

m 6/19/12 6/18/12

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
 Div of Environmental Health, 11 SHS
 (207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation: AUGUSTA

Street or Road: 111 EIGHTH AVE ROAD

Subdivision, Lot #:

OWNER/APPLICANT INFORMATION

Name (last, first, MI): LAGACE, PETE Owner Applicant

Mailing Address of Owner/Applicant: 128 STATE ST. AUGUSTA, ME. 04330

Daytime Tel. #:

CAUTION: LPI APPROVAL REQUIRED

AUGUSTA PERMIT #6683 TOWN COPY

Date Permit Issued: 6/15/12 \$ 150.00 fee

Paul R. Fuller LPI # 850

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.

Paul R. Fuller 6.15.12

Signature of Owner or 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 Application.

Paul R. Fuller (1st) date approved

Local Plumbing Inspector Signature (2nd) date approved

PERMIT INFORMATION

<p>TYPE OF APPLICATION</p> <p><input type="checkbox"/> 1. First Time System</p> <p><input checked="" type="checkbox"/> 2. Replacement System</p> <p>Type replaced: <u>INITIATOR</u></p> <p>Year Installed: <u>?</u></p> <p><input type="checkbox"/> 3. Expanded System</p> <p> a. <25% Expansion</p> <p> b. >25% Expansion</p> <p><input type="checkbox"/> 4. Experimental System</p> <p><input type="checkbox"/> 5. Seasonal Conversion</p>	<p>THIS APPLICATION REQUIRES</p> <p><input type="checkbox"/> 1. No Rule Variance</p> <p><input type="checkbox"/> 2. First Time System Variance</p> <p><input type="checkbox"/> a. Local Plumbing Inspector Approval</p> <p><input type="checkbox"/> b. State & Local Plumbing Inspector Approval</p> <p><input checked="" type="checkbox"/> 3. Replacement System Variance</p> <p><input checked="" type="checkbox"/> a. Local Plumbing Inspector Approval</p> <p><input type="checkbox"/> b. State & Local Plumbing Inspector Approval</p> <p><input type="checkbox"/> 4. Minimum Lot Size Variance</p> <p><input type="checkbox"/> 5. Seasonal Conversion Permit</p>	<p>DISPOSAL SYSTEM COMPONENTS</p> <p><input type="checkbox"/> 1. Complete Non-engineered System</p> <p><input type="checkbox"/> 2. Primitive System (graywater & all toilet)</p> <p><input type="checkbox"/> 3. Alternative Toilet, specify: _____</p> <p><input type="checkbox"/> 4. Non-engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 5. Holding Tank, _____ gallons</p> <p><input checked="" type="checkbox"/> 6. Non-engineered Disposal Field (only)</p> <p><input type="checkbox"/> 7. Separated Laundry System</p> <p><input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more)</p> <p><input type="checkbox"/> 9. Engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 10. Engineered Disposal Field (only)</p> <p><input type="checkbox"/> 11. Pre-treatment, specify: _____</p> <p><input type="checkbox"/> 12. Miscellaneous Components</p>
<p>SIZE OF PROPERTY</p> <p><u>4.5</u> <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES</p>	<p>DISPOSAL SYSTEM TO SERVE</p> <p><input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____</p> <p><input checked="" type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: <u>3</u></p> <p><input type="checkbox"/> 3. Other: _____</p> <p>(specify) <u>1-1 BED</u> <u>2-2 BED</u></p> <p>Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	<p>TYPE OF WATER SUPPLY</p> <p><input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private</p> <p><input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other</p>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p><input type="checkbox"/> 1. Concrete</p> <p><input checked="" type="checkbox"/> a. Regular <u>EXISTING</u></p> <p><input type="checkbox"/> b. Low Profile</p> <p><input type="checkbox"/> 2. Plastic</p> <p><input type="checkbox"/> 3. Other: _____</p> <p>CAPACITY: _____ GAL.</p>	<p>DISPOSAL FIELD TYPE & SIZE</p> <p><input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench</p> <p><input checked="" type="checkbox"/> 3. Proprietary Device</p> <p><input checked="" type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear</p> <p><input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load</p> <p><input type="checkbox"/> 4. Other: _____</p> <p>SIZE: <u>864</u> sq. ft. <input type="checkbox"/> ln. ft.</p>	<p>GARBAGE DISPOSAL UNIT</p> <p><input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe</p> <p>If Yes or Maybe, specify one below:</p> <p><input type="checkbox"/> a. multi-compartment tank</p> <p><input type="checkbox"/> b. _____ tanks in series</p> <p><input type="checkbox"/> c. Increase in tank capacity</p> <p><input type="checkbox"/> d. Filter on Tank Outlet</p>	<p>DESIGN FLOW</p> <p><u>480</u> gallons per day</p> <p>BASED ON:</p> <p><input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s))</p> <p><input type="checkbox"/> 2. Table 4C (other facilities)</p> <p>SHOW CALCULATIONS for other facilities</p> <p><u>1-1 BED = 120</u></p> <p><u>2-2 BED = 360</u></p> <p><u>> 480 GPD</u></p> <p><input type="checkbox"/> 3. Section 4G (meter readings)</p> <p>ATTACH WATER METER DATA</p>
<p>SOIL DATA & DESIGN CLASS</p> <p>PROFILE CONDITION: <u>71C</u></p> <p>a) Observation Hole # <u>1</u></p> <p>Depth <u>16'</u></p> <p>of Most Limiting Soil Factor</p>	<p>DISPOSAL FIELD SIZING</p> <p><input type="checkbox"/> 1. Medium--2.6 sq. ft. / gpd</p> <p><input checked="" type="checkbox"/> 2. Medium--Large 3.3 sq. ft. / gpd</p> <p><input type="checkbox"/> 3. Large--4.1 sq. ft. / gpd</p> <p><input type="checkbox"/> 4. Extra Large--5.0 sq. ft. / gpd</p>	<p>EFFLUENT/EJECTOR PUMP</p> <p><input type="checkbox"/> 1. Not Required</p> <p><input type="checkbox"/> 2. May Be Required</p> <p><input checked="" type="checkbox"/> 3. Required</p> <p>Specify only for engineered systems:</p> <p>DOSE: _____ gallons</p>	<p>LATITUDE AND LONGITUDE</p> <p>at center of disposal area</p> <p>Lat. <u>44</u> d <u>20</u> m <u>321</u> s</p> <p>Lon. <u>69</u> d <u>46</u> m <u>706</u> s</p> <p>if g.p.s. state margin of error: <u>11'</u></p>

