

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

| PROPERTY ADDRESS | |
|---|---|
| Town Or Plantation | Augusta |
| Street | 509 Riverside Dr. |
| Division Lot # | |
| PROPERTY OWNERS NAME | |
| Last: Hansen | First: Brian |
| Applicant Name: | Same |
| Mailing Address of Owner/Applicant (if Different) | 509 Riverside Dr. Augusta, Me. 04330 |

M6 L45B

| | | |
|--|----------------|---|
| AUGUSTA | PERMIT # 1,011 | TOWN COPY |
| Date Permit Issued: 4/24/87 | \$ 1820 FEE | <input type="checkbox"/> Double Fee Charged |
| Local Plumbing Inspector Signature: <i>[Signature]</i> | | L.P.I. # 808 |

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] 4-24-87
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>THIS APPLICATION IS FOR:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NEW SYSTEM <input checked="" type="checkbox"/> REPLACEMENT SYSTEM <input type="checkbox"/> EXPANDED SYSTEM <input type="checkbox"/> SEASONAL CONVERSION <input type="checkbox"/> EXPERIMENTAL SYSTEM | <p>THIS APPLICATION REQUIRES:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NO RULE VARIANCE REQUIRED <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form <input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval | <p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) <input type="checkbox"/> ENGINEERED (+ 2000 gpd) <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> TREATMENT TANK (ONLY) <input type="checkbox"/> HOLDING TANK <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM |
| <p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS: <u>unknown</u></p> <ol style="list-style-type: none"> <input type="checkbox"/> BED <input type="checkbox"/> CHAMBER <input type="checkbox"/> TRENCH <input type="checkbox"/> OTHER: _____ | <p>DISPOSAL SYSTEM TO SERVE:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER _____ SPECIFY _____ | <p>TYPE OF WATER SUPPLY</p> <p><u>Public Water</u></p> |
| <p>SIZE OF PROPERTY: <u>~ 2 ac.</u></p> | <p>ZONING: <u>Rural</u></p> | |

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

| | | | | | |
|--|---|---|---|---|--|
| <p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC <p>SIZE: <u>1000</u> GALS.</p> | <p>WATER CONSERVATION</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> LOW VOLUME TOILET <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM <input type="checkbox"/> ALTERNATIVE TOILET <p>SPECIFY: _____</p> | <p>PUMPING</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NOT REQUIRED <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) <input type="checkbox"/> REQUIRED <p>DOSE: _____ GALS.</p> | <p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>3 Bedroom minimum flow</u></p> | | |
| <p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table style="width: 100%;"> <tr> <td>PROFILE: <u>9</u></td> <td>CONDITION: <u>D</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>11</u></p> | PROFILE: <u>9</u> | CONDITION: <u>D</u> | <p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> MEDIUM-LARGE <input type="checkbox"/> LARGE <input checked="" type="checkbox"/> EXTRA LARGE | <p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> <input type="checkbox"/> BED <u>1400</u> Sq. Ft. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> TRENCH _____ Linear Ft. <input type="checkbox"/> OTHER: _____ | <p>DESIGN FLOW: <u>270</u> (GALLONS/DAY)</p> |
| PROFILE: <u>9</u> | CONDITION: <u>D</u> | | | | |

