

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 #: Wilson St (Leasement extension)

PROPERTY OWNERS NAME

Last: _____ First: _____

Applicant Name: Prospective Owner: Elaine Webb

Mailing Address of Owner/Applicant (If Different): R.F.D. Box 858 Augusta, Me 04330

1-200

AUGUSTA PERMIT # 1,310 TOWN COPY

Date Permit Issued: 3/23/88 \$ 170.00 FEE If Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 1008

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: Elaine M. Webb Date: 4/4/88

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: [Signature] Date Approved: _____

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NEW SYSTEM <input type="checkbox"/> REPLACEMENT SYSTEM <input type="checkbox"/> EXPANDED SYSTEM <input type="checkbox"/> EXPERIMENTAL SYSTEM 	<p>THIS APPLICATION REQUIRES:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NO RULE VARIANCE <input checked="" type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form <ol style="list-style-type: none"> <input type="checkbox"/> Requiring Local Plumbing Inspector Approval <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE 	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) <input type="checkbox"/> ENGINEERED (+ 2000 gpd) <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> TREATMENT TANK (ONLY) <input type="checkbox"/> HOLDING TANK _____ GAL <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
<p>SEASONAL CONVERSION</p> <p>to be completed by the LPI</p> <ol style="list-style-type: none"> <input type="checkbox"/> SYSTEM COMPLIES WITH RULES <input type="checkbox"/> CONNECTED TO SANITARY SEWER <input type="checkbox"/> SYSTEM INSTALLED - P# _____ <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED 	<p>DISPOSAL SYSTEM TO SERVE:</p> <ol style="list-style-type: none"> <input type="checkbox"/> SINGLE FAMILY DWELLING <input checked="" type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER _____ SPECIFY _____ 	<p>TYPE OF WATER SUPPLY</p> <p><u>Proposed Drilled Well</u></p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> BED <input type="checkbox"/> CHAMBER <input type="checkbox"/> TRENCH <input type="checkbox"/> OTHER: _____ 	<p>SIZE OF PROPERTY: <u>5.0 ac</u></p> <p>ZONING: <u>Rural</u></p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC <p>SIZE: <u>1000</u> GALS.</p>	<p>WATER CONSERVATION</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> LOW VOLUME TOILET <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM <input type="checkbox"/> ALTERNATIVE TOILET <p>SPECIFY: _____</p>	<p>PUMPING</p> <ol style="list-style-type: none"> <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) <input checked="" type="checkbox"/> REQUIRED <p>DOSE: <u>75</u> GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>2 Bed room</u> <u>minimum flow</u> <u>180 GPD</u></p> <p><u>+ 33' x 60'</u> <u>240</u></p> <p>DESIGN FLOW: <u>240</u> (GALLONS/DAY)</p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td><u>8</u></td> <td><u>0</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>13</u></p>	PROFILE	CONDITION	<u>8</u>	<u>0</u>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> MEDIUM-LARGE <input checked="" type="checkbox"/> LARGE <input type="checkbox"/> EXTRA LARGE 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> BED _____ Sq. Ft. <input type="checkbox"/> CHAMBER <u>525</u> Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 <u>In-situ</u> <input type="checkbox"/> TRENCH _____ Linear Ft. <input type="checkbox"/> OTHER: _____ 	
PROFILE	CONDITION						
<u>8</u>	<u>0</u>						

SITE EVALUATOR STATEMENT

On 3/26/88 (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: [Signature] SE# 201 Date: 3/29/88

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HHE-200 Rev. 11/86

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Augusta

Street, Road, Subdivision

Wilson St (Easement extension)

