Called 7-14-95 2:10 547-3997 MIL 58

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

06295358

PROPERTY ADDRESS

Town Or Plantation: AUGUSTA

Street Address Or Subdivision Lot #: Rt 27 New Belgrade Rd.

PROPERTY OWNER'S NAME

Last: DRAKE First: ZELMA

Applicant Name: SAME

Mailing Address of Owner/Applicant (If Different): RT #1 BOX 5521 OAKLAND, ME. 04963

AUGUSTA 3265 TOWN COPY

Date Permit Issued: 7/14/95 $ 64 ☐ If Double Fee Charged FEE

Local Plumbing Inspector Signature L.P.I. # 850

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.

Zelma Drake

Signature of Owner/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.

Local Plumbing Inspector Signature Date Approved 8/10/95

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. ☐ NEW SYSTEM
2. ☑ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ EXPERIMENTAL SYSTEM

SEASONAL CONVERSION

to be completed by the LPI

5. ☐ SYSTEM COMPLIES WITH RULES
6. ☐ CONNECTED TO SANITARY SEWER
7. ☐ SYSTEM INSTALLED - P# _____
☐ SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS

1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER _____

SIZE OF PROPERTY: 1± AC.

ZONING: RURAL

THIS APPLICATION REQUIRES:

1. ☐ NO RULE VARIANCE
2. ☐ NEW SYSTEM VARIANCE
Attach New System Variance Form
3. ☑ REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
a. ☑ Requires Local Plumbing Inspector Approval
b. ☐ Requires State and Local Plumbing Inspector Approval
4. ☐ MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:

1. ☑ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

INSTALLATION IS:

COMPLETE SYSTEM

1. ☑ NON-ENGINEERED SYSTEM
2. ☐ PRIMITIVE SYSTEM (Includes Alternative Toilet)
3. ☐ ENGINEERED (+ 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS

4. ☐ TREATMENT TANK (ONLY)
5. ☐ HOLDING TANK _____ GAL.
6. ☐ ALTERNATIVE TOILET (ONLY)
7. ☐ NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

TYPE OF WATER SUPPLY

PRIVATE

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ☑ SEPTIC: ☑ Regular ☐ Low Profile
2. ☐ AEROBIC

SIZE 1000 GALS.

WATER CONSERVATION

1. ☑ NONE
2. ☐ LOW VOLUME TOILET
3. ☐ SEPARATED LAUNDRY SYSTEM
4. ☐ ALTERNATIVE TOILET
SPECIFY _____

PUMPING

1. ☐ NOT REQUIRED
2. ☑ MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION & ELEVATION)
3. ☐ REQUIRED

DOSE: 50 GALS.

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

3 BEDROOM

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 26 "

SIZE RATINGS USED FOR DESIGN PURPOSES

1. ☐ SMALL
2. ☐ MEDIUM
3. ☑ MEDIUM-LARGE
4. ☐ LARGE
5. ☐ EXTRA-LARGE

DISPOSAL AREA TYPE/SIZE

1. ☑ BED 900 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN FLOW: 270 GPD. (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 6/27/95 (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.

