

APPLICATION FOR SITE PLAN REVIEW  
PARSONSFIELD PLANNING BOARD

(207)

MARK BOUTON P O BOX 24 CORNISH, ME, 04020 256-0082

Applicant Name Mailing Address Phone

GAYLEE SELKIRK, 6 PARKER ST. NEWBURY, MASS 01951

Owner Name Mailing Address Phone

55 ROAD BETWEEN THE PONDS, 411-007, 20,100 SQ FT

Site Address/Location (Map/Lot Number) Lot Size Zone Type (e.g.-R,VR)

Exact Nature of Proposed Use: PRIVATE RESIDENCE.

Existing Use of Site: PRIVATE RESIDENCE.

Applicability

This application applies to any proposed use listed in the Table of Permissible Uses which requires Site Plan Review.

Site Plan Content

Application must include the following exhibits and information:

1. One original fully executed and signed application for Site Plan Review (this document), plus nine (9) copies
2. Ten (10) copies of site plan drawn at a scale to allow review of list of approval criteria, and showing the following, when applicable:  
General Submission Information:
  - a) name and address of all property owners within 500 feet of edge of property line
  - 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

Supplemental Information

Planning Board may require additional information.

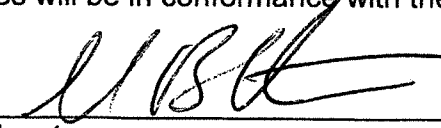
Approval Criteria

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.

The undersigned hereby makes application for approval of a Site Plan in accordance with the procedures and requirements set out in the Parsonsfield Land Use and Development Ordinance, and in conformance with the performance standards of said Ordinance.

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.

To the best of my knowledge, all information submitted on this application is true and correct. All proposed uses will be in conformance with the application and the Ordinance of the Town of Parsonsfield.

Signed  Date 10/28/2021  
Applicant

For Planning Board Use Only: Date Received 11/17/2021 By Desira Lyle, PBA Assist.

**Complete and sign form - retain a copy for your records.  
Submit one original and nine copies of form and all attachments to CEO with  
\$25 application fee and \$150 escrow fee for Site Visit and Public Hearing expenses.  
Applications and all attachments must be received at the town office  
15 days in advance of scheduled meeting.**

# TOWN OF PARSONSFIELD

APPLICATION FOR BUILDING PERMIT

634 North Road, Parsonsfield, ME 04047

Tel: 207-625-4558



## FOR OFFICE USE ONLY

MAP# \_\_\_\_\_ LOT# \_\_\_\_\_ ACCT# \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

BUILDING PERMIT # \_\_\_\_\_

PLUMBING PERMIT # \_\_\_\_\_

SUBSURFACE PERMIT # \_\_\_\_\_

CONDITIONAL USE PERMIT # \_\_\_\_\_

ZONE \_\_\_\_\_

## FOR OFFICE USE ONLY SUBDIVISION INFORMATION

(IF APPLICABLE)

NAME OF SUBDIVISION \_\_\_\_\_

DEVELOPER \_\_\_\_\_

SIZE OF ORIGINAL LOT \_\_\_\_\_

NUMBER OF APPROVED LOTS \_\_\_\_\_

DATE SUBDIVISION WAS APPROVED BY TOWN \_\_\_\_\_

PLANNING BOARD: \_\_\_\_\_

DATE SUBDIVISION WAS RECORDED AT REGISTRY OF DEEDS \_\_\_\_\_

PLAN BOOK \_\_\_\_\_ PLAN PAGE \_\_\_\_\_

### (1) Date of Application:

OCT 28<sup>TH</sup> 2021.

### (2) Property Information:

located on 55 ROAD BETWEEN THE  
Date purchased 23 JUNE 2016 Property size 20,100 SQ FT POND.  
Purchased from  
ESTATE OF GAYLEE L. MACGREGOR.

### (3) Owner/Applicant Information:

Property Owners Name: GAYLEE SELKIRK

Mailing Address: 6 PARKER ST. NEWBURY, MASS. 01951

Telephone: ( ) e-mail address: COCKTAILS@FIVE@ML.COM

Fax# ( ) cell phone #: (508) 254-1888.

### (if different than property owner)

Applicant's Name: MARK BOUTON.

Mailing Address: PO BOX 24 CORNISH ME 04020.

Telephone: ( ) e-mail address:

Fax # ( ) cell phone #: (207) 256-0032.

### (4) Type of Permit Requested (circle your request):

(A) New Construction

(D) Addition to existing structure

(G) Change in Use

(B) Remodeling

(E) Mobile Home

(H) Appeal Permit

(C) Demolition

(F) Conditional Use

(Other) \_\_\_\_\_

### (5) Complete statement of work: (size and type of structure, description of addition, etc....)

(A) Estimated value \$250,000

NEW CONSTRUCTION, OF RESIDENCE, AT  
GROUND LEVEL, APPROX 998 SQ FT. ON  
EXISTING FOOT PRINT.

**(6) Contractor Information:**

(A) Building Contractor: MARK BOUTON Telephone # (207) 256-0082  
Address: R Box 24 CORNISH ME, 04020.

(B) Plumbing Contractor: TREVOR LEE PLUMBING Telephone # (207) 650-9011  
Address: R Box 63 STEEP FALLS, ME, 04085.

(C) Electrical Contractor: PARRY LOGAN ELECTRICAL Telephone # (207) 625-4029  
Address: 398 SPEC POND RD PORTER 04068.

(D) Other \_\_\_\_\_

**(7) Other Permits Required**

- (A) Driveway Permit from Maine D.O.T. (if driveway enters onto a State or State Aid Highway)
- (B) Plumbing Permits (1) Exterior SSWD must have current Soil Papers (3 copies of form HHE-200 from Maine soil engineer (2) Interior Plumbing Permit (Form HHE-211) from local plumbing inspector
- (C) Saco River Corridor Permit (if within 500 feet of Saco or Ossipee Rivers) from SRCC.
- (D) Planning Board Approval (if within Shoreland or Commercial Zone)
- (E) Conditional Use Permit (for some land uses, planning board approval required)
- (F) Flood Hazard Development Permit. (If property is within flood plain, available through building inspector)
- (G) Variance approval (if setback requirements can not be met, must have approval from Appeals Board)

