

5186

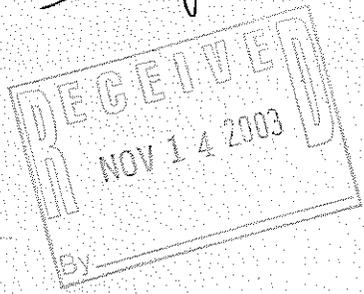
Called on 11/14 10:50 left mail

*City Copy*



JOHN ELIAS BALDACCI  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF HEALTH ENGINEERING  
11 STATE HOUSE STATION  
OFFICE: 161 CAPITOL STREET  
AUGUSTA, MAINE  
04333-0011  
November 10, 2003



Augusta Water District  
Attn.: Scott J. Minor  
P. O. Box 436  
Augusta, ME 04345

SUBJECT: Approval, Replacement System Variance Request, Augusta Water District property, Leighton Road, Augusta

Dear Mr. Minor:

The Division has reviewed a replacement system variance request for the subject property. The state variance requested is to install a disposal area and a septic tank 63 feet and 10 feet, respectively, from a public water supply well pump house. The system would serve only sampling bypass water, a janitor sink, and an emergency eyewash station; no black waste would be introduced to the system. As we understand the situation, the variance request has been submitted because topography and existing development limit the potential system location. The system design prepared by David P. Rocque, SE, dated October 10, 2003 is otherwise found to be in compliance with the Maine Subsurface Wastewater Disposal Rules.

We approve the requested variance with the following requirements:

1. A permit for system installation is to be obtained from the Local Plumbing Inspector in advance of the start of system construction.
2. The system is to be installed in accordance with the submitted and approved system design. Should alterations to the design be required at the time of construction, the site evaluator is to be notified prior to making any changes.
3. The contractor is to scarify the soils under the fill extensions to create a transitional zone more compatible with the disposal field area.

By accepting this approval and the associated plumbing permit, the owner agrees to comply fully with the conditions of approval and the Subsurface Wastewater Rules.

Because installation and owner maintenance has a significant effect on the working order of onsite sewage disposal systems, including their components, the Division makes no representation or guarantee as to the efficiency and/or operation of the system.

Should you or others have any questions, please feel free to contact me at 287-5695.

Sincerely,

*James A. Jacobsen*

James A. Jacobsen, Environmental Specialist IV  
Wastewater and Plumbing Control Program  
Division of Health Engineering  
e-mail: james.jacobsen@maine.gov

xc: File  
George Soucy, LPI  
David Rocque, SE



PRINTED ON RECYCLED PAPER



First Time System Variance Request

**PROPERTY OWNER**

I, SCOTT J. MINOR, 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.

Scott J. Minor

SIGNATURE OF OWNER  
 AGENT FOR THE OWNER

10/15/03  
DATE

**MUNICIPAL OFFICER(S)** (Selectman, Councilman, Alderman, Mayor, Town Manager)

We, the Municipal Officer(s) of \_\_\_\_\_ have reviewed this application and are aware that the applicant is applying for a First Time System Variance to the Subsurface Wastewater Disposal Rules because the proposed system does not meet all requirements of the rules. The proposed variance request  does  does not comply with all Municipal Ordinances relating to subsurface wastewater disposal.

Raphael E. Levine  
SIGNATURE FOR THE MUNICIPALITY

Acting City Manager  
TITLE

10/15/03  
DATE

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

The local plumbing inspector shall review all First Time System Variance requests prior to rendering a decision. 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) approve the requested variance. I ( will  will not) issue a permit for the system's installation as proposed by the application.

\_\_\_\_\_  
LPI Signature

\_\_\_\_\_  
Date

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

The local plumbing inspector shall review all First Time System Variance requests prior to forwarding to the Division of Health Engineering. I, George H. Saccoccia Jr., 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.

George H. Saccoccia Jr.

\_\_\_\_\_  
LPI Signature

10/15/03  
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.

