

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

07059617

PROPERTY ADDRESS	
Town Or Plantation	Augusta
Street	Church Hill Road
Division Lot #	
PROPERTY OWNER'S NAME	
Last: Veilleaux	First: Gertrude
Applicant Name:	Robert Pierce
Mailing Address of Owner/Applicant (If Different)	R-1 B-1093 Augusta Me 04330

CAUTION: INSPECTION REQUIRED

AUGUSTA PERMIT # 1,669 TOWN COPY

Date Permit Issued: 7/5/89 Double Fee Charged

L.P.I. # 1804

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.

Robert M. Pierce Sr. 7/5/89
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.

Way R. Tuller 7/5/89
Local Plumbing Inspector Signature Date Approved

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# _____ 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p> <p>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED ? _____ 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 ? _____</p> <p>SIZE OF PROPERTY: <u>200'x200'</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 checked="" type="checkbox"/> Requires Local Plumbing Inspector Approval b. <input 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 checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ 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 checked="" 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 Drilled well</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 2. <input type="checkbox"/> AEROBIC</p> <p>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 checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION & ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.)</p> <p>2 bedrooms</p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1" style="width: 100%;"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td><u>8</u></td> <td><u>C</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>18</u> "</p>	PROFILE	CONDITION	<u>8</u>	<u>C</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 checked="" type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA-LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input checked="" type="checkbox"/> BED <u>1000</u> Sq. Ft. 2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input 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>240</u> (GALLONS/DAY)</p>
PROFILE	CONDITION						
<u>8</u>	<u>C</u>						

SITE EVALUATOR STATEMENT

On 7/5/89 (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.

Alvin W. Rich
Site Evaluator Signature

51 SE# 7/5/89 Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

07059617

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

Church Hill Road

Veilleaux, Gertrude

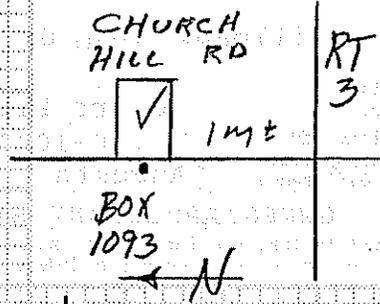
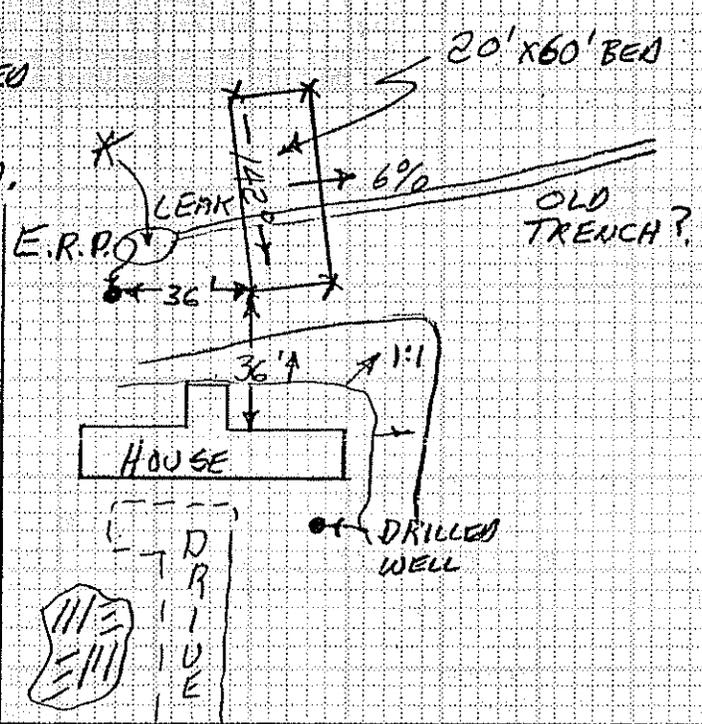
SITE PLAN

Scale: 1" = 50 Ft.
or as shown

SITE LOCATION PLAN

(Attach Map from Maine Atlas for New System Variance)

*REMOVE OLD SYSTEM COMPLETELY. BACKFILL AND COMPACT. TANK MAY BE USED IF 1000 GALLONS AND IN GOOD COND.



