

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table	to 6"		inches	
Soil Condition	Restrictive Layer	to 6"		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	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. Width of Bed 25'

3.

Footnotes:

- 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.

[Signature]
SITE EVALUATOR'S SIGNATURE

4-12-94
DATE

LPI STATEMENT

I, Gay R. Lulla, LPI for the 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 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.

—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: _____

[Signature]
LPI'S SIGNATURE

4/14/94
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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street	Old Oak Land Rd
Section Lot #	622-3361
PROPERTY OWNERS NAME	
Last: Dobe	First: Lillian + Louis
Applicant Name:	Same
Mailing Address of Owner/Applicant (If Different)	Route 5 Augusta Maine 04330

AUGUSTA Permit No. 2961 TOWN COPY

Date Permit Issued: 5/29/94 \$ 160.00 Double Fee Charged

Way R. Goble
Local Plumbing Inspector Signature L.P.I. # 850

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.

Margaret Dobe 4/14/94
 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.

7/12/94
Ruff
 Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NEW SYSTEM <input checked="" type="checkbox"/> REPLACEMENT SYSTEM <input type="checkbox"/> EXPANDED SYSTEM <input type="checkbox"/> EXPERIMENTAL SYSTEM <p>SEASONAL CONVERSION to be completed by the LPI</p> <ol style="list-style-type: none"> <input type="checkbox"/> SYSTEM COMPLIES WITH RULES <input type="checkbox"/> CONNECTED TO SANITARY SEWER <input type="checkbox"/> SYSTEM INSTALLED - P# _____ <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED 	<p>THIS APPLICATION REQUIRES:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NO RULE VARIANCE <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form <ol style="list-style-type: none"> <input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE 	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) <input type="checkbox"/> ENGINEERED (+ 2000 gpd) <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> TREATMENT TANK (ONLY) <input type="checkbox"/> HOLDING TANK _____ GAL <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
<p>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED <u>20+</u></p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> BED <input type="checkbox"/> CHAMBER <input type="checkbox"/> TRENCH <input type="checkbox"/> OTHER: _____ 	<p>DISPOSAL SYSTEM TO SERVE:</p> <ol style="list-style-type: none"> <input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER _____ SPECIFY _____ 	<p>TYPE OF WATER SUPPLY <u>Town Water</u></p>
<p>SIZE OF PROPERTY: <u>5+ Acres</u> ZONING: <u>Residential</u></p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC <p>SIZE: <u>2-1000</u> GALS. <u>One Piece</u></p>	<p>WATER CONSERVATION</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> LOW VOLUME TOILET <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM <input type="checkbox"/> ALTERNATIVE TOILET <p>SPECIFY: _____</p>	<p>PUMPING</p> <ol style="list-style-type: none"> <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) <input checked="" type="checkbox"/> REQUIRED <p>DOSE: <u>50</u> GALS. <u>Septic Tank + Pump Combo</u></p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>8 Bedroom Min Flow + 8 Gpd.</u></p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td style="text-align: center;"><u>7</u></td> <td style="text-align: center;"><u>C</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>21"</u></p>	PROFILE	CONDITION	<u>7</u>	<u>C</u>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> MEDIUM-LARGE <input type="checkbox"/> LARGE <input type="checkbox"/> EXTRA LARGE 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> BED <u>2400</u> Sq. Ft. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> TRENCH _____ Linear Ft. <input type="checkbox"/> OTHER: _____ 	<p>DESIGN FLOW: <u>727 Gpd</u> (GALLONS/DAY)</p>
PROFILE	CONDITION						
<u>7</u>	<u>C</u>						

EVALUATOR STATEMENT

On 4-11-1994 (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] 241 4-12-94
 Site Evaluator Signature SE# Date

