

Williams, George

FEB 9 1982

HHE-200

Page 1 of 2

Division of Health Engineering  
Station No. 10  
State House  
Augusta, Maine 04333

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

This Is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

This Application Is For:  New System  Replacement Of Entire System  Expanded System  Replacement Of Disposal Area Only  Conversion Permit

Variance:  None Required  Replacement System Variance With:  LPI Approval  Dept. Review  New System Variance

PROPERTY LOCATION  
TOWN, PLANTATION: AUGUSTA STREET, ROAD: WADE ROAD SUBDIVISION NAME: \_\_\_\_\_ LOT NO.: \_\_\_\_\_

PROPERTY OWNER or APPLICANT: GEORGE WILLIAMS

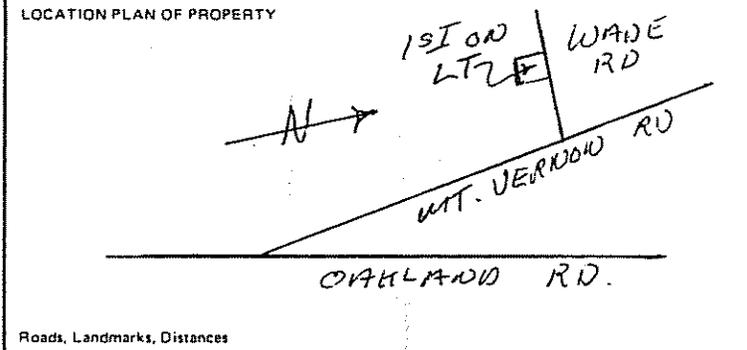
Mailing Address: RFD 4 Street: WADE RD Tel. No.: \_\_\_\_\_

AUGUSTA, ME 04330  
Town State Zip Code

TYPE OF STRUCTURE, DESIGN FLOW  
 Single Family Dwelling Number of Bedrooms 2 Design Flow 280 GPD

Design Flow based on  Minimum  Moderate  Conservative

Reduction in Design Flow due to Water Conservation  
If so, specify type (s) \* 6 PEOPLE



Other Establishment. Specify \_\_\_\_\_ Type of Facility \_\_\_\_\_

(Number of Employees, Seating Capacity, Building Size, etc.) \_\_\_\_\_

Design Flow \_\_\_\_\_ GPD  
If greater than 2000 GPD, Specify Professional Engineer \_\_\_\_\_

PROPERTY INFORMATION

Area of Property 62,500± Sq. Ft.  Acres  Zoned  Not Zoned

If zoned, type of zoning \_\_\_\_\_

Property on Water Body, If so, Name of Water Body \_\_\_\_\_

Water Supply is:  Public Utility,  Drilled Well \_\_\_\_\_ depth  
 Dug Well \_\_\_\_\_ depth  Well Point  Spring  Surface Water

