



TOWN OF NORTH YARMOUTH  
PLANNING BOARD

MINOR SUBDIVISION APPLICATION

(See Article 5 pages 38 through 59 of the North Yarmouth Land Use Ordinance)

NAME OF APPLICANT: Darla Hamlin PHONE #: 831-0160  
EMAIL: darla@softtrack.com ALT. PHONE#: \_\_\_\_\_  
FULL ADDRESS: 80 Harman Way, Cumberland ME 04021  
PROPERTY ADDRESS: 63 New Gloucester Road, North Yarmouth, ME 04097  
MAP: 8 LOT: part of lot 15

AGENT/REPRESENTATIVE (if other): Wayne Wood PHONE #: 657-3330  
EMAIL: wtwco132e@gmail.com  
FULL ADDRESS: 30 Wood Drive, Gray, ME 04039

1. Names and Addresses of ALL property owners within 500' of any and all property boundaries (use a separate sheet).

2. Plan preparer information if other than property owner:

Name: Wayne Wood  
Address: 30 Wood Drive, Gray, ME 04039  
Phone Number: 657.3330 Professional Lic. # 1328  
Email: wtwco132e@gmail.com

3. Zoning Classification of the Property

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Village Center                 | <input checked="" type="checkbox"/> Village Residential | <input type="checkbox"/> Farm and Forest     |
| <input type="checkbox"/> Shoreland Residential          | <input type="checkbox"/> Resource Protection            | <input type="checkbox"/> Royal River Overlay |
| <input type="checkbox"/> Groundwater Protection Overlay |   |  |

4. Provide a General Description of the proposed use or activity, including but not limited to the type of use, square footage involved, hours of operation, types and amount of traffic to be generated (use separate sheet).

5. Historic Structures: Are there any historic structures or areas of historical importance on the property?  YES  NO

6. Complete List of all chemicals, pesticides, fuels, nutrients and other potentially toxic or hazardous materials to be used or stored on the premises, and the quantities of these materials (use a separate sheet). None

7. List of Equipment to be used, parked or stored (use a separate sheet). None

8. To the best of my knowledge, all the above-stated information, and all prepared submissions in this application are correct.

\_\_\_\_\_  
Signature of Applicant/Owner

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



**TOWN OF NORTH YARMOUTH  
PLANNING BOARD  
REQUEST FOR HEARING**

NAME OF APPLICANT: Darla Hamlin PHONE #: 831-0160  
 EMAIL: darla@softtrack.com ALT. PHONE#: \_\_\_\_\_  
 FULL ADDRESS: 80 Harmon Way, Cumberland, ME 04021  
 PROPERTY ADDRESS: 63 New Gloucester Road, North Yarmouth, ME 04097  
 MAP: 0 LOT: 15-1 ZONE: VR

AGENT/REPRESENTATIVE (if other): Wayne Wood PHONE #: 657-3330  
 EMAIL: wtwico1320@gmail.com  
 FULL ADDRESS: 30 Wood Drive, Gray, ME 04039

The undersigned requests the North Yarmouth Planning Board consider the following application for:

<input type="checkbox"/> Pre-application Sketch Plan Review <input checked="" type="checkbox"/> Minor Subdivision <input type="checkbox"/> Contract Zoning <input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Major Subdivision <input type="checkbox"/> Site Plan Review
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**NOTE TO APPLICANT:**

1. This form and appropriate materials must be filed at the Code Enforcement Office no later than (fourteen) 14 days prior to the regular meeting of the Board (2<sup>nd</sup> Tuesday monthly). Applications shall be accompanied by all applications fee and materials required by the applicable ordinance(s), checklists and fee schedule.
2. All applications shall include all materials and copies as specified on the submittal requirements form.
3. All materials in color shall be copied in color.

**Application Authorization**

I hereby make application to the Town of North Yarmouth for the above-referenced property(ies) and the development as described. To the best of my knowledge, the information provided herein is accurate and is in accordance with the Zoning and Subdivision Ordinances of the Town, except where waivers are requested. The Town of North Yarmouth Planning Board and/or town employees are authorized to enter the property(ies) for purposes of reviewing this proposal and for inspecting improvements as a result of an approval of this proposal. I understand that I am responsible for appearing, or having someone appear on my behalf, at all meetings before the Planning Board.

