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REPLACEMENT SYSTEM VARIANCE REQUEST

Town 120.00

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request an HHE-200 and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

- 1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 2006)
2. There will be no change in use of the structure except as authorized for minor expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

GENERAL INFORMATION

Town of Augusta
Permit No. 6154
Date Permit Issued 5/20/08
Property Owner's Name Carlton Burke
Tel. No.: 207-622-1512
System's Location: 33 Wade Road, Augusta, ME 04330
* 557-5408
Property Owner's Address:
(if different from above)

SPECIFIC INSTRUCTIONS TO THE:

LOCAL PLUMBING INSPECTOR (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, complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

If 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.

PROPERTY OWNER

I understand that the proposed system requires a variance to 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.

[Signature of Owner]

SIGNATURE OF OWNER

5.16.08

DATE

LOCAL PLUMBING INSPECTOR

I, [Signature], the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement 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, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments:

[Signature of LPI]

LPI SIGNATURE

5/20/08

DATE

Replacement System Variance Request

| VARIANCE CATEGORY | LIMIT OF LPI'S APPROVAL AUTHORITY | | | | | | VARIANCE REQUESTED TO: | |
|--|-------------------------------------|------------------------|------------------------|----------------------------------|-----------------------|-----------------------|------------------------|--------------|
| | Disposal Fields (total design flow) | | | Septic Tanks (total design flow) | | | Disposal Fields | Septic Tanks |
| From | Less than 1000 gpd | 1000 to 2000 gpd | Over 2000 gpd | Less than 1000 gpd | 1000 to 2000 gpd | Over 2000 gpd | To | To |
| SOILS | | | | | | | | |
| Soil Profile | Ground Water Table | | | to 7" | | | 7 inches | |
| Soil Condition | Restrictive Layer | | | to 7" | | | inches | |
| from HHE-200 | Bedrock | | | to 12" | | | inches | |
| SETBACK DISTANCES (in feet) | | | | | | | | |
| Wells with water usage of 2000 or more gpd or public water supply wells | 300 ft [a] | 300 ft [a] | 300 ft [a] | 100 ft [a] | 100 ft [a] | 100 ft [a] | | |
| Owner's wells | 100 down to 60 ft | 200 down to 100 ft | 300 down to 150 ft | 100 down to 50 ft [b] | 100 down to 50 ft | 100 down to 50 ft | | |
| Neighbor's wells | 100 down to 60 ft [b] | 200 down to 120 ft [b] | 300 down to 180 ft [b] | 100 down to 50 ft [b] | 100 down to 75 ft [b] | 100 down to 75 ft [b] | | |
| Water supply line | 10 ft [a] | 20 ft [a] | 25 ft [a] | 10 ft [a] | 10 ft [a] | 10 ft [a] | | |
| Water course, major - for replacements only, see Table 400.4 for major expansions | 100 down to 60 ft | 200 down to 120 ft | 300 down to 180 ft | 100 down to 50 ft | 100 down to 50 ft | 100 down to 50 ft | | |
| Water course, minor | 50 down to 25 ft | 100 down to 50 ft | 150 down to 75 ft | 50 down to 25 ft | 50 down to 25 ft | 50 down to 25 ft | | |
| Drainage ditches | 25 down to 12 ft | 50 down to 25 ft | 75 down to 35 ft | 25 down to 12 ft | 25 down to 12 ft | 25 down to 12 ft | | |
| Edge of fill extension – Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams | 25 ft [d] | 25 ft [d] | 25 ft [d] | 25 ft [d] | 25 ft [d] | 25 ft [d] | | |
| Slopes greater than 3:1 | 10 ft | 18 ft | 25 ft | N/A | N/A | N/A | | |
| No full basement [e.g. slab, frost wall, columns] | 15 down to 7 ft | 30 down to 15 ft | 40 down to 20 ft | 8 down to 5 ft | 14 down to 7 ft | 20 down to 10 ft | | |
| Full basement [below grade foundation] | 20 down to 10 ft | 30 down to 15 ft | 40 down to 20 ft | 8 down to 5 ft | 14 down to 7 ft | 20 down to 10 ft | | |
| Property lines | 10 down to 5 ft [c] | 18 down to 9 ft [c] | 20 down to 10 ft [c] | 10 down to 4 ft [c] | 15 down to 7 ft [c] | 20 down to 10 ft [c] | | |
| Burial sites or graveyards, measured from the down toe of the fill extension | 25 ft | 25 ft | 25 ft | 25 ft | 25 ft | 25 ft | | |

OTHER

1. Fill extension Grade - to 3:1 or flatter. In-situ replacement of existing system with 240LF EnviroSeptic sized based on new fill
2. rather than original Profile 9 soils. Old system to be removed and replaced with gravelly coarse sand; min. 18" below proposed
3. new system. Other locations on property are too steep or adjacent to well.

