

Caret, Marie

Division of Health Engineering  
Station No. 10  
State House  
Augusta, Maine 04333

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

HHE-200

This Is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

Page 1 of 2

This Application is For:  New System  Replacement Of Entire System  Expanded System  Replacement Of Disposal Area Only  Conversion Permit

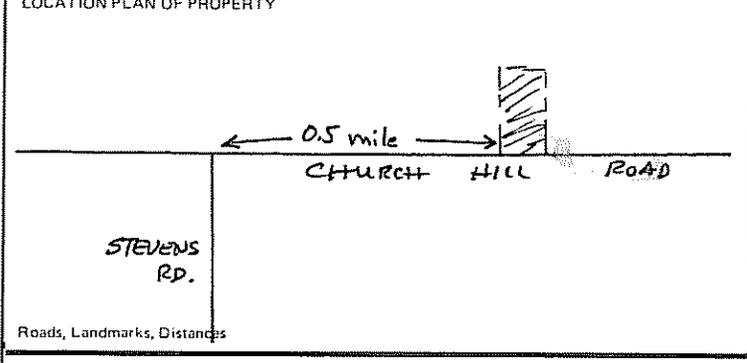
Variance:  None Required  Replacement System Variance With:  LPI Approval  Dept. Review  New System Variance

PROPERTY LOCATION  
 Augusta Town, Plantation  
 Church Hill Rd. Street, Road  
 N/A Subdivision Name  
 N/A Lot No.

PROPERTY OWNER or APPLICANT  
 Marie Caret

Mailing Address  
 45 Melville St. Street  
 622-2529 Tel. No.

Augusta Town Maine State 04330 Zip Code



TYPE OF STRUCTURE, DESIGN FLOW  
 Single Family Dwelling Number of Bedrooms 2 Design Flow 240 GPD  
 Design Flow based on  Minimum  Moderate  Conservative  
 Reduction in Design Flow due to Water Conservation  
 If so, specify type (s) N/A  
 Other Establishment. Specify \_\_\_\_\_ Type of Facility \_\_\_\_\_  
 (Number of Employees, Seating Capacity, Building Size, etc.)  
 Design Flow \_\_\_\_\_ GPD  
 If greater than 2000 GPD, Specify Professional Engineer

PROPERTY INFORMATION  
 Area of Property 1 1/2 Sq. Ft.  Acres  Zoned  Not Zoned  
 If zoned, type of zoning N/A  
 Property on Water Body, If so, Name of Water Body N/A  
 Water Supply is:  Public Utility,  Drilled Well \_\_\_\_\_ depth  
 Dug Well \_\_\_\_\_ depth  Well Point  Spring  Surface Water

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2

TEXTURAL DESCRIPTIVE SOIL STRATS ENCOUNTERED	Observation Hole No. <input checked="" type="radio"/> Test Pit <input type="radio"/> Boring	Observation Hole No. <input type="radio"/> Test Pit <input type="radio"/> Boring	Observation Hole No. <input type="radio"/> Test Pit <input type="radio"/> Boring
	Organic Strata or (Existing Fill) 0" Thickness	Organic Strata or (Existing Fill) Thickness	Organic Strata or (Existing Fill) Thickness
1st Original Mineral Soil Strata Depth from 0 to 28" S.P. Thickness	1st Original Mineral Soil Strata Depth from 0 to Thickness	1st Original Mineral Soil Strata Depth from 0 to Thickness	1st Original Mineral Soil Strata Depth from 0 to Thickness
2nd Depth from to Thickness	2nd Depth from to Thickness	2nd Depth from to Thickness	2nd Depth from to Thickness
3rd Depth from to Thickness	3rd Depth from to Thickness	3rd Depth from to Thickness	3rd Depth from to Thickness
4th Depth from to Thickness	4th Depth from to Thickness	4th Depth from to Thickness	4th Depth from to Thickness
Total Depth of Observation Hole 28	Total Depth of Observation Hole	Total Depth of Observation Hole	Total Depth of Observation Hole
Maximum Seasonal High Ground Water Table Depth <input checked="" type="radio"/> None evident	Maximum Seasonal High Ground Water Table Depth <input type="radio"/> None evident	Maximum Seasonal High Ground Water Table Depth <input type="radio"/> None evident	Maximum Seasonal High Ground Water Table Depth <input type="radio"/> None evident
Depth to Restrictive Layer <input checked="" type="radio"/> None evident	Depth to Restrictive Layer <input type="radio"/> None evident	Depth to Restrictive Layer <input type="radio"/> None evident	Depth to Restrictive Layer <input type="radio"/> None evident
Depth to Bedrock <input type="radio"/> None evident 24-28	Depth to Bedrock <input type="radio"/> None evident	Depth to Bedrock <input type="radio"/> None evident	Depth to Bedrock <input type="radio"/> None evident
PROFILE 2 CONDITION A SLOPE 4%	PROFILE CONDITION SLOPE	PROFILE CONDITION SLOPE	PROFILE CONDITION SLOPE