Signature: Wayne Wood Date: \_\_\_\_\_  
 Printed Name: Wayne Wood

Please identify yourself (check one): Agent\*:  Property Owner:



Tax Sheet **8**

Maps Prepared by  
 Cumberland County  
 Regional Assessing

LOCATICN MAP



# North Yarmouth, Maine



Tax Sheets are intended for assessing purposes only.  
 Boundary locations are approximate and should not be  
 used for conveyance of property.  
 Maps updated - 01/28/2021



NORTH YARMOUTH ZONING MAP



Cumberland County Soils Map #48

Legend

Darla Hamlin



200 ft

Google Earth



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Div. Environmental Health, 115HS  
(207) 287-2070 Fax (207) 287-4132

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	North Yarmouth	Town/City	Permit #
Street or Road	Homestead Road	Date Permit Issued	Fee \$ Double Fee Charged [ ]
Subdivision, Lot #	Lot A	Local Plumbing Inspector Signature LPI #	
<b>OWNER/APPLICANT INFORMATION</b>		Fee: \$ state min fee \$ Locally adopted fee	
Name (last, first, MI)	Wyse & Son	Copy [ ] Owner [ ] Town [ ] State	
Mailing Address of	8 Bethpage Drive	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	
Owner/Applicant	Falmouth 04105	Municipal Tax Map # Lot #	
Daytime Tel. #	650-1069		

**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

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 \_\_\_\_\_

<b>PERMIT INFORMATION</b>		
<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENTS</b>
1 First Time System 2 Replacement System Type replaced _____ Year installed _____ 3 Expanded System a <25% Expansion b >25% Expansion 4 Experimental System 5 Seasonal Conversion	1 No Rule Variance 2 First Time System Variance a Local Plumbing Inspector Approval b State & Local Plumbing Inspector Approval 3 Replacement System Variance a Local Plumbing Inspector Approval b State & Local Plumbing Inspector Approval 4 Minimum Lot Size Variance 5 Seasonal Conversion Permit	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>	<b>DISPOSAL SYSTEM TO SERVE</b>	<b>TYPE OF WATER SUPPLY</b>
1.18 SO. FT. ACRES	1 Single Family Dwelling Unit No. of Bedrooms 4 2 Multiple Family Dwelling, No. of Units _____ 3. Other _____ (specify) Current Use Seasonal Year Round <u>Undeveloped</u>	1 Drilled Well 2 Dug Well 3 Private 4 Public 5 Other
<b>SHORELAND ZONING</b>	<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>	
Yes <input type="radio"/> No <input type="radio"/>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>
	1 Stone Bed 2 Stone Trench 3 Proprietary Device a cluster array <u>Linear</u> b regular load d. H-20 load 4. Other _____ SIZE 1536 sq ft in ft	1 No 2 Yes 3 Maybe If Yes dr Maybe specify one below a multi-compartment tank b tanks in series c increase in tank capacity d. Filter on Tank Outlet
<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>DISPOSAL FIELD SIZING</b>	<b>EFFLUENT/EJECTOR PUMP</b>
PROFILE CONDITION 8 / C at Observation Hole # TP1 Depth 15 " of Most Limiting Soil Factor	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	1 Not Required 2 May Be Required 3 Required Specify only for engineered systems DOSE _____ gallons
		<b>DESIGN FLOW</b>
		360 gallons per day BASED ON: 1 Table 4A (dwelling unit(s)) 2 Table 4C (other facilities) SHOW CALCULATIONS for other facilities 3 Section 4G (meter readings) ATTACH WATER METER DATA <b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. 43 d 50 m 42 s Lon. 70 d 15 m 04 s if g p s. state margin of error. 15

**SITE EVALUATOR STATEMENT**

I certify that on 5/5/21 (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: Mark J Hampton SE #: 263 Date: 5/5/21

Site Evaluator Name Printed: Mark J Hampton Telephone Number: 207-756-2900 E-mail Address: \_\_\_\_\_

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: North Yarmouth Street, Road, Subdivision: Homestead Road Lot: Lot A Owner's Name: Wyse & Son

**SITE PLAN**

Scale: 1" = \_\_\_\_\_ ft. or as shown

**SITE LOCATION PLAN**

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

Observation Hole TP1  Test Pit  Boring  
 " 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	Fine Sandy Loam	Friable	Dark Brown	
10-20	Fine Sandy Loam	Friable	Brown	
20-30	Silty Clay Loam	Firm	Gray	Common and Distinct
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: 8 C Slope: 2 ° Limiting Factor: 15  
 Profile: 8 Condition: C  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

