

023-5006

W623-8451

X105 Nicole

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

09297251

**PROPERTY ADDRESS**

Town or Plantation: AUGUSTA

Street: Middle Rd.

Subdivision Lot #: Middle Rd.

**PROPERTY OWNER'S NAME**

Last: HAMLIN First: SCOTT + NICOLE

Applicant Name: SAME

Mailing Address of Owner/Applicant (If Different): RR #5 BOX 7410 AUGUSTA, ME, 04330

Map 1 Lot 163

AUGUSTA TOWN COPY 4706

Date Permit Issued: 9/26/01

Local Plumbing Inspector Signature: [Signature]

FEE: \$ 1620

L.P.I. #: 850

Double Fee Charged

**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: \_\_\_\_\_

**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: 9/22/01

## PERMIT INFORMATION

**THIS APPLICATION IS FOR:**

1.  NEW SYSTEM

2.  REPLACEMENT SYSTEM

3.  EXPANDED SYSTEM

4.  EXPERIMENTAL SYSTEM

**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

**INSTALLATION IS:**

COMPLETE SYSTEM

1.  NON-ENGINEERED SYSTEM

2.  PRIMITIVE SYSTEM  
(Includes Alternative Toilet)

3.  ENGINEERED (+ 2000 gpd)

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

5.  SYSTEM COMPLIES WITH RULES

6.  CONNECTED TO SANITARY SEWER

7.  SYSTEM INSTALLED - P# \_\_\_\_\_

8.  SYSTEM DESIGN RECORDED AND ATTACHED

**DISPOSAL SYSTEM TO SERVE:**

1.  SINGLE FAMILY DWELLING

2.  MODULAR OR MOBILE HOME

3.  MULTIPLE FAMILY DWELLING

4.  OTHER \_\_\_\_\_ SPECIFY \_\_\_\_\_

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

**IF REPLACEMENT SYSTEM:**

YEAR FAILING SYSTEM INSTALLED: ?

THE FAILING SYSTEM IS

1.  BED 3.  TRENCH ?

2.  CHAMBER 4.  OTHER \_\_\_\_\_

**TYPE OF WATER SUPPLY**

PRIVATE

SIZE OF PROPERTY: 1 ± AC. ZONING: RURAL

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

**TREATMENT TANK**

1.  SEPTIC:  Regular  Low Profile

2.  AEROBIC EXISTING

SIZE: \_\_\_\_\_ 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: 7 CONDITION: 0

DEPTH TO LIMITING FACTOR: 10 "

**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 9/24/97 (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]  
John A. Philbrick, Licensed Site Evaluator

256  
SE#

6/1/01  
9/27/97 Date  
Approved for use as HHE 200 by Division of Health Engineering 9/87

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road, Subdivision

09297251

AUGUSTA

MIDDLE RD.

