268-4382

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Subdivision Lot #	RTE. 3

PROPERTY OWNERS NAME

Last: CUSICK First: WILLIAM

Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	RTE. 197 BOX 2092 LITCHFIELD, ME. 04350

7-58

AUGUSTA PERMIT # 1,353 TOWN COPY

Date Permit Issued 6 22 88 $ 440.00 FEE ☐ If Double Fee Charged

Gary F. Fuller L.P.I. # 850

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.

William T. Cusick Jr.

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

THIS APPLICATION IS FOR:

1. ☐ NEW SYSTEM
2. ☒ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ SEASONAL CONVERSION
5. ☐ EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1. ☐ NO RULE VARIANCE REQUIRED
2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form
   ☒ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
3. ☒ Requiring Local Plumbing Inspector Approval
4. ☐ Requires State and Local Plumbing Inspector Approval

INSTALLATION IS:

COMPLETE SYSTEM

1. ☒ NON-ENGINEERED SYSTEM
2. ☐ PRIMITIVE SYSTEM (Includes Alternative Toilet)
3. ☐ ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

4. ☐ TREATMENT TANK (ONLY)
5. ☐ HOLDING TANK
6. ☐ ALTERNATIVE TOILET (ONLY)
7. ☐ NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS: UNKNOWN

1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER _____

DISPOSAL SYSTEM TO SERVE:

1. ☒ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

SIZE OF PROPERTY	ZONING
1.5± AC.	COMMERCIAL

TYPE OF WATER SUPPLY

DRILLED WELL (EXACT LOCATION UNKNOWN)

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ☒ SEPTIC: ☒ Regular ☐ Low Profile
2. ☐ AEROBIC

SIZE: 1000 GALS.

WATER CONSERVATION

1. ☐ NONE
2. ☒ LOW VOLUME TOILET
3. ☐ SEPARATED LAUNDRY SYSTEM
4. ☐ ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

1. ☐ NOT REQUIRED
2. ☐ MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
3. ☒ REQUIRED

DOSE: 55 GALS.

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

2 BEDROOMS

MIN. FLOW:

DESIGN FLOW: 180 G.P.D. (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
9	D

DEPTH TO LIMITING FACTOR: 6

SIZE RATINGS USED FOR DESIGN PURPOSES

1. ☐ SMALL
2. ☐ MEDIUM
3. ☐ MEDIUM-LARGE
4. ☐ LARGE
5. ☒ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. ☒ BED 900 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

On 3/23/85 (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.

