

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

**PROPERTY ADDRESS**

Town Or Plantation: AUGUSTA  
 Street: EIGHT ROD ROAD  
 Subdivision Lot #: \_\_\_\_\_  
**PROPERTY OWNERS NAME**  
 Last: BASTEY First: JOHN  
 Applicant Name: \_\_\_\_\_  
 Mailing Address of Owner/Applicant (If Different): RFD 3 BOX 967A EIGHT ROD ROAD AUGUSTA, ME. 04330

6-11D

AUGUSTA PERMIT # 788 TOWN COPY   
 Date Permit Issued: 7/14/85 \$ 140.00 FEE  Double Fee Charged  
 L.P.I. # 1004  
 [Signature] Local Plumbing Inspector Signature

**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: John J. Basteay Date: 7/14/85

**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: [Signature] Date Approved: 7-16-85

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input type="checkbox"/> NEW SYSTEM                  2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM                  3. <input type="checkbox"/> EXPANDED SYSTEM                  4. <input type="checkbox"/> SEASONAL CONVERSION                  5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input type="checkbox"/> NO RULE VARIANCE REQUIRED                  2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form                  3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form                      <input checked="" type="checkbox"/> Requires only Local Plumbing Inspector Approval                  4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM                  2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)                  3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)                  5. <input type="checkbox"/> HOLDING TANK                  6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)                  7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)                  8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)                  9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>IF REPLACEMENT SYSTEM:</b>                  YEAR FAILING SYSTEM INSTALLED <u>1977±</u>                  THE FAILING SYSTEM IS:                  1. <input checked="" type="checkbox"/> BED      3. <input type="checkbox"/> TRENCH                  2. <input type="checkbox"/> CHAMBER    4. <input type="checkbox"/> OTHER _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING                  2. <input type="checkbox"/> MODULAR OR MOBILE HOME                  3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING                  4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p><b>TYPE OF WATER SUPPLY</b>  <u>Drilled Well</u></p>
<p><b>SIZE OF PROPERTY</b> <u>.5± Ac.</u></p>	<p><b>ZONING</b> <u>RES.</u></p>	

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

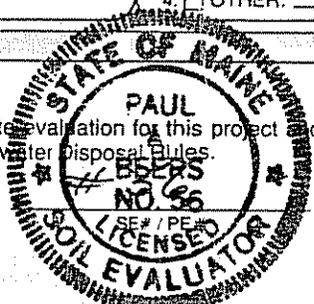
<p><b>TREATMENT TANK</b></p> <p>1. <input type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile                  2. <input type="checkbox"/> AEROBIC (EXISTING)                  SIZE: _____ GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input checked="" type="checkbox"/> NONE                  2. <input type="checkbox"/> LOW VOLUME TOILET                  3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM                  4. <input type="checkbox"/> ALTERNATIVE TOILET                  SPECIFY: _____</p>	<p><b>PUMPING</b></p> <p>1. <input type="checkbox"/> NOT REQUIRED                  2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)                  3. <input checked="" type="checkbox"/> REQUIRED                  DOSE: <u>60</u> GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p><u>4 BEDROOMS</u>  <u>5 PEOPLE</u>  <u>= 300 GPD</u>  <u>SEE VARIANCE FORM</u></p>		
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table style="width: 100%;"> <tr> <td>PROFILE <u>5</u></td> <td>CONDITION <u>C</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>24</u></p>	PROFILE <u>5</u>	CONDITION <u>C</u>		<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL                  2. <input checked="" type="checkbox"/> MEDIUM                  3. <input type="checkbox"/> MEDIUM-LARGE                  4. <input type="checkbox"/> LARGE                  5. <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.                  2. <input checked="" type="checkbox"/> CHAMBER <u>384</u> Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20                  3. <input type="checkbox"/> TRENCH _____ Linear Ft.                  4. <input type="checkbox"/> OTHER: _____</p>
PROFILE <u>5</u>	CONDITION <u>C</u>				

**SITE EVALUATOR STATEMENT**

On 7/27/85 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Wastewater Disposal Rules.

