

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

August 14, 2019

Town of Bowdoinham
Darren Carey
13 School Street
Bowdoinham, Maine 04008

Subject: Approval, Replacement System Variance Request, Jane Bradley property, 61 Bayview Lane, Bowdoinham, Maine. Mailing Address Of: 537 Elm Street, Marlborough, MA., 01752.

Darren,

We have completed our review of an HHE-200 Form dated 07-30-2019 for the property at 61 Bayview Lane, Bowdoinham, Maine. The design is a complete non-engineered system for a 2 bedroom dwelling with a 1000 gallon septic tank designed by Dave Chapman.

The variance requested which is not within the LPI's authority is from the disposal field to a no full basement of 6.5 feet, 15-inch separation distance from limiting factor instead of 12 inches using a extra-large disposal field and using pre-1974 fill.

The variances requested that is within the LPI's authority is from the disposal field to a major water course of 60 feet.

The variance request has been submitted because topography and existing development limit the potential of the system location and the system design prepared by Dave Chapman, SE # 293 on 07-30-2019 is otherwise found to be in compliance with the Maine Subsurface Wastewater Disposal Rules.

We approve the local requested variance with the following requirements:

1. A permit for system installation is to be obtained from the Local Plumbing Inspector in advance of the start of system construction.
2. The system is to be installed in accordance with the submitted and approved system design. Should alterations to the design be required at the time of construction, the site evaluator is to be notified prior to making any changes.
3. The contractor is to scarify the soils under the fill extensions to create a transitional zone more compatible with the disposal field area.

By accepting this approval and the associated plumbing permit, the owner agrees to comply fully with the conditions of approval and the Subsurface Wastewater Rules.

Because installation and owner maintenance has a significant effect on the working order of onsite sewage disposal systems, including their components, the Division makes no representation or guarantee as to the efficiency and/or operation of the system.

Should you or others have any questions, please feel free to contact me at 592-7376.

Sincerely,

A handwritten signature in black ink, appearing to read "Brent Lawson". The signature is fluid and cursive, written over the word "Sincerely,".

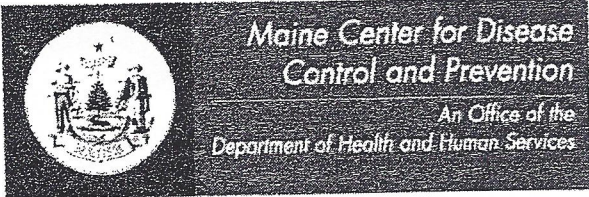
Brent Lawson, State Site Evaluator
Subsurface Wastewater Program
Division of Environmental Health
e-mail: brent.lawson@maine.gov

/BML

xc: File

Jane Bradley; Owner/Applicant.

Dave chapman; SE



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>Bowdoinham</u>
Property Owner's Name:	<u>Jane Bradley</u>	Tel. No.:	<u>(508) 480-0247</u>
System's Location:	<u>61 Bayview Lane, Bowdoinham, Maine</u>		
Property Owner's Address:	<u>547 Elm Street, Marlborough, MA</u>	Zip Code:	<u>01752</u>
e-mail address:	<u>Geegee1b@hotmail.com</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>Reduce setback from Cathance River from 100' to 60'</u>	<u>Table 8a</u>
2. <u>Reduce setback from garage (no foundation) from 15' to 6.5'</u>	<u>Table 8a</u>
3. <u>Reduce limiting factor from 15" to 12" and use pre-1974 fill as existing soil</u>	<u>Section 4.B.5</u>

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.

Variance is necessary to install replacement system.

I, Dave Chapman, 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.

Dave Chapman 7-30-19
SIGNATURE OF SITE EVALUATOR DATE

PROPERTY OWNER

I, JANE BRADLEY, 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.

J. Bradley 7-30-2019
 SIGNATURE OF OWNER DATE
 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, _____, 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, DARREN P. GARY, 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.

