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ES COFFIN ENR SURVEY

PAGE 02

REPLACEMENT SYSTEM VARIANCE REQUEST

Town  
Cost \$70.00

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request and HHE-200 and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of the LPI's authority.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 2006)
2. There will be no change in use of the structure except as authorized for one-time exempted expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD<sub>5</sub> plus S. S. content of the wastewater is no greater than that of normal domestic effluent.

**GENERAL INFORMATION**

Permit No. 6124 Town of AUGUSTA  
 Date Permit Issued 2/20/08  
 Property Owner's Name: ROBERT CORNEAU Tel. No. 242-3628  
 System's Location: ROUTE 27 AUGUSTA  
 Property Owner's Address: 28 ELM STREET  
 (if different from above) WATERVILLE, ME 04901 1-64

SPECIFIC INSTRUCTIONS TO THE LOCAL PLUMBING INSPECTOR (LPI):

If any of the variances exceed your approval authority and/or do not meet all 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, complete the Replacement System 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.

PROPERTY OWNER:

I understand that the proposed system requires a variance to 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.

*Robert Corneau*  
SIGNATURE OF OWNER

11/21/07  
DATE

LOCAL PLUMBING INSPECTOR:

I, May R. Galt, the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

a. (Disapprove, Do not approve) 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/she shall state his/her reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments \_\_\_\_\_

*May R. Galt*  
LPI SIGNATURE

2/20/08  
DATE

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
	SOILS							
Soil Profile	Ground Water Table			to 7"			inches	
Soil Condition	Restrictive Layer			to 7"			inches	
from HHE-200	Bedrock			to 12"			inches	
SETBACK DISTANCES (in feet)	Disposal Fields			Septic Tanks			Disposal Fields	Septic Tanks
	from	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	To To
Wells with water usage of 2000 or more gpd or public water supply wells	300 ft	300 ft	300 ft	100 ft	100 ft	100 ft		
Owner's wells	100 down to 60 ft[a]	200 down to 100 ft	300 down to 150 ft	100 down to 50 ft[b]	100 down to 50 ft	100 down to 50 ft		
Neighbor's wells	100 down to 60 ft [f]	200 down to 120 ft [f]	300 down to 180 ft [f]	100 down to 50 ft [f]	100 down to 75 ft [f]	100 down to 75 ft [f]		
Water supply line	10 ft [h]	20 ft [h]	25 ft [h]	10 ft [h]	10 ft [h]	10 ft [h]		
Water course, major	100 down to 60 ft[d]	200 down to 120 ft[d]	100 down to 180 ft[d]	100 down to 50 ft[b]	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft [e]	100 down to 50 ft [e]	150 down to 75 ft [e]	50 down to 25 ft [e]	50 down to 25 ft [e]	50 down to 25 ft [e]		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	75 down to 35 ft	25 down to 12 ft	25 down to 12 ft	25 down to 12 ft		
Edge of fill extension -- Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]		
Slopes greater than 3:1	10 ft [g]	18 ft [g]	25 ft [g]	N/A	N/A	N/A		
No full basement (e.g. slab, frost wall, columns)	15 down to 7 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		5'
Full basement (below grade foundation)	20 down to 10 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		
Property lines	10 down to 5 ft[c]	18 down to 9 ft[c]	20 down to 10 ft[c]	10 down to 4 ft[c]	15 down to 7 ft[c]	20 down to 10 ft[c]		
Burial sites or graveyards, measured from the downhill toe of the fill extension	25 ft	25 ft	25 ft	25 ft	25 ft	25 ft		

OTHER

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Footnotes: [a] Single-family well setbacks may be reduced as prescribed in Section 701.2  
 [b] This distance may be reduced to 25 feet, if the septic tank or holding tank is tested in the plumbing inspector's presence and shown to be watertight or of monolithic construction.  
 [c] Additional setbacks may be needed to prevent fill material extensions from encroaching on abutting property.  
 [d] Additional setbacks may be required by local Shoreland zoning.  
 [e] Natural Resources Protection Act requires a 25 foot setback on slopes of less than 20%, from the edge of soil disturbance and 100 feet on slopes greater than 20%. See Chapter 15.  
 [f] May not be any closer to neighbor's well than the existing disposal field or septic tank unless written permission is granted by the neighbor. This setback may be reduced for single family houses with Department approval. See Section 702.3.  
 [g] The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.  
 [h] See Section 1402.8 for special procedures when these minimum setbacks cannot be achieved.