James H. Jacobson, ESTV  
SIGNATURE OF THE DEPARTMENT

11/10/03  
DATE

- Note: 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 1902.0 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 1901.0 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

Linda Robinson, Variance Review  
Department of Human Services  
Bureau of Health  
Division of Health Engineering  
Wastewater and plumbing Control  
11 State House Station  
Augusta, Maine 04333

October 12, 2003

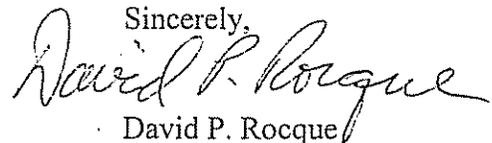
Re: First Time System Variance Request for Septic System Setback From a Public Water Supply Well.

Dear Linda:

This is in regard to a request for waiving the setback distances from a disposal field and septic tank to a public water supply well (see attached HHE-200 and HHE-215 Forms plus Department letter of approval for Adjustment of Wastewater Strength Factor). The disposal system designed is primarily for the purposes of disposing of sampling bypass water, which is essentially clean drinking water. According to Scott Minor of the Augusta Water District, there will also be a janitorial sink, which may be used on rare occasions to wash hands or equipment and an emergency eyewash and shower. There will also be a floor drain for water spillage and to dispose of water used to mop up the floor once a month or so. Spilled chemicals are to be disposed of in a separate drain and holding tank where they can be collected and ultimately disposed of properly. Scott informed me that the East Winthrop Pump House is similarly equipped but the emergency eyewash and shower have not been used in the 12 years since they have been available. In addition to the purity of the wastewater, the disposal system will be down slope of the pump house and wells and, the gravel packed wells are protected by a thick silty layer of sediment. Based upon the negligible contaminant levels of the wastewater generated by this facility, the location of the disposal system and the soil type, I believe this variance request is justified. I hope the Department agrees.

Thank you for your time and attention to this matter.

Sincerely,



David P. Rocque  
LSE # 154



JOHN ELIAS BALDACCI  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF HEALTH ENGINEERING  
11 STATE HOUSE STATION  
OFFICE: 161 CAPITOL STREET  
AUGUSTA, MAINE  
04333-0011

October 9, 2003

David Rocque, SE  
67 Second Avenue  
Augusta, ME 04330

Subject: Augusta Water District, Triangle Well Building, Leighton and Bon Brook Road, Augusta

Dear Mr. Rocque:

It is my understanding that the Augusta Water District plans to install an onsite waste water disposal system to serve their chemical treatment building at the intersection of Leighton Road and Bond Brook Road. The building will have no toilet facility. Waste water will be generated by a sampling by-pass, a janitor sink, an emergency eye wash and shower, and a floor drain. The BOD<sup>5</sup> and TSS will in all likelihood be undetectable.

On this basis, you have requested that an adjustment factor of 0.5 be applied to this design, without testing the waste water.

This office agrees with you that the flow from this facility will be benign, and approves your request to use a 0.5 adjustment factor, without testing the waste water.

If you have any further questions, please feel free to contact me at (207) 287-5695.

Sincerely

James A. Jacobsen, Environmental Specialist IV  
Wastewater and Plumbing Control Program  
Division of Health Engineering  
e-mail: james.jacobsen@maine.gov

/jaj

xc: File



PRINTED ON RECYCLED PAPER

Jim Jacobsen  
Department of Human Services  
Bureau of Health  
Division of Health Engineering  
Wastewater and Plumbing Control  
11 State House Station  
Augusta, Maine 04333

October 8, 2003



Re: Request for Adjustment of Wastewater Strength Factor.

Dear Jim:

I have been contacted by Scott Minor of the Augusta Water District to design a subsurface wastewater disposal system for their Triangle Well Chemical Feed Building located at the intersection of the Leighton and Bond Brook roads. This is the building that will be used to feed standard chemicals into the public drinking water supply for Augusta. According to Scott, approximately 1 liter per minute of the treated water (the same water that is being fed to the city for consumption) will be diverted to allow for periodic sampling and testing (only about 1 hour per day, Monday-Friday, will be actually used for testing). This discharge rate is continual over a 24-hour period, which is about 480 gallons per day. The only gray water will be a janitorial sink and emergency eyewash and shower. Scott said that the emergency eyewash and shower in their East Winthrop plant has never been used in the 12 years it has been available. The only other source of water is a floor drain, which may be used a maximum of once a month to mop up the floor. There will be no office or toilet facilities in the building. Based on the fact that there is no possibility for the wastewater to have any BOD or TSS, I am requesting approval to use the 0.5 adjustment factor without having to analyze samples. The system will include a 1000-gallon septic tank, at the request of the Augusta Water District.

