

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

**PROPERTY ADDRESS**

Town Or Plantation: Augusta

Street / Vision Lot #: Wade Road

**PROPERTY OWNERS NAME**

Last: Sousa First: Lawrence

Applicant Name: Wade Road

Mailing Address of Owner/Applicant (If Different): Augusta, Me. 04330

M/L 186

AUGUSTA PERMIT # 362 TOWN COPY

Date Permit Issued: 11/21/84 \$ 140.00  Double Fee Charged

Randall P. Gray L.P.I. # 17519  
 Local Plumbing Inspector Signature

**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.

Paul Bonenfant  
 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.

Randall P. Gray  
 Local Plumbing Inspector Signature

11/21/84  
10/21/84  
 Date Approved

## PERMIT INFORMATION

<p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input checked="" type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATION IS:</b></p> <p><b>COMPLETE SYSTEM</b></p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>IF REPLACEMENT SYSTEM:</b> <u>Late</u></p> <p>YEAR FAILING SYSTEM INSTALLED <u>1970's</u></p> <p>THE FAILING SYSTEM IS: <u>for wastewater</u></p> <p>1. <input type="checkbox"/> BED      3. <input checked="" type="checkbox"/> FRENCH</p> <p>2. <input type="checkbox"/> CHAMBER      4. <input checked="" type="checkbox"/> OTHER: <u>cutstone</u></p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p><u>Drilled well (existing)</u></p>
<p>SIZE OF PROPERTY: <u>2± AC.</u></p> <p>ZONING: <u>yes</u></p>		

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

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p style="text-align: center;">CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p style="text-align: center; font-size: 1.5em;"><u>2-Bedroom</u></p> <p>DESIGN FLOW: <u>240</u> (<u>200</u> (min)) (GALLONS/DAY)</p>			
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table style="width: 100%;"> <tr> <td>PROFILE: <u>8</u></td> <td>CONDITION: <u>C/D</u></td> </tr> <tr> <td>DEPTH TO LIMITING FACTOR: <u>16-18</u></td> <td></td> </tr> </table>	PROFILE: <u>8</u>	CONDITION: <u>C/D</u>		DEPTH TO LIMITING FACTOR: <u>16-18</u>		<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input checked="" type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>
PROFILE: <u>8</u>	CONDITION: <u>C/D</u>					
DEPTH TO LIMITING FACTOR: <u>16-18</u>						

**SITE EVALUATOR STATEMENT**

SITE EVALUATION WAIVED BY LOCAL OPTION)

Sept. 12, 1984 (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.

