

RECEIVED

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

City or Plantation: AUGUSTA  
Street Subdivision Lot: OLD BELGRADE RD.

AUGUSTA

3971

TOWN COPY

Date Permit Issued: 6/26/98

FEE: \$ 175.00

Double Fee Charged:

Local Plumbing Inspector Signature: [Signature]

L.P.I. #: 855

PROPERTY OWNER'S NAME

Last: COULOMBE First: ANDY  
Applicant's Name: SAME  
Mailing Address of Owner: RR #10 B-901 AUGUSTA, ME. 04330  
Daytime Tel.:

Municipal Tax Map: 1 Lot: 1-B

Owner Statement

I state 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/Applicant: [Signature] Date: 6/26

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: [Signature] Date Approved: 8/1/98

PERMIT INFORMATION

TYPE OF APPLICATION:

- 1.  First Time System
- 2.  Replacement System  
Type Replaced: ?  
Year Installed: ?
- 3.  Expanded System  
 a. one time exempted  
 b. non exempted
- 4.  Experimental System
- 5.  Seasonal Conversion

THIS APPLICATION REQUIRES:

- 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 Approval

DISPOSAL SYSTEM COMPONENT(S)

- 1.  Non-Engineered System
- 2.  Primitive System (graywater & all toilet)
- 3.  Alternative Toilet
- 4.  Non-Engineered Treatment Tank
- 5.  Holding Tank \_\_\_\_\_ Gallons
- 6.  Non-Engineered Disposal Area (only)
- 7.  Separated Laundry System
- 8.  Engineered System (>2000 gpd)
- 9.  Engineered Treatment Tank (only)
- 10.  Engineered Disposal Area (only)
- 11.  Pretreatment

SIZE OF PROPERTY

2+ AC.

DISPOSAL SYSTEM TO SERVE:

- 1.  Single Family Dwelling Unit
- 2.  Multiple Family Dwelling: Number of Units \_\_\_\_\_
- 3.  Other \_\_\_\_\_

SHORELAND ZONING

Yes  No

TYPE OF WATER SUPPLY

PRIVATE

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- 1.  Concrete  
 a. Regular  
 b. Low Profile
  - 2.  Plastic
  - 3.  Other \_\_\_\_\_
- SIZE: EXISTING Gallons

DISPOSAL AREA TYPE / SIZE

- 1.  Bed 900 Sq. Ft.
- 2.  Proprietary Device \_\_\_\_\_ Sq. Ft.  
 Cluster  Linear  
 Regular  H-20
- 3.  Trench
- 4.  Other \_\_\_\_\_

GARBAGE DISPOSAL UNIT

- 1.  No
- 2.  Yes  
 Multi-compartment tank  
 Tank in series  
 Increase in tank capacity  
 Filter on tank outlet

CRITERIA USED FOR DESIGN FLOW (Show Calculations)

3 BEDROOM

PROFILE & DESIGN CLASS

PROFILE: 7 DESIGN: C  
DEPTH TO MOST LIMITING FACTOR: 16"

DISPOSAL AREA SIZING

- 1.  Small - 2.00
- 2.  Medium - 2.60
- 3.  Medium-Large - 3.30
- 4.  Large - 4.10
- 5.  Extra-Large - 5.20

PUMPING

- 1.  Not required
- 2.  May be required
- 3.  Required

DOSE: 50 Gallons

DESIGN FLOW: 270 GPD (Gallons/Day)

SITE EVALUATOR'S STATEMENT

On 9/22/98 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules.

Site Evaluator Signature: [Signature]

