

0425

Department of Human Services
Division of Health Engineering
(207)289-3826

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: AUGUSTA

Street Vision Lot #: CROSS HILL RD.

PROPERTY OWNERS NAME

Last: PLATT First: NANCY

Applicant Name:

Mailing Address of Owner/Applicant (If Different): 10 UNION ST. HALLOWELL, ME. 04347

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.

Nancy Van Dyke Platt
Signature of Owner/Applicant Date

AUGUSTA Date Permit Issued: 11/30/94 \$ 190.00 TOWN COPY If Double Fee Charged

[Signature] Local Plumbing Inspector Signature L.P.I. # 850

Caution: Inspection Required

[Signature] I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.
Local Plumbing Inspector Signature Date Approved: 4.26.95

PERMIT INFORMATION

THIS APPLICATION IS FOR:
1. NEW SYSTEM
2. REPLACEMENT SYSTEM
3. EXPANDED SYSTEM
4. EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:
1. NO RULE VARIANCE
2. NEW SYSTEM VARIANCE
Attach New System Variance Form
3. REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
a. Requiring Local Plumbing Inspector Approval
b. Requires State and Local Plumbing Inspector Approval
4. MINIMUM LOT SIZE VARIANCE

INSTALLATION IS:
COMPLETE SYSTEM
1. NON-ENGINEERED SYSTEM
2. PRIMITIVE SYSTEM
(Includes Alternative Toilet)
3. ENGINEERED (+ 2000 gpd)

SEASONAL CONVERSION
to be completed by the LPI
5. SYSTEM COMPLIES WITH RULES
6. CONNECTED TO SANITARY SEWER
7. SYSTEM INSTALLED - P#
8. SYSTEM DESIGN RECORDED AND ATTACHED

DISPOSAL SYSTEM TO SERVE:
1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER _____
SPECIFY

INDIVIDUALLY INSTALLED COMPONENTS:
4. TREATMENT TANK (ONLY)
5. HOLDING TANK 1500 GAL
6. ALTERNATIVE TOILET (ONLY)

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED _____
THE FAILING SYSTEM IS: OUTHOUSE
1. BED 3. TRENCH
2. CHAMBER 4. OTHER: AND OBD

SIZE OF PROPERTY: 10,000+ SQ. FT. ZONING: Shoreland

TYPE OF WATER SUPPLY: WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. SEPTIC: Regular Low Profile
2. AEROBIC
SIZE: _____ GALS.

WATER CONSERVATION
1. NONE
2. LOW VOLUME TOILET
3. SEPARATED LAUNDRY SYSTEM
4. ALTERNATIVE TOILET
SPECIFY: _____

PUMPING
1. NOT REQUIRED
2. MAY BE REQUIRED
(DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
3. REQUIRED
DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)
1 Bedroom
RESIDENTIAL
DESIGN FLOW: _____
(GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES
PROFILE: _____ CONDITION: _____
DEPTH TO LIMITING FACTOR: _____

SIZE RATINGS USED FOR DESIGN PURPOSES
1. SMALL
2. MEDIUM
3. MEDIUM-LARGE
4. LARGE
5. EXTRA LARGE

DISPOSAL AREA TYPE/SIZE
1. BED _____ Sq. Ft.
2. CHAMBER _____ Sq. Ft.
 REGULAR H-20
3. TRENCH _____ Linear Ft.
4. OTHER: _____

SITE EVALUATOR STATEMENT

On 11/30/94 (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]
Site Evaluator Signature