Footnotes: [a.] Single-family well setbacks may be reduced as prescribed in Section 701.2.

[b.] This distance may be reduced to 25 feet, if the septic or holding tank is tested in the plumbing inspector's presence and shown to be watertight or of monolithic construction.

[c.] Additional setbacks may be needed to prevent fill material extensions from encroaching onto abutting property.

[d.] Additional setbacks may be required by local Shoreland zoning.

[e.] Natural Resource Protection Act requires a 25 feet setback, on slopes of less than 20%, from the edge of soil disturbance and 100 feet on slopes greater than 20%. See Chapter 15.

[f.] May not be any closer to neighbors well than the existing disposal field or septic tank unless written permission is granted by the neighbor. This setback may be reduced for single family houses with Department approval. See Section 702.3.

[g.] The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.

[h.] See Section 1402.10 for special procedures when these minimum setbacks cannot be achieved.

David C. Myers

 SITE EVALUATOR'S SIGNATURE

4/22/04

 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

Paul A. Beers LSE, CSS
26 Fairview Street
Gardiner, ME. 04345
207-582-7400

TOWN: Augusta

LOCATION: 33 Wade Rd.

APPLICANT'S NAME: Carlton Burke

1) The Plumbing and Subsurface Wastewater Disposal Rules adopted by the State of Maine, Department of Human Services pursuant to 22 M.R.S.A. § 42 (the "Rules") are Incorporated herein by reference and made a part of this application and shall be consulted by the owner/applicant, the system Installer and/or building contractor for further construction details and material specifications. The system installer should contact Paul A. Beers 582-7400, if there are any questions concerning materials, procedures or designs. The system Installer and/or building contractor installing the system shall be solely responsible for compliance with the Rules and with all state and municipal laws and ordinances pertaining to the permitting, inspection and construction of subsurface wastewater disposal systems. **Paul A. Beers does not have a financial interest in any proprietary product that may be specified as part of the attached design.**

2) This application is intended to represent facts pertinent to the Rules only. It shall be the responsibility of the owner/applicant, system installer and/or building contractor to determine compliance with and to obtain permits under all applicable local, state and/or federal laws and regulations (including, without limitation, Natural Resources Protection Act, Vernal Pools, wetland regulations, zoning ordinances, subdivision regulations, Site Location of Development Act and minimum lot size laws) before installing this system or considering the property on which the system is to be installed a "Buildable" lot. It is recommended that a wetland scientist be consulted regarding wetland regulations.

Prior to the commencement of construction/installation, the local plumbing inspector shall inform the owner/applicant and Paul A. Beers of any local ordinances, which are more restrictive than the Rules in order that the design may be amended. All designs are subject to review by local, state and/or federal authorities. Paul A. Beers's liability shall be limited to revisions required by regulatory agencies pursuant to laws or regulations In effect at the time of preparation of this application.

3). All information shown on this application relating to property lines, well locations, subsurface structures and underground facilities (such as, utility lines, drains, septic systems, water lines, etc.) are based solely upon information provided by the owner/applicant and has been relied upon by Paul A. Beers in preparing this application. The owner/applicant shall review this application prior to the start of construction and confirm this information.

4). Installation of a garbage (grinder) disposal is not recommended. If one is installed, an additional 1000 gallon septic tank or a septic tank filter should be connected in series to the proposed septic tank.

5). The system user shall avoid introducing kitchen grease or fats into this system. Chemicals such as septic tank cleaners and/or chlorine (such as from water treatment) and controlled or hazardous substances shall not be disposed of in this system.