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2

TYPE OF SYSTEM  Combined System  Separated System

TREATMENT TANK  Septic Tank  Aerobic Tank  
 Size 1000 Gals.  
 DOSAGE  Pumping is not required  Pumping is required  
 The dose should be: \_\_\_\_\_ Gals.  
 Dosage chamber capacity shall be \_\_\_\_\_ gals.  
 System should be vented

SUBSURFACE DISPOSAL AREA/TYPE  Trench Disposal Area  
 Total linear feet of trench \_\_\_\_\_ ft.  
 Number of Trench lines \_\_\_\_\_ ft.  
 Length of each trench line \_\_\_\_\_ ft.  
 Depth of Stone N/A inches.  
 Reduction on trench length due to stone depth \_\_\_\_\_ %  
 Bed Disposal Area  
 Total bed area 800 sq. ft.  
 Number of beds 1  
 Width 20 ft. Length 40 ft.  
 Chamber Disposal Area  
 Total chamber area \_\_\_\_\_ sq. ft.  
 Number of chambers N/A  
 Width N/A Length \_\_\_\_\_ ft.  
 H-20 required

SYSTEM SIZE RATING  Small  Medium  Medium Large  Large  Extra Large

DISPOSAL AREA ELEVATION  
 Depth of Upslope Fill required 24 inches.  
 Depth of Downslope Fill required 26-28 inches.  
 Reference Elevation Point established by nail in maple = 24" to Elevation.  
 Disposal Area Bottom to be established at the top of bed Elevation.  
 Top of Distribution Lines or Top of Chambers 36" below nail Elevation.

Yes  No: The proposed subsurface disposal area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook stream, river), swamps, marshes, and bogs.  
 Yes  No: The proposed subsurface disposal area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.

FOR USE BY SITE EVALUATOR  
 On 11/12/82 (date), a site investigation for this project was completed. I conducted this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.

Signature of Site Evaluator Stephen S. Gordini  
 Date signed November 12, 1982  
 Site Evaluator License Number 65

FOR USE BY OWNER/APPLICANT  
 I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.

Signature of Owner/Applicant Marie A. Caret  
 Date Signed Nov. 23, 1982

FOR USE BY LPI:  This Application is approved. If conditions, specify:  
 This Application is Denied due to:  System is not in accordance with Rules.  
 Application is incomplete.  Application is unclear.  Development is in violation of other Regulations. Specify \_\_\_\_\_

