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REPLACEMENT SYSTEM VARIANCE REQUEST

TOWN COPY #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 and 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 the LPI's authority.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 1903)
2. There will be no change in use of the structure except as authorized for one-time exempted 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.

mss [Signature]

GENERAL INFORMATION		Town of <u>AUGUSTA</u>
Permit No. <u># 3927</u>		Date Permit Issued <u>5/14/98</u>
Property Owner's Name: <u>DONALD LEWIS</u>		Tel. No.: <u>622-7921</u>
System's Location: <u>WEST RIVER ROAD (RTE 104)</u>	<u>AUGUSTA</u>	
Property Owner's Address: <u>RFD 3 BOX 18</u>		
(if different from above) <u>AUGUSTA, ME 0433 0</u>		

SPECIFIC INSTRUCTIONS TO THE:
LOCAL PLUMBING INSPECTOR (LPI):
If any of the variances exceed your approval authority and/or do not meet all 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 System 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.

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.

Donald Lewis
SIGNATURE OF OWNER

5/8/98
DATE

LOCAL PLUMBING INSPECTOR:
I, Shirley R. Luther, 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, he/she shall state his/her reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments _____

Shirley R. Luther
LPI SIGNATURE

5/14/98
DATE

Replacement System Variance Request

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

OTHER

1. Fill extension Grade - to 3:1 **REDUCE FILL EXTENSION ON ONE END OF BED TO LESS THAN 4:1 TO MAINTAIN FILL ON PROPERTY**
- 2.
3. **REDUCE SEPARATION DISTANCE TO APPROXIMATELY 12 INCHES TO MAINTAIN FILL ON PROPERTY**

Footnotes:

- a. This setback distance cannot be reduced by the LPI, but may be considered for reduction by State Variance.
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 (or 200 ft. for 1000-2000 gpd) feet and closer to that well than the system it is replacing.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope or property line.
- d. Natural Resources Protection Act requires a 25 foot setback on slopes with less than 20% from the edge of disturbance and 100 feet on slopes greater than 20% except for the repair or installation of a replacement system when no practical alternative exists.

WILLIAM P BROWN

SITE EVALUATOR'S SIGNATURE

5/5/98

DATE

FOR USE BY THE DEPARTMENT ONLY

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

SIGNATURE OF THE DEPARTMENT

DATE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)287-5672 FAX (207)287-4172

PROPERTY LOCATION

Town or Plantation: **AUGUSTA**
 Street Subdivision Lot #: **ROUTE 104 West River Rd**

PROPERTY OWNERS NAME
 Last: **LEWIS** First: **DONALD**

Applicant's Name: **RFD 3 BOX 18**
 Mailing Address of Owner: **AUGUSTA, ME 04330**
 Daytime Tel. #: **622-7921**

AUGUSTA 3927 TOWN COPY
 Date Permit Issued: **5/14/98** \$ **120** FEE If Double Fee Charged
 Local Plumbing Inspector Signature: *Wayne P. Tuller* L.P.I. # **852**

Municipal Tax Map # **6** Lot # **18**

Owner Statement

I state 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.

Signature of Owner/Applicant: *Donald Lewis* Date: **5/8/98**

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

Local Plumbing Inspector Signature: *Wayne P. Tuller* Date Approved: **5/19/98**

PERMIT INFORMATION

TYPE OF APPLICATION:

- First Time System
- Replacement System
Type Replaced **PLASTIC CHAMBERS**
Year Installed **1991**
- Expanded System
 a. one-time exempted
 b. non-exempted
- Experimental System
- Seasonal Conversion

THIS APPLICATION REQUIRES:

- No Rule Variance
- First Time System Variance
 a. Local Plumbing Inspector approval
 b. State & Local Plumbing Inspector approval
- Replacement System Variance
 a. Local Plumbing Inspector approval
 b. State & Local Plumbing Inspector approval
- Minimum Lot Size Variance
- Seasonal Conversion Variance

DISPOSAL SYSTEM COMPONENT(S):

