

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">MS L 903</div> <div style="display: flex; justify-content: space-between;"> <span>AUGUSTA</span> <span>PERMIT # 501 ✓ TOWN COPY</span> </div> <div style="margin-top: 10px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: 0.8em;">Date Permit Issued:</td> <td style="width: 30%; border: 1px solid black; text-align: center;">7/1/88</td> <td style="width: 10%; font-size: 0.8em;">\$</td> <td style="width: 20%; border: 1px solid black; text-align: center;">1300.00</td> <td style="width: 10%; font-size: 0.8em;">FEE</td> <td style="width: 5%; font-size: 0.8em;">1.1x Double Fee Charged</td> </tr> <tr> <td></td> <td style="border: 1px solid black; text-align: center;"> <i>Stanley Day</i> Local Plumbing Inspector Signature                 </td> <td></td> <td style="border: 1px solid black; text-align: center;">259</td> <td style="font-size: 0.8em;">L.P.I. #</td> <td></td> </tr> </table> </div>	Date Permit Issued:	7/1/88	\$	1300.00	FEE	1.1x Double Fee Charged		<i>Stanley Day</i> Local Plumbing Inspector Signature		259	L.P.I. #	
Date Permit Issued:	7/1/88		\$	1300.00	FEE	1.1x Double Fee Charged								
	<i>Stanley Day</i> Local Plumbing Inspector Signature			259	L.P.I. #									

**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.

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.

Local Plumbing Inspector Signature \_\_\_\_\_ Date Approved \_\_\_\_\_

PERMIT INFORMATION		
<p><b>THIS APPLICATION IS FOR:</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> NEW SYSTEM</li> <li>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</li> <li>3. <input type="checkbox"/> EXPANDED SYSTEM</li> <li>4. <input type="checkbox"/> SEASONAL CONVERSION</li> <li>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</li> </ol>	<p><b>THIS APPLICATION REQUIRES:</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> NO RULE VARIANCE REQUIRED</li> <li>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</li> <li>3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</li> <li>4. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</li> <li>5. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</li> </ol>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> NON-ENGINEERED SYSTEM</li> <li>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</li> <li>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</li> </ol> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <ol style="list-style-type: none"> <li>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</li> <li>5. <input type="checkbox"/> HOLDING TANK</li> <li>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</li> <li>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</li> <li>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</li> <li>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> </ol>
<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> BED</li> <li>2. <input type="checkbox"/> CHAMBER</li> <li>3. <input type="checkbox"/> TRENCH</li> <li>4. <input type="checkbox"/> OTHER: _____</li> </ol>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</li> <li>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</li> <li>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</li> <li>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</li> </ol>	<p><b>TYPE OF WATER SUPPLY</b></p> <p style="font-size: 1.2em; text-align: center;"><i>Well</i></p>
SIZE OF PROPERTY _____	ZONING _____	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)						
<p><b>TREATMENT TANK</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</li> <li>2. <input type="checkbox"/> AEROBIC</li> </ol> <p>SIZE: <i>1000</i> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> NONE</li> <li>2. <input type="checkbox"/> LOW VOLUME TOILET</li> <li>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> <li>4. <input type="checkbox"/> ALTERNATIVE TOILET</li> </ol> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> NOT REQUIRED</li> <li>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)</li> <li>3. <input type="checkbox"/> REQUIRED</li> </ol> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>DESIGN FLOW: _____ (GALLONS/DAY)</p>			
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">PROFILE</td> <td style="width: 50%; text-align: center;">CONDITION</td> </tr> <tr> <td style="text-align: center;"><i>9</i></td> <td style="text-align: center;"><i>D</i></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: _____</p>	PROFILE	CONDITION		<i>9</i>	<i>D</i>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> SMALL</li> <li>2. <input type="checkbox"/> MEDIUM</li> <li>3. <input type="checkbox"/> MEDIUM-LARGE</li> <li>4. <input type="checkbox"/> LARGE</li> <li>5. <input type="checkbox"/> EXTRA LARGE</li> </ol>
PROFILE	CONDITION					
<i>9</i>	<i>D</i>					

**SITE EVALUATOR STATEMENT**  SITE EVALUATION WAIVED BY LOCAL OPTION)

On \_\_\_\_\_ (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.