- j) The septic tank should be pumped within two years of installation and subsequently as recommended by the pump service, but in no event should the septic tank be pumped less often than once every three years.
- 7) The actual water flow or number of bedrooms **shall not exceed the design criteria indicated on this application** without a re-evaluation of the system as proposed. If the system is supplied by public water or a private service with a water meter, the water consumption per period should be divided by the number of days to calculate the average daily water consumption (water usage (cu.ft.) x 7.48. (gallons per cu. ft.) .
- 8) The general minimum setback between a well and septic system serving a single family residence is 100-300 feet, unless the local municipality has a more stringent requirement. A well installed by an abutter within the minimum setback distances prior to the issuance of a permit for the proposed disposal system may void this design.
- 9) When a gravity system is proposed: **BEFORE CONSTRUCTION/INSTALLATION BEGINS**, the system installer or building contractor shall review the elevations of all points given in this application and the elevation of the existing and/or proposed building drain and septic tank inverts for compatibility to minimum slope requirements. In gravity systems, the invert of the septic tank(s) outlet(s) shall be at least 4 inches above the invert of the distribution box outlet at the disposal area. When an effluent pump is required, provisions shall be made to make certain that surface ground water does not enter the septic tank or pump station. An alarm device warning of a pump failure shall be installed. Insulate gravity pipes, pump lines and the distribution box as necessary to prevent freezing.
- 10) On all systems, remove the vegetation; organic duff and old fill material from under the disposal area and any fill extension. On sites where the proposed system is to be installed in natural soil, scarify the bottom and sides of the excavated disposal area with a rake. Do not use wheeled equipment on the scarified soil surface. For systems installed in fill, scarify the native soil by roto-tilling to a depth of at least 8 inches over the entire disposal and fill extension area to prevent glazing and to promote fill bonding. Place fill in loose layers no deeper than 8 inches and compact thoroughly before placing more fill (this ensures that voids and loose pockets are eliminated to minimize the chance of leakage). Do not use wheeled equipment on the scarified soil area until after 12 inches of fill is in place. Keep equipment off plastic chambers, leaching pipe or In-drains. Divert the surface water away from the disposal area by ditching or shallow swales.
- 11). Unless noted otherwise, fill shall be gravelly coarse sand, which contains no more than 5 % fines (silt and clay).
- 12). Do not install systems on loamy, silty, or clayey soils during wet periods since soil smearing/glazing will seal off the soil interface.
- 13). Seed all filled and disturbed surfaces with perennial grass seed, then mulch with hay or equivalent material to prevent erosion.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

| | | | |
|------------------------------------|---|---|--|
| PROPERTY LOCATION | | CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW | |
| City, Town, or Plantation | AUGUSTA | AUGUSTA PERMIT # 6154 TOWN COPY Date Permit Issued: <u>5/15/08</u> \$ <u>120.00</u> <input type="checkbox"/> Double Fee FEE Charged L.P.I. # <u>850</u> <i>Wm R. Yuth</i> Local Plumbing Inspector Signature | |
| Street or Road | 33 WADE RD | | |
| Subdivision, Lot # | | | |
| OWNER/APPLICANT INFORMATION | | | |
| Name (last, first, MI) | BURKE, CARLTON | | |
| | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant | | |
| Mailing Address of Owner/Applicant | 33 WADE ROAD AUGUSTA, ME 04330 | | |
| Daytime Tel. # | 207-622-1512 | Municipal Tax Map # <u>5</u> Lot # <u>176</u> | |

| | |
|---|---|
| OWNER OR APPLICANT STATEMENT 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>Carlton Burke</i> Signature of Owner or Applicant <u>5-16-08</u> Date | CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. <i>Wm R. Yuth</i> Local Plumbing Inspector Signature <u>7/9/08</u> (1st) date approved <u>7/10/08</u> (2nd) date approved |
|---|---|

| | | |
|--|--|--|
| PERMIT INFORMATION | | |
| TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>BED</u> Year installed: <u>1983+/-</u> <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 | THIS APPLICATION REQUIRES <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input checked="" type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input checked="" type="checkbox"/> b. State & Local Plumbing Inspector <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit | DISPOSAL SYSTEM COMPONENTS <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 |
| SIZE OF PROPERTY 4 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES | DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>4</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped | TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other |
| SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

| | | | |
|---|---|---|--|
| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | | | |
| TREATMENT TANK <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> GAL | DISPOSAL FIELD TYPE & SIZE <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>240</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> lin. ft. | GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes of 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 | DESIGN FLOW <u>360</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.1 (other facilities) SHOW CALCULATIONS --- for other facilities --- |
| SOIL DATA & DESIGN CLASS PROFILE <u>9</u> / <u>D</u> / <u>3</u> at Observation Hole # <u>TP-1</u> Depth <u>7</u> " of Most Limiting Soil Factor Groundwater | DISPOSAL FIELD SIZING <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 type="checkbox"/> 4. Large—4.1 sq. ft. / gpd <input checked="" type="checkbox"/> 5. Extra Large—5.0 sq. ft. / gpd | EFFLUENT/EJECTOR PUMP <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 | <input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>N44</u> d <u>21</u> m <u>3331</u> s Lon. <u>W69</u> d <u>49</u> m <u>1403</u> s if g.p.s. state margin of error: <u>20'</u> |

