

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, SHS 11
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION

CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW

City, Town, or Plantation	T1 R9 WELS
Street or Road	Baxter Park Road
Subdivision, Lot #	Millinocket Lake
OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	Upper Valley Economic Corp. <input type="checkbox"/> Owner Attn: Fred Michaud <input checked="" type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	36 School St., Suite #3 Sherman, ME 04776
Daytime Tel. #	207-446-7000

Town/City	Permit #
Date Permit Issued	Fee: \$ Double Fee Charged []
L.P.I. #	
Local Plumbing Inspector Signature - Owner <input type="checkbox"/> Town <input type="checkbox"/> State <input type="checkbox"/>	

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 this application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map # PL010 Lot # 01_1-2

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.

(1st) date approved

Signature of Owner or Applicant

Date

Local Plumbing Inspector Signature

(2nd) date approved

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. < 25% Expansion <input type="checkbox"/> b. ≥ 25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance * Water Use To Be Monitored <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 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	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 1.4 +/- <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <input type="checkbox"/> 1. Single-Family Dwellings, Total No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other: <u>Scenic Byway - Rest Stop</u> (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY "Non-potable" <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 w/ PL-122 Filter <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1,500</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 Concrete Chambers <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>1,518</u> 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 of 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 checked="" type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <u>460</u> 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 —
SOIL DATA PROFILE <u>3</u> / <u>C</u> at Observation Hole # <u>TP-1</u> Depth <u>18</u> " of Most Limiting Soil Factor <u>Mottling</u>	DISPOSAL FIELD SIZING <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	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: _____	See Attached <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>045</u> d <u>43'</u> m <u>48.90"</u> s Lon. <u>068</u> d <u>50'</u> m <u>15.82"</u> s if g.p.s. state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on 09-24-15 (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

264
SE #

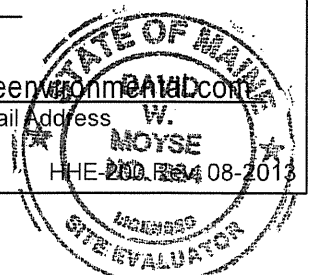
Date

DAVID W. MOYSE
Site Evaluator Name Printed

(207) 945-6179
Telephone Number

dave@moyseenvironmental.com
Email Address

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



DESIGN FLOW CALCULATIONS

“KATAHDIN SCENIC BYWAY” T1 R9 WELS, MAINE

Visitor Center/Rest Area – 3GPD per user theoretical design flow according to current Maine Subsurface Wastewater Disposal Rules, dated 8-3-15.

Given that this will be a more primitive, limited facility, we believe that the design flow can be reduced if the water use is monitored and documented (see copy of typical form attached). We spoke with Mr. James Jacobsen at the Maine Division of Environmental Health’s Subsurface Wastewater Unit about the project and our assumptions. He agreed that a design flow of 2GPD would likely be more appropriate if **low-volume toilets, waterless urinals and auto-shutoff faucets** in the sinks are used in the restroom building. There is to be no showers or other wastewater producing sources connected.

Estimated Use: 230+ Visitors/Day x 2GPD per Visitor = **460+/- GPD Design Flow**

From: Michaud, Fred [<mailto:Fred.Michaud@maine.gov>]
Sent: Tuesday, September 10, 2019 1:19 PM
To: Dave Moyse (dave@moyseenvironmental.com)
Subject: T1 R9 Scenic Byway Subsurface Wastewater System Design

Good morning,

As I noted in the phone message, I am abandoning the concession component of the proposed building. If ice cream sales occur at the site, it will be portable and not part of the permanent fixed operations.

I also have been reviewing MaineDOT's traffic counts for the area and feel that the system design is likely oversize for the volume of traffic passing by the site. There are approximately 325 vehicles passing this site on a daily basis from May 15 to October 15, the time period in which the facility will be open. The estimated number of people per vehicle is two, bringing the number of people passing the site to 650 people per day. Of course, estimating how many will be using the bathroom at this location is very difficult but there are a number of conditions that can be used to estimate numbers of people.

