

M 6 L 45

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: Augusta

Street: Augusta Mobile Home Park

Subdivision Lot #: Riverside Drive & Bain Rd

PROPERTY OWNERS NAME

Last: SCHIAVI First: PROPERTIES

Applicant Name: JUDITH WINGATE - Marc

Mailing Address of Owner/Applicant (If Different): Box 83 Augusta Mobile Home Park Riverside Dr. Augusta, ME 04330

Augusta 2188 TOWN COPY

Date Permit Issued: 6-9-91 \$ STOP FEE Double Fee Charged

[Signature] L.P.I. # 1000

(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.

Judith Wingate 06/09/91
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.

[Signature] 9/11/91
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- EXPERIMENTAL SYSTEM

SEASONAL CONVERSION
to be completed by the LPI

- SYSTEM COMPLIES WITH RULES
- CONNECTED TO SANITARY SEWER
- SYSTEM INSTALLED - P# _____
- SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED 1950's

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: _____

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE
- 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
- MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER MOBILE HOME PARK
SPECIFY _____

INSTALLATION IS:

COMPLETE SYSTEM

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

INDIVIDUALLY INSTALLED COMPONENTS:

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

SIZE OF PROPERTY: 25.9± ACRES ZONING: RESIDENTIAL

TYPE OF WATER SUPPLY
AUGUSTA W.P. DISTRICT

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: 2-1000 GALS.

WATER CONSERVATION

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET
SPECIFY: _____

PUMPING

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

DOSE: _____ GALS.

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

4 UNITS @ 166 GPD
(SEE METRIC READINGS)

OFFICE MAINTENANCE
BLDG
3 EMPLOYEE @ 15 GPD = 45 GPD

709 + 19% = 845

DESIGN FLOW: 845 GPD
(GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
<u>9</u>	<u>D/E</u>

DEPTH TO LIMITING FACTOR: 3"-10"

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq. Ft.
- CHAMBER 2100 Sq. Ft.
 REGULAR H-20
- TRENCH _____ Linear Ft.
- OTHER: _____

SITE EVALUATOR STATEMENT

On 6-7-91 (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]
Site Evaluator Signature