[Signature] Site Evaluator or Professional Engineer's Signature

\* Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver under a Local Option



SITE EVALUATION WAIVED BY LOCAL OPTION

Date: 7/28/85

24326237  
 John Basteay - 4/25/85  
 5/2/85

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

EIGHT ROD ROAD

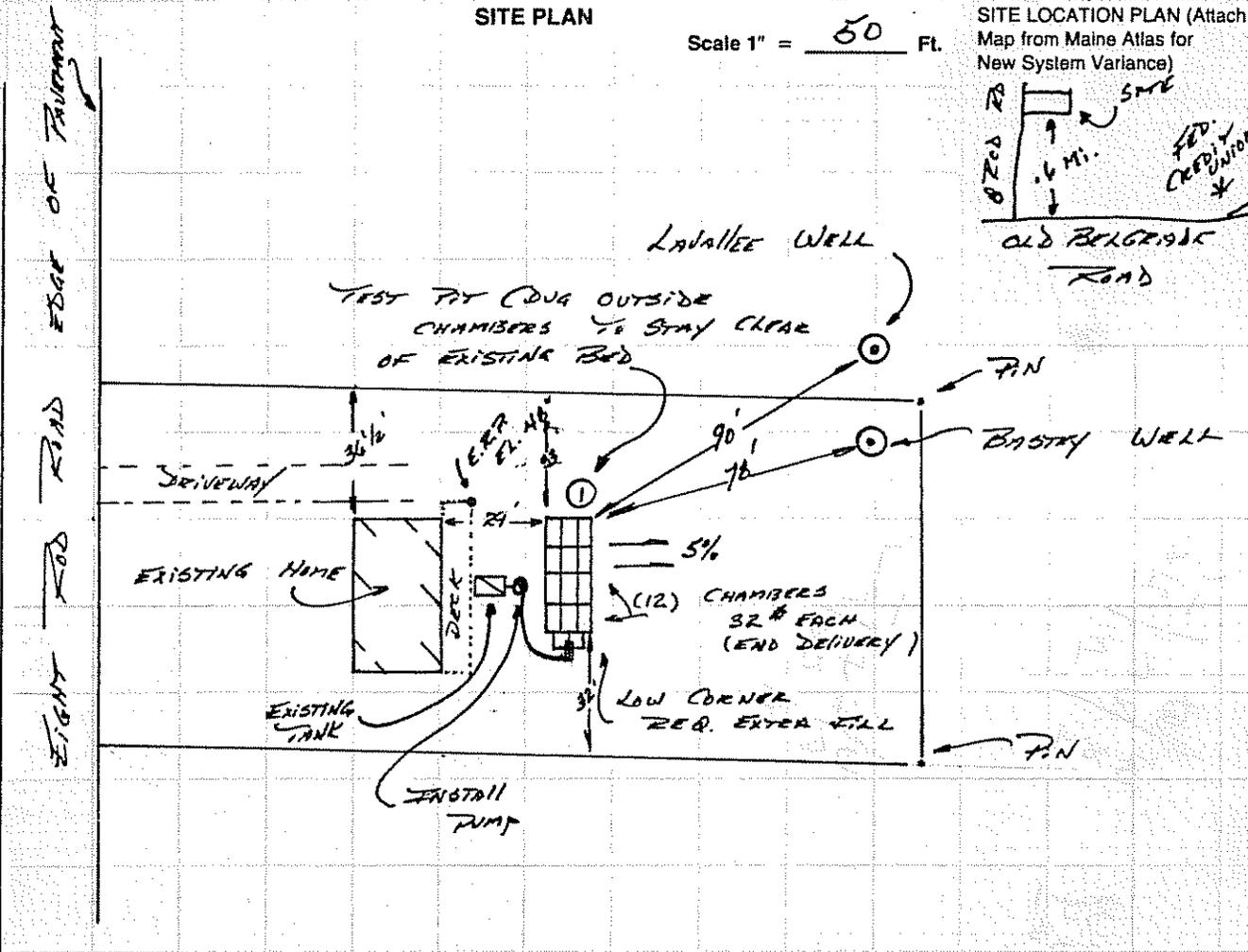
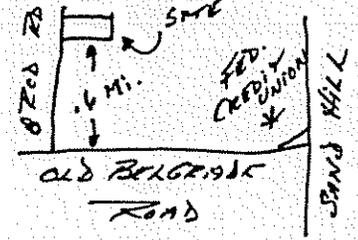
Owners Name

JOHN BASTY

## SITE PLAN

Scale 1" = 50 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  
" Depth of Organic Horizon Above Mineral Soil

Observation Hole \_\_\_\_\_  Test Pit  Boring  
" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6		FRAGILE	OLIVE	
10	LOAMY FINE SAND		BROWN	FEW FINE C @ 24"
15				
20	TO FINE SAND	LOOSE	TO OLIVE GRAY	
30				
40				
50				

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6	* NOTE - THIS IS A			
10	DISTURBED SITE IN THAT			
15	SOILS HAVE BEEN GRADED.			
20	NO A HORIZON OR UPPER B			
30	LEFT INTACT. IDENTIFICATION			
40	OF MOTTLES IN C DIFFICULT			
50	TO DISTINGUISH FROM COLOR OF			
	FRONT MATERIAL. FINE			
	MOTTLES APPEAR AT 24"			

Soil S	Classification C	Slope 5%	Limiting Factor 24"	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
Profile	Condition	%		