SITE EVALUATOR STATEMENT

SITE EVALUATION WAIVED BY LOCAL OPTION

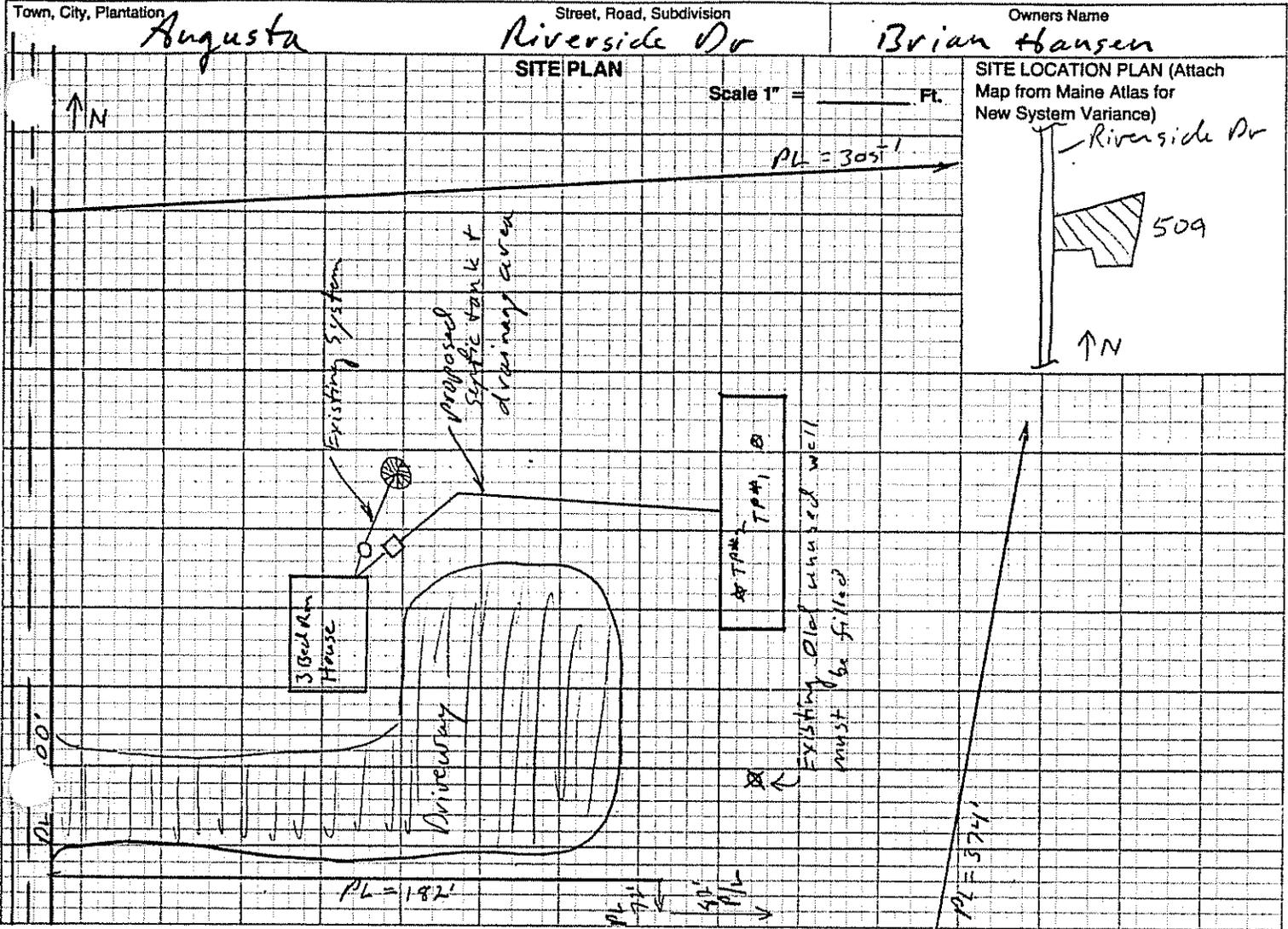
On 4/20/87 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

[Signature] _____ 201 _____ 4/22/87
Site Evaluator Signature SE# Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



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

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

| DEPTH BELOW MINERAL SOIL SURFACE (Inches) | Texture | Consistency | Color | Mottling |
|---|----------------|-------------|---------|-----------------|
| 0 | V.F. | | | |
| 6 | Sandy Loam | Loose | Dk. Br. | |
| 10 | | | | Common distinct |
| 15 | Silt Loam | Friable | ol. Br. | |
| 20 | Silt clay loam | Firm | Grey | Prominent many |
| 30 | | | | |
| 40 | | | | |
| 50 | | | | |

Soil Profile: 9 Classification: D Slope: 6 % Limiting Factor: 11 Ground Water Restrictive Layer Bedrock

