TO: GARY FULLER
FROM: JOELLE PELLETIER

6 PAGES + COVER

Could you fax me a signed copy when you get a chance. 495-2702

Thanks.

Joelle

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
# 11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-5672
Fax: (207) 287-4172; TTY: 1-800-606-0215

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

**GENERAL INFORMATION** Town of Augusta

Property Owner's Name: Carmelita Martin Tel. No.: 207-242-9165 (Agent's number)

System's Location: 755 west River Road

Property Owner's Address: 755 west River Road, Augusta, ME Zip Code 04330

e-mail address:

The subsurface wastewater disposal system design for the subject property requires a ☒ replacement system variance ☐ first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires ☒ local approval ☐ local and state approval.

**SPECIFIC VARIANCE REQUESTED** (To be filled in by Site Evaluator. Use additional sheets if needed.) **SECTION OF RULE**

1. For a small section of the disposal bed reduce the — Table 4F in
2. separation between the bottom of the stone and the — Section 4
3. underlying bedrock to 14" rather than 24".

**SITE EVALUATOR**

When a 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 Rules, and the Evaluator in his professional opinion feels the variance request is justified and 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. Attach a separate sheet if necessary.

During the installation, an area of ledge was found to be about 24" below the surface. It effects the uphill edge of the bed for about 20 feet. Given the narrow window of good weather, it's best to ask for a variance of 10 inches of soil & continue to get the system in the ground & covered.

I, Kenneth G. Stratton, 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 judgment, 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.

Kenneth G. Stratton SE 157 — 3/11/15

SIGNATURE OF SITE EVALUATOR — DATE

**PROPERTY OWNER**

* I, Joelle Pelletier, am the ☐ owner ☒ agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. 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 Local Plumbing Inspector and make any corrections required by the Rules. By signing the 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.

* Joelle Pelletier — 3-12-15

☐ SIGNATURE OF OWNER
☒ AGENT FOR THE OWNER — DATE

**LOCAL PLUMBING INSPECTOR - Approval at local level**

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, Gary R. Fuller, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☐ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☐ do ☐ do not) approve the requested variance. I (☐ will ☐ will not) issue a permit for the system's installation as proposed by the application.

Gary R. Fuller — LPI Signature — 3/12/15 — Date

**LOCAL PLUMBING INSPECTOR - Referral to the Department**

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☐ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☐ do ☐ do not) recommend the issuance of a permit for the system's installation as proposed by the application.

LPI Signature — 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

Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)

2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).**

| | CHARACTERISTIC | POINT ASSESSMENT |
|---|---|---|
| Soil Profile | | |
| Depth to Groundwater/Restrictive Layer | | |
| Terrain | | |
| Size of Property | | |
| Waterbody Setback | | |
| Water Supply | N/A | |
| Type of Development | | |
| Disposal Area Adjustment | | |
| Vertical Separation Distance | | |
| Additional Treatment | | |
| | TOTAL POINT ASSESSMENT: | |

Minimum Points (Check One): ☐ Outside Shoreland Zone-50 ☐ Inside Shoreland Zone-65 ☐ Subdivision-65

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

## PROPERTY LOCATION

City, Town, or Plantation: Augusta
Street or Road: 755 West River Road
Subdivision, Lot #: N/A

## >> CAUTION: LPI APPROVAL REQUIRED <<

Town/City _____ Permit # _____
Date Permit Issued __/__/__ Fee: $ _____ Double Fee Charged [ ]
Local Plumbing Inspector Signature _____ L.P.I. # _____
: Owner . Town . State

The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map # _____ Lot # _____

## OWNER/APPLICANT INFORMATION

Name (last, first, MI): Martin, Carmelita ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant: 755 West River Road, Augusta, ME 04330
Daytime Tel. #: 207-242-9105 (Agent's #)

**OWNER OR APPLICANT STATEMENT**
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.
[signature] 3-12-15
Signature of Owner or 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 Application. _____ (1st date approved)
[signature] 3/12/15
Local Plumbing Inspector Signature (2nd date approved)

## PERMIT INFORMATION

**TYPE OF APPLICATION**
☐ 1. First Time System
☒ 2. Replacement System
Type replaced: _____
Year Installed: _____
☐ 3. Expanded System
☐ a. <25% Expansion
☐ b. ≥25% Expansion
☐ 4. Experimental System
☐ 5. Seasonal Conversion

**THIS APPLICATION REQUIRES**
☐ 1. No Rule Variance
☐ 2. First Time System Variance
☐ a. Local Plumbing Inspector Approval
☐ b. State & Local Plumbing Inspector Approval
☒ 3. Replacement System Variance
☒ a. Local Plumbing Inspector Approval
☐ b. State & Local Plumbing Inspector Approval
☐ 4. Minimum Lot Size Variance
☐ 5. Seasonal Conversion Permit

**DISPOSAL SYSTEM COMPONENTS**
☒ 1. Complete Non-engineered System
☐ 2. Primitive System (graywater & alt. toilet)
☐ 3. Alternative Toilet, specify: _____
☐ 4. Non-engineered Treatment Tank (only)
☐ 5. Holding Tank, _____ gallons
☐ 6. Non-engineered Disposal Field (only)
☐ 7. Separated Laundry System
☐ 8. Complete Engineered System (2000 gpd or more)
☐ 9. Engineered Treatment Tank (only)
☐ 10. Engineered Disposal Field (only)
☐ 11. Pre-treatment, specify: _____
☐ 12. Miscellaneous Components

