

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services  
Div. Environmental Health, 11 SHS  
(207) 287-2070 FAX (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	ORLAND	Town/City	Permit #
Street or Road	CHARLE STAK LANE	Date Permit Issued	Fee \$ Double Fee Charged ( )
Subdivision, Lot #	94 AMOOSOOK LAKE MAP 27, LOTS 1+2		L.P.I. #
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature	
Name (last, first, MI)	MACLEOD, GEORGE	Fee: \$ state min. fee \$ Locally adopted fee	Copy: <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State
Mailing Address of	510 MAINE REAL ESTATE P.O. Box 306 BUCKSPORT, ME 05410	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with the application and the Maine Subsurface Wastewater Disposal Rules.	
Daytime Tel. # email address:	(207) 944-8771	Municipal Tax Map #	Lot #
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 Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant		Local Plumbing Inspector Signature	
Date		(1st Date Approved)	
		(2nd Date Approved)	

PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b> <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: <u>STEEL TANKS + UNKNOWN</u> Year Installed: <input type="checkbox"/> 3. Expanded System a. Minor Expansion <25% b. Major Expansion ≥ 25% <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion <b>SIZE OF PROPERTY</b> <u>0.85</u> sq. ft. <input type="checkbox"/> acres <b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>THIS APPLICATION REQUIRES</b> <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input checked="" type="checkbox"/> 3. Replacement System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit <b>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>4</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: <input type="checkbox"/> 3. Other: (SPECIFY) Current Use: <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<b>DISPOSAL SYSTEM COMPONENT(S)</b> <input checked="" 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 type="checkbox"/> 6. Non-engineered Disposal Field (only) <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 type="checkbox"/> 12. Miscellaneous components <b>TYPE OF WATER SUPPLY</b> <input type="checkbox"/> Proposed <input type="checkbox"/> Existing <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input checked="" type="checkbox"/> 5. Other: <u>PUMPED FROM LAKE</u>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANKS</b> <input checked="" type="checkbox"/> 1. Concrete a. Regular b. Low Profile c. with lift station <u>XXX</u> d. monolithic <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: <u>XX</u> CAPACITY <u>1500</u> gallons <b>SOIL DATA &amp; DESIGN CLASS</b> PROF' F CONDITION: <u>2.1A</u> at Observation Hole # <u>TPI</u> Depth <u>40"</u> OF MOST LIMITING SOIL FACTOR	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <u>12" DIA</u> a. Cluster Array <input checked="" type="checkbox"/> c. Linear <u>PPE</u> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: SIZE <u>240</u> sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <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 <b>EFFLUENT/EJECTOR PUMP</b> <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May be Required <u>(1 TANK)</u> <input type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons	<b>DESIGN FLOW</b> <u>360</u> gallons per day BASED ON <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <u>(2) 2 BEDROOM CAMPS @ 180 GPD / CAMP</u> <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA <b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. <u>44° 35' 23" N</u> Lon. <u>68° 42' 08" W</u> if g.p.s., state margin of error <u>20'</u>

SITE EVALUATOR STATEMENT	
I certify that on <u>4/03/2020</u> (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 <u>STEPHEN H. HOWELL</u> Site Evaluator Name Printed	213 SE# (207) 825-4792 Telephone Number
	<u>4/07/2020</u> Date showellsolutions@gmail.com E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

\* (2) 2 BEDROOM CAMPS = 4 BDR TOTAL  
 \*\* (2) LOW PROFILE 750 GALLON SEPTIC TANKS  
 XXX (1) TANK MAY NEED A LIFT STATION

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# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