181
SE#

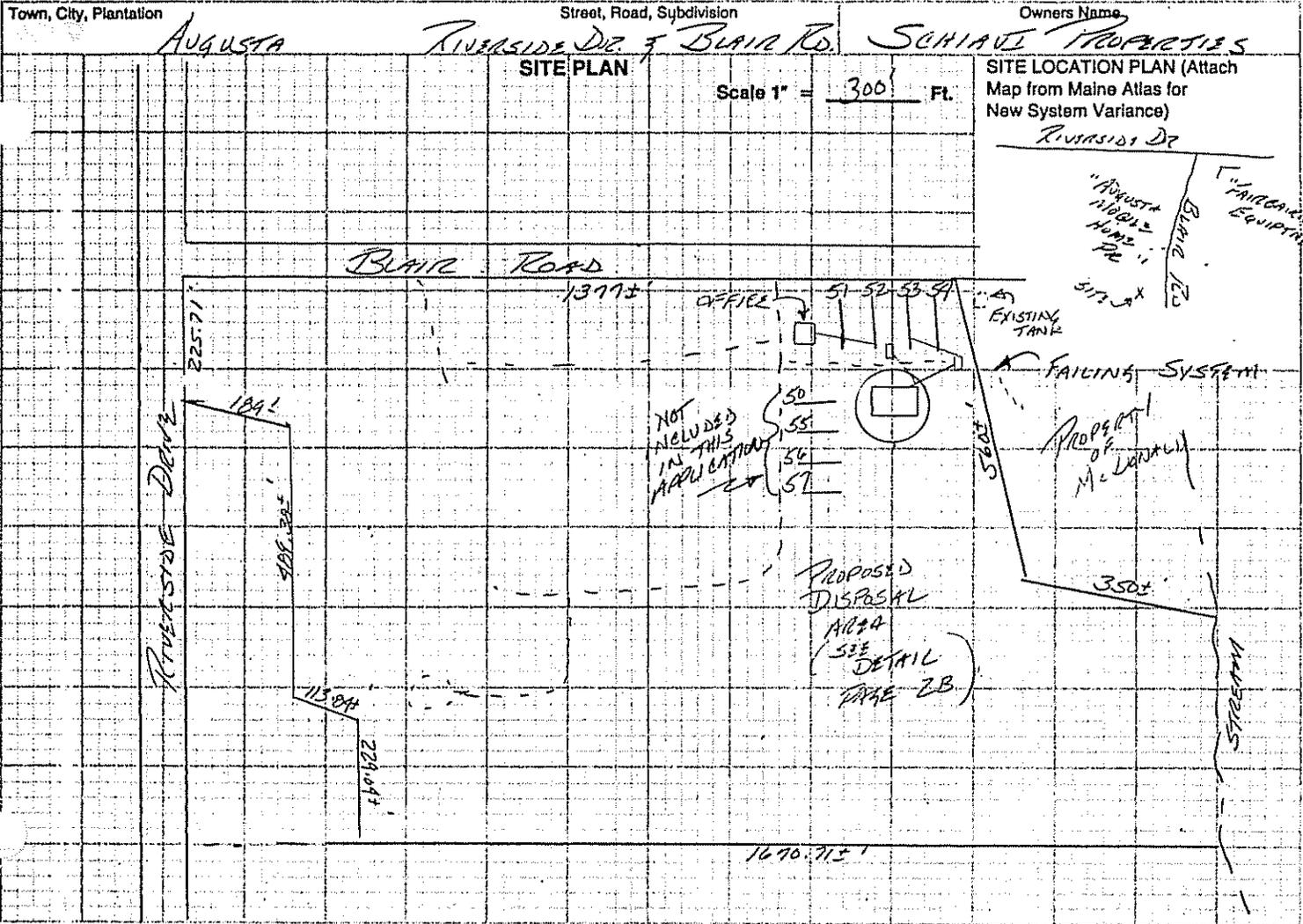
6-11-91
Date

NOTE: DESIGN IS FOR UNIT: 21-52-53-54 & OFFICE

Page 1 of 3
HHE-200 Rev. 11/86

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 1-2-3 Test Pit Boring
N/A * Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	LOAM	FRIABLE	BROWN	NONE EVIDENT
6	SILT LOAM	FIRM	OLIVE BROWN	FEW
10	SILT CLAY		OLIVE (G.A.H.)	CONTINUOUS DISTINCT
15				
20				
25				
30				
35				
40				
45				
50				

Soil Profile: <u>9</u>	Classification Condition: <u>D</u>	Slope: <u>3-10</u> %	Limiting Factor: <u>3-10</u>	<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

Observation Hole TP 3-4-5 Test Pit Boring
N/A * Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	SILT LOAM	FRIABLE	BROWN	NONE EVIDENT
6		FIRM	OLIVE	FEW TO CONTINUOUS DISTINCT
10	SILT CLAY		OLIVE (G.A.H.)	
15				
20				
25				
30				
35				
40				
45				
50				

Soil Profile: <u>9</u>	Classification Condition: <u>E</u>	Slope: <u>8-10</u> %	Limiting Factor: <u>3-4</u>	<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

