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8:16 AM

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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

## PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street	BOLTON HILL ROAD
Subdivision Lot #	

## PROPERTY OWNERS NAME

Last: RICHARDS First: KEN

Applicant Name: Ken Richards

Mailing Address of Owner/Applicant (if Different):  
4 WASHINGTON ST. PLACE  
AUGUSTA, ME 04330

AUGUSTA PERMIT # 607 ✓ TOWN COPY

Date Permit Issued: 12-20-85 \$ 1400.00  If Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 667

## 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] Signature of Owner/Applicant Date 12-20-85

## Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.  
[Signature] Local Plumbing Inspector Signature Date Approved 1/2/86

## PERMIT INFORMATION

### THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

### THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- 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

### INSTALLATION IS:

- COMPLETE SYSTEM
- NON-ENGINEERED SYSTEM
  - PRIMITIVE SYSTEM  
(Includes Alternative Toilet)
  - ENGINEERED (+ 2000 gpd)
- INDIVIDUALLY INSTALLED COMPONENTS:
- TREATMENT TANK (ONLY)
  - HOLDING TANK
  - ALTERNATIVE TOILET (ONLY)
  - NON-ENGINEERED DISPOSAL AREA (ONLY)
  - ENGINEERED DISPOSAL AREA (ONLY)
  - SEPARATED LAUNDRY SYSTEM

### IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED \_\_\_\_\_

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: \_\_\_\_\_

### DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER \_\_\_\_\_ SPECIFY \_\_\_\_\_

### SIZE OF PROPERTY

1 Ac

### ZONING

### TYPE OF WATER SUPPLY

DRILLED

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

### TREATMENT TANK

- SEPTIC:  Regular  Low Profile
  - AEROBIC
- SIZE: 1000 GALS.

### WATER CONSERVATION

- NONE
  - LOW VOLUME TOILET
  - SEPARATED LAUNDRY SYSTEM
  - ALTERNATIVE TOILET
- SPECIFY: \_\_\_\_\_

### PUMPING

- NOT REQUIRED
  - MAY BE REQUIRED  
(DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
  - REQUIRED
- DOSE: 50 GALS.

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

3 BEDROOM

### SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
<u>3</u>	<u>C</u>
DEPTH TO LIMITING FACTOR:	<u>17</u>

### SIZE RATINGS USED FOR DESIGN PURPOSES

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

### DISPOSAL AREA TYPE/SIZE

- BED 1000 Sq. Ft.
  - CHAMBER \_\_\_\_\_ Sq. Ft.
  - TRENCH \_\_\_\_\_ Linear Ft.
  - OTHER: \_\_\_\_\_
- REGULAR  H-20

DESIGN FLOW: 300  
(GALLONS/DAY)

## SITE EVALUATOR STATEMENT

On 11/25/85 (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.

[Signature]  
Site Evaluator Signature

# 51

SE#

11/30/85  
Date

SITE EVALUATION WAIVED BY LOCAL OPTION)

\* 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

Town, City, Plantation	Street, Road, Subdivision	Owners Name
<b>SITE PLAN</b> Scale 1" = <u>50</u> Ft.		<b>SITE LOCATION PLAN</b> (Attach Map from Maine Atlas for New System Variance) BOLTON HILL RD 1ST NORTH OF PIPE LINE PIPE LINE RT 105
		PART OF 1 AC + PARCEL X = FLAGS MARK UPHILL EDGE OF BED R/W B
BOLTON HILL ROAD		

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)																																																															
Observation Hole <u>12</u> <input type="checkbox"/> Test Pit <input checked="" type="checkbox"/> Boring " Depth of Organic Horizon Above Mineral Soil	Observation Hole _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring " Depth of Organic Horizon Above Mineral Soil																																																														
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*[Handwritten Signature]*

