

GROUP AREA SHELTER

TOWN

250.00
20.00
15.00
285.00

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5872 Fax: (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	LAMOWNE	Town/City	Lamson
Street or Road	LAMOWNE BEACH RD.	Permit #	1792
Subdivision, Lot #	LAMOWNE STATE PARK	Date Permit Issued	4/22/16
OWNER/APPLICANT INFORMATION		Fee: \$	285.00
Name (last, first, MI)	STATE OF ME BUREAU OF PARKS & LANDS	Local Plumbing Inspector Signature	Millard Bellows
Mailing Address of Owner/Applicant	90 MATTHEW HAMILTON 106 HOGAN ROAD SUITE 7 BANGOR ME 04401	Double Fee Charged ()	
Daytime Tel. #	(207) 974-6467	L.P.I. #	820
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION 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 or Applicant: <i>Matthew J. Hamilton</i> Date: 4/12/16		Local Plumbing Inspector Signature: _____ (1st) date approved: _____	
		Municipal Tax Map # 13 Lot # 45	

PERMIT INFORMATION		
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS
<input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<input type="checkbox"/> 1. No Rule Variance <input checked="" type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input checked="" type="checkbox"/> 6. Non-engineered Disposal Field (only) (GRAY WATER) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input checked="" type="checkbox"/> 12. Miscellaneous Components: EFFLUENT FILTER & EXTERNAL FIBRIC BASIN
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
60 +/- SQ. FT. ACRES	<input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other: SEASONAL SINK FOR OVERWINTER USE ONLY Current Use: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	<input checked="" type="checkbox"/> 1. Drilled Well EXISTING <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. 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
	<input type="checkbox"/> 1. Concrete NA <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: CAPACITY: _____ GAL.	<input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device (ARE 36 HC) <input type="checkbox"/> a. cluster array <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> c. Linear <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: SIZE: 80 sq. ft. lin. ft.
SOIL DATA & DESIGN CLASS PROFILE CONDITION	DISPOSAL FIELD SIZING	GARBAGE DISPOSAL UNIT
2.1 A at Observation Hole # 7PI Depth 30" of Most Limiting Soil Factor	<input type="checkbox"/> 1. Medium--2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 2. Medium--Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large--4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large--5.0 sq. ft. / gpd	<input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet
		DESIGN FLOW
		25 gallons per day BASED ON: <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input checked="" type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities 1 GPD FOR A MAXIMUM OF 25 PEOPLE = 25 GPD <input type="checkbox"/> 3. Section 4B (meter readings) ATTACH WATER METER DATA
		EFFLUENT/EJECTOR PUMP
		<input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons
		LATITUDE AND LONGITUDE
		at center of disposal area Lat. 44 d 27 m 37.8 N Lon. 68 d 28 m 06.9 W if g.p.s. state margin of error: 10'

SITE EVALUATOR STATEMENT		
I certify that on 3/30/16 (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
<i>STEPHEN H. HOWELL</i>	# 213	4/28/16
Site Evaluator Name Printed	Telephone Number	E-mail Address
	(207) 925-4792	showells@soil.solutions@gmail.com

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
 Division of Environmental Health
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

