

TOWN OF PARSONSFIELD Planning Board  
634 North Rd, Parsonsfield, Maine 04047  
PHONE: (207)-625-4558 FAX: (207)-625-8172 [planning@parsonsfield.org](mailto:planning@parsonsfield.org)

**Site Plan Review Application**

Fees Paid: \$25.00 Application Fee and \$150.00 Escrow Fee

Date CEO Reviewed & Accepted: \_\_\_\_\_

Date Received by Planning Board Administrative Assistant: \_\_\_\_\_

Planning Board Administrative Assistant Signature: \_\_\_\_\_

**Submission of Application:** For the purpose of classification and initial discussion, project applicants, prior to submitting applicable Preliminary or Final Plan applications, shall submit Site Plan information to the CEO. An application for Site Plan Review will consist of eleven (11) sets of site plan maps (two full-size set and nine 11" x 17" sets) which include scale, north arrow, legend, abutters, and title block, and shall show existing and proposed lots or property lines, existing and proposed structures, roads, driveways, easements and/or rights of way and all other information as detailed in the Town of Parsonsfield Land Use and Development Ordinance, Article III: Site Plan Review. Applicant must also submit a list of all abutters, including those across a public or private right of way or across a town line. Approval of a Site Plan shall not constitute approval of a project and is merely authorization for the applicant to file a preliminary or final plan application.

**Applicant(s):** Name & Mailing Address  
(If different from Owner)

**Property Owner(s):** Name & Mailing Address

Catherine Hadley  
P.O. Box 388

Martha Darnio  
P.O. Box 203

West Baylston Me 01583

West Baylston Me 01583

Telephone: 508-509-1249

Telephone: 508-509-3597

Applicant's Signature: Catherine M Hadley

**Property Owner's Authorization** (fill out only if applicant other than owner). The undersigned property owner hereby certifies that the information submitted in this application regarding the property is true, accurate, and complete and that the Applicant has full authority to request approval for this proposal.

Property Owner's Signature: Martha Darnio

Site Location/Address 8 Jayes LN

Tax Map# 407 Lot# 008

Zoning District: \_\_\_\_\_

Acreage of subject parcel: .52

Current Use of Property Summer Camp

Proposed Use of Property Same

Date of Action: Planning Board Meeting/Hearing: \_\_\_\_\_

Approval: \_\_\_\_\_ Denial: \_\_\_\_\_

If application is approved, the applicant is hereby authorized to submit a preliminary or final plan.

If Application Denied, Reason: \_\_\_\_\_

- 1) **Applicability:** This application applies to any proposed use listed in the Table of Permissible Uses which requires Site Plan Review.
- 2) **Submissions:** Applications must be submitted 15 days in advance of the scheduled meeting.
- 3) **Permits:** Attach any other applicable permits.
- 4) **Abutters:** Attach a list of names and addresses of abutting property owners. (Please complete the separate "Abutters List Form" with this application)
- 5) **Supplemental Information:** The Planning Board may require additional information.
- 6) **Approval Criteria:** In approving site plans, the Planning Board shall consider criteria as listed in the Land Use and Development Ordinance Site Plan Review article. Before granting approval, the Board shall make findings of fact that the provisions of this Ordinance have been met and that the proposed development will meet the guidelines of Title 30-A, MRSA, Section 4404, as amended.

NOTE: A Site Plan application must be approved unless in the judgement of the Planning Board the applicant is not able to meet one or more of the performance standards. Decisions of the Planning Board may be appealed in accordance with the provisions of the Ordinance.