**SIZE OF PROPERTY**
12 ☐ SQ. FT. ☒ ACRES

**SHORELAND ZONING**
☐ Yes ☒ No

**DISPOSAL SYSTEM TO SERVE**
☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 3
☐ 2. Multiple Family Dwelling, No. of Units: _____
☐ 3. Other: _____ (specify)
Current Use ☐ Seasonal ☒ Year Round ☐ Undeveloped

**TYPE OF WATER SUPPLY** - Existing
☐ 1. Drilled Well ☒ Dug Well ☐ 3. Private
☐ 4. Public ☐ 5. Other

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

**TREATMENT TANK** - New tank needed
☒ Concrete
☒ a. Regular
☐ b. Low Profile
☐ 2. Plastic
☐ 3. Other: _____
CAPACITY: 1,000 GAL.

**DISPOSAL FIELD TYPE & SIZE**
☒ 1. Stone Bed ☐ 2. Stone Trench
☐ 3. Proprietary Device
☐ a. cluster array ☐ c. Linear
☐ b. regular load ☐ d. H-20 load
☐ 4. Other: 15' x 60' bed
SIZE: 900 ☒ sq. ft. ☐ lin. ft.

**GARBAGE DISPOSAL UNIT**
☒ 1. No ☐ 2. Yes ☐ 3. Maybe
If Yes or Maybe, specify one below:
☐ a. multi-compartment tank
☐ b. ___ tanks in series
☐ c. Increase in tank capacity
☐ d. Filter on Tank Outlet

**DESIGN FLOW**
270 gallons per day
BASED ON:
☒ 1. Table 4A (dwelling unit(s))
☐ 2. Table 4C (other facilities)
SHOW CALCULATIONS for other facilities
☐ 3. Section 4G (meter readings)
ATTACH WATER METER DATA

**SOIL DATA & DESIGN CLASS**
PROFILE CONDITION: 4 / B (Best fit)
at Observation Hole # 1
Depth 48"
of Most Limiting Soil Factor (See Page 2)

**DISPOSAL FIELD SIZING**
☒ 1. Medium—2.6 sq. ft. / gpd
☐ 2. Medium—Large 3.3 sq. ft / gpd
☐ 3. Large—4.1 sq. ft. / gpd
☐ 4. Extra Large—5.0 sq. ft. / gpd

**EFFLUENT/EJECTOR PUMP**
☒ a. Not Required
☐ b. May Be Required
☐ c. Required
Specify only for engineered systems:
DOSE: _____ gallons

**LATITUDE AND LONGITUDE**
at center of disposal area
Lat. 44 d 21 m 50.58 s N
Lon. 69 d 44 m 54.96 s W
If g.p.s, state margin of error: _____

## SITE EVALUATOR STATEMENT

I certify that on 3/2/15 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the rules of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

[signature] 157 3/4/15 Revised 3/11/15 KGS
Site Evaluator Signature SE # Date

Kenneth G. Stratton
Site Evaluator Name Printed

STRATTON LSE 157 SITE EVALUATOR

207-441-1141 kenstratton-land@gci.com
Telephone Number E-mail Address

Note: Changes to or deviations from the design must be approved with the Site Evaluator.

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
Division of Environmental Health
(207) 287-5672 Fax: (207) 287-3165