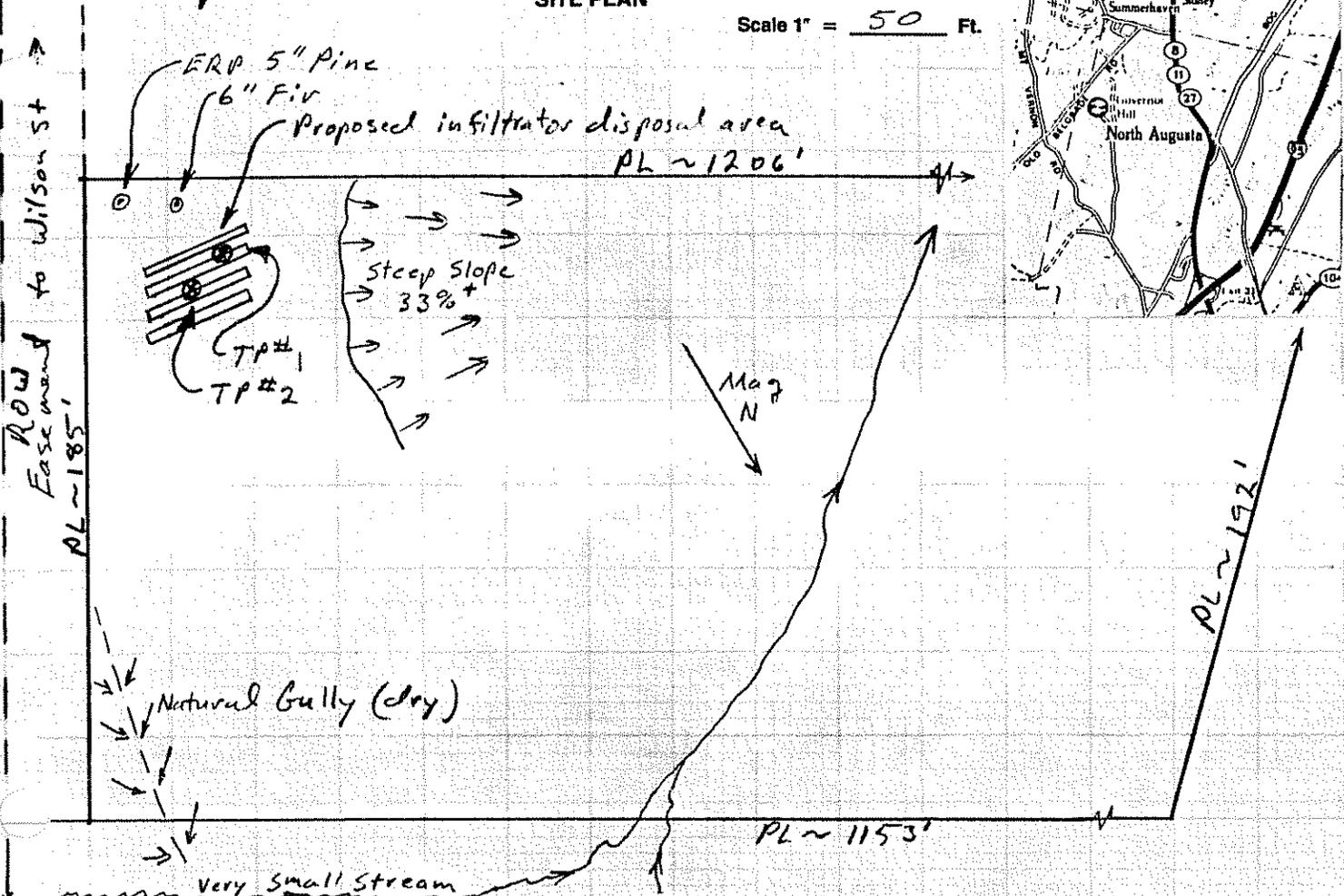
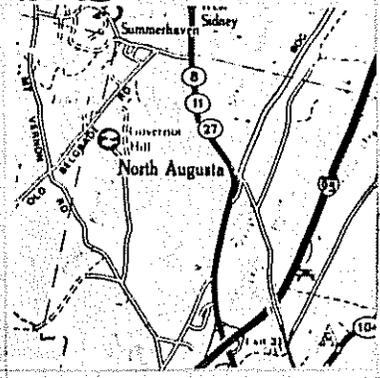
Prospective

Owners Name

Elaine Wells

SITE PLAN

Scale 1" = 50 Ft.