- 7) **Site Plan Content:** Application must include the following exhibits and information. Please attach information on a separate sheet of paper or note that the item is not applicable **and** give a reason. (A=Attached or NA=Not Applicable)

**General Submission Information:**

- a) name and address of all property owners within 500 feet of edge of property line (Abutters List Form)
- b) sketch map showing general location of site within the Town
- c) boundaries of all contiguous property under control of owner/applicant regardless of whether all or part is being developed at this time
- d) copy of the deed to the property, option to purchase the property or other documentation to demonstrate right, title or interest
- e) name, registration number and seal of the land surveyor, architect, engineer and/or similar professional who prepared any plan

**Existing Conditions:**

- f) bearings and distances of all property lines of property to be developed and source of information
- g) location and size of any existing sewer and water mains, culverts and drains that will serve the development whether on or off the property, along with the direction of existing surface water drainage across the site
- h) location, names and present widths of existing streets and rights-of-way within or adjacent to the proposed development
- i) location, dimensions and ground floor elevations Above Ground Level (AGL) of all existing and proposed buildings on the site
- j) location and dimensions of existing driveways, streets, parking and loading areas and walkways on the site
- k) location of intersecting roads or driveways within 200 feet of site
- l) location of open drainage courses, wetlands, stands of trees, and other important natural features, with description of features to be retained and of any new landscaping
- m) location, front view, and dimensions of existing and proposed signs
- n) location and dimensions of any existing easements and ten (10) copies of existing covenants or deed restrictions

**Proposed Development Activity:**

- o) location of all building setbacks, yards and buffers, required by this or other Town Ordinances
- p) location, dimensions and ground floor elevations Above Ground Level (AGL) of all proposed buildings
- q) location and dimensions of proposed driveways, parking and loading areas, and walkways
- r) location and dimensions of all provisions for water supply and wastewater disposal
- s) direction and route of proposed surface water drainage
- t) location, front view, and dimensions of proposed signs
- u) location and type of exterior lighting
- v) proposed landscaping and buffering
- w) demonstration of any applicable State applications, or permits which have been or may be issued
- x) schedule of construction, including anticipated beginning and completion dates
- y) Space shall be provided on the plan for the signatures of the Planning Board and date, together with the following words, "Approved: Town of Parsonsfield Planning Board"

a.	see attached
b.	see attached
c.	" "
d.	" "
e.	N/A
f.	see attached
g.	see attached
h.	N/A
i.	see attached
j.	see attached.
k.	PRATT ROAD
l.	N/A
m.	N/A
n.	N/A
o.	see attached
p.	" "
q.	" "
r.	" "
s.	" "
t.	N/A
u.	N/A
v.	N/A
w.	Approval from Saco River Corridor Commission
x.	as soon as approval and permits.
y.	N/A

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May 10, 2022

To whom it may concern

The purpose for the 8x10 ft addition is to install a bathroom in the camp. To eliminate the need for an outhouse. Our elderly mother cannot walk to the outhouse anymore. This has been approved by the Saco River Corridor Commission. Permit is being mailed. Please note any other placement would require removal of large tree and large pine tree roots

Thank you

Catherine Hadley

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1551000 R/W 1551000



Time over to  
to F-444 river

Proposed construction  
No trees need to be removed  
Flat surface

Low maintenance / Street

1551000  
1551000

1551000  
1551000



# Saco River Corridor Commission

*"Communities Working Together To Protect Our Rivers"*

MARTHA DANICO  
P.O. BOX 203  
W. BOYLSTON, MA 01583

August 30, 2021

CATHERINE HADLEY  
P.O. BOX 388  
W. BOYLSTON, MA 01583

Dear Ms. Danico,

Enclosed is Permit #07-167, which the Saco River Corridor Commission approved during the Commission meeting on August 25, 2021. Copies of this permit have been sent to the parties listed below.

Please read the enclosed document carefully, particularly the conditions to it, which are as follows:

- Standard Conditions of Approval (copy enclosed)
- Other conditions as decided by a vote of the Commission at a duly noticed Commission Meeting.
- The septic tank is to be no closer than 50 feet from the normal high water line.
- The leach field is to be no closer than 140 feet from the normal high water line.

When you have finished the development allowed by this permit, complete the enclosed Notice of Completion of Construction Form and send it to us. The Commission staff will then schedule a time to visit your site in order to confirm you have complied with the enclosed permit.

Thank you for your cooperation with this Commission. If you have any additional questions, please do not hesitate to contact us.

Sincerely,

Keisha Garnett  
Administrative Assistant

Enclosure

cc: Jesse Winters, Parsonsfield Code Enforcement Officer



Maine Center for Disease  
Control and Prevention  
An Office of the  
Department of Health and Human Services

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) 287-2070  
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.