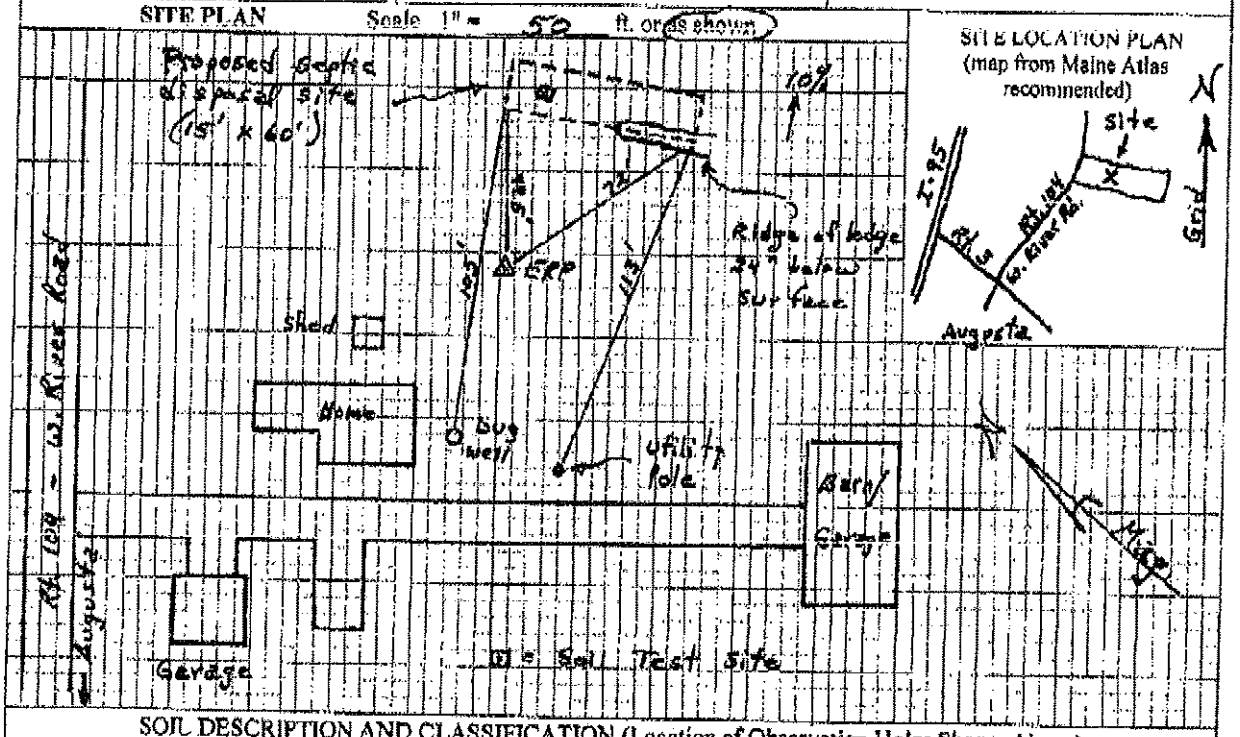
Town, City, Plantation: Augusta

Street, Road, Subdivision: 755 west River Road

Owner's Name: C. Martin

## SITE PLAN

Scale 1" = 50 ft. or as shown




## SITE LOCATION PLAN (map from Maine Atlas recommended)




## SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole _____ ☐ Test Pit ☒ Boring

41 " Depth of Organic Horizon Above Mineral Soil

| Depth Below Mineral Soil Surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0 | Fine sandy Loam | Friable | Brown | None |
| 10 | | | yellow brown | |
| 20 | Loamy sand w/stones + gravels | Very friable | light gray | |
| 30 | | | | |
| 40 | | | | |
| 50 | | | | |

| Soil Classification | Slope | Limiting Factor | |
|---|---|---|---|
| 4 B (Profile, Condition) Best Fit | 10 % | 48" | [ ] Ground Water [ ] Restrictive Layer [ ] Redrock [x] Pit Depth |

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

| Depth Below Mineral Soil Surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0 | Stony sandy loam | Friable | Brown | None |
| 10 | | | yellow brown | |
| 20 | | | | |
| 30 | Bedrock | | | |
| 40 | | | | |
| 50 | | | | |

| Soil Classification | Slope | Limiting Factor | |
|---|---|---|---|
| 2 A III (Profile, Condition) Best Fit | 10 % | 24" | [ ] Ground Water [ ] Restrictive Layer [x] Redrock [ ] Pit Depth |

Kenneth G. Stella — Site Evaluator Signature

LST — SE #

3/4/15 — Date

Revised 3/11/15 KGS

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

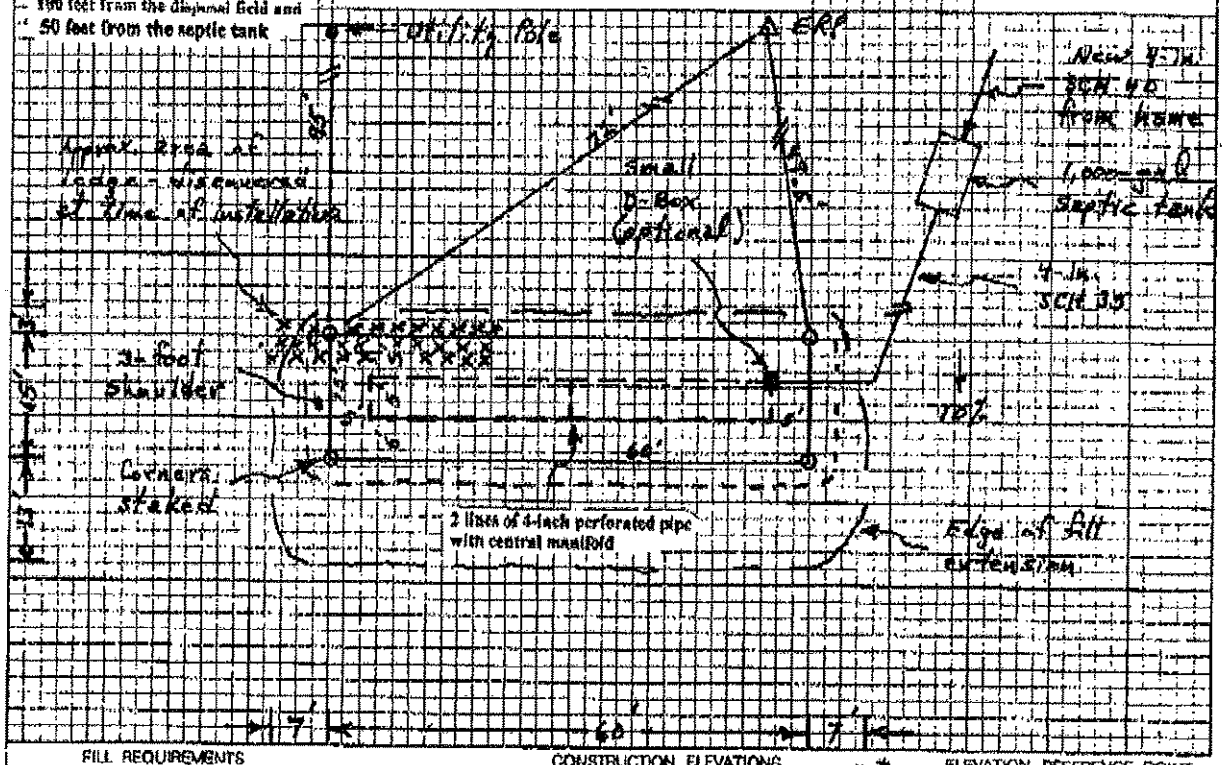
Division of Health Engineering (207) 287-5672 FAX (207) 287-4173

