

M5L75

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Augusta
Street: Bond Brook Rd.
Subdivision Lot #

PROPERTY OWNERS NAME

Last: Ballard First: Millard
Applicant Name: Bond Brook Rd. RFD. #4

Mailing Address of Owner/Applicant (if Different):
Augusta Maine Box 92 04330

Owner/Applicant Statement

I certify that the information submitted is complete to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a permit.

Signature of Owner/Applicant: Michael Ballard Date:

System installed to size on pipe
321 X 65' ON STONE

AUGUSTA PERMIT # 226 STATE COPY

Date Permit Issued: 5/22/84 \$ 40 FEE Double Fee Charged

Local Plumbing Inspector Signature: Robert Stone L.P.I. # 667

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature: Robert Stone Date Approved: 7/2/84

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- 1. NEW SYSTEM
- 2. REPLACEMENT SYSTEM
- 3. EXPANDED SYSTEM
- 4. SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

- 1. NO RULE VARIANCE REQUIRED
- 2. NEW SYSTEM VARIANCE
Attach New System Variance Form
- 3. REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
- 3. Requires only Local Plumbing Inspector Approval
- 4. Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS COMPLETE SYSTEM

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

INDIVIDUALLY INSTALLED COMPONENTS:

- 4. TREATMENT TANK (ONLY)
- 5. HOLDING TANK
- 6. ALTERNATIVE TOILET (ONLY)
- 7. NON-ENGINEERED DISPOSAL AREA (ONLY)
- 8. ENGINEERED DISPOSAL AREA (ONLY)
- 9. SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED 1980's

THE FAILING SYSTEM IS:

- 1. BED
- 2. CHAMBER
- 3. TRENCH
- 4. OTHER: overboard

DISPOSAL SYSTEM TO SERVE:

- 1. SINGLE FAMILY DWELLING
- 2. MODULAR OR MOBILE HOME
- 3. MULTIPLE FAMILY DWELLING
- 4. OTHER: 24 day care school
SPECIFY: day care school

TYPE OF WATER SUPPLY

City Water (water records show 260 gpd use)

SIZE OF PROPERTY

3+ Ac.

ZONING

Shoreland

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- 1. SEPTIC: Regular Low Profile
- 2. AEROBIC

SIZE: 1000 or 1500 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 (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
- 3. REQUIRED

DOSE: _____ GALS

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

Records show -
Duplex & 12 person day care
using 260 gpd.
add to this 12 more R
10 gpd = 120 gal + 260 =
380 gpd

DESIGN FLOW: 380 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 5 CONDITION: B

DEPTH TO LIMITING FACTOR: min in 42"

SIZE RATINGS USED FOR DESIGN PURPOSES

- 1. SMALL
- 2. MEDIUM
- 3. MEDIUM-LARGE
- 4. LARGE
- 5. EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

- 1. BED 1000 Sq. Ft.
- 2. CHAMBER _____ Sq. Ft.
- REGULAR H-20
- 3. TRENCH _____ Linear Ft.
- 4. OTHER: _____

EVALUATOR STATEMENT

On May 17, 1984 (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 of Site Evaluator or Professional Engineer: Stephen E. Goodwin

SE # / PE # 65 Date: 2/5/18/84

SITE EVALUATION/WAIVED BY (LOCAL OPTION):
System of 12 person day care

* Local Plumbing Inspectors Signature & 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