# 51

11/30/85

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, District

Street, Road, Subdivision

Owners Name

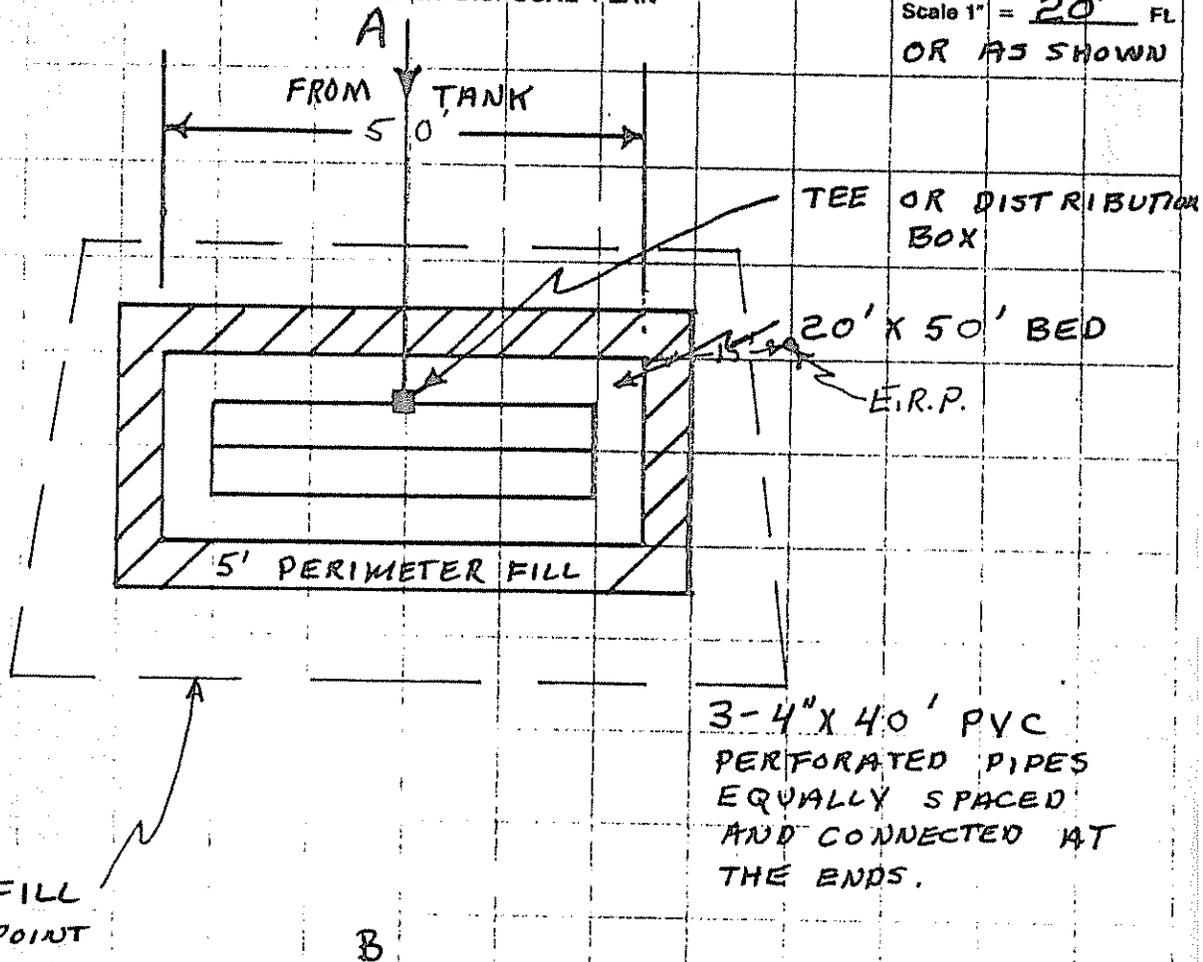
AUGUSTA

BOLTON HILL RD

RICHARDS

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL  
OR AS SHOWN



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	19'	Reference Elevation is	0	NAIL IN 8" OAK	
Depth of Fill (Downslope)	24'	Bottom of Disposal Area	-65"		
		Top of Distribution Lines or Chambers	-54"		

