



**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207)289-3826

**PROPERTY ADDRESS**

Town Or Plantation: AUGUSTA

Street/Division Lot #: OLD BELGRADE ROAD

**PROPERTY OWNERS NAME**

Last: BOTTOM First: DAVID + RHODA

Applicant Name:

Mailing Address of Owner/Applicant (If Different): 40 PHIL BARTER 323 MAIN AVE. FARMINGDALE ME. 04345

*Done Bottom's Copy*

AUGUSTA PERMIT # 1,301 TOWN COPY

Date Permit Issued: 4/19/88 \$ 1720.00 FEE  If Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 107

**Owner/Applicant Statement**

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 4-20-88

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature: [Signature] Date Approved: 4-28-88

**PERMIT INFORMATION**

**THIS APPLICATION IS FOR:**

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- EXPERIMENTAL SYSTEM

**THIS APPLICATION REQUIRES:**

- NO RULE VARIANCE
- NEW SYSTEM VARIANCE  
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE  
Attach Replacement System Variance Form
  - Requiring Local Plumbing Inspector Approval
  - Requires State and Local Plumbing Inspector Approval
- MINIMUM LOT SIZE VARIANCE

**INSTALLATION IS:**

COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM  
(Includes Alternative Toilet)
- ENGINEERED (+ 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK \_\_\_\_\_ GAL
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

**SEASONAL CONVERSION**  
to be completed by the LPI

- SYSTEM COMPLIES WITH RULES
- CONNECTED TO SANITARY SEWER
- SYSTEM INSTALLED - P# \_\_\_\_\_
- SYSTEM DESIGN RECORDED AND ATTACHED

**IF REPLACEMENT SYSTEM:**

YEAR FAILING SYSTEM INSTALLED \_\_\_\_\_

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: \_\_\_\_\_

**DISPOSAL SYSTEM TO SERVE:**

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER \_\_\_\_\_ SPECIFY

SIZE OF PROPERTY: 1/2 ACRE

ZONING: \_\_\_\_\_

**TYPE OF WATER SUPPLY**

DRILLED WELL

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

**TREATMENT TANK**

- SEPTIC:  Regular  Low Profile
- AEROBIC

SIZE: 1000 GALS.

**WATER CONSERVATION**

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: \_\_\_\_\_

**PUMPING**

- NOT REQUIRED
- MAY BE REQUIRED  
(DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: \_\_\_\_\_ GALS.

**CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)**

3 BEDROOM RESIDENTIAL

DESIGN FLOW: 270 (GALLONS/DAY)

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE	CONDITION
<u>5</u>	<u>C</u>

DEPTH TO LIMITING FACTOR: 32

**SIZE RATINGS USED FOR DESIGN PURPOSES**

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

**DISPOSAL AREA TYPE/SIZE**

- BED 700 Sq. Ft.
- CHAMBER \_\_\_\_\_ Sq. Ft.
- TRENCH \_\_\_\_\_ Linear Ft.
- OTHER: \_\_\_\_\_

REGULAR  H-20

**SITE EVALUATOR STATEMENT**

On 3/15/88 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Signature: [Signature]  
Site Evaluator Signature

132  
SE#

3-17-88  
Date

(Local Plumbing Inspector's Signature  
If permit is for Seasonal Conversion.)

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **AUGUSTA** Street, Road, Subdivision: **OLD BELGRADE ROAD** Owners Name: **BOTTOM, DAVID + RHODA**

**SITE PLAN** Scale 1" = **50** Ft.

**SITE LOCATION PLAN** (Attach Map from Maine Atlas for New System Variance)

- Property lines as indicated by owner, or owners agent.
- System shall be installed in accordance with the Maine State Plumbing Code.
- Scarify original ground before placing fill.
- Fill shall be clean sandy loam placed in 8" compacted lifts.
- Bed shall be at least 20' from house. Tank shall be at least 8' from house.
- Well shall be at least 100' from tank and bed.
- Site shall be graded in a manner which will divert surface water from the bed.
- This site evaluation and design has been done in compliance with the Me. St. Plumbing Code. The approval and/or design may be subject to more restrictive local ordinances. The local plumbing inspector should be contacted for final review and approval.

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

Observation Hole 1  Test Pit  Boring

Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	LOAMY	FRIBLE	BROWN	
6	SAND		REDDISH	
20	SAND		GRAY	
35				EVIDENT

Soil Profile: 5 Classification: C Slope: \_\_\_\_\_ % Limiting Factor: 32

Ground Water  Restrictive Layer  Bedrock

Observation Hole \_\_\_\_\_  Test Pit  Boring

Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Profile: \_\_\_\_\_ Classification: \_\_\_\_\_ Slope: \_\_\_\_\_ % Limiting Factor: \_\_\_\_\_

Ground Water  Restrictive Layer  Bedrock

Ken Cedeno  
Site Evaluator Signature

132  
SE#

3-17-88  
Date



# 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 is in noncompliance 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 with LPI approval limitations can be met.

1. The replacement system is correcting a malfunction or an unlicensed wastewater discharge system.
2. A replacement 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 does not conflict with Seasonal Conversion Permit (30 MRSA § 3223) or with Mandatory Shoreland Zoning (12 MRSA § 4811).
6. 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

Town Code 04530 Permit No. 17307E Date Permit Issued 4-21-88  
month/day/yr.

Property Owner's Name: BOTTOM, DAVID + RHODA Tel. No. \_\_\_\_\_

System's Location: OLD BELGRADE ROAD  
Street

AUGUSTA MAINE 04330  
Town Zip

Property Owner's Address: (if different from above) PO PHIL BARTER 323 MAIN AVE.  
Street

FARMINGDALE ME. 04345  
Town State Zip

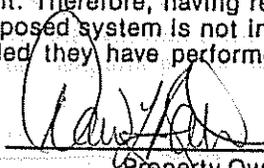
### Specific Instructions to the:

**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, then 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.

  
\_\_\_\_\_  
Property Owner's Signature

4-20-88  
Date