SCOTT + NICOLE HAMLIN

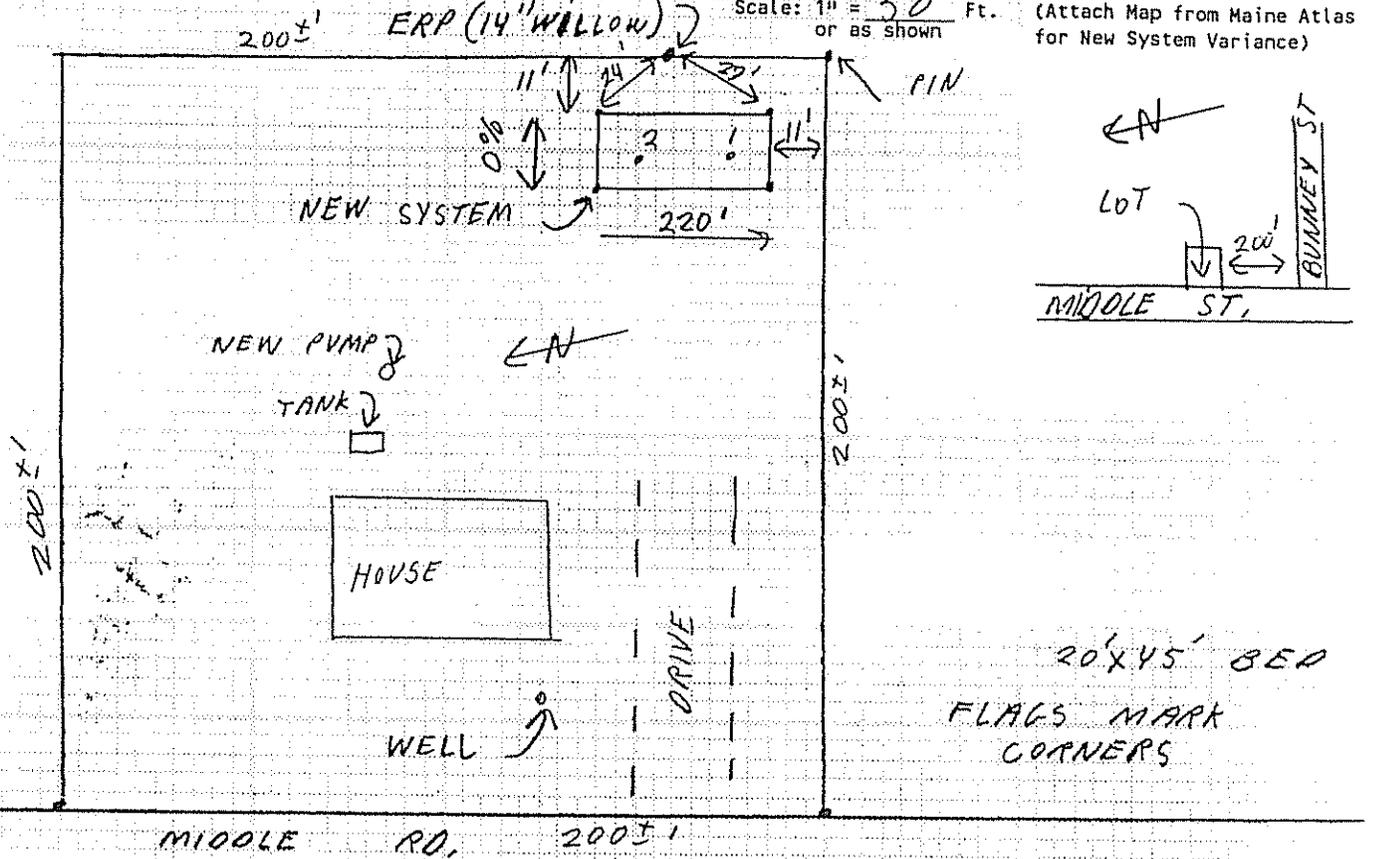
Owner's Name

## 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 Holes Shown Above)

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

Inches	Texture	Consistency	Color	Mottling
0	LOAMY	FRABLE	TAN	NONE
6	SAND			
10			GRAY	COMMON
15				DISTINCT
20				
30	SILTY CLAY	FIRM		
40				
50				

Soil Classification: 7 Profile Condition: 2 Slope: 0 % Limiting Factor: 10  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				
6				
10				
15				
20	SAME AS #1			
30				
40				
50				

Soil Classification: \_\_\_\_\_ Profile Condition: \_\_\_\_\_ Slope: \_\_\_\_\_ % Limiting Factor: \_\_\_\_\_  Ground Water  Restr. Layer  Bedrock

Site Evaluator Signature

256 SE#

9/27/97 Date

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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