JOHN PHILBRICK  
Site Evaluator Name Printed

256

SE

547-3732

Telephone

4/24/98

Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

04248847

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

AUGUSTA

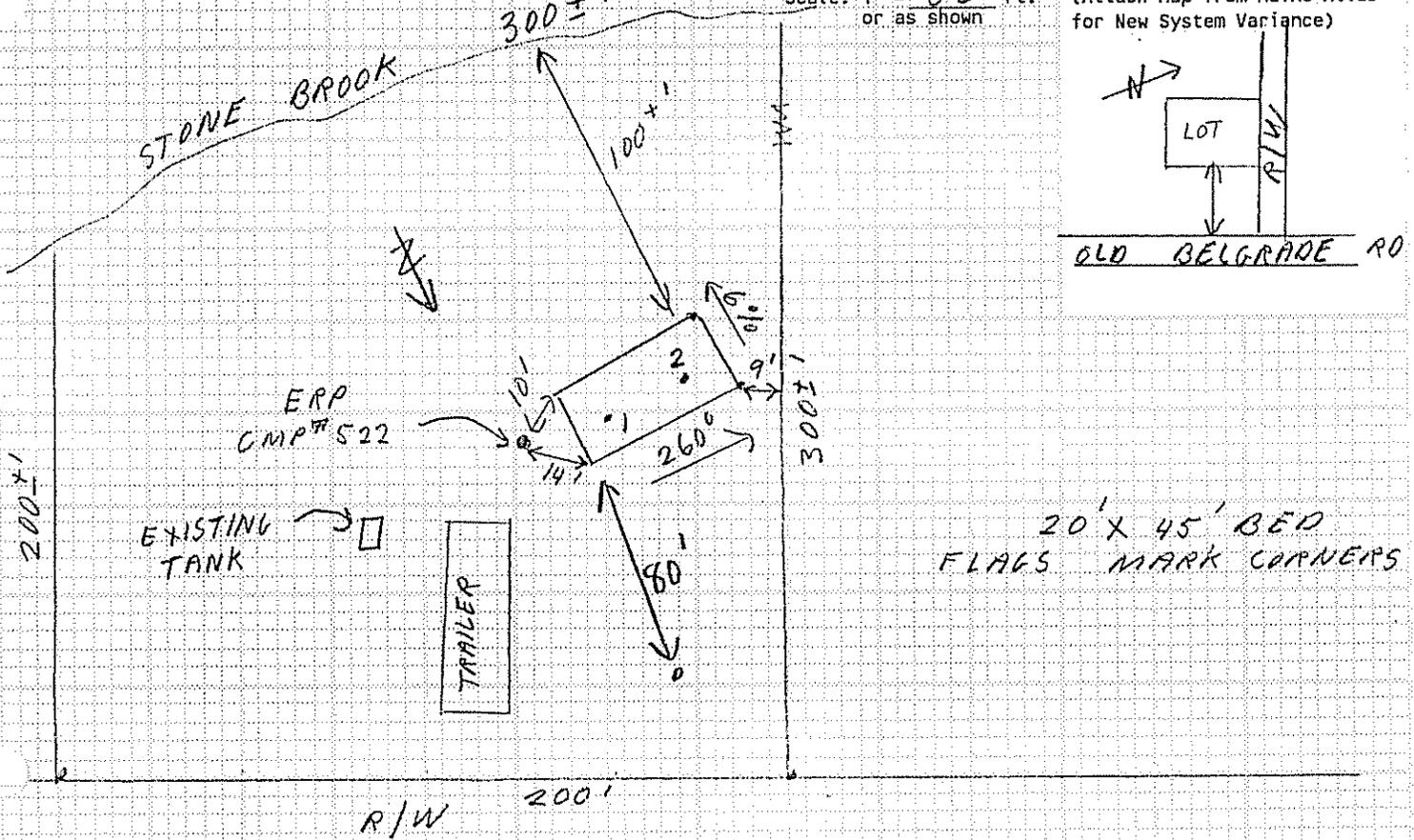
OLD BELGRADE RD. ANDY COULOMBE

## SITE PLAN

Scale: 1" = 50 Ft.  
or as shown

## SITE LOCATION PLAN

(Attach Map from Maine Atlas for New System Variance)



## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Notes Shown Above)

Observation Hole 1  Test Pit  Boring  
0 " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRILABLE	DARK BR.	NONE
6	LOAMY SAND		YELLOW BR.	
10	SAND		BR.	
15	SILTY CLAY	FIRM	GRAY	COMMON
20				DISTINCT
30				
40				
50				

Soil Classification: 7C Profile Condition  
 Slope: 6%  
 Limiting Factor: 16  
 Ground Water  
 Restr. Layer  
 Bedrock

Observation Hole 2  Test Pit  Boring  
0 " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRILABLE	DARK BR.	NONE
6	LOAMY SAND		YELLOW BR.	
10	SAND		BR.	
15				
20		FIRM	GRAY	COMMON
30				DISTINCT
40				
50				

Soil Classification: 7C Profile Condition  
 Slope: 6%  
 Limiting Factor: 18  
 Ground Water  
 Restr. Layer  
 Bedrock