Stephen E. Goodwin  
 Site Evaluator Signature

65  
 SE#

9/16/84  
 Date

Page 1 of 3  
 HHE-200 Rev. 1/84

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

Augusta

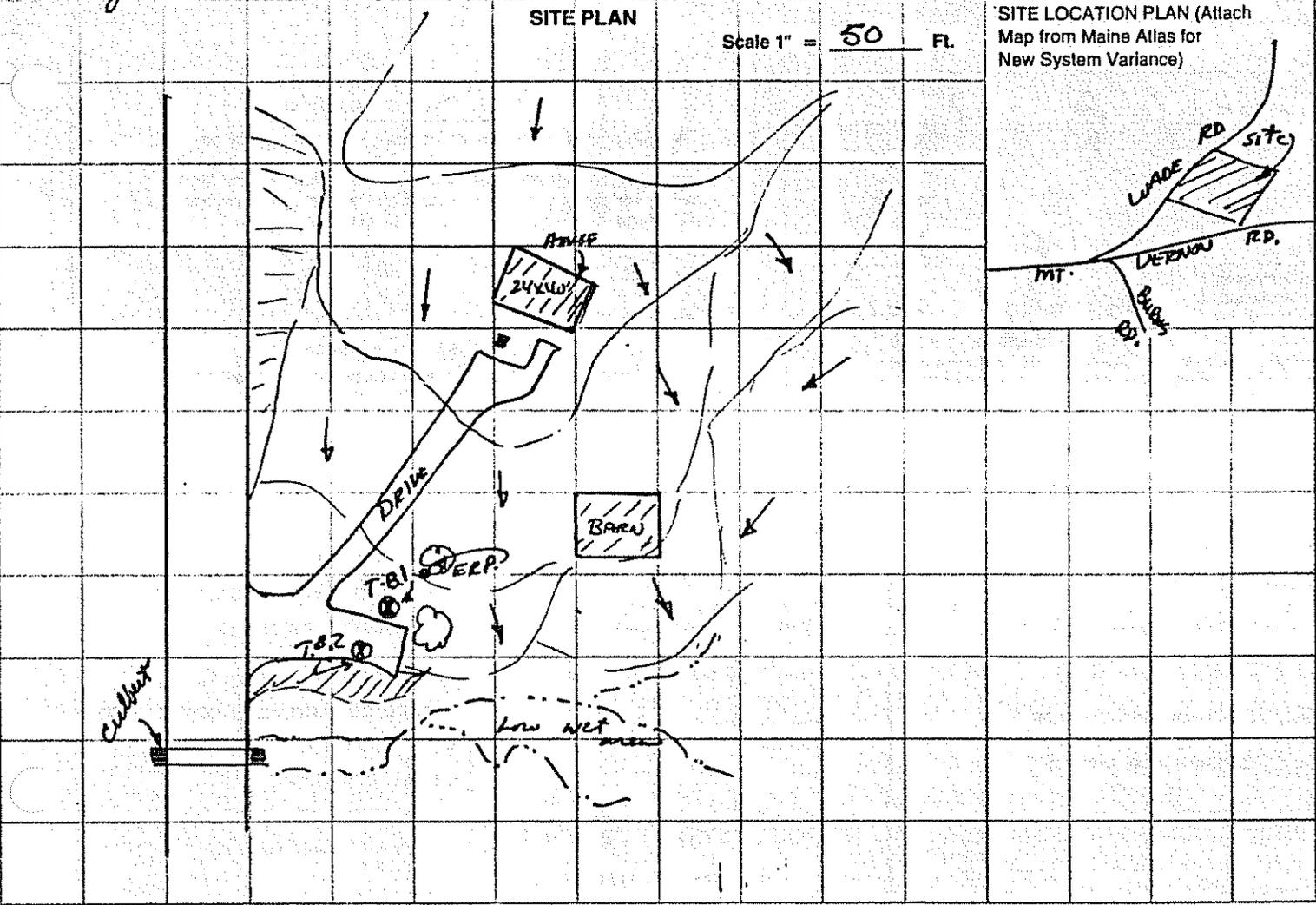
Wade Road

Lawrence Sousa

## SITE PLAN

Scale 1" = 50 Ft.

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



## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 0  Test Pit  Boring

0 " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
Loam		Brown	
fine sand to silt loam	frable	Reddish Brown yellowish Brown	mottled
alt. silty clay & sands.	S.W. firm	Yellowish Gray to olive gray	

Soil Profile <u>8</u>	Classification <u>C/D</u>	Slope <u>8-10%</u>	Limiting Factor <u>16-18</u>	<input checked="" type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

Observation Hole 2  Test Pit  Boring

0 " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
Gravelly mixed fill			

Soil Profile <u>Solid level - 03</u>	Classification <u>none in field</u>	Slope <u>0%</u>	Limiting Factor <u>none in field</u>	<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