Paul A. Beers

Site Evaluator Signature

STATE OF MAINE PAUL A. BEERS NO. 56 LICENSED SOIL EVALUATOR

SE#

3/24/85

Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: AUGUSTA

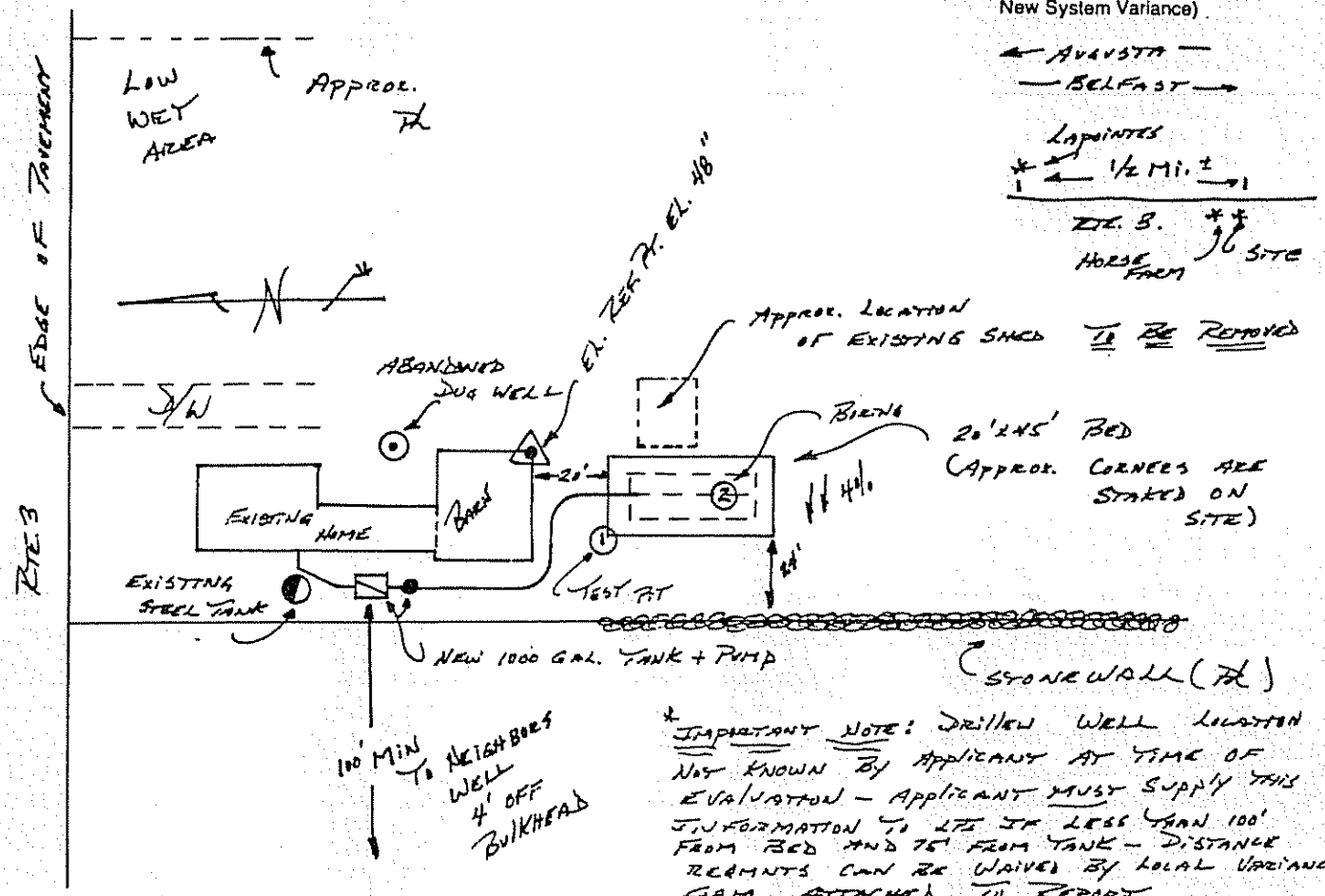
Street, Road, Subdivision: RTE. 3

Owners Name: William Cusick

SITE PLAN

Scale 1" = 50 Ft.

SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)



*IMPORTANT NOTE: DRILLED WELL LOCATION NOT KNOWN BY APPLICANT AT TIME OF EVALUATION – APPLICANT MUST SUPPLY THIS INFORMATION TO LPI IF LESS THAN 100' FROM BED AND 75' FROM TANK – DISTANCE REQUIRMENTS CAN BE WAIVED BY LOCAL VARIANCE FORM ATTACHED TO REPORT.

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

Observation Hole 1 — ☒ Test Pit ☐ Boring

1" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling
SILT LOAM	FRIABLE	DK. BROWN	COMMON
		OLIVE	DISTINCT @ 6"
SILTY CLAY LOAM	FIRM	GREY	
REFUSAL	V. FIRM		

Soil Profile	Classification Condition	Slope	Limiting Factor	
9	D	4 %	6"	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole 2 — ☐ Test Pit ☒ Boring

1" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling
SILT LOAM	FRIABLE	DK BROWN	COMMON
		OLIVE	DISTINCT @ 6"
SILTY CLAY LOAM	FIRM	GREY	
REFUSAL	V. FIRM		

Soil Profile	Classification Condition	Slope	Limiting Factor	
9	D	4 %	6"	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock

Paul C. Beers
Site Evaluator Signature

#56
SE#

3/24/85
Date

HHE-200 Rev.1/84

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

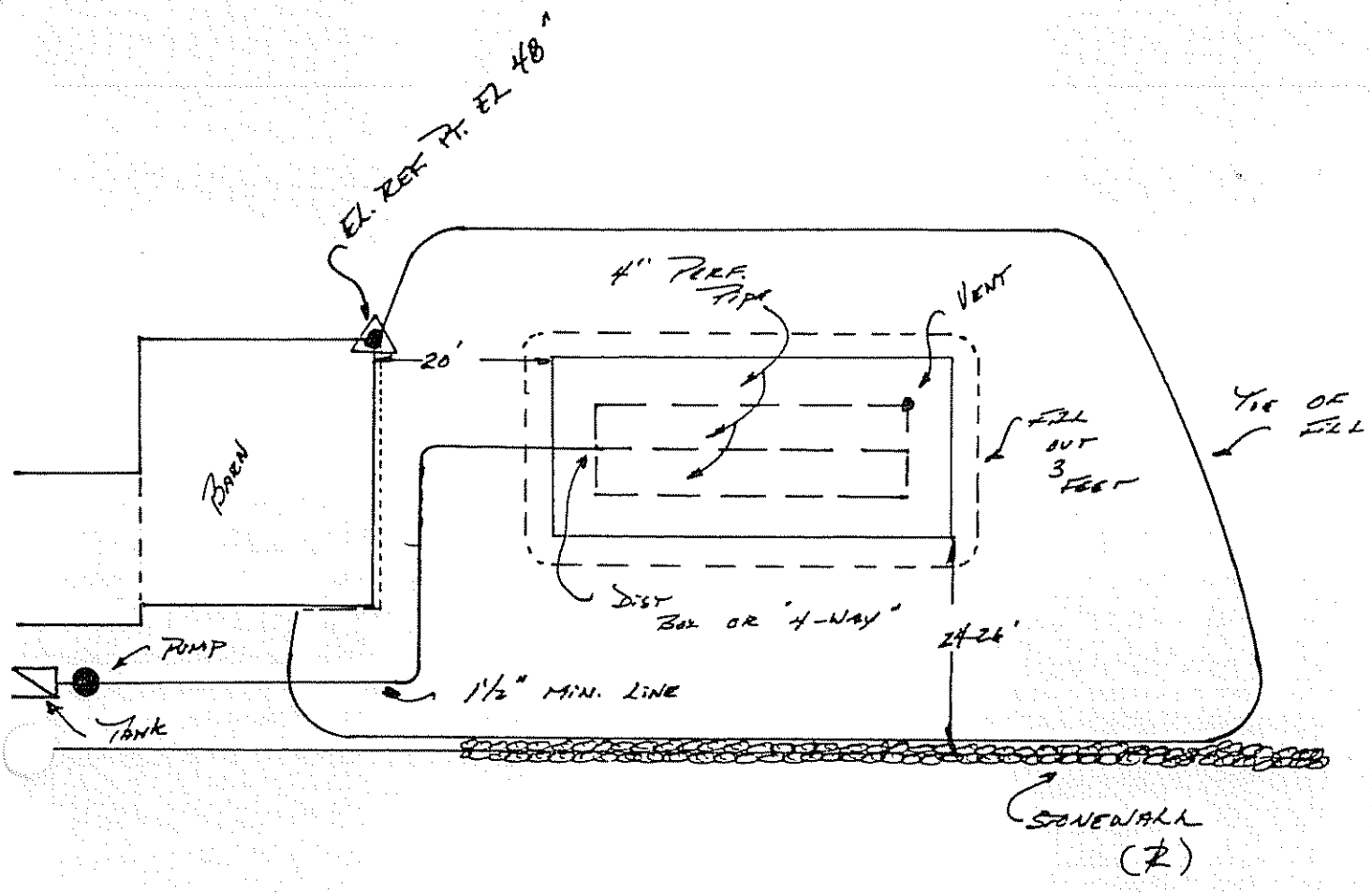
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: RTE. 3

Owners Name: William Cusick

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	30"	Reference Elevation is	48"	NAIL IN CORNER OF BARN 48" ABOVE BOTTOM OF BED
Depth of Fill (Downslope)	40"	Bottom of Disposal Area	0"	
		Top of Distribution Lines or Chambers	11"	

DISPOSAL AREA CROSS SECTION

{SEE ATTACHED SHEET FOR BED CROSS-SECTION}

Scale:

Vertical: 1 inch = Ft.

Horizontal: 1 inch = Ft.

