

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: AUGUSTA

Street Division Lot #: WEST RIVER ROAD

PROPERTY OWNERS NAME

Last: HARRINGTON First: ALBERT

Applicant Name: _____

Mailing Address of Owner/Applicant (if Different): R.F.D. #3 WEST RIVER ROAD
AUGUSTA, ME. 04330

m2 L54

AUGUSTA Data Permit Issued: 105488 PERMIT # 889 TOWN COPY 14000 FEE Double Fee Charged

George Seaman L.P.I. # 128

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.

Albert Harrington
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.

George Seaman
Local Plumbing Inspector Signature

12-86
Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
- Requiring Local Plumbing Inspector Approval
- Requires State and Local Plumbing Inspector Approval

INSTALLATION IS:

COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (Includes Alternative Toilet)
- ENGINEERED (+ 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED 1960^E

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: _____

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER _____ SPECIFY _____

TYPE OF WATER SUPPLY

Drilled Well

SIZE OF PROPERTY
1^{1/2} AC.

ZONING
RURAL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: 1000 GALS.

WATER CONSERVATION

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

- NOT REQUIRED
- MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

1 - 3 B.R. HOME @ 270
1 - 2 B.R. APT. @ 180
≈ 450 CPD.
450 - 10% FOR LOW VOL.
FLUSH = 450 - 45 =
DESIGN FLOW: 405 G.P.D.
(GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
<u>B</u>	<u>D</u>

DEPTH TO LIMITING FACTOR: 13

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq. Ft.
- CHAMBER 800 Sq. Ft.
 REGULAR H-20
- TRENCH _____ Linear Ft.
- OTHER: _____

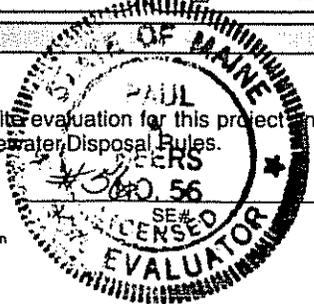
SITE EVALUATOR STATEMENT

On 10/7/86 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Wastewater Disposal Rules.

Paul Co. Peers
Site Evaluator Signature

10/7/86
Date

SITE EVALUATION WAIVED BY LOCAL OPTION)



* Local Plumbing Inspectors Signature if a Local Site Evaluation Waiver under a Local Option

3 toilets

Dec. 7, 1990

Artesian - N12 1988

Artesian - 92 N8U = 01980

7

Plastic Tank

Blue

Per. 34 40 Nov 20 1000.

1-800-877-6678

Customer service. 12-14-90

8:07 AM. Will send information regarding

rim skated 1.6

Beveled tank

2-13-91/10:57 Barb -

Mike - Will 3:15 + 7:16 send information regarding

Talking with Scott Lyons he believes that the Harrington have a
old case operation and that potentially they could have now created
a third unit within their home. He notes that he has tried to
improve the system but reminds me that the system was installed
initially as determined by the designer, and officials of the
Dept of Health Eng. and David Roque & officials of the
Dept of Health Eng.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

