

PROPERTY LOCATION

City, Town, or Plantation: **BENTON**

Street or Road: **ALBION RD.**

Subdivision, Lot #:

BENTON PERMIT # 1571 APPLICANTS COPY

Date Permit Issued: **7/29/09** **5/11/10** If Double Fee Charged

Arthur Thompson
 Local Plumbing Inspector Signature

FEE **4089** L.P.I. # **4089**

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **CENTRAL MAINE POWER CO.** Owner Applicant

Mailing Address of Owner/Applicant: **83 EDISON DRIVE AUGUSTA, ME 04336**

Daytime Tel. #: **(207) 253-4086**

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

Municipal Tax Map # **3** Lot # **49**

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.

Mark Smith
 Signature of Owner or Applicant

6-26-09
 Date

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

Local Plumbing Inspector Signature: _____ (1st) date approved _____ (2nd) date approved _____

PERMIT INFORMATION

TYPE OF APPLICATION

1. First Time System
 2. Replacement System
 Type replaced: _____
 Year installed: _____

3. Expanded System
 a. Minor Expansion
 b. Major Expansion

4. Experimental System
 5. Seasonal Conversion

THIS APPLICATION REQUIRES

1. No Rule Variance
 2. First Time System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector Approval

3. Replacement System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector Approval

4. Minimum Lot Size Variance
 5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS

1. Complete Non-engineered System
 2. Primitive System (graywater & alt. toilet)
 3. Alternative Toilet, specify: _____
 4. Non-engineered Treatment Tank (only)
 5. Holding Tank, 1500 gallons H2O LOAD
 6. Non-engineered Disposal Field (only)
 7. Separated Laundry System
 8. Complete Engineered System (2000 gpd or more)
 9. Engineered Treatment Tank (only)
 10. Engineered Disposal Field (only)
 11. Pre-treatment, specify: _____
 12. Miscellaneous Components

SIZE OF PROPERTY

69 SQ. FT. ACRES

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: _____
 2. Multiple Family Dwelling, No. of Units: _____
 3. Other: **SUBSTATION CONTROL HOUSE**
 (specify)
 Current Use Seasonal Year Round Undeveloped

TYPE OF WATER SUPPLY

1. Drilled Well 2. Dug Well 3. Private
 4. Public 5. Other **PROPOSED**

SHORELAND ZONING

Yes No

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. Concrete
 a. Regular
 b. Low Profile
 2. Plastic
 3. Other: _____
 CAPACITY: **1500 GAL.**

DISPOSAL FIELD TYPE & SIZE

1. Stone Bed 2. Stone Trench
 3. Proprietary Device
 a. cluster array c. Linear
 b. regular load d. H-20 load
 4. Other: **HOLDING TANK**
 SIZE: **N/A** sq. ft. lin. ft.

GARBAGE DISPOSAL UNIT

1. No 2. Yes 3. Maybe
 If Yes or Maybe, specify one below:
 a. multi-compartment tank
 b. ___ tanks in series
 c. increase in tank capacity
 d. Filter on Tank Outlet

DESIGN FLOW

30 gallons per day
BASED ON:
 1. Table 501.1 (dwelling unit(s))
 2. Table 501.2 (other facilities)
SHOW CALCULATIONS for other facilities
15 GPD/EMPLOYEE - 2 EMPLOYEES
INFREQUENT USE
 3. Section 503.0 (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN
3 / E / 5
 at Observation Hole # **TP-1**
 Depth **0** "
 of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

1. Small--2.0 sq. ft. / gpd
 2. Medium--2.6 sq. ft. / gpd
 3. Medium--Large 3.3 sq. ft. / gpd
 4. Large--4.1 sq. ft. / gpd
 5. Extra Large--5.0 sq. ft. / gpd
N/A

EFFLUENT/EJECTOR PUMP

1. Not Required
 2. May Be Required
 3. Required
 Specify only for engineered systems:
 DOSE: _____ gallons

LATITUDE AND LONGITUDE
 at center of disposal area
 Lat. **44** d **34** m **25** s
 Lon. **69** d **30** m **32** s
 If g.p.s. state margin of error: **N/A**

SITE EVALUATOR STATEMENT

I certify that on **10/24/08** (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).