- Non-Engineered System
- Primitive System (graywater & alt. toilet)
- Alternative Toilet
- Non-Engineered Treatment Tank
- Holding Tank _____ Gallons
- Non-Engineered Disposal Area (only)
- Separated Laundry System
- Engineered System (+2000 gpd)
- Engineered Treatment Tank (only)
- Engineered Disposal Area (only)
- Pretreatment

SIZE OF PROPERTY

0.5 ACRES

DISPOSAL SYSTEM TO SERVE:

- Single Family Dwelling Unit
- Multiple Family Dwelling Unit
Number of Units **2-3 BDRM UNITS**
- OTHER

SHORELAND ZONING

Yes No

TYPE OF WATER SUPPLY

EXISTING DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- Concrete **1-EXISTING**
 a. Regular **ADD ONE TANK**
 b. Low Profile
 - Plastic
 - Other _____
- SIZE: **2-1000** Gallons

DISPOSAL AREA TYPE/SIZE

- Bed **1800** Sq. Ft.
 Proprietary Device _____ Sq. Ft.
 Clustered Linear
 Regular H-20
- Trench
- Other _____

GARBAGE DISPOSAL UNIT

- No
- Yes
 Multi-compartment Tank
 Tank in Series
 Increase in tank capacity
 Filter on Tank Outlet
RECOMMENDED

CRITERIA USED FOR DESIGN FLOW
(Show Calculations)

2-3 BEDROOM UNITS @ 270 GPD

PROFILE & DESIGN CLASS

PROFILE **3** DESIGN **D**

DEPTH TO MOST LIMITING FACTOR **10**

DISPOSAL AREA SIZING

- Small - 2.00
- Medium - 2.60
- Medium-Large - 3.30
- Large - 4.10
- Extra-Large - 5.00

PUMPING

- Not Required
- May Be Required
- Required

DOSE _____ Gallons

DESIGN FLOW: **540**
(Gallons/Day)

SITE EVALUATOR'S STATEMENT

On **5 / 1 / 98** (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules.