AVGUSTA

Street, Road, Subdivision

MIDDLE RD,

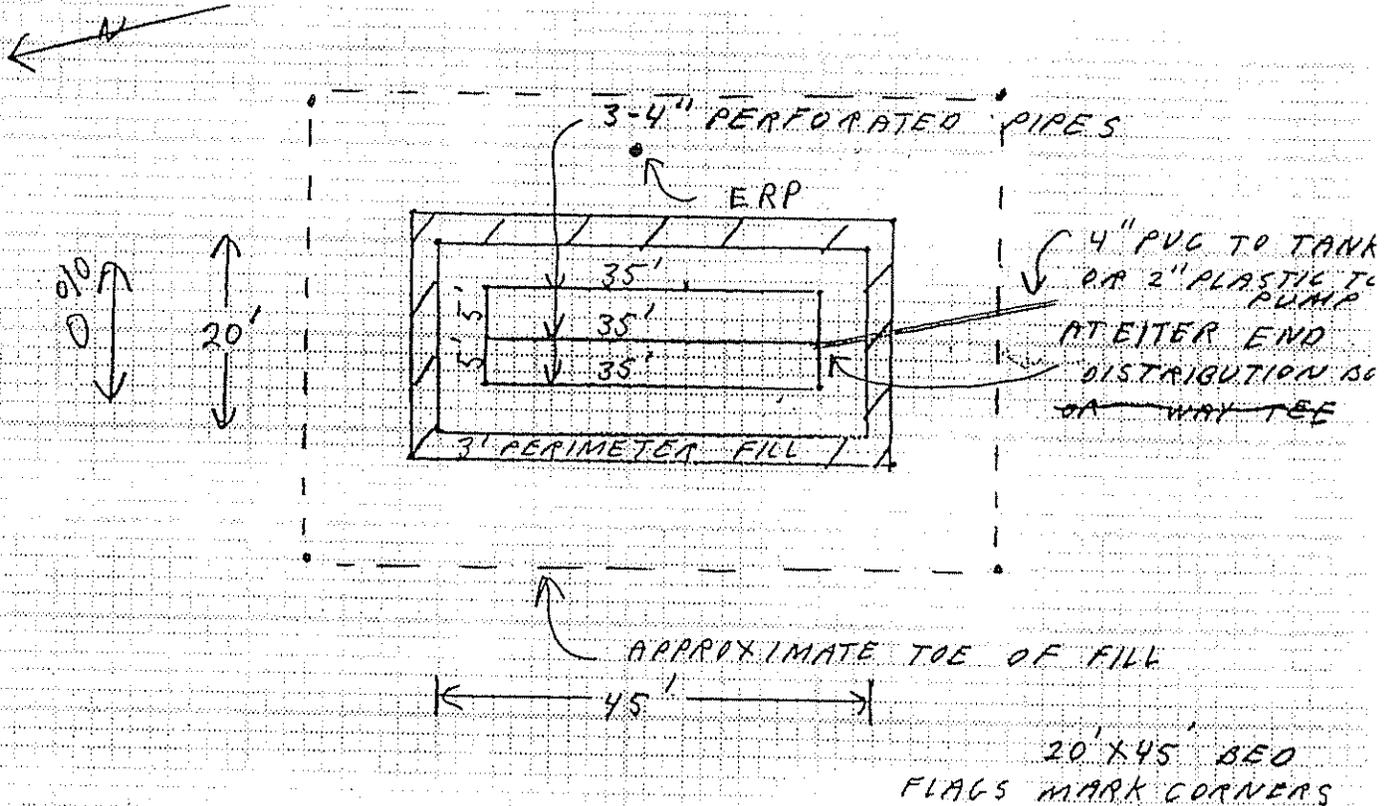
SUBSURFACE WASTEWATER DISPOSAL PLAN

08246445

Owner's Name

SCOTT + NICOLE HAMLIN

Scale: 1" = 20 Ft.  
or as shown



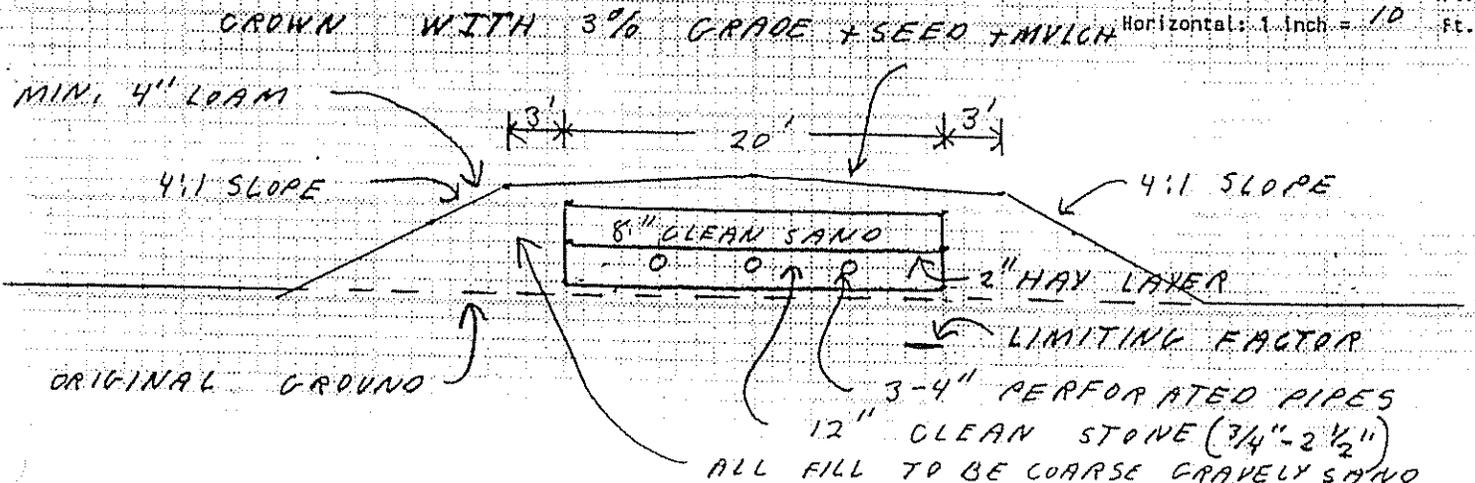
**FILL REQUIREMENTS**  
Depth of Fill (Upslope)  
Depth of Fill (Downslope)