<b>GENERAL INFORMATION</b>		Town of <u>PADDOUSFIELD</u>
Property Owner's Name: <u>CATHY HADLEY</u>	Tel. No.: <u>508-509-1249</u>	
System's Location: <u>PRATT ROAD &amp; JAYES LANE</u>		
Property Owner's Address: <u>P.O. BOX 388 W. BOYLSTON MA</u>	Zip Code <u>01583</u>	
e-mail address: <u>CATHERINEHADLEY@AOL.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.

<b>SPECIFIC VARIANCE REQUESTED</b> (To be filled in by Site Evaluator. Use additional sheets if needed.)	<b>SECTION OF RULE</b>
1. <u>SEPTIC TANK SETBACK TO WELL POINT 25' MIN.</u>	<u>8B</u>
2. <u>SEPTIC TANK SETBACK TO RIVER 50' MIN.</u>	<u>8B</u>
3. <u>NOTE: MONOLITHIC H-20 TANK TO BE USED</u>	
<b>SITE EVALUATOR</b> <u>OR TESTED FOR WATER TIGHTNESS</u>	

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.

I, MARK A. TRUMAN, 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.

Mark A. Truman  
SIGNATURE OF SITE EVALUATOR

7-6-21  
DATE

**PROPERTY OWNER**

I, \_\_\_\_\_, 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.

\_\_\_\_\_  
SIGNATURE OF OWNER  
AGENT FOR THE OWNER

\_\_\_\_\_  
DATE



**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Maine Dept. Health & Human Services  
Div. Environmental Health, 11SHS  
(207) 287-2070 Fax: (207) 287-4172

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	<u>PARSONSFIELD</u>	Town/City	Permit # _____
Street or Road	<u>PRATT ROAD</u>	Date Permit Issued	Fee: \$ _____ Double Fee Charged <input type="checkbox"/>
Subdivision, Lot #			L.P.I. # _____
<b>OWNER/APPLICANT INFORMATION</b>		Local Plumbing Inspector Signature _____	
Name (last, first, MI)	<u>HADLEY CATHY</u> <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	Fee: \$ _____ state min fee \$ _____ Locally adopted fee _____	Copy: <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State
Mailing Address of Owner/Applicant	<u>P.O. BOX 388 W. BOYLSTON MA 01583</u>	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.	
Daytime Tel. #	<u>508-509-1249</u>	Municipal Tax Map # <u>U-7</u> Lot # <u>8</u>	
<b>OWNER OR APPLICANT STATEMENT</b> 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.		<b>CAUTION: INSPECTION REQUIRED</b> 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 _____	
Signature of Owner or Applicant _____ Date _____		Local Plumbing Inspector Signature _____	

PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>OUTHOUSE / SINK DRAIN</u> Year installed: <u>1960±</u> 3. Expanded System a. 25% Expansion b. 225% Expansion 4. Experimental System 5. Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> 1. No Rule Variance 2. First Time System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input checked="" type="checkbox"/> 3. Replacement System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval 4. Minimum Lot Size Variance 5. Seasonal Conversion Permit	<b>DISPOSAL SYSTEM COMPONENTS</b> <input checked="" type="checkbox"/> 1. Complete Non-engineered System 2. Primitive System (graywater & alt. toilet) 3. Alternative Toilet, specify: _____ 4. Non-engineered Treatment Tank (only) 5. Holding Tank, _____ gallons 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
<b>SIZE OF PROPERTY</b> <u>23,000±</u> SQ. FT. ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> 2. Multiple Family Dwelling, No. of Units: _____ 3. Other: _____ (specify) Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> 1. Drilled Well 2. Dug Well 3. Private 4. Public <input checked="" type="checkbox"/> 5. Other <u>PUMP</u>
<b>SHORELAND ZONING</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete <u>MAJOLITIC</u> a. Regular <u>OR</u> b. Low Profile <u>SEAL</u> 2. Plastic 3. Other: _____ CAPACITY: <u>1000</u> GAL. <u>H-20 TYPE</u>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> 1. Stone Bed 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device a. cluster array c. Linear b. regular load, d. H-20 load 4. Other: <u>CONCRETE CLIN (P)</u> SIZE: <u>250</u> sq. ft. lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <input checked="" type="checkbox"/> 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	<b>DESIGN FLOW</b> <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 3. Section 4G (meter readings) ATTACH WATER METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION <u>S1B</u> at Observation Hole # <u>TP</u> Depth <u>None</u> of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <input checked="" type="checkbox"/> 1. Medium—2.6 sq. ft. / gpd 2. Medium—Large 3.3 sq. ft. / gpd 3. Large—4.1 sq. ft. / gpd 4. Extra Large—5.0 sq. ft. / gpd	<b>EFFLUENT/EJECTOR PUMP</b> 1. Not Required 2. May Be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: <u>±25</u> gallons	<b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. <u>43</u> d <u>47</u> m <u>34</u> s Lon. <u>70</u> d <u>58</u> m <u>18.4</u> s if g.p.s, state margin of error: <u>±12'</u>