Signature of Site Evaluator: *William P. Brown*

WILLIAM P BROWN
Print Name

188

SE#

293-2110
Telephone

5/5/98

Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX 207 287-4172

Town, City, Plantation

Street, Road, Subdivision

Owners Name

AUGUSTA

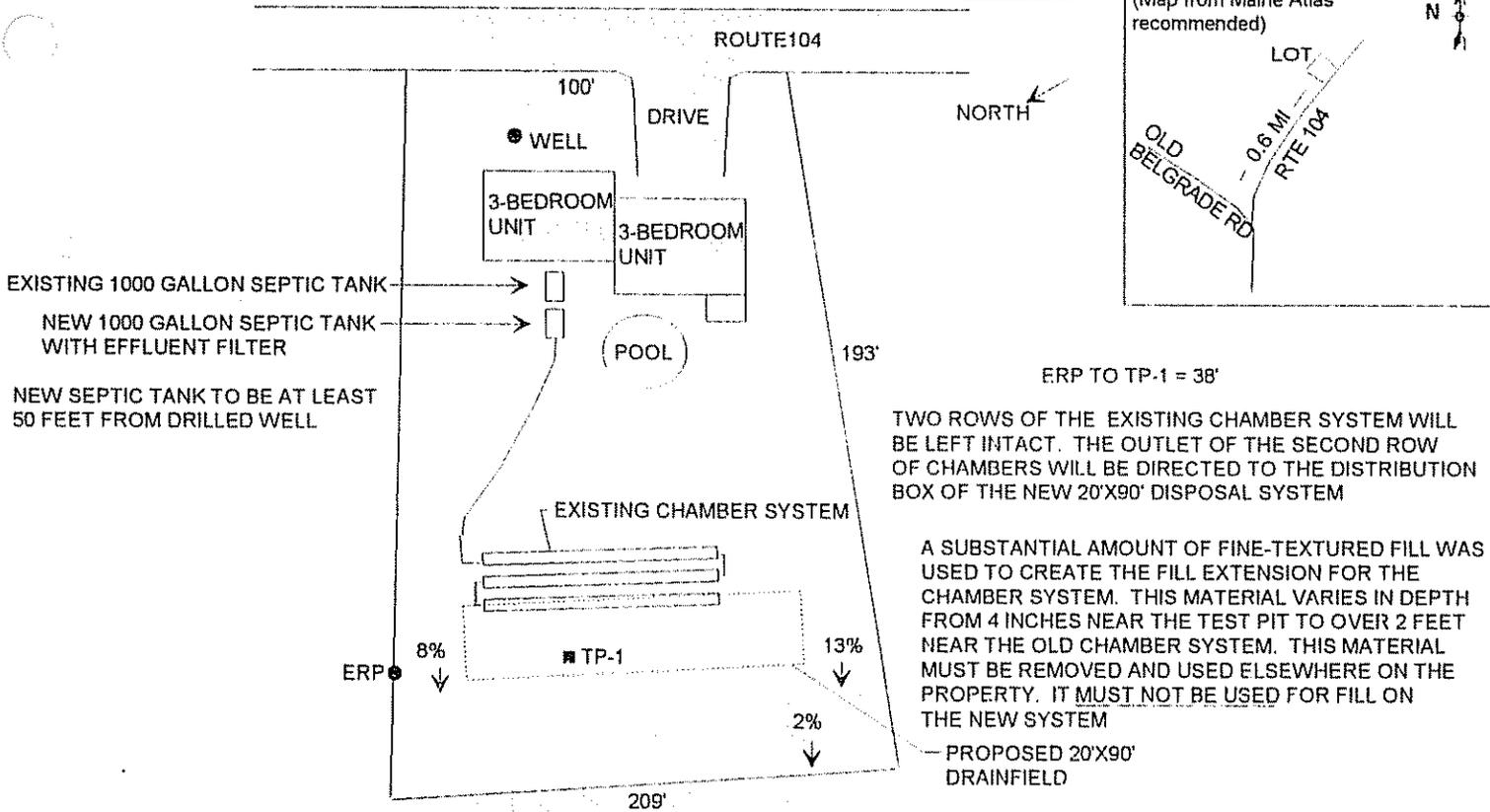
ROUTE 104

DONALD LEWIS

SITE PLAN

Scale 1" = 50 Ft.

SITE LOCATION PLAN
(Map from Maine Atlas recommended)



SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole TP-1 Test Pit Boring
0" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	FINE SAND FILL		LIGHT BRN	
0-10	SANDY LOAM	FRIABLE	DARK BRN YELLOW BROWN	NONE
10-20		FIRM	OLIVE BRN	COMMON
20-30				
30-40				
40-50				

Soil Classification 3 Profile	Condition D	Slope 8-13%	Limiting Factor 10"	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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(Location of Observation Holes Shown Above)