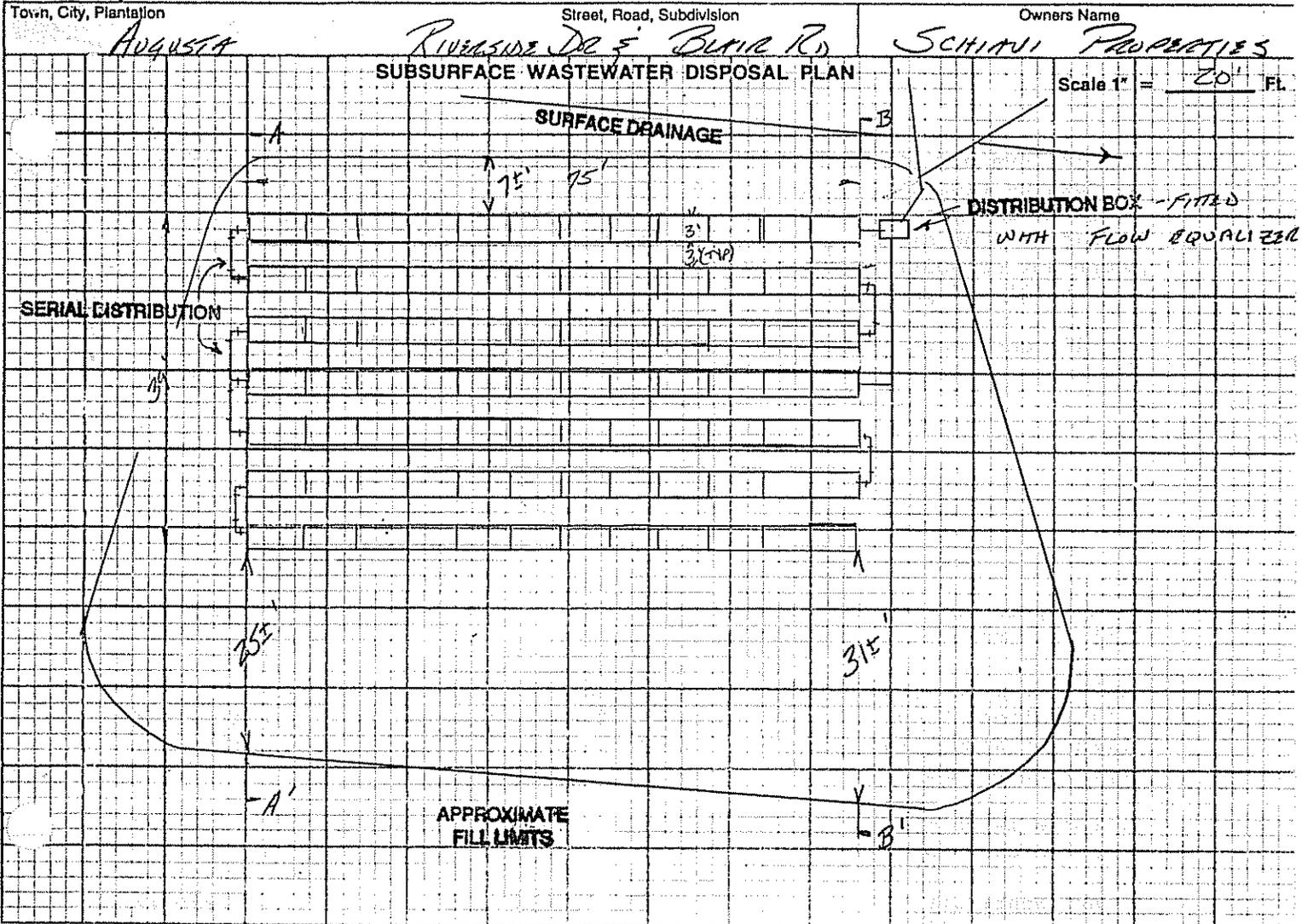
John Richard
Site Evaluator Signature

101
SE#

10-11-91
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



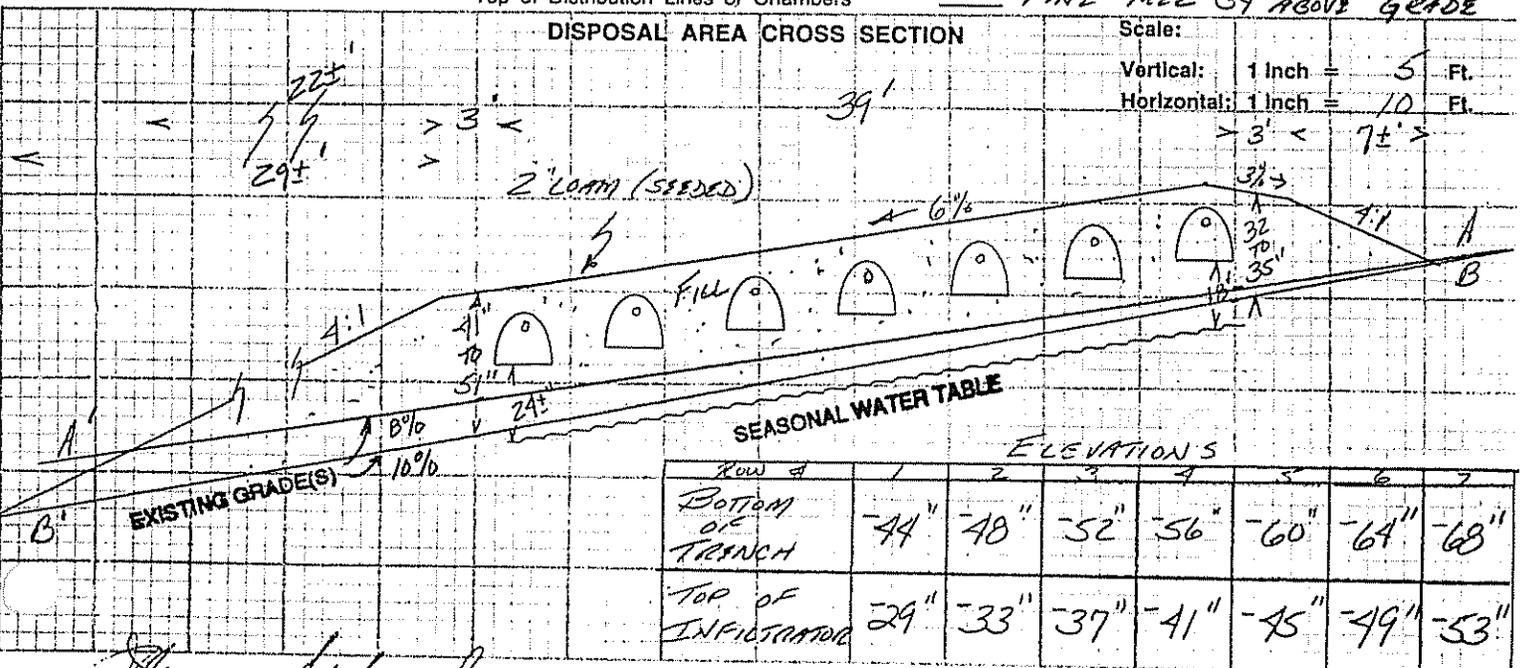
FILL REQUIREMENTS

Depth of Fill (Upslope) 32-35"
Depth of Fill (Downslope) 41 TO 51"