[Signature] LPI Signature 8-12-19 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] SIGNATURE OF THE DEPARTMENT 8/14/19 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		
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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION		Maine Department of Human Services Division of Health Engineering, 10-5318 (603) 287-6672 Fax: (603) 287-3165	
PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Bowdoinham	Town/City	Permit # _____
Street or Road	61 Bayview Lane	Date Permit Issued	Fee: \$ _____ Double Fee Charged <input type="checkbox"/>
Subdivision, Lot #		Local Plumbing Inspector Signature _____ L.P.I. # _____	
OWNER/APPLICANT INFORMATION		<input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
Name (last, first, MI)	Bradley, Jane	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. This Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.	
Mailing Address of Owner/Applicant	537 Elm Street Marlborough, MA 01752		
Daytime Tel. #	(508) 480-0247		
OWNER OR APPLICANT STATEMENT I state and acknowledge that the information submitted is correct to the best of my knowledge and I understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.		Municipal Tax Map # _____ Lot # _____	
PERMIT INFORMATION		CAUTION: INSPECTION REQUIRED	
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.		(1st) date approved _____	
Signature of Owner or Applicant _____ Date <u>8-8-2019</u>		Local Plumbing Inspector Signature _____ (2nd) date approved _____	
TYPE OF APPLICATION		DISPOSAL SYSTEM COMPONENTS	
<input type="checkbox"/> 1. First Time System <input checked="" 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	THIS APPLICATION REQUIRES <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input checked="" type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alk. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input checked="" 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	
SIZE OF PROPERTY 0.62 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES		DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</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	
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other	
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1,000</u> GAL	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>960</u> sq. ft. <input type="checkbox"/> in. ft.	GARBAGE DISPOSAL UNIT <input 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 <u>180</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 — <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>N43</u> d <u>59</u> m <u>29.6</u> s Lon. <u>W69</u> d <u>53</u> m <u>12.3</u> s If g.p.a. state margin of error: <u>20%</u>
SOIL DATA PROFILE <u>9</u> CONDITION <u>D</u> at Observation Hole # <u>TP-1</u> Depth <u>12"</u> of Most Limiting Soil Factor Restrictive and Water Table	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium—2.5 sq. ft. / gpd <input type="checkbox"/> 2. Medium—Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large—4.1 sq. ft. / gpd <input checked="" type="checkbox"/> 4. Extra Large—5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems: DOSE _____ gallons	
SITE EVALUATOR STATEMENT			
I certify that on <u>7-16-19</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).			
Signature <u>Dave V. Chapman</u>		293	7-30-19
Site Evaluator Signature		SE #	Date
Dave Chapman		(207) 572-6190	dchapman@sebagotechncs.com
Site Evaluator Name Printed		Telephone Number	Email Address
Designed with SeptiCAD v5		Page 1 of 3	
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.		HHE-200 Rev. 08/2011	

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 257-5672 Fax: (207) 257-3165

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Bowdoinham	Town/City	Permit # _____
Street or Road	61 Bayview Lane	Date Permit Issued	Fee: \$ _____ Double Fee Charged <input type="checkbox"/>
Subdivision, Lot #			L.P.I. # _____
		Local Plumbing Inspector Signature _____	

OWNER/APPLICANT INFORMATION		<input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. This Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.	
Name (last, first, MI)	Bradley, Jane		
Mailing Address of Owner/Applicant	537 Elm Street Marlborough, MA 01752		
Daytime Tel. #	(508) 480-0247	Municipal Tax Map # _____ Lot # _____	

OWNER OR APPLICANT STATEMENT 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.	CAUTION: INSPECTION REQUIRED 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 _____ Date _____	Local Plumbing Inspector Signature _____ (1st) date approved _____ Local Plumbing Inspector Signature _____ (2nd) date approved _____

PERMIT INFORMATION		
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" 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	THIS APPLICATION REQUIRES <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input checked="" type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input checked="" type="checkbox"/> b. State & Local Plumbing Inspector <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <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
SIZE OF PROPERTY 0.62 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</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	TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1,000</u> GAL	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input checked="" type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>960</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <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 <u>180</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS — for other facilities — <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA PROFILE <u>9</u> CONDITION <u>D</u> at Observation Hole # <u>TP-1</u> Depth <u>12</u> " of Most Limiting Soil Factor Restrictive and Water Table	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium--2.6 sq. ft. / gpd <input type="checkbox"/> 2. Medium--Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large--4.1 sq. ft. / gpd <input checked="" type="checkbox"/> 4. Extra Large--5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	LATITUDE AND LONGITUDE at center of disposal area Lat. <u>N43</u> d <u>59</u> m <u>26.5</u> s Lon. <u>W69</u> d <u>53</u> m <u>12.3</u> s if g.p.s. state margin of error: <u>20'</u>

SITE EVALUATOR STATEMENT		
I certify that on <u>7-18-19</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>Dave V. Chapman</u>	SE # <u>293</u>	Date <u>7-30-19</u>
Site Evaluator Name Printed <u>Dave Chapman</u>	Telephone Number <u>(207) 572-6190</u>	Email Address <u>dchapman@sebagotechncs.com</u>

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Mississippi Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 Fax: (207) 287-3165