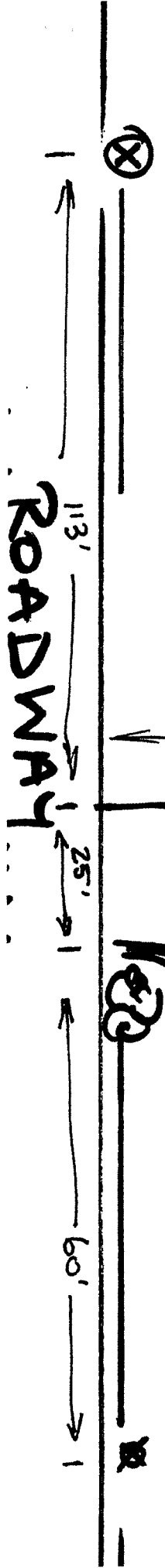
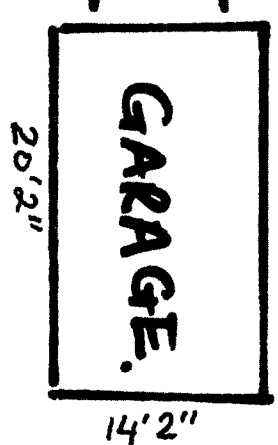
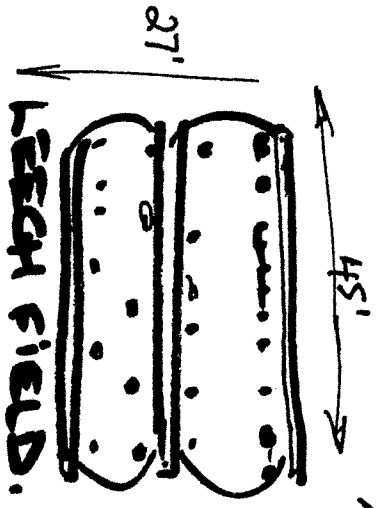
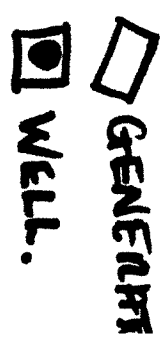
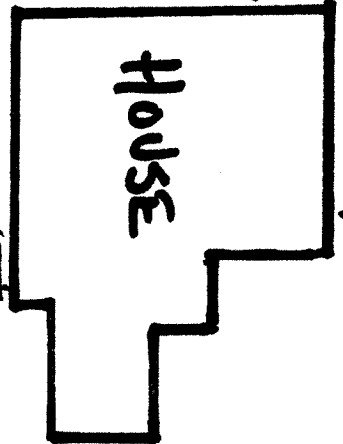
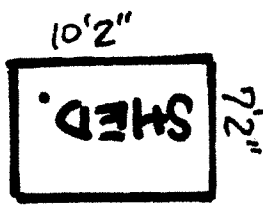
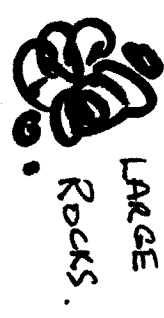
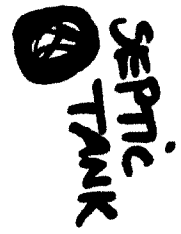
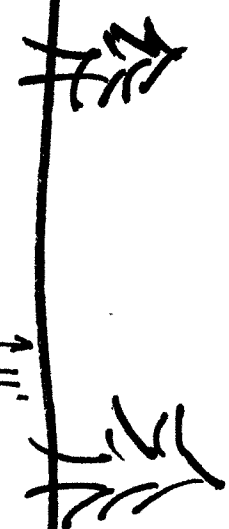
**(8) Site Plan:** Attach or draw below a detailed site plan showing the location of all existing buildings, lot lines, setbacks from lot lines, streets, ponds, brooks, marshes, wetlands, etc. **This information must be Accurate!**

AS ATTACHED.

#8.

8

LAKE



**(9) Project Information:**

A set of detailed plans and working drawings is required for all new construction. If plans are not required by the Code Enforcement Officer, check and answer all applicable questions below.

A Plan Waiver is granted by the Code Enforcement Officer: *Initials:* \_\_\_\_\_

Building:  
Length of building: 34'-6" Width: 35'-7" Stories: 1

Carrying beam  
Size of center carrying beam: NONE Number of columns: N/A

Floor Joists  
Size of floor joists: N/A Spacing o.c.: N/A Rows of bridging: N/A

Roof:  
Size of roof rafters: TRUSS Spacing o.c.: \_\_\_\_\_  
Pitch of roof: BA12 BA12 Type of roof: TRUSS / 5/8" ADV Roof covering: STEEL SHINGLE  
If a knee wall is used to cut down on span of roof rafters give the measurement from the plate to the wall: \_\_\_\_\_

Windows and doors:  
Number: \_\_\_\_\_ Rough opening: \_\_\_\_\_ Header size: \_\_\_\_\_  
Remarks: 21 WINDOWS (VARIOUS SIZES) 2 DOORS (30x6'8")

Concrete Work:  
Footing width: 12" Footing Height: 12"  
Basement or frost wall height: 4'3" Width: 12"

Chimney:  
Size of chimney footing: N/A Fireplace footing: N/A  
Flue size: Fireplace: N/A Wood stove: N/A Oil burner: N/A  
Are all flues clay lined: N/A no  
Remarks: DIRECT VENT GAS/PROPANE SYSTEM

**ACTION BY LOCAL BOARDS (TO BE FILLED IN BY OFFICE ONLY)**

Action of the Planning Board (if required)

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Date Disapproved: \_\_\_\_\_

Signature of Chairman: \_\_\_\_\_ Date \_\_\_\_\_

(Note: if disapproved, attach a statement indicating findings and conclusions)

Action of the Site Review by Planning Board (if required)

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Date Disapproved: \_\_\_\_\_

Signature of Chairman: \_\_\_\_\_ Date \_\_\_\_\_

Action of the Board of Appeals (if required)

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Date Disapproved: \_\_\_\_\_

(Note: attach a statement indicating findings and conclusions)

Action of the Code Enforcement Officer:

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Date Disapproved: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Fee Charged: \_\_\_\_\_

Note: if permit is denied, attach a statement of denial.

REMARKS AND PERMIT CONDITIONS:

Building Permit # \_\_\_\_\_

Plumbing Permit # \_\_\_\_\_

Subsurface Permit # \_\_\_\_\_

Signature of Code Enforcement Officer: \_\_\_\_\_

Fee Breakdown:

\_\_\_\_\_ sf@ \_\_\_\_\_ /sf= \_\_\_\_\_

\_\_\_\_\_ sf@ \_\_\_\_\_ /sf= \_\_\_\_\_

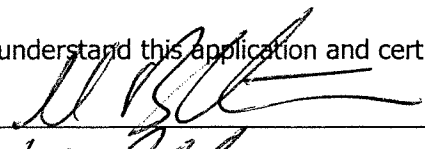
\_\_\_\_\_ sf@ \_\_\_\_\_ /sf= \_\_\_\_\_


Total Fee Due: \_\_\_\_\_

**(10) Notes, conditions, and certification**

- The person submitting this application has to be the property owner or an agent acting with an affidavit from the property owner giving permission to act as agent.
- A copy of the recorded deed must be submitted with this application for a new structure being built on a vacant lot.
- It is the responsibility of the property owner to secure all Federal and State permit approvals, and attach a copy of each to this application. A notice in writing is to be sent to the Code Enforcement Officer of any amendments to be filed to Federal or State permits.
- The Code Enforcement Officer shall, within thirty (30) days of receipt of an application, issue the permit, or refer the applicant to the proper board. Failure of the Code Enforcement Officer to act on the permit within thirty (30) days will constitute a denial of the application.
- This application for a permit, if granted, is done so with the clear understanding on the part of the applicant that the construction is to meet the standards of the N.F. P.A. Life Safety Code 101, the National Electrical Code, and the Town of Parsonsfield codes by reference and must have one egress window in each bedroom or sleeping area containing 5.7 square feet of clear opening area.
- If any changes to the plan whatsoever, in location, design, plans, dimensions, or purposes of use are to be made, the permit holder shall first submit to the Code Enforcement Officer a revised plan showing all changes and a letter stating the reason for the change(s). The Code Enforcement Officer will review the change(s) and refer it to the proper board if necessary or approve or disapprove the change(s).
- It is understood that the applicant will notify the Code Enforcement Officer for the following inspections:
  1. Foundation inspection before backfilling
  2. Rough in before insulation and wall covering is installed
  3. Rough plumbing as per Plumbing Code
  4. An occupancy permit must be obtained before occupancy of any new structure and at the discretion of the Code Enforcement Officer.
- It is further understood and agreed by the applicant that he/she will comply with all existing ordinances of the Town of Parsonsfield and all Federal and State laws and/or regulations. Failure to do so will mean action will be taken under the appropriate section of the Parsonsfield Ordinance and/or Federal and State laws, using Rule 80K.
- It is the responsibility of the Property Owner and/or Contractor to see that all setbacks are met and that the structure being built is located on the proper building lot.