Observation Hole TP#2 Test Pit Boring
1" Depth of Organic Horizon Above Mineral Soil

| DEPTH BELOW MINERAL SOIL SURFACE (Inches) | Texture | Consistency | Color | Mottling |
|---|----------------|-------------|---------|-----------------|
| 0 | | | | |
| 6 | S. Sandy Loam | Loose | Dk. Br. | |
| 10 | | | | Common distinct |
| 15 | S. Loam | Friable | ol. Br. | |
| 20 | S. C. Loam | Friable | ol. Br. | |
| 25 | Silt clay loam | Firm | ol. Br. | Prominent many |
| 30 | | | | |
| 40 | | | | |
| 50 | | | | |

Soil Profile: 9 Classification: D Slope: 5 % Limiting Factor: 11 Ground Water Restrictive Layer Bedrock

Hanson Bayher
Site Evaluator Signature

201
SE#

4/22/87
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

Augusta

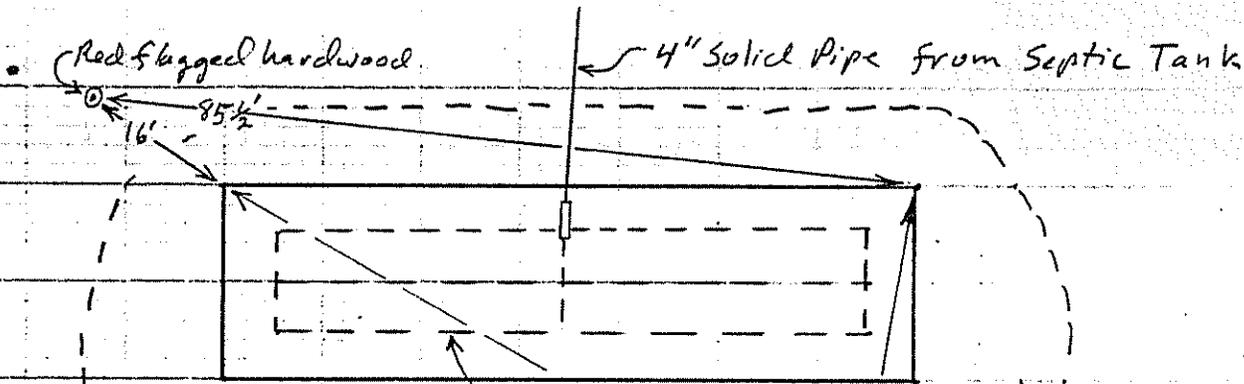
Riverside Dr

Brian Hansen

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

- construction to be in accordance with State Plumbing Code
- minimum slope of pipe from house to septic tank is 1/4" per ft.
- minimum slope of pipe from septic tank to drainage area is 1/16" per ft.



20' x 70' Drainage Area
4" Perforated Pipe + Distribution Box
Approx. limit of fill extension

Or *City of Augusta*

ERP is red flagged nail in ash tree.

- Unused well must be filled
- Fill extension and grades shown are minimum required. Owner may do more fill.
- Final grade must divert surface water away from Drainage Area.
- Septic tank must be at least 8' from house