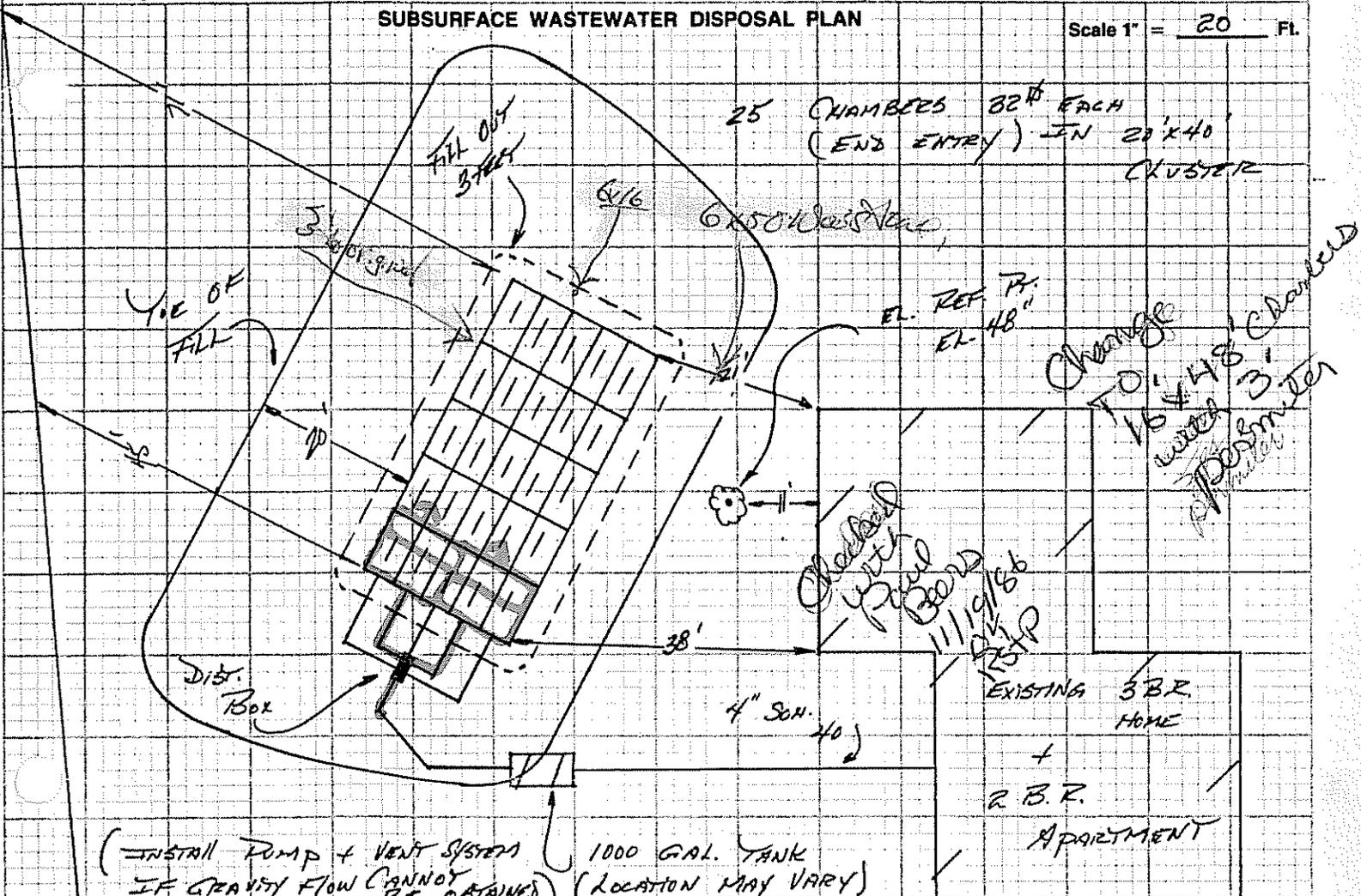
AUGUSTA

WEST RIVER ROAD

ALBERT HARRINGTON

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



(INSTALL PUMP + VENT SYSTEM IF GRAVITY FLOW CANNOT BE OBTAINED) 1000 GAL. TANK (LOCATION MAY VARY)

Change TO 16' x 48' Chambers with 3' depth

EXISTING 3 BR HOME + 2 BR. APARTMENT

FILL REQUIREMENTS

Depth of Fill (Upslope) 18"
Depth of Fill (Downslope) 30"

CONSTRUCTION ELEVATIONS

Reference Elevation is 48"
Bottom of Disposal Area 0"
Top of Chambers 13"

ELEVATION REFERENCE POINT

LOCATION & DESCRIPTION
NAIL IN SMALL MAPLE 18" ABOVE BOTTOM OF CHAMBERS

DISPOSAL AREA CROSS SECTION

{ SEE ATTACHED SHEET FOR X-SECT. }

Scale:

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

INSTALLATION NOTES

- REMOVE REMNANTS OF OLD SYSTEM + REPLACE w/ CLEAN FILL
- REMOVE SOIL BENEATH CHAMBERS + FILL EXT.
- DIVERLY SURFACE WATER AWAY FROM SYSTEM
- STABILIZE SYSTEM BY SEED + M