CONSTRUCTION ELEVATIONS

Reference Elevation is 00"
Bottom of Disposal Area SEE BELOW FLAGGED NAIL IN 12"
Top of Distribution Lines or Chambers " " PINE TREE 39" ABOVE GRADE

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION



John Richard
Site Evaluator Signature

181
SE#

6-11-91
Date

NOTES

1. Site evaluations conform to criteria of the "State of Maine-Subsurface Wastewater Disposal Rules-Capt 241" latest revision. Other environmental concerns are not evaluated and may require additional professional opinions. The delineation of wetlands when needed is to be performed by competent consultants engaged in such practice and may affect the suitability of particular sites.
2. All construction to conform to specifications in the "State of Maine-Subsurface Wastewater Disposal Rules-Chapt 241" latest revision.
3. Wells to be located a minimum 100' from disposal system. Systems to be a minimum 20' from structures with foundations 15' from other structures.
4. Property lines shown are as provided by owner/owner's agent no guarantee of accuracy is implied. Actual property lines must be confirmed by survey.
5. A septic tank outlet filter is recommended when installing a mechanical garbage disposal.
6. Pump stations, when required, shall be watertight to prevent infiltration. Pumps shall be installed to manufacturers specifications and sized for actual installed T.D.H.. For uninterrupted service during repair duplex pumps are required.
7. Force mains and pressure lines shall be flushed of foreign material and pumps checked for proper on/off cycle before being put in service.
8. Applicability of design must be reevaluated when location of structures are substantially different than shown on the site plan, or when other appurtenances(I.E. swimming pools) are considered.
9. Systems put into service prior to establishing proper cover shall be provided with adequate erosion controls.
10. Provide low profile tanks when determined needed in the field. All tanks may be field located at least 8' from structures.
11. All components subject to freezing must be adequately insulated.
12. The LPI shall inform the owner and designer of local ordinances exceeding the "Rules" prior to issuing a permit, so that necessary amendments can be made.
13. All designs are subject to Local, State, or Federal review. Designers liability shall be limited to required revisions. In no case shall liability exceed designers fee.

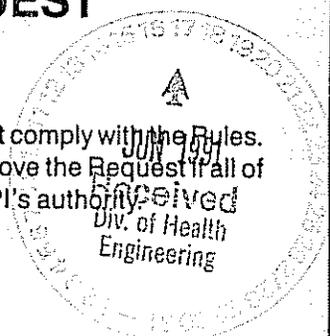
The owner/applicants signature on page one acknowledges their understanding of the "Notes".

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 does not comply 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 can be met, and the variance(s) requested fall within the limits of LPI's authority:

1. The proposed design meets the definition of a Replacement System from the rules.
2. A 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 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

Permit No. 2188 E

Date Permit Issued 6-19-91
MONTH/DAY/YEAR

Property Owner's Name: SCHIARI PROPERTIES Tel. No. 623-3726

System's Location: AUGUSTA MOBILE HOME PARK - RIVERSIDE DR & BLAIR RD
STREET

AUGUSTA Maine 04330
TOWN ZIP

Property Owner's Address: Box 93 AUGUSTA MOBILE HOME PARK
(if different from above) 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.

JUN 14 1991

PROPERTY OWNER'S SIGNATURE

DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table	to 6"		3 TO 10 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 ^a	300 ^a	}	}
	2. Well: < 2000 gal/day				
	a. Neighbor's	50 ^b	60 ^b		
	b. Property Owner's	25'	50'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5 ^c	10 ^c		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

OTHER

1. Fill extension Grade—to 3:1 N/A

2. _____

3. NOTE: SEE WATER USE DATA PREVIOUSLY SUBMITTED WITH APPLICATION FOR UNITS 59-60-61-62-63-64-65-66-67 ON 5-24-91 APPROVED BY DEPARTMENT ON 5-30-91

Footnotes:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but 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.

John Richard
SITE EVALUATOR'S SIGNATURE

6-11-91
DATE

LPI STATEMENT

I, George A. Soule, Sr., LPI for the 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 Wastewater Disposal 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, 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 shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: _____

George A. Soule, Sr.
LPI'S SIGNATURE

6-17-91
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.

Rob L. Miller SPT
SIGNATURE OF THE DEPARTMENT

6-19-91
DATE