Sean W. Donohue
 Site Evaluator Signature

356 SE # **05/20/09** Date

SEAN DONOHUE Site Evaluator Name Printed **(207) 879-1930 EXT. 120** Telephone Number **sdonohue@trcsolutions.com** E-mail Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Benton

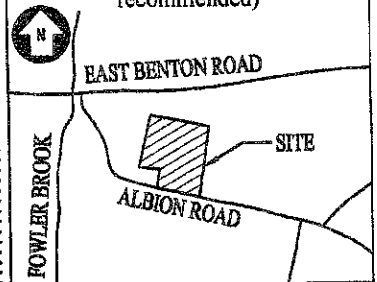
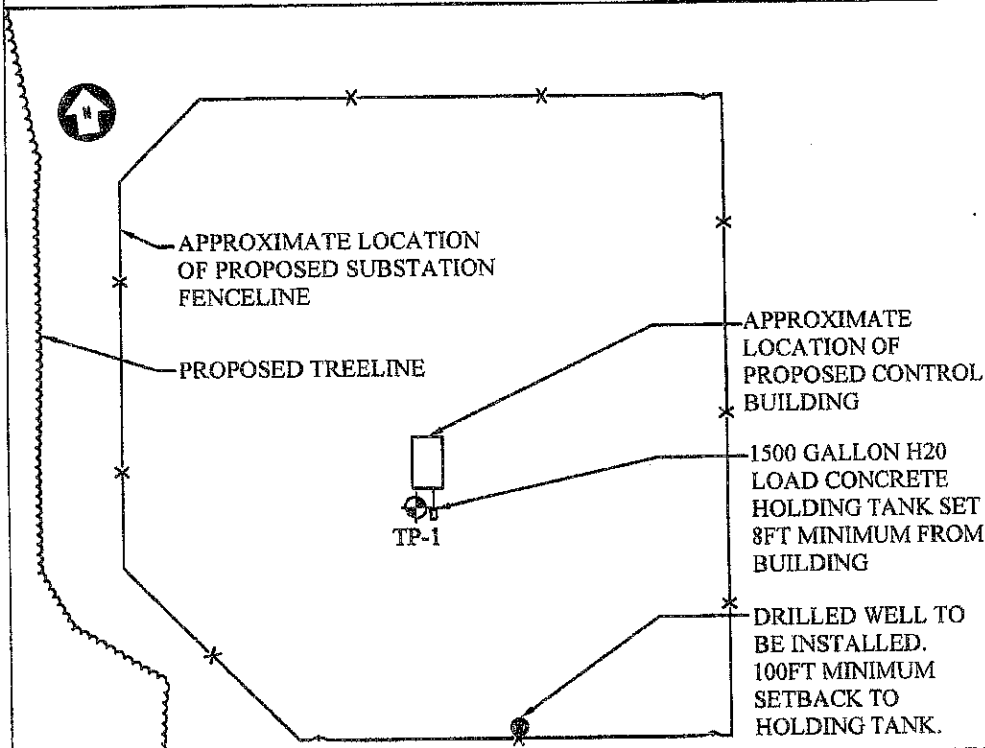
Albion Road

Central Maine Power Company

SITE PLAN

Scale 1" = 200ft. or as shown

SITE LOCATION PLAN
 (map from Maine Atlas recommended)



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

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

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	BLACK	NONE
10	GRAVELY SANDY LOAM		DARK GRAY	FAINT, COMMON
20	GRAVELY SANDY LOAM	FIRM	OLIVE GRAY	
30	LIMIT OF	EVALUATION		AT 16"
40				
50				

Soil Classification <u>3</u> <u>E</u> Profile Condition	Slope <u>5</u> %	Limiting Factor <u>0</u> "	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Observation Hole _____ Test Pit Boring
 _____ " Depth of Organic Horizon Above Mineral Soil

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

Soil Classification _____ Profile Condition	Slope _____%	Limiting Factor _____"	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Sean W. Bowhne
 Site Evaluator Signature

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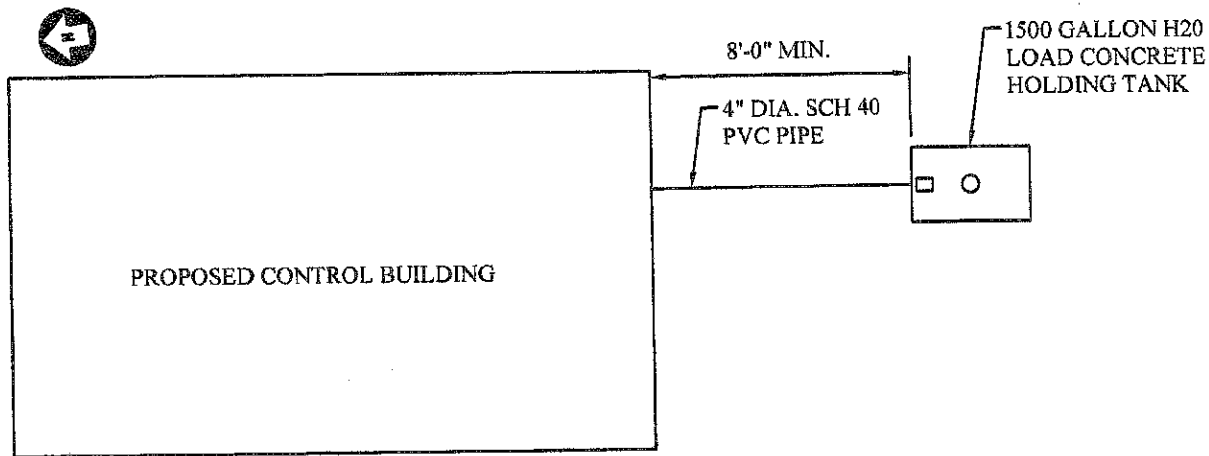
SE #