Soil Classification: \_\_\_\_\_ Slope: \_\_\_\_\_ ° Limiting Factor: \_\_\_\_\_  
 Profile: \_\_\_\_\_ Condition: \_\_\_\_\_  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

*[Signature]*  
 Site Evaluator Signature

263

5/5/21

SE #

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

North Yarmouth

Homestead Road

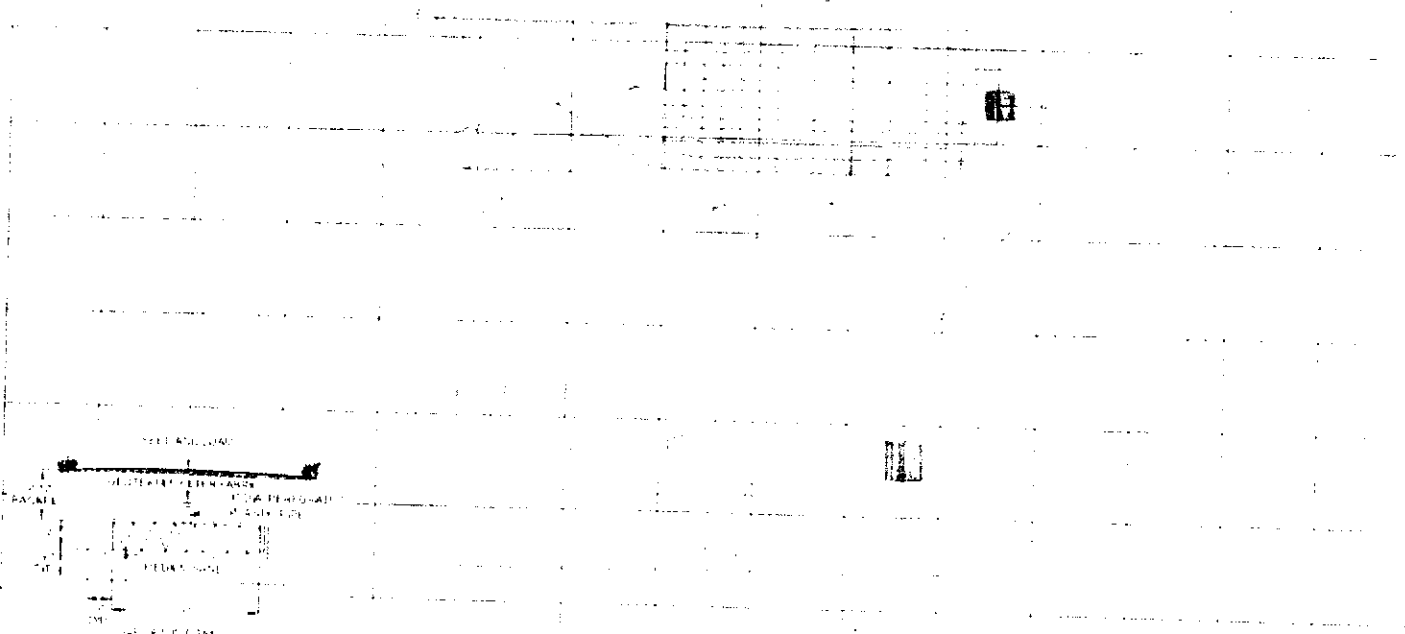
Lot A

Wyse & Son

## SUBSURFACE WASTEWATER DISPOSAL PLAN

0

SCALE: 1" = 20' FT.



### FILL REQUIREMENTS

Depth of Fill (Upslope) 18

Depth of Fill (Downslope) 22

### CONSTRUCTION ELEVATIONS

Finished Grade Elevation -20

Top of Distribution Pipe or Proprietary Device -30

Bottom of Disposal Area -41

### ELEVATION REFERENCE POINT

Location & Description: Grade stake, 40" above grade

Reference Elevation: 0

Note: Materials and installation shall be in accordance with Maine Statewide Wastewater Disposal Rules and Regulations as amended.

