

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: AUGUSTA

Street Subdivision Lot #: RTE. 104

PROPERTY OWNERS NAME

Last: HASSEN First: DAVID

Applicant Name:

Mailing Address of Owner/Applicant (If Different): RFD 3 Box 161 AUGUSTA, ME. 04330

M2L62

AUGUSTA Permit # 1,089 TOWN COPY

Date Permit Issued: 7/17/87 \$ 1,400.00 FEE Double Fee Charged

George [Signature] L.P.I. # 800

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.

Maria P. Hassen 6/17/87

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.

Harry R. Fuller 8-24-87

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</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>4. <input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>5. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</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>INDIVIDUALLY INSTALLED COMPONENTS:</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>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED <u>UNKNOWN</u></p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input checked="" type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</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>TYPE OF WATER SUPPLY</p> <p><u>Drilled Well</u></p>
<p>SIZE OF PROPERTY</p> <p><u>50± ac.</u></p>	<p>ZONING</p> <p><u>RURAL - RES.</u></p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</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>WATER CONSERVATION</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>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input checked="" 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>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>3 Bed Rooms</u></p> <p><u>MIN. PER CODE:</u></p> <p><u> </u></p> <p><u> </u></p> <p><u> </u></p> <p>DESIGN FLOW: <u>270 G.P.D.</u></p> <p>(GALLONS/DAY)</p>	
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table style="width: 100%;"> <tr> <td>PROFILE: <u>9</u></td> <td>CONDITION: <u>D</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>8</u></p>	PROFILE: <u>9</u>	CONDITION: <u>D</u>		<p>SIZE RATINGS USED FOR DESIGN PURPOSES</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 type="checkbox"/> LARGE</p> <p>5. <input checked="" type="checkbox"/> EXTRA LARGE</p>
PROFILE: <u>9</u>	CONDITION: <u>D</u>			

SITE EVALUATOR STATEMENT

On 4/13/87 (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.

Paul A. [Signature] 4/14/87

Site Evaluator Signature Date

SITE EVALUATION WAIVED BY LOCAL OPTION

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

Augusta

Street, Road, Subdivision

Rte. 104

Owners Name

DAVID HASSEN

SITE PLAN

Scale 1" = 50 Ft.

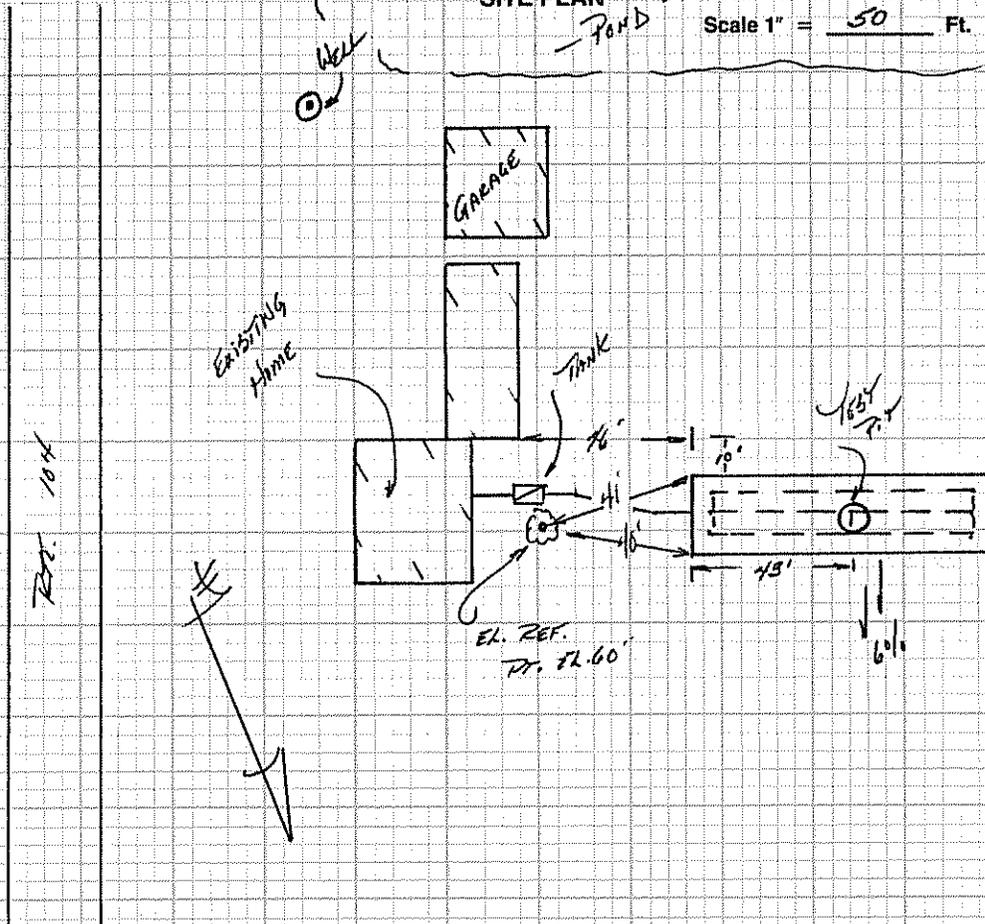
SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)