# 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. 501 E Date Permit Issued 7-1-85  
month/day/yr.

Property Owner's Name: Ken BOWSANT Tel. No. \_\_\_\_\_

System's Location: Old Belgrade Road  
Street

Augusta MAINE 04330  
Town Zip

Property Owner's Address:  
(if different from above) RFD 3 Box 903  
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.

X Kenneth Bowsant K.B 7-1-85  
Property Owner's Signature Date

SEPTIC TANK DRAINAGE BED

BOTTOM OUTLET TO TOP OF TANK --- 2 FT.  
TOP OF TANK TO TOP SOIL --- 10 IN.  
(ITCH TO BED --- 4 IN.  
CRUSH STONE BED --- 1 FT.  
HAY COVER --- 2 IN  
CLEAN BACK FILL --- 10 IN  
BED IN THE GROUND → 5 FT. 2 IN

4 FT. 4 IN  
IN GROUND  
(<sup>?</sup> HOW WAS <sup>?</sup> GRADE <sup>?</sup> ESTABLISHED)

GRADE NAIL ON TREE IS 20 IN TO GROUND  
ALLOWED 15 IN. DOWN FROM GRADE TO  
TOP OF DRAINAGE PIPE.

WOULD YOU PLEASE CHECK THESE GRADES  
AGAIN IT APPEARS TO ME THAT IT WON'T  
WORK. AND MEET YOUR APPROVAL.

PLEASE CALL ME UP TONIGHT 7:00 P. M.  
WORNING OUT OF TOWN.  
OLD BELGRADE RD.

KENNETH BONSAANT (PERMIT NO. 501  
R.F.D. #3 BOX 903 (DATE ISSUED 7-2-85)  
AUGUSTA, ME.  
TEL. 623-4662

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
<b>Soils</b> Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		6 7	inches
	Restrictive Layer	to 6"			inches
	Bedrock	to 10"			inches
<b>Setback Distances</b> (in feet)	From:	Treatment Tank	Disposal Area	Treatment Tank	Disposal Area
	Potable Water Supplies	1. Well: > 2000 gal/day	100a	300a	
	2. Well: < 2000 gal/day				
	a. Neighbor's	100b	100b		
	b. Property Owner's	50'	60'	50	60
	3. Water Supply Line	See Note 'a'			
Waterbodies	1. Perennial	60'	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With basement	See Note	15'		
	2. Without basement	'a'	10'		
Property Line		5'	5'		

Other Specify:

VARIANCE TO SECT. 11-C2

Bed is proposed to be placed in stiff clay within the water table

Footnotes:

- This setback distance cannot be reduced by variance. See Table 6-2.
- A variance to reduce the 100 foot setback distance to a minimum of 80 feet may be granted only with the neighbor's written permission.
- Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

Gerald C. Paster  
Site Evaluator's Signature

8-11-81  
Date

**LPI Statement**

I, \_\_\_\_\_, LPI for the Town of \_\_\_\_\_ have conducted an on-site inspection for the proposed replacement system and have determined, to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

a. (  approve,  do not approve) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in **Comments** Section below and return to the applicant.

or:

b. find that one or more of the requested Variances exceeds my approval authority as LPI. I (  recommend,  do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, he shall state his reasons in **Comments** Section below as to why the proposed replacement system is not being recommended.

Comments: \_\_\_\_\_

[Signature]  
LPI's Signature

7-1-85  
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

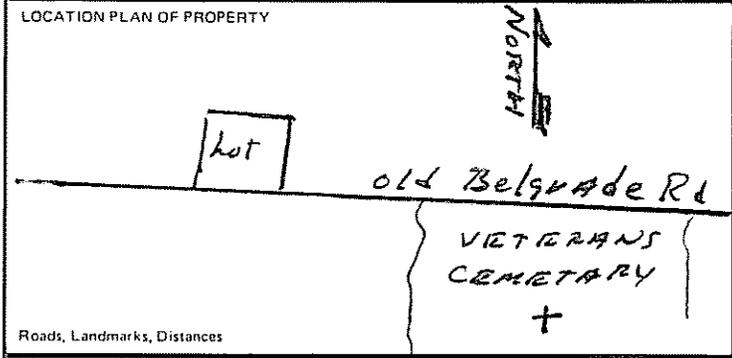
\_\_\_\_\_  
Date

This Application is For:  New System  Replacement Of Entire System  Expanded System  Replacement Of Disposal Area Only  Conversion Permit  
 Variance:  None Required  New System Variance  Replacement System Variance With:  LPI Approval  Dept. Review