Town/City/Plantation: Augusta | Street or Subdivision: 755 West River Road | Owner: C. Martin

NOTE: The well should be located 100 feet from the disposal field and 50 feet from the septic tank

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT




FILL REQUIREMENTS

Depth of Fill (Upslope) 2"

Depth of Fill (Downslope) 12"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -55"

Top of Distribution Pipe or Proprietary Device -66"

Bottom of Disposal Area -78"

ELEVATION REFERENCE POINT

ERP is nail in 22-in. spruce tree located southwesterly of disposal site. Nail is 13½" up on tree. ERP = 0"

DISPOSAL AREA CROSS SECTION

SCALE: VERTICAL: 1" = 5' HORIZONTAL: 1" = 5'

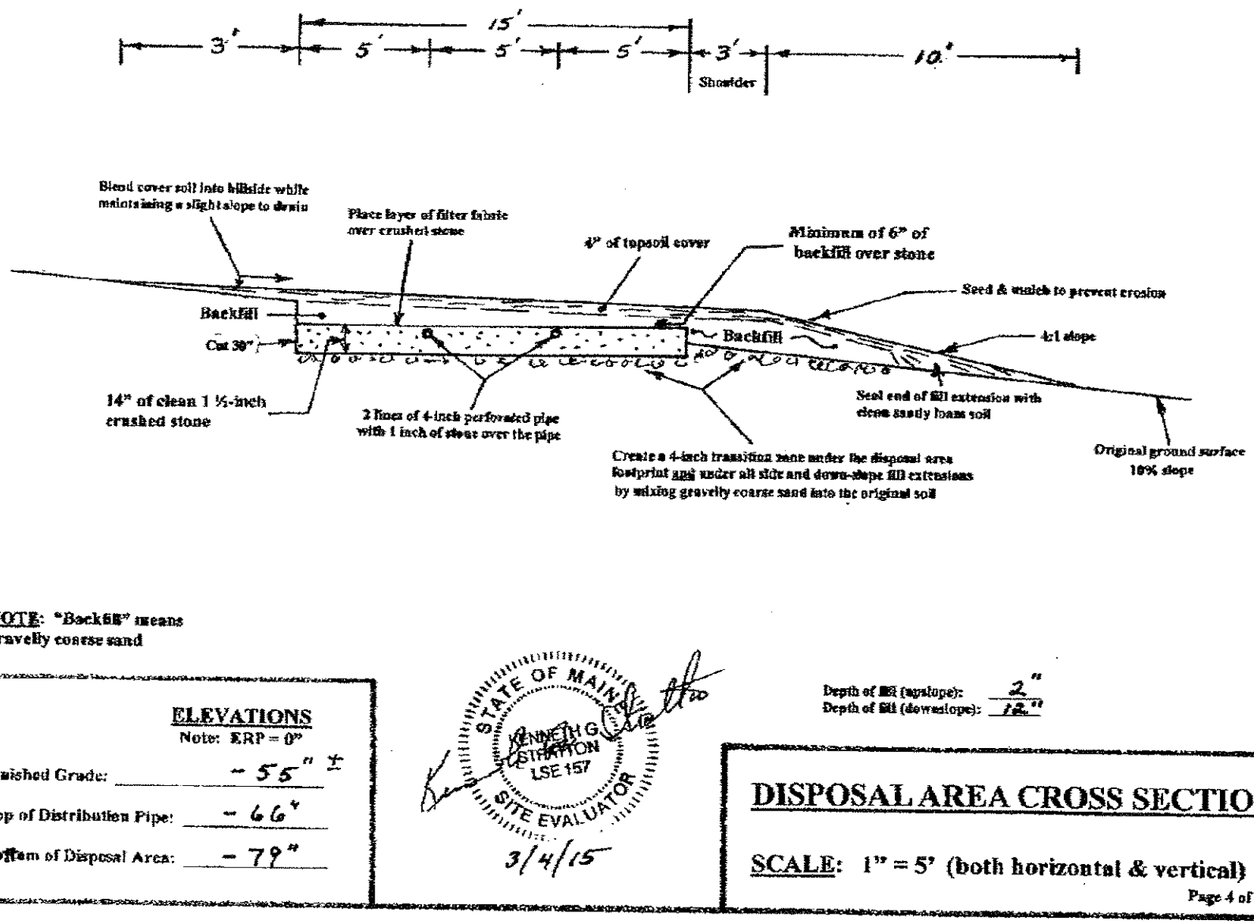
See Attached Page 4 - Disposal Area Cross Section