ORLAND

Street, Road, Subdivision

ALAMOOSOOK LAKE  
135 CHARLIE STAN LAKE

Owner's Name

APLENT  
GEORGE MACLEOD

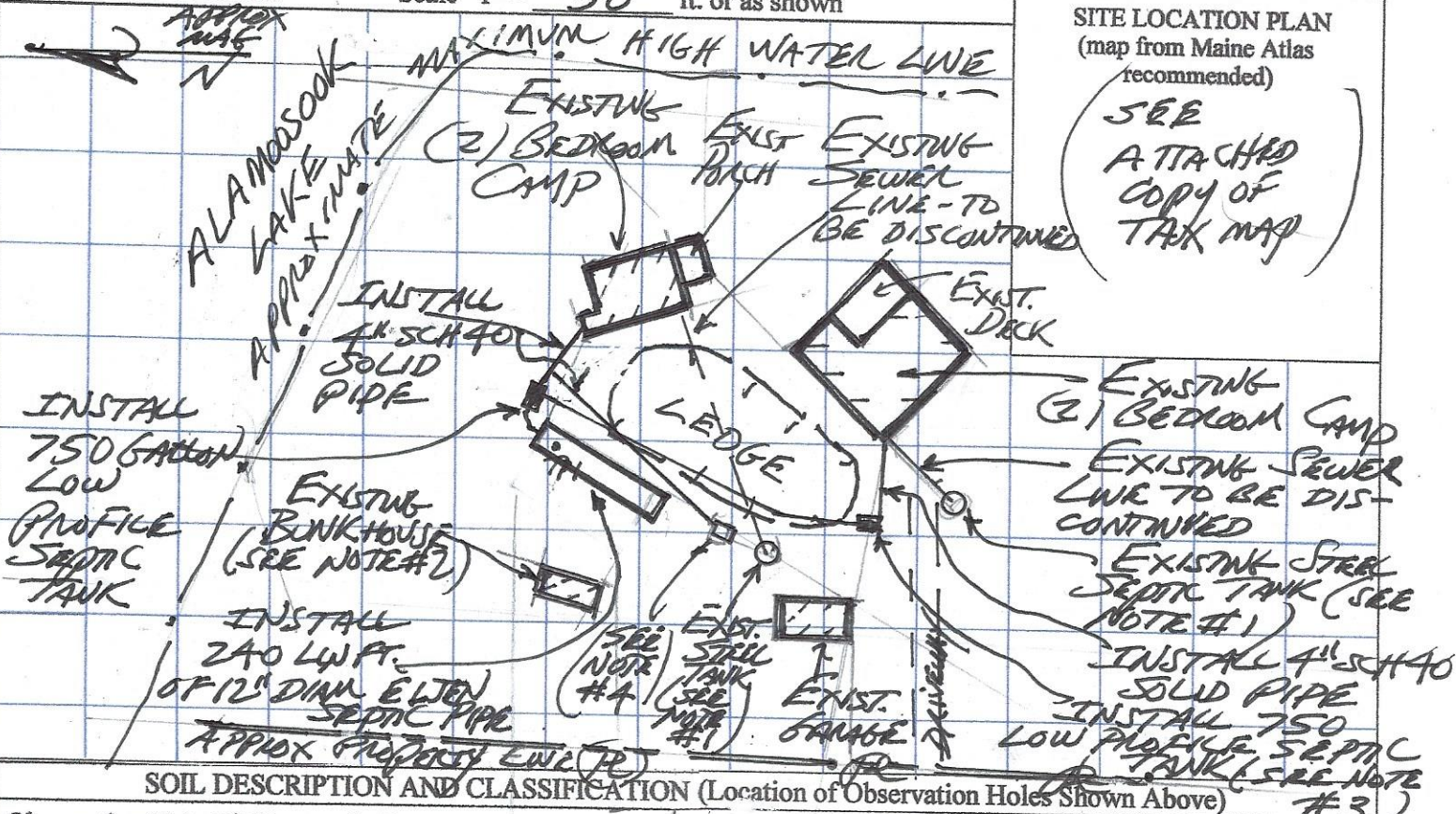
## SITE PLAN

Scale 1" = 50 ft. or as shown

## SITE LOCATION PLAN

(map from Maine Atlas recommended)

SEE  
ATTACHED  
COPY OF  
TAX MAP



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

Observation Hole ☒ Test Pit ☐ Boring  
 < 1" Depth of Organic Horizon Above Mineral Soil