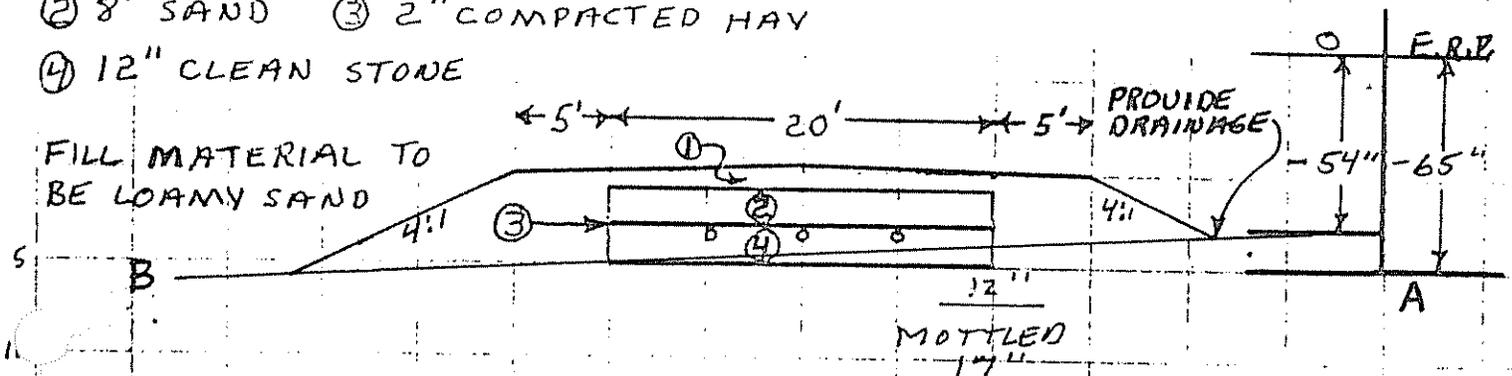
### DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.  
Horizontal: 1 inch = 10 Ft.

- ① 3" TOPSOIL CROWNED @ 3%
- ② 8" SAND
- ③ 2" COMPACTED HAY
- ④ 12" CLEAN STONE

FILL MATERIAL TO BE LOAMY SAND



100 111 R. D.

# 51

11/2/05

# 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 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 \_\_\_\_\_

Permit No.

Date Permit Issued \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month/day/year

Property Owner's Name: \_\_\_\_\_ Tel. No. \_\_\_\_\_

System's Location: \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_

MAINE

Zip \_\_\_\_\_

Property Owner's Address:  
(if different from above)

Street \_\_\_\_\_

Town \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

## Specific Instructions to the:

**LPI:** If any of the variances exceed your LPI 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:	
<b>Soils</b>					
Soil Profile	Ground Water Table	to 6"			in
Soil Condition	Restrictive Layer	to 6"			in
from HHE-200	Bedrock	to 10"			inches
<b>Setback Distances (in feet)</b>	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 <sup>(a)</sup>	100 <sup>(b)</sup>		
b. Property Owner's	50'	60'	60'	85'	
3. Water Supply Line	10'	10'			
Waterbodies	1. Perennial	60' <sup>(c)</sup>	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10' <sup>(d)</sup>		
Buildings	1. With basement	8'	15'		
	2. Without basement	8'	10'		
Property Line		5'	5' <sup>(e)</sup>		

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 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.

Wendell R. [Signature]

Site Evaluator's Signature

11/30/85  
Date

**LPI Statement**

I, Robert St Pierre, 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, I 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:

Robert St Pierre

LPI's Signature

12/20/85  
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.

Kenneth [Signature]

Property Owner's Signature

12-20-85  
Date