Paul C. Bell

Site Evaluator Signature

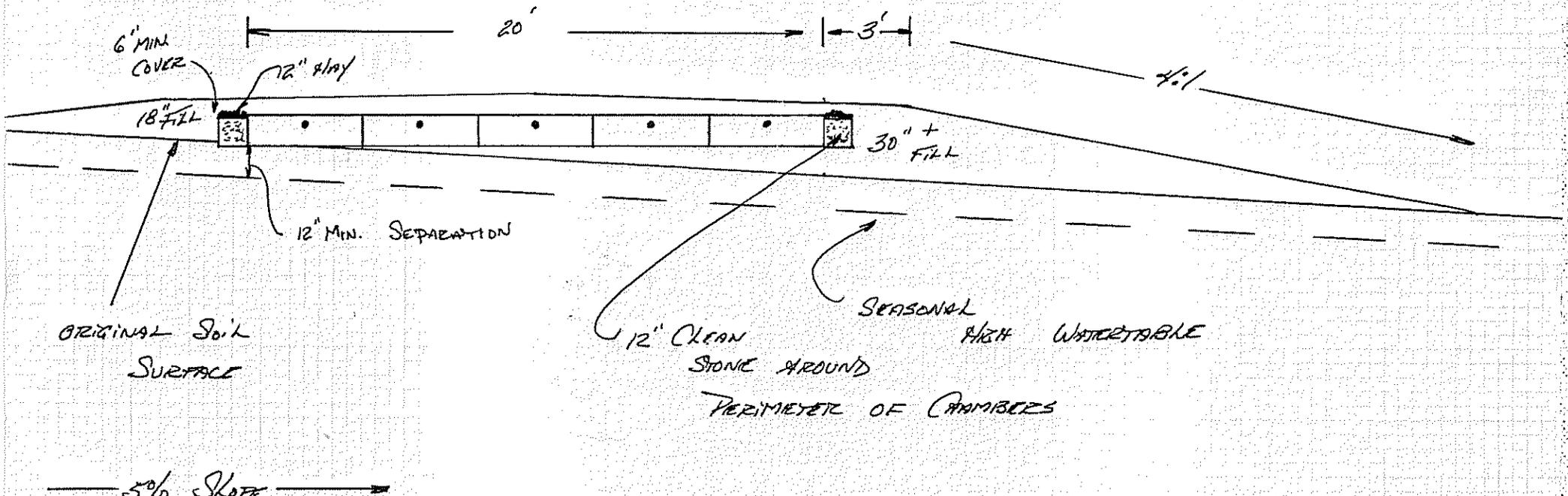
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SE#

10/7/86

Date

CROSS-SECTION OF CHAMBERS
ALBERT HARRINGTON
AUGUSTA, MAINE



6" MIN COVER

12" SLAY

20'

3'

4:1

18" FILL

30" + FILL

12" MIN. SEPARATION

ORIGINAL SOIL SURFACE

12" CLEAN STONE AROUND PERIMETER OF CHAMBERS

SEASONAL HIGH WATER TABLE

5% SLOPE

1" = 5'

DRAWN BY: P. 125

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

Permit No.

Date Permit Issued 1 / 1
month/day/year

Property Owner's Name: ALBERT HARRINGTON Tel. No. _____

System's Location: TRFD #3 WEST RIVER ROAD
Street

AUGUSTA TOWN MAINE 04330
Town Zip

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

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:	
Soils Soil Profile Condition in HHE-200	Ground Water Table	to 6"		13	inches
	Restrictive Layer	to 6"			inches
	Bedrock	to 10"			inches
Setback Distances (in feet)	From:	Treatment Tank	Disposal Area	Treatment Tank	Disposal Area
	1. Well: >2000 gal/day	100	300		
Potable Water Supplies	2. Well: <2000 gal/day				
	a. Neighbor's	100 [ⓐ]	100 [ⓐ]		
	b. Property Owner's	50'	60'		
	3. Water Supply Line	10'	10'		
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	8'	15'		
	2. Without basement	8'	10'		
Property Line		5'	5' [ⓐ]		

Other Specify: _____

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.

Saul C. Beers

Site Evaluator's Signature

10/6/86

Date

LPI Statement

I, George A. Lucy Jr., LPI for 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. (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: _____

George A. Lucy Jr.

LPI's Signature

10/21/86

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.

Yvonne A. Harrington

Property Owner's Signature

Oct. 21, 1986

Date