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2

TEXTURAL DESCRIPTION OF SOIL STRATA ENCOUNTERED	Observation Hole No. <u>1</u>	Observation Hole No. _____	Observation Hole No. _____
	<input checked="" type="radio"/> Test Pit <input type="radio"/> Boring	<input type="radio"/> Test Pit <input type="radio"/> Boring	<input type="radio"/> Test Pit <input type="radio"/> Boring
Organic Strata or (Existing Fill) Thickness _____	Organic Strata or (Existing Fill) Thickness _____	Organic Strata or (Existing Fill) Thickness _____	Organic Strata or (Existing Fill) Thickness _____
1st Original Mineral Soil Strata Depth from 0 " to <u>6</u> " Thickness _____	1st Original Mineral Soil Strata Depth from 0 " to _____ " Thickness _____	1st Original Mineral Soil Strata Depth from 0 " to _____ " Thickness _____	1st Original Mineral Soil Strata Depth from 0 " to _____ " Thickness _____
2nd <u>C/S - APPEARS TO BE FILL OR DISTURBED</u> Depth from <u>6</u> " to <u>42</u> " Thickness <u>42</u>	2nd Depth from _____ " to _____ " Thickness _____	2nd Depth from _____ " to _____ " Thickness _____	2nd Depth from _____ " to _____ " Thickness _____
3rd <u>MOTTLED F.S, S2+C</u> Depth from <u>42</u> " to <u>66</u> " Thickness _____	3rd Depth from _____ " to _____ " Thickness _____	3rd Depth from _____ " to _____ " Thickness _____	3rd Depth from _____ " to _____ " Thickness _____
4th Depth from _____ " to _____ " Thickness _____	4th Depth from _____ " to _____ " Thickness _____	4th Depth from _____ " to _____ " Thickness _____	4th Depth from _____ " to _____ " Thickness _____
Total Depth of Observation Hole <u>66</u> "	Total Depth of Observation Hole _____	Total Depth of Observation Hole _____	Total Depth of Observation Hole _____
Maximum Seasonal High Ground <u>C/S. MOTTLED</u> <input type="radio"/> None evident Water Table Depth _____ " <u>GWT 266"</u>	Maximum Seasonal High Ground <input type="radio"/> None Evident Water Table Depth _____ "	Maximum Seasonal High Ground <input type="radio"/> None Evident Water Table Depth _____ "	Maximum Seasonal High Ground <input type="radio"/> None Evident Water Table Depth _____ "
Depth to Restrictive Layer <u>C/S IS IMP.</u> <input type="radio"/> None evident	Depth to Restrictive Layer <input type="radio"/> None evident	Depth to Restrictive Layer <input type="radio"/> None evident	Depth to Restrictive Layer <input type="radio"/> None evident
Depth to Bedrock <input checked="" type="radio"/> None evident	Depth to Bedrock <input type="radio"/> None evident	Depth to Bedrock <input type="radio"/> None evident	Depth to Bedrock <input type="radio"/> None evident

POSSIBLE PROFILE CONDITION SLOPE

<u>9-FILL OVER</u>	<u>8</u>	<u>0%</u>
_____	_____	<u>0%</u>
_____	_____	<u>0%</u>

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2

<p>TYPE OF SYSTEM</p> <input checked="" type="radio"/> Combined System <input type="radio"/> Separated System If separated system, type of black waste disposal system to be used: <input type="radio"/> Compost <input type="radio"/> Pit Privy <input type="radio"/> Sealed Vault Privy <input type="radio"/> Other: _____ Specify: _____ <input type="radio"/> Separated Laundry System <input type="radio"/> Primitive System <input type="radio"/> Holding Tank	<p>TREATMENT TANK</p> <input checked="" type="radio"/> Septic Tank <input type="radio"/> Aerobic Tank Size <u>1000</u> Gals. <p>DOSAGE</p> <input checked="" type="radio"/> Pumping is not required <input type="radio"/> Pumping is required The dose should be: _____ Gals. Dosage chamber capacity shall be _____ gals. <input type="radio"/> System should be vented	<p>SUBSURFACE DISPOSAL AREA/TYPE</p> <input type="radio"/> Trench Disposal Area Total linear feet of trench _____ ft. Number of Trench lines _____ ft. Length of each trench line _____ ft. Depth of Stone _____ inches. Reduction on trench length due to stone depth _____ % <input checked="" type="radio"/> Bed Disposal Area Total bed area <u>1400</u> sq. ft. Number of beds <u>1</u> Width <u>20</u> ft. Length <u>70</u> ft. <input type="radio"/> Chamber Disposal Area Total chamber area _____ sq. ft. Number of clusters _____ Width _____ ft. Length _____ ft. <input type="radio"/> H-20 required	<p>SYSTEM SIZE RATING</p> <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Medium Large <input type="radio"/> Large <input checked="" type="radio"/> Extra Large <p>DISPOSAL AREA ELEVATION <u>SEE X-SECTION</u></p> Depth of Upslope Fill required _____ inches. Depth of Downslope Fill required _____ inches. Reference Elevation Point established at <u>0</u> Elevation. Disposal Area Bottom to be established at <u>-8'</u> Elevation. Top of Distribution Lines or Top of Chambers <u>-7'</u> Elevation. <input checked="" type="radio"/> Yes <input type="radio"/> No: The proposed subsurface disposal area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook stream, river), swamps, marshes, and bogs. <input checked="" type="radio"/> Yes <input type="radio"/> No: The proposed subsurface disposal area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.
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FOR USE BY SITE EVALUATOR VALID COPY ONLY WITH EMBOSSED SEAL

On 2/4/82 (date), a site investigation for this project was completed. I conducted this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.