Thank you for your time and attention to this request.

Sincerely,

*David P. Rocque*  
David P. Rocque  
LSE # 154

**FIRST TIME SYSTEM VARIANCE REQUEST**

This form shall accompany an Application (HHE-200) for a proposed first time system which requires a Variance to provisions of the Subsurface Wastewater Disposal Rules.  
 The local plumbing inspector shall not issue a permit for the installation of a first time subsurface wastewater disposal system requiring a variance from the Department of Human Services until approval has been received from them.

<b>GENERAL INFORMATION</b>		Town of _____
Permit No. <u>5186</u>	Date Permit Issued _____	
Property Owner's Name: <u>Augusta Water District</u>	Tel. No.: <u>622-3701</u>	
System's Location: <u>Leighton Road Augusta</u>		
Property Owner's Address: <u>P.O. Box 436</u>		
(if different from above) <u>Augusta, Maine 04932</u>		

**VARIANCE CONDITIONS**

The Department has the authority to vary the requirements of the Rules in accordance with Section 105.2 of the Rules CMR 241 if all the following criteria are satisfied:

- a. The variance request has the approval of the LPI.
- b. The Municipal Officials have indicated that the variance does not conflict with any local wastewater disposal ordinances.
- c. The variance request demonstrates that there is no practical alternative for wastewater disposal, such as access to public sewer or the potential for an easement.
- d. The proposed system does not conflict with any provision controlling subsurface wastewater disposal in the Shoreland Zone.
- e. The site offers potential for a system which will dispose of the wastewater with minimal threat to public health, safety, or welfare.
- f. The property owner has indicated an awareness of the variance and any limitations or added costs the proposed system may require.

**SOIL, SITE AND ENGINEERING FACTORS FOR NEW SYSTEM VARIANCE ASSESSMENT**  
 (SEE TABLES 1900.1-1900.11)

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Adjustment		
Additional Treatment		
<b>TOTAL POINT ASSESSMENT (Sec. 1904.5)</b>		

Minimum Points (Check one): Outside Shoreland-50  Inside Shoreland-65  Subdivision-65

<b>SPECIFIC VARIANCE REQUESTED</b> (To be filled in by Site Evaluator)	<b>SECTION OF RULE</b>
1. <u>Disposal field 63' from public well pump house</u>	<u>Table 700.2</u>
2. <u>Septic Tank 10' from public well pump house</u>	<u>Table 700.2</u>
3. _____	_____

**SITE EVALUATOR**

When a property is found to be unsuitable for subsurface wastewater disposal for a First Time System Variance 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.

(Use Additional Sheets, if needed)

The disposal field will be primarily for drinking water discharge with very little gray water (no black waste) from one sink & emergency shower. Wells are upslope and protected by a thick silty soil.

I, David P. Rocave, 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.

David P. Rocave

SIGNATURE OF SITE EVALUATOR

10/11/03

DATE

First Time System Variance Request

**PROPERTY OWNER**

I, SCOTT J. MINOR, 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.

*Scott J. Minor*

10/15/03  
DATE

SIGNATURE OF OWNER  
 AGENT FOR THE OWNER

**MUNICIPAL OFFICER(S)** (Selectman, Councilman, Alderman, Mayor, Town Manager)

We, the Municipal Officer(s) of \_\_\_\_\_ have reviewed this application and are aware that the applicant is applying for a First Time System Variance to the Subsurface Wastewater Disposal Rules because the proposed system does not meet all requirements of the rules. The proposed variance request  does  does not comply with all Municipal Ordinances relating to subsurface wastewater disposal.