SITE EVALUATOR STATEMENT

I certify that on 6/11/12 (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).

John Philbrick Site Evaluator Signature 256 SE # 6/3/12 Date

JOHN PHILBRICK Site Evaluator Name Printed 547-3732 Telephone Number _____ E-mail Address _____

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
 Division of Environmental Health
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

AUGUSTA

8 ROD RD.

PETE LAGACE

SITE PLAN

Scale 1" = 50' ft. or as shown

SITE LOCATION PLAN.
 (map from Maine Atlas
 recommended)

USE 4" PIPE FROM
 TOP TANK TO LOWER
 PUMP STATION

ERP
 HOUSE

EXISTING
 TANK + PUMP
 ERP
 TOP OF METER
 BOX

EXISTING
 TANK

(OLD
 15 YRS.)

4.5 AC

WELL

LINE

DRIVE

8 ROD RD.

← N

OLD BELLEFARE RD

800'

8 ROD RD

27 - 4' x 8' CEMENT
 CHAMBERS

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

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

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	DARK BR.	NONE
10	LOAMY SAND	↓	YELLOW BR.	↓
20	FINE LOAMY SAND TO CLAY	FIRM	GRAY	COMMON DISTINCT
30	↓	↓	↓	↓
40	↓	↓	↓	↓
50	↓	↓	↓	↓

Soil Classification Profile <u>7C</u>	Slope <u>4</u> %	Limiting Factor <u>16"</u>	<input checked="" type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
---------------------------------------	------------------	----------------------------	---

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 _____	Slope _____ %	Limiting Factor _____"	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
-----------------------------------	---------------	------------------------	---