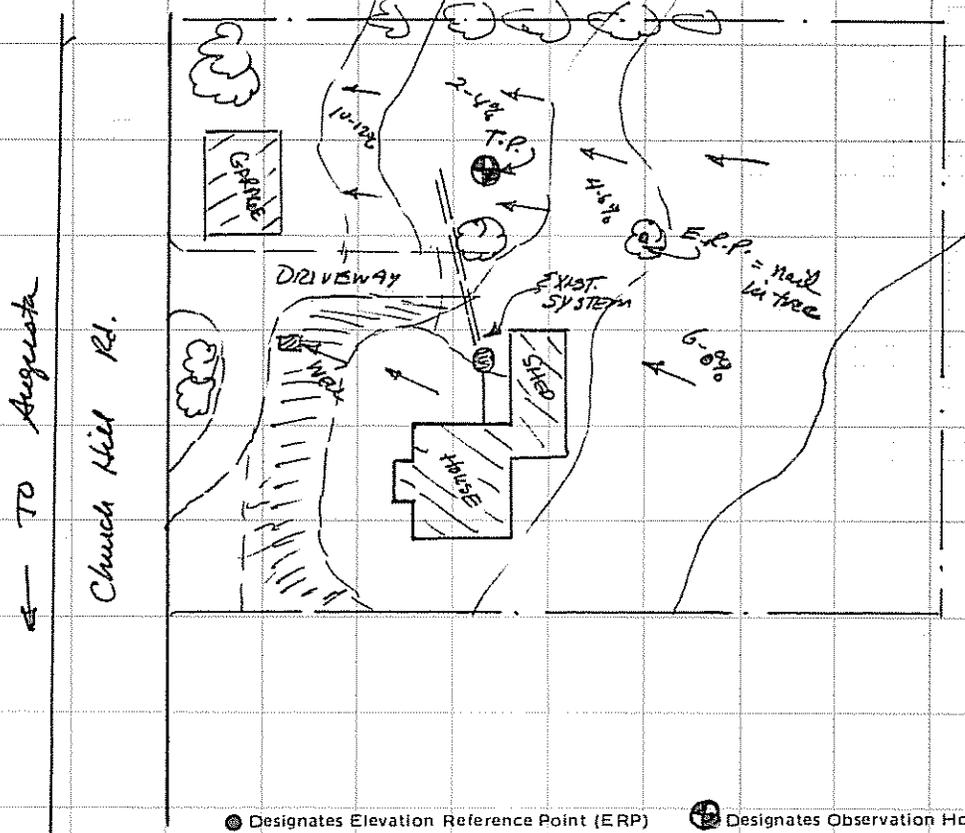
Signature of LPI Archie R. Bischoff  
 Date 11/23/82  
 PERMIT NO. 55603 E  
 Date Issued 11/23/82

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

PROPERTY LOCATION <i>Augusta</i>	Town, Plantation	Street, Road <i>Church Hill Rd.</i>	Subdivision Name <i>N/A</i>	Lot No. <i>N/A</i>
PROPERTY OWNER or APPLICANT <i>Mari Caret</i>	DISPOSAL AREA ELEVATION		Reference Elevation Point established at <i>maple tree</i>	Elevation <i>40" Below</i>
	Depth of Upslope Fill required	<i>24</i> inches.	Disposal Area Bottom to be established at	<i>36"</i> Elevation.
	Depth of Downslope Fill required	<i>26-28</i> inches.	Top of Distribution Lines or Top of Chamber	<i>36"</i> Elevation.