*Raphael E. Levine*  
SIGNATURE FOR THE MUNICIPALITY

*Acting City Manager*  
TITLE

10/15/03  
DATE

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

The local plumbing inspector shall review all First Time System Variance requests prior to rendering a decision. 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) approve the requested variance. I ( will  will not) issue a permit for the system's installation as proposed by the application.

\_\_\_\_\_  
LPI Signature

\_\_\_\_\_  
Date

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

The local plumbing inspector shall review all First Time System Variance requests prior to forwarding to the Division of Health Engineering. I, George H. Saccoccia, 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.

*George H. Saccoccia*  
LPI Signature

10/15/03  
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

- Note: 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 1902.0 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 1901.0 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, SHS 10  
(207) 287-5672 Fax (207) 287-3165

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; Caution Permit Required -- Attach in Space Below &lt;&lt;</b>	
Town, Location	AUGUSTA	<div style="border: 1px solid black; padding: 5px;"> <p>AUGUSTA Date Permit Issued: <u>11/14/03</u> 5186 TOWN COPY \$ <u>1200.00</u> <input type="checkbox"/> Double Fee FEE Charged</p> <p><i>[Signature]</i> L.P.I. # <u>1705</u></p> <p>Local Plumbing Inspector Signature</p> </div>	
Street or Road	401 Leighton/Bond Brook Rd		
Subdivision, Lot #			
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	AUGUSTA Water District <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	P.O. Box 436 Augusta, Me. 04332		
Daytime Tel. #		Municipal Tax Map # <u>3</u> Lot # <u>76</u>	
<b>Owner or Applicant Statement</b> 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. <i>[Signature]</i> Signature of Owner or Applicant		<b>Caution: Inspection Required</b> I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. <i>[Signature]</i> Local Plumbing Inspector Signature	
		(1st) Date Approved <u>10/26/03</u> (2nd) Date Approved <u>12/19/03</u>	

PERMIT INFORMATION			
<b>TYPE OF APPLICATION</b> <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____ Year Installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input checked="" type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Approval	<b>DISPOSAL SYSTEM COMPONENTS</b> <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components	
<b>SIZE OF PROPERTY</b> <u>2.7</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	<b>DISPOSAL SYSTEM TO SERVE</b> <input type="checkbox"/> 1. Single Family Dwelling Unit, No of bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other: <u>PUMP HOUSE</u> (specify) Current Use: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____	
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY <u>1000</u> gallons	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. Cluster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE <u>1200</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment Tank <input type="checkbox"/> b. _____ Tanks in Series <input type="checkbox"/> c. Increase in Tank Capacity <input type="checkbox"/> d. Filter on Tank Outlet	<b>DESIGN FLOW</b> <u>250</u> gallons per day BASED ON: <input type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input checked="" type="checkbox"/> 2. Table 502.2 (other facilities) SHOW CALCULATIONS -- for other facilities -- <u>4809 gpd discharge for quality sampling + sink + emergency shower x 0.5</u> <input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER-METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION DESIGN <u>B 1 C 1 1</u> at Observation Hole # <u>1</u> Depth <u>15</u> " Elevation <u>-70</u> " OF MOST LIMITING SOIL FACTOR	<b>DISPOSAL FIELD SIZING</b> <input type="checkbox"/> 1. Small -- 2.0 sq. ft./gpd <input type="checkbox"/> 2. Medium -- 2.6 sq. ft./gpd <input type="checkbox"/> 3. Medium-Large -- 3.3 sq. ft./gpd <input checked="" type="checkbox"/> 4. Large -- 4.1 sq. ft./gpd <input type="checkbox"/> 5. Extra-Large -- 5.0 sq. ft./gpd	<b>EFFLUENT/EJECTOR PUMP</b> <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	

SITE EVALUATOR STATEMENT	
I certify that on <u>10/11/03</u> (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 State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).	
<i>[Signature]</i> Site Evaluator Signature	<u>154</u> SE #
<u>David P. Rolove</u> Site Evaluator Name Printed	<u>10/11/03</u> Date
<u>622-7487</u> Telephone #	

1) STA  
 No. 1  
 2) STA  
 LEIGHTON  
 3.) "ST  
 COUNTY,

STATE OF MA  
 2498/189

FORMER LOCATION OF  
 BOND BROOK ROAD  
 (PER PLAN REF. 1)

