

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

08158403

PROPERTY ADDRESS
 Town or Plantation: Augusta
 Vision Lot #: Route 3
PROPERTY OWNER'S NAME
 Last: Edwards First: Bryan
 Applicant Name: Bryce Brian Edwards
 Mailing Address of Owner/Applicant (if Different): B-1025 Church Hill Road Augusta Me 04330

7-5A

AUGUSTA PERMIT # 1,441 TOWN COPY

Date Permit Issued: 9/23/88 \$ 20.00 FEE If Double Fee Charged
 L.P.I. # 10A
 Local Plumbing Inspector Signature: [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: [Signature] Date: 9/23/88

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: 11/23/88

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</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"/> EXPERIMENTAL SYSTEM</p> <p>SEASONAL CONVERSION to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____ <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p> <p>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED <u>?</u> THE FAILING SYSTEM IS 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input checked="" type="checkbox"/> OTHER <u>?</u></p> <p>SIZE OF PROPERTY: <u>.616 ac</u> ZONING: _____</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input type="checkbox"/> NO RULE VARIANCE 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 a. <input type="checkbox"/> Requires Local Plumbing Inspector Approval b. <input checked="" type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p> <p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER <u>Store</u> SPECIFY _____</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</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>INDIVIDUALLY INSTALLED COMPONENTS</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL. 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>TYPE OF WATER SUPPLY <u>Dug well</u></p>
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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 2. <input type="checkbox"/> AEROBIC <u>GREASE TRAP REC.</u> SIZE <u>1000</u> GALS.</p>	<p>WATER CONSERVATION</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>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION & ELEVATION) 3. <input checked="" type="checkbox"/> REQUIRED DOSE: <u>145</u> GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>1-1 bedroom apt. @180gpd. 5 employe @15gpd each. 400sq ft. take out rest. 200gpd.</u></p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PROFILE</td> <td style="width: 50%;">CONDITION</td> </tr> <tr> <td style="text-align: center;"><u>9</u></td> <td style="text-align: center;"><u>E</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>3</u> "</p>	PROFILE	CONDITION	<u>9</u>	<u>E</u>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input checked="" type="checkbox"/> EXTRA-LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER <u>1120</u> Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____</p>	<p>DESIGN FLOW: <u>455</u> (GALLONS/DAY)</p>
PROFILE	CONDITION						
<u>9</u>	<u>E</u>						

EVALUATOR STATEMENT
 On 8/15/88 (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.

Site Evaluator Signature: [Signature] SE# 51 Date: 8/15/88
 Approved for use as HHE 200 by Division of Health Engineering 9/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

08158403

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

Route 3

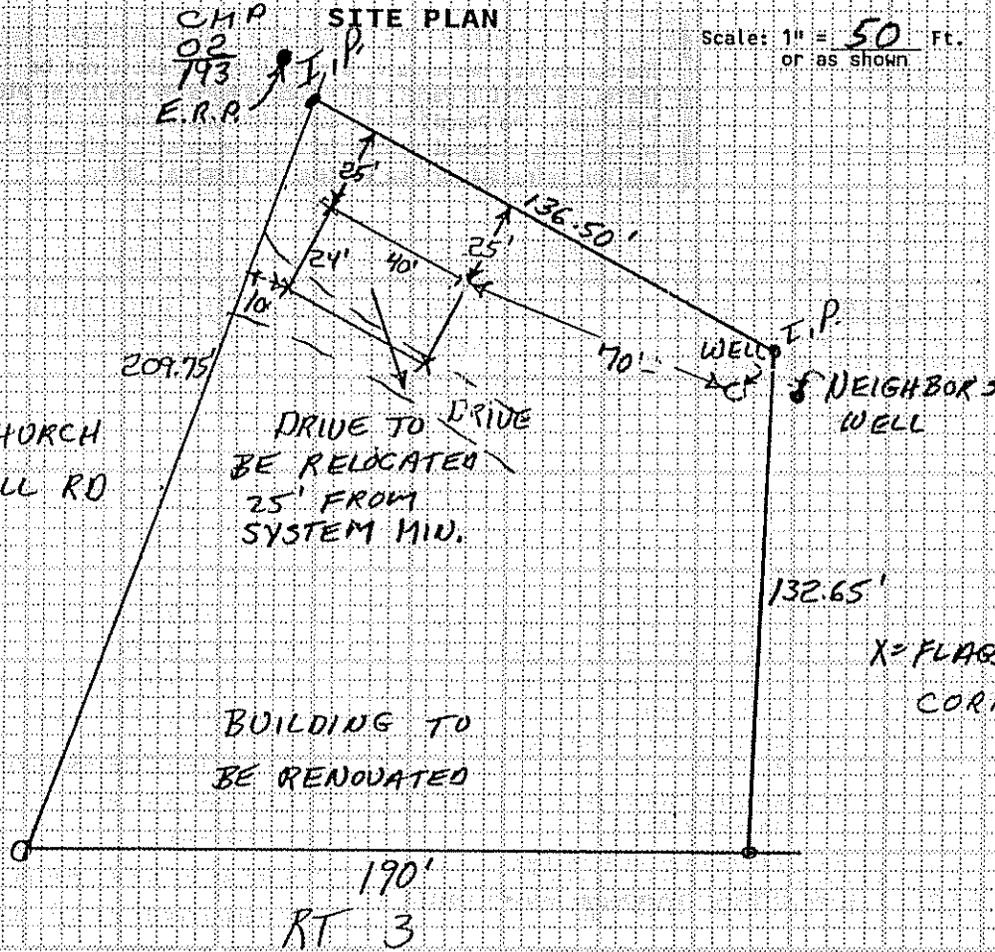
Edwards, Brian

SITE PLAN

Scale: 1" = 50 Ft.
or as shown

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

Inches	Texture	Consistency	Color	Mottling
0				
6	Si L	MOO FIRM	B	3"
10				
15				
20				
30	c/s	FIRM	G.B.	
40				
50				

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

Inches	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Classification 9 E Slope 10 % Limiting Factor 3 Ground Water
 Profile Condition 10 % Restr. Layer Bedrock

Soil Classification _____ Slope _____ % Limiting Factor _____ Ground Water
 Profile Condition _____ % Restr. Layer Bedrock

Alan W. Kish
 Site Evaluator Signature

51
 SE#

8/15/88
 Date

Approved for use as
 HHE 200 by Division of
 Health Engineering 9/87

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

Permit No. 1441 E Town of Augusta
Date Permit Issued 9/30/88
MONTH/DAY/YEAR
Property Owner's Name: Bruce K. Edwards Tel. No. 622-6657
System's Location: (Mickey's Mkt.) North Belfast Ave. / Church Hill Rd.
STREET
Augusta Maine Maine 04330
TOWN ZIP
Property Owner's Address: 1025 Church Hill Road
(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, they 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.

Bruce K. Edwards
PROPERTY OWNER'S SIGNATURE

9/23/88
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"		3	inches
	Restrictive Layer	to 6"		10	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	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

2.

3.

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.

William W. Adams
SITE EVALUATOR'S SIGNATURE

8/15/88
DATE

LPI STATEMENT

I, *George Cowy Jr.*, 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 Cowy Jr.
LPI'S SIGNATURE

9-30-88
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.

David P. Breaux
SIGNATURE OF THE DEPARTMENT

Sept. 30, 1988
DATE