Soil	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
Profile	Condition	%		

*Paul C. Beers*  
Site Evaluator Signature

#56  
SE#

7/28/85  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

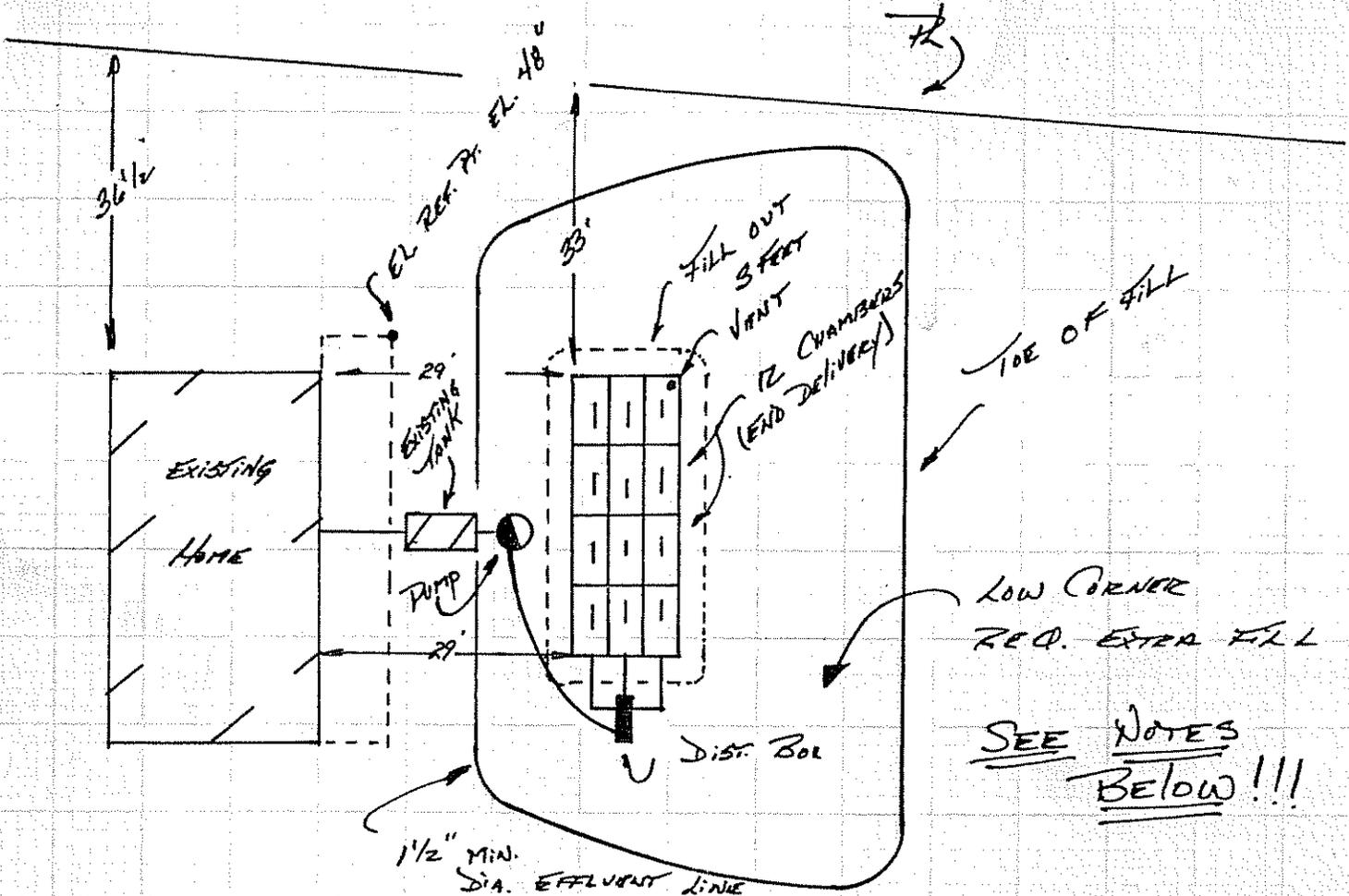
*AUGUSTA*

*EIGHT RD ROAD*

*JOHN EASTLEY*

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



LOW CORNER  
REQ. EXTRA FILL  
SEE NOTES  
BELOW!!!

<b>FILL REQUIREMENTS</b>		<b>CONSTRUCTION ELEVATIONS</b>		<b>ELEVATION REFERENCE POINT LOCATION &amp; DESCRIPTION</b>	
Depth of Fill (Upslope)	<u>19"</u>	Reference Elevation is	<u>48"</u>	NAIL IN CORNER JOINT OF DECK SUPPORT 28" ABOVE BOTTOM OF CHAMBERS	
Depth of Fill (Downslope)	<u>26-36"</u>	Bottom of Disposal Area	<u>0"</u>		
		Top of <del>Chambers</del> Chambers	<u>13"</u>		