[Signature]
 Site Evaluator Signature

256

SE #

6/13/12

Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 FAX (207) 287-4172

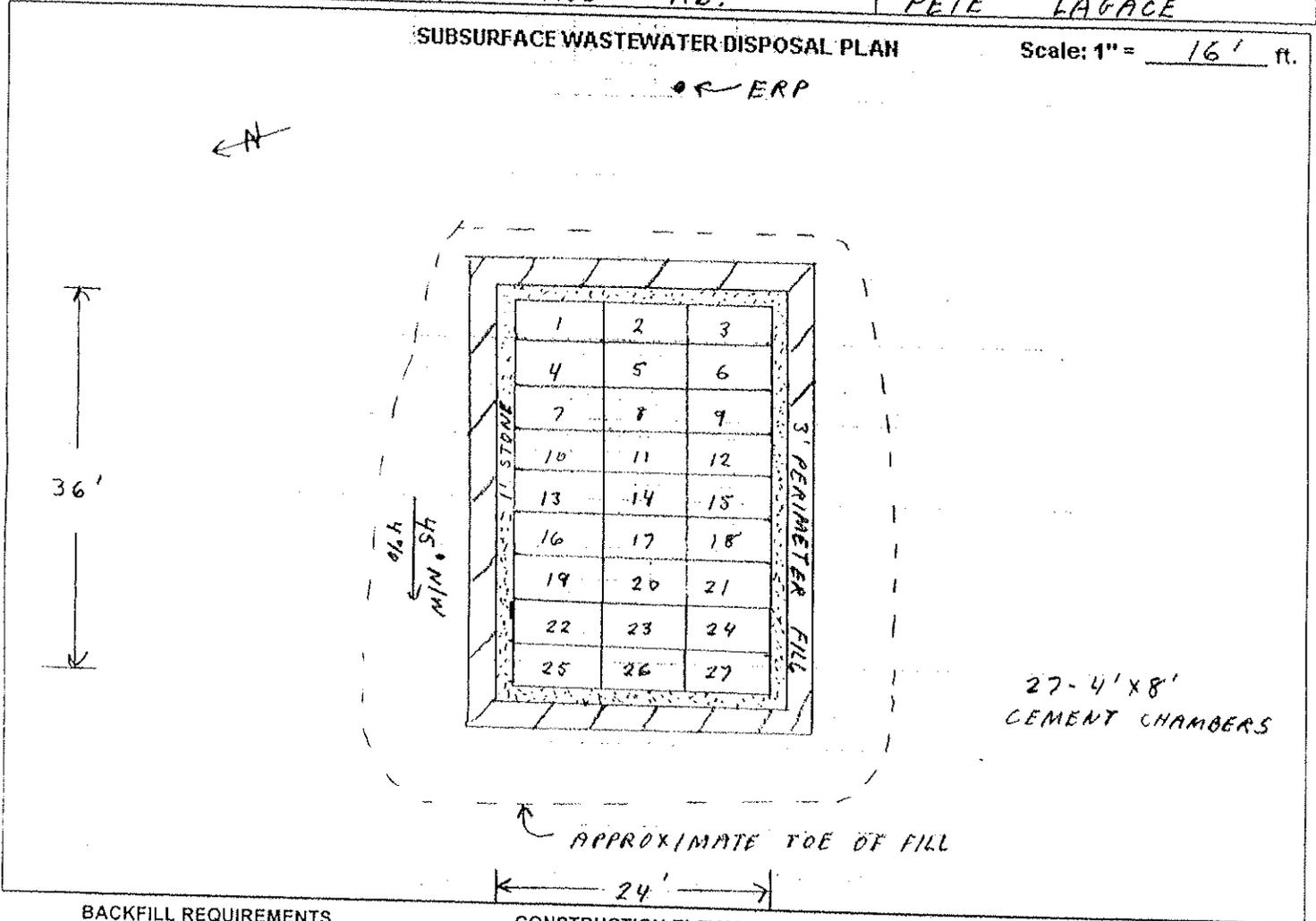
Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
8 ROD RD.

Owner or Applicant Name
PETE LAGACE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 16' ft.



BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 21"
 Depth of Backfill (downslope) 38"
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