SITE EVALUATOR STATEMENT		
I certify that on <u>6-24-21</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>Mark A. Truman</u>	SE # <u>121</u>	Date <u>7-6-21</u>
Site Evaluator Name Printed <u>MARK A. TRUMAN</u>	Telephone Number <u>229-7482</u>	E-mail Address <u>MARK.A.TRUMAN@MAINESITEEVALUATIONS.COM</u>



**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Health & Human Services  
 Division of Environmental Health  
 (207) 287-5872 Fax (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

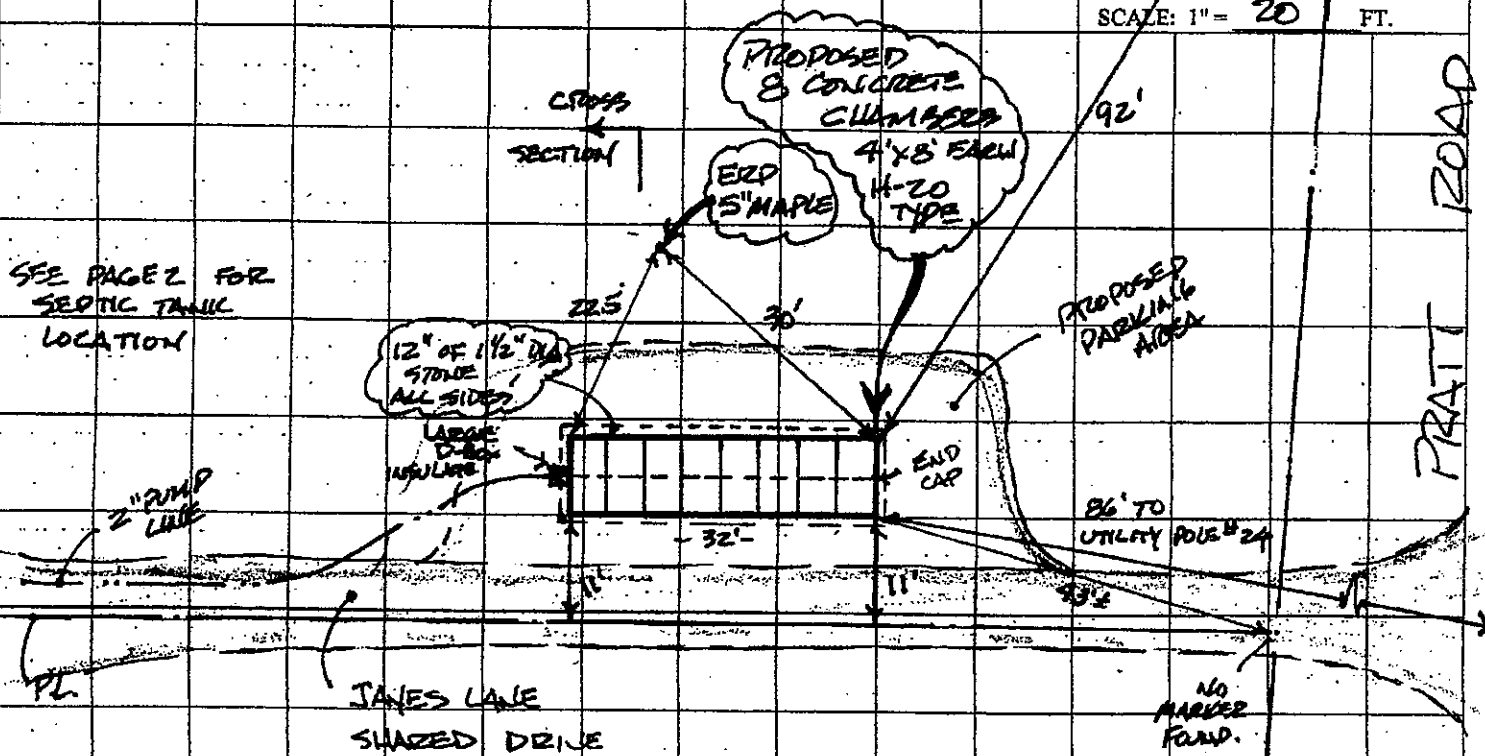
PARSONSFIELD

PRATT ROAD

CATLYN NADLEY

