

MAINE DEPARTMENT OF HUMAN SERVICES APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT		This is NOT a permit; this form when completed must be presented to the Local Plumbing Inspector to obtain a permit.		Page 1 of 2
Town Augusta	Street, Road, etc. Burns Road If on water body, give name	Plumbing Permit No. 48503	Date of Plumbing Permit 10-30-81	
Owner of property Lucille Brunelle	Owner's address Burns Road	Size of lot 20,000	<input checked="" type="checkbox"/> Sq. feet <input type="checkbox"/> Acres	
Name & type of establishment if other than private home Home	270 gpd	Is lot Zoned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Type of Zoning N/A	Shoreland Resource Protection
Name of applicant Owner's agent Lucille Brunelle	Applicant's address Street, Box, etc. Burns Road Augusta, Me.	Tel. No. 622-9229	If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following: <input type="checkbox"/> Deed restriction re. private sewage disposal <input type="checkbox"/> Copy of the subdivision soil report <input type="checkbox"/> Soils report from a State Agency	
Town Augusta, Maine	Zip Code 04330	Subdivision name N/A	Lot No. N/A	
Applicant's signature Lucille Brunelle	Date 7/9/81			
This application is for: <input type="checkbox"/> New System <input type="checkbox"/> Expanded System <input checked="" type="checkbox"/> Replacement System <input type="checkbox"/> Replacement of <input type="checkbox"/> Treatment Tank Only <input checked="" type="checkbox"/> Disposal Area Only				
The water supply for this property is: <input type="checkbox"/> Dug well, depth _____, lining _____; <input checked="" type="checkbox"/> Drilled well, depth _____, lining _____; <input type="checkbox"/> Spring <input type="checkbox"/> Surface water <input type="checkbox"/> Body, <input type="checkbox"/> Course— <input type="checkbox"/> with disinfection, <input type="checkbox"/> without disinfection. <input type="checkbox"/> Public Utility, name _____				

SITE INVESTIGATION

Show location of pits and/or borings on sketch on page 2, and refer to completed sample form and Chapter 4 of the Code, II.

Soil Profile No.	Soil Profile No.	Soil Profile No.	Soil Profile No.	Soil Profile No.	Soil Profile No.	
					<input type="checkbox"/> Pit	<input type="checkbox"/> Boring
<input checked="" type="checkbox"/> Pit	<input type="checkbox"/> Pit	<input type="checkbox"/> Pit	<input type="checkbox"/> Pit	<input type="checkbox"/> Pit	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring
Organic strata Inches 0" 1st strata mottled Sandy Loam	Organic strata Inches TEST Pit 1st strata Was over malfunctioning Existing Bed	Organic strata Inches 1st strata				
Inches 0"-10" 2nd strata Dense Loam Pan 10"	Inches 2nd strata	Inches 2nd strata	Inches 2nd strata	Inches 2nd strata	Inches 2nd strata	Inches 2nd strata
Inches 3rd strata	Inches 3rd strata	Inches 3rd strata	Inches 3rd strata	Inches 3rd strata	Inches 3rd strata	Inches 3rd strata
Inches	Inches	Inches	Inches	Inches	Inches	Inches
Total Depth of observation hole Inches 10"	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches
Max. Ground water table—mottling surface inches	Max. Ground water table—mottling inches	Max. Ground water table—mottling inches	Max. Ground water table—mottling inches	Max. Ground water table—mottling inches	Max. Ground water table—mottling inches	Max. Ground water table—mottling inches
Impervious layer, clay, etc. 10 inches	Impervious layer, clay, etc. inches	Impervious layer, clay, etc. inches	Impervious layer, clay, etc. inches	Impervious layer, clay, etc. inches	Impervious layer, clay, etc. inches	Impervious layer, clay, etc. inches
Bedrock 3" inches <input checked="" type="checkbox"/> None Evident Type of Bedrock	Bedrock inches <input type="checkbox"/> None Evident Type of Bedrock	Bedrock inches <input type="checkbox"/> None Evident Type of Bedrock	Bedrock inches <input type="checkbox"/> None Evident Type of Bedrock	Bedrock inches <input type="checkbox"/> None Evident Type of Bedrock	Bedrock inches <input type="checkbox"/> None Evident Type of Bedrock	Bedrock inches <input type="checkbox"/> None Evident Type of Bedrock
Surface slope 11 %	Surface slope %	Surface slope %	Surface slope %	Surface slope %	Surface slope %	Surface slope %
Soil Group & Condition per Table 9-1 of the Code, II 3E	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II