Attachment To Form HHE-200
Additional Information About Your Septic System

1. You should have your septic tank pumped out and checked every two years or more often to prolong the life of your system.
2. If you plan to install a garbage disposal in your home, you should have the next available size septic tank installed. An alternative to this is the installation of a Zabel Industries Inc. Multi-purpose filter, Model #A-100 or equivalent on the outlet end of the septic tank.
3. Water softeners should drain to a separate gray water disposal system.
4. Your septic tank must be installed level and all joints, inspection covers etc. must be water tight. The same is necessary for a pump tank if your system requires one.
5. The outlet invert elevation should be equal to or higher than the finish grade of the septic field to avoid flooding of the tank and solids entering the field.
6. Your system is designed to handle laundry waste water provided a separated laundry system is not indicated on page 1 of your HHE-200 form and the total daily design flow shown on page 1 is not exceeded. If a low water toilet is required it must use less than 1.5 gallons per flush.
7. All construction shall conform with section 11-D "State of Maine-Subsurface Wastewater Disposal Rules-Chapter 241" and all pertinent sections.
8. All fill shall be sandy loam coarser with sufficient fines for adequate compaction, unless otherwise stated.
9. Wells shall be located a minimum of 100 feet from subsurface disposal system.
10. Property lines shown are as provided by owner and no guarantee of accuracy is implied. Actual property lines must be confirmed by survey.
11. Applicability of design must be reevaluated when location of structures are substantially different than those shown on the site plan or when other structures, additions, or appurtenances (i.e. swimming pools) are considered.
12. Systems put into service prior to establishing proper cover shall be provided with adequate erosion control to prevent damage to the system.
13. Provide low profile septic tank when determined as necessary in the field.
14. Lots not meeting the requirements if the "Minimum lot size Rule" but recorded prior to its effective date require a "Minimum Lot size waiver" as issued by the Department of Human Services-Division of Health Engineering.
15. Force mains, pump stations, and/or gravity piping subject to freezing shall be adequately installed.
16. The L.P.I. shall inform the owner and designer of any local ordinance exceeding the rules(Chapter 241), prior to issuing a permit, so that the application may be properly amended to conform to such ordinances.

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

City, Plantation

Street, Road, Subdivision

Owners Name

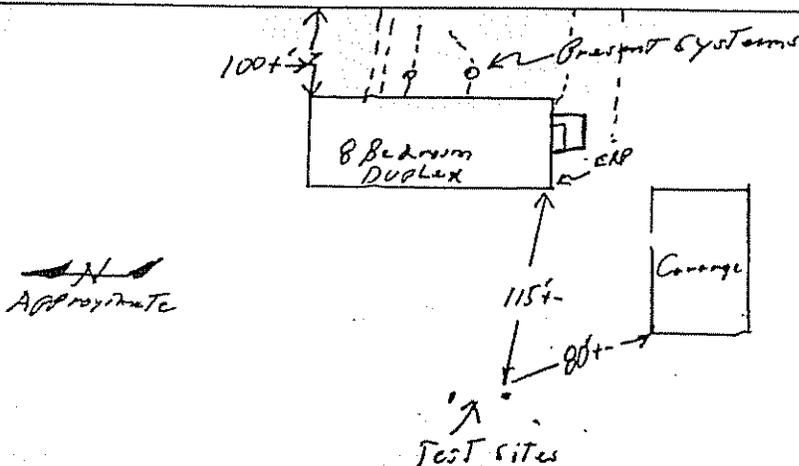
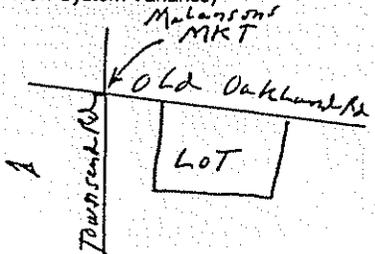
Augusta

Old Oakland Road Lillian + Louis Dube

SITE PLAN

Scale 1" = 100' 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

0-1 * Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	Settling Fill	Friable	Olive	None
6-10	Fine Sand		Brown	
10-15			Red Brown	
15-20			Yellow Brown	
20-30			Olive	
30-45		Some What Firm		Common Distinct
45-50	Settling Tost Clay	Firm		

Soil Profile: 7	Classification: C Condition	Slope: 0-3 %	Limiting Factor: 26	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Observation Hole #2 Test Pit Boring