WILLIAM P BROWN *William P Brown*  
 \_\_\_\_\_  
 SITE EVALUATOR'S SIGNATURE

6/30/2007  
 \_\_\_\_\_  
 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

11/23/2007 08:56 2076230016

ES COFFIN ENG SURVEY

PAGE 02

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept of Health & Human Services  
Division of Health Engineering, 109H6  
(207)287-8873 FAX (207)287-3166

**CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW**

City, Town, or Plantation: **AUGUSTA**

Street or Road: **ROUTE 27 *851 Civic Center Dr***

Subdivision, Lot #: ***Dr***

Name (last, first, MI): **GORNEAU, ROBERT**  Owner  Applicant

Mailing Address of Owner/Applicant: **26 ELM STREET  
WATERVILLE, ME 04901**

Daytime Tel. #: **242-3629**

AUGUSTA PERMIT # 6124 TOWN COPY

Date Permit Issued: **12/20/07**

Local Plumbing Inspector Signature: *[Signature]*

L.P.I. #: **5501**

Fee: \$ **170.00**  Double Fee Charged

Municipal Tax Map #: **1** Lot #: **1047** **RV**

**OWNER OR APPLICANT 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: **11/23/07**

**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: \_\_\_\_\_ (Initial) Date Approved: \_\_\_\_\_  
(and) Date Approved: \_\_\_\_\_

**TYPE OF APPLICATION**

1. First Time System

2. Replacement System

Type replaced: \_\_\_\_\_  
Year installed: \_\_\_\_\_

3. Expanded System

a. Minor Expansion

b. Major Expansion

4. Experimental System

5. Seasonal Conversion

**SIZE OF PROPERTY**

1.2  sq. ft.  acres

**SHORELAND ZONING**

Yes  No

**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 Permit

**DISPOSAL SYSTEM TO SERVE:**

1. Single Family Dwelling Unit, No. of Bedrooms: \_\_\_\_\_

2. Multiple Family Dwelling Unit, No. of Units: \_\_\_\_\_

3. Other: **RESTAURANT** (specify)

Current Use  Seasonal  Year Round  Undeveloped

**DISPOSAL SYSTEM COMPONENTS**

1. Complete Non-engineered System

2. Primitive System (graywater & sit. 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. Pretreatment, specify: **GREASE TRAP**

12. Miscellaneous Components

**TYPE OF WATER SUPPLY**

1. Drilled Well  2. Dug Well  3. Private

4. Public  5. Other

**TREATMENT TANK**

1. Concrete

a. Regular

b. Low Profile

2. Plastic **EXTERNAL GREASE TRAP**

3. Other \_\_\_\_\_

CAPACITY **1000** GAL.

**DISPOSAL FIELD TYPE & SIZE**

1. Stone Bed  2. Stone Trench

3. Proprietary Device

a. cluster array  c. Linear

b. regular load  d. H-20 load

4. Other \_\_\_\_\_

SIZE: \_\_\_\_\_  sq. ft.  lin. ft.

**GARBAGE DISPOSAL UNIT**

1. No  3. Maybe

2. Yes - specify one below:

a. multi-compartment tank

b. \_\_\_\_\_ tanks in series

c. increase in tank capacity

d. Filter on Tank Outlet

**DESIGN FLOW**

\_\_\_\_\_ gallons per day

BASED ON:

1. Table 501.1 (dwelling unit(s))

2. Table 501.2 (other facilities)

SHOW CALCULATIONS for other facilities.

**SOIL DATA & DESIGN CLASS**

PROFILE CONDITION DESIGN: **1**

at Observation Hole # \_\_\_\_\_

Depth \_\_\_\_\_

of Most Limiting Soil Factor

**DISPOSAL FIELD SIZING**

1.  Small - 2.0 sq. ft./gpd

2.  Medium - 2.8 sq. ft./gpd

3.  Medium-Large - 3.3 sq. ft./gpd

4.  Large - 4.1 sq. ft./gpd

5.  Extra-Large - 5.0 sq. ft./gpd

**EFFLUENT/EJECTOR PUMP**

1.  Not Required

2.  May Be Required

3.  Required - specify only for engineered or experimental systems

DOSE: \_\_\_\_\_ gallons

3. Section 803.0 (meter readings)

**ATTACH WATER METER DATA**

**LATITUDE AND LONGITUDE** at center of disposal area

Lat. \_\_\_\_\_ d \_\_\_\_\_ m \_\_\_\_\_ s

Long. \_\_\_\_\_ d \_\_\_\_\_ m \_\_\_\_\_ s

if gpd, state margin of error: \_\_\_\_\_

I certify that on **1/20/08 & 6/30/07** (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: *[Signature]* Date: **6/30/2007**

WILLIAM P. BROWN Telephone Number: **203-2110** E-mail Address: \_\_\_\_\_

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
 Division of Health Engineering, Station 10  
 (207) 287-5672 FAX 207 287-4165

