

PROPERTY LOCATION		>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<
City, Town, or Plantation	WINDSOR	The Subsurface Wastewater Disposal System <i>shall not</i> be installed until a Permit is attached HERE by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.
Street or Road	MAXCY'S MILLS ROAD	
Subdivision, Lot #		
OWNER/APPLICANT INFORMATION		
Name (last, first, MI)	CENTRAL MAINE POWER CO.	
	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	
Mailing Address of Owner/Applicant	83 EDISON DRIVE AUGUSTA, ME 04336	
Daytime Tel. #	(207) 253-4086	Municipal Tax Map # <u>R6</u> Lot # <u>28B</u>
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. <i>Mary K. Smith</i> 6-26-09 Signature of Owner or Applicant 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. _____ (1st) date approved _____ (2nd) date approved Local Plumbing Inspector Signature

PERMIT INFORMATION		
TYPE OF APPLICATION <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. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" 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 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	DISPOSAL SYSTEM COMPONENTS <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 checked="" type="checkbox"/> 5. Holding Tank, 1500 gallons H2O LOAD <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gp1 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 43 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <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: <u>SUBSTATION CONTROL HOUSE</u> (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" 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 (PROPOSED)

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>1500</u> GAL.	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input 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 checked="" type="checkbox"/> 4. Other: <u>HOLDING TANK</u> SIZE: <u>N/A</u> <input 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>30</u> gallons per day BASED ON: <input type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input checked="" type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS for other facilities 15 GPD PER EMPLOYEE - 2 EMPLOYEES INFREQUENT USE <input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE <u>9</u> / CONDITION <u>C</u> / DESIGN <u>1</u> at Observation Hole # <u>TP-SE1</u> Depth <u>18</u> " of Most Limiting Soil Factor:	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Small--2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium--2.6 sq. ft. / gpd <input type="checkbox"/> 3. Medium--Large 3.3 sq. ft. / gpd <input type="checkbox"/> 4. Large--4.1 sq. ft. / gpd <input type="checkbox"/> 5. Extra Large--5.0 sq. ft. / gpd N/A	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. <u>44</u> d <u>17</u> m <u>48</u> s Lon. <u>69</u> d <u>33</u> m <u>24</u> s if g.p.s, state margin of error: <u>N/A</u>

SITE EVALUATOR STATEMENT		
I certify that on <u>05/22/09</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	356 SE #	05/22/09 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

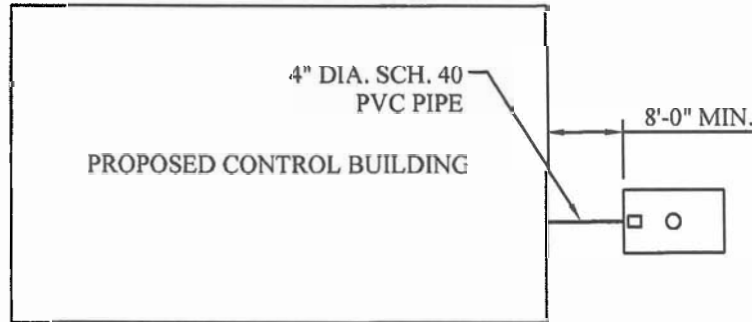
Windsor

Maxcy's Mills Road

Central Maine Power Company

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



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) 0'

Finished Grade Elevation

205'

Location & Description:

Depth of Fill (Downslope) 0'

Top of Distribution Pipe or Proprietary Device

N/A

Reference Elevation: N/A

Bottom of Disposal Area

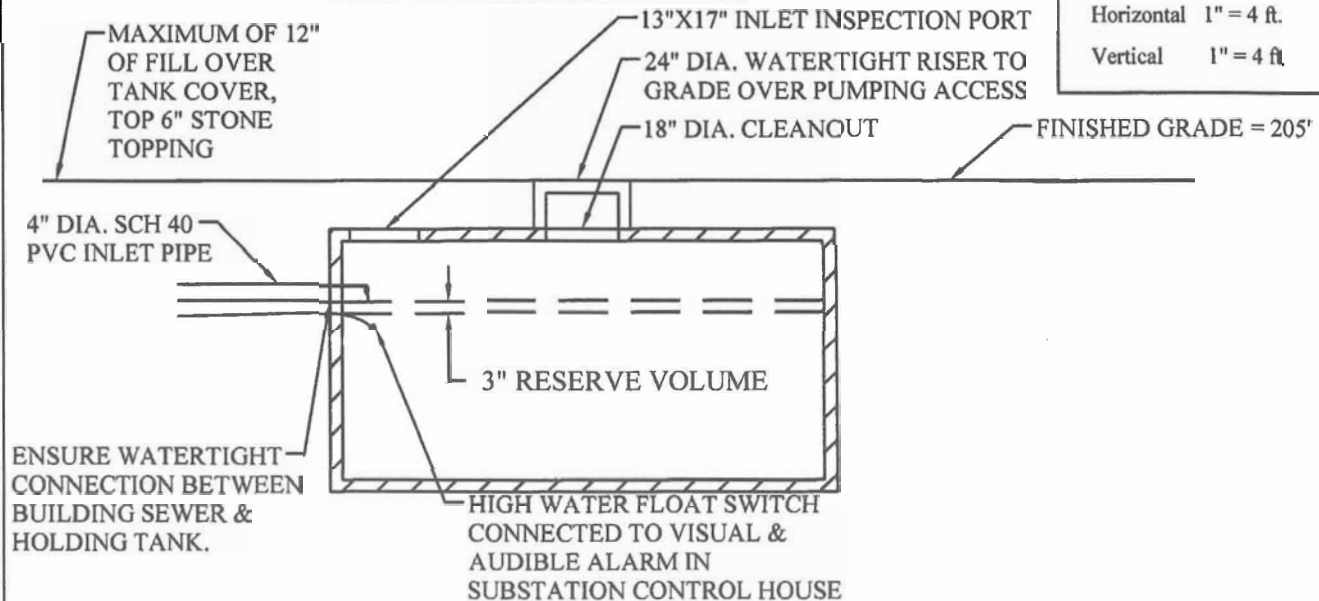
N/A

CROSS SECTION

Scale

Horizontal 1" = 4 ft.

Vertical 1" = 4 ft



Site Evaluator Signature

356

05/22/09

Site Evaluator Signature

SE #

Date

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 Maxcy's Mills Road
 City/Town Windsor Zip 04363 -

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 6-26-09
 Property Owner(s) Signature _____ Date _____

Application/Agreement for Holding Tank Installation

Owner Central Maine Power Company Property Location Maxcy's Mills Road, Windsor
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-200) 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 # S6061
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 # S6061

HOLDING TANK PUMPER STATEMENT

I, Pauline Dube, own and operate a septage 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 _____ Title _____ Date _____
Signature _____ Title _____ Date _____
Signature _____ Title _____ Date _____

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 _____ Date _____