| | | |
|--|----------------------------------|-----------------------------------|
| SITE EVALUATOR STATEMENT | | |
| I certify that on <u>4/19/08</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>Paul Beers</i> Site Evaluator Signature | <u>56</u> SE # | <u>4/22/08</u> Date |
| Paul Beers Site Evaluator Name Printed | 207-582-7400 Telephone Number | decoycvr@msn.com Email Address |
| Note: Changes to or deviations from the design should be confirmed with the Site Evaluator. | | |

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
33 WADE RD

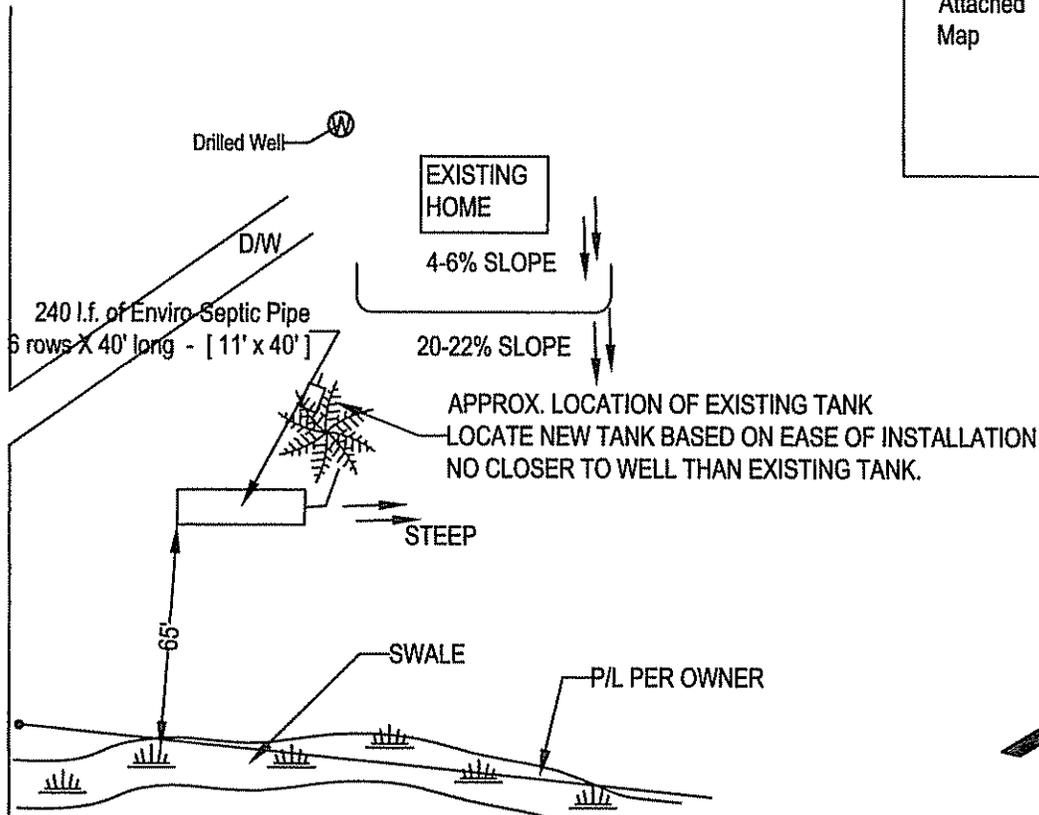
Owner or Applicant Name
CARLTON BURKE

- Notes:
- Property lines are approximate.
- Scarify all ground to be filled.
- Insulate the Distribution Box (D-Box).
- Min. 1/8"/ft slope of pipe from septic tank to disposal field.

SITE PLAN Scale 1" = 60 ft.