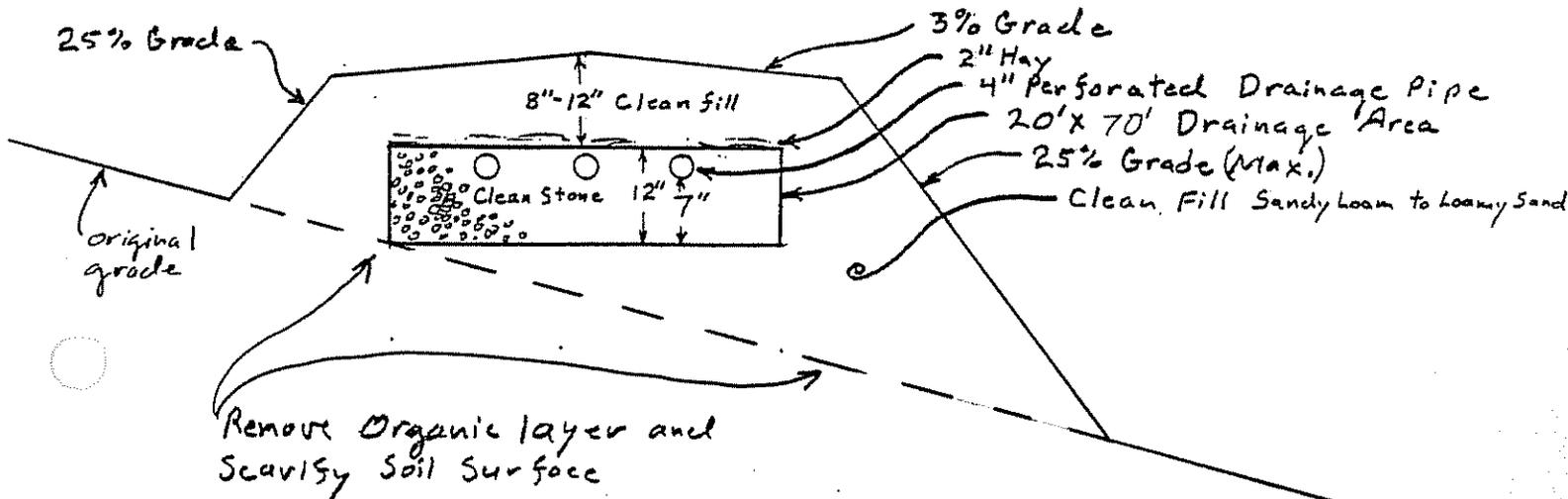
| FILL REQUIREMENTS | | CONSTRUCTION ELEVATIONS | | ELEVATION REFERENCE POINT LOCATION & DESCRIPTION | |
|---------------------------|-----|---------------------------------------|-------|--|--|
| Depth of Fill (Upslope) | 18" | Reference Elevation is | 0'00" | ERP is red flagged nail in Ash tree | |
| Depth of Fill (Downslope) | 36" | Bottom of Disposal Area | -38" | | |
| | | Top of Distribution Lines or Chambers | -27" | | |

DISPOSAL AREA CROSS SECTION



Scale:

Vertical: 1 inch = 2 Ft.
Horizontal: 1 inch = 10 Ft.



Remove Organic layer and Scarify Soil Surface

Jameson Brubaker
Site Evaluator Signature

201
SE#

4/23/87
Date

Replacement System Variance Request

IE 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 4/15/87
month/day/year

Property Owner's Name: Brian Hansen Tel. No. 622-9169

System's Location: 509 Riverside Dr
Street

Augusta MAINE 04330
Town Zip

Property Owner's Address:
(if different from above)
Street
W. Bank of the River
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.

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

| Variance Category | Variance Requested | Limit of LPI's Approval Authority | | Variance Requested to: | |
|------------------------------------|---------------------------|-----------------------------------|----------------------|------------------------|----------------------|
| Soils | | | | | |
| Soil Profile | Ground Water Table | to 6" | | 11" inches | |
| Soil Condition | Restrictive Layer | to 6" | | inches | |
| from HHE-200 | 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 | 100 | 300 | | |
| | 2. Well:<2000 gal/day | | | | |
| | a. Neighbor's | 100 [ⓐ] | 100 [ⓐ] | | |
| | b. Property Owner's | 50' | 60' | | |
| | 3. Water Supply Line | 10' | 10' | | |
| 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 | 8' | 15' | | |
| | 2. Without basement | 8' | 10' | | |
| Property Line | | 5' | 5' [ⓐ] | | |

Other Specify:

Footnotes:

- a. 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.
- b. Sufficient distance shall be maintained to assure that the toe of the fill does not extend beyond the 3:1 slope 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.

Harmon Bepko
Site Evaluator's Signature

4/22/87
Date

LPI Statement

I, *George M. Conroy Jr.*, LPI for Town of *Augusta* 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 M. Conroy Jr.
LPI's Signature

4-24-87
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.

Kevin T. Waman
Property Owner's Signature

4-24-87
Date