Signature of Site Evaluator: [Signature] Site Evaluator License Number: 51  
Date signed: 2/4/82

FOR USE BY OWNER/APPLICANT

I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.

Signature of Owner/Applicant: George H. Williams  
Date Signed: \_\_\_\_\_

FOR USE BY LPI:  This Application is approved. If conditions, specify: \_\_\_\_\_  
 This Application is Denied due to:  System is not in accordance with Rules.  
 Application is incomplete.  Application is unclear.  Development is in violation of other Regulations. Specify \_\_\_\_\_

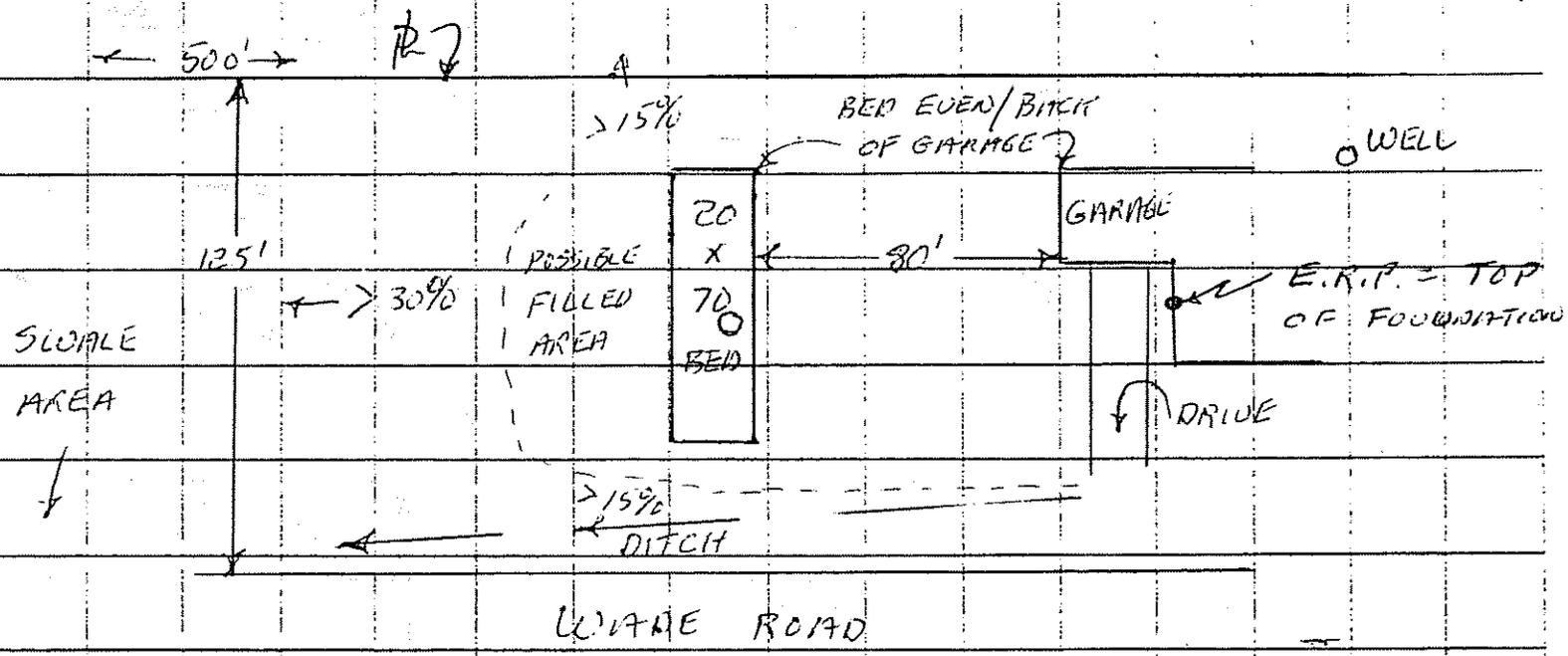
Signature of LPI: Richard P. Baber PERMIT NO. \_\_\_\_\_  
Date: 2-10-82 Date Issued: 1/8