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

Texture	Consistency	Color	Mottling
GRAVELLY F.S. LOAM	FRANKLE	BROWN	NONE
VERY OLD FILL		OLIVE BROWN	
STONY F.S. LOAM		YELLOWISH BROWN	
		OLIVE BROWN	
LIMIT OF OBSERVATION 40" ASSUMED BEDROCK			

Texture	Consistency	Color	Mottling
NOTES:			
1. DISCONTINUE USE OF EXISTING STEEL SEPTIC TANK + PUMP TANK OF CONTENTS AND PROPERLY DISPOSE OF TANK + CONTENTS.			
2. BUNKHOUSE CAN SLEEP UP TO (4) PEOPLE BUT THEY ARE THE SAME PEOPLE WHO WOULD BE SLEEPING IN THE CAMP. SO NO INCREASE IN DESIGN FLOW.			
3. INSTALL 750 GAL LOW PROFILE SEPTIC TANK WITH GRAVITY FLOW TO ELTENS. IF 4" SCH 40 SOLID PIPE IS INSTALLED ALONG LEGE OR WITH LIFT STATION + 2" DIAM. FORCE MAIN PIPE, IF REQUIRED.			
4. SHOWERHOUSE FOR BUNKHOUSE, SEE NOTE #2.			

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
2 A	1-5%	40"	(ASSUMED)
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 #