030
SE#

11/30/94
Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

0m.# 10533 12-5-94

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

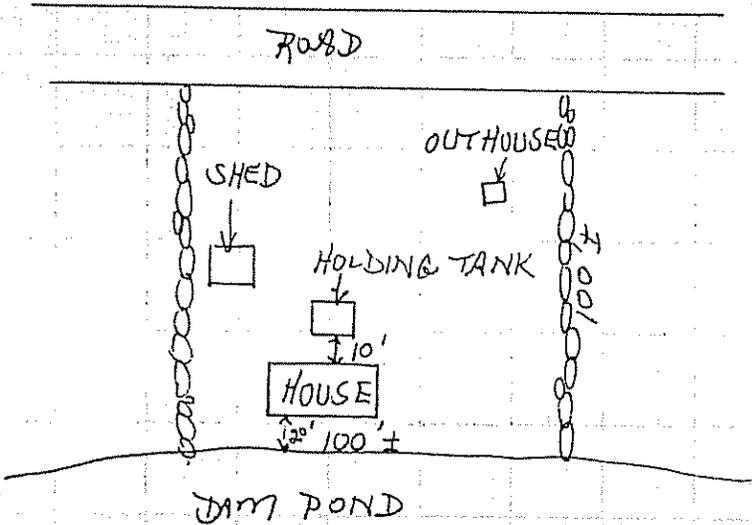
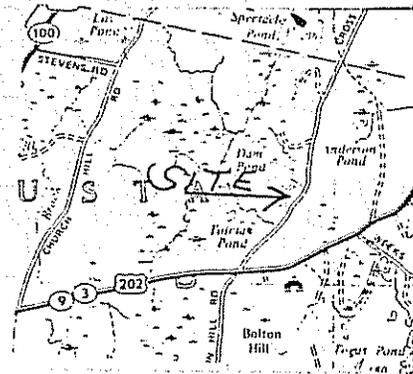
CROSS HILL RD. PLATT, NANCY
SITE PLAN

Owners Name

PLATT, NANCY

Scale 1" = 50 Ft.

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



SEE "NOTES FROM THE SITE EVALUATOR" AND COVER LETTER

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

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 | | | | |

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 Classification Slope Limiting Factor Ground Water
Profile Condition % Restrictive Layer Bedrock

Soil Classification Slope Limiting Factor Ground Water
Profile Condition % Restrictive Layer Bedrock

John A. Baker
North of East Assoc.
Site Evaluator Signature

320
SE#

11/30/94
Date

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 does not comply 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 can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System from the rules.
2. A 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 is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

GENERAL INFORMATION

Permit No. 3201 E Town of AUGUSTA
Date Permit Issued 4/24/95
Property Owner's Name NANCY PLATT Tel. No. 623-3041
System's Location: DAM POND CROSS HILL RD
AUGUSTA STREET
TOWN Maine ZIP
Property Owner's Address 10 UNION ST.
(if different from above) HALLOWELL ME 04347
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, they 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.

Nancy Marie Deane Platt
PROPERTY OWNER'S SIGNATURE

4/24/95
DATE

| VARIANCE CATEGORY | VARIANCE REQUESTED | LIMIT OF LPI'S APPROVAL AUTHORITY | | VARIANCE REQUESTED TO: | |
|---|---------------------------|-----------------------------------|---------------|------------------------|---------------|
| | | TREATMENT TANK | DISPOSAL AREA | TREATMENT TANK | DISPOSAL AREA |
| SOILS Soil Profile Soil Condition from HHE-200 | Ground Water Table | | to 6" | | |
| | Restrictive Layer | | to 8" | | Inches |
| | Bedrock | | to 10" | | Inches |
| SETRBACK DISTANCES (IN FEET) | FROM: | | | | Inches |
| Potable Water Supplies | 1. Well: > 2000 gal/day | 100' | 300' | | |
| | 2. Well: < 2000 gal/day | | | | |
| | a. Neighbor's | 50' | 60' | | |
| | b. Property Owner's | 25' | 50' | | |
| | 3. Water Supply Line | See note 'a' | | | |
| Waterbodies | 1. Perennial | 50' | 60' | | |
| | 2. Intermittent | 15' | 20' | | |
| | 3. Manmade drainage ditch | 10' | 15' | | |
| Downhill Slope | Greater than 3:1 (33%) | 5' | 10' | | |
| Buildings | 1. With Basement | 5' | 10' | | |
| | 2. Without Basement | 5' | 10' | | |
| Property Line | | 4' | 5' | | |

OTHER

1. Fill extension Grade—to 3:1
2. holding tank for cottage with privy and water under pressure

Notes:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but closer to that well than the system it is replacing.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

Kathleen P. Kahl
 DEPARTMENT EVALUATOR'S SIGNATURE 11/30/97
DATE

LPI STATEMENT

I, Clay R. Lulker, LPI for the Town of Anguila 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 Wastewater Disposal 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, disapprove) 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.