Calumet Club

3 mi. S

RTE. 104

AUGUSTA



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring

1 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	SILT LOAM	FRIZABLE	DK. BROWN	Common distinct @ 8"
6				
10				
15	SILT CLAY LOAM	FIRM	OLIVE GRAY	
20				
30				
40				
50				

Soil Profile <u>9</u>	Classification Condition <u>D</u>	Slope <u>6</u> %	Limiting Factor <u>8</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Observation Hole _____ Test Pit Boring

_____ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Profile _____	Classification Condition _____	Slope _____ %	Limiting Factor _____	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Paul A. Beers

Site Evaluator Signature

56

SE#

4/14/87

Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

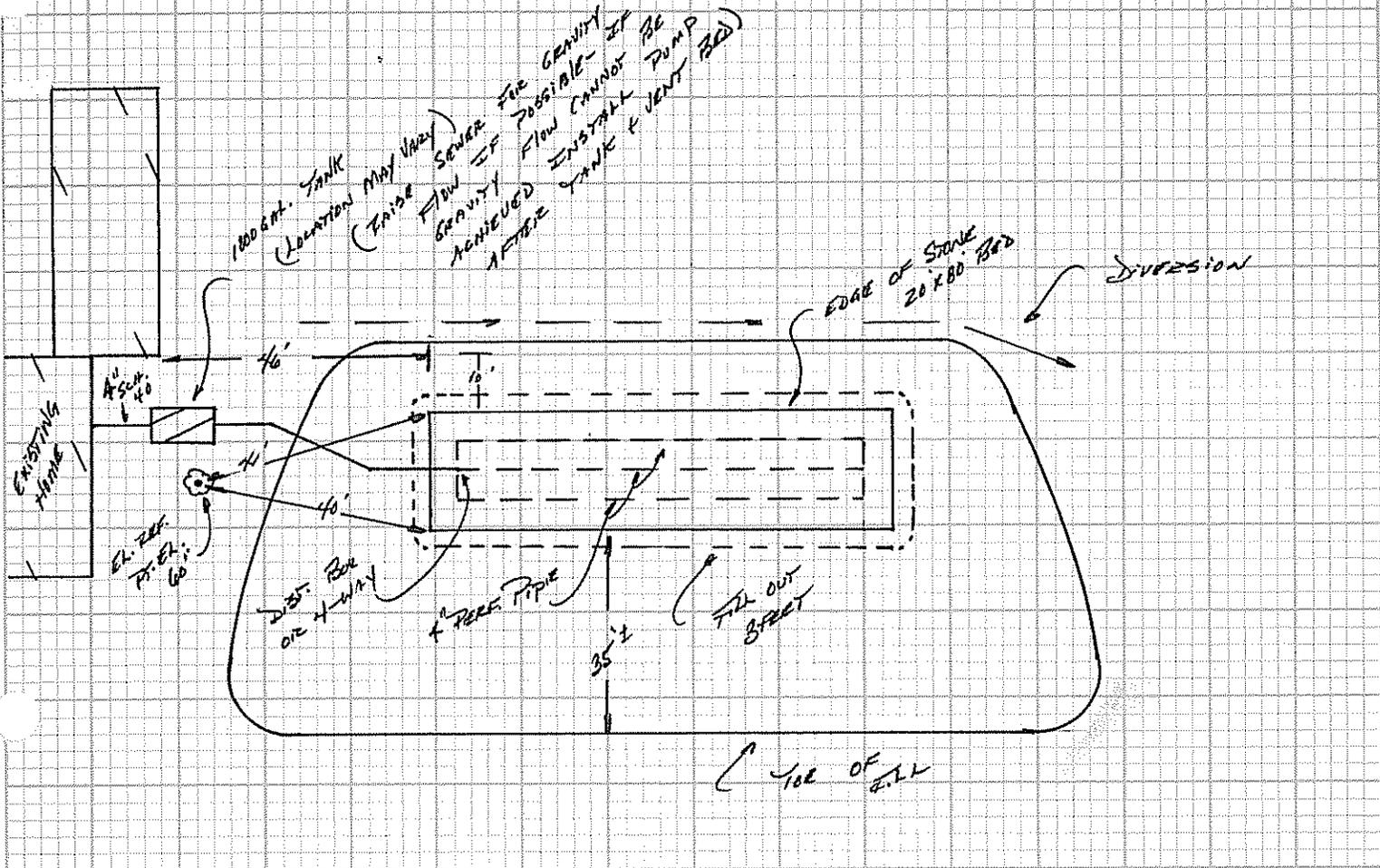
AUGUSTA

RTE. 104

DAVID HASSEN

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 30' Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) 28"
Depth of Fill (Downslope) 42"

CONSTRUCTION ELEVATIONS

Reference Elevation is 60"
Bottom of Disposal Area 0"
Top of Distribution Lines or Chambers 11"

ELEVATION REFERENCE POINT

LOCATION & DESCRIPTION
NAIL IN TREE 60" ABOVE
BOTTOM OF BED

DISPOSAL AREA CROSS SECTION

{ SEE ATTACHED SHEET }
FOR X-SECT.

Scale:

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

INSTALLATION NOTES:

- REMOVE SOIL BENEATH BEDS + FILL EWT.
- DIVERT SURFACE WATER AWAY FROM SYSTEM.
- STABILIZE SYSTEM BY SEEDS + MULCH.
- RAISE SEWER TO ACHIEVE GRAVITY FLOW IF POSSIBLE; IF GRAVITY FLOW CANNOT BE OBTAINED INSTALL PUMP.

Paul G. Reed