2-0 * Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	Settling Fill		Olive	
6-10	Organic	Friable	Brown	None
10-15	Fine Sand	Loose	Brown	
15-20			Red Brown	
20-30			Yellow Brown	
30-45	Sand	Somewhat Firm	Olive	Common
45-50	Settling	Firm		

Soil Profile: 7	Classification: C Condition	Slope: 0-3 %	Limiting Factor: 21	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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[Signature]
Site Evaluator Signature

246
SE#

4-12-94
Date

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

City, Plantation

Street, Road, Subdivision

Owners Name

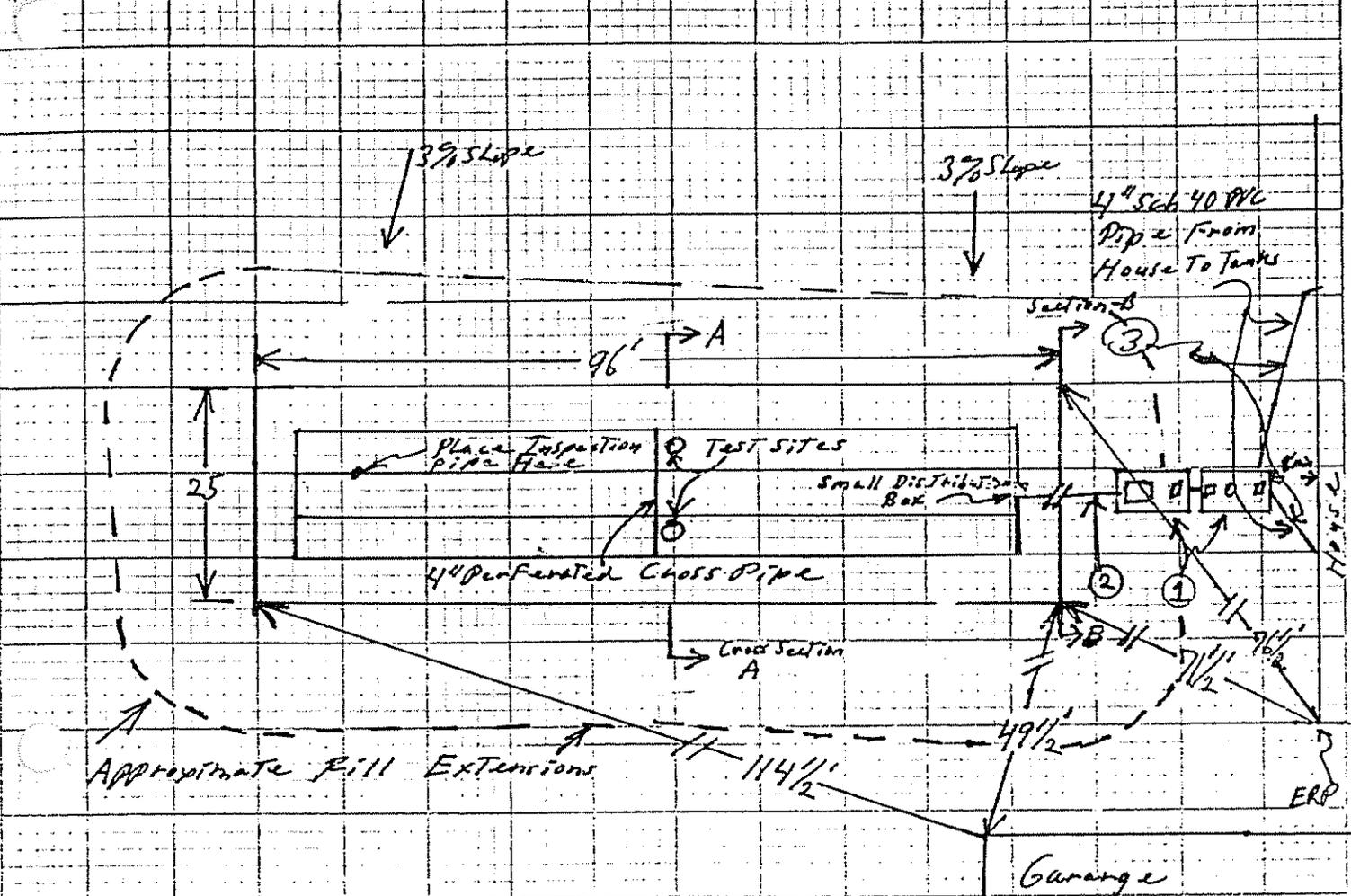
Augusta

Old Oakland Road

Lillian & Louis Dube

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL



FILL REQUIREMENTS

Depth of Fill (Upslope) *See Page 4+5*
Depth of Fill (Downslope) *See Page 4+5*

CONSTRUCTION ELEVATIONS

Reference Elevation is $\frac{0}{-60''}$
Bottom of Disposal Area $-47''$
Top of Distribution Lines or Chambers $-47''$

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

Flagged Nail in Corner of House.

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = Ft.
Horizontal: 1 inch = Ft.

Notes

- ① USE One Piece Concrete Septic Tanks, 1000 Gallons Each, 2nd tank To be Combination Septic Tank & Pump Station. All Covers To Have Risers To Ground Level. Pump & Alarm To be Supplied By Owner.
- ② 2" Pressure Main To be 150 LB ABS Plastic Line.
- ③ Repiping in House To be Done By Contractor