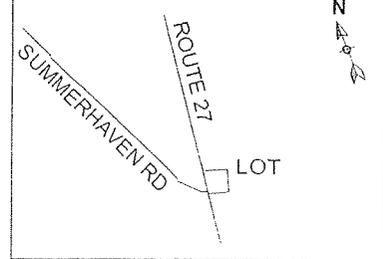
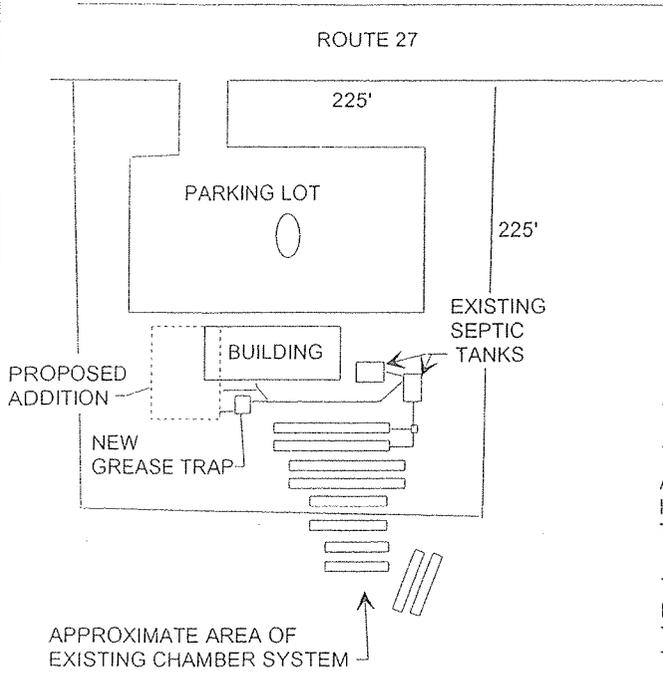
Town, City, Plantation: **AUGUSTA** Street, Road, Subdivision: **ROUTE 27** Owner or Applicant Name: **ROBERT GORNEAU**

## SITE PLAN

Scale 1" = 100 Ft.

## SITE LOCATION PLAN

(Attach map from Maine Atlas for First Time System Variance)



THE DRAWING OF THE EXISTING DISPOSAL SYSTEM IS FROM AN HHE-200 FORM DATED 4/4/1988 BY HARRISON BISPHAM (ATTACHED)

A 1500 GALLON AND 1000 GALLON SEPTIC TANK ARE CONNECTED IN SERIES

A NEW 1000 GALLON GREASE TRAP WILL BE INSTALLED NEAR THE NEW KITCHEN ADDITION TO INTERCEPT KITCHEN WASTEWATER FLOW. THE GREASE TRAP WILL BE 5 FT FROM THE BUILDING ADDITION.

THE 1500 GALLON SEPTIC TANK (TANK 1) WILL BE RE-SET AT A LOWER ELEVATION TO ACCOMMODATE THE FLOW FROM THE GREASE TRAP AND THE SANITARY FLOW FROM THE MAIN BUILDING AND ADDITION. TANK 1 WILL BE SET AT LEAST 5 FEET FROM THE BUILDING.

A FOUR FOOT DIAMETER PUMP STATION WILL BE INSTALLED BETWEEN TANK 1 AND TANK 2.

TANK 2 WILL REMAIN AS IS.

## SOIL PROFILE DESCRIPTION AND CLASSIFICATION

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	NOT APPLICABLE			
30				
40				
50				

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

## (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				
30				
40				
50				

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

WILLIAM P BROWN *William P Brown*  
 Site Evaluator Signature

188  
 SE #

6/30/2007  
 Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, Station 10

Town, City, Plantation

Street, Road, Subdivision

Owner or Applicant Name

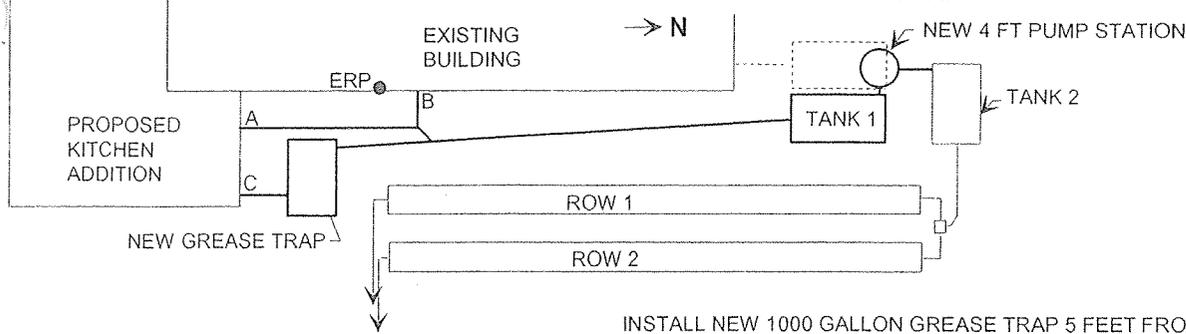
**AUGUSTA**

**ROUTE 27**

**ROBERT GORNEAU**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



AVOID DISTURBING EXISTING PLASTIC CHAMBERS THAT ARE APPROXIMATELY 10 FT FROM BUILDING.

