

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: AUGUSTA

Street Subdivision Lot #: R/W OFF CROSS HILL RD

PROPERTY OWNERS NAME

Last: JEAN First: REGGIE

Applicant Name: _____

Mailing Address of Owner/Applicant (If Different): 100 LINCOLN AVE
GARDNER, ME 04345

100 call
Prime System

S-10 George Sargent 808

AUGUSTA PERMIT # 717 TOWN COPY

Date Permit Issued: 5-9-86 \$ 1000.00 FEE Double Fee Charged

George Sargent L.P.I. # 1808A

Local Plumbing Inspector Signature

4-21

5-9-86

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.

Reggie Jean
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 Sargent
Local Plumbing Inspector Signature Date Approved 7-16-86

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 _____

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: _____

DISPOSAL SYSTEM TO SERVE:

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

SIZE OF PROPERTY
170' x 50'±

ZONING
RES

TYPE OF WATER SUPPLY
DUG WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: N/A GALS.

WATER CONSERVATION

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

SPECIFY: 1 1/2 GAL MAX.

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.)

2 BEDROOMS (4 PEOPLE)

HOLDING TANK FOR TOILET

PRIMITIVE SYSTEM FOR 1 SINK NO SHOWER ETC.

DESIGN FLOW: 25
(GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE FILL 9/8 - DIE CONDITION _____

DEPTH TO LIMITING FACTOR: 6-12"

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

- BED 144 PRIMITIVE Sq. Ft.
- CHAMBER SYSTEM Sq. Ft.
- TRENCH _____ Linear Ft.
- OTHER: _____

SITE EVALUATOR STATEMENT

SITE EVALUATION WAIVED BY LOCAL OPTION)

On 12/13/85 (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.