[Signature]
Site Evaluator Signature

241
SE#

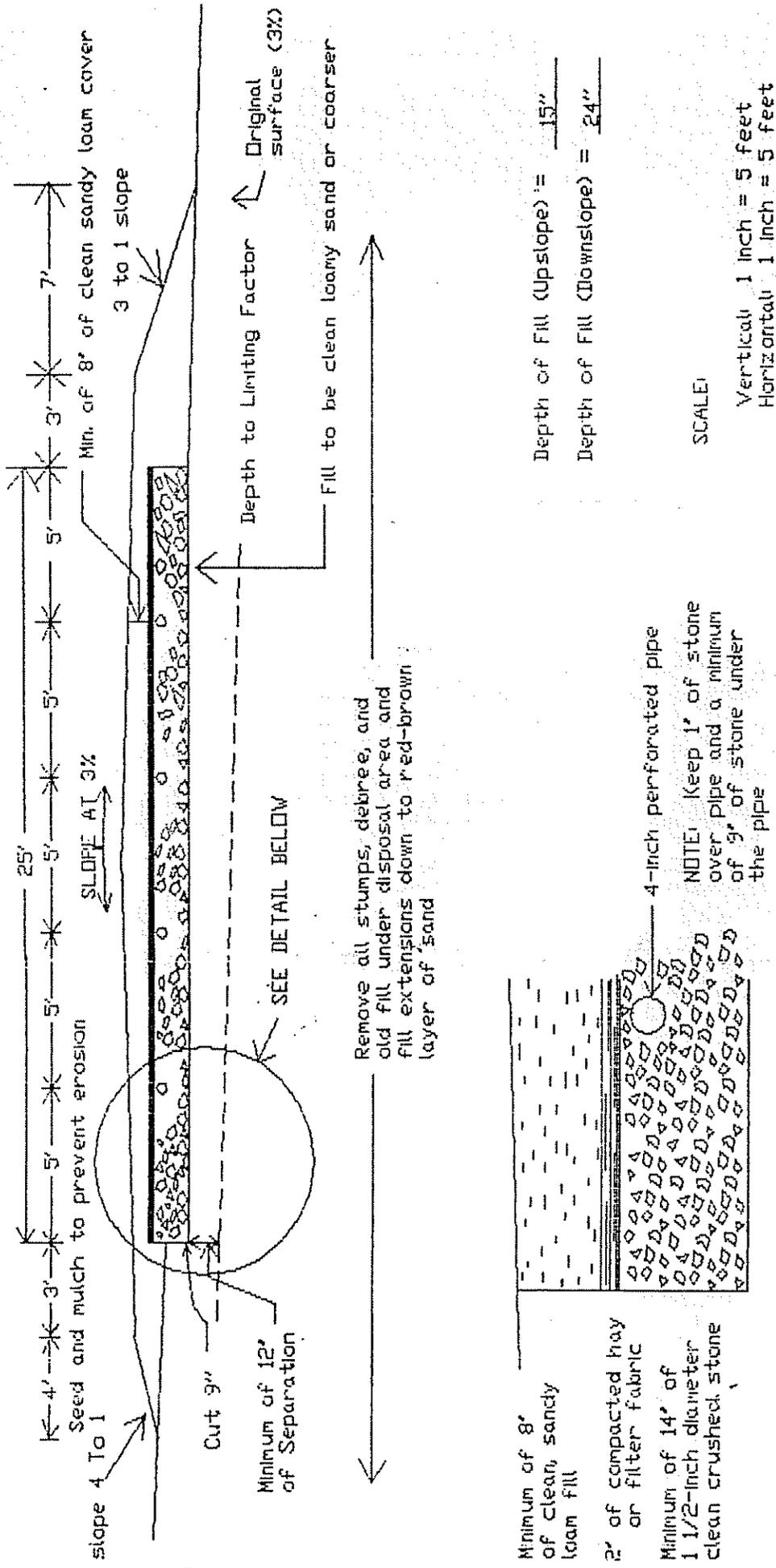
4-12-94
Date

ATTACHMENT TO FORM HHE-200

CROSSSECTION-A

ELEVATIONS

Reference Elevation is 0"
 Bottom of Disposal Area is -60"
 Top of Distribution Lines is -47"



Depth of Fill (Upslope) = 15"
 Depth of Fill (Downslope) = 24"

SCALE:

Vertical 1 inch = 5 feet
 Horizontal 1 inch = 5 feet

DATE: 4-12-94

[Signature]