John A. Philbrick, Licensed Site Evaluator

256 SE#

6/29/95 Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

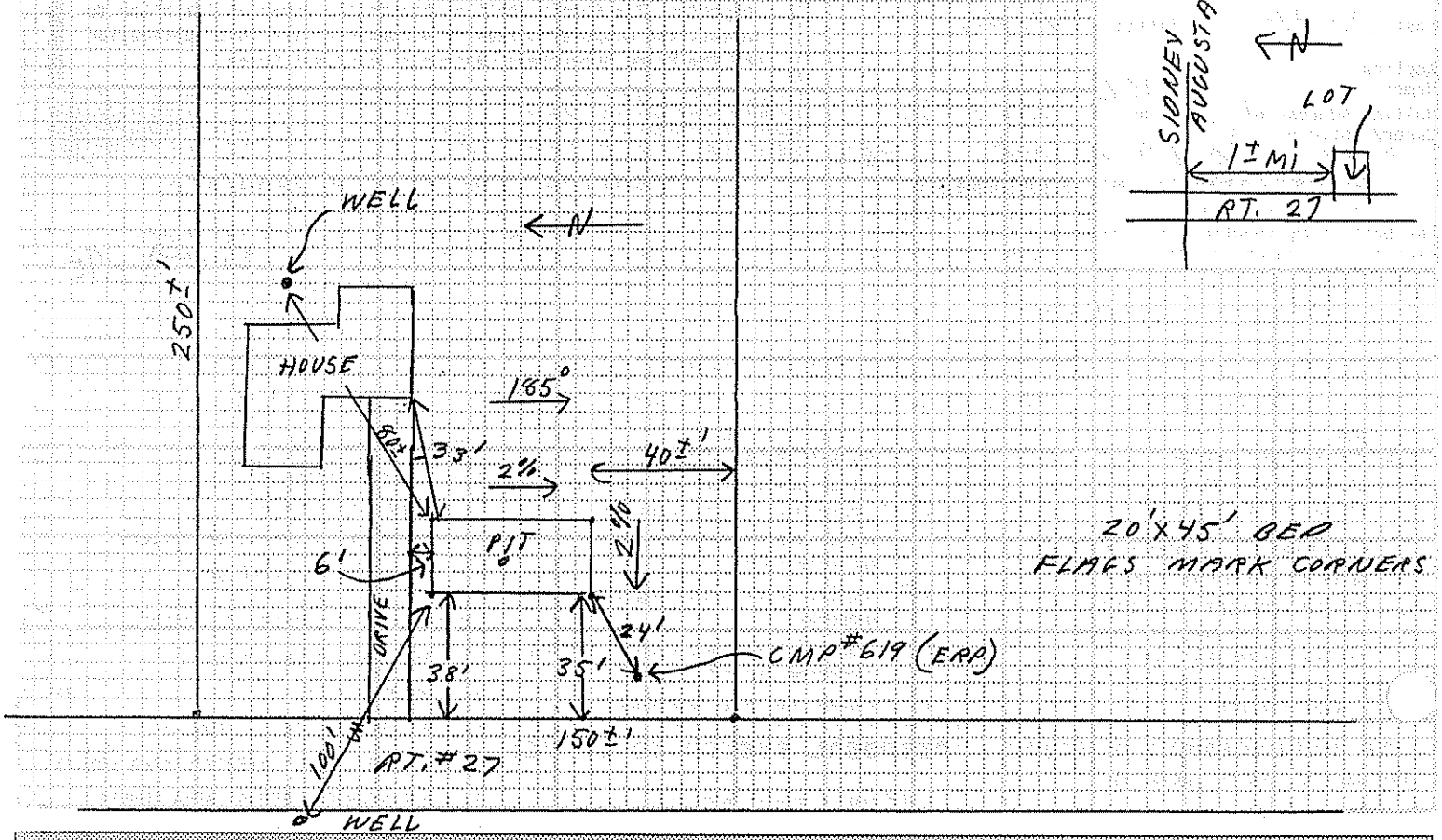
06295358

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	RT. 27	ZELMA ORAKE

SITE PLAN

Scale: 1" = 50 Ft. or as shown

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



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 ☑ Test Pit ☐ Boring

1½" Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0–6	LOAMY	FRIABLE	DARK BR	NONE
6–50	SAND		YELLOW BR.	
30–50		FIRM	GRAY	COMMON DISTINCT

Soil Classification		Slope	Limiting Factor	
Profile: 3	Condition: C	2 %	26	☑ Ground Water ☑ Restr. Layer ☐ Bedrock

Observation Hole _____ ☐ Test Pit ☐ Boring

_____" Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0–50				

Soil Classification		Slope	Limiting Factor	
Profile	Condition	%		☐ Ground Water ☐ Restr. Layer ☐ Bedrock