**DISPOSAL AREA CROSS SECTION**

{ SEE ATTACHED SHEET FOR X-SECTION }

Scale:  
Vertical: 1 Inch = FL  
Horizontal: 1 Inch = FL

INSTALLATION NOTES

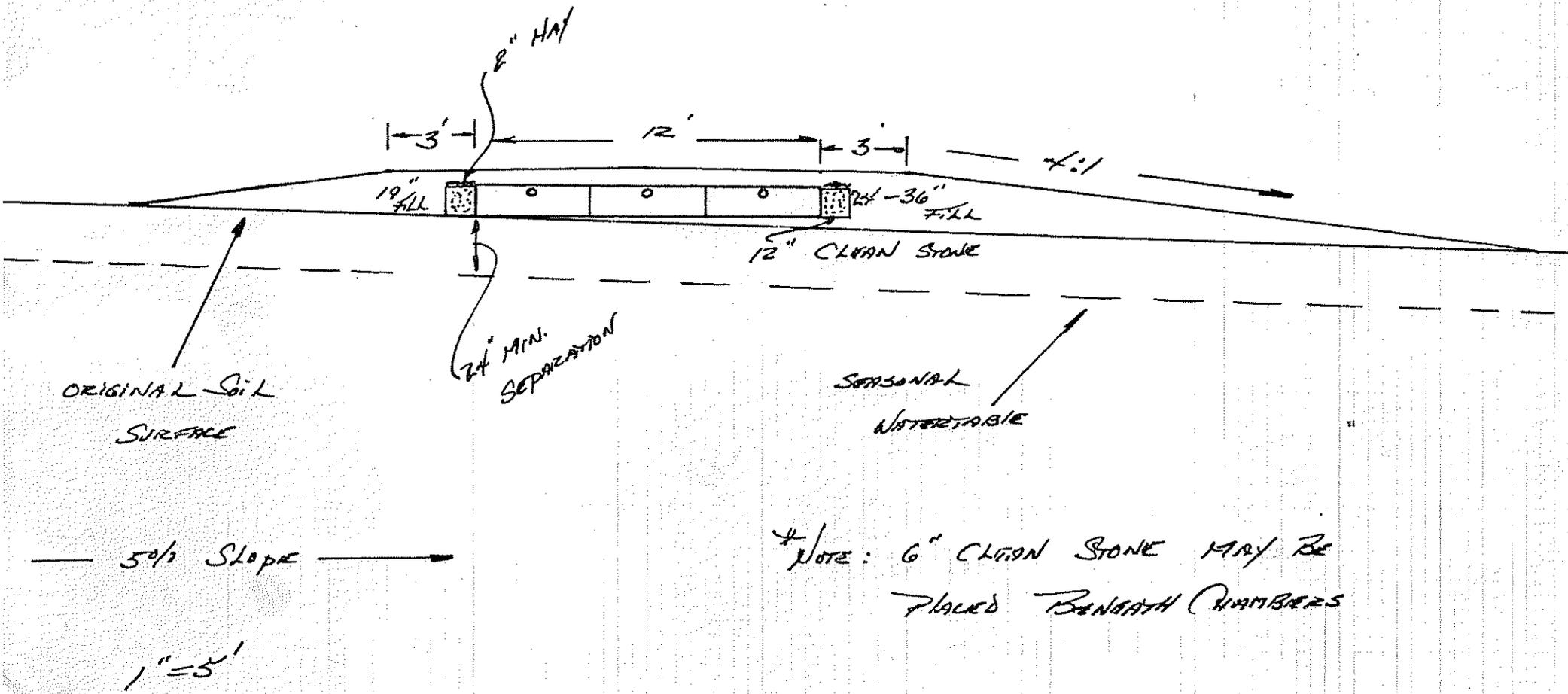
- REMOVE ALL TRACES OF EXISTING BED + CONTAMINATED SOIL. REPLACE WITH SANDY FILL SIMILAR TO EXISTING SOILS - COMPACT TO PREVENT SETTLEMENT.
- CHECK EXISTING TANK AND SEAL TO INSURE NO INFILTRATION OF SEASONAL GROUNDWATER. CHECK ROOF DRAINAGE AS WELL.
- GRADE TO DRAIN - DO NOT ALLOW SURFACE WATER TO POOL ON OR ADJACENT TO CHAMBERS.
- STABILIZE SYSTEM BY SEEDS + MULCH.

*Paul C. Beard*  
Site Evaluator Signature

# 56  
SE#

7/20/05  
Date

CROSS-SECTION OF CHAMBERS  
JOHN BASTY  
AUGUST 19, MAINE



Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
<b>Soils</b>					
Soil Profile	Ground Water Table	to 6"		inches	
Soil Condition	Restrictive Layer	to 6"		inches	
Soil in HHE-200	Bedrock	to 10"		inches	
<b>Setback Distances (in feet)</b>	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	100 <sup>ⓐ</sup>	100 <sup>ⓐ</sup>		90'
	b. Property Owner's	50'	60'		75'
	3. Water Supply Line	10'	10'		
Waterbodies	1. Perennial	60' <sup>ⓐ</sup>	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10' <sup>ⓐ</sup>		
Buildings	1. With basement	8'	15'		
	2. Without basement	8'	10'		
Property Line		5'	5' <sup>ⓐ</sup>		

Other Specify:

\* WRITTEN VARIANCE FROM NEIGHBOR 2nd VALUE TO BE ATTACHED. HOME HAS 4 BEDROOMS BUT ONLY 5 RESIDENTS - OK TO DESIGN BASED ON 300 GPD FROM HEALTH ENG.

Footnotes: 7/29/85, IF LPI IN AGREEMENT.

- \* <sup>ⓐ</sup> 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 beyond the 3:1 slope or property line.  
 c. May be reduced to 25' provided treatment tank is tested to be water tight in the presence of the Local Plumbing Inspector.

*Paul C. Bevo*

Site Evaluator's Signature

9/27/85

Date

LPI Statement

I, George Samps LPI for Town of Allegan 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. ( 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:

*George Samps*  
LPI's Signature

8-14-86  
Date

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.

*Mrs. John Bentley*  
Property Owner's Signature

7-14-86  
Date

# 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.
7. Soil and setback distances are within approval authority of the LPI.

### GENERAL INFORMATION

Town of AUGUSTA

Permit No.

Date Permit Issued 7/14/86  
month/day/year

Property Owner's Name: JOHN BASTY

Tel. No. 622-4925

System's Location:

EIGHT RD B.

Street

AUGUSTA

Town

MAINE 04330  
Zip

Property Owner's Address:  
(if different from above)

RD # 3 Box 964A EIGHT RD B.

Street

AUGUSTA

Town

ME. 04330  
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.

### FOR USE BY THE DEPARTMENT ONLY:

The Department has reviewed the variance(s) and ( does,  does not) give its approval. Any additional requirements, commendations, or reasons for the Variance denial, are given in the attached letter.