Stephen E. Goodwin  
Site Evaluator or Professional Engineer's Signature

65  
SE # / PE #

9/16/84  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

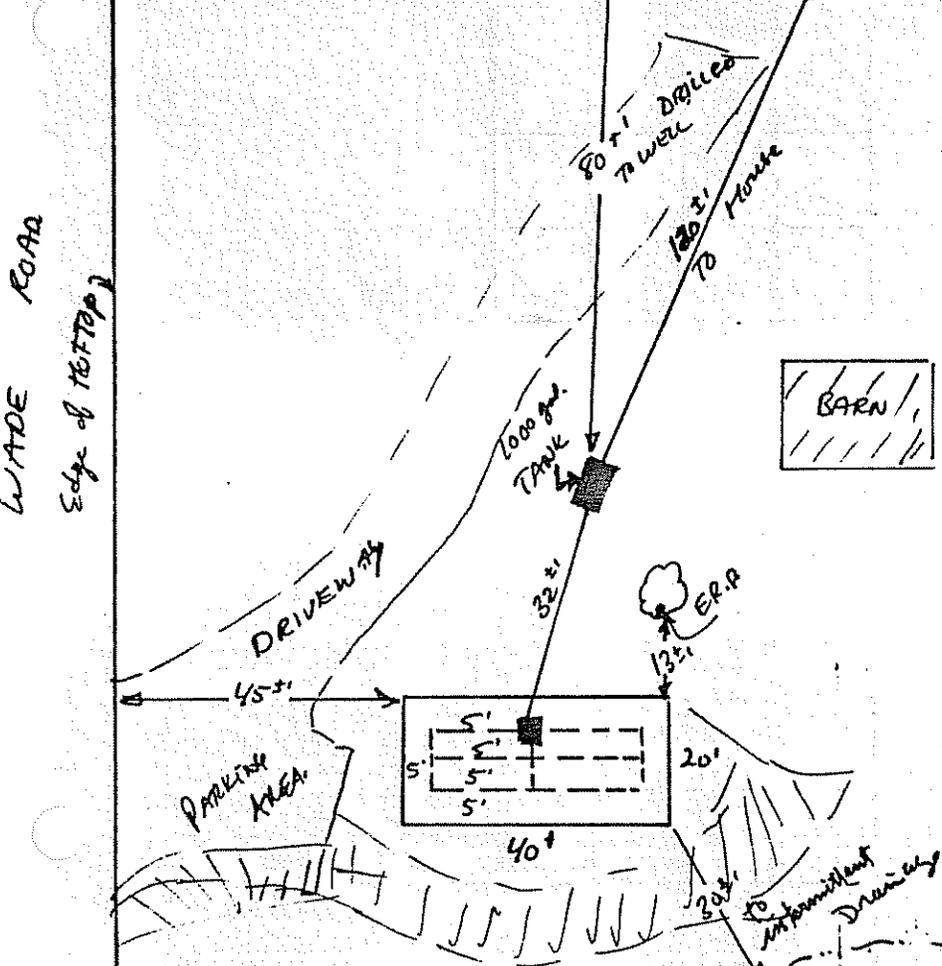
Augusta

Waide Road

Laurence Lausa

## SUBSURFACE WASTEWATER DISPOSAL PLAN

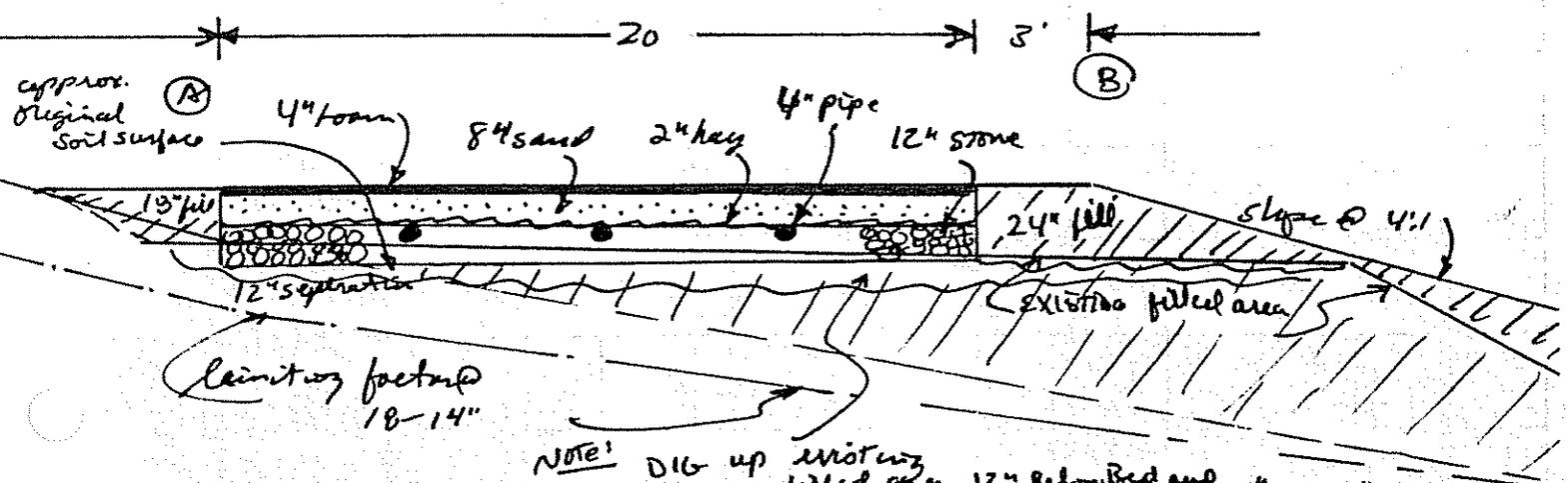
Scale 1" = 30' Ft.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope) _____"	Reference Elevation is <u>Nail in Base</u>	LOCATION & DESCRIPTION: <u>Nail in Base of 16" W. Pine.</u>
Depth of Fill (Downslope) _____"	Bottom of Disposal Area <u>60" Below</u>	<u>Finished grade 36" Below Nail</u>
	Top of Distribution Lines or Chambers <u>48" Below</u>	Scale:

### DISPOSAL AREA CROSS SECTION

Vertical: 1 Inch = 5' Ft.  
Horizontal: 1 Inch = 5' Ft.



NOTE: Dig up existing filled area 12" below Bed and "replace to Breakup any packed" areas

Stephen E. Goodwin  
Site Evaluator Signature

65  
SE#

9/16/84  
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.
7. Soil and setback distances are within approval authority of the LPI.

### GENERAL INFORMATION

Town of Augusta, Maine

Permit No.

Date Permit Issued  / /  
month/day/year

Property Owner's Name: Laurence Sousa Tel. No. \_\_\_\_\_

System's Location: Wado Road  
Street

Augusta, Me. MAINE Zip \_\_\_\_\_  
Town

Property Owner's Address:  
(if different from above) \_\_\_\_\_  
Street

\_\_\_\_\_ State Zip \_\_\_\_\_  
Town