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

0   FT.  
 SCALE: 1" = 20 FT.



**FILL REQUIREMENTS**

**CONSTRUCTION ELEVATIONS**

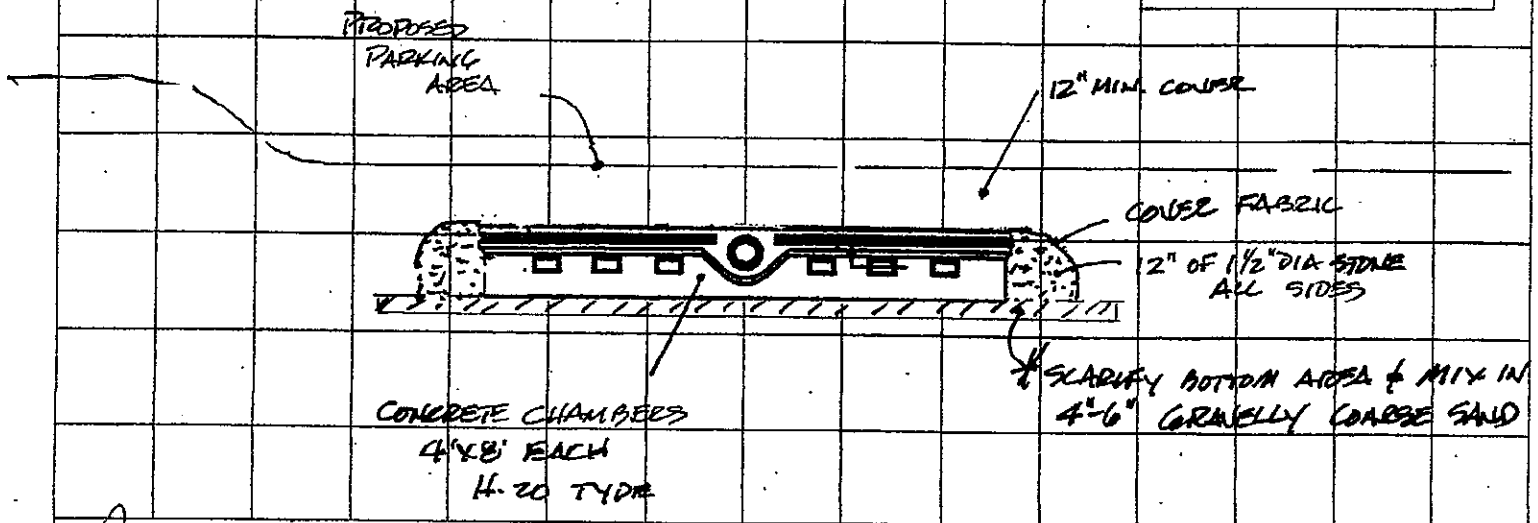
**ELEVATION REFERENCE POINT**

Depth of Fill (Upslope)	0	Finished Grade Elevation	-59
Depth of Fill (Downslope)	0	Top of <del>Proprietary Device</del> Proprietary Device	-71
		Bottom of Disposal Area (CHAMBERS)	-84

Location & Description: NAIL IN 5" MAPLE  
 + 28" BASE OF TREE  
 Reference Elevation: 0"

**DISPOSAL AREA CROSS SECTION**

Scale  
 Horizontal 1" = 3 ft.  
 Vertical 1" = 3 ft.