PLACE RISERS TO GRADE OVER PUMP STATION, SEPTIC TANK, AND GREASE TRAP.

THE ELEVATION OF THE TOP OF TANK 1 IS APPROXIMATE. FIELD CHECK PIPE SLOPES TO ENSURE GRAVITY FLOW FROM ALL SEWER LINES TO TANK 1.

INSTALL NEW 1000 GALLON GREASE TRAP 5 FEET FROM BUILDING TO INTERCEPT WASTEWATER FLOW FROM NEW KITCHEN AREA. ONE-PIECE TANK IS PREFERRED, HOWEVER, A TWO-PIECE TANK CAN BE USED IF TESTED FOR WATER-TIGHTNESS IN PRESENCE OF LPI. CONNECT NEW SANITARY LINES FROM EXISTING BUILDING AND NEW ADDITION TO OUTLET PIPING FROM GREASE TRAP.

PUMP OUT AND RE-SET 1500 GALLON SEPTIC TANK (TANK 1) BESIDE THE PRESENT LOCATION OF TANK 1. THE TOP OF TANK 1 SHOULD BE APPROXIMATELY -28 INCHES TO PROVIDE GRAVITY FLOW FROM THE COMBINED SANITARY AND GREASE TRAP EFFLUENTS.

INSTALL 4 INCH SCHEDULE 40 PVC FROM BUILDING TO TANK 1 AT 1/4 INCH/FT. LOCATION OF SANITARY OUTLETS (A&B) AND GREASE OUTLET (C) ARE TO BE FIELD DETERMINED BY PLUMBER. ELEVATIONS ARE GIVEN BELOW.

INSTALL 4 FOOT DIAMETER PUMP STATION IN PREVIOUS LOCATION OF TANK 1. CONNECT FORCE MAIN TO INLET OF TANK 2. PROVIDE HIGH WATER ALARM IN BUILDING. TANK 2 REMAINS AS IS.

IF TANK 1 IS DEFECTIVE OR DAMAGED, TANK MAY BE REPLACED WITH A ONE-PIECE COMBINATION 1500 GALLON SEPTIC TANK / PUMP STATION

CRITICAL ELEVATIONS ARE SHOWN BELOW:

- TOP OF EXISTING CONCRETE SLAB (ERP) = 00"
- TOP OF SANITARY PIPE AT EXIT OF NEW ADDITION (A) = -15"
- TOP OF SANITARY PIPE AT EXISTING BUILDING (B) = -18"
- TOP OF GREASE TRAP PIPE AT EXIT OF NEW ADDITION (C) = -15"
- TOP OF PIPE AT INLET TO GREASE TRAP = -17"

### BACKFILL REQUIREMENTS

Depth of Fill (Upslope) \_\_\_\_\_"  
 Depth of Fill (Downslope) \_\_\_\_\_"  
 DEPTHS AT CROSS-SECTION (shown below)

### CONSTRUCTION ELEVATIONS

\_\_\_\_\_ " Finished Grade Elevation  
 \_\_\_\_\_ " Top of Distribution Pipe or Proprietary device  
 \_\_\_\_\_ " Bottom of Disposal Area

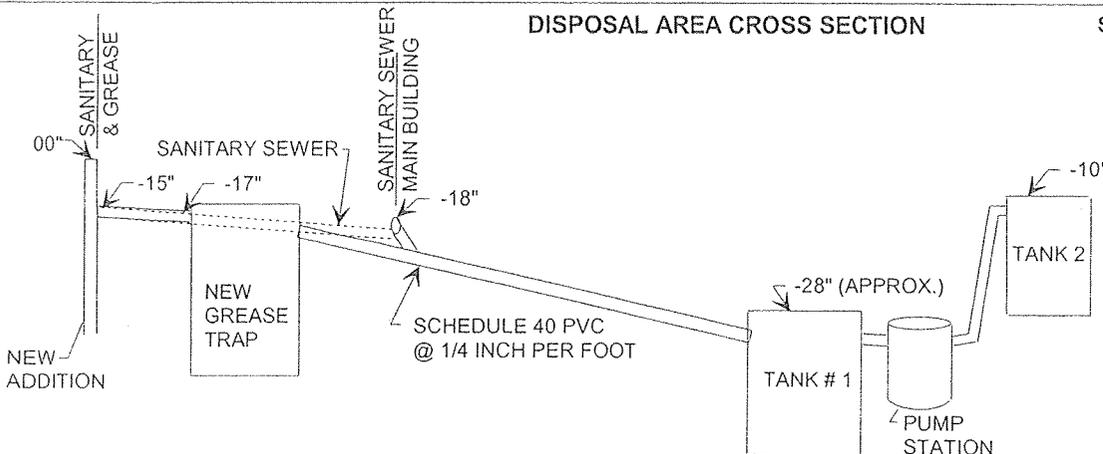
### ELEVATION REFERENCE POINT

Location and Description:  
**TOP OF EXISTING CONCRETE SLAB (NAIL ON OUTSIDE OF BUILDING)**  
 Reference Elevation is: 00.0"