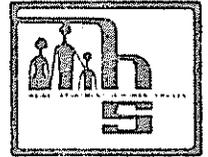
\_\_\_\_\_  
Signature of the Department

\_\_\_\_\_  
Date

STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333



JOSEPH E. BRENNAN  
GOVERNOR



MICHAEL R. PETIT  
COMMISSIONER

WELL SETBACK RELEASE FORM

I, Rudy Lavallee, permanent mailing address RFD 3, 8 Rod Rd.,  
(name of well owner) (street, road, etc.)

Augusta, hereby give my approval to John L. Bastey,  
(town) (owner of system being installed)

permanent mailing address RFD 3 8 Rod Rd., Augusta, Me.,  
(street, road, etc.) (town)

for the purpose of locating and installing a wastewater disposal system (holding tank) no  
less than \_\_\_\_\_ feet (horizontal distance) to my drilled well  
(drilled, dug, etc., plus depth to well)

located at \_\_\_\_\_  
(well location and address, if different from the above address)

Rudy P. Lavallee  
Signature - Owner of well

7/10-86  
Date

John L. Bastey  
Signature - Owner of disposal  
field

7/10/86  
Date

Terry Lavallee  
Signature - Witness

7/10/86  
Date

*Seige*



John R. McKernan, Jr.  
Governor

Rollin Ives  
Commissioner

STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333

April 28, 1987

Charlotte Batsey  
Box 964A  
Eight Rod Road  
Augusta, ME 04330

Re: Subsurface Wastewater Disposal System, Eight Rod Road, Augusta

Dear Ms. Batsey:

This is in reference to our meeting on April 23, 1987 with Site Evaluator, Paul Beers and Local Plumbing Inspector, Robert St. Pierre at the subject property. The purpose of this meeting was to investigate and determine the cause for surfacing effluent from your leachfield.

The following was determined during this investigation:

1. The leachfield was in the approximate location specified on the HHE-200 form by Mr. Beers.
2. Original soil profile was determined to be 5C, as specified.
3. Fill material was a firm silty, very fine sand. Specifications called for fill to match the original soil, which was a medium sand.
4. The elevation of the disposal system was correct, + 1".
5. The design called for 12 type B chambers, as approved by the department, which were found.
6. Effluent was observed at the edge of the leachfield, in several test pits, but soil just beyond the edge was dry.

Based on these observations, it is this department's determination that the major cause of the malfunction is the firm silty, very fine sand fill.

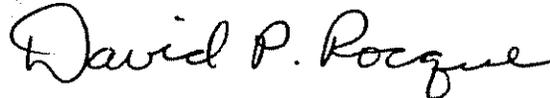
Our recommendation is to remove the chambers and fill material. New fill should be brought in, which is at least as coarse textured as the original soil, and the chambers placed on this fill at the elevation specified on Mr. Beers original plan.



Charlotte Batsey  
April 28, 1987  
Page 2.

If you have any questions concerning this matter, feel free to contact me at 289-5687.

Sincerely,

A handwritten signature in cursive script that reads "David P. Rocque".

David P. Rocque, Soil Scientist  
Wastewater and Plumbing Control  
Division of Health Engineering

DPR/mo  
cc: Paul Beers  
George Soucy

# 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

*Attache request permit requirement 9-25-87*

Town of AUGUSTA

Town Code

Permit No.  E

Date Permit Issued Amended month/day/yr.

Property Owner's Name: James L. Dean III

*John Casey*

Tel. No. Home 853-2478  
Office 454-7555

System's Location: EIGHT ROD ROAD

EIGHT ROD ROAD  
Street

AUGUSTA  
Town

MAINE 04930  
Zip

Property Owner's Address: (if different from above) RD #3 Box 964A EIGHT ROD RD.

RD #3 Box 964A EIGHT ROD RD.  
Street

AUGUSTA  
Town

ME 04930  
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.

*James L. Dean III*  
\_\_\_\_\_  
Property Owner's Signature

8/15/87  
Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		inches	
	Restrictive Layer	to 6"		inches	
	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	100a	300a		
	2. Well: < 2000 gal/day				
	a. Neighbor's	100b	100b		86'
	b. Property Owner's	50'	60'		74'
	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:

\* WRITTEN PERMISSION FROM NEIGHBOR LAVALLE TO BE ATTACHED  
 • HOME HAS 4 B.R. BUT ONLY 5 RESID. - OK TO DESIGN BASED ON  
 300 GPD FROM HEALTH ENG. 7/29/85, IF LPI IN AGREEMENT

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 top of the fill does not extend to the 3:1 slope.

Paul C. Beard  
 Site Evaluator's Signature

6/16/87  
 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: \_\_\_\_\_

\_\_\_\_\_  
 LPI's Signature

\_\_\_\_\_  
 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



STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333



JOSEPH E. BRENNAN  
GOVERNOR

MICHAEL R. PETIT  
COMMISSIONER

WELL SETBACK RELEASE FORM

I, RUDY LAVALLÉE, permanent mailing address EIGHT ROD RD.,  
(name of well owner) (street, road, etc.)