# 213

4/07/2020

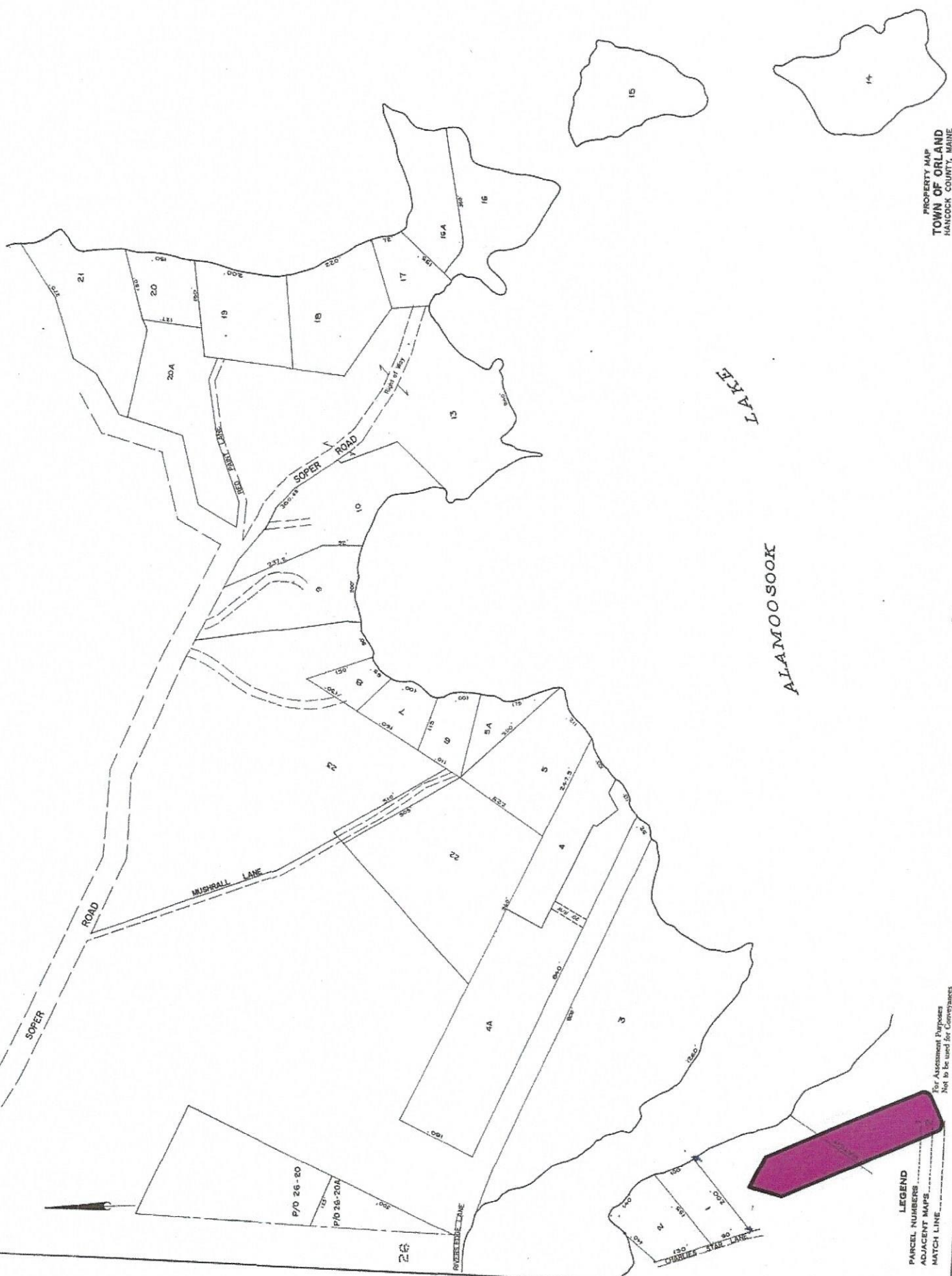
Date

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INSTALL 4" SCH 40 SOLID PIPE TO SEWER LINE FROM CAMP.





PROPERTY MAP  
TOWN OF ORLAND  
HANCOCK COUNTY, MAINE  
PREPARED BY  
JAMES W. SEWELL COMPANY  
OLD TOWN, MAINE  
SCALE 1 INCH = 100 FEET

LEGEND  
PARCEL NUMBERS  
ADJACENT MAPS  
MATCH LINE  
For Assessment Purposes  
Not to be used for Conveyances