LAMOINE

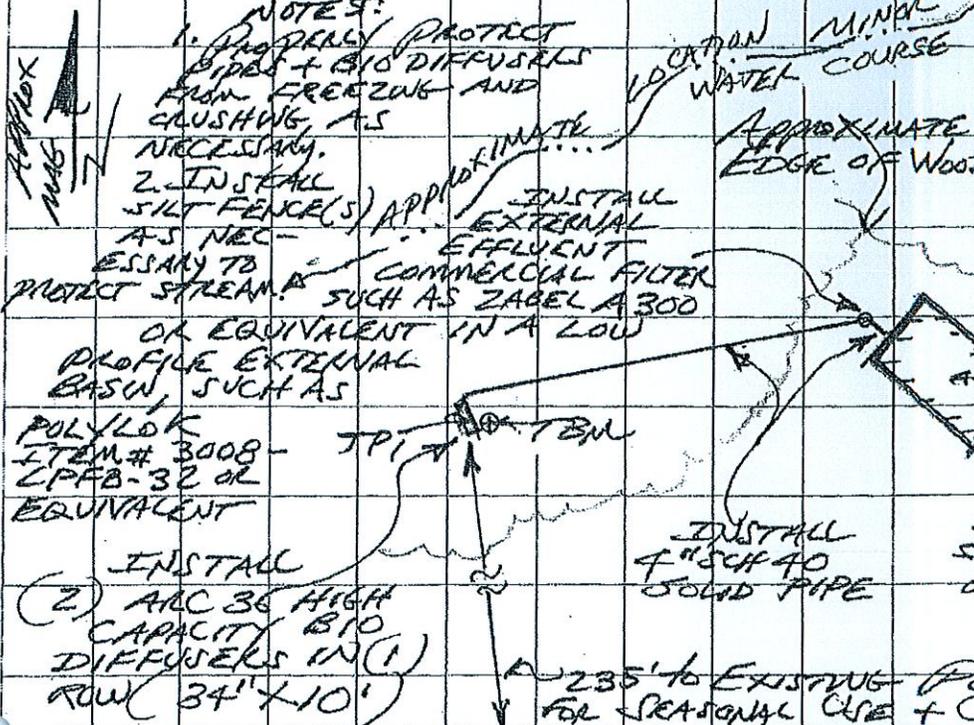
LAMOINE BEACH ROAD
 LAMOINE STATE PARK

STATE OF MAINE
 BUREAU OF PARKS & LANDS

SITE PLAN

Scale 1" = 50 ft. or as shown

SITE LOCATION PLAN



NOTES:
 1. PROPERLY PROTECT PIPES + BIO DIFFUSERS FROM FREEZING AND CRUSHING, AS NECESSARY.
 2. INSTALL SILT FENCE(S) AS NECESSARY TO PROTECT STREAM OR EQUIVALENT IN A LOW PROFILE EXTERNAL BASIN, SUCH AS POLYLOK ITEM # 3008 - CPFB-32 OR EQUIVALENT
 INSTALL (2) ARC 36 HIGH CAPACITY BIO DIFFUSERS IN (1) ROW (34' x 10')

225' TO LAMOINE BEACH ROAD
 PROPOSED NEW GROUP SHELTER WITH (1) SINK FOR 10 TO 25 OVERNIGHT USERS

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

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

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

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	GRAVELLY SAND	LOOSE	OLIVE BROWN	NONE
10	FILL			
20	GRAVELLY FINE SANDY LOAM	FRABLE	BROWN YELLOWISH BROWN	
30	POSSIBLE BEDROCK @ 30-35"			

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification 2 A	Slope 1-3%	Limiting Factor 30"	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile	Condition		

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

Site Evaluator Signature

SE #

Date

#213

7/08/16

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
 Division of Environmental Health
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