AUGUSTA, hereby give my approval to CHARLOTTE BASTY,  
(town) (owner of system being installed)

permanent mailing address RFD 3 Box 94A, AUGUSTA,  
EIGHT ROD RD. (street, road, etc.) (town)

For the purpose of locating and installing a wastewater disposal system (holding tank) no less than 86' feet (horizontal distance) to my Drilled well  
(drilled, dug, etc., plus depth to well)

located at EIGHT ROD ROAD.  
(well location and address, if different from the above address)

\_\_\_\_\_  
Signature - Owner of well Date

\_\_\_\_\_  
Signature - Owner of disposal field Date

\_\_\_\_\_  
Signature - Witness Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

## PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street	EIGHT ROD RD.
Subdivision Lot #	

## PROPERTY OWNERS NAME

Last: BASTY First: JOHN

Applicant Name: RRB #3 Box 964A

Mailing Address of Owner/Applicant (If Different): EIGHT ROD RD. AUGUSTA, ME. 04330

## 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

### THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

### THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE  
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE  
Attach Replacement System Variance Form
- Requiring Local Plumbing Inspector Approval
- Requires State and Local Plumbing Inspector Approval

### INSTALLATION IS:

#### COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM  
(Includes Alternative Toilet)
- ENGINEERED (+ 2000 gpd)

#### INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

### IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED 1977

#### THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: \_\_\_\_\_

### DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER \_\_\_\_\_ SPECIFY \_\_\_\_\_

### TYPE OF WATER SUPPLY

Drilled Well

SIZE OF PROPERTY  
5 ± AC.

#### ZONING

RES.

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

### TREATMENT TANK

- SEPTIC:  Regular  
 Low Profile
- AEROBIC

SIZE: \_\_\_\_\_ GALS.  
EXISTING

### WATER CONSERVATION

- NONE Suggested
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: \_\_\_\_\_

### PUMPING

- NOT REQUIRED
- MAY BE REQUIRED  
(DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: 80 GALS.

### CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

4 BEDROOMS  
5 PEOPLE  
= 300 GPD

### SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE 5 | CONDITION C

DEPTH TO LIMITING FACTOR: 24

### SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

### DISPOSAL AREA TYPE/SIZE

- BED \_\_\_\_\_ Sq. Ft.
- CHAMBER 572 Sq. Ft.  
 REGULAR  H-20
- TRENCH \_\_\_\_\_ Linear Ft.
- OTHER: \_\_\_\_\_

DESIGN FLOW: 300 GPD.  
(GALLONS/DAY)

## SITE EVALUATOR STATEMENT

SITE EVALUATION WAIVED BY LOCAL OPTION)

On 7/27/85 + 6/12/87 (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.

James W. Brown  
Site Evaluator Signature

#56  
SE#

6/16/87  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

EIGHT RD RD.

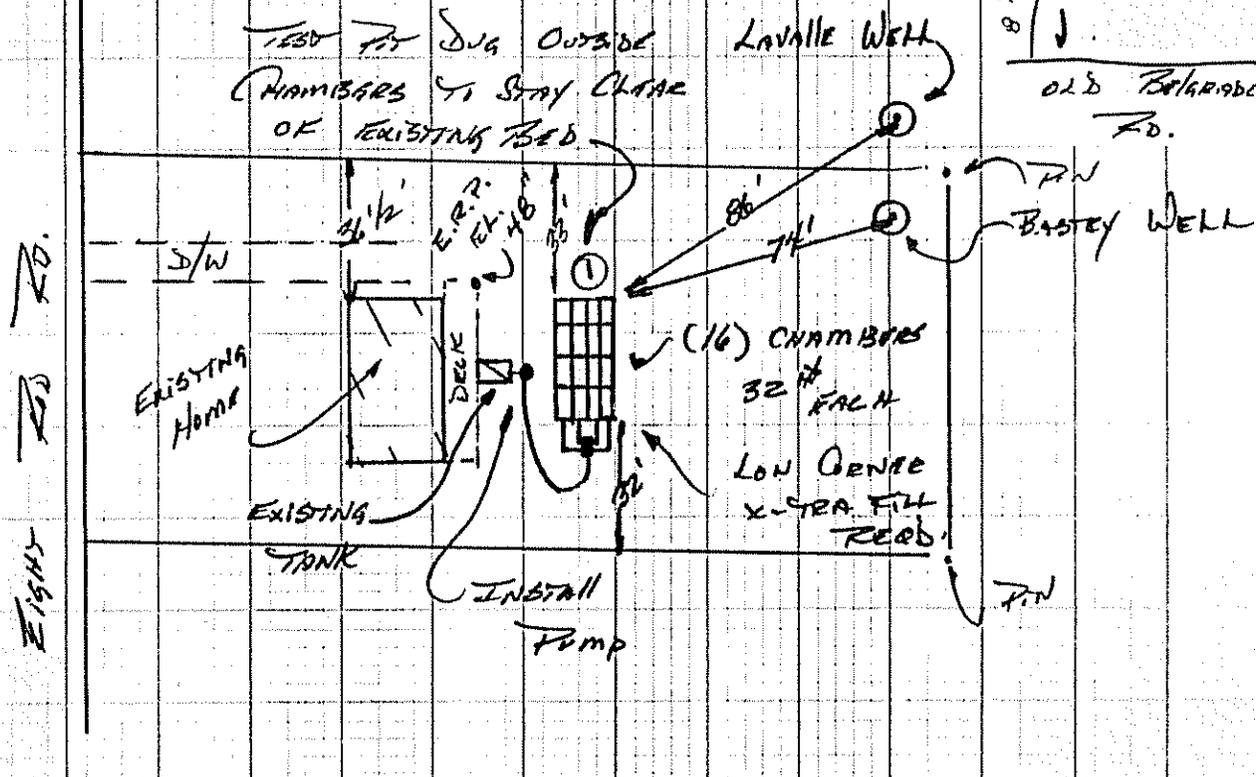
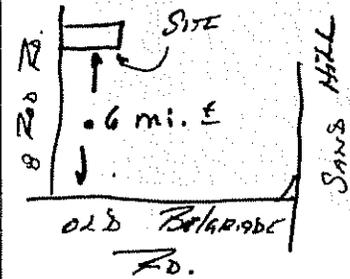
Owners Name