Site Evaluator Signature: Kenneth G. Stubbs | SE #: 157 | Date: 3/4/15

Revised 3/11/15 KGS

Page 3 of 4

## Attachment to Form HHE-200




**NOTE**: "Backfill" means gravelly coarse sand

**ELEVATIONS**
Note: ERP = 0"

Finished Grade: -55" ±

Top of Distribution Pipe: -66"

Bottom of Disposal Area: -79"

STATE OF MAINE
KENNETH G. STRATTON
LSE 157
SITE EVALUATOR
3/4/15

Depth of fill (upslope): 2"
Depth of fill (downslope): 12"

## DISPOSAL AREA CROSS SECTION

**SCALE**: 1" = 5' (both horizontal & vertical)

PIF 3/5/2015

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept.Health & Human Services
Div of Environmental Health , 11 SHS
(207) 287-5672 Fax (207) 287-4172

## PROPERTY LOCATION

| | |
|---|---|
| City, Town, or Plantation | Augusta |
| Street or Road | 755 West River Road |
| Subdivision, Lot # | M21 N/A Lot 89 |

## >> CAUTION: LPI APPROVAL REQUIRED <<

AUGUSTA PERMIT #7035 TOWN COPY
Date Permit Issued: 3/5/15 $ 250.00 fee
15.00
LPI # 850

## OWNER/APPLICANT INFORMATION

| | |
|---|---|
| Name (last, first, MI) | Martin, Leona C ☒ Owner ☐ Applicant |
| Mailing Address of Owner/Applicant | 755 West River Road<br>Augusta, ME 04330 |
| Daytime Tel. # | 207-242-9105 (Agent's #) |

**OWNER OR APPLICANT STATEMENT**
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.
Signature of Owner or Applicant 3-5-15 Date

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
Local Plumbing Inspector Signature 3/12/15 (1st) date approved (2nd) date approved

## PERMIT INFORMATION

**TYPE OF APPLICATION**
- ☐ 1. First Time System
- ☒ 2. Replacement System
- Type replaced: ____
- Year Installed: ____
- ☐ 3. Expanded System ☐ a. <25% Expansion ☐ b. ≥25% Expansion
- ☐ 4. Experimental System
- ☐ 5. Seasonal Conversion

**THIS APPLICATION REQUIRES**
- ☒ 1. No Rule Variance
- ☐ 2. First Time System Variance ☐ a. Local Plumbing Inspector Approval ☐ b. State & Local Plumbing Inspector Approval
- ☐ 3. Replacement System Variance ☐ a. Local Plumbing Inspector Approval ☐ b. State & Local Plumbing Inspector Approval
- ☐ 4. Minimum Lot Size Variance
- ☐ 5. Seasonal Conversion Permit

**DISPOSAL SYSTEM COMPONENTS**
- ☒ 1. Complete Non-engineered System
- ☐ 2. Primitive System (graywater & alt. toilet)
- ☐ 3. Alternative Toilet, specify: ____
- ☐ 4. Non-engineered Treatment Tank (only)
- ☐ 5. Holding Tank, ____ gallons
- ☐ 6. Non-engineered Disposal Field (only)
- ☐ 7. Separated Laundry System
- ☐ 8. Complete Engineered System (2000 gpd or more)
- ☐ 9. Engineered Treatment Tank (only)
- ☐ 10. Engineered Disposal Field (only)
- ☐ 11. Pre-treatment, specify: ____
- ☐ 12. Miscellaneous Components

**SIZE OF PROPERTY**
12 ☐ SQ. FT. ☒ ACRES

**SHORELAND ZONING**
☐ Yes ☒ No

**DISPOSAL SYSTEM TO SERVE**
- ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 3
- ☐ 2. Multiple Family Dwelling, No. of Units: ____
- ☐ 3. Other: ____ (specify)

Current Use ☐ Seasonal ☒ Year Round ☐ Undeveloped

**TYPE OF WATER SUPPLY-** Existing
☐ 1. Drilled Well ☒ Dug Well ☐ 3. Private ☐ 4. Public ☐ 5. Other

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

**TREATMENT TANK** - New tank needed
- ☒ 1. Concrete
  - ☒ a. Regular
  - ☐ b. Low Profile
- ☐ 2. Plastic
- ☐ 3. Other: ____
- CAPACITY: 1,000 GAL.

**DISPOSAL FIELD TYPE & SIZE**
- ☒ 1. Stone Bed ☐ 2. Stone Trench
- ☐ 3. Proprietary Device
  - ☐ a. cluster array ☐ c. Linear
  - ☐ b. regular load ☐ d. H-20 load
- ☐ 4. Other: 15' x 60' bed
- SIZE: 900 ☒ sq. ft. ☐ lin. ft.