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

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	Loose	DK. Br.	
6			or.	
10	Very Sandy loam	Friable	DL Grey	
15				Faint Common
20	Silt loam	Firm		
30				
40				
50				

Soil Profile <u>S</u>	Classification <u>D</u> Condition	Slope <u>11%</u>	Limiting Factor <u>13</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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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	Sandy loam		DK. Br.	
6				
10	Very fine sandy loam	Loose	or. br.	
15				Faint Common
20	Silt loam	Firm	DL Gr	
30				
40				
50				

Soil Profile <u>S</u>	Classification <u>D</u> Condition	Slope <u>11%</u>	Limiting Factor <u>14</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Handwritten signature

201

3/29/98

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road, Subdivision

Department of Human Services

Division of Health Engineering

Prospective Owners Name

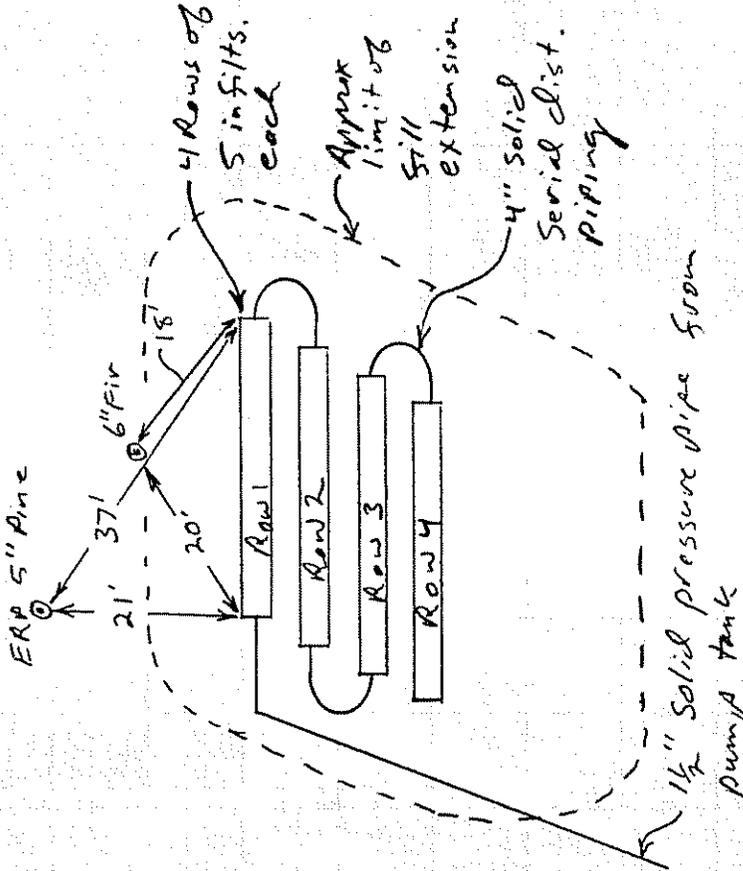
Augusta

Wilson St (Easement extension)

Elaine Webb

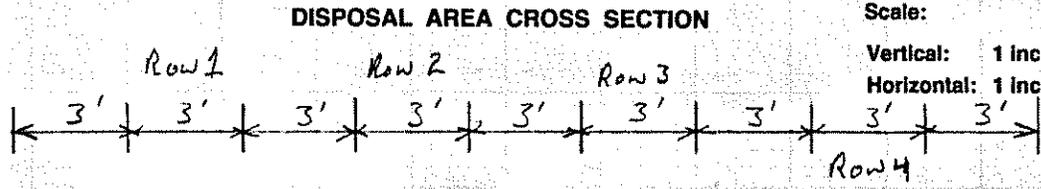
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