The counts decrease by 140 vehicles at the Saw Dust Pile Road, which is a heavily developed residential area. Most camp owners will likely go to their destination to meet their needs and will likely do the same as they leave.

- Baxter Park counts show an average of 390 trips per day.
- There are other camp roads and some Golden Road traffic that could account for the difference between the 530 trips accounted for in the two previous bullets.

These numbers have been verified, especially the Baxter numbers with the data from 7/3/2019 to 8/17/2019.

A realistic number of users of the restroom is 30% of the 650 or 195 travelers at this location likely to use the facility. The current design is based on 350 users per day for an estimated volume of 700 gallons per day.

I propose a system design based on 230 users per day for an estimated volume of 466 gallons per day. This would eliminate 16 of the 48 chambers. I propose installing 32 chambers and with water usage monitoring. The modified design could show the other 16 chambers as an add-on or reserve to be built should water volumes trigger the need for additional capacity. Weekly water usage recordings would be easily doable.

Please let me know if this proposal can work for you. I have tried to gather as much information about potential users and feel that this depiction is fairly accurate.

Thanks.

Fred Michaud

Policy Development Specialist

Scenic Byways Coordinator

Bureau of Planning

16 State House Station

Augusta, ME 04333-0016

I am willing to give serious consideration to daily monitoring since it can become part of the daily cleaning schedule.

Fred Michaud

Policy Development Specialist

Scenic Byways Coordinator

Bureau of Planning

16 State House Station

Augusta, ME 04333-0016

W: 207 624 3279

F: 207 624 3099

C: 207 446 7000

From: Dave Moyse <dave@moyseenvironmental.com>

Sent: Thursday, September 12, 2019 5:21 PM

To: Michaud, Fred <Fred.Michaud@maine.gov>

Subject: RE: T1 R9 Scenic Byway Subsurface Wastewater System Design

Hey Fred,

I'm good with that only if you do better than weekly readings during the peak season...need a few stretches at least of daily water use...design is based on GPD, not GPW. We got somewhat of a Variance from the Code as it is...3GPD per user down to 2GPD per user...so not going to push our luck. Also, we don't know about future use and "if you build it, they will come and use"!

Let me know.

thx

Dave

David W. Moyse, CSS. LSE

President

Moyse Environmental Services, Inc.

WATER USE RECORDS

[illegible]

*Water use must be **recorded** by a **qualified** person **daily**. Please make a note of any unusual water use, such as a leaky faucet or defective toilet, or the extensive use of an outdoor faucet such as watering a lawn or washing a car to account for non-typical readings. This record must be kept up-to-date so copies can be provided to the Town LPI and Design Site Evaluator upon request, as stated on the disposal system design.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION				Maine Dept. of Health & Human Services Division of Environmental Health, SHS 11 (207) 287-5689 Fax: (207) 287-3165	
Town, City, Plantation T1 R9		Street, Road, Subdivision Baxter Park Road		Owner or Applicant Name MDOT - Fred Michaud	
SEE ATTACHED SITE PLAN				SEE ATTACHED	

SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)												
Observation Hole # <u>TP-1</u> <input type="checkbox"/> Test Pit <input checked="" type="checkbox"/> Boring <u>0.5</u> " Depth of organic horizon above mineral soil					Observation Hole # <u>TP-2</u> <input type="checkbox"/> Test Pit <input checked="" type="checkbox"/> Boring <u>0.5</u> " Depth of organic horizon above mineral soil							
Depth below mineral soil surface (inches)	0	Texture	Consistency	Color	Mottling	Depth below mineral soil surface (inches)	0	Texture	Consistency	Color	Mottling	
	6	EXTREMELY FRIABLE		DARK BROWN	NONE		6	VERY STONY	SAME			NONE
	12	STONY SANDY LOAM		YELLOWISH BROWN	FEW		12	TO GRAVELLY				
	18						18	SANDY				
	24	GRAVELLY SANDY LOAM	FIRM	LT. OLIVE BROWN	COMMON DISTINCT		24	LOAM				COMMON
	30						30					DISTINCT
	36	STONY VERY FINE SANDY LOAM	DENSE V. FIRM	OLIVE			36					
	42						42					
	48						48					
	Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock		Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock	
3	C	2	18		3	C	1	22				