I the undersigned have read and understand this application and certify that it is accurate:

Signature of the Owner/Agent  Date 10/28/2021

Signature of Contractor  Date 10/28/2021

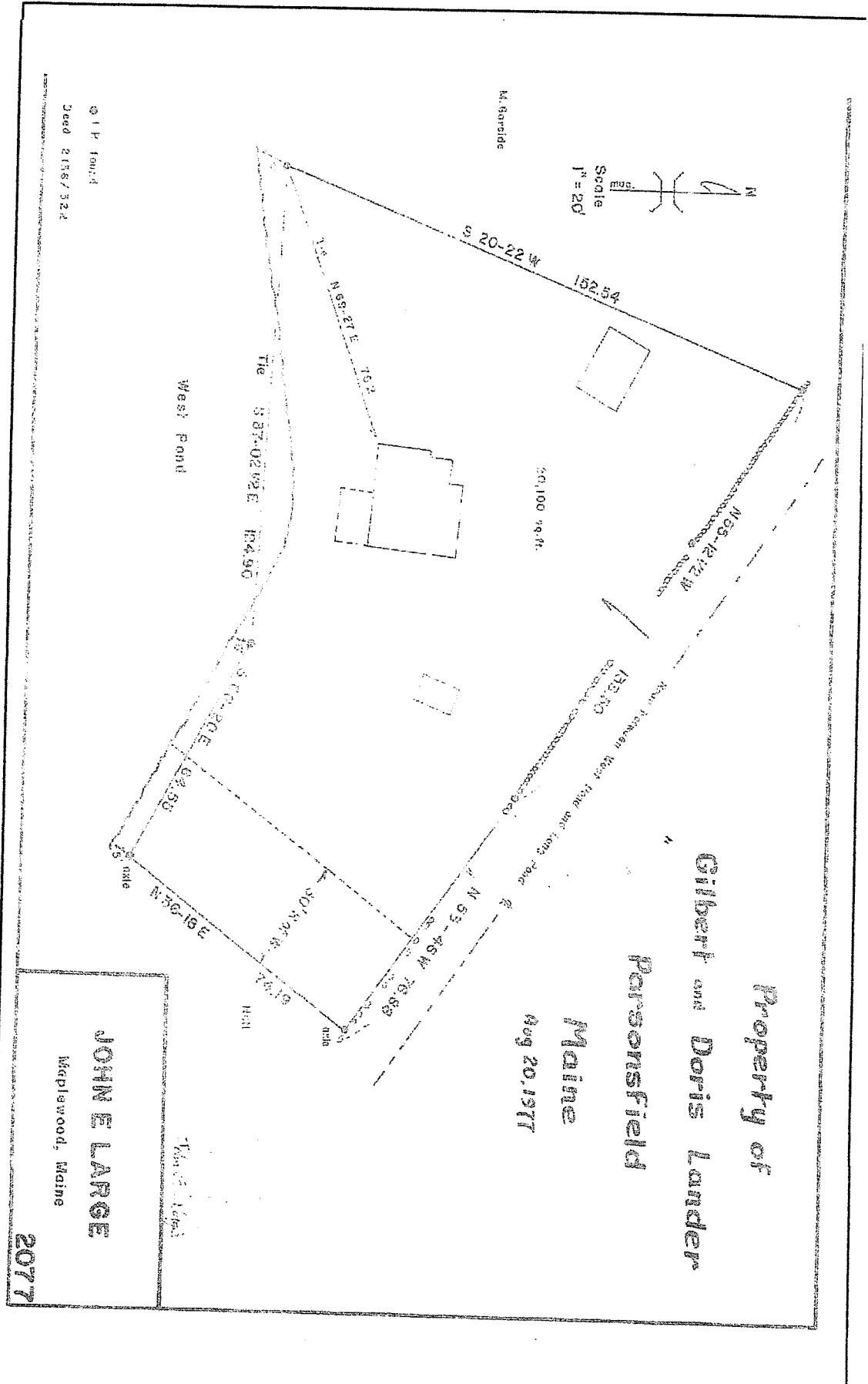
**MUST RETURN ORIGINAL AND TWO COPIES OF COMPLETE APPLICATION TO THE CEO.**

2.A

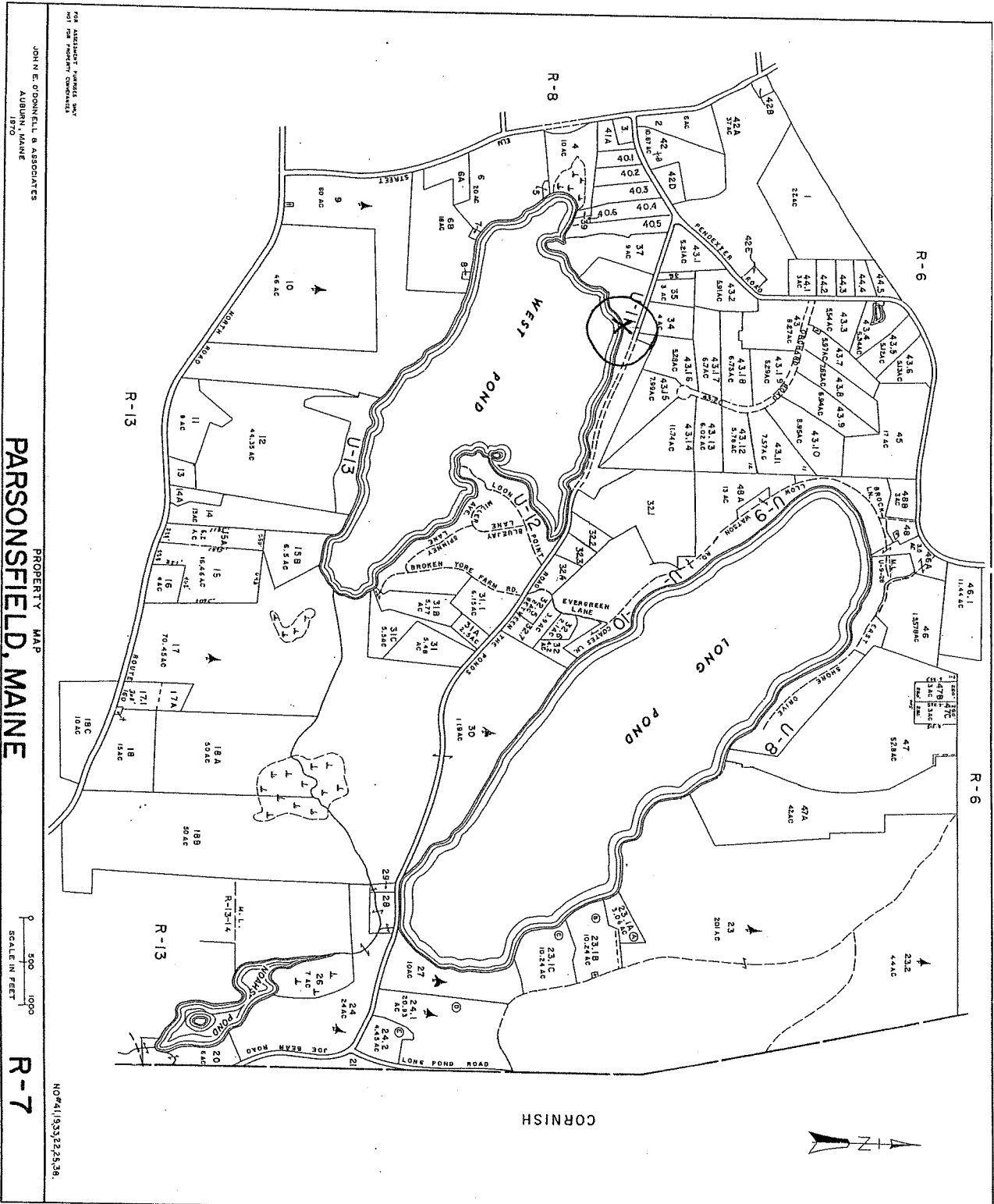
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1	U11-009	Hall, John W	61 Road Btwn the Ponds	00585
2	U11-010	Kozloski, Alfred J	65 Road Btwn the Ponds	00314
3	U11-011	Wilcox, Robert K	70 Road Btwn the Ponds	01484
4	U11-012	Loch, Stephen	76 Road Btwn the Ponds	00832
5	U11-013	Anderson, Trustees	71 Road Btwn the Ponds	00036
6	U11-014	Loch, Stephen	76 Road Btwn the Ponds	00833
7	U11-015	Scothorne, Nancy	86 Road Btwn the Ponds	00755
8	U11-016	Parsonsfield, Town of	Road Between the Ponds	01556
9	U11-017	Parsonsfield, Town of	Road Between the Ponds	01557
10	U11-019	Killius, Drew R	80 Road Btwn the Ponds	00752
11	U11-008.001	Hagins, Irene	64 Road Btwn the Ponds	00582
12	U11-008	Robinson, Stanley	60 Road Btwn the Ponds	00584
13	U11-006	Lindo, Emanuel	47 Road Btwn the Ponds	01164
14	U11-005	Buchanan, Nicole L	12 Ansell Lane	00149
15	U11-004	Ansell, James F	11 Ansell Lane	00037
16	R07-043.015	Filteau, Robert A	98 Orchard Rd	01055
17	R07-043.016	Snyder, Margaret Anne	95 Orchard Rd	00206
18	R07-034	Teets, Terry R	44 Road Btwn the Ponds	00150
19	R07-035	Dolan, Paul	30 Road Btwn the Ponds	00758
20	R07-036	Lauzon, Thomas C	26 Road Btwn the Ponds	00932
21	R07-043.001	McAuliffe, Brenda P	2 Road Btwn the Ponds	00854