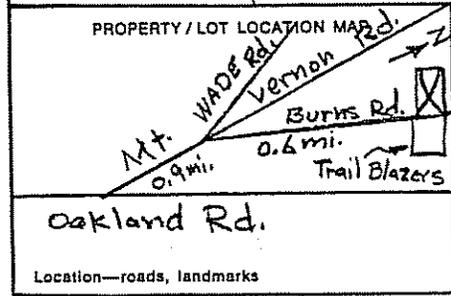
On **July 7, 1981** (date), a site investigation for this project was completed. I conducted this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the following type and size of private sewage disposal system. I also recommend the proposed private sewage disposal system layout and location shown on page 2.

Signature **David P. Roque** Health Engineering License No. **#154**
Date signed **July 7, 1981**

PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED

Show location of system and details on sketches on page 2, and refer to completed sample form

SYSTEM: <input checked="" type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM If separated system—type of human waste disposal system to be used: <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Open Pit Privy <input type="checkbox"/> Compost Toilet <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Other, describe	TREATMENT TANK: <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Size in gallons 1000 gal. Existing <input type="checkbox"/> Aerobic Tank Manufacturer N/A Model No. N/A Size in gallons	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION Bed area to be leveled first. Fill will be: 24 in. uphill; 24 in. downhill
		<input type="checkbox"/> Trench System: Total trench length N/A <input type="checkbox"/> Bed System Length 45' Width 20' <input type="checkbox"/> Chamber System Number <input type="checkbox"/> Type A <input type="checkbox"/> Single File <input type="checkbox"/> Type B <input type="checkbox"/> Cluster <input type="checkbox"/> Mound System Length Width N/A at base <input type="checkbox"/> Special System Length Width N/A	<input type="checkbox"/> Very Small <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium 3.3 <input type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large	DETAILS <input checked="" type="checkbox"/> A Distribution Box is required Pumping is— <input type="checkbox"/> required, <input checked="" type="checkbox"/> is not required. The Dose will be N/A gallons
See Chapter 9 of the Code, II.		WAIVER <input checked="" type="checkbox"/> Required <input type="checkbox"/> Not Required		DISTANCES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 100 feet from any and all wells; springs; surface water bodies and courses (lake, pond, ocean, brook, stream, river); swamps; marshes; and bogs. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.



FOR THE USE OF LPI ONLY

Denial: Application is denied for following reasons; portions of the Code II are cited. Form is incomplete (_____ pg.) as to General info, Site Investigation, System Proposed, Site Plan, Disposal System Plan, Cross-Section, Statement. See Section 2.3.

Site Investigation indicates site is totally unsuitable for disposal system; Sections 4.5 and 9.5, Table 9-1 Group 9 and 10. Unsuitable for system proposed; Sections 4.3, 4.6, 9.5, Table 9-1.

System Proposed does not conform to Code; See Sections 9.

Site Investigation indicates site modifications are necessary; See Sections 4.3, 4.4, 4.6, 8.7.

Miscellaneous See Section _____

Acceptance: Application for permit is approved with condition specified, comply with Section **SOILS**
 without condition.

Signed LPI **Richard P. Babu** Date **7-9-81** HHE-200 1/77

APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
(For systems disposing of less than 2000 gallons per day)

Town AUGUSTA	Street, Road, etc. If on water body, give name Burns Rd,	Owner of property Lucille Brunelle
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Site Plan

