



Steven and Susan Tilney  
24 VIP Drive  
Machias, ME 04654

May 5, 2016

Town of Machias

RE: 24 and 28 VIP Drive  
Septic System

To Whom It May Concern:

In the summer of 2011, we had a new septic system installed. The septic system was designed for 6 bedrooms; the 4-bedroom house and the 2-bedroom trailer. Since that time, we have turned one of the bedrooms in the house into a sewing/craft room since we found that we didn't use all the bedrooms.

After consulting with the original contractor who installed our system (Danny Hall), who has advised that another tank would be necessary to eliminate the pump that currently pumps the trailer waste and waste water into our septic tank, our son and his wife are applying for a permit to add another septic tank to feed into our field as they are putting a new trailer on the property this summer. Their new trailer will have three bedrooms. Since we now only use 3 bedrooms in the house, the addition of the 3-bedroom trailer on the property -- replacing the existing 2-bedroom trailer -- would still mean that 6 bedrooms will feed into the septic system.

If you have any questions, please feel free to contact my husband or me. Our home phone number is 259-1243, and my work phone number is 255-0229.

Thank you in advance for your kind attention in this regard.

Sincerely,



Steven G. Tilney (259-1243)



Susan M. Tilney (255-0229)

/smt

**PROPERTY LOCATION** >> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

City, Town, or Plantation: MACHIAS

Street or Road: ROUTE 1

Subdivision, Lot #: N/A

**OWNER/APPLICANT INFORMATION**

Name (last, first, MI): TILNEY STEVE  Owner  Applicant

Mailing Address of Owner/Applicant: 24 VIP DRIVE  
MACHIAS, ME 04654

Daytime Tel. #: 207-259-1243

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 fabrication is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

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.

Local Plumbing Inspector Signature \_\_\_\_\_ (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>SDP</u> Year installed: <u>1970's</u> <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	<b>THIS APPLICATION REQUIRES</b> <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	<b>DISPOSAL SYSTEM COMPONENTS</b> <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & aft. 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>SIZE OF PROPERTY</b> <u>5</u> <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<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: _____ PLUS <input type="checkbox"/> 3. Other: _____ (specify) <u>2 BR MOBILE HOME</u> Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<b>TREATMENT TANK</b> <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	<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 <input checked="" type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>2400</u> <input checked="" type="checkbox"/> 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 Only	<b>DESIGN FLOW</b> <u>540</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
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION <u>B1D</u> at Observation Hole # <u>TP-1</u> Depth <u>12 1/2</u> of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <input type="checkbox"/> 1. Medium--2.6 sq. ft. / gpd <input type="checkbox"/> 2. Medium--Large 3.3 sq. ft. / gpd <input checked="" type="checkbox"/> 3. Large--4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large--5.0 sq. ft. / gpd	<b>EFFLUENT/JECTOR PUMP</b> <input type="checkbox"/> 1. Not Required <input checked="" type="checkbox"/> 2. May Be Required <u>SEE NOTES P. 3</u> <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<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</u> d <u>41</u> m <u>30</u> s Lon. <u>67</u> d <u>28</u> m <u>50</u> s if g.p.s, state margin of error: _____

**SITE EVALUATOR STATEMENT**

I certify that on 4/22/11 (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).

Dean L. Broadshaw #159 4/22/11 REV 5/3/11  
 Site Evaluator Signature SE # Date

DEAN L. BROADSHAW 207-726-5065  
 Site Evaluator Name Printed Telephone Number E-mail Address