### 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.

### 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

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
<b>Soils</b>					
Soil Profile	Ground Water Table	to 6"		inches	
Condition	Restrictive Layer	to 6"		inches	
HHE-200	Bedrock	to 10"		inches	
<b>Setback Distances (in feet)</b>	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	100 <sup>ⓐ</sup>	100 <sup>ⓐ</sup>		
	b. Property Owner's	50'	60'		
	3. Water Supply Line	10'	10'		
Waterbodies	1. Perennial	60' <sup>ⓐ</sup>	60'		
	2. Intermittent	25'	25'		30' <sup>ⓐ</sup>
	3. Manmade drainage ditch	15'	15'		Closest p/w
Downhill Slope	Greater than 3:1 (33%)	5'	10' <sup>ⓐ</sup>		
Buildings	1. With basement	8'	15'		
	2. Without basement	8'	10'		
Property Line		5'	5' <sup>ⓐ</sup>		

Other Specify:

*in existing good gravelly fill*

**Footnotes:**

- a. 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.
- b. Sufficient distance shall be maintained to assure that the toe of the fill does not extend beyond the 3:1 slope or property line.
- c. May be reduced to 25' provided treatment tank is tested to be water tight in the presence of the Local Plumbing Inspector.

*Stephen E. Goodwin*  
 Site Evaluator's Signature

*9/16/84*  
 Date

**LPI Statement**

I, *Randall D. Gray*, LPI for Town of *Augusta, ME*, 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. ( 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:

*Randall D. Gray*  
 LPI's Signature

*11-21-84*  
 Date

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

Date