Augusta

Street, Road, Subdivision

Bond Brook Road

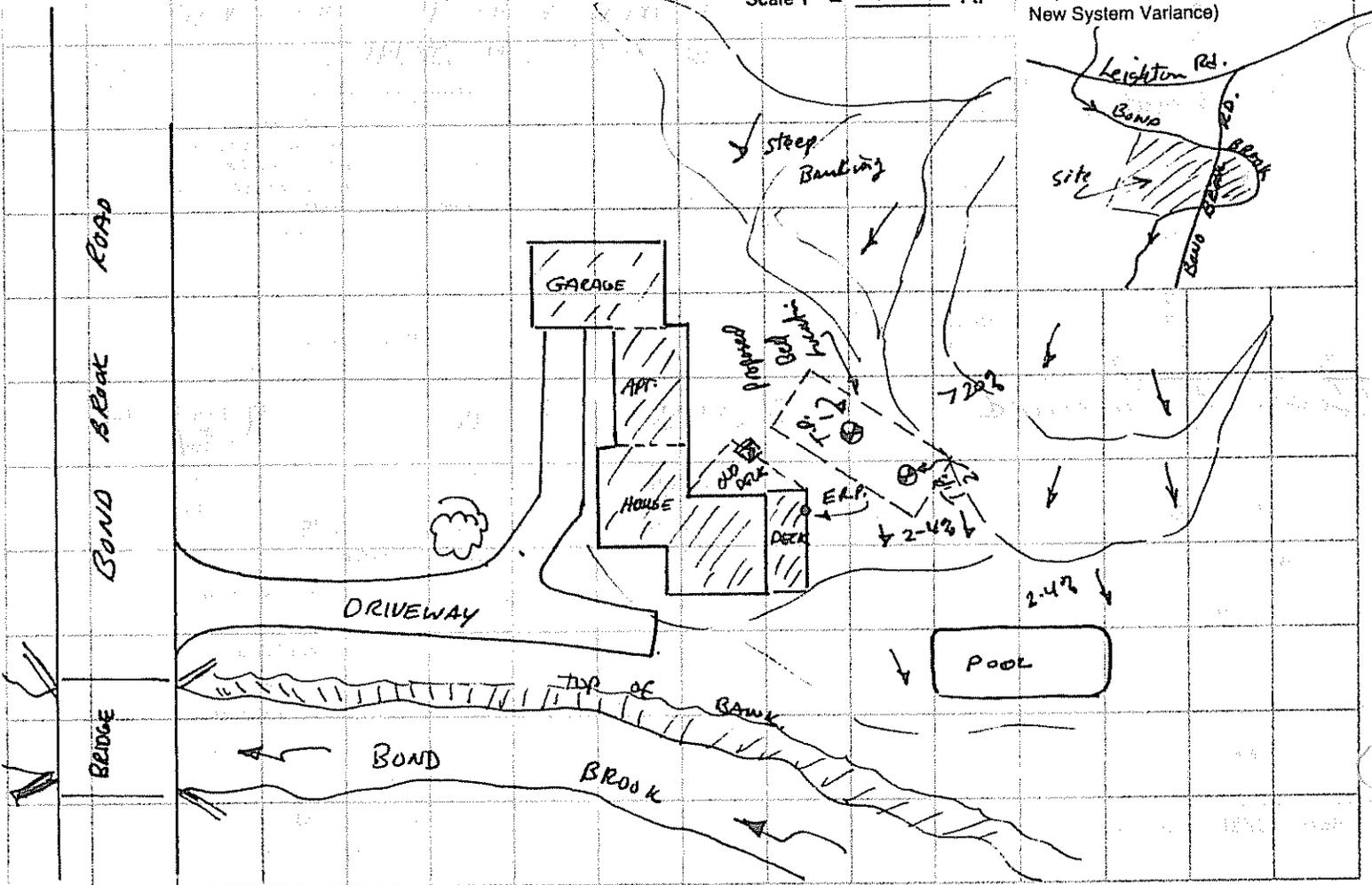
Owners Name

Millard Ballard

SITE PLAN

Scale 1" = 50 Ft.

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



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

Observation Hole 1 Test Pit Boring
0 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0 - 6	Loamy sand	friable	Brown	
6 - 15	gravelly sand		Light yellowish brown	
15 - 40			to yellowish gray	
40 - 50				

Soil Profile 4 Classification B Slope 2-4% Limiting Factor None in 40"
 Ground Water
 Restrictive Layer
 Bedrock

Observation Hole 2 Test Pit Boring
0 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0 - 40	Same			
40 - 50				

Soil Profile 4 Classification B Slope 2-4% Limiting Factor None in 40"
 Ground Water
 Restrictive Layer
 Bedrock