# 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

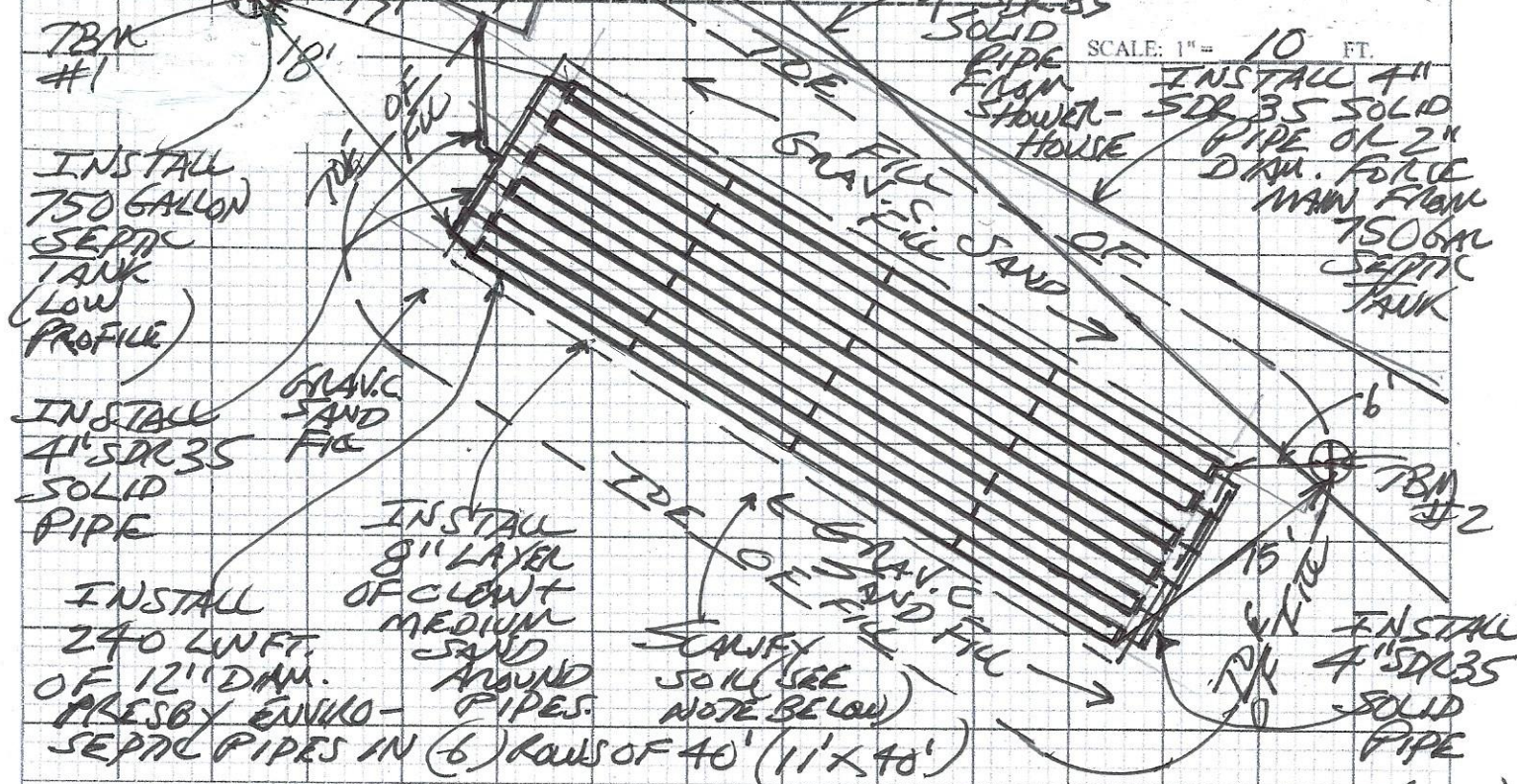
Owner's Name

ORLAND

ALAMOOSOOK LAKE

APPLICANT  
GEORGE MACLEOD

## SUBSURFACE WASTEWATER DISPOSAL PLAN



SCALE: 1" = 10' FT.

### FILL REQUIREMENTS

### CONSTRUCTION ELEVATIONS

Depth of Fill (Upslope)	12"	Finished Grade Elevation
Depth of Fill (Downslope)	18"	Top of Distribution Pipe or Proprietary Device
		Bottom of Disposal Area

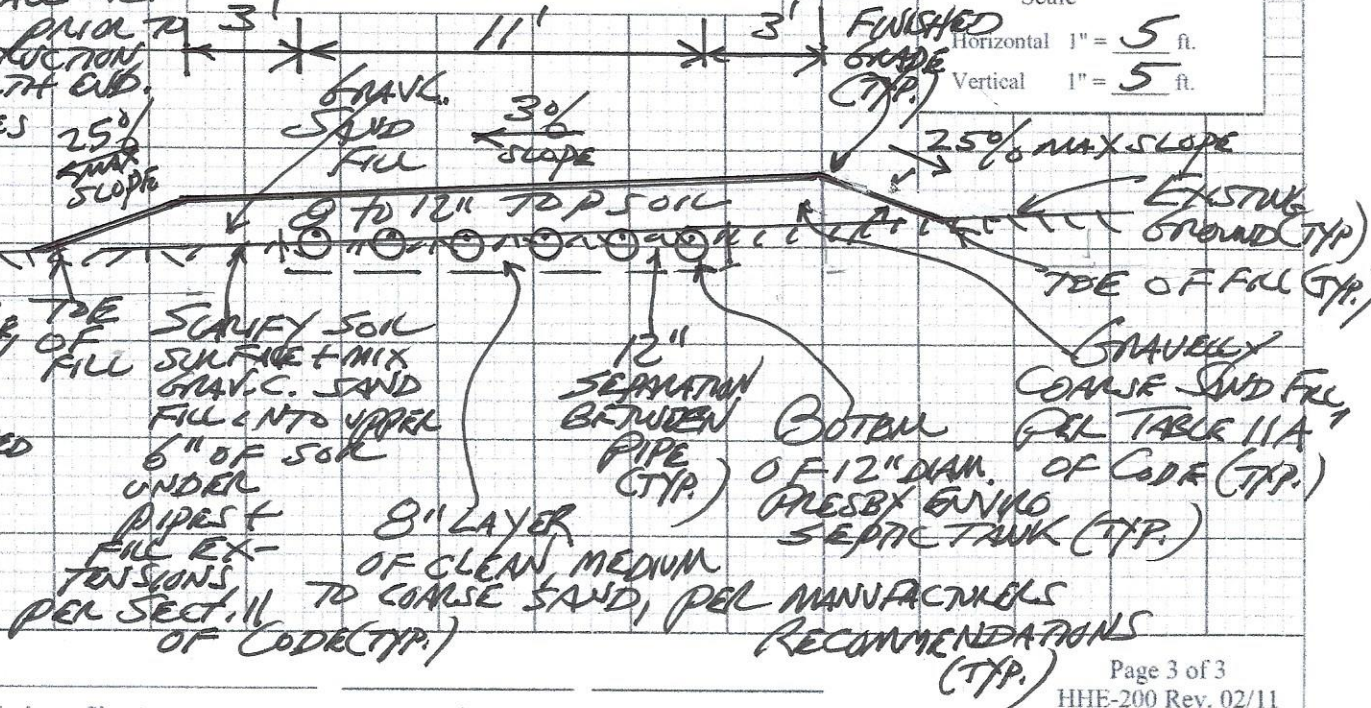
ELEVATION REFERENCE POINT (TBM #1)  
Location & Description: NAIL + FLAG  
Reference Elevation: -43" 49" UP A BROKEN 12" DIAM. W. PINE TREE  
= 0"