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

PROPERTY LOCATION		DISPOSAL AREA ELEVATION	
Town, Plantation	Street, Road	Reference Elevation Point established at <u>0</u> Elevation.	Disposal Area Bottom to be established at <u>-8'</u> Elevation.
Subdivision Name	Lot No.	Depth of Upslope Fill required <u>SEE X-SECTION</u> inches.	Top of Distribution Lines or Top of Chambers <u>-7'</u> Elevation.
PROPERTY OWNER or APPLICANT		Depth of Downslope Fill required _____ inches.	

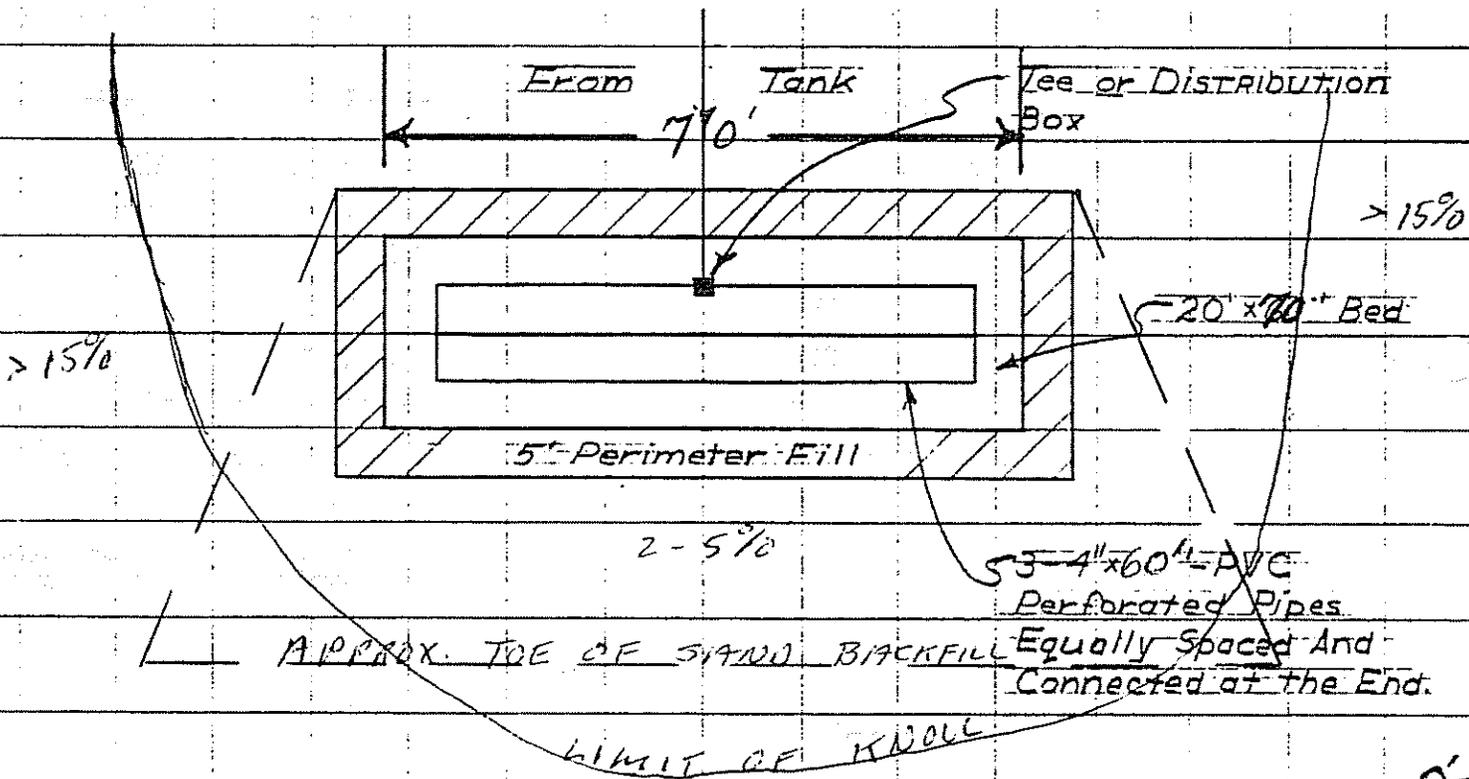
Site Plan

Scale 1" = 50 ft.



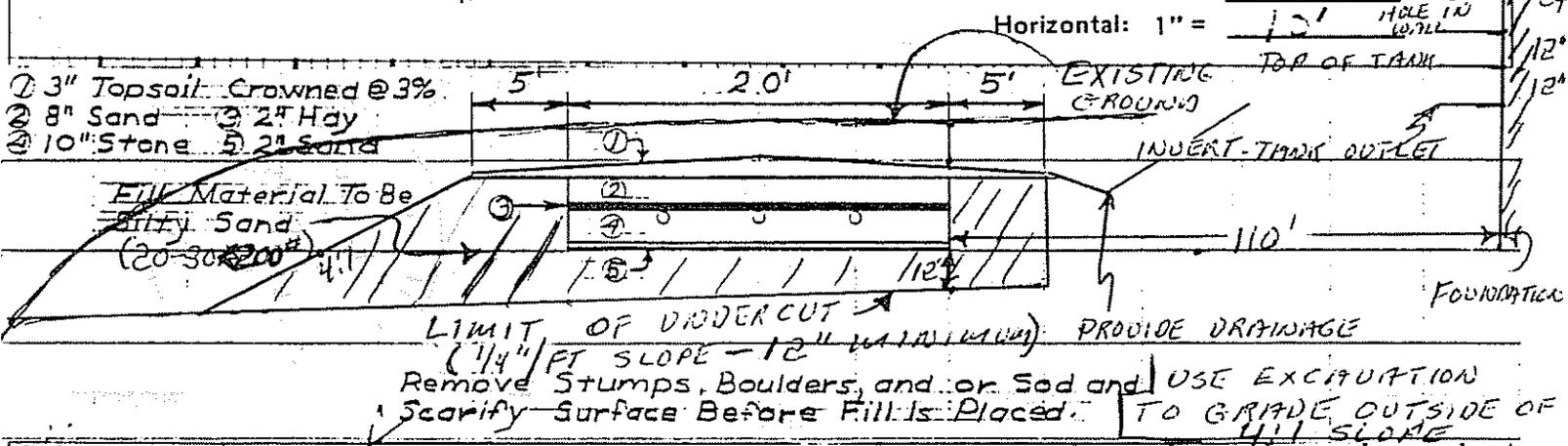
Subsurface Wastewater Disposal Plan

Scale 1" = 20' or AS SHOWN



Subsurface Wastewater Disposal Area Cross-section

Scale: Vertical: 1" = 5' Horizontal: 1" = 12'



Site Evaluators Signature: \_\_\_\_\_ Date: 2/4/82 License Number: 51

# 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.

### GENERAL INFORMATION

Town of Augusta

Town Code 11020 Permit No.      E Date Permit Issued      month/day/yr.

Property Owner's Name: George Williams Tel. No. 13-622-5888  
4-622-3780

System's Location: Wade Road  
Street

Augusta MAINE 04330  
Town Zip

Property Owner's Address: RFD #4, Wade Road  
(if different from above) Street

Augusta Maine 04330  
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.

George H. Williams, Jr. 2-10-82  
Property Owner's Signature Date