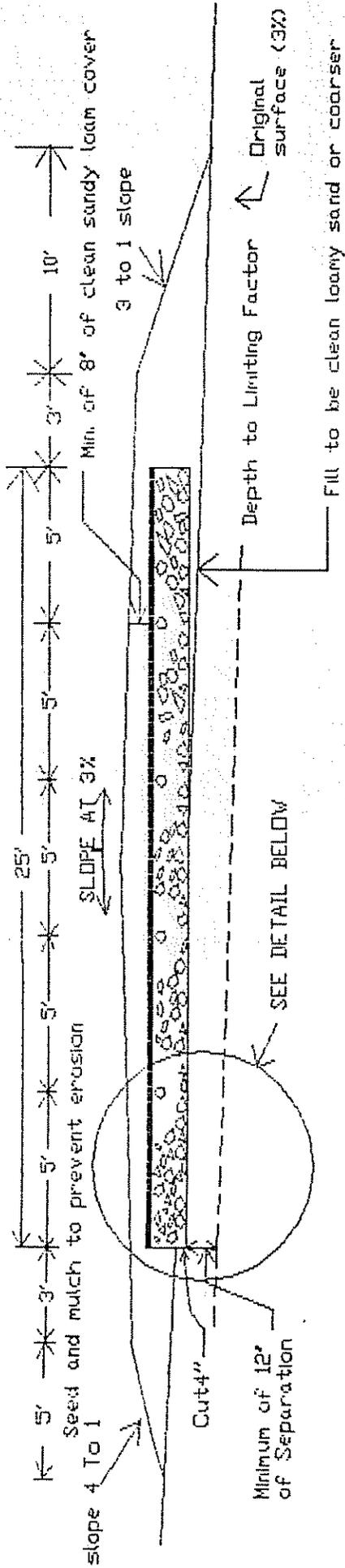
Eugene Dube S E # 241

ATTACHMENT TO FORM HHE-200

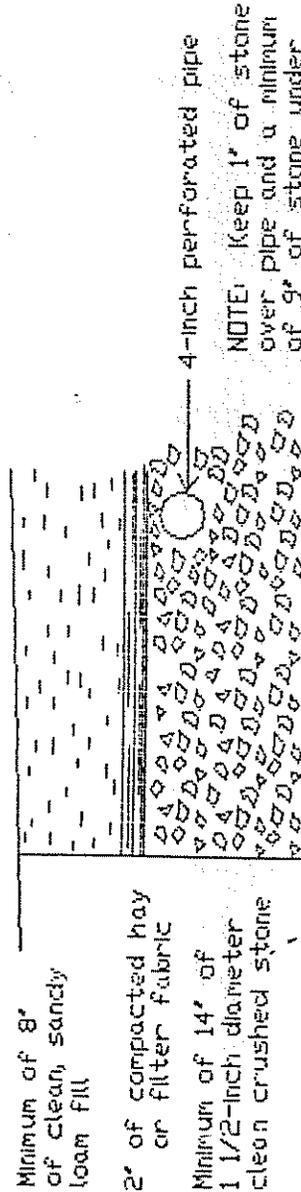
CROSS SECTION -B

ELEVATIONS

Reference Elevation Is -0'
 Bottom of Disposal Area Is -60"
 Top of Distribution Lines Is -47"



Remove all stumps, debris, and old fill under disposal area and fill extensions down to red-brown layer of sand