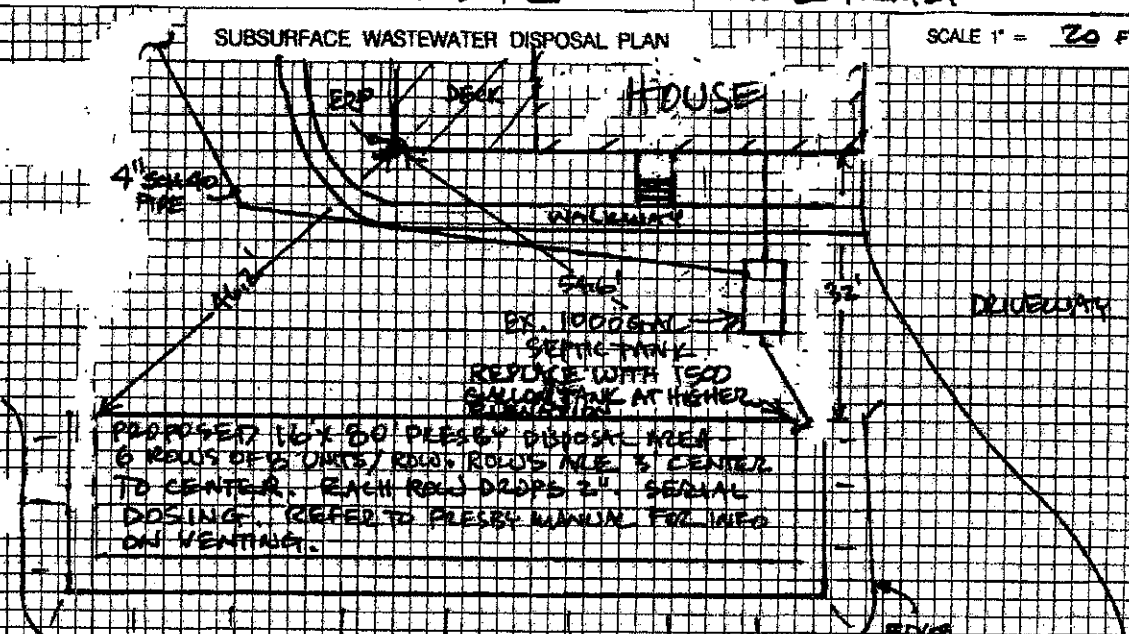
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 287-3672 FAX (207) 287-4172

Town, City, Plantation  
**WACKIAS**

Street, Road, Subdivision  
**VIP DRIVE**

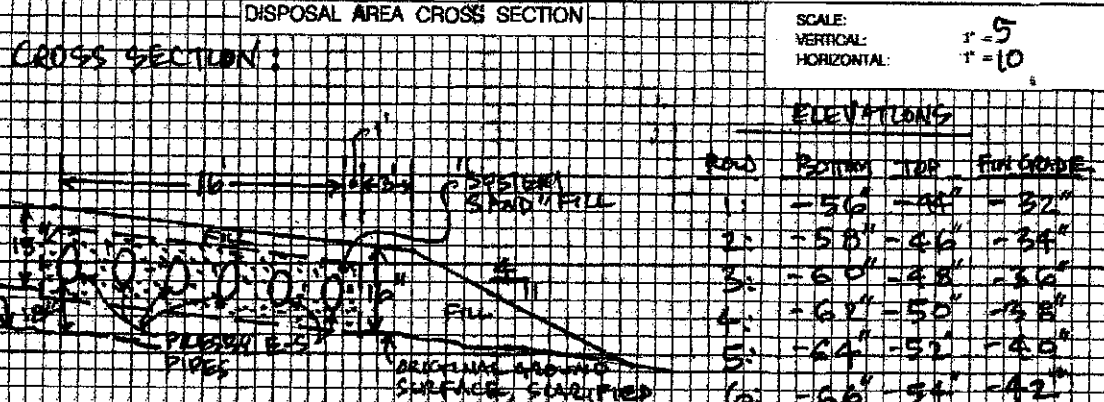
Owner's Name  
**STEVE TILMEY**



- ① REMOVE OLD DISPOSAL AREA & DRY SURGRADE PRIOR TO SCHEMATIC
- ② THE EXISTING SEPTIC TANK IS TOO SMALL, REPLACE WITH A 1500 GALLON TANK IN THE SAME LOCATION OR NEARBY, AT AN ELEVATION THAT WILL ALLOW FOR GRAVITY FLOW. PROVIDE A CONNECTION FOR THE MOBILE HOME TO THE NEW TANK.

REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	15"	Finished Grade Elevation
Depth of Fill (Downslope)	16"	Top of Distribution Pipe or Proprietary Device
		Bottom of Disposal Area
		Location & Description
		Reference Elevation

SEE BELOW UNIL ON DECK POST, 2.9' up  
FLAGGED  
00"



NOTES  
EXCAVATE & REMOVE OLD DISPOSAL AREA, ALLOW SURGRADE TO DRY  
STABILIFY SURGRADE AFTER DRAINING  
FILL TO BE CLEAN (SAND) SAND  
REFER TO PRESS. MANUAL FOR INFO ON SYSTEM SAND

*Deane Bradshaw*  
Site Evaluator Signature

#159  
SE

4/26/11  
Date

REV 5/13/11  
Page 3 of 3  
HHE-200 Rev. 7/97

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation  
**WACHIAS**

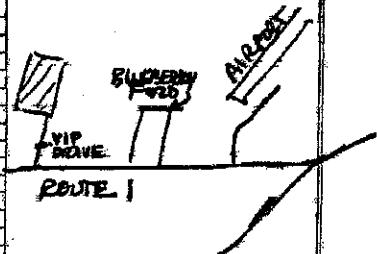
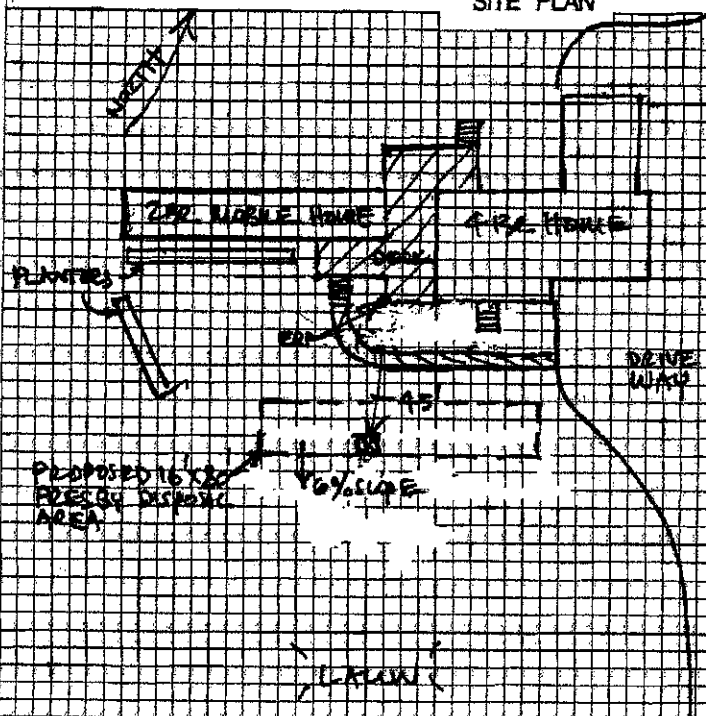
Street, Road Subdivision  
**ROUTE 1**

Owner's Name  
**STEVE TILLEY**

## SITE PLAN

Scale 1" = 50 Ft.  
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  
" NONE" Depth of Organic Horizon Above Mineral Soil

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0 - 10	VERY FINE SANDY LOAM	FRIABLE	RED 2.5YR 5/6	NONE
10 - 20	VERY FINE SAND, CLAYED	FIRM	YELLOW BROWN 10YR 5/4	MOTTLED
20 - 30				
30 - 40				
40 - 50				

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0 - 10				
10 - 20				
20 - 30				
30 - 40				
40 - 50				

Soil Classification **B** **D** Profile Condition  
Slope **6%** Limiting Factor **12**  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

Soil Classification Profile Condition  
Slope Limiting Factor  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