BOND BROOK ROAD  
 15+00  
 10+00  
 5+00  
 0+00

CMP B4  
 PT = 17+9.04  
 5+00

CURVE DATA  
 Δ = 5°38'59"  
 R = 2897.791'  
 L = 285.661'  
 C = N 54°36'53" E,  
 285.54'

CHP 16/83/3  
 ERM (SEE NOTE 1)

CONSTRUCTION LIMIT LINE  
 (PER PLAN REF. 1)  
 PT = 68+00.35  
 N 57°26'09" E 39.65'

GRAVEL DRIVEWAY  
 GARAGE  
 G.M.F. (LEANING)

N/F MARSHALL WALL

FORMER LOCATION OF  
 LEIGHTON ROAD  
 (PER PLAN REF. 1 & 2)  
 SEE DEED OF VACATION  
 STATE OF MAINE  
 AUGUSTA WATER DISTRICT - 1944  
 2409/130

LEIGHTON ROAD  
 70+00  
 60+00  
 50+00  
 40+00  
 30+00  
 20+00  
 10+00  
 0+00

DRAINAGE EASEMENT OF  
 STATE OF MAINE  
 2498/189

AUGUSTA WATER DISTRICT  
 1006/343, PARCEL NO. 1  
 2409/130

COUNTY COMMISSIONERS CONFIRMATION (SEE NOTE 3)  
 2.7 ACRES ± TO THREAD OF BOND BROOK

BRIDGE  
 MING WALLS

CONSTRUCTION LIMIT  
 LINE (PER PLAN REF. 3)