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

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

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

Site Evaluator Signature

188
SE #

5/5/98

Date

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

AUGUSTA

ROUTE 104

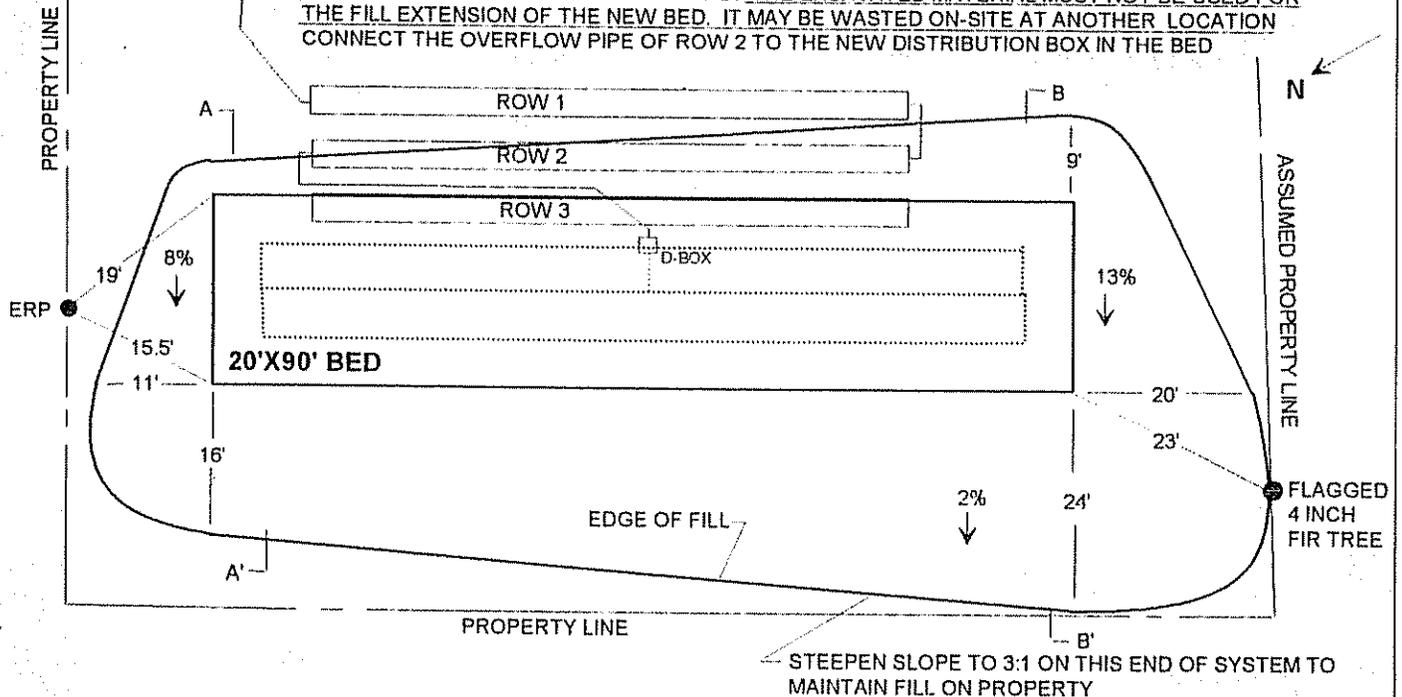
DONALD LEWIS

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

4 INCH LINE FROM NEW SEPTIC
NK WITH EFFLUENT FILTER

A SUBSTANTIAL AMOUNT OF FINE-TEXTURED FILL WAS USED IN THE FILL EXTENSION FOR THE CHAMBER SYSTEM. THIS FILL, VARYING FROM 4 INCHES DEEP TO 2 FEET DEEP, MUST BE REMOVED FROM THE DISPOSAL AREA. EXCAVATE ALL FINE-TEXTURED FILL UNDER NEW DISPOSAL BED, IN FILL EXTENSION AREA, AND UP TO AND INCLUDING ROW 3 OF THE CHAMBER SYSTEM. REMOVE ALL CONTAMINATED SOIL UNDER ROW 3 AND ALL FINE-TEXTURED FILL. REPLACE WITH GRAVELLY COARSE SAND. THE EXCAVATED MATERIAL MUST NOT BE USED FOR THE FILL EXTENSION OF THE NEW BED. IT MAY BE WASTED ON-SITE AT ANOTHER LOCATION CONNECT THE OVERFLOW PIPE OF ROW 2 TO THE NEW DISTRIBUTION BOX IN THE BED



THE HOMEOWNER OR CONTRACTOR MAY CALL THE SITE EVALUATOR AT 293-2110 WHEN EXCAVATION IS TAKING PLACE TO DETERMINE IF SUFFICIENT FILL HAS BEEN REMOVED OR IF THERE ARE ANY QUESTIONS

FILL REQUIREMENTS

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

0-21"
25-51"

CONSTRUCTION ELEVATIONS

Reference Elevation is
Bottom of Disposal Area
Top of distribution Lines or Chambers

00"
-73"
-62"

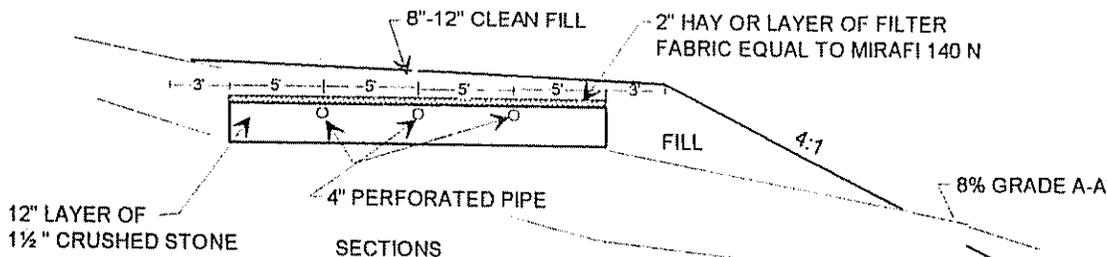
ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

**FLAGGED NAIL IN 10 INCH WHITE
PINE TREE, 4 FT ABOVE GROUND**

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.