### NOTES:

1. INSTALL SILT FENCE PRIOR TO CONSTRUCTION ON NORTH END.
2. PIPES TO BE LEVEL. 25% MAX SLOPE
3. LUMP FERTILIZER + MULCH ALL DISTURBED AREAS.

### DISPOSAL AREA CROSS SECTION

Scale  
Horizontal 1" = 5' ft.  
Vertical 1" = 5' ft.

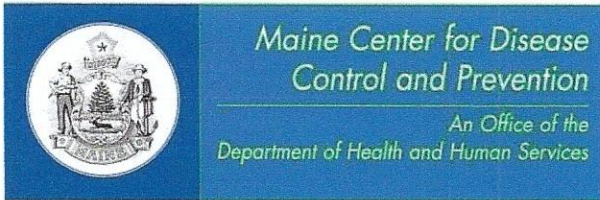


Site Evaluator Signature

SE #

Date





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 ORLAND  
Property Owner's Name: GEORGE MACLEOD Tel. No.: (207) 944-8771  
System's Location: 135 CHARLIE STAL LANE  
Property Owner's Address: C/O MAIN REAL ESTATE Zip Code 04416  
P.O. BOX 306, BUCKSPORT, ME  
e-mail address: \_\_\_\_\_

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.)

1. 70' FROM ELTON PIPE TO LAKE
2. \_\_\_\_\_
3. \_\_\_\_\_

### SECTION OF RULE

TABLE 8A

### SITE EVALUATOR

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.

DUE TO LARGE LEDGE OUTCROP, EXISTING BUILDINGS AND SOIL CONDITIONS THIS LOCATION IS BEST OPTION + ONLY FEASIBLE SYSTEM LOCATION.

I, STEPHEN H. HOWELL, 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; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

[Signature] #213  
SIGNATURE OF SITE EVALUATOR

4/07/2020  
DATE

### PROPERTY OWNER

I, \_\_\_\_\_, am the ☐ owner ☐ 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.

☐ SIGNATURE OF OWNER  
☐ AGENT FOR THE OWNER

DATE



**LOCAL PLUMBING INSPECTOR - Approval at local level**

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

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) approve the requested variance. I ( ☐ will ☐ will not) issue a permit for the system's installation as proposed by the application.

\_\_\_\_\_  
LPI Signature\_\_\_\_\_  
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