### DISPOSAL AREA CROSS SECTION

Scale:

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



WILLIAM P BROWN  
 Site Evaluator Signature

*William P Brown*

188  
 SE #

6/30/2007  
 Date

12 95

Town Copy

APR 07 1988

# 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

Permit No.  E

Date Permit Issued \_\_\_\_\_ month/day/yr.

Property Owner's Name: Roscoe Stover Tel. No. 622-7322

System's Location: Rt 27 Street N Augusta P + R Restaurant

Augusta Town MAINE 04330 Zip

Property Owner's Address: (if different from above) RFD 4 Street Box 995

Augusta Town MAINE 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, 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.

Roscoe Stover  
Property Owner's Signature

4/7/88  
Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils Soil Profile Soil Condition 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	100a	300a		
	2. Well: < 2000 gal/day				
	a. Neighbor's	100b	100b		
	b. Property Owner's	50'	60'	90'	~90'*
	3. Water Supply Line	See Note 'a'			
Waterbodies	1. Perennial	60'	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With basement	See Note	15'		
	2. Without basement	'a'	10'	5'	10'
Property Line		5'	5'		Easement Required

Other Specify: 7/87 code changes give LPI approval authority to 5'

Footnotes:  
 a. This setback distance cannot be reduced by variance. See Table 6-2.  
 b. A variance to reduce the 100 foot setback distance to a minimum of 80 feet may be granted only with the neighbor's written permission.  
 c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

Amos Bayler  
Site Evaluator's Signature

4/2/88  
Date

**LPI Statement**

I, Nay R. Fuller, 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 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. (I approve, do not approve) 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: \_\_\_\_\_

Nay R. Fuller  
LPI's Signature

4-8-88  
Date

**USE BY THE DEPARTMENT ONLY:**  
 The Department has reviewed the variance(s) and (I does, does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

Bruce M. Carthy WW & PC  
Signature of the Department

April 8, 1988  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

## PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Subdivision Lot #	Rt 27 (N. Augusta)
<b>PROPERTY OWNERS NAME</b>	
Last: <u>Stover</u>	First: <u>Roscoe</u>
Applicant Name:	<u>Same</u>
Mailing Address of Owner/Applicant (If Different)	<u>RFD 4 Box 995 Augusta 04330</u>

AUGUSTA	PERMIT # 1,295	TOWN COPY
Date Permit Issued: <u>4/11/88</u>	\$ <u>142.00</u> FEE	<input type="checkbox"/> If Double Fee Charged
Local Plumbing Inspector Signature: <u>Nancy R. Tuttle</u>		L.P.I. # <u>1850</u>