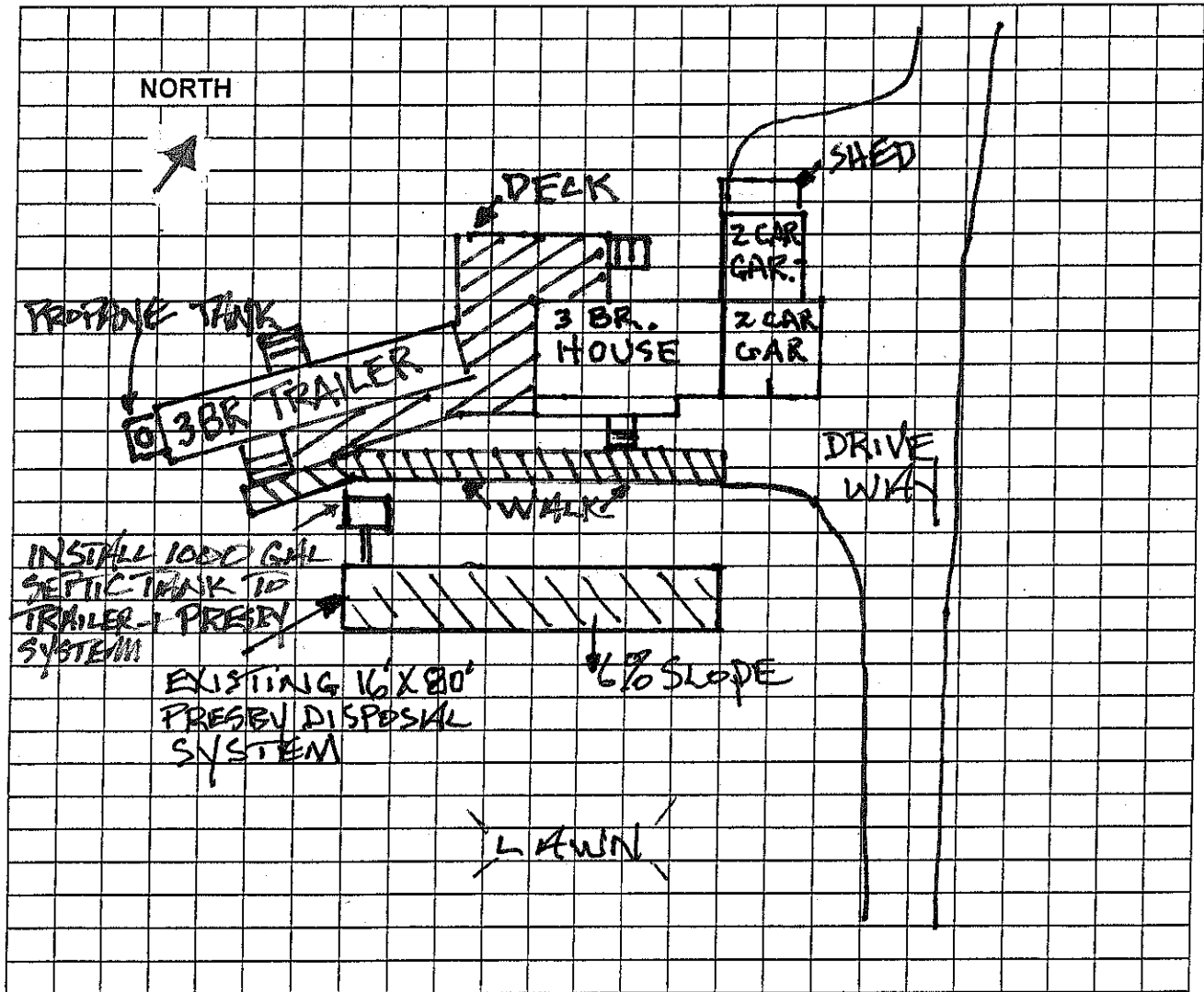
*David L. Bradshaw*  
Site Evaluator Signature

#159  
SE =

4/26/11  
Date  
Page 2 of 3

# Site Plan

Please include: lot lines; area to be cleaned of trees and other vegetation, the exact position of proposed structures, including decks, porches, and out buildings with accurate setback distances from the shoreline, side and rear property lines; the location of proposed wells, septic systems, and driveways; and areas and amounts to be filled or graded. If the proposal is for the expansion of an existing structure, please distinguish between the existing structure and the proposed expansion.



Scale: 1" = 40' Ft.

PLANTERS WILL BE REMOVED PERMANENTLY