# 2. C, E, F



TAX MAP REVISED  
APRIL 1, 2020



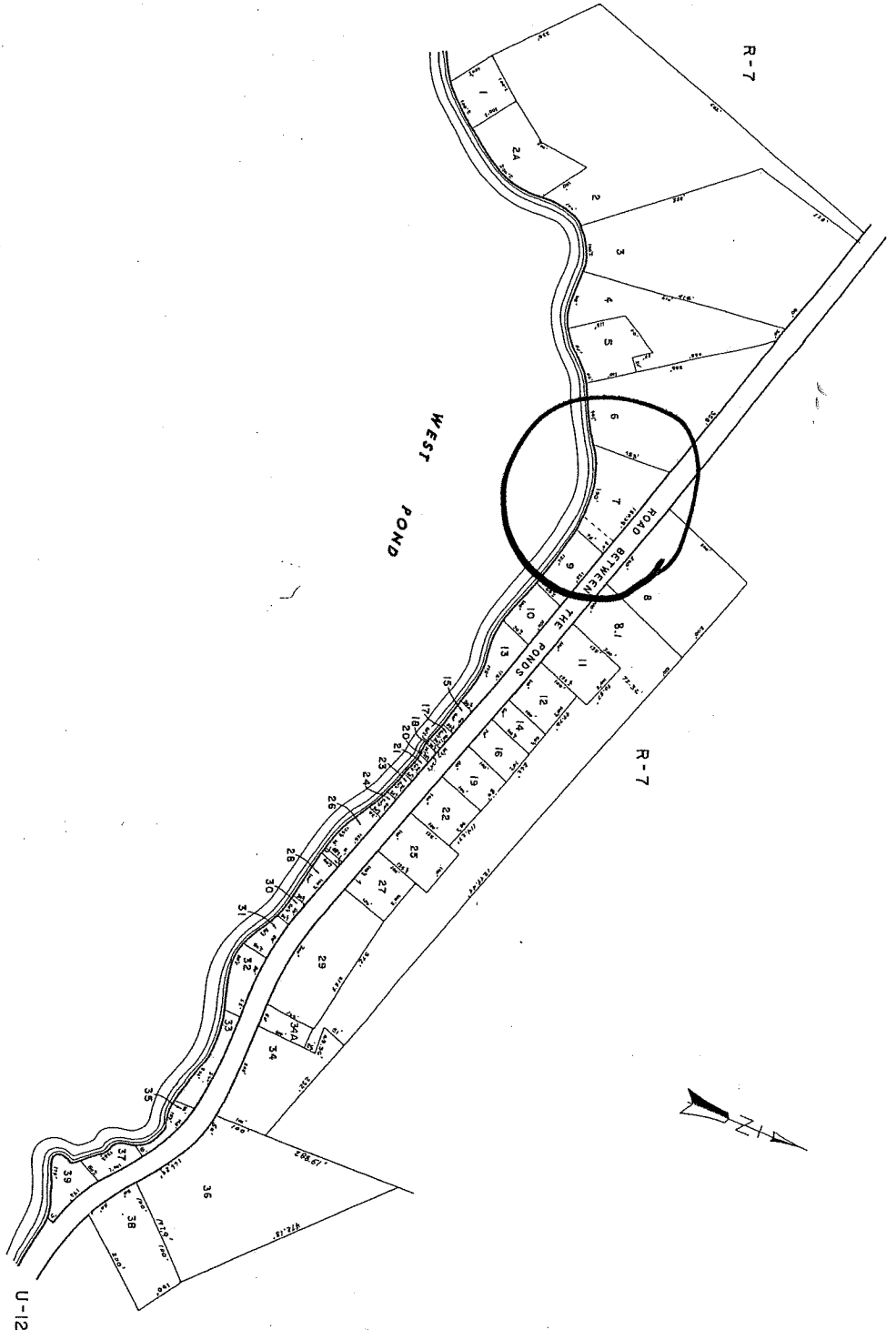
JOHN E. O'DONNELL & ASSOCIATES  
AUBURN, MAINE  
1970

PROPERTY MAP  
PARSONSFIELD, MAINE

NO\*411933223,36

TAX MAP REVISED  
APRIL 1, 2020

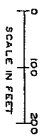
2.B.



FOR ASSISTANT PURPOSES ONLY  
NOT FOR PROPERTY COMPANIES

JOHN E. O'CONNELL & ASSOCIATES  
AUBURN, MAINE  
1720

PROPERTY MAP  
PARSONSFIELD, MAINE



U-11

NO. 5

2. D.

BK 17286 PGS 482 - 483  
INSTR # 2016030317  
RECEIVED YORK SS  
07/29/2016 11:37:46 AM  
DEBRA ANDERSON  
REGISTER OF DEEDS

PERSONAL REPRESENTATIVE'S DEED  
OF DISTRIBUTION

No R.E. Transfer Tax Paid

KNOW ALL BY THESE PRESENTS THAT I, RICHARD F. DACEY, III, of Waltham, Middlesex County, Commonwealth of Massachusetts, the duly appointed and acting Personal Representative of the ESTATE OF GAYLEE L. MACGREGOR, formerly known as L. GAYLEE DALRYMPLE, deceased, late of Newburyport, Essex County, Commonwealth of Massachusetts, as shown by the records of the Probate and Family Court for Essex County, Massachusetts, under Docket No. ES14P1825EA and the Probate Court for Cumberland County, Maine under Docket No. 2014-0857, by the power conferred by the Maine Probate Code and every other power, in distribution of the Estate of said Gaylee L. MacGregor, do hereby transfer grant and release to GAYLEE LOCKWOOD, individually, having a mailing address of 6 Parker Street, Newbury, Massachusetts, pursuant to Paragraph FIFTH of the will of said Gaylee L. MacGregor, all the right, title, and interest of said Gaylee L. MacGregor, in the real property located at 55 Road Between the Ponds, in the Town of Parsonsfield, County of York and State of Maine, as described as follows:

A certain lot or parcel of land together with the buildings thereon, situated on the North shore of West Pond, in Parsonsfield, in the County of York, and State of Maine, and on the Southerly side of the road leading from the Elliott Schoolhouse Easterly between West Pond and Long Pond, bounded and described as follows:

Beginning on the Southerly side of said road at an iron pipe set in the ground at the Northwesterly corner of the premises herein conveyed at land of M. Garside and thence running South 55° 12 1/2' East by the Southerly side of said road one hundred thirty-three and fifty hundredths (133.50) feet to an iron pipe set in the ground; thence running South 53° 46'; East by the Southerly side of said road seventy-six and eighty-eight hundredths (76.88) feet to an iron hub set in the ground and land of one Hall; thence running South 36° 18" West by said Hall land seventy-four and nineteen hundredths (74.19) feet to an iron hub set in the ground near the shore of said West Pond; thence continuing on the same course by said Hall land five (5) feet, more or less, to the shore of said Pond, thence running in a Northwesterly and Westerly direction by the said of said Pond one hundred eighty- nine and forty-five hundredths (198.45) feet, more or less, to a point opposite the point of beginning on a course South 20 22' West and land of the aforementioned M. Garside; thence running North 20 22' East by said Garside land over the short of said Pond nine (9) feet, more or less, to an iron pipe set in the ground; and thence continuing on the same course by said Garside land one hundred fifty-two and fifty-four hundredths (152.54) feet to the Southerly side of aforementioned road and the iron pipe set in the ground at the point of beginning.