*[Signature]*  
 Site Evaluator Signature

256  
 SE#

4/24/98  
 Date

Approved for use as  
 HHE 200 by Division of  
 Health Engineering 9/87

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

08246445

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

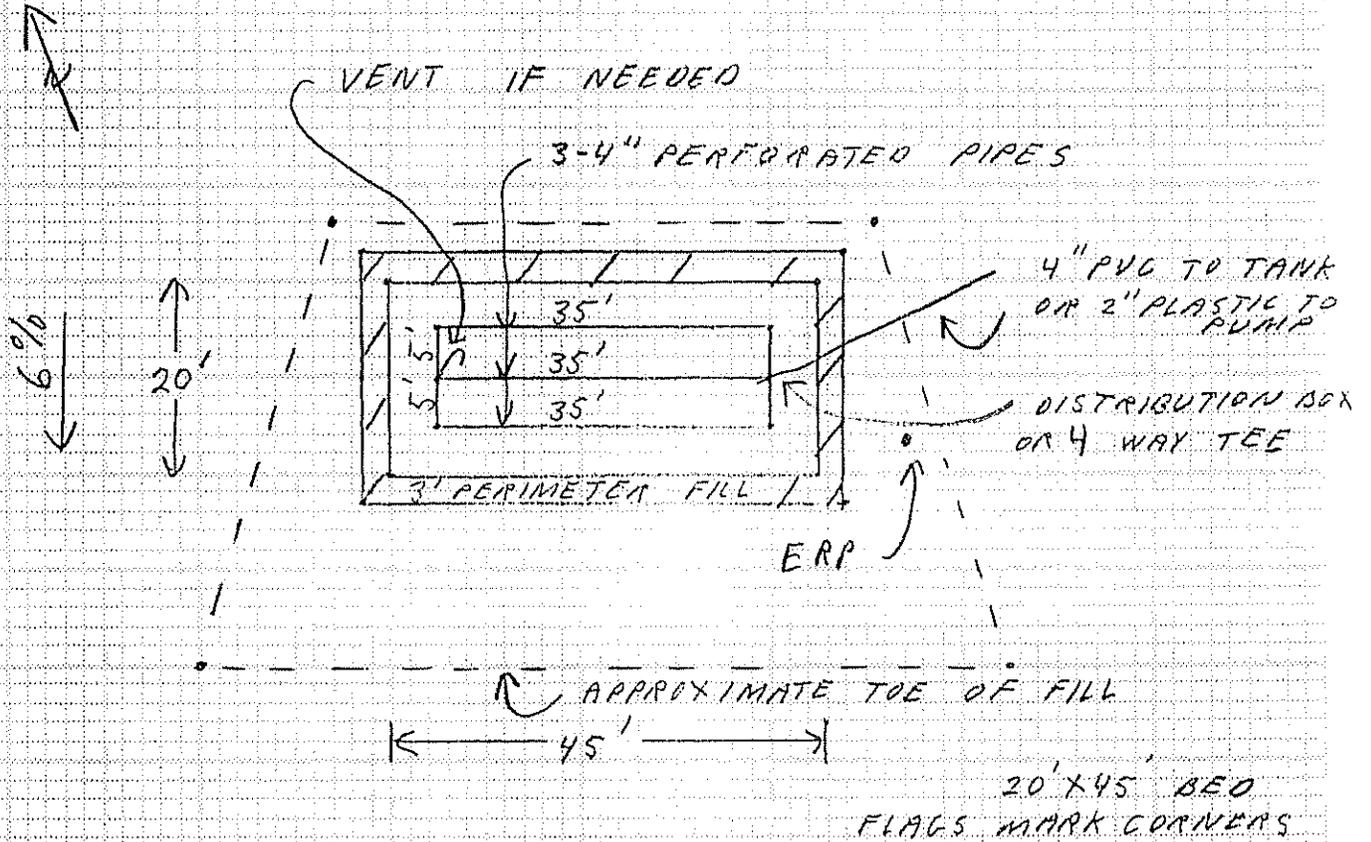
AUGUSTA

OLD BELGRADE RD.