552 ± ALONG THREAD OF BROOK

BOND BROOK

DRAINAGE EASEMENT OF  
 STATE OF MAINE  
 2498/189

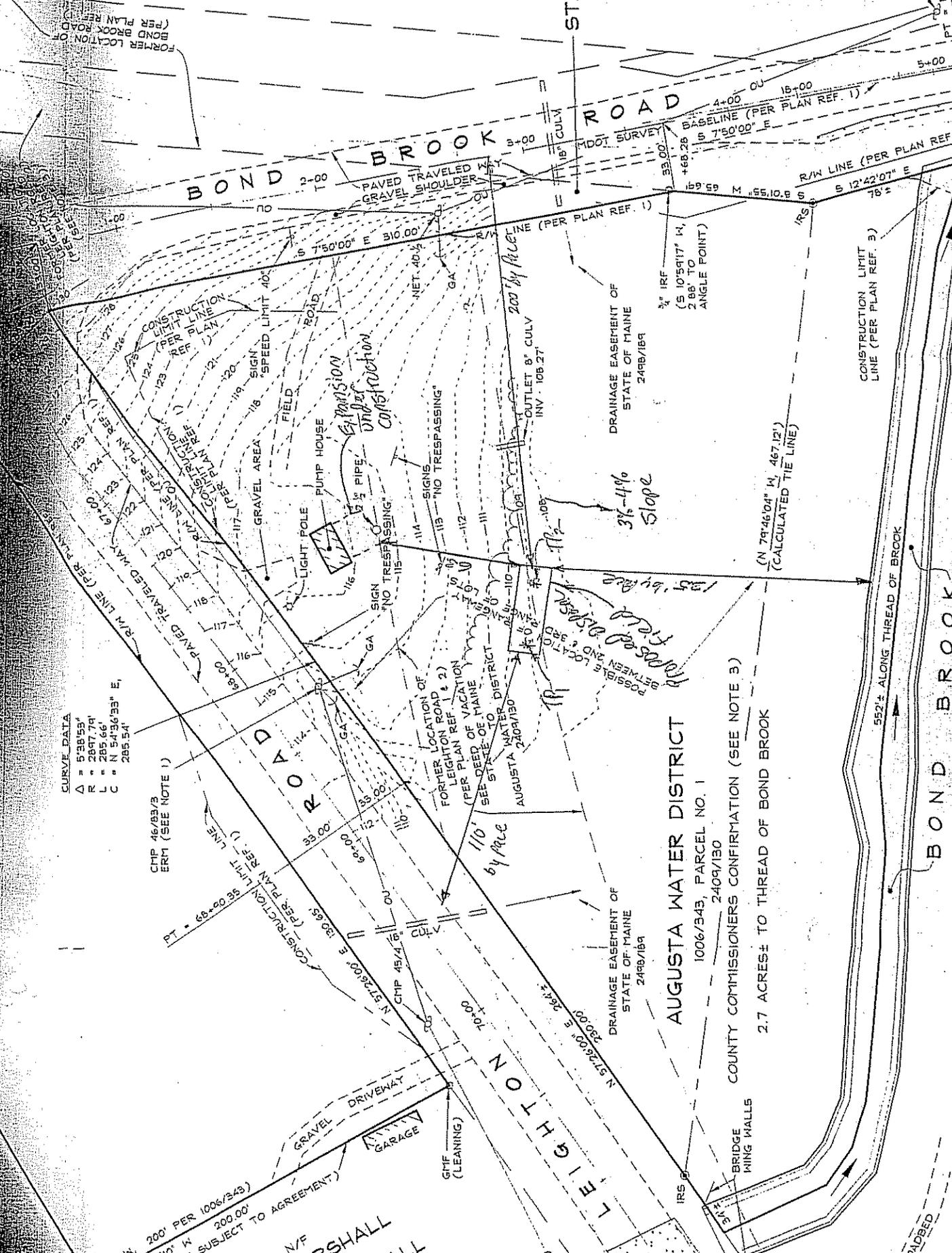
3% - 4% Slope

(N 79°46'04" W, 467.12')  
 (CALCULATED TIE LINE)

¾" IRF  
 (5 10'59"17" W,  
 2 86' TO  
 ANGLE POINT)

200' by 4" PIPE  
 OUTLET 8" CULV  
 INV. 108.27'

Possible Location  
 of  
 Bond Brook  
 Between  
 200' by 4" Pipe  
 and  
 155' by 4" Pipe



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
 Division of Health Engineering, Station 10  
 (207) 287-5672 FAX (207) 287-3165

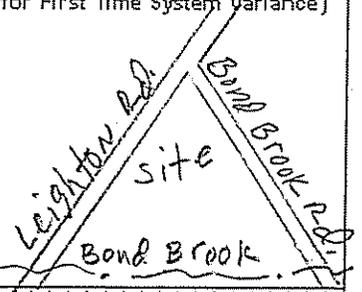
Town, City, Plantation: AUGUSTA Street, Road, Subdivision: Leighton Rd. Owner or Applicant Name: AUGUSTA Water Dist.

## SITE PLAN

Scale: 1" = \_\_\_\_\_ ft.

SITE LOCATION MAP  
 (Attach map from Maine Atlas for First Time System Variance)

See attached Site Plan



## SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # TP1  Test Pit  Boring

0 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
Loam	Friable	Dark Brown	
		Yellow	None
		Brown	Observed
	Some	Olive	
Silt	what firm	Brown	
Loam	becoming firm	olive gray	Common Dist

Soil Profile: 8 Classification: C Slope: 2-3 Percent Limiting Factor: 15 Depth  Groundwater  Restrictive Layer  Bedrock

Observation Hole # TP2  Test Pit  Boring

12 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
Loam		Dark Brown	
		Brown	None
	Friable	olive	observed
		Brown	
Silt		olive	Common
Loam		gray	distinct
	Firm	gray	

Soil Profile: 8 Classification: C Slope: 2-3 Percent Limiting Factor: 16 Depth  Groundwater  Restrictive Layer  Bedrock

David P. Roague  
 Site Evaluator Signature

154  
 SE #

10/11/03  
 Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
 Division of Health Engineering, Station 10  
 (207) 287-5672 FAX (207) 287-3165