Subject to a right of way in favor of Gilbert A. Lander and Doris M. Lander, their heirs and assigns, over a strip of land thirty (30) feet in width along the Southeasterly

10110 SW Portland ME 04110  
Landeress & Lander 17 York of the SD's Portland ME 04110

← 20°

2. D.

boundary of said above described land and adjacent to said Hall land, extending from the Southerly side of the aforementioned road to the shore of said West Pond, for the purpose of access to the waters of said West Pond.

Reference should be made to a Plan entitled "Property of Gilbert & Doris Lander, Parsonsfield, Maine", dated August 20, 1977, by John E. Large, Maplewood, Maine, filed in York Registry of Deeds, Plan Book 86, Page 21.

Meaning and intending to convey and hereby conveying the same premises conveyed to L. Gaylee Dalrymple, also known as Gaylee L. MacGregor, by the deed of Robert S. Dalrymple dated June 8, 1978 and recorded in York County Registry of Deeds in Book 2362, Page 231.

WITNESS my hand and seal in my said capacity this 23<sup>rd</sup> day of June, 2016.

SIGNED, SEALED, AND DELIVERED  
In the presence of:

Sarah Martin  
Witness  
Print Name SARAH MARTIN

Richard F. Dacey, III  
Richard F. Dacey, III, Personal Representative

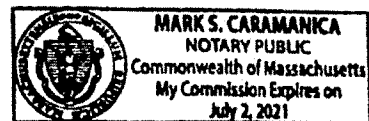
Linda Slave  
Witness  
Print Name Linda Slave

COMMONWEALTH OF MASSACHUSETTS  
COUNTY OF MIDDLESEX, ss.:

On this 23<sup>rd</sup> day of June, 2016, before me personally appeared the above named RICHARD F. DACEY, III, and acknowledged the foregoing instrument to be his free act and deed in his said capacity as personal representative of the Estate of Gaylee L. MacGregor, deceased.

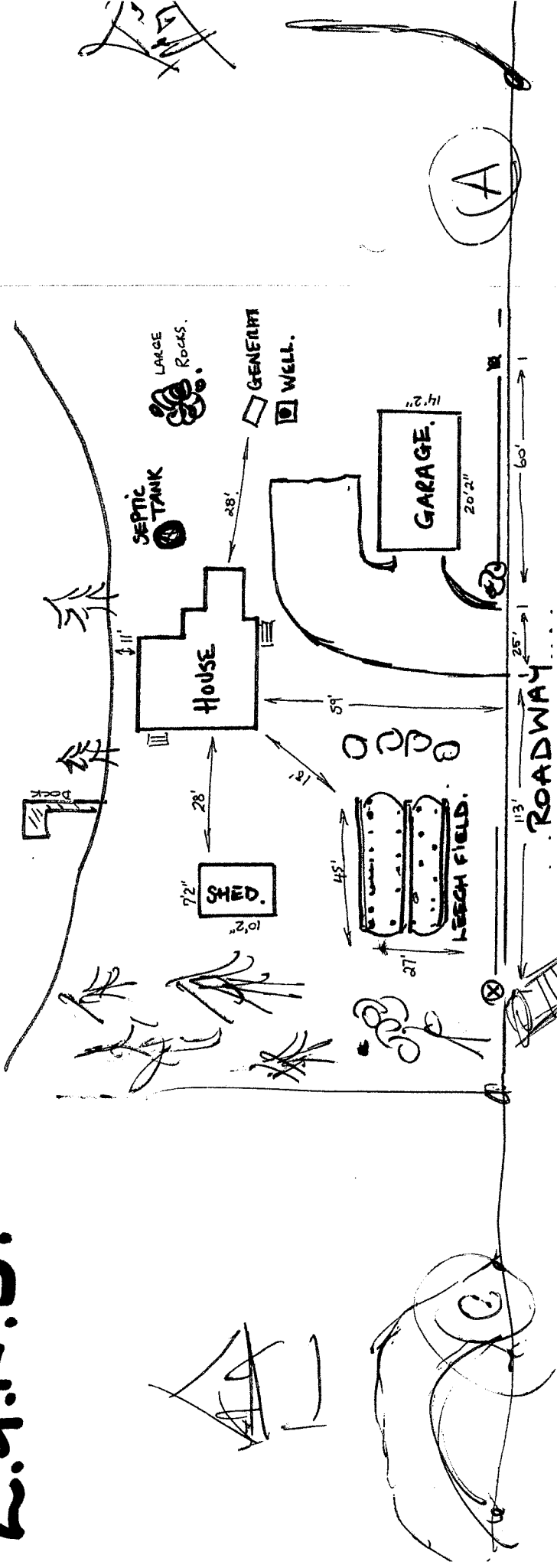
Mark S. Caramanica  
Notary Public

SEAL

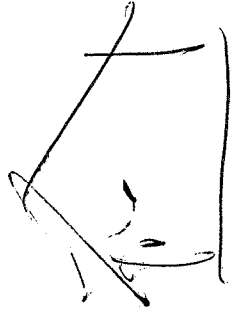
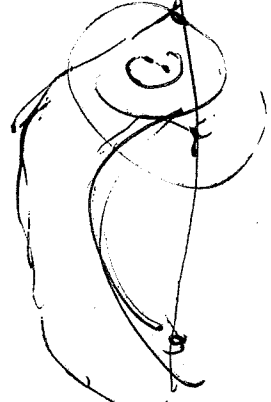


2.G.K.J.