**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: Roscoe Stover Date: 4/17/88

**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: Nancy R. Tuttle Date Approved: 4/19/88

## PERMIT INFORMATION

<p><b>THIS APPLICATION IS FOR:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NEW SYSTEM</li> <li><input checked="" type="checkbox"/> REPLACEMENT SYSTEM</li> <li><input type="checkbox"/> EXPANDED SYSTEM</li> <li><input type="checkbox"/> EXPERIMENTAL SYSTEM</li> </ol> <p><b>SEASONAL CONVERSION</b> to be completed by the LPI</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SYSTEM COMPLIES WITH RULES</li> <li><input type="checkbox"/> CONNECTED TO SANITARY SEWER</li> <li><input type="checkbox"/> SYSTEM INSTALLED - P# _____</li> <li><input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</li> </ol> <p><b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS:  <input checked="" type="checkbox"/> BED    <input type="checkbox"/> TRENCH  <input type="checkbox"/> CHAMBER    <input type="checkbox"/> OTHER _____</p> <p>SIZE OF PROPERTY: <u>1.2 ac</u>    ZONING: <u>Rural</u></p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NO RULE VARIANCE</li> <li><input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</li> <li><input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form                     <ol style="list-style-type: none"> <li><input type="checkbox"/> Requiring Local Plumbing Inspector Approval</li> <li><input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</li> </ol> </li> <li><input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</li> </ol> <p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SINGLE FAMILY DWELLING</li> <li><input type="checkbox"/> MODULAR OR MOBILE HOME</li> <li><input type="checkbox"/> MULTIPLE FAMILY DWELLING</li> <li><input checked="" type="checkbox"/> OTHER <u>Restaurant</u></li> </ol> <p style="text-align: center;">SPECIFY _____</p>	<p><b>INSTALLATION IS:</b></p> <p><b>COMPLETE SYSTEM</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</li> <li><input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</li> <li><input type="checkbox"/> ENGINEERED (+ 2000 gpd)</li> </ol> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> TREATMENT TANK (ONLY)</li> <li><input type="checkbox"/> HOLDING TANK _____ GAL</li> <li><input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</li> <li><input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> </ol> <p><b>TYPE OF WATER SUPPLY</b> <u>Existing Drilled Well</u></p>
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## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p><b>TREATMENT TANK</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> SEPTIC <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</li> <li><input checked="" type="checkbox"/> <u>Two Tanks</u> First <u>1500</u> Second <u>1000</u> SIZE: <u>1500 + 1000</u> GALS.</li> </ol>	<p><b>WATER CONSERVATION</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NONE</li> <li><input type="checkbox"/> LOW VOLUME TOILET</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> <li><input type="checkbox"/> ALTERNATIVE TOILET</li> </ol> <p style="text-align: center;">SPECIFY _____</p>	<p><b>PUMPING</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NOT REQUIRED</li> <li><input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</li> <li><input type="checkbox"/> REQUIRED</li> </ol> <p>DOSE: _____ GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (SEPTICNS, LEACHING EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p><u>42 Seat Restaurant w/ disposable utensils</u></p> <p><u>42 x 15 GPD/seat x 1.8</u></p> <p>DESIGN FLOW: = <u>1134</u> (GALLONS/DAY)</p>				
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td style="text-align: center;"><u>5</u></td> <td style="text-align: center;"><u>13</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>48"</u></p>	PROFILE	CONDITION	<u>5</u>	<u>13</u>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SMALL</li> <li><input checked="" type="checkbox"/> MEDIUM</li> <li><input type="checkbox"/> MEDIUM-LARGE</li> <li><input type="checkbox"/> LARGE</li> <li><input type="checkbox"/> EXTRA LARGE</li> </ol>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> BED _____ Sq. Ft.</li> <li><input checked="" type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</li> <li><input type="checkbox"/> TRENCH _____ Linear Ft.</li> <li><input type="checkbox"/> OTHER: _____</li> </ol>	
PROFILE	CONDITION						
<u>5</u>	<u>13</u>						

## SITE EVALUATOR STATEMENT

On 4/12/88 (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: Harrison Bishop  
Site Evaluator Signature

201  
SE#

4/13/88  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Augusta

Street, Road, Subdivision

Rt 27  
SITE PLAN

Department of Human Services  
Division of Health Engineering

Owners Name

Roscoe Stover

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

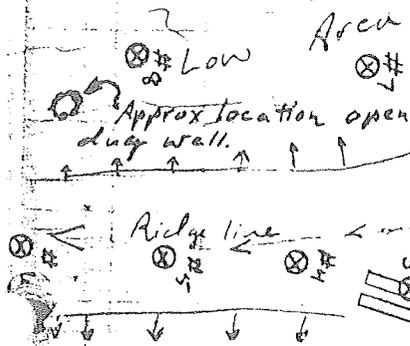
Scale 1" = 50' FL

PL ~ 225'