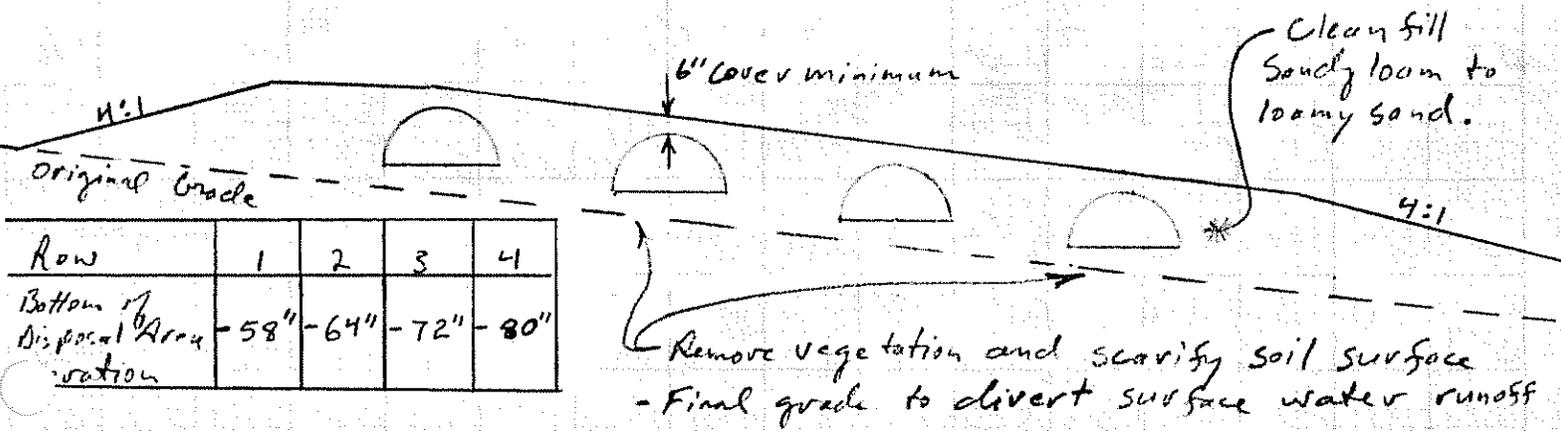


All construction to be in accordance with State plumbing code
 Well to be at least 100' from infiltration and at least 100' from septic tank
 Trailer to be at least 15' from infiltration and at least 8' from septic tank

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	30"	Reference Elevation is	0'00"	ERP is real flagged nail in 5" Pine as shown	
Depth of Fill (Downslope)	30"	Bottom of Disposal Area	See Below		
		Top of Distribution Lines or Chambers			



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



Row	1	2	3	4
Bottom of Disposal Area	-58"	-64"	-72"	-80"

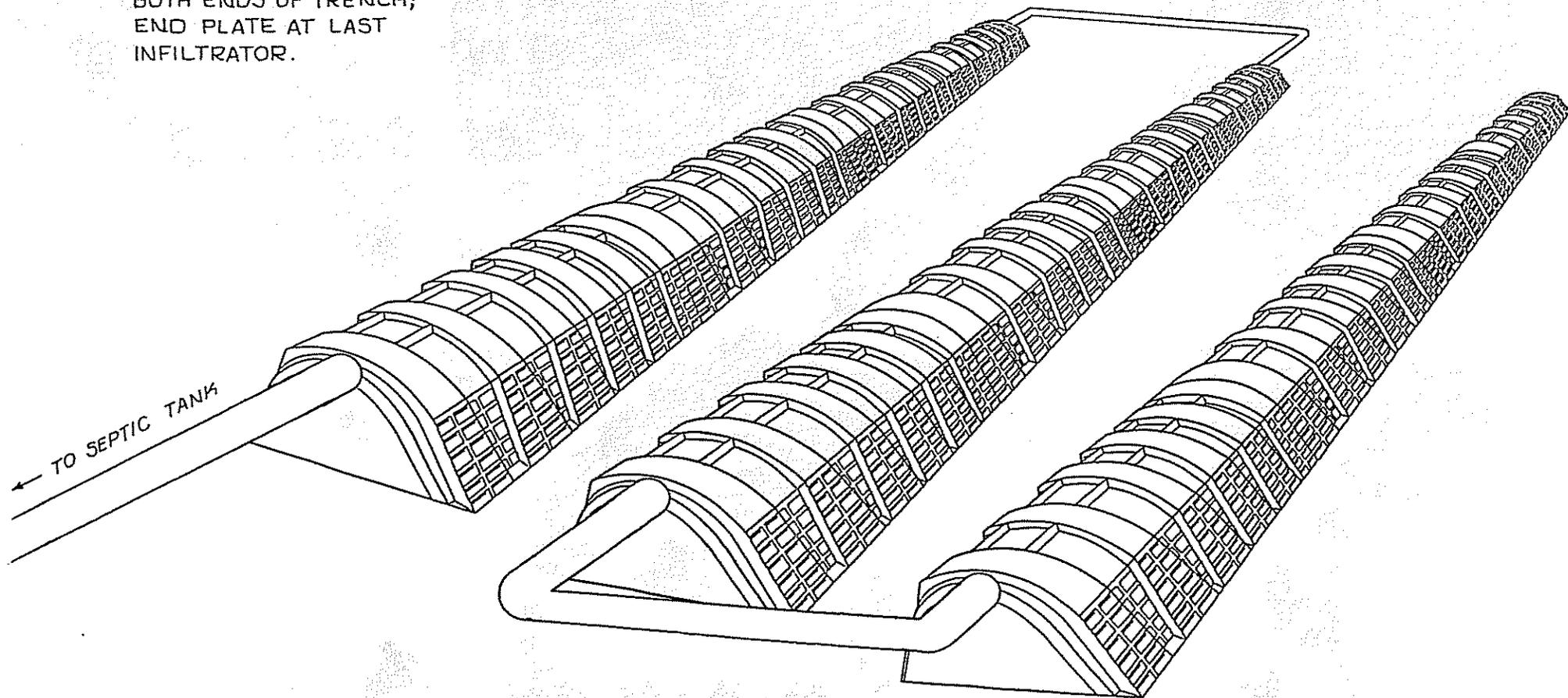
Handwritten Signature
 Site Evaluator Signature