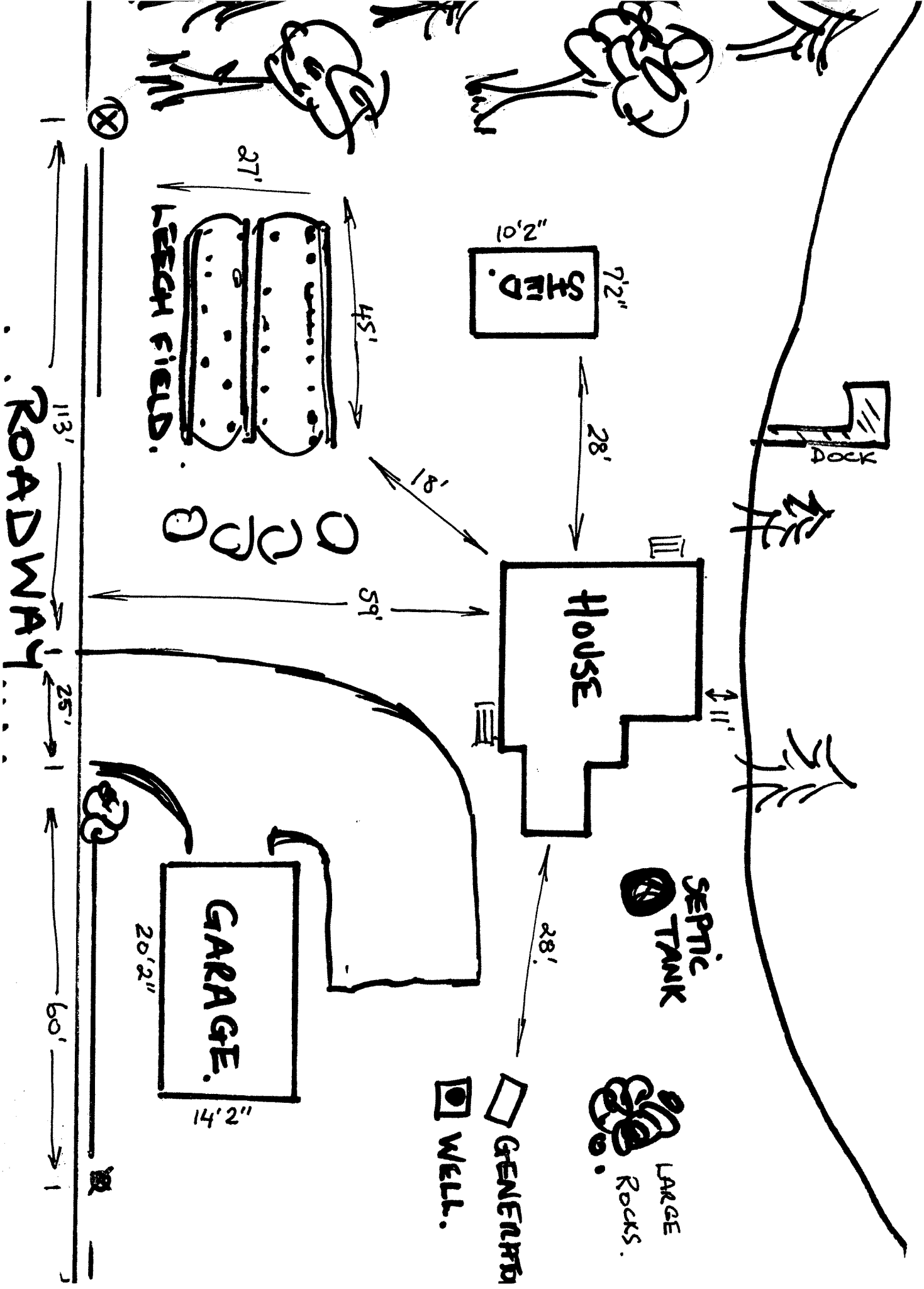
LAKE



- DRIVEWAY (A) WITH 200
- DRIVEWAY (B)
- DRIVEWAY (C)
- COURT (D)



# 2. G.I., J & L, Q LAKE



ROADWAY

VEGET. FIELD.

SHED.  
7'2"  
10'2"

HOUSE

DOCK

SEPTIC TANK

GARAGE.  
14'2"  
20'2"

WELL.  
GENERATOR

LARGE ROCKS.

113'  
25'  
60'

27'

45'

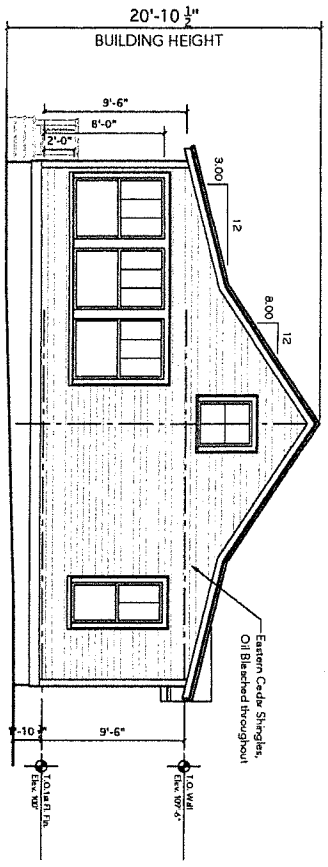
59'

18'

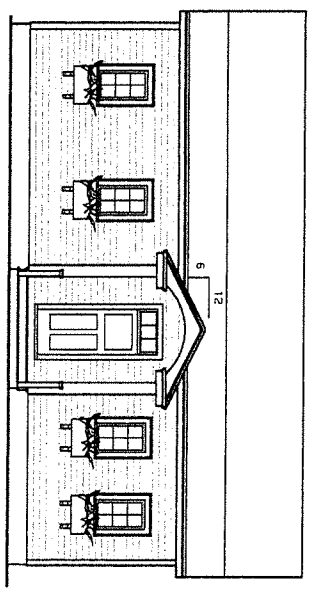
28'

28'

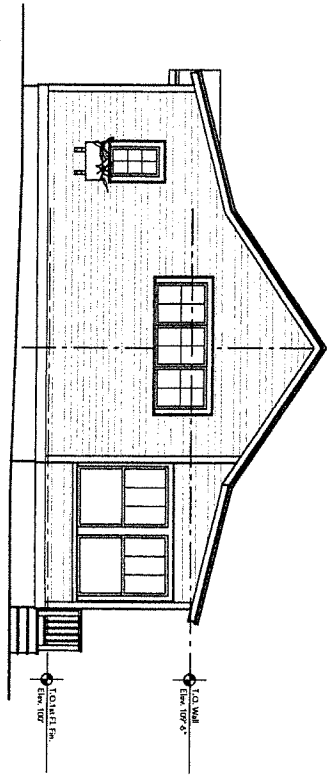
11'



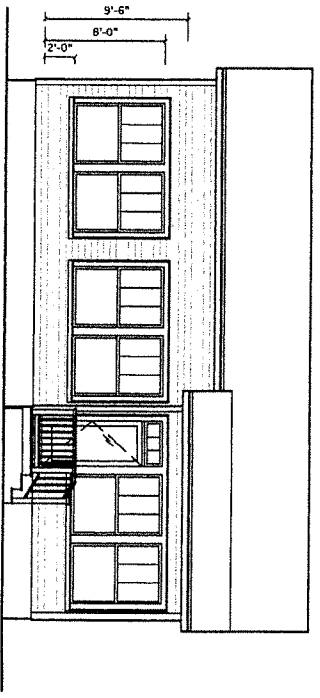
1 Side Exterior Elevation  
SCALE: 1/8" = 1'-0"



2 Front Exterior Elevation  
SCALE: 1/8" = 1'-0"



3 Side Exterior Elevation  
SCALE: 1/8" = 1'-0"



4 Rear Exterior Elevation (Waterside)  
SCALE: 1/8" = 1'-0"

project:  
**SELKIRK  
RESIDENCE**  
55 Road Between  
The Ponds  
Parsonsfield, ME  
04047

architect:  
**GRAF  
ARCHITECTS**  
21 Berry Street  
Newburyport, MA  
01950  
T. 978.699.9442  
www.grafarch.com

title:  
**Proposed  
Exterior Elevations**

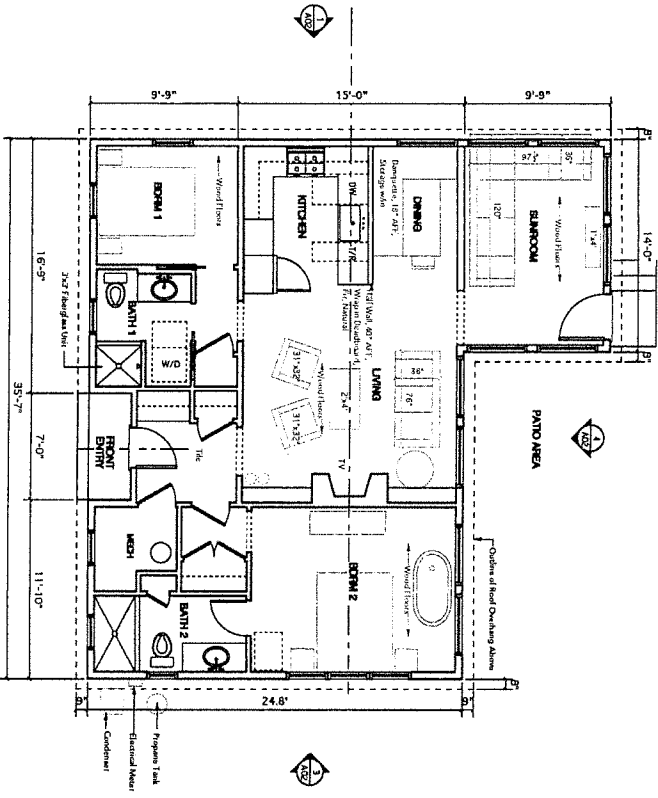
SCALE: 1/8" = 1'-0"  
12 october 2021

**A01**

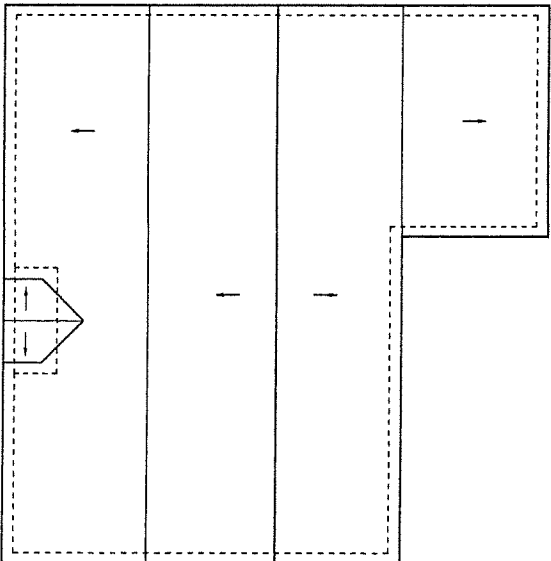


2. P

SQUARE FOOTAGE CALCULATION  
HOUSE FOOTPRINT 588 SF



1 First Floor Plan  
SCALE: 1/8" = 1'-0"



2 Roof Plan  
SCALE: 1/8" = 1'-0"

PROJECT:  
**SELKIRK  
 RESIDENCE**  
 55 Road Between  
 The Ponds  
 Parsonsfield, ME  
 04047