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

**ELEVATION REFERENCE POINT**  
0" ERP IN 14" WILLOW TREE,  
-48" 11' EAST OF SYSTEM, 42'  
-37" ABOVE GROUND

**DISPOSAL AREA CROSS SECTION**

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



*[Signature]*  
Site Evaluator Signature

256  
SE#

9/27/97  
Date

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

# REPLACEMENT SYSTEM VARIANCE REQUEST

RECEIVED  
JUN 25 2001

## 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.

TOWN CPT

## GENERAL INFORMATION

Permit No. 4706 E Town of AUGUSTA  
Date Permit Issued 6/26/01  
Property Owner's Name: SCOTT + NICOLE HAMLIN Tel. No. \_\_\_\_\_  
System's Location: MIDDLE RD. STREET  
AUGUSTA TOWN Maine 04330 ZIP  
Property Owner's Address: RR #5 BOX 7410 STREET  
(if different from above) AUGUSTA TOWN ME STATE 04330 ZIP

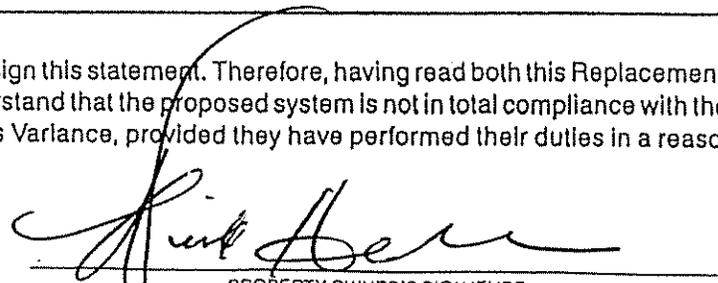
## SPECIFIC INSTRUCTIONS TO THE:

**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.

  
PROPERTY OWNER'S SIGNATURE

6/25/01  
DATE

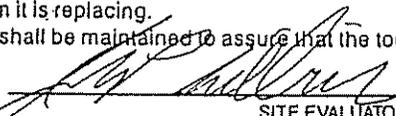
VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS Soil Profile 7 Soil Condition 0 from HHE-200	Ground Water Table	to 6"		10" inches	
	Restrictive Layer	to 6"		inches	
	Bedrock	to 10"		inches	
SETBACK DISTANCES (IN FEET)	FROM:	TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
	Potable Water Supplies	1. Well: > 2000 gal/day	100'	300'	
Waterbodies	2. Well: < 2000 gal/day				
	a. Neighbor's	50'		60'	
	b. Property Owner's	25'		50'	
	3. Water Supply Line	See note 'a'			
Downhill Slope	1. Perennial	50'		60'	
	2. Intermittent	15'		20'	
	3. Manmade drainage ditch	10'		15'	
Buildings	Greater than 3:1 (33%)	5'		10'	
Property Line	1. With Basement	5'		10'	
	2. Without Basement	5'		10'	
		4'		5'	

**OTHER**

1. Fill extension Grade—to 3:1
- 2.
- 3.

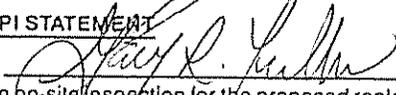
**Footnotes:**

- 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

9/27/97  
 DATE

**LPI STATEMENT**

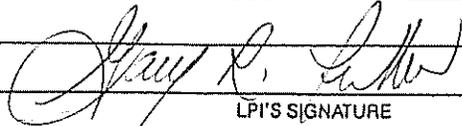
I,  LPI for the Town of Augusta have conducted an on-site inspection for the proposed replacement system and have determined to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Wastewater Disposal Ordinances, or the Local Shoreland Zoning 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:**

  
 LPI'S SIGNATURE

6/26/01  
 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.