Site Evaluator Signature

256
SE#

6/29/95
Date

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

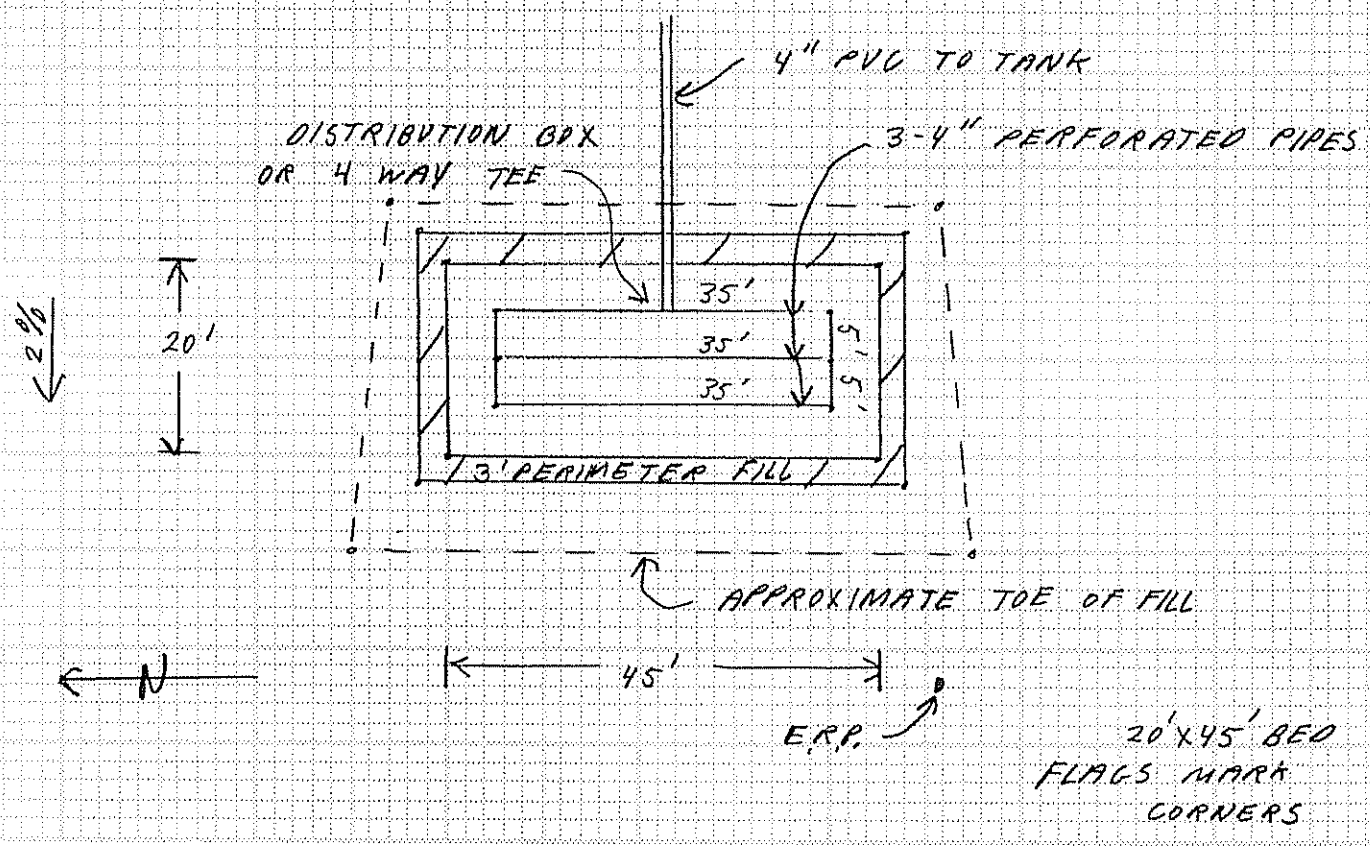
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