JENN BOSTEY

## SITE PLAN

Scale 1" = 50' 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  
" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
Loam/ Fine Sand	POOR	olive brown	Few faint "
To FINE SANDS	Loose	To olive GRAY	@ 24"

Soil Profile <u>S</u>	Classification Condition <u>C</u>	Slope <u>5</u> %	Limiting Factor <u>24"</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Observation Hole \_\_\_\_\_  Test Pit  Boring  
" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
* NOTE - THIS IS A DISTURBED SITE IN THAT SOILS HAVE BEEN GRADED. NO 'A' HORIZON OR UPPER 'B' LEFT INTACT. EVIDENCE OF MOTTLES IN 'C' DIFFICULT TO DISTINGUISH FROM COLOR OF PARENT MATERIAL. FAINT MOTTLES APPEAR @ 24"			

Soil Profile _____	Classification Condition _____	Slope _____ %	Limiting Factor _____	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Paul A. Beers  
Site Evaluator Signature

#56  
SE#

Revised 6/16/07  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

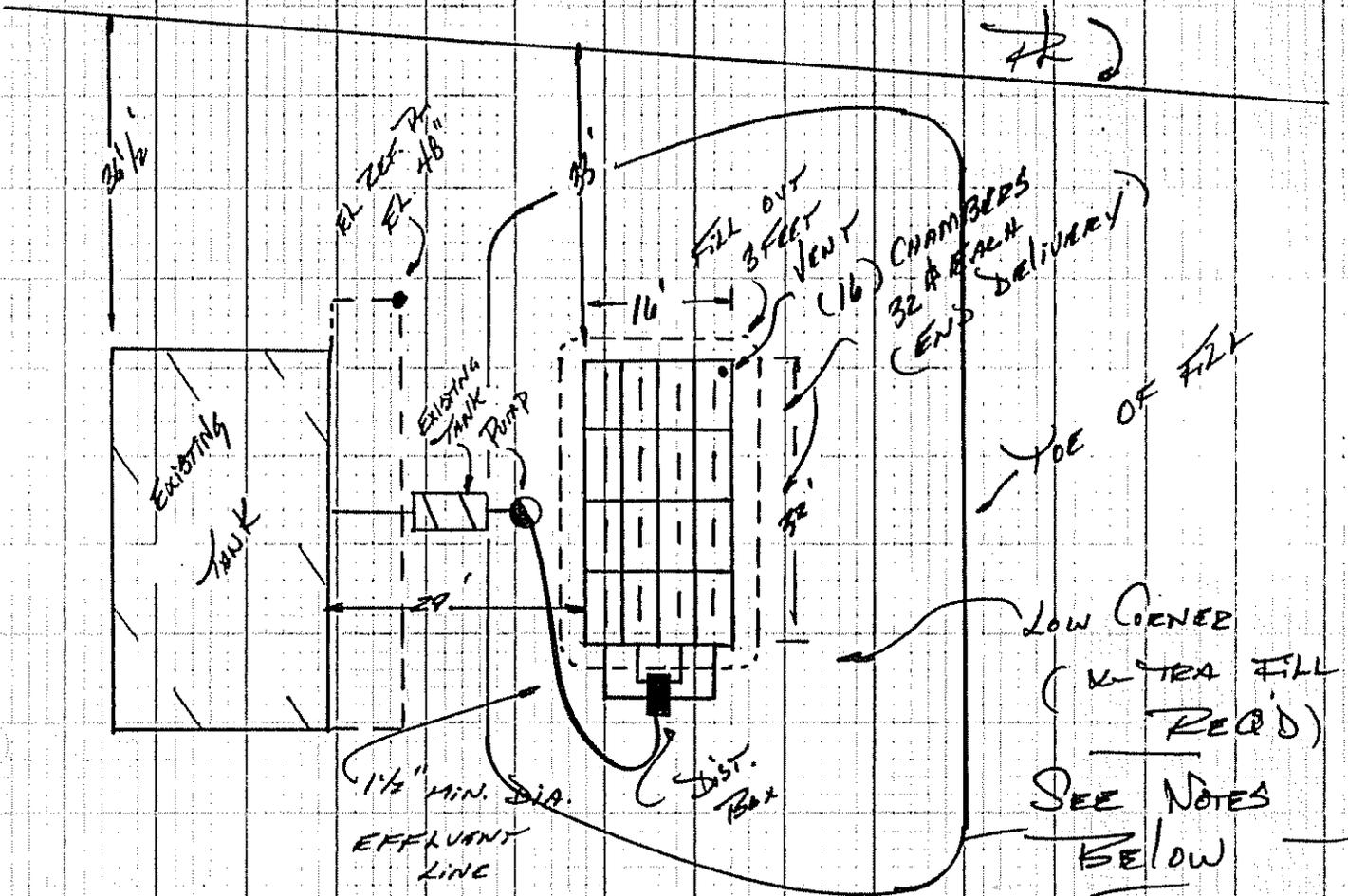
AUGUSTA

EIGHTH ROAD RD.