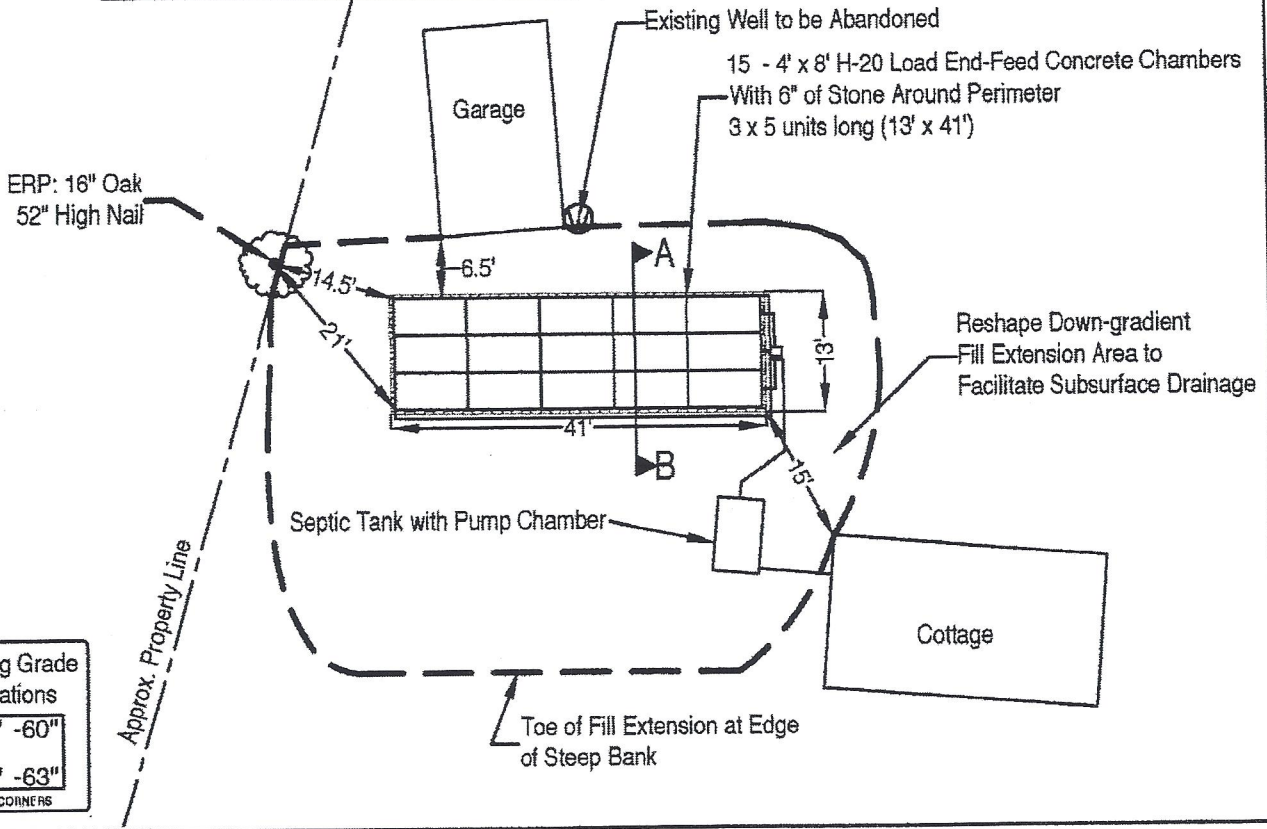
Town, City, Plantation
Bowdoinham

Street, Road, Subdivision
61 Bayview Lane

Owner or Applicant Name
Jane Bradley

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' ft



Existing Grade Elevations	
-62"	-60"
-64"	-63"
FIELD CORNERS	

BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 29" to 27"
 Depth of Backfill (downslope) 31" to 30"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation (at Row 1) -33"
 Top of Chamber (at Row 1) -41"
 Bottom of Chamber (at Row 1) -54"
 Bottom of Stone (at Row 1) --NA--

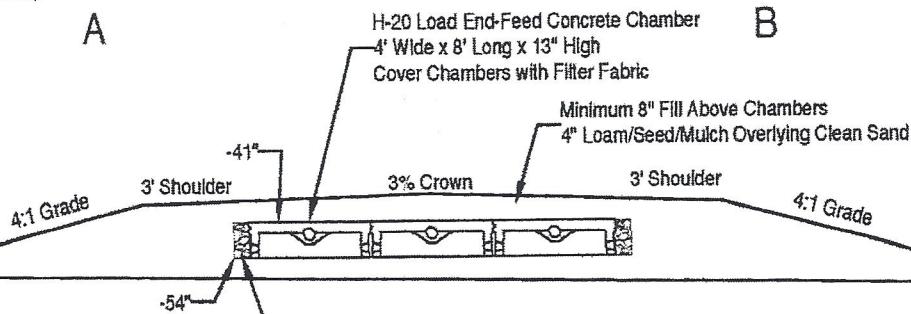
ELEVATION REFERENCE POINT

Location & Description: 16" Oak
52" High Nail
 Reference Elevation: 0.0"

NOTE: BACKFILL MATERIAL PLACED BELOW OR WITHIN 3' OF THE CHAMBERS OR STONE BESIDE CHAMBERS MUST BE GRAVELLY COARSE SAND MEETING SECTION 11(E)(2) OF THE RULES. REMAINING FILL LOAMY SAND (NO CLAY).

DISPOSAL FIELD CROSS SECTION

Scales:
 Vertical: 1" = 6'
 Horizontal: 1" = 6'



Stone 6" beside chambers. Stone must be clean, uniform in size, and free of fines, dust, ashes, or clay. It must conform to one of the nominal stone sizes (either 3/4" or 1-1/2") listed in Table 11B of the Rules. Cover stone with filter fabric. If 3/4" stone is used, cover chamber side openings around perimeter of chambers with filter fabric prior to stone placement.

David V. Chapman
 Site Evaluator Signature

293
 SE #

7-30-19
 Date

Page 3 of 3
 HHE-200 Rev. 10/02