PROPERTY LOCATION: Augusta Town, Plantation Old Belgrade Rd Street, Road

PROPERTY OWNER or APPLICANT: Ken Bonsant  
 Mailing Address: RFD 3 Box 903 Street 623-4662 Tel. No.  
Augusta ME 04330 Town State Zip Code

TYPE OF STRUCTURE, DESIGN FLOW  
 Single Family Dwelling Number of Bedrooms 3 Design Flow 215 GPD  
 Design Flow based on  Minimum  Moderate  Conservative  
 Reduction in Design Flow due to Water Conservation  
 If so, specify type (e.g. Separate Laundry Disposal)  
 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 1 ± 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 checked="" type="radio"/> Boring	<input type="radio"/> Test Pit <input type="radio"/> Boring
Organic Strata or (Existing Fill) Thickness <u>0</u>	Organic Strata or (Existing Fill) Thickness <u>0</u>	Organic Strata or (Existing Fill) Thickness _____	Organic Strata or (Existing Fill) Thickness _____
1st Original Mineral Soil Strata <u>DARK BROWN silty loam</u> Depth from 0" to <u>5"</u> Thickness <u>5</u>	1st Original Mineral Soil Strata <u>DARK BROWN</u> Depth from 0" to <u>5"</u> Thickness <u>5</u>	1st Original Mineral Soil Strata _____ Depth from 0" to _____ Thickness _____	1st Original Mineral Soil Strata _____ Depth from 0" to _____ Thickness _____
2nd <u>OLIVE BROWN silty</u> Depth from <u>6"</u> to <u>18"</u> Thickness <u>13</u>	2nd <u>OLIVE BROWN</u> Depth from <u>5"</u> to <u>42"</u> Thickness <u>35</u>	2nd _____ Depth from _____ to _____ Thickness _____	2nd _____ Depth from _____ to _____ Thickness _____
3rd _____ Depth from _____ to _____ 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>18</u>	Total Depth of Observation Hole <u>42</u>	Total Depth of Observation Hole _____	Total Depth of Observation Hole _____
Maximum Seasonal High Ground <input type="radio"/> None evident Water Table Depth <u>6</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 <input type="radio"/> None evident <u>7</u>	Depth to Restrictive Layer <input type="radio"/> None evident <u>7</u>	Depth to Restrictive Layer <input type="radio"/> None evident _____	Depth to Restrictive Layer <input 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 _____	Depth to Bedrock <input type="radio"/> None evident _____

PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE
<u>9</u>	<u>D</u>	<u>5%</u>	<u>7</u>	<u>D</u>	<u>5%</u>			%

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

TYPE OF SYSTEM <input 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 checked="" type="radio"/> Separated Laundry System <input type="radio"/> Primitive System <input type="radio"/> Holding Tank	TREATMENT TANK <input checked="" type="radio"/> Septic Tank <input type="radio"/> Aerobic Tank Size <u>1000</u> Gals. DOSAGE <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	SUBSURFACE DISPOSAL AREA/TYPE <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>1100</u> sq. ft. Number of beds <u>1</u> Width <u>20</u> ft. Length <u>55</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	SYSTEM SIZE RATING <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Medium Large <input type="radio"/> Large <input checked="" type="radio"/> Extra Large DISPOSAL AREA ELEVATION Depth of Upslope Fill required <u>0</u> inches. Depth of Downslope Fill required <u>12</u> inches. Reference Elevation Point established at <u>100.0</u> Elevation. Disposal Area Bottom to be established at <u>98.0</u> Elevation. Top of Distribution Lines or Top of Chambers <u>98.9</u> Elevation. <input type="radio"/> Yes <input checked="" 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  
 On 8-10-81 (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: Gerald E Paulin Site Evaluator License Number: 79  
 Date signed: 8-11-81

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: Kenneth Bonsant K.B  
 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: Kandace D Lewis PERMIT NO. 501  
 Date: \_\_\_\_\_ Date Issued: 7/1/85