**GARBAGE DISPOSAL UNIT**
☒ 1. No ☐ 2. Yes ☐ 3. Maybe
If Yes or Maybe, specify one below:
- ☐ a. multi-compartment tank
- ☐ b. ____ tanks in series
- ☐ c. increase in tank capacity
- ☐ d. Filter on Tank Outlet

**DESIGN FLOW**
270 gallons per day
BASED ON:
- ☒ 1. Table 4A (dwelling unit(s))
- ☐ 2. Table 4C(other facilities) SHOW CALCULATIONS for other facilities
- ☐ 3. Section 4G (meter readings) ATTACH WATER METER DATA

**SOIL DATA & DESIGN CLASS**
PROFILE CONDITION
4 / B (Best fit)
at Observation Hole # 1
Depth 7.48"
of Most Limiting Soil Factor

**DISPOSAL FIELD SIZING**
- ☒ 1. Medium—2.6 sq. ft. / gpd
- 2. Medium—Large 3.3 sq. ft / gpd
- 3. Large—4.1 sq. ft. / gpd
- 4. Extra Large—5.0 sq. ft. / gpd

**EFFLUENT EJECTOR PUMP**
- ☒ 1. Not Required
- ☐ 2. May Be Required
- ☐ 3. Required

Specify only for engineered systems:
DOSE: ____ gallons

**LATITUDE AND LONGITUDE**
at center of disposal area
Lat. 44 d 21 m 52.58 s N
Lon. 69 d 44 m 54.96 s W
If g.p.s. state margin of error: ____

## SITE EVALUATOR STATEMENT

I certify that on 3/2/15 (date) I completed a site evaluation on this property and state that the date reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature — SE # 157 — Date 3/4/15

Kenneth G. Stratton — 207-491-1146 — ken@main-landdci.com
Site Evaluator Name Printed — Telephone Number — E-mail Address

STATE OF MAINE KENNETH G. STRATTON LSE 157 SITE EVALUATOR

Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
Division of Environmental Health
(207) 287-5672 Fax: (207) 287-3165