Scale 1" = 100 Ft. or _____

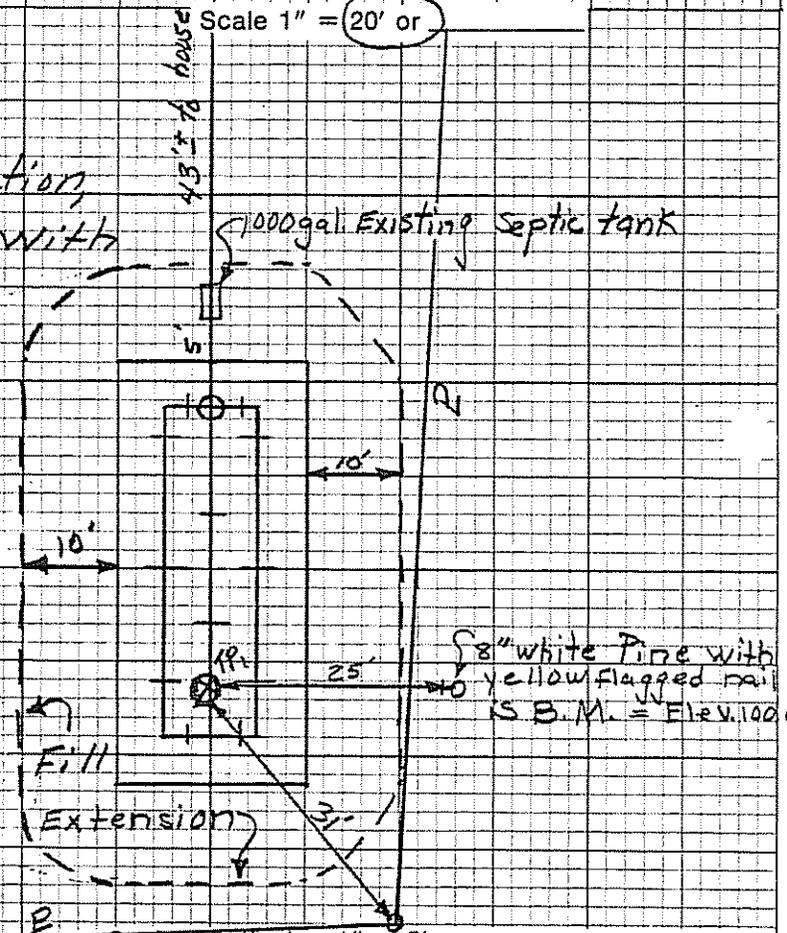
SEE Page 2a

Private Sewage Disposal Plan

Scale 1" = 20' or _____

Note: New bed is to be placed over old area. Prior to construction, dig up old bed and replace with sandy loam fill. Also level area by adding sandy loam. Fill on top of fill to replace old bed, and slope at 25% to existing slope beyond area.
(See Sheet # 2A)

Bed is to have 3 pipes 35' long and 2 pipes 10' long with a distribution box. Pipes are to be perforated.



Subsurface Absorption Area Cross-section

Scale: Vertical - 1" = 5' or _____
Horizontal - 1" = 20' or _____

See Sheet # 3

Statement: (no permit may be issued unless signed)

I certify that all the information submitted to be true and correct; and I understand that issuance of a permit is based upon the information and plans submitted by the applicant. I also understand that any falsification of this application is reason to deny a permit to install a private sewage disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I understand that no guarantee is intended or implied by reason of any advice or approval given by the Administrative Authority or its agent.

HHE - 200 1/77

Signature Required

Date: 7-9-81
 Applicant: _____
 Owner: Lucille Brunelle

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

11020

Permit No.

48503 E

Date Permit Issued

10 30 81
month/day/yr.

Property Owner's Name:

Lucille Brunelle

Tel. No.

622-9229

System's Location:

Burns Road

Street

Augusta

Town

MAINE

04330

Zip

Property Owner's Address:
(if different from above)Same

Street

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.

Lucille Brunelle

Property Owner's Signature

7/9/81

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"		0	inches
	Restrictive Layer	to 6"		10	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'		
	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'		
Property Line		5'	5'		

Other Specify:

The only feasible area for replacement is on the site of the malfunctioning bed. I propose digging up old bed and replacing it with sandy loam fill

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.

David P. Rocque
Site Evaluator's Signature

July 7, 1981
Date

LPI Statement

I, Richard P. Baber, 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. 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:

Richard P. Baber
LPI's Signature

7-9-81
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.