X = FLAGS MARK APPROX CORNERS OF BED

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

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

Inches	Texture	Consistency	Color	Mottling
0				
6	INTER.	FRIABLE	B	
10	F.S., S.L.			
15	SI., AND			
20	C/S			18'
30		FIRM	G-B	
40				
50				

Soil Classification Profile 4 Condition C Slope 6 % Limiting Factor 18 Ground Water Restr. Layer Bedrock

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

Wm W. R...
Site Evaluator Signature

51
SE#

7/5/89
Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

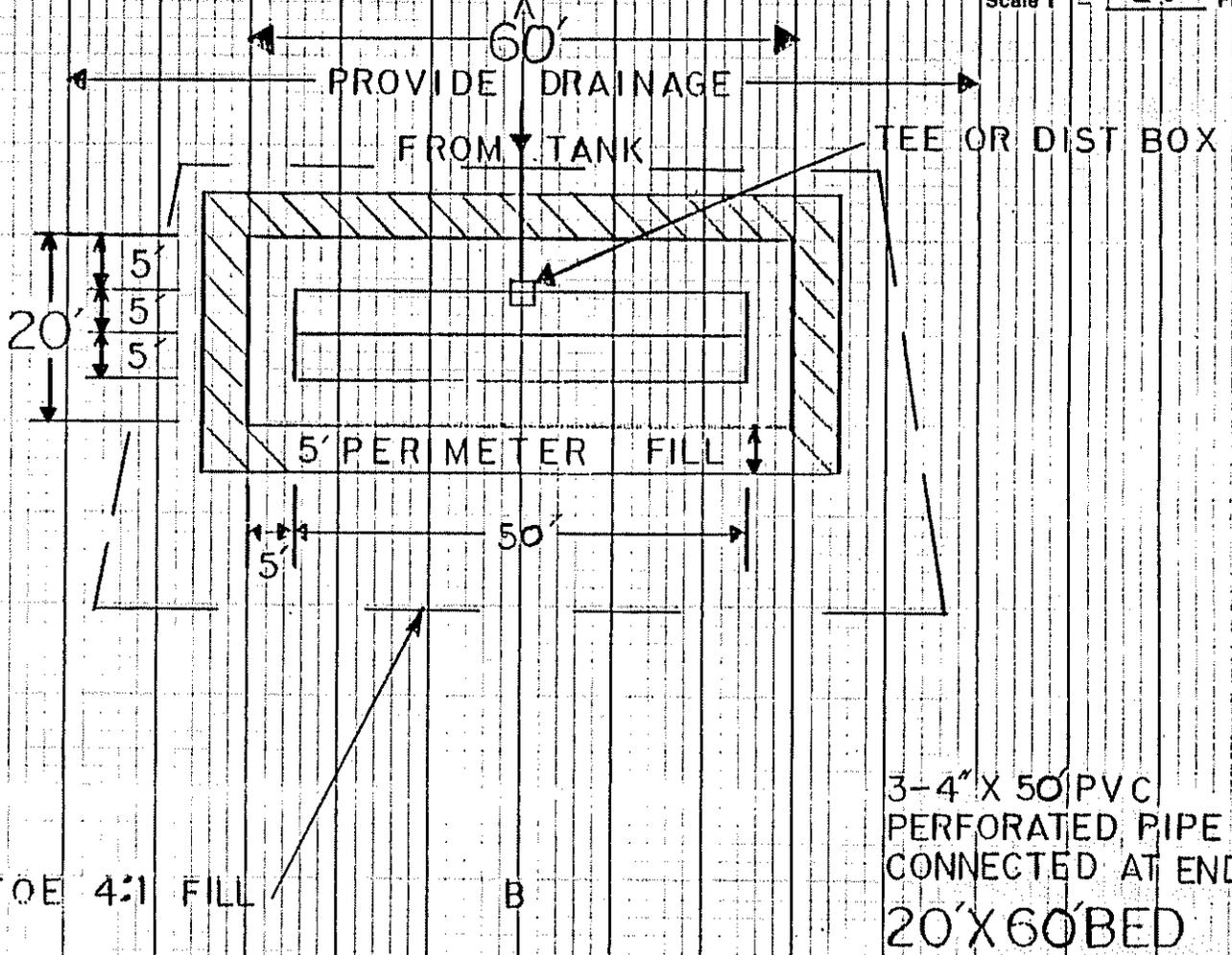
AUGUSTA

CHURCH HILL RD

VEILLEAUX

SUBSURFACE WASTEWATER DISPOSAL PLAN

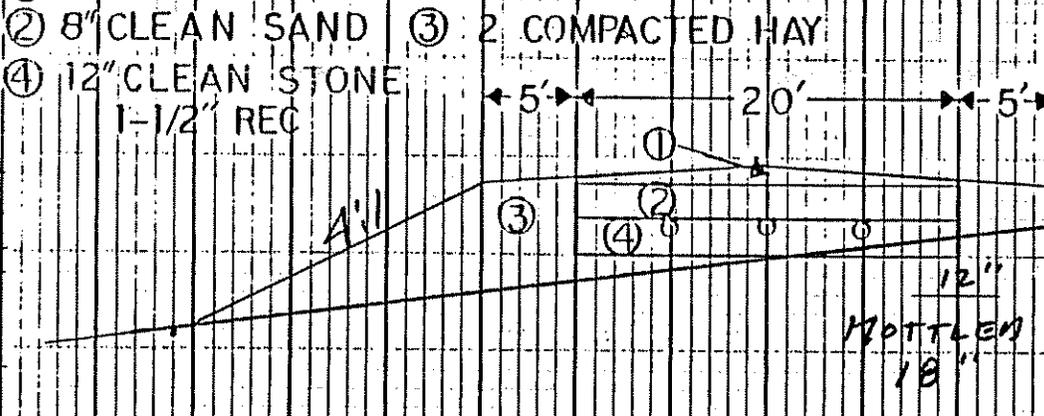
Scale 1" = 20 Ft.



3-4" X 50' PVC
PERFORATED PIPE
CONNECTED AT ENDS
20' X 60' BED

FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	18"	Reference Elevation Is
Depth of Fill (Downslope)	33"	Bottom of Disposal Area
		Top of Distribution Lines or Chambers
		0
		-66"
		-55"
		NAIL IN CLOTHESLINE POLE

3% DISPOSAL AREA CROSS SECTION



Scale	Vertical	Horizontal
	1 inch = 5 Ft.	1 inch = 10 Ft.
		ERP 0"
		-55"
		-66"

FILL MATERIAL TO BE LOAMY SAND
GRUB SURFACE - REMOVE ORGANICS

Donald W. Rider
Site Evaluator Signature

51

SE#

7/5/89
Date

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. 1669 E Town of Augusta
Date Permit Issued 7-6-89
MONTH/DAY/YEAR
Property Owner's Name: Gertrude VerHeaux Tel. No. 623-8583
System's Location: Church Hill Road STREET
Augusta TOWN Maine 04330 ZIP