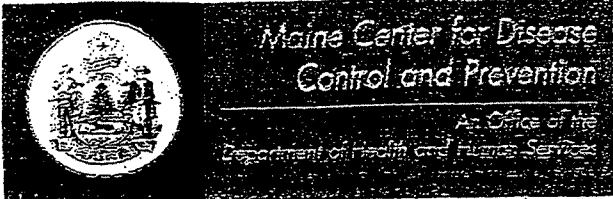
ARCHITECT:  
**GRAF  
 ARCHITECTS**  
 21 Liberty Street  
 Newburyport, MA  
 01950  
 T. 978.697.9442  
 www.grafarch.com

111118:  
 Proposed  
 Floor Plan +  
 Roof Plan

SCALE: 1/8" = 1'-0"  
 12 OCTOBER 2021

A01

2K, 2G



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) 287-5672  
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.

**GENERAL INFORMATION** Town of Parsonsfield

Property Owner's Name: Gaylee Lockwood Tel. No.: \_\_\_\_\_

System's Location: 55 Road Between the Ponds Rd

Property Owner's Address: 90 Mark Bolton Zip Code 04020  
PO Box 24 Cornish ME

e-mail address: \_\_\_\_\_

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.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)	SECTION OF RULE
1. <u>Treatment Tank to water 100' Down to 50'</u>	<u>Table 8A</u>
2. <u>Treatment Tank to owners Well 50' Down to 45'</u>	<u>Table 8A</u>
3. _____	_____

**SITE EVALUATOR**

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.

The lot is small and located on West Pond, a variance is requested

I, Kenneth Gardner SE, 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.

Kenneth Gardner SIGNATURE OF SITE EVALUATOR      10-6-21 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      \_\_\_\_\_ DATE  
 AGENT FOR THE OWNER

**LOCAL PLUMBING INSPECTOR - Approval at local level**

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, \_\_\_\_\_, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (  does  does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (  do  do not) approve the requested variance. I (  will  will not) issue a permit for the system's installation as proposed by the application.

\_\_\_\_\_  
LPI Signature

\_\_\_\_\_  
Date

**LOCAL PLUMBING INSPECTOR - Referral to the Department**

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, \_\_\_\_\_, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (  does  does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (  do  do not) recommend the issuance of a permit for the system's installation as proposed by the application.

\_\_\_\_\_  
LPI Signature

\_\_\_\_\_  
Date

**FOR USE BY THE DEPARTMENT ONLY**

The Department has reviewed the variance(s) and (  does  does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

\_\_\_\_\_  
SIGNATURE OF THE DEPARTMENT

\_\_\_\_\_  
DATE

- Notes:
1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)
  2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).**

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
<b>TOTAL POINT ASSESSMENT:</b>		

Minimum Points (Check One):  Outside Shoreland Zone-50  Inside Shoreland Zone-65  Subdivision-65

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Div of Environmental Health, 11 SHS  
(207) 287-5672 Fax: (207) 287-4172

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	Parsonfield	Town/City _____	Permit # _____
Street or Road	Road Between the Tonds	Date Permit Issued ___/___/___	Fee: \$ _____ Double Fee Charged [ ]
Subdivision, Lot #		Local Plumbing Inspector Signature _____	L.P.I. # _____
<b>OWNER/APPLICANT INFORMATION</b>		<input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
Name (last, first, MI)	Lockwood, Gayle	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.	
Mailing Address of	40 Mark Bolton		
Owner/Applicant	PO Box 24		
Daytime Tel. #	Cornish ME 04020	Municipal Tax Map # _____	Lot # _____
<b>OWNER OR APPLICANT STATEMENT</b>		<b>CAUTION: INSPECTION REQUIRED</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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (1st) 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>Tank</u> Year installed: <u>only</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 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 checked="" 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 type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & ait. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input checked="" 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>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped
<b>SIZE OF PROPERTY</b> <u>2.3</u> <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<b>TYPE OF WATER SUPPLY</b> <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 <u>Existing</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>1000gal Tank with pump station</u> <input type="checkbox"/> a. Regular <u>250gal</u> <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: <u>(water tight)</u> CAPACITY: <u>1250 GAL</u>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <u>N/A</u> <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load SIZE: _____ <input 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 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
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION <u>N/A</u> at Observation Hole # _____ Depth _____ of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <u>N/A</u> <input type="checkbox"/> 1. Medium—2.6 sq. ft. / gpd <input 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	<b>EFFLUENT/EJECTOR PUMP</b> <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" 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>43</u> d <u>45</u> m <u>08</u> s Lon. <u>70</u> d <u>52</u> m <u>37</u> s if g.p.s., state margin of error: <u>±20 FT</u>

SITE EVALUATOR STATEMENT		
I certify that on <u>10-6-21</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>Kenneth Gardner</u>	SE # <u>73</u>	Date <u>10-6-21</u>
Site Evaluator Name Printed <u>Kenneth Gardner</u>	Telephone Number <u>207-637-2260</u>	E-mail Address _____

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Division of Environmental Health  
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Parsonsfield