05/20/09

Date

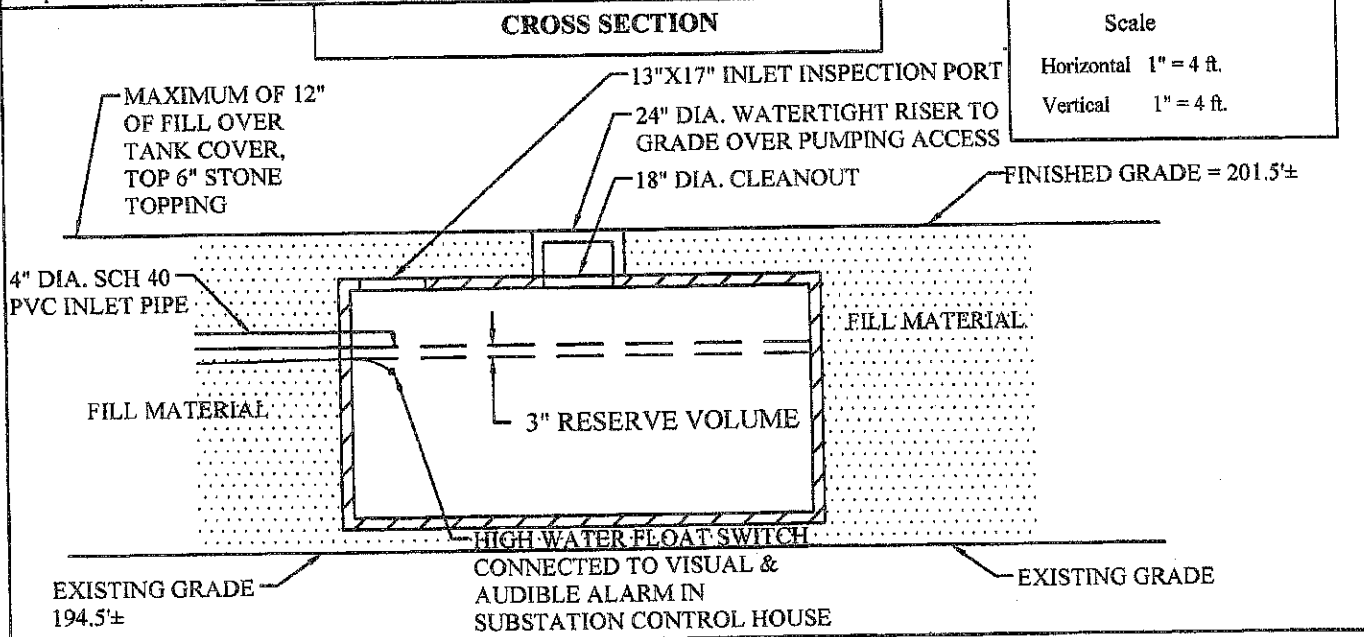
Town, City, Plantation Benton	Street, Road, Subdivision Albion Road	Owner's Name Central Maine Power Company
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SUBSURFACE WASTEWATER DISPOSAL PLAN	SCALE: 1" = 16 FT.
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- NOTES:**
1. HOLDING TANK TO BE VENTED EITHER THROUGH THE BUILDING OR VENTED SEPARATELY.
 2. ELEVATION OF TOP OF HOLDING TANK TO BE NO GREATER THAN ONE FOOT BELOW FINISHED GRADE.
 3. WATER CONSERVING FIXTURES TO BE USED FOR CONTROL HOUSE PLUMBING.

FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope) <u>7'</u>	Finished Grade Elevation <u>201.5'</u>	Location & Description:
Depth of Fill (Downslope) <u>7'</u>	Top of Distribution Pipe or Proprietary Device <u>N/A</u>	Reference Elevation: <u>N/A</u>
	Bottom of Disposal Area <u>N/A</u>	



APPLICATION/AGREEMENT for HOLDING TANK INSTALLATION

PROPERTY OWNER INFORMATION

Name Central Maine Power Company
Mailing Address 83 Edison Drive
City/Town Augusta State ME Zip 04336
Daytime telephone number (207) 253 - 4086

PROPERTY LOCATION

Street, Road, Route Albion Road
City/Town Benton Zip 04901

APPLICATION FOR (check one)

- First Time Installation (If this is checked, give Town's Ordinance adoption date / /)
- First Time Installation, non-residential only, less than 100 gpd or 500 gal/week
- Replacing an existing overboard discharge, surface wastewater discharge or malfunctioning subsurface wastewater system
- Replacing an existing holding tank

CONDITIONS FOR APPROVAL

- * The installation of a conventional disposal system is not possible due to unacceptable site and/or soil conditions, lot configuration, or other constraints
- * Public sewer is not available.
- * All existing or proposed plumbing fixtures shall be installed or modified for water conservation and all water closets shall meet the Federal standard of 1.6 gallons per flush.

REQUIREMENTS FOR APPROVAL

- A Completed Application shall consist of:
 - * This form (HHE-233) completed with all signatures.
 - * A completed *Subsurface Wastewater Disposal System Application* (HHE-200) prepared by a Licensed Site Evaluator.
 - * Holding Tank Deeds Covenant Form, HHE-300 3/97
 - * Replacement System Variance Request Form, as necessary.

PROPERTY OWNER INFORMATION AND REQUIREMENTS

- I (we), Central Maine Power Company own the property described in this Application/Agreement.
1. Holding tanks require regular pumping by a licensed pumper. The owner must pay this service.
 2. The holding tank will be pumped at least once a year by the pumper listed on this application. Another pumper may be used if the listed pumper is notified and the LPI approves the change. The new pumper will then be listed on an attachment to this agreement.
 3. A water meter shall be installed at the owner's expense if required by the LPI.
 4. All records of pumping and water use (if required) must be kept for at least three years and shall be made available to the LPI or other official if requested.
 5. A holding tank for new construction can only be replaced by a system meeting first time system requirements.
 6. Once approved this form must be recorded at the Registry of Deeds, cross referenced to the owner's deed.
 7. We agree to comply with any additional requirements of the Town.

We state that all the information presented with this application is true and accurate, we acknowledge the foregoing items and agree to comply with all the requirements.

Property Owner(s) Signature *Mary R. Smith* Date 10-26-09
Property Owner(s) Signature _____ Date _____

Application/Agreement for Holding Tank Installation

Owner Central Maine Power Company Property Location Albion Road, Benton

SITE EVALUATION STATEMENT

I, Sean Donohue, state that I have evaluated the subject property and found that a subsurface wastewater disposal system is not practical. Secondly, I have completed a Subsurface Wastewater Disposal System Application (HHE-206) proposing a holding tank installation for the property's wastewater disposal.

Site Evaluator's Signature [Signature] Date 07/06/09

HOLDING TANK PUMPER INFORMATION

Business owner's name Pauline Dube License # S 6061
Business name Pat Jackson Inc
Mailing address Po Box 691
City Augusta State ME Zip 04332
Business telephone 207-623-3223
Max. truck hauling capacity 8000 gallons
Can pump: seasonally year round
DEP licensed disposal site location Belgrade Site # S 6061

HOLDING TANK PUMPER STATEMENT

I, Pauline Dube, own and operate a septicage pumping business named in this Application/Agreement, and have contracted with the property owner(s) to pump and properly dispose of the tank's waste. I further state that the tank, and that the wastewater will be disposed of at a Department of Environmental Protection licensed disposal location.

Holding Tank Pumper's Signature Pauline Dube Date 7-7-09

Municipal Officers Statement

- I (we) have reviewed the information submitted in support of this application.
- I (we) find that the installation of the holding tank will not violate any local ordinances.
- I (we) will authorize the LPI to enforce the requirements of this agreement, the Subsurface Wastewater Disposal Rules and any local ordinances, including record-keeping and required pumping.
- I (we) recommend that the LPI issue the necessary permits for the installation of the holding tank.

Signature <u>[Signature]</u>	Title <u>selectman</u>	Date <u>7/30/09</u>
Signature <u>[Signature]</u>	Title <u>selectman</u>	Date <u>7/30/09</u>
Signature <u>[Signature]</u>	Title <u>SELECTMAN</u>	Date <u>7/30/09</u>

Local Plumbing Inspector's Statement

I have reviewed this application and find that the issuance of a permit for the holding tank complies with the Subsurface Wastewater Disposal Rules and all pertinent local ordinances.

Additional Requirements: _____

Signature [Signature] Date 7/29/09



Town of Benton
Office of Code Enforcement
1279 Clinton Ave.
Benton, Maine 04901

No. 616876

date 7/29/09

received from CMP Co TRC \$ 100.00

amount One hundred dollars

for payment of Subsurface Waste Water Permit #1571

cash money order credit card check # 636398

amount due	
amount paid	
balance	

from _____ to _____

signature Arthur Chapman 88SWS