Property Owner's Address: Same STREET
(if different from above) 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.

Gertrude VerHeaux
PROPERTY OWNER'S SIGNATURE

7-6-89
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"		_____ inches	
	Restrictive Layer	to 6"		_____ 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'	70'	60'
	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.

Wm W. K... [Signature]
SITE EVALUATOR'S SIGNATURE

7/25/89
DATE

LPI STATEMENT

I, George H. Soney 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 Soney Jr. [Signature]
LPI'S SIGNATURE

7-6-89
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

ADDITIONAL INFORMATION ABOUT YOUR SEPTIC SYSTEM

1. YOU SHOULD HAVE YOUR SEPTIC TANK PUMPED OUT AND CHECKED EVERY TWO YEARS OR MORE OFTEN TO PROLONG THE LIFE OF YOUR SYSTEM.

2. IF YOU PLAN TO INSTALL A GARBAGE DISPOSAL IN YOUR HOME YOU SHOULD HAVE THE NEXT AVAILABLE SIZE SEPTIC TANK INSTALLED. An alternative to this is the installation of a Zabel Industries Inc. Multi-purpose Filter, Model #A100 or equivalent on the outlet end of the septic tank.

3. Water softeners should drain to a separate grey water disposal system.

4. Your septic tank must be installed level and all joints, inspection covers etc. must be water tight. The same is necessary for a pump tank if your system requires one.

5. The outlet invert elevation should be equal to or higher than the finish grade of the septic field to avoid flooding of the tank and solids entering the field.