JOHN BOASTY

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL.



### FILL REQUIREMENTS

Depth of Fill (Upslope)  
Depth of Fill (Downslope)

19"  
29-39"

### CONSTRUCTION ELEVATIONS

Reference Elevation Is  
Bottom of Disposal Area  
Top of Distribution Lines or Chambers

48"  
0"  
18"

### ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

NAIL IN CORNER POST OF DECK 48" ABOVE BOTTOM OF CHAMBERS

### DISPOSAL AREA CROSS SECTION

SEE ATTACHED SHEET FOR K-SECTION

Scale:

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

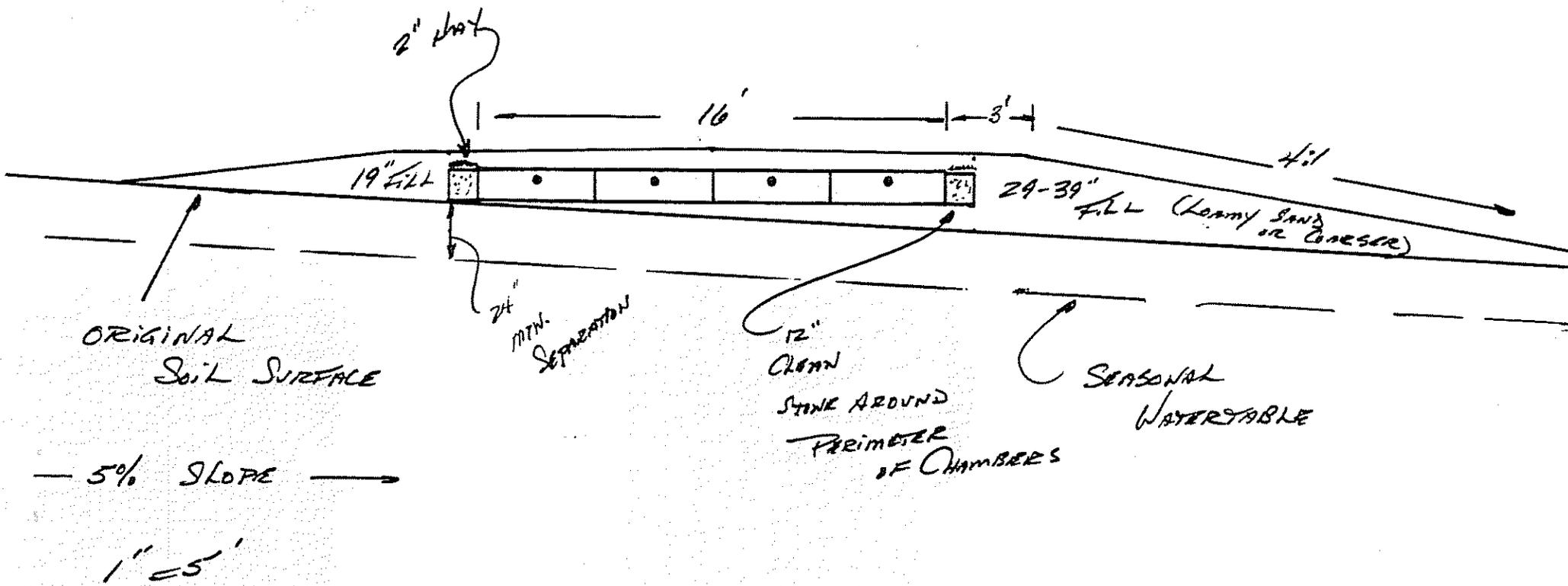
THIS A REVISED HHE-200 FORM TO EXPAND SYSTEM DESIGNED ON 7/28/85 - ADD 4 CHAMBERS TO EXISTING SYSTEM OF 12 FOR TOTAL OF 16. REMOVE EXISTING FILL AROUND SIDES (3) OF EXISTING CLUSTER & REPLACE W/ COARSE FILL FOR GREATER STORAGE AND INFILTRATIVE CAPACITY TO ACCOMMODATE EXISTING FLOWS. STABILIZE BY SEEDS & MULCH. OTHERWISE INSTALL AS RECOMMENDED 7/28/85

Paul C. Beard

#56  
SE#

Revised  
6/16/87  
Date

CROSS-SECTION OF CHAMBERS  
JOHN PASTY  
AUGUSTA, ME.



DRAWN BY: BEERS



STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333



JOSEPH E. BRENNAN  
GOVERNOR

MICHAEL R. PETIT  
COMMISSIONER

WELL SETBACK RELEASE FORM

I, RUDY LAVALLÉE, permanent mailing address EIGHT ROD RD.,  
(name of well owner) (street, road, etc.)  
AUGUSTA, hereby give my approval to CHARLOTTE BASTY,  
(town) (owner of system being installed)  
permanent mailing address RFD 3 Box 964A, AUGUSTA,  
EIGHT ROD RD. (street, road, etc.) (town)

For the purpose of locating and installing a wastewater disposal system (holding tank) no less than 86' feet (horizontal distance) to my Drilled well  
(drilled, dug, etc., plus depth to well)  
located at EIGHT ROD ROAD.  
(well location and address, if different from the above address)

Rudy Lavallee 8-21-87  
Signature - Owner of well Date

Charlotte E. Bastey 8-21-87  
Signature - Owner of disposal field Date

\_\_\_\_\_  
Signature - Witness Date