Wm. W. Redman
Site Evaluator Signature

51

SE#

12/16/85

Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

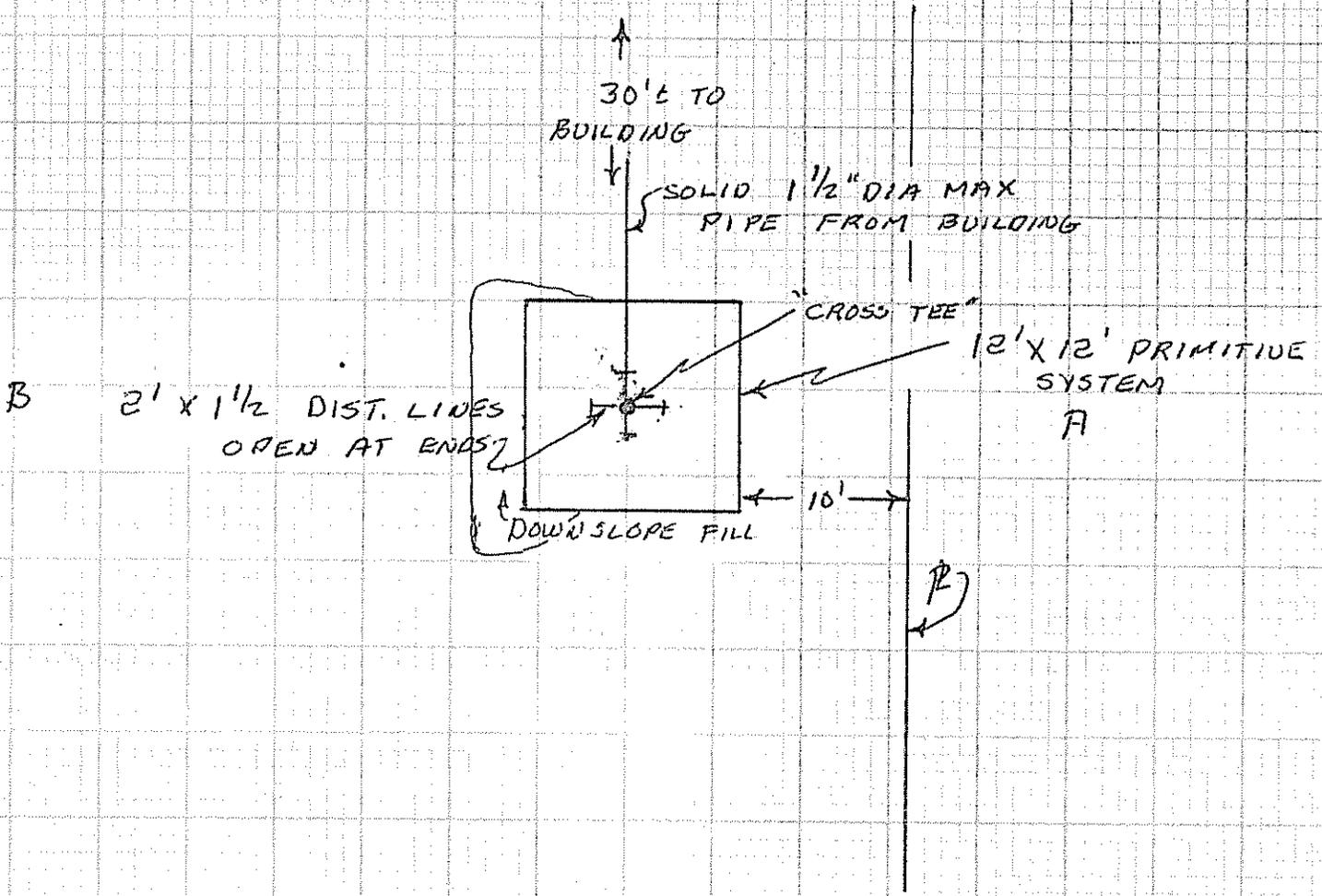
AUGUSTA

R/W OFF CROSS HILL RD

JEAN

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 10 Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope)

18 MIN

CONSTRUCTION ELEVATIONS

Depth of Fill (Downslope)

26 ±"

Reference Elevation is

Bottom of Disposal Area

Top of Distribution Lines or Chambers

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

TO BE SET AFTER LOT IS GRADED

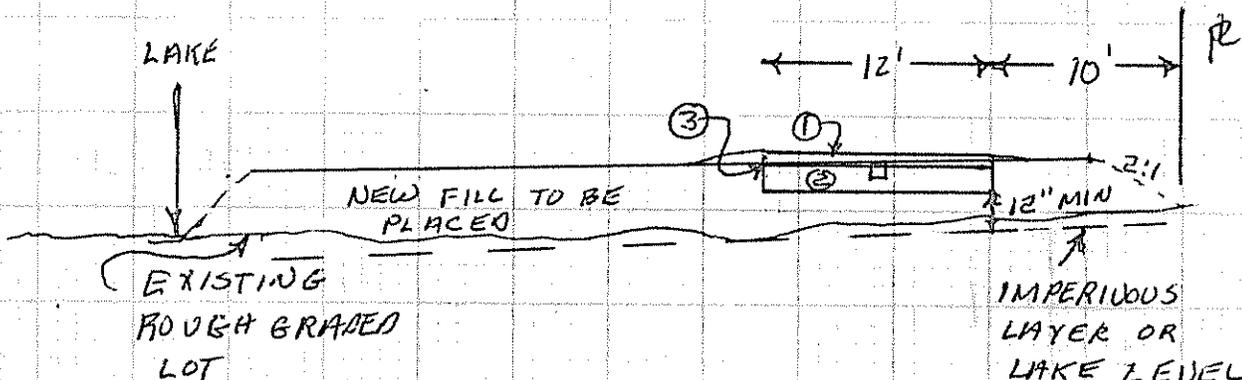
DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.

Horizontal: 1 inch = 10 Ft.

- ① 4-8" SANDY FILL
- ② 8" CLEAN STONE
- ③ 2" COMPACTED HAY



[Signature]
Site Evaluator Signature

51 SE#

12/6/85 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 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. S-40

Date Permit Issued 5/9/86
month/day/year

Property Owner's Name: Mrs. Mrs. Arthur Jean & Mr. McReynolds Jean Tel. No. 582-7346

System's Location: Cross Hill Road
Street

Augusta MAINE 04330
Town Zip

Property Owner's Address:
(if different from above) 100 Lincoln Ave.
Street

Gardiner Maine 04345
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.