6. Your system is designed to handle laundry waste water provided a separated laundry system is not indicated on Page 1 of your HHE-200 form and the total daily design flow shown on Page 1 is not exceeded. If a low water toilet is required it must use less than 1.5 gallons per flush.

EXCERPTS FROM MAINE PLUMBING CODE

1. The vegetation and the organic horizon in the proposed disposal area and fill extensions shall be removed and the ground surface scarified to minimize glazing of the original soil.

2. The bottom of the disposal area and distribution line shall be level with a maximum grade tolerance of 1 inch per 100 feet.

3. Fill shall be free of foreign material, placed in 8 inch lifts and compacted as placed. Fill shall be sandy loam or coarser and specified on application.

4. The finish grade of the backfill over the disposal area shall be crowned from the center of the disposal area at a 3% slope and extend 3 ft. beyond the edge of the disposal area. At that point the fill shall be sloped at a uniform grade of no greater than 25% to the original ground. All stone used in disposal area shall be clean and conform to one of the size rating from Table 11-2. (SEE NEXT PAGE)

5. The land adjacent to the disposal area shall be graded to prevent both the accumulation of surface water on the disposal area, and the flow of surface water across the disposal area.

6. The finished disposal area and fill extensions shall be seeded to prevent erosion. (a) Grass, clover, trefoil, vetch, perennial wildflowers, or other herbaceous perennials may be utilized for disposal area surfaces. Woody shrubs are unacceptable. (b) Woody shrubs in conjunction with a hardy perennial ground cover may be used on fill extensions only.

ADDITIONAL EXCERPTS FOR BED TYPE DISPOSAL SYSTEMS

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1. The distribution system shall be designed to uniformly distribute wastewater throughout the entire bed disposal area using one of the following distribution methods: (a) perforated distribution pipe installed and aligned so that the holes are located in the lower half of the pipe and meet the materials standards listed in Table 8-1. (b) Small diameter pressure pipe in a pressure distribution system.

2. Distribution lines shall be installed a maximum of 5 feet from the bed's stone edge and equally spaced with a maximum separation distance between lines of 5 feet.

3. A minimum total of 12 inches of stone as specified in Section 11.D.4 shall be used on the bottom of the bed disposal area. The distribution system shall be installed totally within the stone.

Section 11.D.4 Table 11-2 Stone Size Ratings %passing sieve

Rating	3"	2-1/2"	2"	1-1/2"	1"	3/4"	1/2"	#200
2-1/2"	100	90/100	50/100	0/35	0/10	0/8	0/5	0/3
2"	100	100	90/100	50/100	0/35	0/8	0/5	0/3
1-1/2"	100	100	100	90/100	60/100	0/35	0/8	0/3
1"	100	100	100	100	90/100	70/100	0/35	0/3
3/4"	100	100	100	100	100	80/100	0/35	0/3

4. The stone shall be completely covered with one of the following materials: (a) a minimum of 2 inch layer of compressed hay. (b) one layer of an approved non-woven filter fabric. (c) one inch of fiberglass insulation.

5. Clean backfill, 8-12 inches in depth, shall be carefully placed over the hay layer or approved substitute.

6. No portion of any bed disposal area shall be located under a paved area or any driveway or roadway.

ADDITIONAL EXCERPTS FOR CHAMBER TYPE DISPOSAL SYSTEMS

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1. Only those chambers listed in Appendix D or having the Department's written approval shall be installed. 2. Only H-20 rated chambers shall be installed under driveways or parking areas. 3. Chambers shall be vented per manufacturer's specifications. 4. Allowance for use of sidewall shall be as specified in Appendix D. 5. When stone is required for chamber installation, the stone shall conform to Table 11-2, above.

Note: Due to the many chamber's on the market you should consult with your contractor and/or supplier of the chambers for specific recommendations. Infiltrator* chambers may be substituted for concrete chambers but the HHE-200 form and design must be changed. The reverse of this is also true.

IF YOU HAVE ANY QUESTIONS OR DOUBT THAT YOUR SYSTEM IS BEING INSTALLED PROPERLY, CONTACT THE SITE EVALUATOR THAT PERFORMED YOUR SITE EVALUATION AND PREPARED THE PLANS.