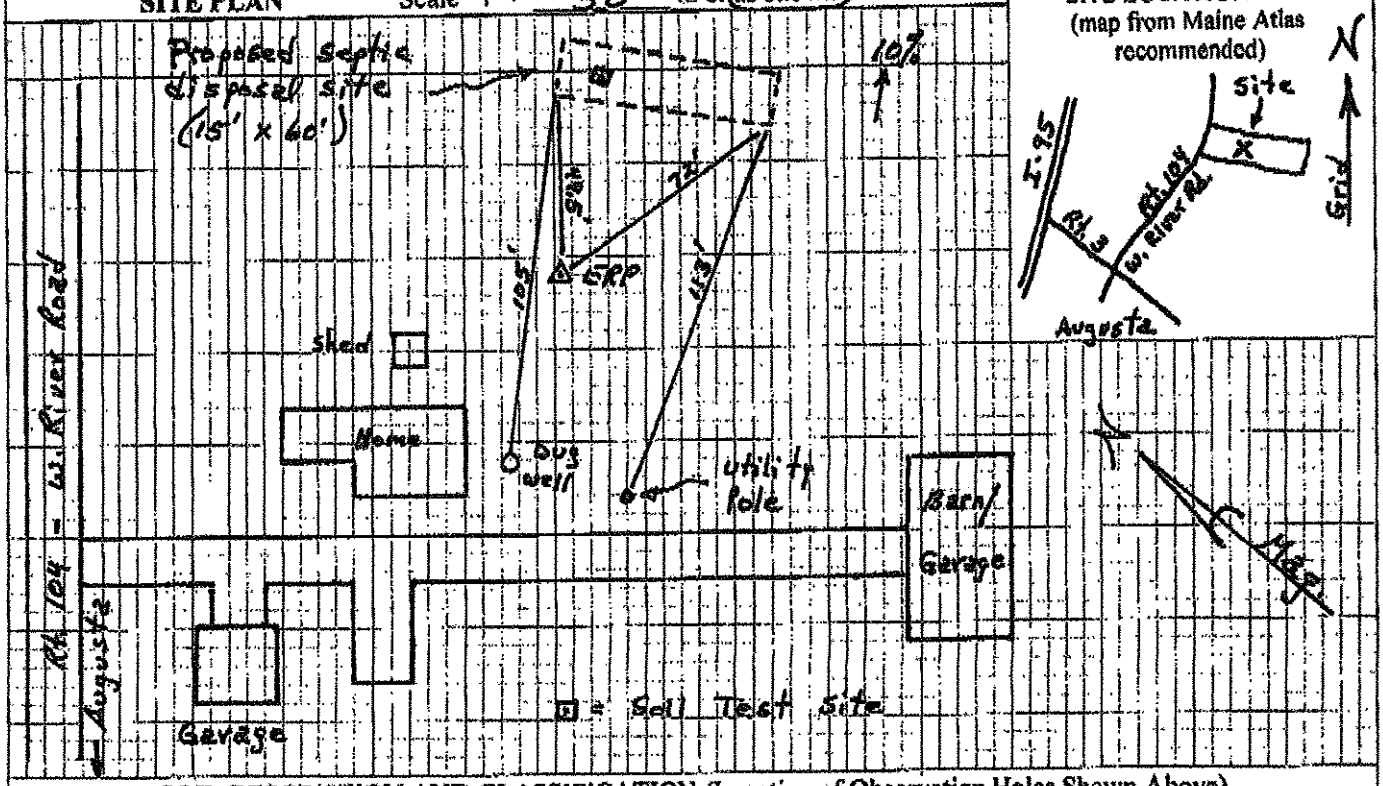
Town, City, Plantation: Augusta

Street, Road, Subdivision: 755 west River Road

Owner's Name: Leona C. Martin

## SITE PLAN

Scale 1" = 50 ft. or as shown




## SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole _____ ☐ Test Pit ☒ Boring

<1 " Depth of Organic Horizon Above Mineral Soil

| Depth Below Mineral Soil Surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0 | Fine sandy Loam | Friable | Brown | None |
| 10 | | | yellow brown | |
| 20 | Loamy sand w/stones + gravels | Very friable | light gray | |
| 30 | | | | |
| 40 | | | | |
| 50 | | | | |

| Soil Classification | Slope | Limiting Factor | |
|---|---|---|---|
| Profile: 4 Condition: B (Best fit) | 10 % | >48" | [ ] Ground Water [ ] Restrictive Layer [ ] Bedrock ☒ Pit Depth |

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

| Depth Below Mineral Soil Surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0 | | | | |
| 10 | | | | |
| 20 | | | | |
| 30 | | | | |
| 40 | | | | |
| 50 | | | | |

| Soil Classification | Slope | Limiting Factor | |
|---|---|---|---|
| Profile ____ Condition ____ | ____ % | ____ " | [ ] Ground Water [ ] Restrictive Layer [ ] Bedrock [ ] Pit Depth |

Kenneth G. Stratton 157 3/4/15

Site Evaluator Signature SE # Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

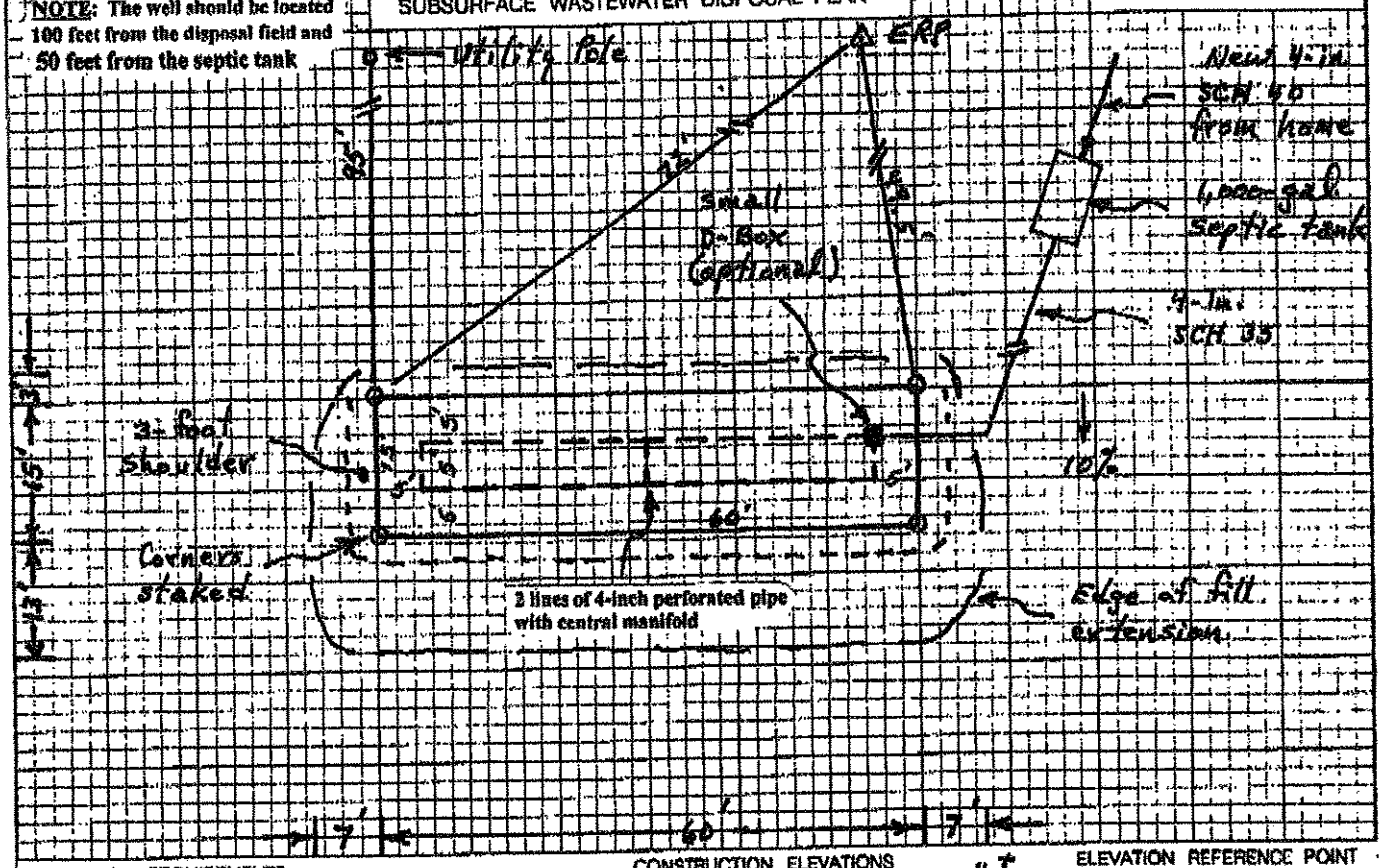
Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation: Augusta
Street, Road, Subdivision: 755 west River Road
Owner: Leona C. Martin

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.