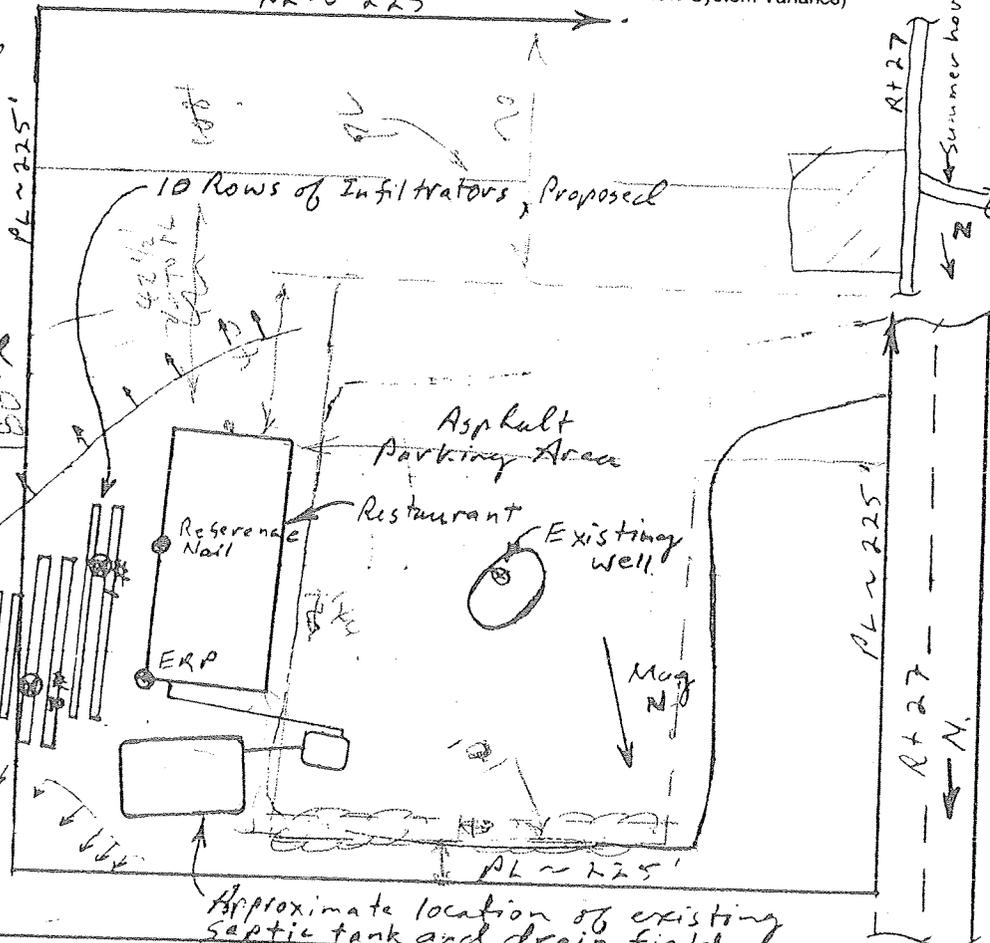
⊗ = Test Pit

- Relationship of proposed infiltrators to property line is plus or minus 5'

- Easement required to locate infiltrators on abutting property and to fill old well



Low Area



## SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole TP #1  Test Pit  Boring

1" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Sandy loam	}	med Br	
6	loam			
15		CS	Yl Br	
20	med. Sand.	}	Sand Gray	
30				
40				
50				

Soil Profile S Classification B Slope 1% Limiting Factor 48"  
 Ground Water  
 Restrictive Layer  
 Bedrock

(Location of Observation Holes Shown Above)

Observation Hole TP #2  Test Pit  Boring

1" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Very Sandy loam	}	med Yl Br	
6	loam			
15	Med/Fine Sand	Loose	1/2 Yl Br	
20				
30				
40				
50				

Soil Profile S Classification B Slope 2% Limiting Factor 48"  
 Ground Water  
 Restrictive Layer  
 Bedrock

Harmon Bishop  
Site Evaluator

# SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

City, Plantation

Augusta

Street, Road, Subdivision

At 27

Owners Name

Roscoe Stover

## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP#3  Test Pit  Boring

Observation Hole TP#4  Test Pit  Boring

1" Depth of Organic Horizon Above Mineral Soil

1" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	U. Sandy loam	}	Med Br	
6				
10		}	Y1 Br	
16				
20	med. sand	Loose	sand br	
24		}		
28				
32		}		
36				
40		}		
44				
48		}		
52				
56		}		
60				

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	U. Sandy loam	}	DK Br	
6				Red Br
10		Loose		
15		}		
20	med sand			sand br
24		}		
28				
32		}		
36				
40		}		
44				
48		}		
52				
56		}		
60				

Soil Profile <u>S</u>	Classification <u>B</u> Condition	Slope <u>14%</u>	Limiting Factor <u>48"</u>	<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

Soil Profile <u>S</u>	Classification <u>B</u> Condition	Slope <u>10%</u>	Limiting Factor <u>48"</u>	<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP#5+6  Test Pit  Boring

Observation Hole TP#7,8+9  Test Pit  Boring

1" Depth of Organic Horizon Above Mineral Soil

1" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10	Both further down the sandy ridge these			
15	what both S13 type soils			
20				
24				
28				
32				
36				
40				
44				
48				
52				
56				
60				

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10	These three tests pits located in a low lying area were S1 type soils			
15				
20				
24				
28				
32				
36				
40				
44				
48				
52				
56				
60				

Soil Profile <u>S</u>	Classification <u>S13</u> Condition	Slope <u>  </u> %	Limiting Factor <u>  </u> "	<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

Soil Profile <u>S</u>	Classification <u>S13</u> Condition	Slope <u>  </u> %	Limiting Factor <u>  </u> "	<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

Hamson R...

