

Plumbing Inspector  
City of Portland Inspection Dept.  
389 Congress St.  
Portland, ME 04101

Douglas and Elizabeth Ruland  
10160 Warden Rd.  
Biddeford, ME 04816  
Tel: 734-429-5913  
April 1, 2015

Dear Sir or Madam,

One DEP in Augusta has TEL us to send you this information. If you have any further questions, please contact us at the above phone number, we have an E-mail.  
Thank you.

Sincerely,  
Elizabeth Ruland



WDL Application #: <u>W003949</u>	Municipality: <u>POR (CLIFF)</u>
Facility Type: <input type="checkbox"/> Commercial	<input type="checkbox"/> Commercial – include DEP Form DEPLW1076
Application Type: <input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Renewal AND Transfer
<input type="checkbox"/> Transfer	<input type="checkbox"/> Modification

**PART 1. Applicant Information (Legal Owner of the OBD Property AND All Users)**

(Use additional paper, if necessary, to provide co-applicant information for ALL authorized users of the OBD.)

Name: Douglas W. + Elisabeth B. Rideout Telephone: 734-429-5913  
 Primary Residence Address: 10160 Warner Rd.  
 Town: Milan State: ME Zip: 48160  
 e-mail: None OBD Street Address: 146 Sunset Rd, Cliff Island 04019

1. Is this application for the **transfer** of an existing license?  Yes  No If "Yes", include evidence of title, right or interest in the property (e.g., copy of deed, lease or easement, or option to buy or lease agreement).
2. Is this application for a **commercial** OBD license?  Yes  No If "Yes", include supplemental application form DEPLW1076.

**PART 2. Site Evaluation** Check the appropriate boxes.

- A qualified LSE has determined that my OBD system CAN be replaced with an alternative system
- A qualified LSE has determined that my OBD system CANNOT be replaced.
- I have previously submitted a copy of the LSE report to the DEP.
- A copy of the LSE report is attached to this application. ("LSE" is Licensed Site Evaluator)

**PART 3. Primary Residence/Grant Eligibility**

1. Is the property containing the OBD your **PRIMARY** residence?  Yes  No  
 If "YES" and you checked that that the OBD system CAN be replaced, and you would like to be considered for grant assistance, enter the combined annual income of all owners of the OBD. \$ \_\_\_\_\_
2. Do you intend to perform a significant action (construction material and labor costs exceeding \$50,000) at your residence at any time during the next five years?  Yes  No

**The Department reserves the right to require documentation of primary residency and income for purposes of determining grant eligibility.**

**PART 4. Facility Information**

OBD laws and rules limit the authorized discharge flow volume to either the previous license limit or the estimated volume produced by the facility during the 12-month period prior to June 1, 1987. **As of June 1, 1987**, please certify the:

# of YEAR-ROUND dwellings connected to the OBD \_\_\_\_\_ AND # of bedrooms in each \_\_\_\_\_  
 # of SEASONAL dwellings connected to the OBD 1 AND # of bedrooms in each 3

**PART 5. Title, Right or Interest** Check the appropriate box.

The applicant must either: 1) own or control; 2) have an easement granting rights; or 3) have an authorized written agreement granting rights to use any portion of another property for any part of the OBD system.

My OBD system (including disinfection unit and outfall pipe) serves only my property and is located entirely on my property. Include a copy of your deed with this application.

OR

My OBD system is shared with another property owner, or it crosses under a road or other properties. Include a copy of each property owner's deed describing easements or written signed agreement between the property owners. An agreement must grant rights to use the property for at least 5 years.

**PART 6. Public Notice and Certification of Application**

- Complete the PUBLIC NOTICE form on the next page and, within 30 days PRIOR TO filing the application, send a copy of the Public Notice by certified mail to abutters\* and a copy of the entire application with Public Notice to the municipal office where the OBD property is located.
- Submit a list of all abutters and copies of the certified mailing receipts with your application. You do not have to wait until the signature card is returned to you, the receipt of mailing is all that is required.
- By signing below, you certify that Public Notice has been provided.

**\*Abutter, for the purposes of the Public Notice, is any person who owns property that is adjoining the OBD property, including owners of property directly across a public or private right of way.**

**A COMPLETE APPLICATION PACKAGE SHOULD INCLUDE:**

- The completed and signed application.
- A copy of the deed to the property and copies of all easements or authorized agreements,
- A recent site evaluation report (Form HHE-200) completed by a Licensed Site Evaluator. If you are unsure whether a site evaluation report is required for a renewal or transfer application, please contact us.
- A list of property abutters, and proof (certified mail receipts) that the Public Notice was sent to abutters and the application *and* Public Notice was sent to the municipal office where the OBD property is located.
- There is a \$100 license transfer fee for transfer of an existing license. Checks made payable to, *Treasurer – State of Maine*. **DO NOT SEND** the \$100 fee unless the application is for **transfer** of an existing license.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations

**SIGNATURE  
REQUIRED** 

*Douglas W. Rideout*      DOUGLAS W. RIDEOUT      4/1/15  
Applicant Signature      Print name      Date

*Elisabeth B. Rideout*      ELISABETH B. RIDEOUT      4/1/15  
Co-Applicant Signature      Print name      Date

**Submit completed application with supporting documents to:**

Department of Environmental Protection  
DWQM - OBD Licensing  
17 State House Station  
Augusta, ME 04333-0017



**PUBLIC NOTICE**  
**MAINE WASTE DISCHARGE LICENSE APPLICATION**

Please take note that, pursuant to 38 MRSA, Sections 413 and 414-A, Douglas W. & Elisabeth B. Rideout of  
(applicant name)

10160 Warner Rd, Milan, ME 48160 intends to file a wastewater discharge license application  
(primary mailing address)

with the Department of Environmental Protection (DEP). The application is for the discharge of 300  
(volume)

gallons per day of treated wastewater to the Luckse Sound, Casco Bay in Portland, Maine.  
(receiving water) (municipality)

The application will be filed on or about 4/8/15 and will be available for public inspection at  
(date)

DEP's Augusta office during normal business hours. A copy may also be seen at the municipal offices in

Portland, Maine.  
(municipality)

A request that the Board of Environmental Protection assume jurisdiction over this application must be received by the DEP, in writing, no later than 20 days after the application is found acceptable for processing. Written public comments and requests for a public hearing will be accepted for at least 30 days after the application is found acceptable for processing. Requests shall state the nature of the issue(s) to be raised. Unless otherwise provided by law, a hearing is discretionary and may be held if the Commissioner or the Board finds significant public interest or there is conflicting technical information.

Public comment will be accepted until a final administrative action is taken to approve, approve with conditions or deny this application. Written public comments or requests for information may be made to the address below.

Department of Environmental Protection  
Division of Water Quality Management  
OBD Licensing  
17 State House Station  
Augusta, ME 04333-0017  
207-287-3901



MARK HAMPTON ASSOCIATES, INC.

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SHEET NO. 1 OF 1

CALCULATED BY MJH DATE 6/14/10

CHECKED BY \_\_\_\_\_ DATE \_\_\_\_\_

SCALE See Below