REMOVE VEGETATION IN DISPOSAL AREA
REMOVE ALL UNSUITABLE FINE-TEXTURED FILL AS DETAILED ABOVE
SCARIFY ENTIRE FILL AREA
ALL FILL SHALL BE GRAVELLY COARSE SAND
MIX 4 INCHES OF FILL MATERIAL WITH ORIGINAL SOIL TO FORM
TRANSITION ZONE (ACCORDING TO CHAPTER 12, PLUMBING CODE)
SLOPE FINISH GRADE ALL ONE-WAY (AS SHOWN)
LOAM, SEED, MULCH DISTURBED AREAS

WILLIAM P BROWN
Site Evaluator Signature

William P Brown

188

SE #

5/5/98

Date

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Town Or Plantation	AUGUSTA
Street Subdivision Lot #	18 WEST RIVER RD.
PROPERTY OWNERS NAME	
LEWIS First: DON	
Applicant Name:	SAME
Mailing Address of Owner/Applicant (If Different)	RFD # 3 - Box 18 AUGUSTA, ME 04330

116418

Date Permit Issued:	AUGUSTA 7-24-91	\$	2233	TOWN COPY
Local Plumbing Inspector Signature	John Pucciarelli	FEE	160	Double Fee Charged
		L.P.I. #	1963	

Permit # 3927 is an add on

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.

Donald Lewis
622-7721 Signature of Owner/Applicant

7-23-91 Date

To this existing system

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>THIS APPLICATION IS FOR:</p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input checked="" type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input checked="" type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>SEASONAL CONVERSION</p> <p>to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input checked="" type="checkbox"/> OTHER <u>Duplex</u></p> <p style="text-align: center;">SPECIFY</p>	<p>TYPE OF WATER SUPPLY</p> <p>EXISTING WELL</p>
<p>REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>TYPE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____</p>	<p>SIZE OF PROPERTY</p> <p><u>1 A.C.T.</u></p>	<p>ZONING</p> <p><u>RURAL.</u></p>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)							
<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>5 BEDROOM TOTAL Duplex.</u></p> <p><u>EXISTING BED TO BE EXPANDED TO ALLOW FOR AN ADDITIONAL</u></p> <p>DESIGN FLOW: <u>441 g.p.d.</u> (GALLONS/DAY)</p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td><u>3</u></td> <td><u>C</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>35"</u></p>	PROFILE	CONDITION	<u>3</u>	<u>C</u>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>750</u> Sq. Ft.</p> <p><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	
PROFILE	CONDITION						
<u>3</u>	<u>C</u>						

SITE EVALUATOR STATEMENT

7-9-91 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The item proposed is in accordance with the Subsurface Wastewater Disposal Rules.

Arthur Smith
Site Evaluator Signature

274 SE#

7-9-91 Date

(Local Plumbing Inspector's Signature If permit is for Seasonal Conversion.)