James A. Froese WW&PC
Signature of the Department

5/9/86
Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils					
Soil Profile	Ground Water Table	to 6"		6-12	incl
Soil Condition	Restrictive Layer	to 6"		12-15	inches
from HHE-200	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	100	300	—	—
	2. Well: <2000 gal/day				
	a. Neighbor's	100 ^(a)	100 ^(a)	—	—
	b. Property Owner's	50'	60'	50	60
	3. Water Supply Line	10'	10'	—	—
Waterbodies	1. Perennial	60' ^(c)	60'	HOLDING TANK 30'	25'-30'
	2. Intermittent	25'	25'	—	—
	3. Manmade drainage ditch	15'	15'	—	—
Downhill Slope	Greater than 3:1 (33%)	5'	10' ^(b)	—	—
Buildings	1. With basement	8'	15'	—	—
	2. Without basement	8'	10'	—	—
Property Line		5'	5' ^(b)	—	—

Other Specify:

HOLDING TANK - BLACK WATER ONLY
(1500 GAL MIN)

Footnotes:

- 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.
- Sufficient distance shall be maintained to assure that the toe of the fill does not extend beyond the 3:1 slope of property line.
- May be reduced to 25' provided treatment tank is tested to be water tight in the presence of the Local Plumbing Inspector.

[Signature]
Site Evaluator's Signature

12/6/85
Date

LPI Statement

I, George A. Soucy 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. (I approve, I 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:

[Signature]
LPI's Signature

5-9-86
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.

[Signature]

[Signature]
Property Owner's Signature

_____ Date

HOLDING TANK PUMPER AGREEMENT

PROPERTY OWNER STATEMENT

Department Human Services
Division of Health Engineering
Station #10, State House
Augusta, ME 04333

HOLDING TANK PUMPER

General Information

Name of Business Pat Jackson Inc. Telephone 623-3223
Business Address RFD #4 Townsend Rd. Box 137 Augusta, Me. 04330
Maximum Capacity of tank truck _____ gallons
Wastes can be pumped and disposed of: all year round
(check one) limited to _____ to _____
Month Month

Wastes will be disposed of at the following Department of Environmental Protection licensed site(s).
Location of site(s): licensed Disposal Site in Belgrade Maine
or facility Augusta Sanitary District

Agreement

Eugene Dube, while under contract, will be responsible for the pumping and maintenance of the
Pumper owner
holding tank on the property of Reggie Jean, located at R/W OFF CROSS HILL Rd.
Property owner
Augusta, Me.
Property's Address

on the year round, seasonal basis

Pumper / Property Owner Contract

I, Eugene Dube, agree to pump and maintain the holding tank for Reggie Jean, located at
Pumper owner Property owner
R/W off Cross Hill Rd. Augusta, Me.
Property Address

for the contract period of 2/86 to 2/87 with a new contract contingent upon the following
month/year month/year

- factor's list (dumping site accessibility, costs, etc.)
- year round dumping @ Augusta Sanitary District
 - _____
 - _____

New Agreement / Contract Form

A copy shall be completed at the expiration of this contract and forwarded to the Department for its records. If this is not received by the Department, the Department's original Approval becomes nul and void and therefore, a violation of the Rules.

Property Owner's Signature Reggie Jean Date _____
Pumper Proprietor's Signature Eugene Dube Date 2/21/86

PROPERTY OWNER

MR. + MRS. ARTHUR A. JEAN
We, and MR. + MRS. Reginald JEAN am the owner of Land located at
of Cross Hill Rd. on DAM pond Augusta
(street) (town)
Property owner

PROPOSED REPLACEMENT OF Building and Holding Tank
Because the Building was destroyed by FIRE. on or about July
14, 1985.

This facility was constructed on or before 1943.
 was subdivided on or before _____.
 is proposed.

MUST
BE
COMPLETED.
July of 1985

Bought in 1963 by MR. JEAN, FIRE destroyed building on July of 1985

The usage of this facility has been; will be: Summer Cottage
One bedroom summer camp with a hot tub, serving a family
of 4 for 2 weeks in summer 2 weekends during Rest of year
since 1962 (date).

(Example: three bedroom summer camp serving a family of five for three weeks in summer and 12 weekends during the rest of the year.)

Present method of wastewater disposal is:
 none.
 straight pipe.
 overboard discharge.
 other old Iron holding Tank.
destroyed by FIRE. 1985

I recognize that any approval the Division may give will be limited to the usage described above and may be enforced by requiring a covenant of the Deed.

Space for Notary Seal & Signature Below

Owner's Name - Printed Reginald A. Jean
Address 100 Lincoln Ave.
Gardiner, Me. 04345
Signature: Reginald A. Jean
Date: MAY 8