201
 SE#

3/30/89
 Date

NOTE:

NEED SPLASH PLATE AT
BOTH ENDS OF TRENCH;
END PLATE AT LAST
INFILTRATOR.



Typical
INFILTRATOR TRENCH SYSTEM
SERIAL DISTRIBUTION

STATEMENTS, JUSTIFICATIONS and RESPONSIBILITIES

PROPERTY OWNER: The property owner shall provide accurate information to the Site Evaluator, the LPI, and the Department and elaborate below the reasons for requesting the variance(s).

(Attach additional sheets, if needed)

I, Elaine Webb, am the owner prospective owner of the subject property. I understand that the installation illustrated on the Application is not in total compliance with the Rules. I have indicated my reasons for requesting the variance(s). 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 Department of Human Services and make any corrections the Department finds necessary. By signing this 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.

Elaine M. Webb

4/4/88
Date

Signature of Owner
 Signature of Prospective Purchaser

HAS REVIEW FEE BEEN ENCLOSED

SITE EVALUATOR:

When an undeveloped property is found to be unsuitable for subsurface wastewater disposal by a Licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a Variance to the requirements of the Rules, and the Evaluator in his professional opinion feels the variance request is justified and that the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department.

A conventionally design drainage area should function adequately on this site, in order to provide a factor of safety the minimum design flow has been increased by 33% and the separation distance has also been increased by 50%. In the event of a malfunction there is sufficient land area to accommodate a replacement.

(Attach additional sheets, if needed)

I, Harrison Bispham, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgement, I certify that the proposed system design on the attached Application is the best alternative available, enhances the potential of the site for subsurface wastewater disposal, and that the system should function properly.

Harrison Bispham
Signature of Site Evaluator

#201 3/29/88
Date

MUNICIPAL OFFICER(s): (Selectman, Councilman, Alderman, Mayor, Town Manager)

We the undersigned Officer(s) are aware that the applicant is applying to the Division of Health Engineering for a variance to the Subsurface Wastewater Disposal Rules as indicated in the application and that the proposed system does not meet the requirements of the Rules. The proposed variance request does does not comply with all Town Zoning requirements and the Municipality does does not endorse the variance request. If endorsed, the Town accepts the responsibility for any required enforcement of the Rules should the system malfunction.

<u>Kenneth Thomas</u> Municipal Officer's Signature	<u>Councilman</u> Officer Title	<u>4/13/88</u> Date
<u>Allen L. Ingraham</u> Municipal Officer's Signature	<u>Councilman</u> Officer Title	<u>4/13/88</u> Date
<u>William D. Bunnell</u> Municipal Officer's Signature	<u>Councilman</u> Officer Title	<u>4/18/88</u> Date

NEW SYSTEM VARIANCE REQUEST

622-6173
Call 5.25-882.10.07

This form shall accompany an Application for a proposed new system which requires a Variance to certain provisions of the Subsurface Wastewater Disposal Rules. A check or money order for \$20.00 payable to the Treasurer of the State shall accompany this request form.