Stephen E. Goodwin
Site Evaluator or Professional Engineer's Signature

65
SE# / PE#

5/18/84
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road, Subdivision

Owners Name

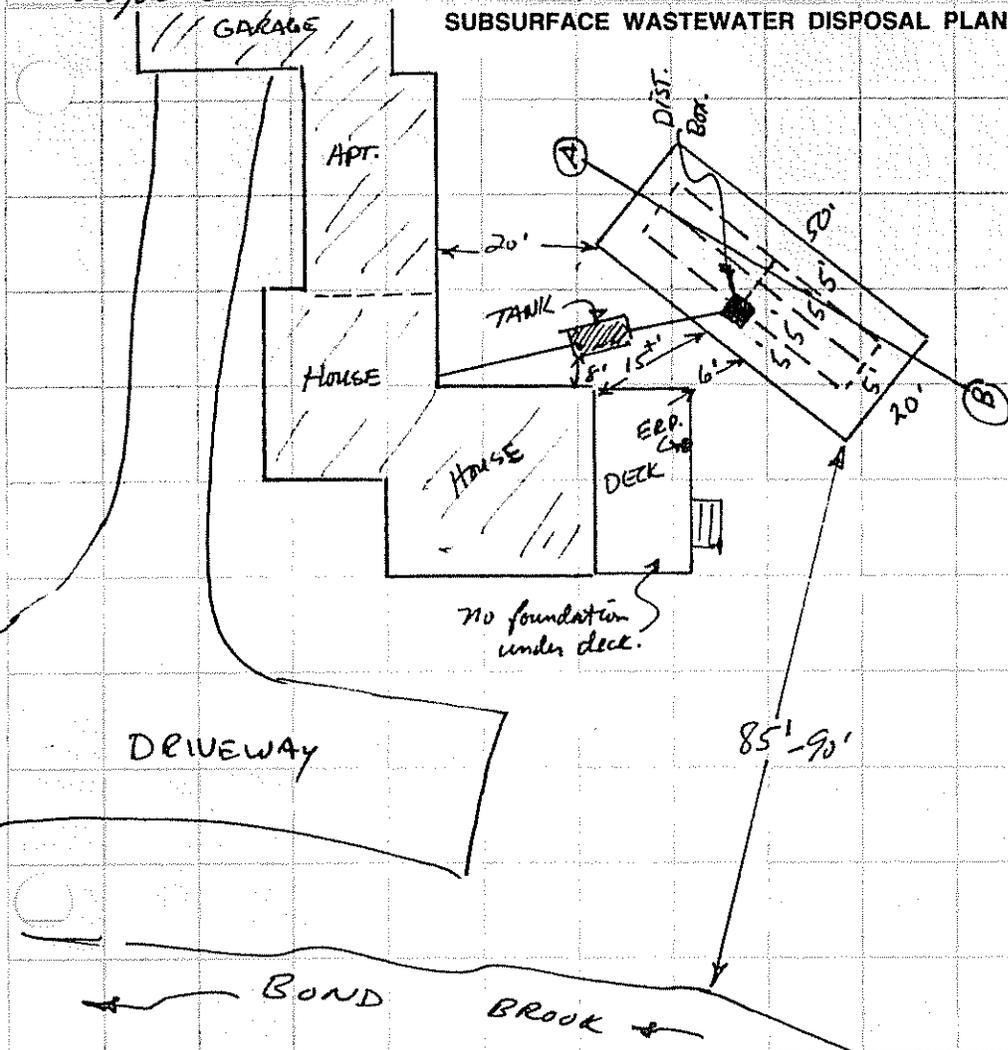
Augusta

Bond Brook Road

Millard Ballard

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 30 Ft.



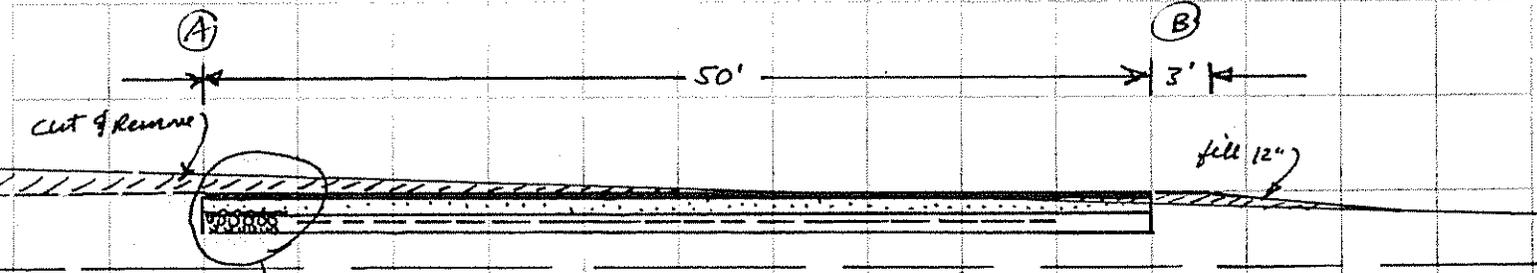
No foundation under deck.

FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <i>cut 36"</i>	Reference Elevation is <i>TOP of Deck</i>	<i>Top of Deck = Finished</i>
Depth of Fill (Downslope) <i>fill 12"</i>	Bottom of Disposal Area <i>52" Below</i>	<i>grade 25" Below Deck.</i>
	Top of Distribution Lines or Chambers <i>40" Below</i>	

DISPOSAL AREA CROSS SECTION

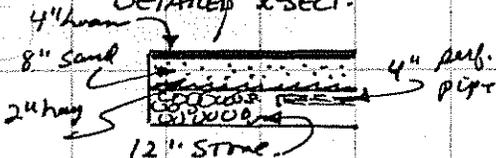
Scale:

Vertical: 1 inch = 10' Ft.
Horizontal: 1 inch = 10' Ft.



DETAILED X-SECT.

No limiting factor in 42"



Stephen E. Goodwin

Site Evaluator or Professional Engineer's Signature

65

SE # / PE #

5/18/84

Date

Replacement System Variance Request

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: Millard Ballard Tel. No. _____

System's Location: Bond Brook Rd.
Street

Augusta MAINE 04330
Town Zip

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

_____ 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
Property Owner's Signature

X
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'		
	3. Water Supply Line	See Note 'a'			
Waterbodies	1. Perennial	60'	60'		85-90'
	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'		15' foundation
	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. Hoodwin
Site Evaluator's Signature

5/18/84
Date

LPI Statement

I, _____, LPI for the Town of _____ 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: _____

LPI's 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