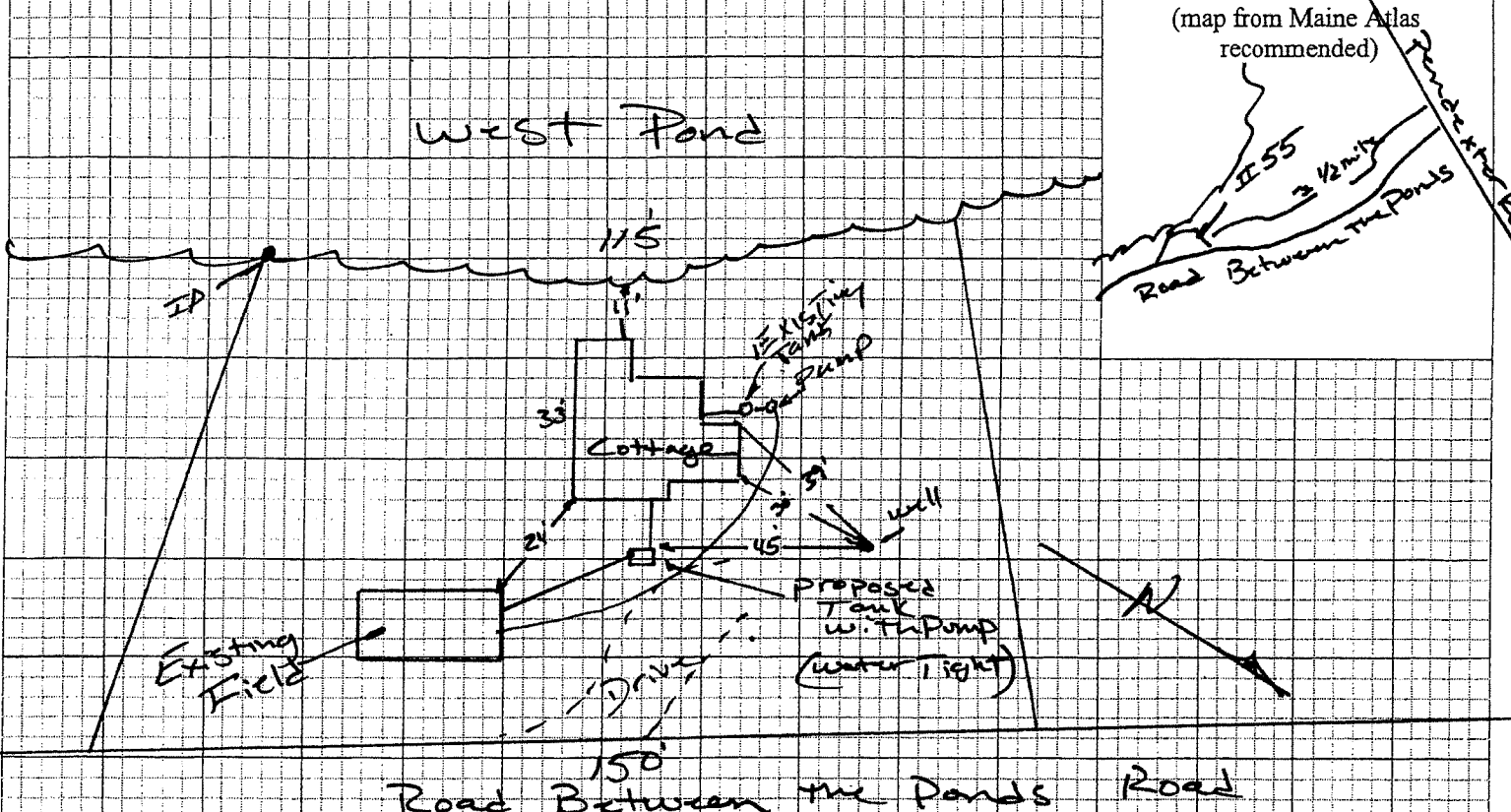
55 Road Between  
the Ponds R2

Gayler Lockwood

**SITE PLAN**

Scale 1" = 40' ft. or as shown

**SITE LOCATION PLAN**  
(map from Maine Atlas  
recommended)



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

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		N/A		
30				
40				
50				

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
Profile Condition	_____ %	_____ "	<input type="checkbox"/> Restrictive Layer
			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

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		N/A		
30				
40				
50				

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
Profile Condition	_____ %	_____ "	<input type="checkbox"/> Restrictive Layer
			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

*Kenneth Zuder* 73  
Site Evaluator Signature SE #

10-6-21  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Parsonsfield

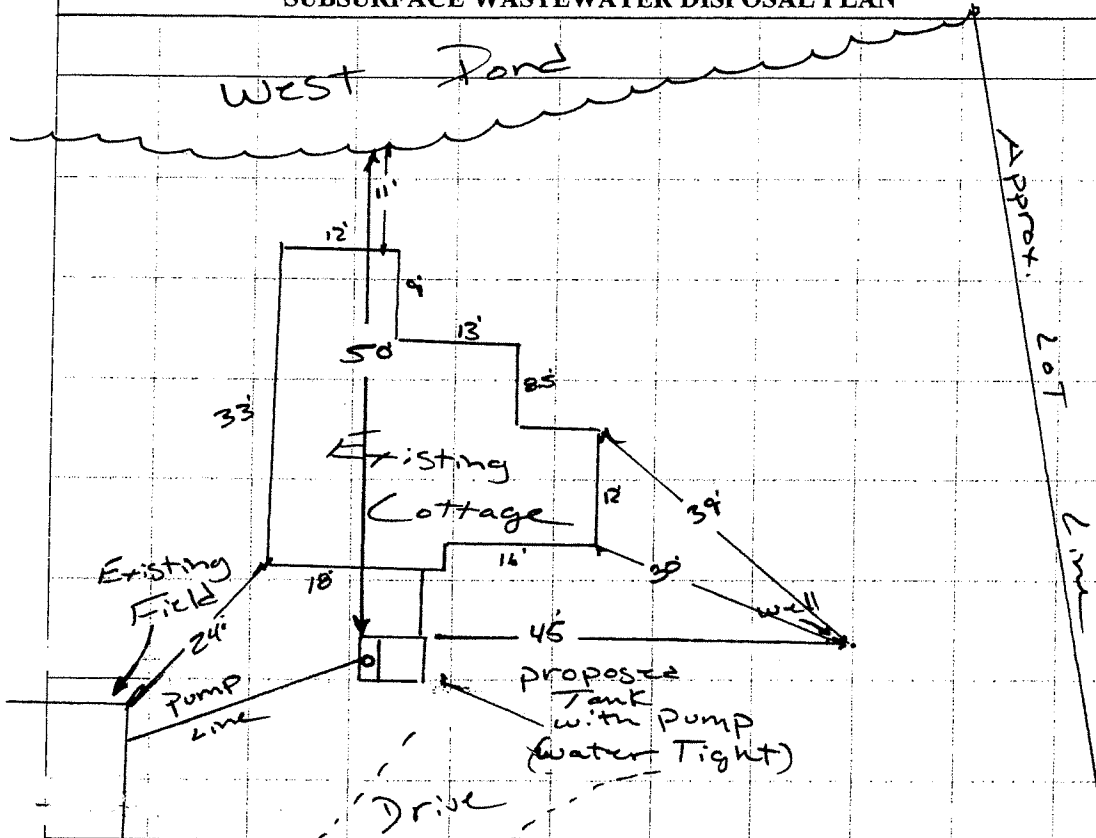
55 Road Between  
the Ponds

Gayle Leckwood

## SUBSURFACE WASTEWATER DISPOSAL PLAN

0

SCALE: 1" = 20' FT.



### FILL REQUIREMENTS

### CONSTRUCTION ELEVATIONS

### ELEVATION REFERENCE POINT

Depth of Fill (Upslope) N/A

Finished Grade Elevation

N/A

Location & Description:

Depth of Fill (Downslope) N/A

Top of Distribution Pipe or Proprietary Device

N/A

Reference Elevation: \_\_\_\_\_

Bottom of Disposal Area

N/A

### DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = \_\_\_\_ ft.

Vertical 1" = \_\_\_\_ ft.

N/A

*Keith Luder* 23

10-6-21

Site Evaluator Signature

SE #

Date

- 2. R.** All water supply will be from existing well.
- 2. S.** All surface water will be directed toward the heavy stand of trees and brush, to the eastern boundary.
- 2. U.** All exterior lighting will be residential and for security grade.
- 2. V.** Landscaping will be as existing.

AGENT AUTHORIZATION FORM

PROPERTY LEGAL DESCRIPTION:

LOT NO. U11-007 PLAN NO. \_\_\_\_\_ PARCEL ID: 00864.

STREET ADDRESS: 55 ROAD BETWEEN THE PONDS  
PARSONSFIELD, ME, 04047.

Please print.

Property Owner: GAYLEE SELKIRK

Property Owner: \_\_\_\_\_

The undersigned, registered property owners of the above noted property, do hereby authorize

MARK BOLTON of AUSSIE CONSTRUCTION  
(Contractor / Agent) (Name of consulting firm)

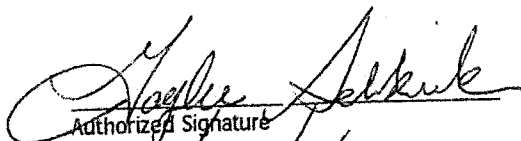
to act on my behalf and take all actions necessary for the processing, issuance and acceptance of this permit or certification and any and all standard and special conditions attached.

Property Owner's Address (if different than property above):

6 PARKER ST, NEWBURY, MASS 01951

Telephone: (508) 254-1888

We hereby certify the above information submitted in this application is true and accurate to the best of our knowledge.

 \_\_\_\_\_  
Authorized Signature Authorized Signature

Date: 10/24/21 \_\_\_\_\_ Date: \_\_\_\_\_