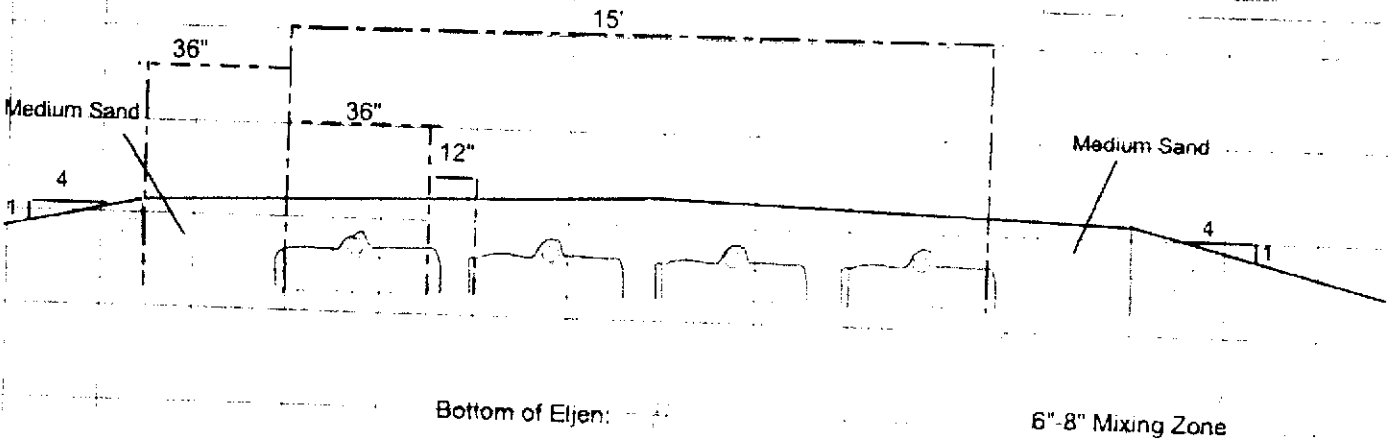
### DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = 4' ft.

Vertical 1" = 4' ft.

Note: All ground to be filled must be scarified



*[Signature]*  
 Site Evaluator Signature

263

SE #

5/5/21

Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Div. Environmental Health, 115HS  
(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	North Yarmouth	Town/City	Permit # _____
Street or Road	Homestead Road	Date Permit Issued	Fee \$ _____ Double Fee Charged <input type="checkbox"/>
Subdivision, Lot #	Lot B	LPI # _____	
<b>OWNER/APPLICANT INFORMATION</b>		Local Plumbing Inspector Signature _____	
Name (last, first, MI)	Wyse & Son	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	8 Bethpage Drive Falmouth 04105	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 #	650-1069	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 checked="" type="radio"/> 1 First Time System <input type="radio"/> 2 Replacement System Type replaced: _____ Year installed: _____ <input type="radio"/> 3 Expanded System a <25% Expansion b >25% Expansion <input type="radio"/> 4 Experimental System <input type="radio"/> 5 Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> <input checked="" type="radio"/> 1. No Rule Variance <input type="radio"/> 2. First Time System Variance a Local Plumbing Inspector Approval b State & Local Plumbing Inspector Approval <input type="radio"/> 3. Replacement System Variance a Local Plumbing Inspector Approval b State & Local Plumbing Inspector Approval <input type="radio"/> 4. Minimum Lot Size Variance <input type="radio"/> 5. Seasonal Conversion Permit	<b>DISPOSAL SYSTEM COMPONENTS</b> <input checked="" type="radio"/> 1 Complete Non-engineered System <input type="radio"/> 2 Primitive System (graywater & alt toilet) <input type="radio"/> 3 Alternative Toilet, specify: _____ <input type="radio"/> 4 Non-engineered Treatment Tank (only) <input type="radio"/> 5 Holding Tank _____ gallons <input type="radio"/> 6 Non-engineered Disposal Field (only) <input type="radio"/> 7 Separated Laundry System <input type="radio"/> 8 Complete Engineered System (2000 gpd or more) <input type="radio"/> 9 Engineered Treatment Tank (only) <input type="radio"/> 10 Engineered Disposal Field (only) <input type="radio"/> 11 Pre-treatment, specify _____ <input type="radio"/> 12 Miscellaneous Components
<b>SIZE OF PROPERTY</b> 1.02 <small>SQ. FT.</small> <b>ACRES</b>	<b>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="radio"/> 1. Single Family Dwelling Unit No. of Bedrooms <u>4</u> <input type="radio"/> 2. Multiple Family Dwelling, No. of Units _____ <input type="radio"/> 3. Other: _____ (specify) _____ Current Use Seasonal Year Round <u>Undeveloped</u>	<b>TYPE OF WATER SUPPLY</b> <input checked="" type="radio"/> 1 Drilled Well <input type="radio"/> 2 Dug Well <input type="radio"/> 3 Private <input type="radio"/> 4 Public <input type="radio"/> 5 Other
<b>SHORELAND ZONING</b> Yes <input type="radio"/> No <input checked="" type="radio"/>	<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>	