06295358

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	RT # 27	ZELMA ORAKE

SUBSURFACE WASTEWATER DISPOSAL PLAN

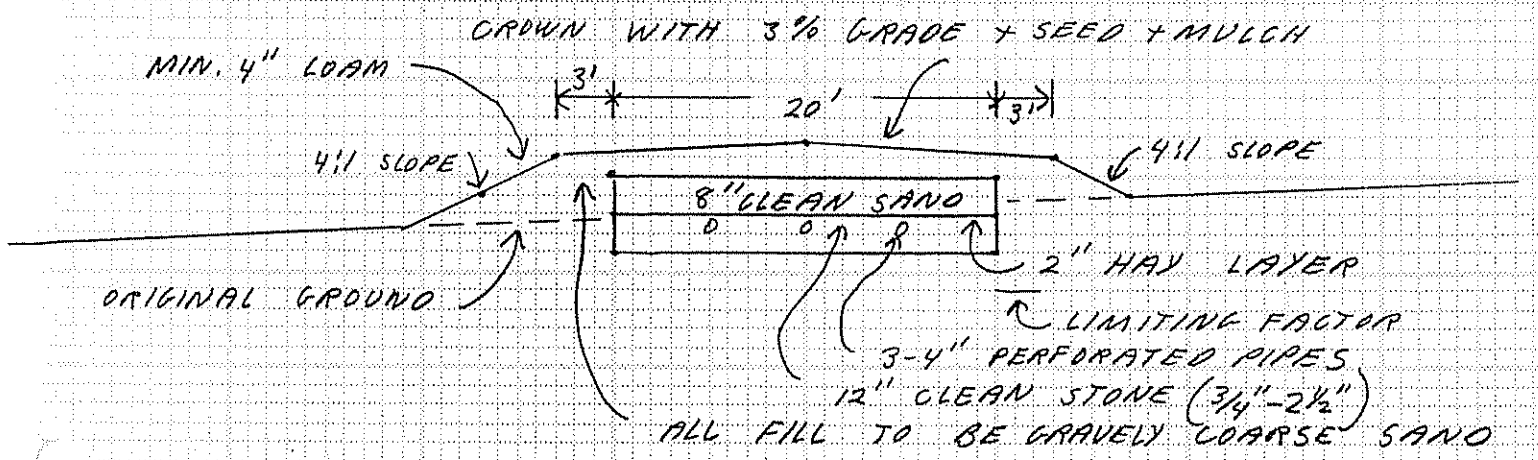
Scale: 1" = 20 Ft. or as shown



FILL REQUIREMENTS	CONSTRUCTION ELEVATION	ELEVATION REFERENCE POINT
Depth of Fill (Upslope) 10 "	Reference Elevation is	0"
Depth of Fill (Downslope) 15 "	Bottom of Disposal Area	-48" E.R.P. IN CMP # 619, 24'S/W
	Top of Distribution Lines or Chambers	-37" OF SYSTEM, 84" ABOVE GROUND

DISPOSAL AREA CROSS SECTION

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



Site Evaluator Signature	SE#	Date
[signature]	256	6/29/95

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. _____ E

Date Permit Issued _____ (MONTH/DAY/YEAR)

Property Owner's Name: ZELMA DRAKE Tel. No. _____

System's Location: RT. 27 (STREET)

AUGUSTA (TOWN) Maine 04330 (ZIP)

Property Owner's Address: RR#1 BOX 5521 (STREET)
(If different from above)

OAKLAND (TOWN) ME (STATE) 04963 (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.

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile 3	Ground Water Table	to 8"			Inches
Soil Condition C	Restrictive Layer	to 6"			Inches
from HHE-200	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'a	60'a		
	b. Property Owner's	25'	50'	40'	80'
	3. Water Supply Line	See note 'c'			
Waterbodies	1. Perennial	50'	60'		
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'c	10'c		
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.

SITE EVALUATOR'S SIGNATURE — DATE 6/29/95

LPI STATEMENT

I, _____, LPI for the Town of _____ 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: _____

LPI'S SIGNATURE — DATE

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (☐ does ☐ does not ... or reasons for the Variance denial are ...