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

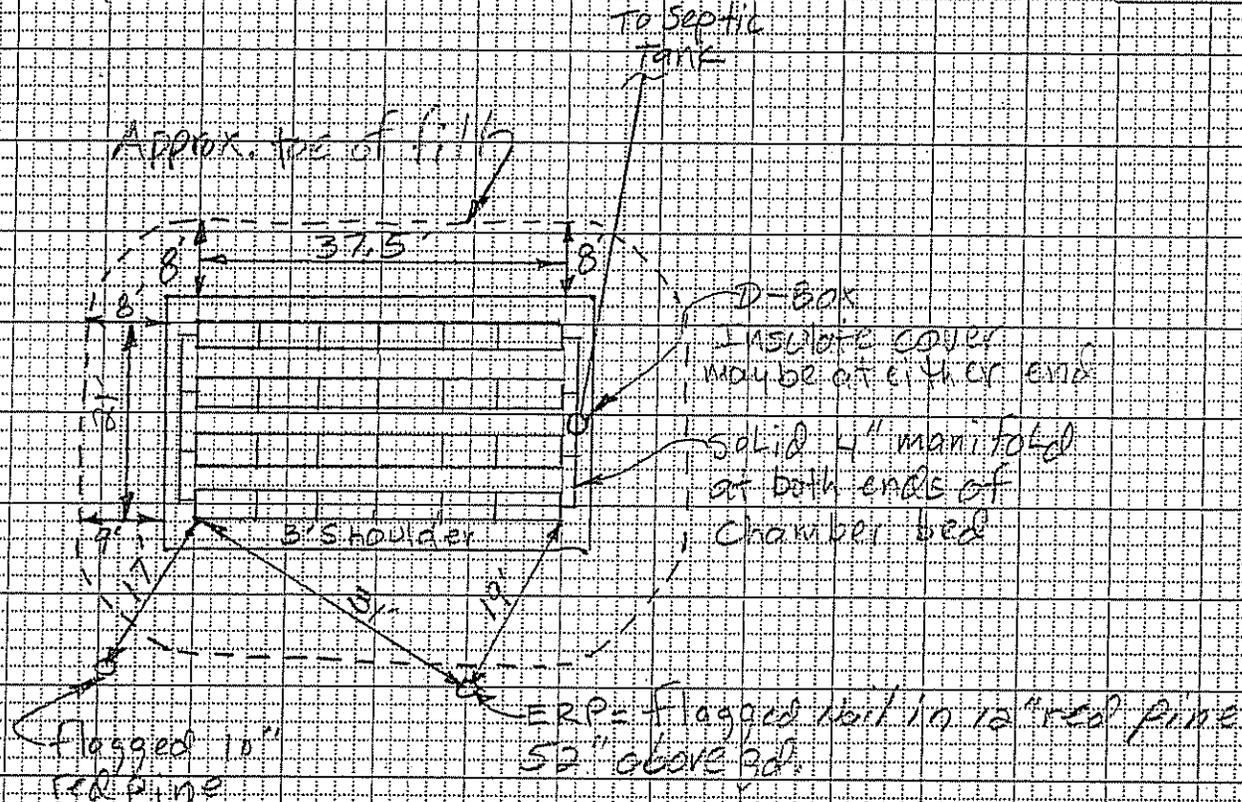
Leighton Rd.

Owner or Applicant Name

Augusta Water District

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



Disposal area to be 24 high capacity plastic Chambers in 4 rows (6 units per row) connected in equal distribution.

### BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 24"  
 Depth of Backfill (downslope) 27-30"  
 DEPTHS AT CROSS-SECTION (shown below)

### CONSTRUCTION ELEVATIONS

Finished Grade Elevation -29"  
 Top of Distribution Pipe or Proprietary Device -37"  
 Bottom of Disposal Field -53"

### ELEVATION REFERENCE POINT

Location & Description: Flagged nail in 12" Red Pine 52" above sd.  
 Reference Elevation is: 0.0" or: \_\_\_\_\_

### DISPOSAL FIELD CROSS-SECTION

Based on 16" high plastic Chambers

### Scales:

Vertical: 1" = \_\_\_\_\_ ft.  
 Horizontal: 1" = \_\_\_\_\_ ft.