<b>TREATMENT TANK</b> <input checked="" type="radio"/> 1 Concrete a Regular b Low Profile <input type="radio"/> 2 Plastic <input type="radio"/> 3 Other _____ CAPACITY <u>1000</u> GAL	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input type="radio"/> 1 Stone Bed <input type="radio"/> 2 Stone Trench <input checked="" type="radio"/> 3 Proprietary Device a cluster array <input checked="" type="radio"/> Linear b regular load <input type="radio"/> d. H-20 load <input type="radio"/> 4 Other _____ SIZE <u>960</u> <small>SQ. FT.</small> in ft	<b>GARBAGE DISPOSAL UNIT</b> <input checked="" type="radio"/> 1 No <input type="radio"/> 2 Yes <input type="radio"/> 3 Maybe If Yes or Maybe, specify one below: <input type="radio"/> a multi-compartment tank <input type="radio"/> b _____ tanks in series <input type="radio"/> c increase in tank capacity <input type="radio"/> d Filter on Tank Outlet	<b>DESIGN FLOW</b> 360 _____ gallons per day BASED ON: <input type="radio"/> 1 Table 4A (dwelling unit(s)) <input type="radio"/> 2 Table 4C (other facilities) SHOW CALCULATIONS for other facilities
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION <u>5 / C</u> at Observation Hole # <u>TP1</u> Depth <u>24</u> " of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <input checked="" type="radio"/> 1 Medium---2.6 sq. ft. / gpd <input type="radio"/> 2 Medium---Large 3.3 sq. ft. / gpd <input type="radio"/> 3 Large---4.1 sq. ft. / gpd <input type="radio"/> 4 Extra Large---5.0 sq. ft. / gpd	<b>EFFLUENT/EJECTOR PUMP</b> <input checked="" type="radio"/> 1 Not Required <input type="radio"/> 2 May Be Required <input type="radio"/> 3 Required Specify only for engineered systems DOSE _____ gallons	<input type="radio"/> 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>50</u> _____ m <u>44</u> _____ s Lon. <u>70</u> _____ d <u>15</u> _____ m <u>19</u> _____ s if g.p.s. state margin of error <u>15</u>

## SITE EVALUATOR STATEMENT

I certify that on 5/5/21 (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 J Hampton</u>	SE # <u>263</u>	Date <u>5/5/21</u>
Site Evaluator Name Printed	Telephone Number <u>207-756-2900</u>	E-mail Address