LAMOINE

Street, Road, Subdivision

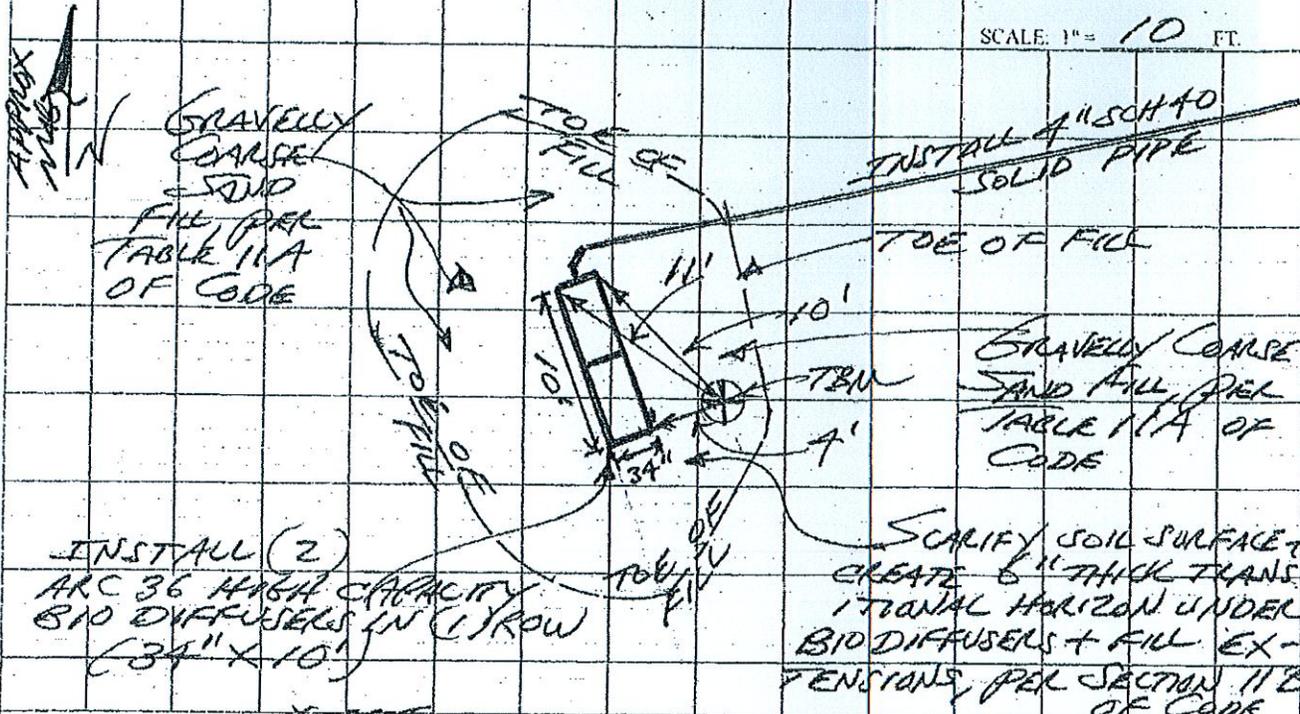
LAMOINE BEACH ROAD,
 LAMOINE STATE PARK

Owner's Name

STATE OF MAINE
 BUREAU OF PARKS+LANDS

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 10 FT.



FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT (TBM)

Depth of Fill (Upslope) 22' 24" Finished Grade Elevation
 Top of Distribution Pipe or Proprietary Device
 Depth of Fill (Downslope) 23' 28" Bottom of Disposal Area