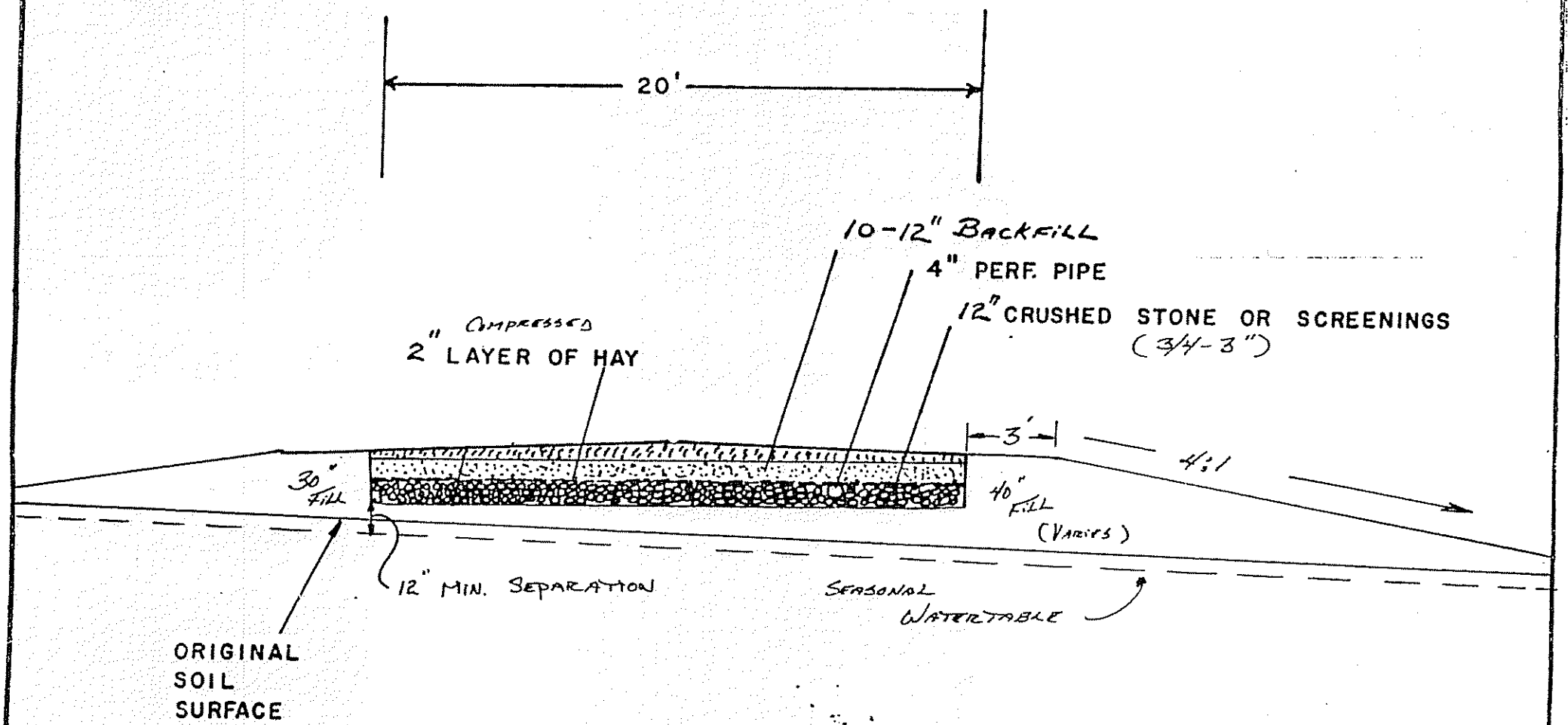
INSTALLATION NOTES:

- REMOVE SOD BENEATH BED & FILL EXTENSIONS
- DIVERT SURFACE WATER AWAY FROM SYSTEM
- ROTOTILL SOIL SURFACE BENEATH BED & FILL EXT. - PLACE 4" FILL & ROTOTILL AGAIN TO MIX WITH ORIGINAL SOIL - BRING FILL TO FINAL GRADE AND INSTALL BED
- STABILIZE SYSTEM BY SEED & MULCH

Paul A. Beers
Site Evaluator Signature

#56
SE#

3/24/85
Date



% SLOPE 4%

DIRECTION OF SLOPE →

PAUL A. BEERS SOILS CONSULTANT		
DATE 3/24/85	DRAWN BY Beers	APPROVED BY
SCALE 1" = 5'	REVISED	
CROSS SECTION = BED SYSTEM		
NAME William Cusick		DRAWING NUMBER ATTACHMENT TO: HH 200
TOWN Augusta		

JUN 21 1988

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils					
Soil Profile	Ground Water Table	to 6"		6 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 (a)	100 (a)		
	* b. Property Owner's	50'	60'		95'
	3. Water Supply Line	10'	10'		
Waterbodies	1. Perennial	60' (c)	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10' (b)		
Buildings	1. With basement	8'	15'		
	2. Without basement	8'	10'		
Property Line		5'	5' (b)	5' ±	

Other Specify: Well is 95' from leach field location.

* EXACT WELL LOCATION NOT KNOWN BY APPLICANT AT TIME OF EVALUATION - APPLICANT MUST SUPPLY THIS INFORMATION TO LPI IF LESS THAN 100' TO BED OR 75' TO TANK - DISTANCE CAN WAIVED IN ACCORDANCE WITH ABOVE.

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 or 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.

Paul O. Beers — Site Evaluator's Signature

3/24/85 — Date

LPI Statement

I, Gary R. Fuller, 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: _____

Gary R. Fuller — LPI's Signature

June 22, 1988 — 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 in 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.

William T. Tussel Jr. — Property Owner's Signature

Date

HHE-204 RV