See next sheet

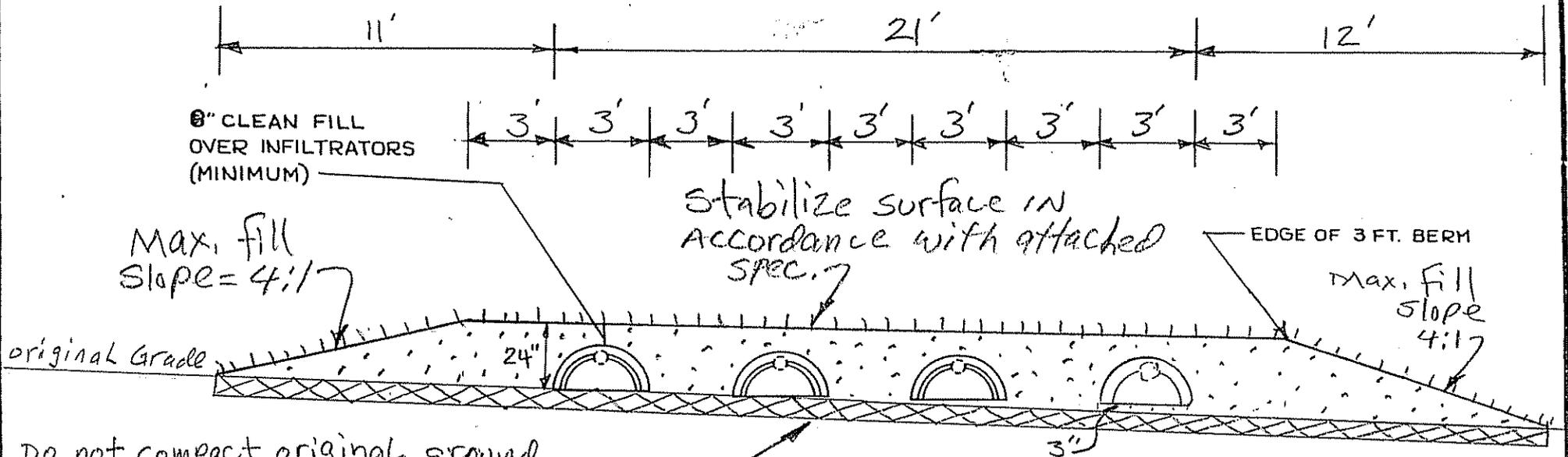
Note: Do not install when soil is frozen or saturated.

David P. Coque  
 Site Evaluator Signature

154  
 SE #

10/11/03  
 Date

# INFILTRATOR CROSS-SECTION 1-2%



Do not compact original ground or loosen up by mixing into original soil gravelly coarse sand to depth of compaction.

Transition HORIZON:  
Remove vegetation & stumps & organic duff layer then rototill a minimum of 6" of gravelly coarse sand into exposed soil.

## NOTES:

1. REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER INFILTRATORS AND FILL EXTENSION AREAS.
2. BOTTOM OF INFILTRATORS TO BE LEVEL WITH A MAXIMUM GRADE TOLERANCE OF 1" PER 100'.
3. PROVIDE FOR SURFACE DRAINAGE AWAY FROM INFILTRATOR AREA.
4. FINISHED GRADE SHALL BE SEEDS AND MULCHED TO PREVENT EROSION.

ORIGINAL GRADE 2%

FILL UNDER INFILTRATORS TO BE gravelly coarse sand TEXTURE.

FILL AROUND INFILTRATORS TO BE gravelly coarse sand TEXTURE.

Gravelly Coarse Sand to have Max. 4% fine sand or silt + 15% - 30% gravel

SITE EVALUATOR: <b>David P. Rocque</b>		
OWNER: <b>AUGUSTA Water Dist.</b>	NUMBER OF INFILTRATORS: <b>24</b>	PERCENT SLOPE: <b>2</b>
LOCATION: <b>AUGUSTA Leighton Road</b>	ELEVATIONS: REFERENCE PT. <b>0"</b> BOTTOM TRENCH #1 <b>-53"</b>	
DATE: <b>10/11/03</b>	SCALE: <b>1 INCH = 5 FEET</b>	BOTTOM TRENCH #2 <b>-53"</b> BOTTOM TRENCH #3 <b>-53"</b>

Bottom Trench #4 **-53"**