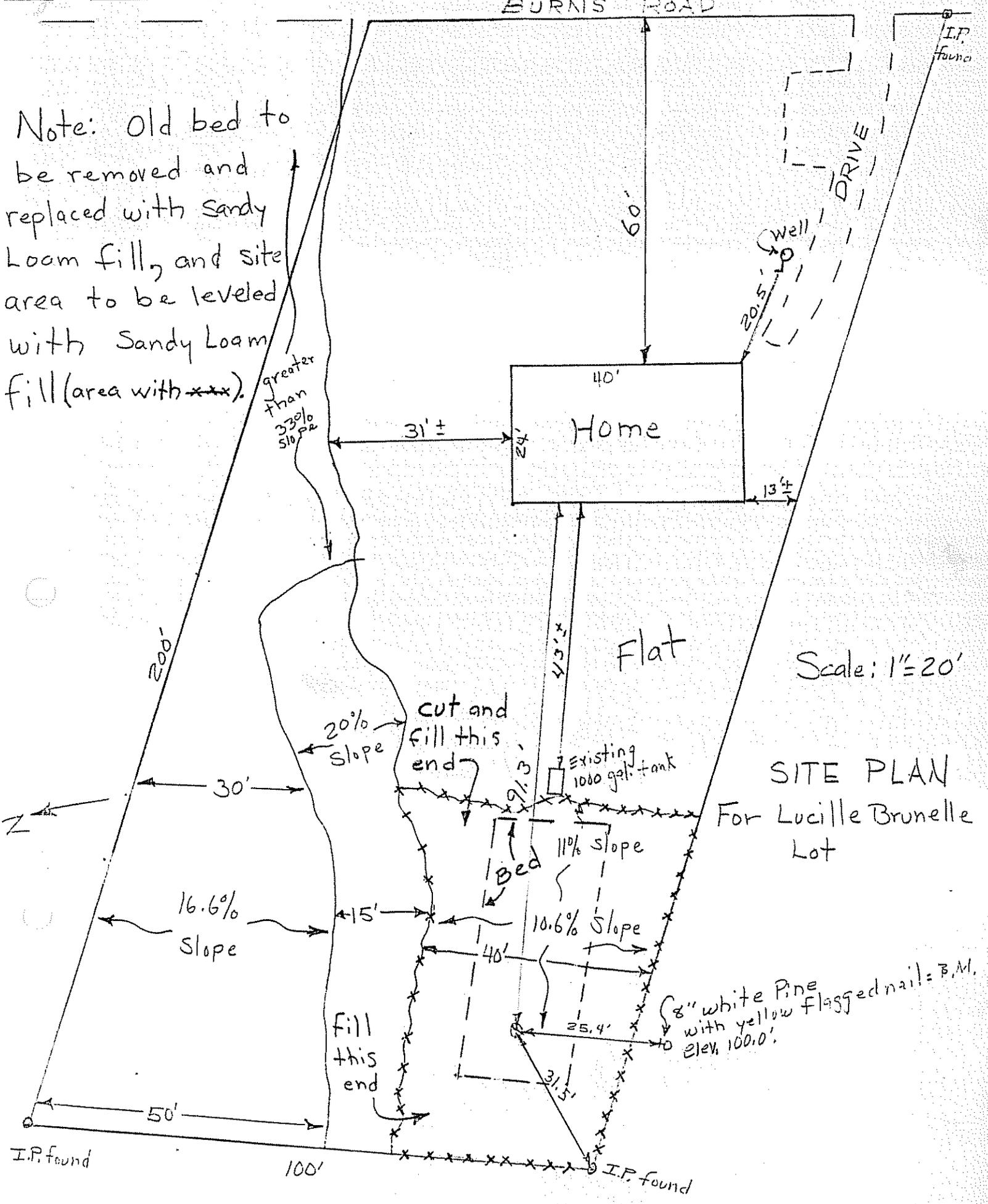
David P. Brean
Signature of the Department

July 10, 1981
Date

Need diversion between bed and property line.

BURNS ROAD

Note: Old bed to be removed and replaced with Sandy Loam fill, and site area to be leveled with Sandy Loam fill (area with xxx).