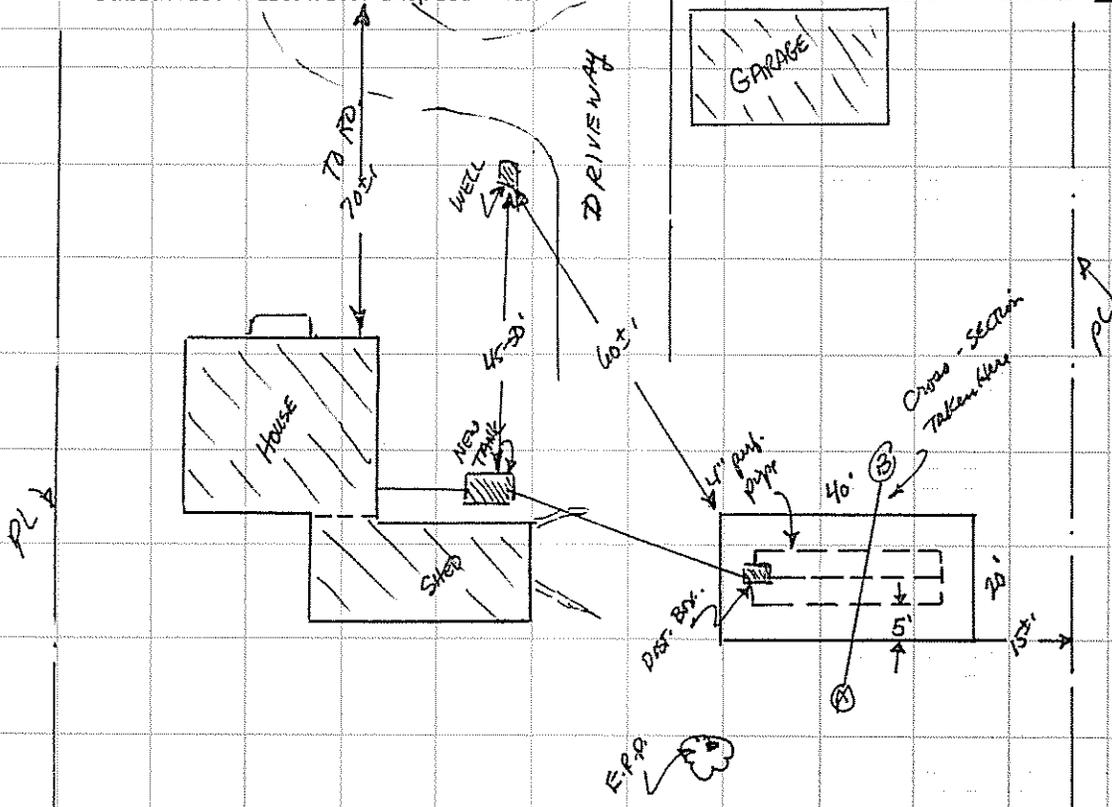
Site Plan

Scale 1" = 50 ft.



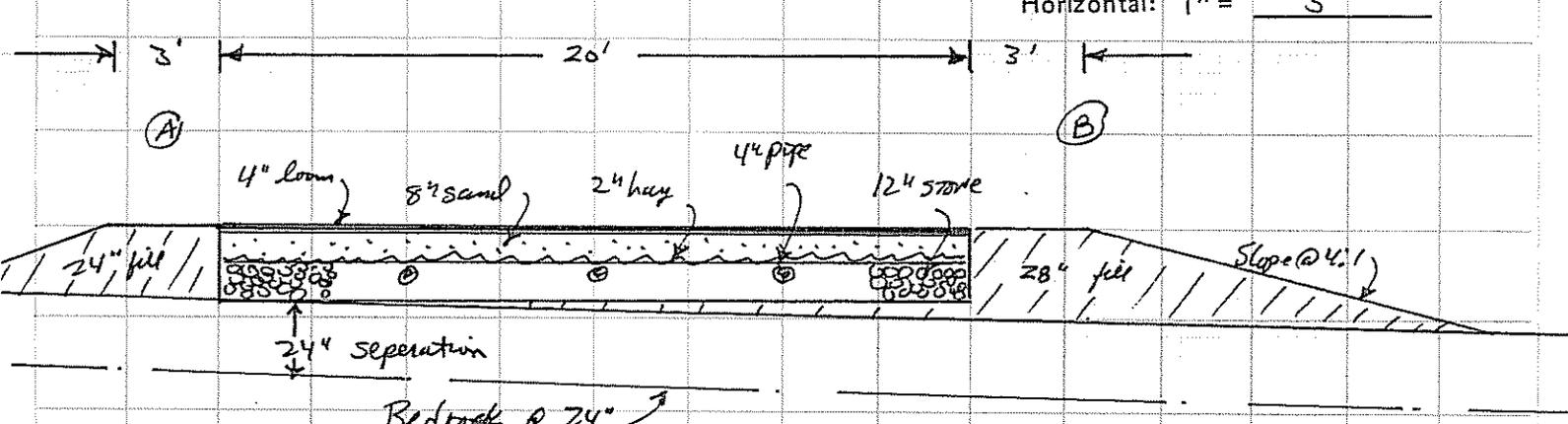
Subsurface Wastewater Disposal Plan

Scale 1" = ~~20~~ 30'



Subsurface Wastewater Disposal Area Cross-section

Scale: Vertical: 1" = 5'  
Horizontal: 1" = 5'



Site Evaluators Signature

Date

License Number

*Stephen E. Goodwin* November 12, 1982

65

# 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, Maine

Town Code  Permit No.  E Date Permit Issued \_\_\_\_\_ month/day/yr.

Property Owner's Name: Mario Caret Tel. No. 622-2529

System's Location: Church Hill Rd.  
Street

Augusta MAINE 04330  
Town Zip

Property Owner's Address: (if different from above) 45 Melville Street  
Street

Augusta Maine 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.

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.

X Mario A. Caret  
Property Owner's Signature

X Nov 23 1997  
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"		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'	45-50'	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.

Stephen E. Hoodlum  
Site Evaluator's Signature

Nov. 13, 1982  
Date

LPI Statement

I, Arthur R. Pickford, LPI for the Town of Beverly, 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, † (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:

Arthur R. Pickford  
LPI's Signature

11/23/82  
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