*Mark A. Johnson*

124

7-6-21

Site Evaluator Signature

SE #

Date

### APPLICANT'S NOTICE OF INTENT TO FILE AN APPLICATION CONTINUED

Use this space to list all abutters and property owners within 500 feet of the proposed development who received the Applicant's Notice of Intent to File an Application from you. Please photocopy and attached additional forms if more space is needed. This list must be complete and printed legibly.

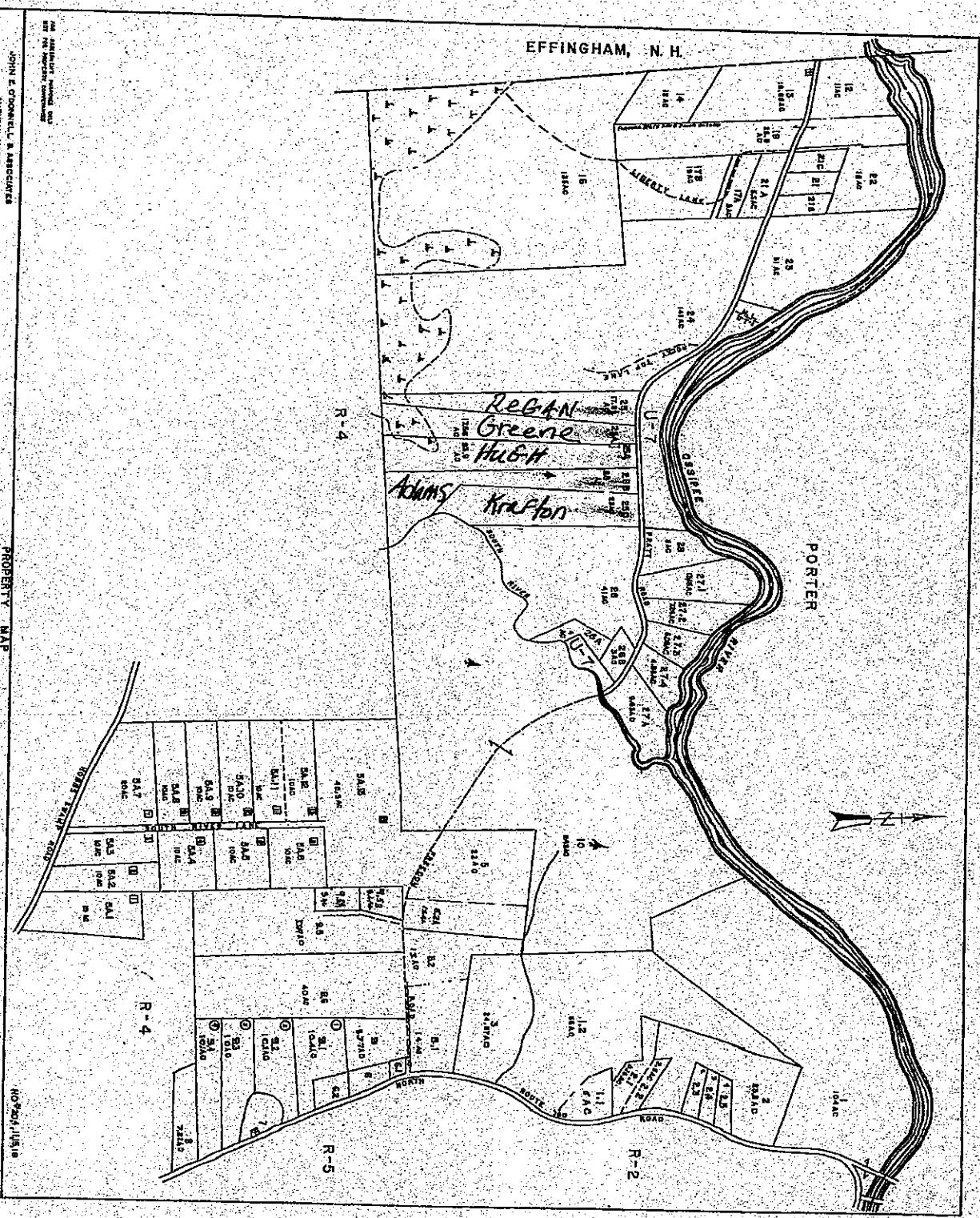
**YOU MUST ATTACH A COPY OF THE MUNICIPAL TAX MAP(S) WITH THE LOTS HIGHLIGHTED WHICH REPRESENTS EACH LANDOWNER WHO RECEIVED NOTIFICATION OF DEVELOPMENT FROM YOU. THE LOTS INDICATED ON THE MUNICIPAL TAX MAP MUST CORRESPOND WITH THE FOLLOWING LIST.**