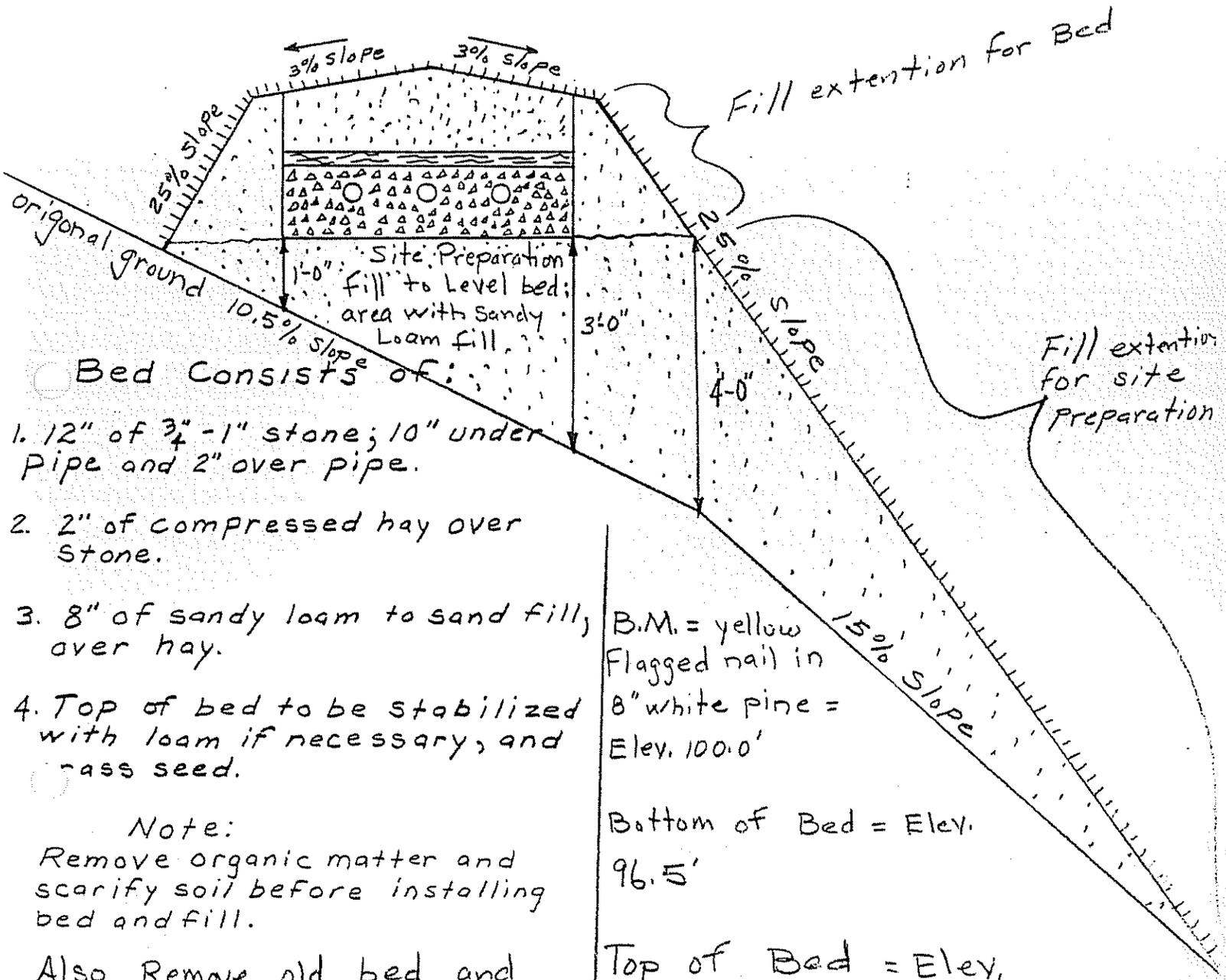
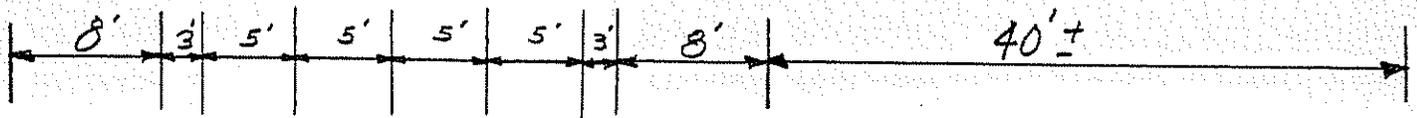
Scale: 1" = 20'

SITE PLAN For Lucille Brunelle Lot

8" white Pine with yellow flagged nail = B.M.

Subsurface Absorption Area Cross-Section

(Not to Scale)



Bed Consists of:

1. 12" of 3/4" - 1" stone; 10" under pipe and 2" over pipe.
2. 2" of compressed hay over stone.
3. 8" of sandy loam to sand fill, over hay.
4. Top of bed to be stabilized with loam if necessary, and grass seed.

Note:

Remove organic matter and scarify soil before installing bed and fill.

Also Remove old bed and replace with sandy loam fill.

B.M. = yellow Flagged nail in 8" white pine = Elev. 100.0'

Bottom of Bed = Elev. 96.5'

Top of Bed = Elev. 98.5 at edge and 98.7 at center.