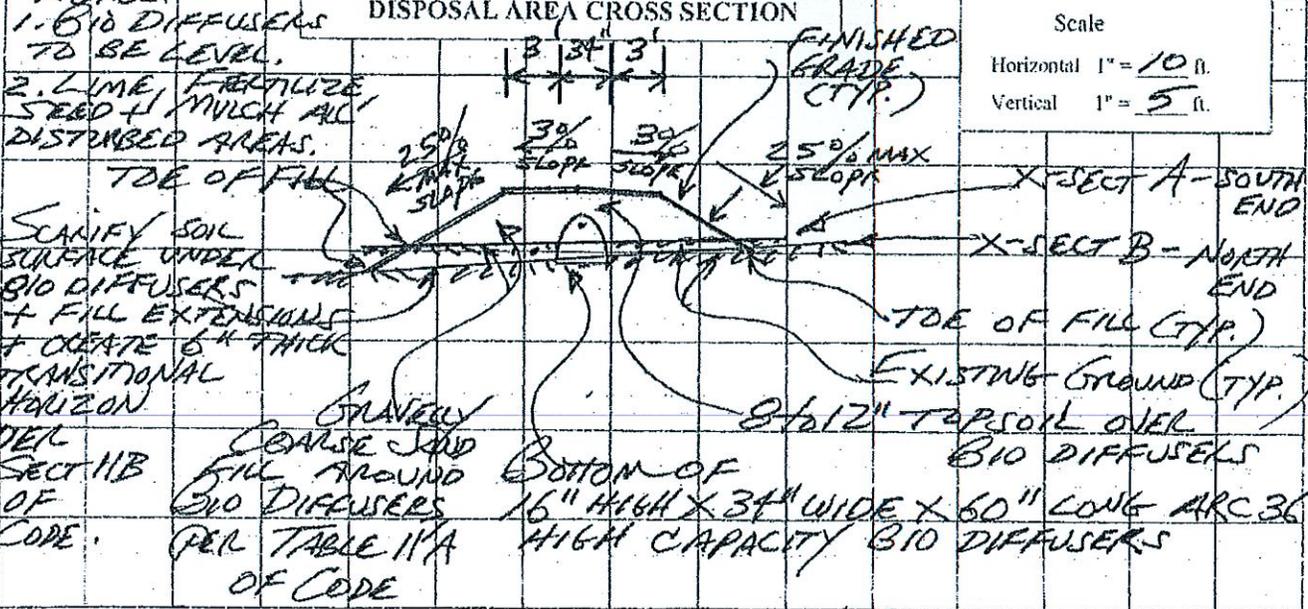
-30" Location & Description: NAIL + FLAG
 -42" ABOUT 48" UP A 10" DIAM.
 Reference Elevation: -58" APPLE TREE

NOTES:

DISPOSAL AREA CROSS SECTION

Scale

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

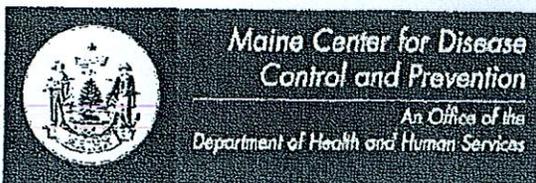


Site Evaluator Signature

SE #

Date

#213 4/08/16



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 <u>LANOWE</u>
Property Owner's Name:	<u>STATE OF MAINE</u>	Tel. No.:
System's Location:	<u>BUREAU OF PARKS & LANDS LANOWE BEACH ROAD, LANOWE STATE PARK</u>	
Property Owner's Address:	<u>50 MATTHEW HAMILTON, 106</u>	Zip Code <u>07401</u>
e-mail address:	<u>7 HOGAN ROAD, SUITE 7, BANGOR, ME</u>	

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. <u>235' FROM BIO DIFFUSERS TO SEASONAL</u>	<u>TABLE 7B</u>
2. <u>CHORINATED PUBLIC WATER SUPPLY</u>	
3. _____	
SITE EVALUATOR	
<p>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.</p> <p><u>DUE TO SOIL AND SITE CONDITIONS THE PROPOSED BIO DIFFUSERS ARE PROPOSED IN THE BEST AREA TO MAXIMIZE SETBACK TO EXISTING WELL AND TO MEET MINIMUM STREAM SETBACK.</u></p>	
<p>I, <u>STEPHEN H. HOWELL</u>, 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; <u>enhances the potential of the site for subsurface wastewater disposal</u>; and that the system should function properly.</p>	
<u>[Signature]</u>	<u>7/08/16</u>
SIGNATURE OF SITE EVALUATOR	DATE

PROPERTY OWNER	
<p>I, <u>Matthew Hamilton</u>, am the <input type="checkbox"/> owner <input checked="" type="checkbox"/> 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.</p>	
<u>[Signature]</u>	<u>4/8/16</u>
<input type="checkbox"/> SIGNATURE OF OWNER	DATE
<input checked="" type="checkbox"/> AGENT FOR THE OWNER	

LOCAL PLUMBING INSPECTOR - Approval at local level

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

I, Millard Bellows, 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.

Millard Bellows
LPI Signature

4/27/16
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, _____, 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.

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.

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	NA	NA
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