Site Evaluator Signature: [Signature] SE # 264

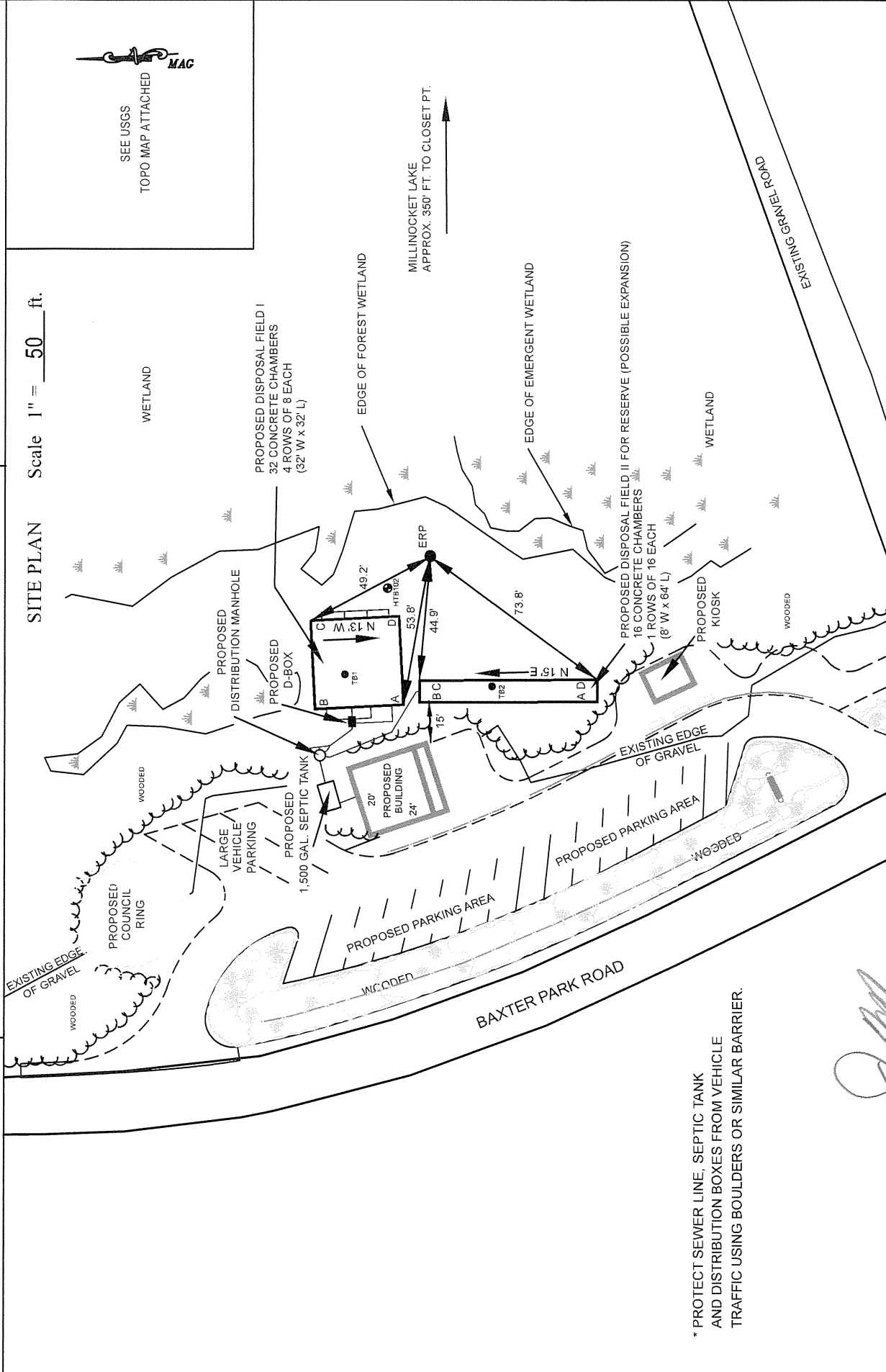
Date: 11-24-15 9:26-11

Maine Dept. of Health & Human Services
Division of Environmental Health, SHS 11

Town, City, Plantation
T1 R9

Street, Road, Subdivision
Baxter Park Road

Owner or Applicant Name
MDOT - Fred Michaud