Map & Lot Number	Landowner's Name	Landowner's Mailing Address
1. R03-025A001	JAMES & BARBARA GREENE James & VIRGINIA ODIRKA	57 Edwin St. Rochester MA 01024
2. R03-025	MATTHEW REGAN	7 SPRUCEWOOD Rd Wilmington MA 01887
3. R03-025-A	HUGH W ADAMS	251 Pratt Rd Parsonsfield ME 04047
4. R03-025-B	HARLAN W ADAMS HUGH W ADAMS	33 Old Rochester Rd Dover NH 03824
5. R03-025-C	THOMAS & William Kraton BRAD & BRUCE CRONIN	55 Woodman Rd South Hampton NH 03824
6. U07-004	JAMES K LIPSETT GAIL M LIPSETT	1 Gaudin's Hill Rd Newben NH 03858
7. U07-005	Pamela Andruskiewicz	162 Silver Pine Ln Tamworth NH 03888
8. U07-006	Kristi Gray-Hager	BX 355 Conway NH 03818
9. U07-007	DUPRE PARSONS TRUST DUPRE William & Clark	Kathleen 12 Woodbridge Ln North Hampton NH 03862
10. U07-009#10	TR Sidehill Farm TRUST	P.O. BOX 531 York ME 03909
11. U07-011	JOSEPH A PARSONS JOHN E MORAN	48 Chandler St Bradford ME 04830
12. U07-012	William J MORAN	15196 Fort Charlotte Ft 33981
13. U07-013	FRED G MORAN	264 Pratt Rd Parsonsfield ME 04047
14.		
15.		
16.		
17.		
18.		
19.		
21.		
21.		
22.		
23.		
24.		
25.		

TAX MAP REVISED  
APRIL 1, 2020

EFFINGHAM, N. H.