ANDY COULOMBE

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft.  
or as shown



**FILL REQUIREMENTS**  
 Depth of Fill (Upslope) 20"  
 Depth of Fill (Downslope) 32"

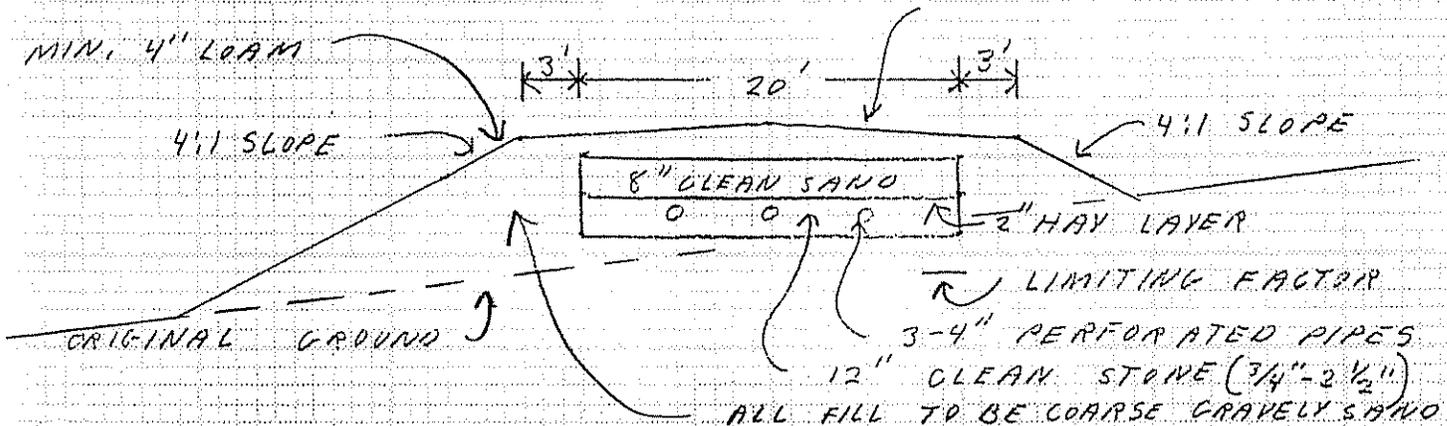
**CONSTRUCTION ELEVATION**  
20" Reference Elevation is  
32" Bottom of Disposal Area  
 Top of Distribution Lines or Chambers

**ELEVATION REFERENCE POINT**  
0" ERP IN CMP POLE #522  
-38" 6' EAST OF SYSTEM  
-27" 41" ABOVE GROUND

**DISPOSAL AREA CROSS SECTION**

Scale:  
 Vertical: 1 inch = 5 Ft.  
 Horizontal: 1 inch = 10 Ft.

CROWN WITH 3% GRADE + SEED + MULCH



*[Signature]*  
 Site Evaluator Signature

256  
 SE#

4/24/98  
 Date

Approved for use as  
 HHE 200 by Division of  
 Health Engineering 9/87

# REPLACEMENT SYSTEM VARIANCE REQUEST

## THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application for the proposed replacement system which does not comply with the Rules. The LPI shall review the Replacement System Variance Request and Application and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System from the rules.
2. A system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

## GENERAL INFORMATION

Town of AUGUSTA

Permit No. 3971 E

Date Permit Issued 6/26/98  
MONTH/DAY/YEAR

Property Owner's Name: ANDY COULOMBE

Tel. No. \_\_\_\_\_

System's Location: OLD BELGRADE RD.  
STREET

Maine \_\_\_\_\_ ZIP \_\_\_\_\_

Property Owner's Address: RR # 10 BOX 901  
(if different from above) STREET

AUGUSTA  
TOWN

ME 04330  
STATE ZIP

## SPECIFIC INSTRUCTIONS TO THE:

### LPI:

If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, they you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature.)

### SITE EVALUATOR:

If after completing the Application, you find that a variance for the proposed replacement system is needed, then complete the Replacement Variance Request with your signature on reverse side of form.

### PROPERTY OWNER:

It has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

The OWNER shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

X Andy Coulombe  
PROPERTY OWNER'S SIGNATURE

6/26  
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS Soil Profile <u>7</u> Soil Condition <u>C</u> from HHE-200	Ground Water Table	to 6"		inches	
	Restrictive Layer	to 6"		inches	
	Bedrock	to 10"		inches	
SETBACK DISTANCES (IN FEET)	FROM:	TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
Potable Water Supplies	1. Well: > 2000 gal/day	100'	300'		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50'	60'		
	b. Property Owner's	25'	50'		80'
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

**OTHER**

1. Fill extension Grade—to 3:1

2.

3.

**Footnotes:**

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but closer to that well than the system it is replacing.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

*[Signature]*  
SITE EVALUATOR'S SIGNATURE

4/24/98  
DATE

**LPI STATEMENT**

I, *[Signature]*, LPI for the Town of Augusta have conducted an on-site inspection for the proposed replacement system and have determined to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Wastewater Disposal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

a. (  approve,  disapprove ) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant.

—OR—

b. find that one or more of the requested Variances exceeds my approval authority as LPI. I (  recommend  do not recommend ) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments:

*[Signature]*  
LPI'S SIGNATURE

6/26/98  
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