DETAIL OF BED

Depth of Fill (Upslope) = 20'
 Depth of Fill (Downslope) = 30'

SCALE:

Vertical 1 inch = 5 feet
 Horizontal 1 inch = 5 feet

Eugene Dube
 Eugene Dube S E # 241 DATE: 4-12-94

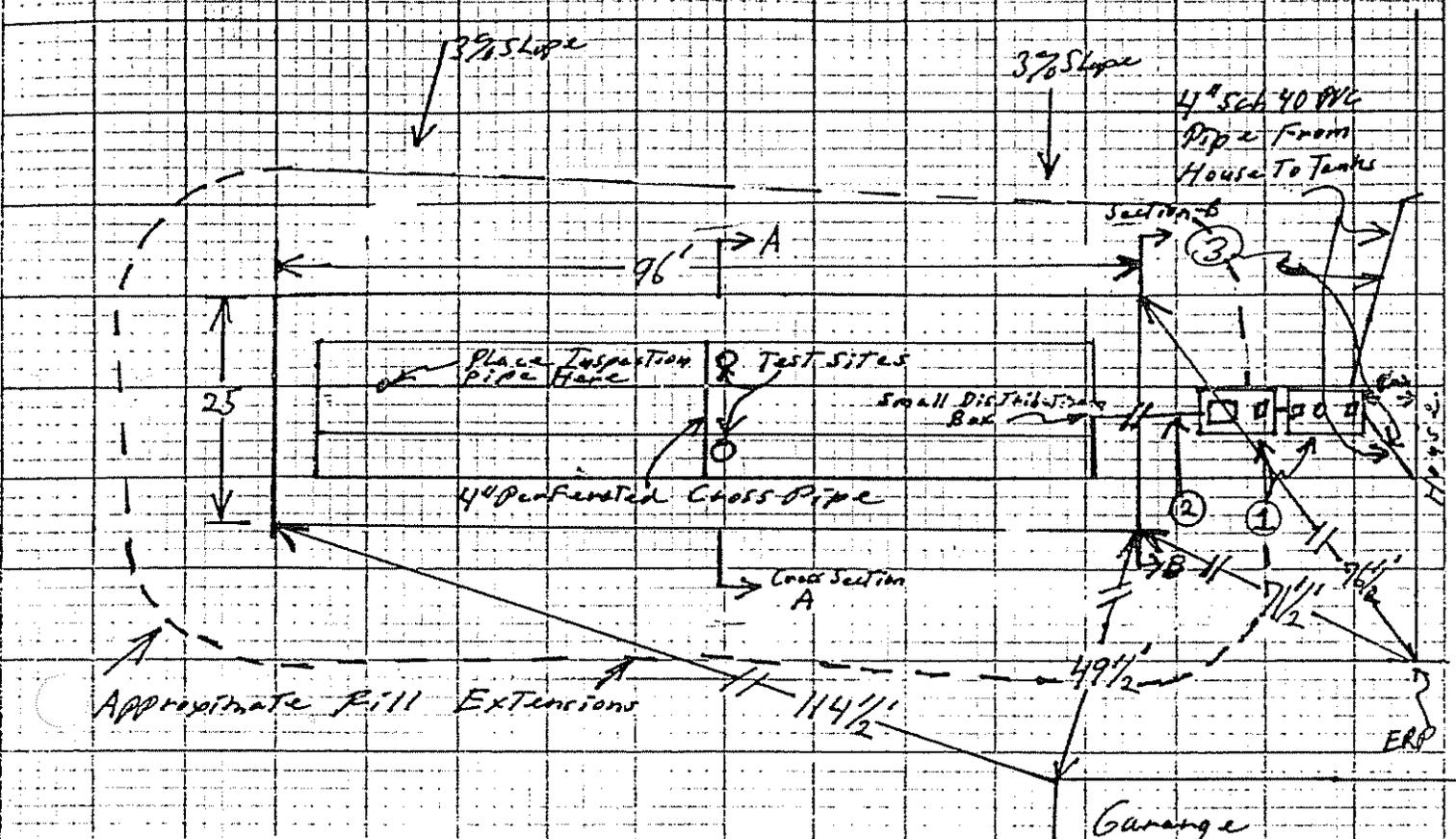
SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