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HME-200 Rev. 11/86

289.2931 *John Smith*

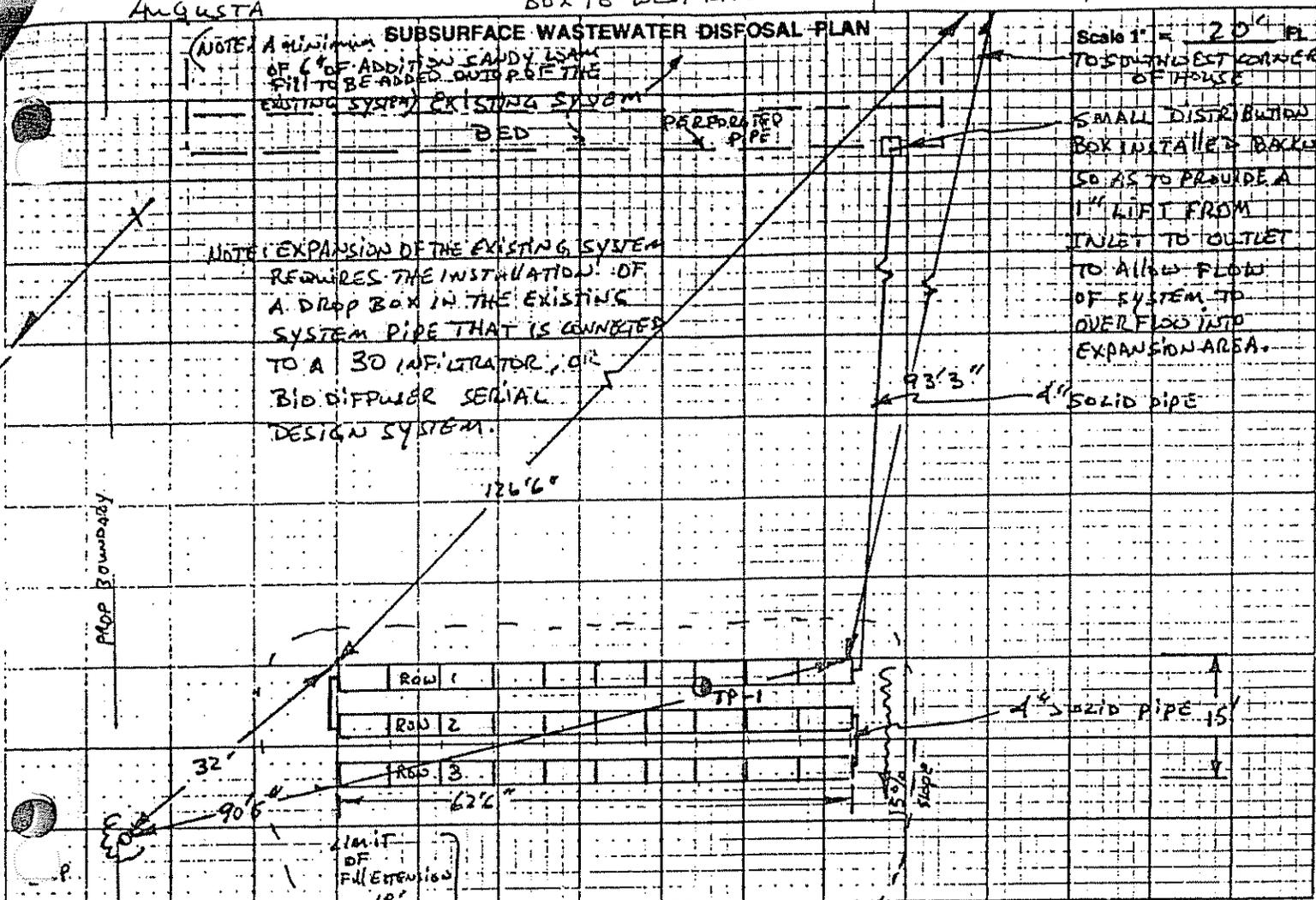
SUBSURFACE WASTEWATER DISPOSAL PLAN

(NOTE) A minimum of 6" of additional sandy loam fill to be added outside the existing system.

Scale 1" = 20' PL TO SW CORNER OF HOUSE

SMALL DISTRIBUTION BOX INSTALLED BACKWARD SO AS TO PROVIDE A 1" LIFT FROM INLET TO OUTLET TO ALLOW FLOW OF SYSTEM TO OVERFLOW INTO EXPANSION AREA.

(NOTE) EXPANSION OF THE EXISTING SYSTEM REQUIRES THE INSTALLATION OF A DROP BOX IN THE EXISTING SYSTEM PIPE THAT IS CONNECTED TO A 30 INFILTRATOR, OR BIO DIFFUSER SERIAL DESIGN SYSTEM.



