type="checkbox"/> Bedrock |
| | | | <input type="checkbox"/> Pit Depth |

Albe

3/28/06
Date



FILL REQUIREMENTS

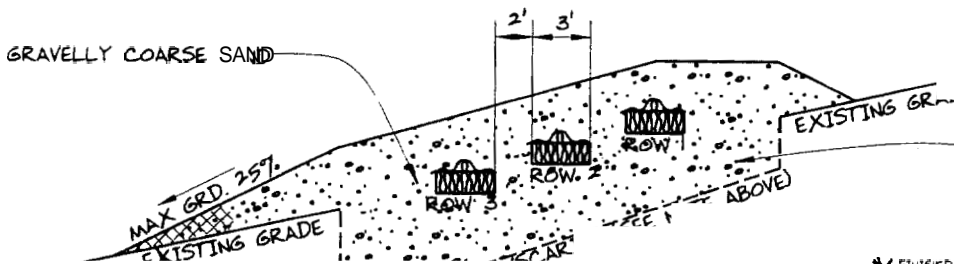
Depth of fill (Upslope) = 13" - 16"
 Depth of fill (Downslope) = 3"
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

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

SEE ELEVATION REFERENCE POINT
 Location & Description BOTTOM OF
 BASEMENT WINDOW 37" ABOVE GRADE
 Reference Elevation is: 0.0" or
 SCALE:
 VERTICAL: 1" = 5 FT
 HORIZONTAL: 1" = 10 FT

DISPOSAL AREA CROSS SECTION



REMOVE ALL PORTIONS OF EXISTING DISPOSAL AREA ENCOUNTERED TO A MINIMUM DEPTH OF 2' UNDERNEATH AND 5' ALSO SIDE DISPOSAL AREA AND REPLACE WITH CLEAN GRAVELLY COARSE SAND FILL

TOP OF FILL WITH SANDY LOAM MATERIAL TO PREVENT WASTEWATER BREAKOUT

| FINISHED GRADE | ERP | ROW 1 | | |
|----------------|------|-------|------|------|
| -33" | -48" | -48" | -48" | -48" |
| | | -53" | -57" | -65" |
| | | -49" | -56" | -72" |
| | | -62" | -70" | -78" |

Albert French
 Site Evaluator Signature

163
 SE *

3/28/2006
 Date



Albert Frick Associates, Inc.

Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038
(207) 839-5563

| | | |
|------------------------|---------------------|--------------------------|
| PORTLAND; PEAKS ISLAND | 254 PLEASANT AVENUE | PETER & CATHERINE MOXHAY |
| TOWN | LOCATION | APPLICANT'S NAME |

1) **The** Plumbing and Subsurface Wastewater Disposal Rules adopted by the **State** of Maine, Department of Human Services pursuant to 22 M.R.S.A. § 42 (the "**Rules**") are incorporated herein by reference and **made a part** of this application and shall be **consulted** by the **owner/applicant, the system installer and/or building contractor** for further **construction details and material specifications**. The system Installer should contact Albert Frick Associates, Inc. 839-5563, if there are **any questions concerning materials, procedures or designs**. The system installer and/or building contractor installing the **system** shall be solely responsible for compliance with the Rules and with all **state** and municipal laws and **ordinances pertaining to the permitting inspection and construction of subsurface wastewater disposal systems**.

2) **This application is intended to represent facts** pertinent to the Rules only. It shall be the responsibility of the owner/applicant, **system** Installer and/or building contractor to determine compliance with and to obtain permits under all applicable local, state and/or federal laws and regulations (including, without limitation, Natural Resources Protection Act, wetland regulations, zoning ordinances, subdivision regulations, Site Location of Development Act and **minimum** lot size laws) before installing this **system** or considering the property on which the system is to be installed a "buildable" lot. It is **recommended that** a wetland scientist be consulted regarding wetland regulations. Prior to the commencement of **construction/installation**, the local plumbing inspector or Code Enforcement Officer shall inform the **owner/applicant** and **Albert Frick Associates, Inc** of any local ordinances which are more **restrictive** than the Rules in order that the design may be **amended**. All designs are subject to review by local, **state and/or federal authorities** Albert Frick Associates, Inc.'s liability shall be **limited** to revisions required by regulatory agencies **pursuant** to laws or regulations in effect **at the time** of preparation of this application

3) **All information** shown on this application relating to property **lines, well** locations, **subsurface structures and underground facilities (such as utility lines, drains, septic systems, water lines, etc.) are** based solely upon information provided by the **owner/applicant** and **has been relied upon by Albert Frick Associates, Inc.** in **preparing this application**. The **owner/applicant shall** review this application **prior to the start of construction and confirm this information**. Well locations on abutting properties but not readily visible above **grade** should be confirmed by the owner/applicant prior to **system** installation to **assure minimum setbacks**.

4) **Installation of a garbage (grinder) disposal is not recommended**. If **one** is installed, an additional 1000 gallon septic tank or aseptic tank filter **shall be connected** in series to the proposed septic tank

5) The system user shall avoid introducing kitchen grease or fats into this system. Chemicals such as septic tank cleaners and/or chlorine (such as from water treatment units) and controlled or hazardous substances shall not be disposed of in this system. Additives such as yeast or enzymes are discouraged, since they have not been proven to extend system life.