* PROTECT SEWER LINE, SEPTIC TANK
AND DISTRIBUTION BOXES FROM VEHICLE
TRAFFIC USING BOULDERS OR SIMILAR BARRIER.

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HHE-200 Rev. 8/11

9-26-19

Site Evaluator Signature

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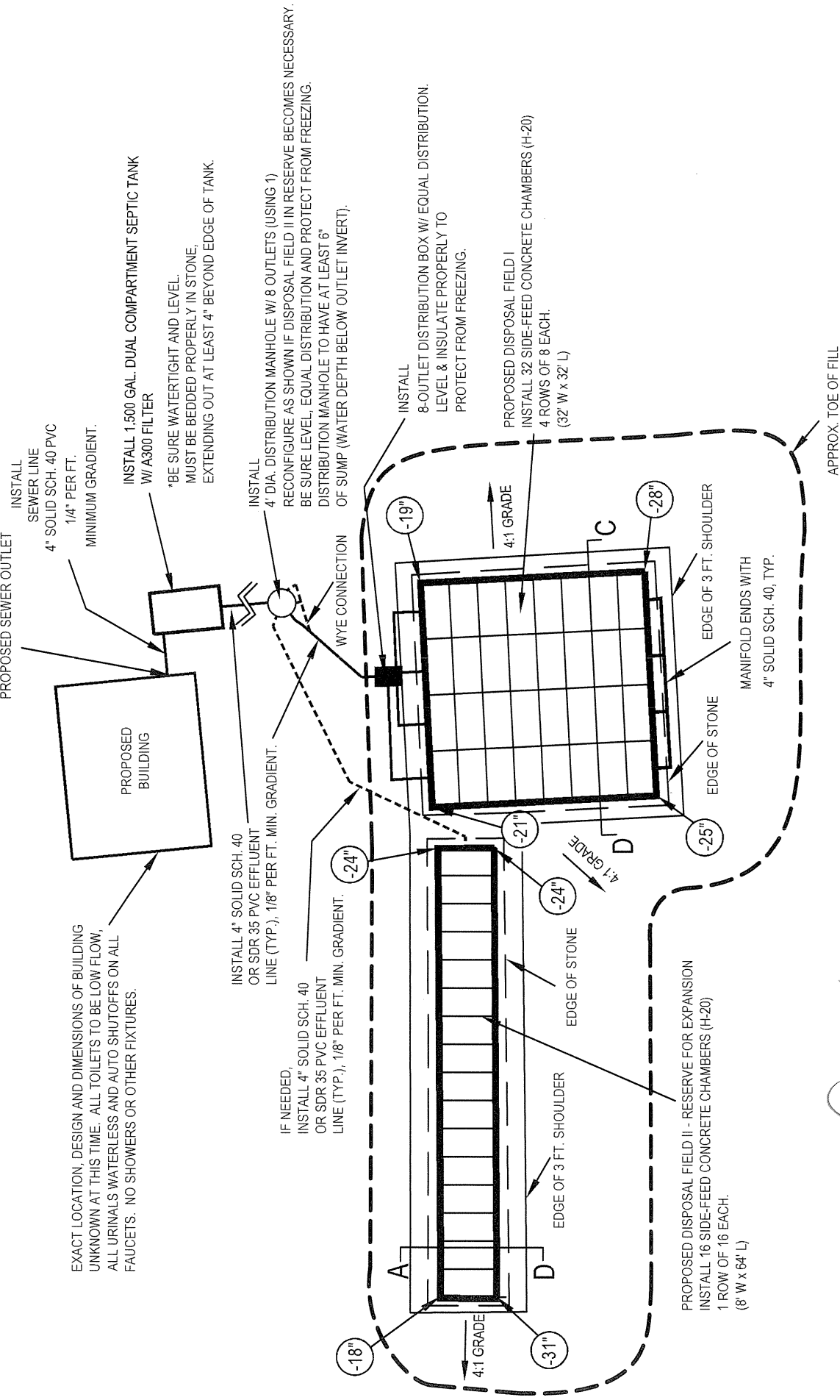
Town, City, Plantation
T1 R9