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: _____

Clay R. Lulker
 LPI'S SIGNATURE 4/24/95
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 _____

1. System shall be installed in accordance with the Maine State Plumbing Code.
2. Remove vegetation from the proposed disposal area and scarify original ground before placing fill.
3. Fill shall be clean, loamy sand placed in 8" compacted lifts.
4. All stone shall be of uniform size, and free of fines.
5. Site shall be graded in a manner which will divert surface water from the bed.
6. Grass, clover, trefoil, vetch, perennial wildflowers, or other herbaceous perennials may be planted on disposal area surfaces. Woody shrubs, in conjunction with a hardy perennial groundcover, may only be used on fill extensions.
7. If this application includes a new system variance request, it is assumed that this site is not part of a proposed subdivision.
8. "Permit By Rule" - When the toe of fill for a system extends closer than 100' to a wetland or waterbody, even though the system itself is 100' or more from the wetland or waterbody, or when a system requires a Replacement System Variance, the applicant may be required to file a "Permit By Rule" notification form or a complete application form with the D.E.P..

"Permit By Rule" does not take the place of any other local, state, or federal approvals which may be needed for the proposed activity. In specific instances, the activities may require a shoreland zoning permit from the town, a lease from the Bureau of Public Lands (207-289-3061) if the work extends onto state owned submerged lands, or a permit from the U.S. Army Corps of Engineers (207-623-8367).
9. If a system requires a pump, it shall be vented in accordance with standard practice. It is recommended that the required audible high water alarm be installed on the premises on a different electrical circuit from the pump.
10. As a general rule, a septic tank should be cleaned every two years. It is recommended that no commercial septic tank additives be used.
11. If design includes concrete chambers, the vertical dimension is assumed to be 13" thick. If other chambers are substituted, construction elevations will change.
12. This site evaluation and design has been done in compliance with the Maine State Plumbing Code. The approval and/or design may be subject to more restrictive local ordinances. The local Plumbing Inspector is to be contacted for final review approval.
13. By signature on this application, the client agrees with location of lot lines, wells and other physical features shown and further agrees to limit North By East Associates liability to the original cost of installation of the system or North By East Associates' total fee for services rendered on the project, whichever is greater.



John R. McKernan, Jr.
Governor

Jane Sheehan
Commissioner

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

December 15, 1994

Nancy Platt
18 Union Street
Hallowell, Maine 04847

8983907: Request for a Holding Tank installation. Platt property. Dam
Pond ~~at~~ Hill Road, Augusta

Dear Ms. Platt:

The Division has reviewed the Subsurface Wastewater Disposal and Holding Tank Application completed by Kathleen Kahrl, SE for the subject property.

After reviewing the information, the Division approves the proposed holding tank installation with the following conditions:

1. The installation of a 1500 gallon holding tank with suitable float alarm meeting the construction standards of CMR 241, Section 17.F.1.
2. The Holding Tank is to be used only by a 1 bedroom residence.

Gary Fuller, the Local Plumbing Inspector shall issue a permit prior to the holding tank's installation. The holding tank's installation shall be in compliance with the approved application.

This approval does not release the property owner from having to comply with local ordinances and other state laws. The owner shall on an annual basis, provide the municipal officers or LURC personnel with copies of their pumping records.

Yours very truly,

Handwritten signature of Kerwin L. Keller in cursive.

Kerwin L. Keller
Wastewater & Plumbing Control
Division of Health Engineering

ELR/cas

cc: Gary Fuller, LPI
Kathleen Kahrl, SE