**NOTE: The well should be located 100 feet from the disposal field and 50 feet from the septic tank**




| FILL REQUIREMENTS | |
|---|---|
| Depth of Fill (Upslope) | 2" |
| Depth of Fill (Downslope) | 12" |

| CONSTRUCTION ELEVATIONS | |
|---|---|
| Finished Grade Elevation | -55" ± |
| Top of Distribution Pipe or Proprietary Device | -66" |
| Bottom of Disposal Area | -79" |

ELEVATION REFERENCE POINT

ERP is nail in 22-in. spruce tree located southwesterly of disposal site. Nail is 13½" up on tree. ERP = 0"

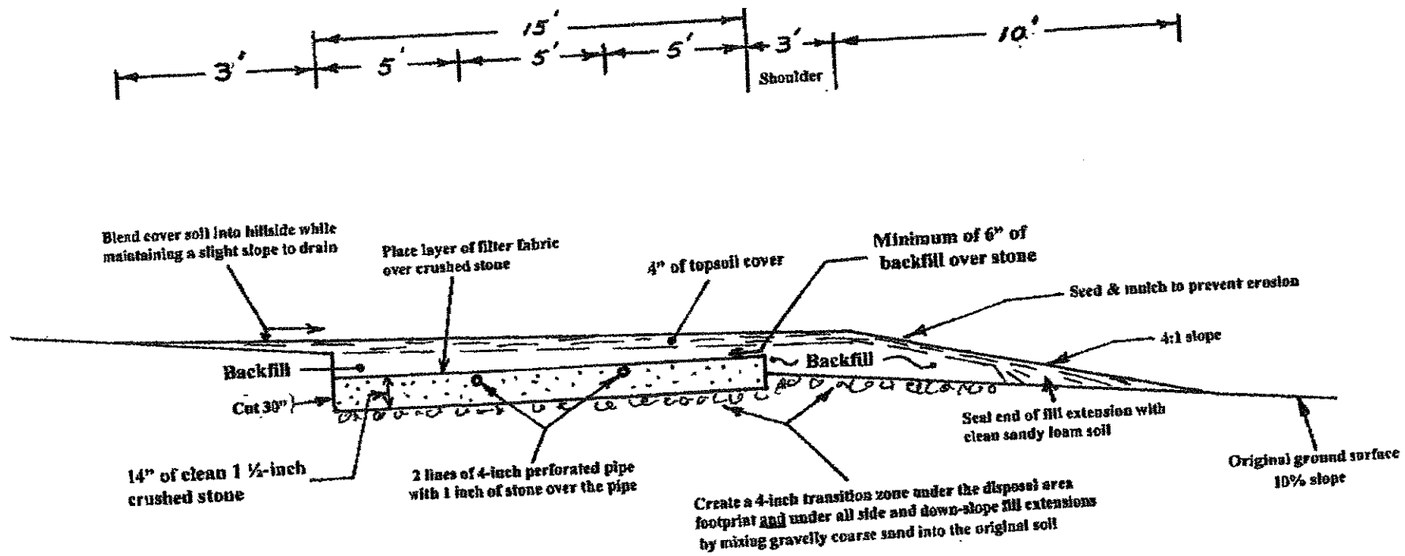
## DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" = 5'
HORIZONTAL: 1" = 5'

**See Attached Page 4 - Disposal Area Cross Section**

Kenneth G. Stetts — Site Evaluator Signature
157 — SE #
3/4/15 — Date

## Attachment to Form HHE-200




**NOTE:** "Backfill" means gravelly coarse sand

Depth of fill (upslope): 2"
Depth of fill (downslope): 12"

**ELEVATIONS**
Note: ERP = 0"

Finished Grade: -55" ±
Top of Distribution Pipe: -66"
Bottom of Disposal Area: -79"

STATE OF MAINE
KENNETH G. STRATTON
LSE 157
SITE EVALUATOR
3/4/15

## DISPOSAL AREA CROSS SECTION

**SCALE:** 1" = 5' (both horizontal & vertical)

## Cheryl Vashon

| | |
|---|---|
| **From:** | FaxServer@AugustaMaine.gov |
| **Sent:** | Thursday, March 12, 2015 1:14 PM |
| **To:** | Cheryl Vashon |
| **Subject:** | Fax Signed Septic Page for 755 West River Road was successfully sent to <207-495-2702> at 207-495-2702. |
| **Attachments:** | Fax.Tif |

Fax Signed Septic Page for 755 West River Road was successfully sent to <207-495-2702> at 207-495-2702.
Fax submitted: 1:10:18 PM
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Transmission end: 1:14:10 PM
Number of retries: 0
Number of pages: 3