Street, Road, Subdivision
Baxter Park Road

Owner or Applicant Name
MDOT - Fred Michaud

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' ft




Site Evaluator Signature

Site Evaluator Signature

SE #

Date _____

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Division of Environmental Health, SHS 11
(207) 287-5689 Fax: (207) 287-3165

Owner or Applicant Name	MDOT - Fred Michaud
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SEE ATTACHED
SUBSURFACE WASTEWATER DISPOSAL PLAN

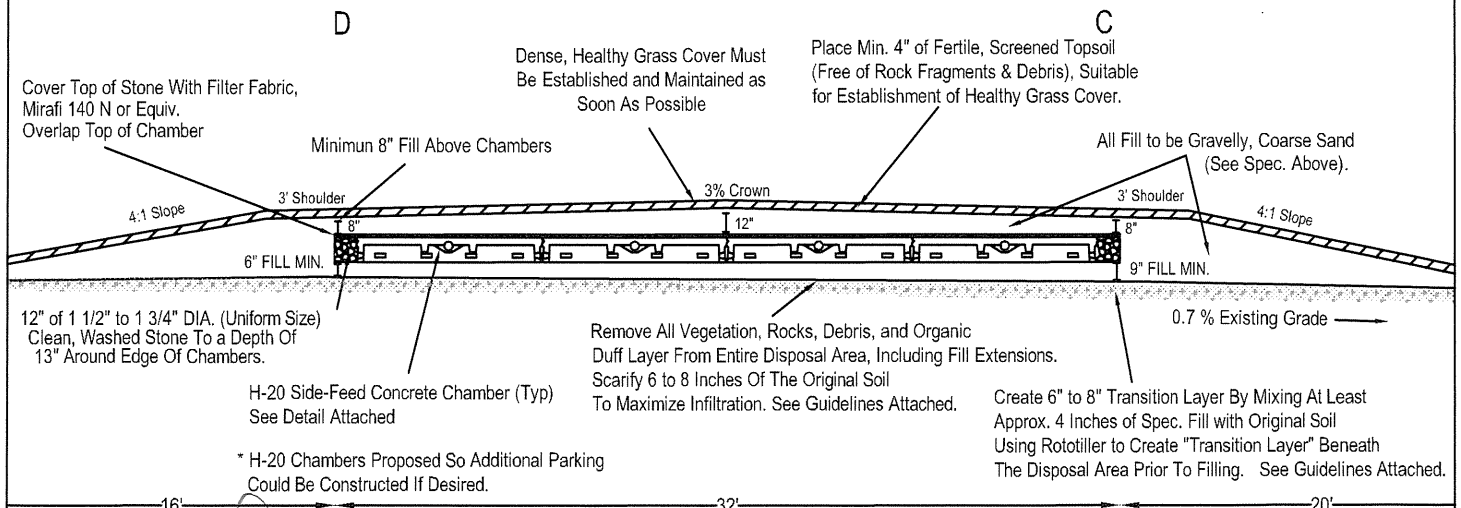
Location & Description: Nail in Red Glo & Yellow Glo
Flagging 35" Up On 11" DBH W. Pine In Cluster
Of Pines Near Wetland. Double Flagged.

Scales:

Verticle: $1'' = \underline{5'}$

Horizontal: $1'' = \underline{5'}$

FIELD 1



Date _____