The Local Plumbing Inspector shall not issue a Permit for the installation of a subsurface wastewater disposal system until approval has been received from the Department.

GENERAL INFORMATION

Town of Augusta

Prospective Purchaser
Property Owner's Name: Elaine Webb

System's Location: Wilson St (Easement extension)
street

Prospective Purchaser
Property Owner's Address: RFD #5 Box 958
street

Augusta, Me. 04330
town state zip

VARIANCE CONDITIONS

The Department has the authority to vary the requirements of the Rules in accordance with CMR 241.16 of the Rules if all the following criteria are satisfied:

- a. The variance request has the approval of the LPI.
- b. The variance request has received written endorsement from the elected municipal officers.
- c. The variance request demonstrates that there is no practical alternative for wastewater disposal, such as access to public sewer or the potential for an easement.
- d. The proposed system does not conflict with Seasonal Conversion, Shoreland Zoning or Resource Protection.
- e. The site offers potential for a system which will dispose of the wastewater with minimal threat to public health, safety, or welfare.
- f. The property owner has indicated an awareness of the variance and any limitations or added costs the proposed system may require.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator)

Section of Code

1. Soils have only 13" to limiting factors 6.B.3
2. _____
3. _____

If Variance request is for Sec. 6.B.3 Suitable Soil Conditions, fill in table below.

SOIL, SITE AND ENGINEERING FACTORS FOR ASSESSING NEW SYSTEM VARIANCE POTENTIAL (SEE TABLE 16-1)

	CHARACTERISTIC	POINT ASSESSMENT
SOIL PROFILE	8	10
DEPTH TO GROUNDWATER	13"	15
SIZE OF PROPERTY	5.0 ac	10
TERRAIN	Sideslope	3
WATERBODY SETBACK	160'	3
WATER SUPPLY	Drilled	3
TYPE OF DEVELOPMENT	S.F.R.	0
DESIGN FLOW	+ 33%	5
SEPARATION DISTANCE	+ 50%	5
ADDITIONAL TREATMENT		0
TOTAL POINT ASSESSMENT		54

LOCAL PLUMBING INSPECTOR:

The Local Plumbing Inspector shall review all New System Variance requests prior to submission to the Division of Health Engineering. The LPI shall indicate the municipality's position in regards to the variance request. The LPI shall also inform the Division of Health Engineering of any facts relative to the variance request not specifically noted by the property owner or the site evaluator.

The proposed system (does does not) conflict with any Municipal or Shoreland Zoning ordinances, and has been shown to the Code Enforcement Officer.

CONCLUSIONS: I, George Peacy Jr., the undersigned, have visited the above property and find that it is not possible to conform to certain provisions of the Rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property.

Therefore, I recommend the issuance of a permit for the system's installation as proposed on the application.

George Peacy Jr. 4-19-08
Signature of L.P.I. Date

John R. McKernan, Jr.
Governor



George
RECORDED
MAY 02 1988
Rollin Ives
Commissioner

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

April 25, 1988

George H. Soucy Jr.
16 Cony Street
Augusta, ME 04330

Subject: New System Variance Approval, Prospective Elaine Webb property,
Wilson St., Augusta

Dear Mr. Soucy:

The Division has reviewed your completed Application for a new system variance to the Subsurface Wastewater Disposal Rules. A new disposal system cannot be installed on the property in full compliance with the Rules. You have requested the following:

To allow a disposal system to be installed on soils that do not meet the minimum criteria. Specifically, the seasonal high groundwater table is located 13 inches below grade.

The Division approves of the application dated March 29, 1988 by Harrison Bispham, SE.

Mr. Bispham shall be retained to establish the system location and elevation at the time of construction.

George Soucy, the Local Plumbing Inspector shall issue a permit prior to the system's installation. The system shall be constructed in compliance with the submitted application.

Yours very truly,

A handwritten signature in cursive script that reads "Brent L. McCarthy".

Brent L. McCarthy
Wastewater & Plumbing Control
Division of Health Engineering

BLM/lcl
cc: Elaine Webb
Harrison Bispham, SE