City, Plantation: Augusta Street, Road, Subdivision: Old Oakland Road Owners Name: Lillian & Louis Dube

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL



FILL REQUIREMENTS

Depth of Fill (Upslope) See
Depth of Fill (Downslope) Page
445

CONSTRUCTION ELEVATIONS

Reference Elevation is 0
Bottom of Disposal Area -60"
Top of Distribution Lines or Chambers -47"

ELEVATION REFERENCE POINT

LOCATION & DESCRIPTION
Flagged Nail in Corner
of House.

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = FL
Horizontal: 1 inch = FL

Notes

- ① USE One Piece Concrete Septic Tanks, 1000 Gallons Each, 2nd tank to be Combination Septic Tank + Pump Station. All Covers to Have Risers to Ground Level. Pump + Alarm to be supplied by owner.
- ② 2" Pressure Main to be 160 LB ABS Plastic Line
- ③ Repiping in House to be Done by Contractor

[Signature]
Site Evaluator Signature

241

SE#

4-12-94

Date



RECEIVED

MAY 2 1994
Jane Sheehan
Commissioner

John R. McKernan, Jr.
Governor

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

April 27, 1994

Lillian & Louis Dube
Old Oakland Road (Rt 5)
Augusta, ME 04330

SUBJECT: Division review of Replacement System Variance Request, Louis Dube property, Old Oakland Road, Augusta

Dear Mr. & Mrs. Dube:

The Division has reviewed your request for a Replacement System Variance(s) to the State of Maine Subsurface Wastewater Disposal Rules. Finding the submitted requests to be acceptable, the Division approves the variance(s).

Should either you or others have any questions concerning this approval, please call (207-287-5688) or write to me at the Division.

Very truly yours,

A handwritten signature in cursive script that reads "Jay Hardcastle".

Jay Hardcastle
Wastewater & Plumbing Control
Division of Health Engineering

JH/ld
cc: Gary Fuller, LPI
Eugene Dube, SE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
		TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
SOILS					
Soil Profile	Ground Water Table	to 6"		inches	
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Potable Water Supplies	1. Well: > 2000 gal/day	100 ^a	300 ^a		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50 ^b	60 ^b		
	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 ^c	10 ^c		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

OTHER

1. Fill extension Grade—to 3:1

2. Width of Bed 25'

3.

Footnotes:

- 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.

Charles Eugene Piker #241 4-12-94
 SITE EVALUATOR'S SIGNATURE DATE

LPI STATEMENT

I, Wayne R. Laska, LPI for the 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 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.

—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: _____

Wayne R. Laska
 LPI'S SIGNATURE

4/14/94
 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.

Sam Handcastle
 SIGNATURE OF THE DEPARTMENT

4/28/94
 DATE