SITE LOCATION PLAN

See Attached Map



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

Observation Hole # TB-1 Test Pit Boring

_____ " Depth of organic horizon above mineral soil

| Texture | Consistency | Color | Mottling |
|---------|-----------------------------|-----------|---------------------|
| 0 | Silt Loam | Friable | Brown |
| 6 | Silt Loam | Friable | Gray |
| 12 | | | Common and Distinct |
| 18 | Silty Clay | Very Firm | |
| 24 | Refusal (Firm) at 24 inches | | |
| 30 | | | |
| 36 | | | |
| 42 | | | |
| 48 | | | |

Observation Hole # _____ Test Pit Boring

_____ " Depth of organic horizon above mineral soil

| Texture | Consistency | Color | Mottling |
|---------|-------------|-------|----------|
| 0 | | | |
| 6 | | | |
| 12 | | | |
| 18 | | | |
| 24 | | | |
| 30 | | | |
| 36 | | | |
| 42 | | | |
| 48 | | | |

| | | | | |
|--------------|----------------|------------|-----------------|---|
| Soil Profile | Classification | Slope | Limiting Factor | <input checked="" type="checkbox"/> Groundwater |
| <u>9</u> | <u>D</u> | <u>4-6</u> | <u>7"</u> | <input type="checkbox"/> Restrictive Layer |
| | Condition | Percent | Depth | <input type="checkbox"/> Bedrock |

| | | | | |
|--------------|----------------|-------|-----------------|--|
| Soil Profile | Classification | Slope | Limiting Factor | <input type="checkbox"/> Groundwater |
| | | | | <input type="checkbox"/> Restrictive Layer |
| | | | | <input type="checkbox"/> Bedrock |

Site Evaluator Signature

SE # 56

Date 4/22/08

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-3672 Fax: (207) 287-3165

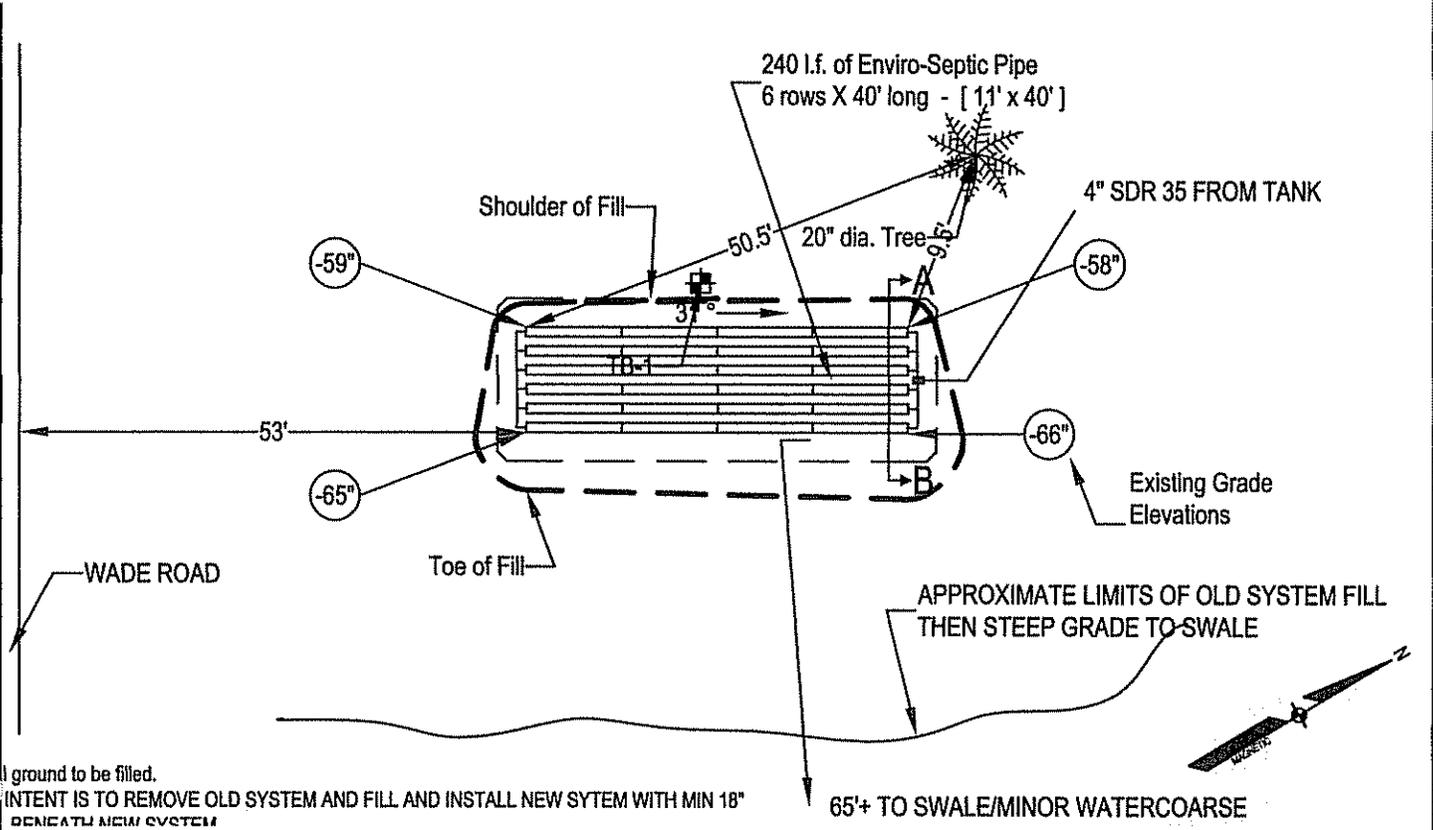
Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
33 WADE RD