PORTER



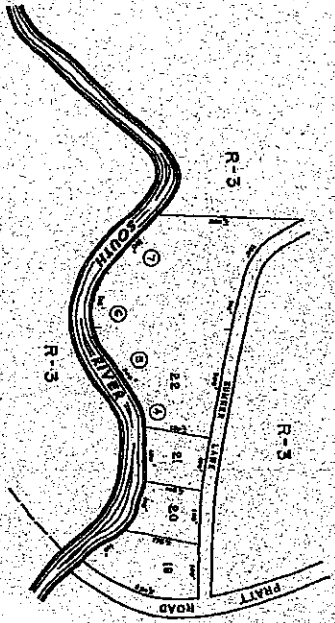
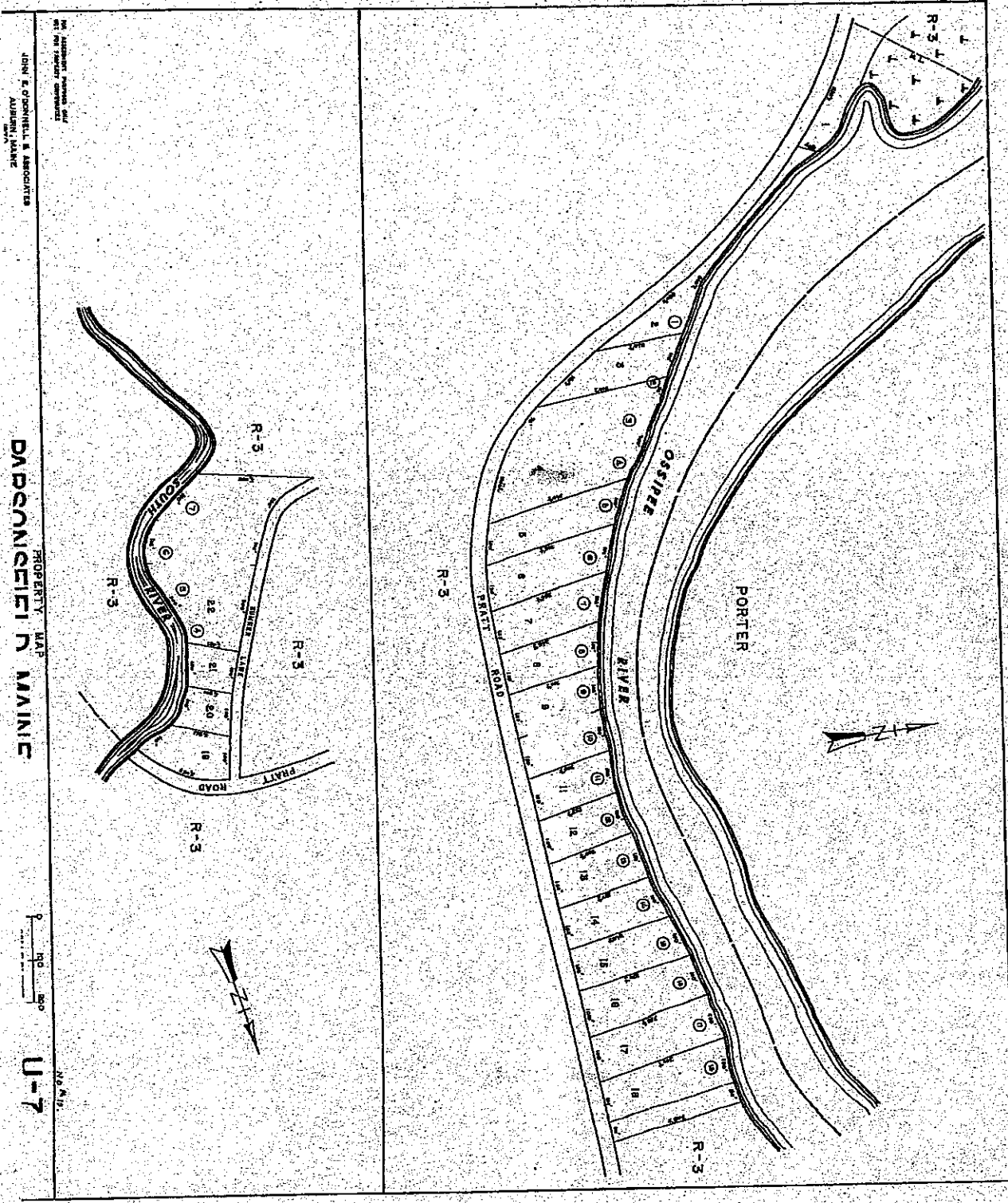
JOHN E. O'CONNELL & ASSOCIATES  
MUNICIPAL ENGINEERS

PROPERTY MAP  
DAUNTONVILLE, MAINE

SCALE IN FEET  
1" = 100'  
R-3

100' x 100' 1/4"

TAX MAP REVISED  
APRIL 1, 2020



JOHN E. O'DONNELL & ASSOCIATES  
PLANNERS  
ALBANY, MAINE

PROPERTY MAP  
DADENISSETTI IN MAINE

0 100 200  
FEET

U-7