# 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

North Yarmouth

Homestead Road

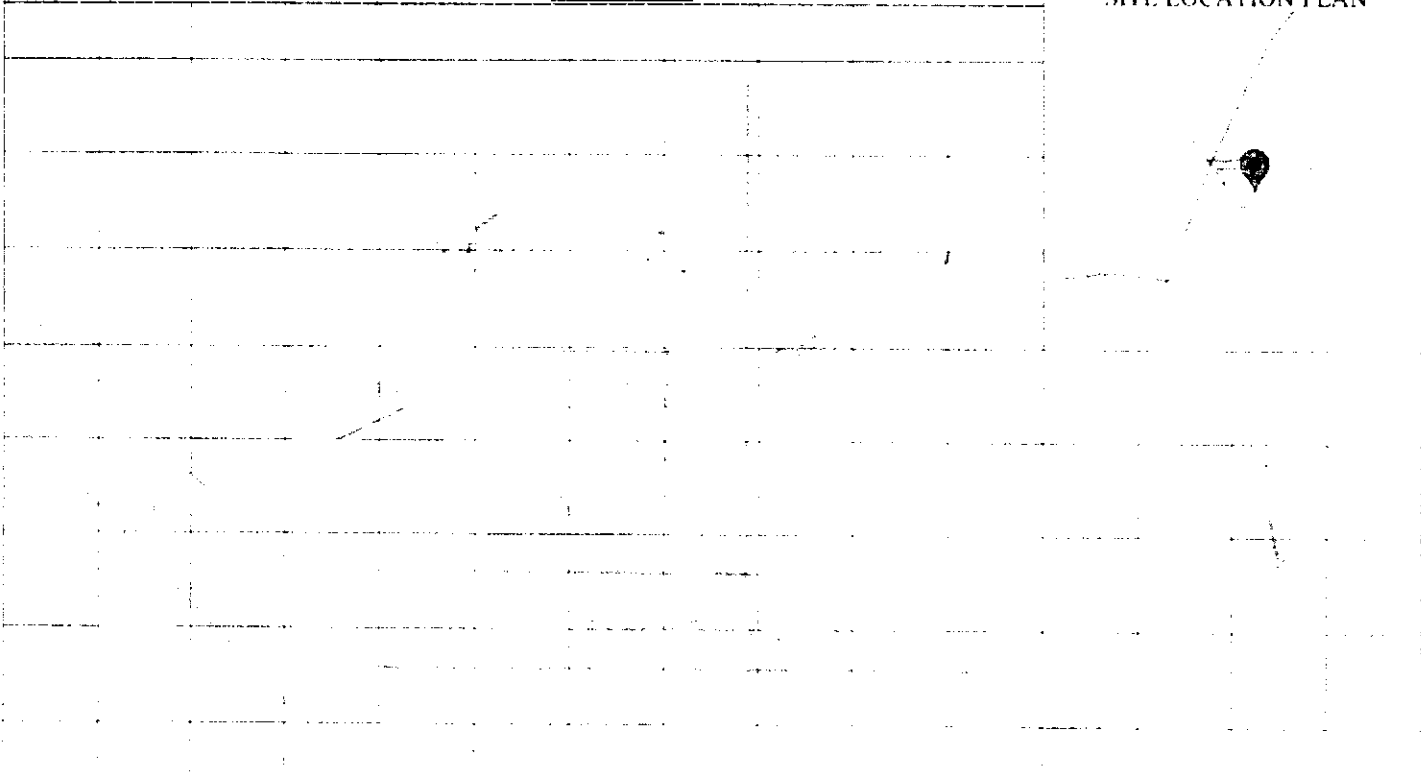
Lot B

Wyse & Son

SITE PLAN

Scale 1" = NTS ft. or as shown

SITE LOCATION PLAN



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

Observation Hole TP1  Test Pit  Boring  
 " 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	Loamy Sand	Friable	Dark Brown	
10 - 20	Loamy Sand	Friable	Yellow Brown	
20 - 39	Sand	Friable	Tan	Common and Distinct
39 - 40				
40 - 50				
50 - 60				

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0 - 10				
10 - 20				
20 - 30				
30 - 40				
40 - 50				
50 - 60				

Soil Classification	Slope	Limiting Factor	Ground Water
5 C	2 %	24	Restrictive Layer
Profile Condition			Bedrock
			Pit Depth

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

[Signature] 263  
 Site Evaluator Signature SL #

5/5/21  
 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  
 North Yarmouth