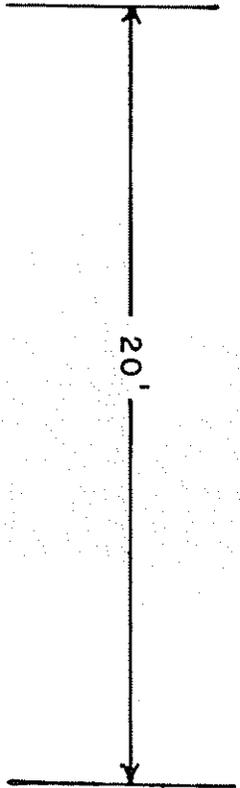
Site Evaluator Signature

#36

SE#

4/14/87

Date



2" COMPRESSED
LAYER OF HAY

10-12" BACKFILL
4" PERF PIPE
1/2" CRUSHED STONE OR SCREENINGS
(3/4" - 3" UNIFORM)

4 1/2" PERLITE
-3'-4"

12' MIN. SEPARATION

SEASONAL WASTEWATER

ORIGINAL SOIL SURFACE

% SLOPE 6%
DIRECTION OF SLOPE

DATE 4/14/87		DRAWN BY <i>Beers</i>		APPROVED BY	
SCALE 1" = 5'		REVISED			

CROSS SECTION = BED SYSTEM

NAME <i>DAVID HANSEN</i>	DRAWING NUMBER
TOWN <i>WILKINSON</i>	ATTACHMENT
	TO: HHE - 200

PAUL A. BEERS
SOILS CONSULTANT

3 miles from Calumet
left side - red cape

626-0716

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

Permit No. 1089E

Date Permit Issued 7-1-87
month/day/yr.

Property Owner's Name: DAVID HASSEN Tel. No. _____

System's Location: RTE. 104
Street

AUGUSTA MAINE 04330
Town Zip

Property Owner's Address: RFD 3 Box 161
(if different from above) Street

AUGUSTA ME. 04330
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.

JUN 17 1987

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.

David P. Hassen
Property Owner's Signature

6/12/87
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"		8"	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	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:

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.

Paul C. Beers
Site Evaluator's Signature

4/14/87
Date

LPI Statement

I, George A. Sancy Jr., 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:

George A. Sancy Jr.
LPI's Signature

7-1-87
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.

Signature of the Department

Date