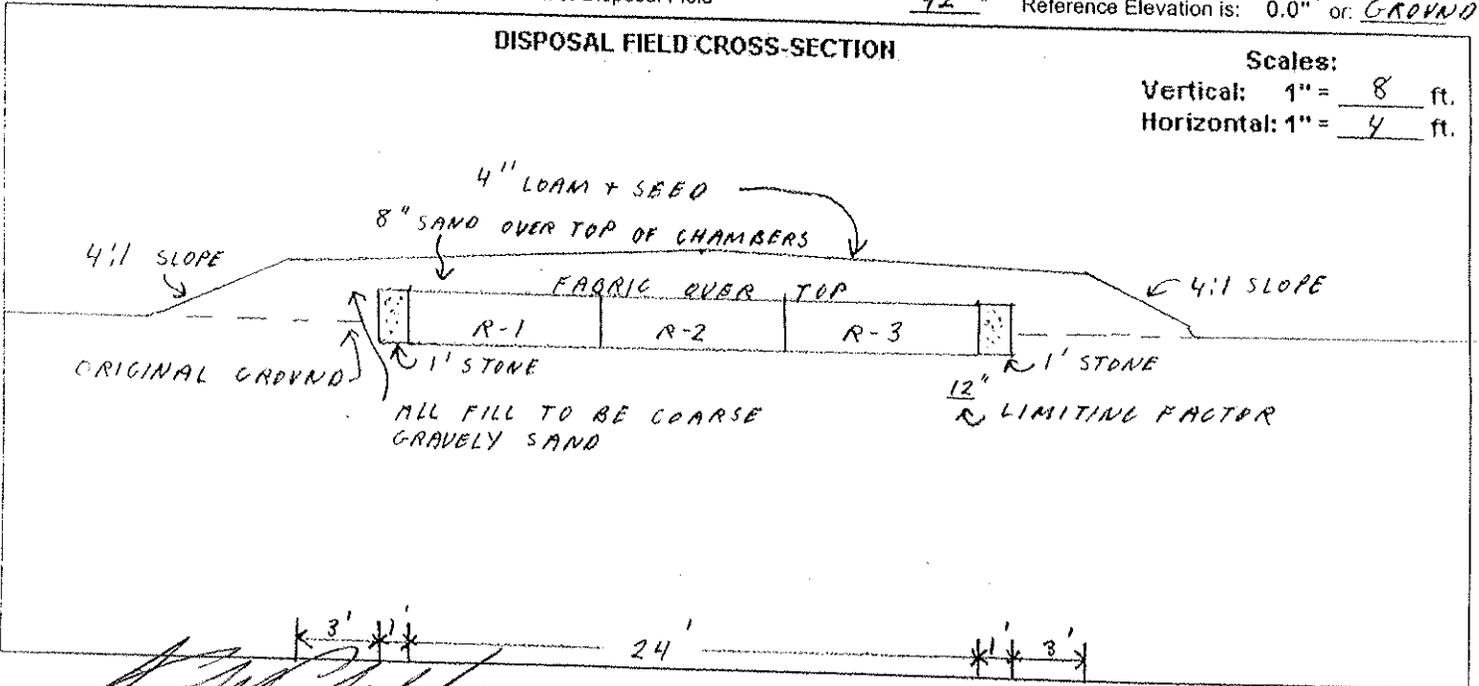
Finished Grade Elevation -25"
 Top of Distribution Pipe or Proprietary Device -29"
 Bottom of Disposal Field -42"

ELEVATION REFERENCE POINT

Location & Description: ERP IS TOP OF EXISTING METER BOX, 64" ABOVE
 Reference Elevation is: 0.0" or GROUND

DISPOSAL FIELD CROSS-SECTION

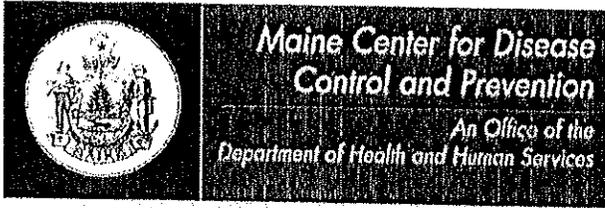
Scales:
 Vertical: 1" = 8' ft.
 Horizontal: 1" = 4' ft.



Site Evaluator Signature

256
 SE #

6/3/12
 Date



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-5672
Fax: (207) 287-4172; TTY: 1-800-606-0215

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION		Town of <u>AUGUSTA</u>
Property Owner's Name: <u>PETE LAGACE</u>	Tel. No.: _____	
System's Location: <u>41 8 RRD RD.</u>	_____	
Property Owner's Address: <u>128 STATE ST, AUGUSTA, ME.</u>	Zip Code <u>04330</u>	
e-mail address: _____		

The subsurface wastewater disposal system design for the subject property requires a replacement system variance first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires local approval local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)	SECTION OF RULE
1. <u>REDUCE DISTANCE FROM WELL TO 94'</u>	<u>TABLE 8A</u>
2. _____	_____
3. _____	_____

SITE EVALUATOR

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

SEPERATION IS WITHIN LIMITS

I, JOHN PHILBRICK, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

SIGNATURE OF SITE EVALUATOR

6/3/12
DATE

PROPERTY OWNER

I, _____, am the owner agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with 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
 AGENT FOR THE OWNER

6-15-12
DATE

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all First Time System Variance requests prior to rendering a decision.

I, Gary R. Smith, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) approve the requested variance. I (will will not) issue a permit for the system's installation as proposed by the application.

Gary R. Smith
LPI Signature

6/15/12
Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all First Time System Variance requests prior to forwarding to the Division of Environmental Health.

I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) recommend the issuance of a permit for the system's installation as proposed by the application.

LPI 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

- Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)
2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One): Outside Shoreland Zone-50 Inside Shoreland Zone-65 Subdivision-65