6) The septic tank should be pumped within **two** years of installation and subsequently as recommended by the pump service, but in no event should the septic tank be pumped less often than every three years. **All** septic tank, pump stations and additional **treatment** tanks shall be **installed** to prevent ground **water and** surface water infiltration.

PORTLAND; PEAKS ISLAND

254 PLEASANT AVENUE

PETER & CATHERINE MOXHAY

TOWN

LOCATION

APPLICANT'S NAME

7) The actual water flow or number of bedrooms shall not exceed the design criteria indicated on this application without a re-evaluation of the system as proposed. If the system is supplied by public water or a private service with a water meter, the water consumption per period should be divided by the number of days to calculate the average daily water consumption (water usage (cu. ft.) x **7.48** cu. ft. (gallons per cu. ft.) divided by the # of days in period).

8) The general minimum setbacks between a well and septic system serving a single family residence is **100-300** feet, unless the local municipality has a more stringent requirement. A well installed by an abutter within the minimum setback distances prior to the issuance of a permit for the proposed disposal system may void this design.

9) When a gravity system is proposed: **BEFORE CONSTRUCTION/INSTALLATION BEGINS**, the system installer or building contractor shall review the elevations of all points given in this application and the elevation of the existing and/or proposed building drain and septic tank inverts for compatibility to minimum slope requirement. In gravity systems, the invert of the septic tank(s) outlet(s) shall be at least **4** inches above the invert of the distribution box outlet at the disposal area. When an effluent pump is required, provisions shall be made to make certain that surface ground water does not enter the septic tank or pump station, by **sealing/grouting** all seams and connections, and by placement of a riser and lid at or above grade. An alarm device warning **of** a pump failure shall be installed. Also, when pumping is required of a chamber system, install a "T" connection in the distribution box and place **3** inches of stone or a splash plate in the first chamber. Insulate gravity pipes, pump lines and the distribution box as necessary to prevent freezing.

10) On all systems, remove the vegetation, organic duff and old fill material from under the disposal area and any fill extension. On sites where the proposed system is to be installed in natural soil, scarify the bottom and sides of the excavated disposal area with a rake. Do not use wheeled equipment on the scarified soil surface. For systems installed in fill, scarify the native soil by roto-tilling to a depth of at least 8 inches over the entire disposal and fill extension area to prevent glazing and to promote fill bonding. Place fill in loose layers no deeper than **8** inches and compact before placing more fill (this ensures that voids and loose pockets are eliminated to minimize the chance of leakage or differential setting). Do not use wheeled equipment on the scarified soil area until after **12** inches of fill is in place. Keep equipment off proprietary devices. Divert the surface water away from the disposal area by ditching or shallow landscape swales.

11) Unless noted otherwise, fill shall be gravelly coarse sand, which contains no more than **5%** fines (silt and clay).

12) Do not install systems on loamy, silty, or clayey soils during wet periods since soil smearing/glazing may seal off the soil interface.

13) Seed all filled and disturbed surfaces with perennial grass seed, then mulch with hay or equivalent material to prevent erosion. Alternatively, bark or permanent landscape mulch may be used to cover system, Woody trees or shrubs are not permitted on the disposal area or fill extensions.



Albert Frick Associates, Inc.

Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038

(207) 839-5565

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 and 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 shoreline 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.

GENERAL INFORMATION
Town of PORTLAND (PEAKS ISLAND)
Permit No.
Date Permit Issued
Property Owner's Name: PETER & CATHERINE MOXHAY Tel. No.:
System's Location: 254 PLEASANT AVENUE (MAP 90, BLOCK Q, LOT 14)
Property Owner's Address: 254 PLEASANT AVENUE
(if different from above) PEAKS ISLAND, ME. 04108

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.

Handwritten signature: Daniel M. Mulkern - for Catherine Moxhay
LPA Inc.
SIGNATURE OF OWNER

Handwritten date: 4/18/06
DATE

LOCAL PLUMBING INSPECTOR

I, MIKE NUGEN, the undersigned, 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. (If approve, I 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--

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

Comments:

Handwritten signature: Mike Nugen
LPI SIGNATURE

Handwritten date: 05/10/06
DATE

| VARIANCE CATEGORY | LIMIT OF LPI'S APPROVAL AUTHORITY | | | | | | VARIANCE REQUESTED TO: | |
|---|-------------------------------------|------------------------|------------------------|----------------------------------|-----------------------|-----------------------|------------------------|--------------|
| | SOILS | | | | | | | |
| poll Profile | Ground Water Table | | | to ?" | | | Inches | |
| Soil Condition from HHE-200 | Restrictive Layer | | | to 7" | | | Inches | |
| | 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 | Over 2000 gpd | To | To |
| 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 | | |
| 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 R | | |
| 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 | 10' | 5' MIN. |
| 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 | | |
| OTHER | | | | | | | | |
| 1. Fill extension Grade - to 3:1 NEAR PROPERTY LINES, AS NECESSARY | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |

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.

Albert Fruch

 SITE EVALUATOR'S SIGNATURE

3/28/2006

 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, of reasons for the Variance denial, are given in the attached letter.

 SIGNATURE OF THE DEPARTMENT

 DATE