Street, Road, Subdivision  
 Homestead Road

Lot B

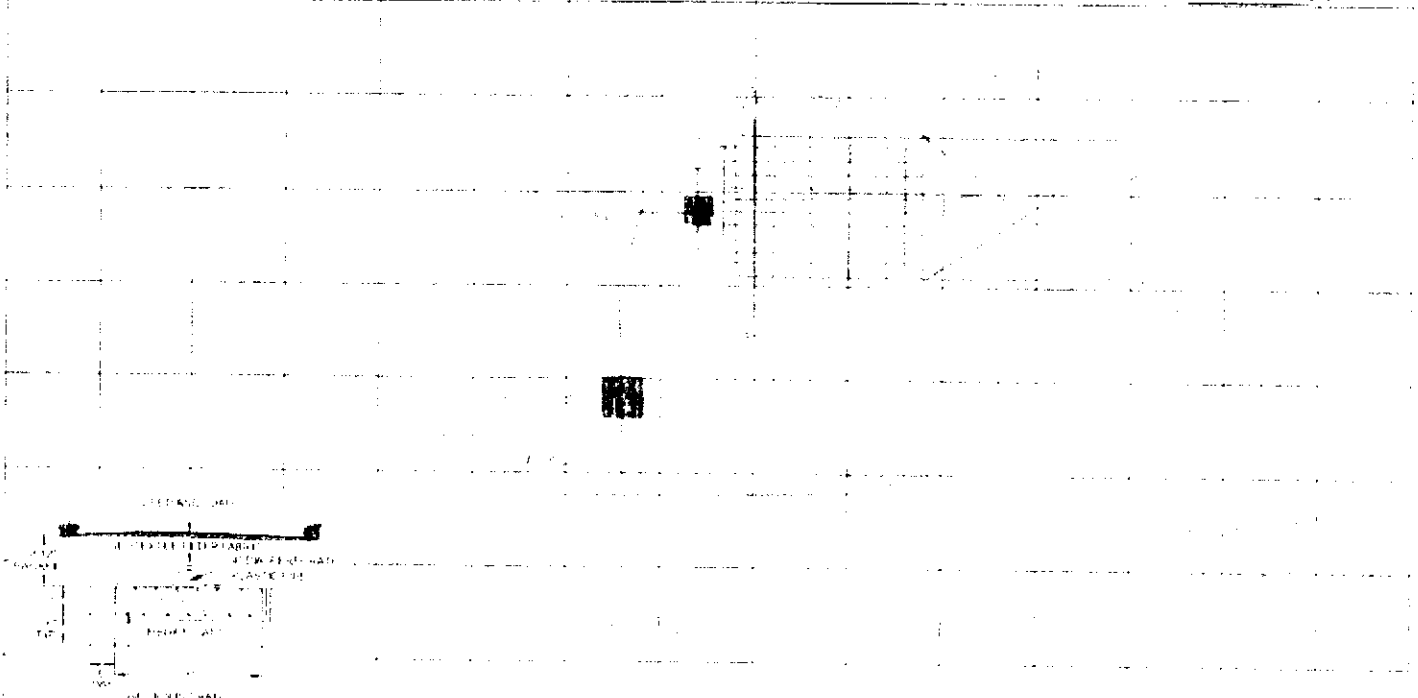
Owner's Name

Wyse & Son

## SUBSURFACE WASTEWATER DISPOSAL PLAN

0

SCALE 1" = 20' FT



### FILL REQUIREMENTS

Depth of Fill (Upslope) 21  
 Depth of Fill (Downslope) 25

### CONSTRUCTION ELEVATIONS

Finished Grade Elevation -18  
 Top of Distribution Pipe or Proprietary Device -28  
 Bottom of Disposal Area -39

### ELEVATION REFERENCE POINT

Location & Description: Grade stake, 40" above grade  
 Reference Elevation: 0

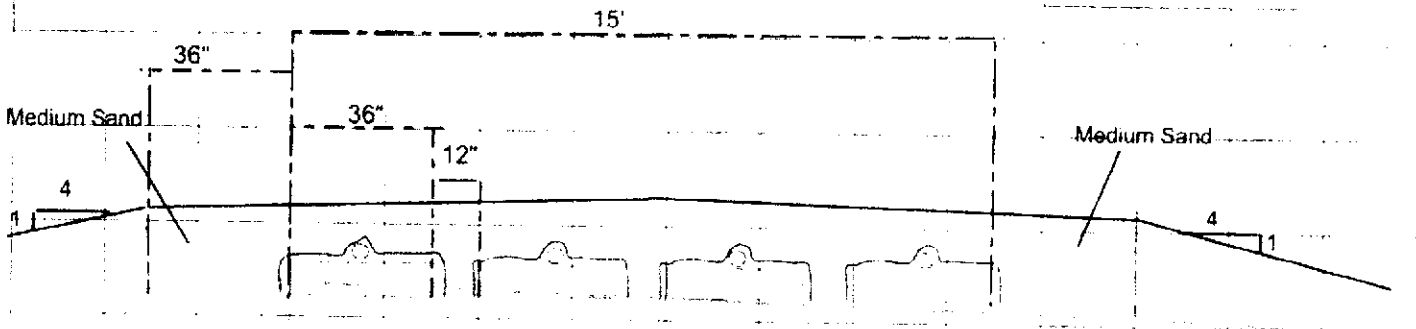
Note: Material and construction shall be in accordance with Maine Subsurface Wastewater Disposal Rules dated 08/01/04 amended.

### DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = 4' ft  
 Vertical 1" = 4' ft

Note: All ground to be filled must be scarified



Bottom of Ejen: ---

6"-8" Mixing Zone

Site Evaluator Signature

263

SE #

5/5/21

Date