white

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

City, Plantation

Street, Road, Subdivision

Owners Name

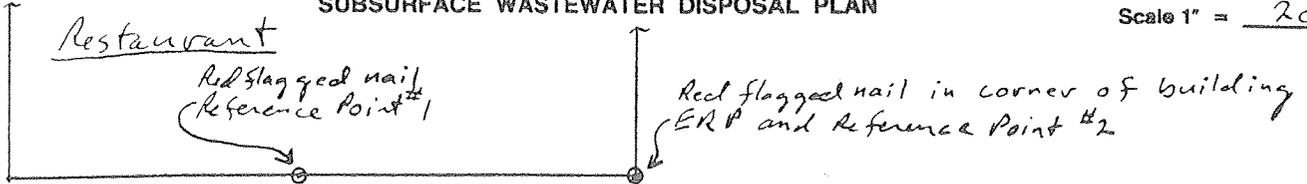
Augusta

Rt 27

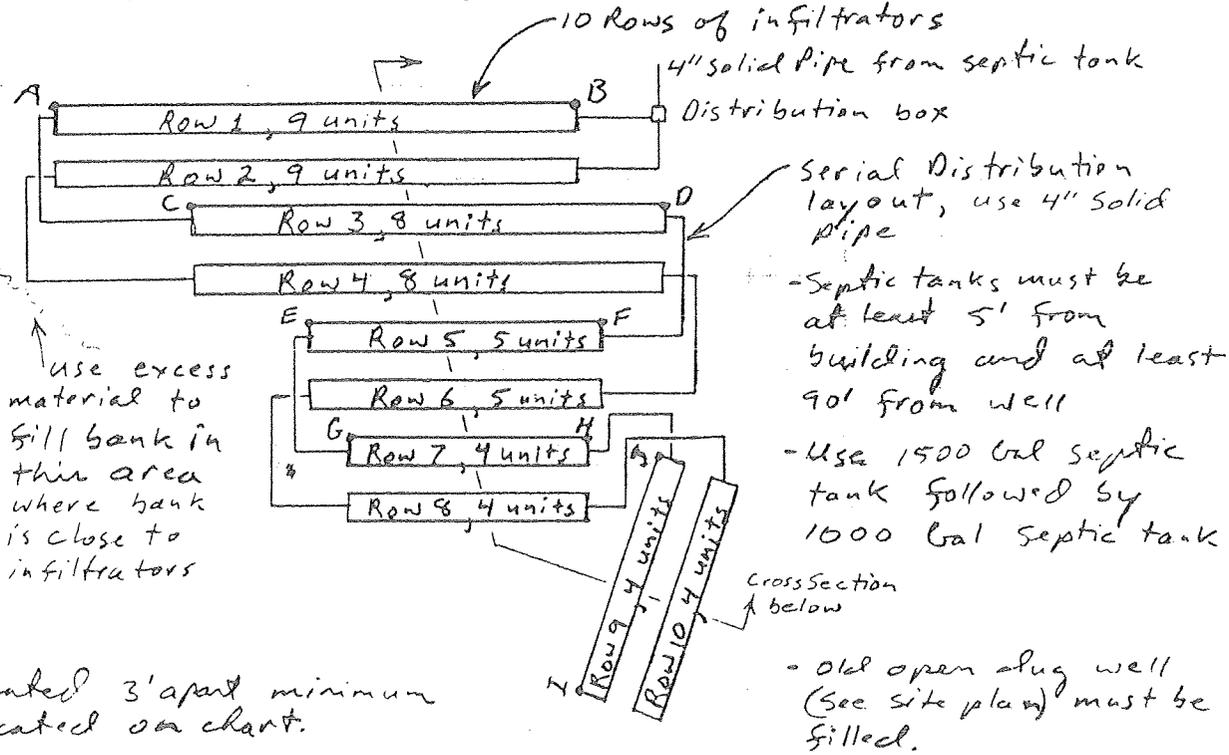
Roscoe Stover

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL



From To	Distances	
	RP#1	RP#2
A B	14'	45'
B C	48'	16'
C D	23'	36 1/2'
D E	60'	30 1/2'
E F	39'	38'
F G	60'	37'
G H	52'	48 1/2'
H I	67'	73 1/2'
I	73 1/2'	52 1/2'



use excess material to fill bank in this area where bank is close to infiltrators

Rows to be located 3' apart minimum and as indicated on chart.

- Final grade to prevent ponding
- All construction to be in accordance w/ state plumbing code.

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	0"	Reference Elevation is	0'00"	ERP is red flagged nail in corner of building on down	
Depth of Fill (Downslope)	0"	Bottom of Disposal Area	See below		
		Top of Distribution Lines or Chambers	NA		

### DISPOSAL AREA CROSS SECTION

- 6" Clean fill over infiltrators minimum
- Bottom of infiltrators must be level

Scale:  
Vertical: 1 inch = 5 FL  
Horizontal: 1 inch = 10 FL

Row #	1	2	3	4	5	6	7	8	9	10
Width	62"	62"	64"	64"	65"	65"	67"	67"	18"	94"
Bottom of Infiltrator	-77"	-77"	-79"	-79"	-80"	-80"	-82"	-82"	-93"	-109"

- Insulation (not required)
- Install water meter to monitor actual flow rate and for future planning.
- Water conservation measures be installed and practiced, especially low flow toilets
- Any possible measures be taken to control grease output at source of grease generated
- Install septic tank filter to provide grease inspection and removal.

Hannon Berman

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Whited