FILL REQUIREMENTS

Depth of Fill (Upslope) 17"
Depth of Fill (Downslope) 27"

CONSTRUCTION ELEVATIONS

Reference Elevation is SEE ATTACHED CROSS SECTION
Bottom of Disposal Area
Top of Distribution Lines or Chambers

ELEVATION REFERENCE POINT

LOCATION & DESCRIPTION
E.R.P. - NAIL IN 10" PINE TREE TO NE OF SYSTEM

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = PL
Horizontal: 1 inch = PL

NOTE: 8" OF THE EXISTING FILL OVER THE WHOLE EXPANSION AREA TO BE REMOVED. THE REMAINING FILL SHALL BE RETILLED INTO THE ORIGINAL UNDERLYING SOIL TO A MINIMUM DEPTH OF 6". SEE THE ATTACHED CROSS SECTION.

NOTE: LABEL FILTER TO BE INSTALLED AT OUTLET IN EXISTING TANK

Art W. [Signature]
Site Evaluator Signature

274
SE#

7-9-91
Date

August-A

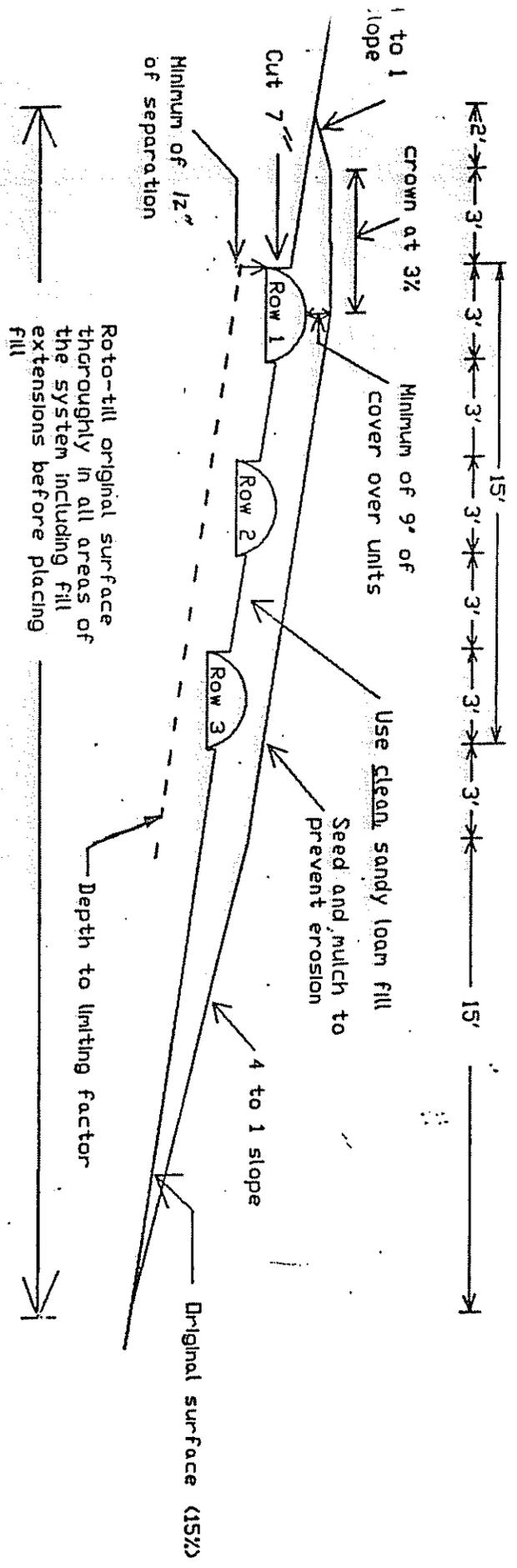
18 WEST QUARTER RD.

LEWIS, DON

ATTACHMENT TO FORM HHE-200

Reference elevation = 0'

ELEVATION NOTES	
Top of Infiltrators	Bottom of Infiltrators
ROW 1 - 56 "	- 71 "
ROW 2 - 67 "	- 82 "
ROW 3 - 78 "	- 93 "



SCALE:

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

NOTE: Remove 8" of existing old fill and roto-till surface to a minimum depth of 6"

Handwritten signature DATE: 7-9-91

W. W. Dutton L.S.E. # 274