Owner or Applicant Name
CARLTON BURKE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft



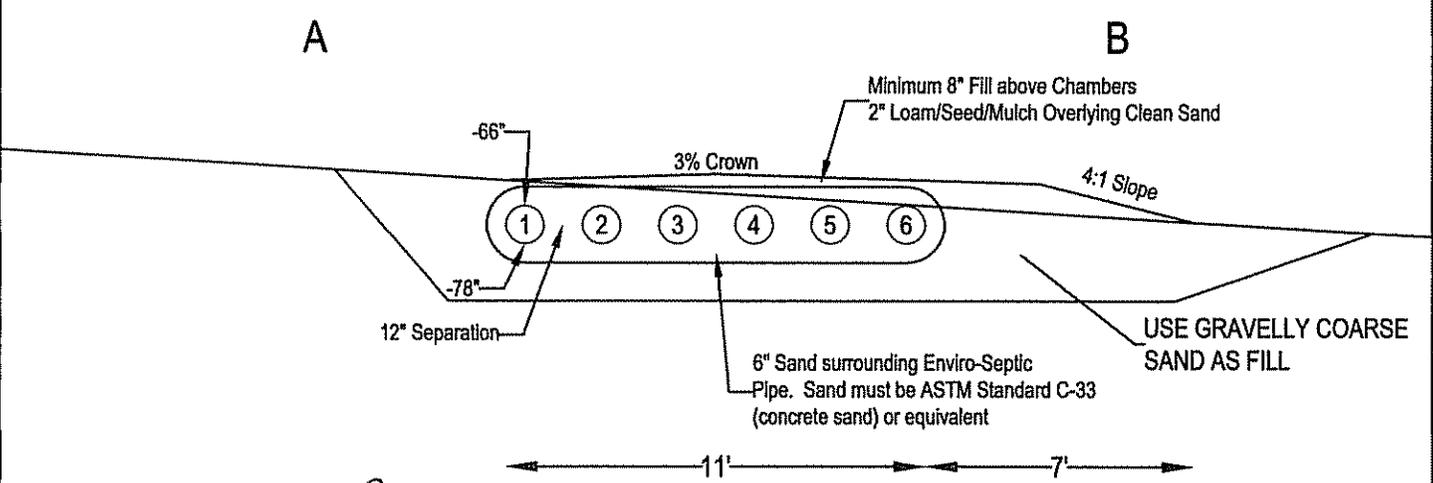
| BACKFILL REQUIREMENTS | CONSTRUCTION ELEVATIONS | ELEVATION REFERENCE POINT |
|---|--|---|
| Depth of Backfill (upslope) <u>1-0"</u> | Finished Grade Elevation (at Row 1) <u>-58"</u> | Location & Description: <u>NAIL IN 20" PINE</u> |
| Depth of Backfill (downslope) <u>7-8"</u> | Top of Proprietary Device (at Row 1) <u>-66"</u> | <u>NAIL 15" ABOVE GRADE</u> |
| | Bottom of Disposal Field (at Row 1) <u>-78"</u> | Reference Elevation is 0.0" or: _____ |

NOTE: SCARIFY ALL GROUND SURFACE TO BE FILLED.

DISPOSAL FIELD CROSS SECTION

| ROW # | 1 | 2 | 3 | 4 | 5 | 6 |
|--------|------|------|------|------|------|------|
| TOP | -66" | -66" | -66" | -66" | -66" | -66" |
| BOTTOM | -78" | -78" | -78" | -78" | -78" | -78" |

Scales:
 Verticle: 1" = 5
 Horizontal: 1" = 5



Site Evaluator Signature: [Signature] SE # 31 Date 4/20/08

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