

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

8/1075

06209117

PROPERTY ADDRESS	
Town Or Plantation	Augusta
Street	Route 3
Division Lot #	
PROPERTY OWNER'S NAME	
Last: Contractors	First: Group
Applicant Name:	Contractors Group
Mailing Address of Owner/Applicant (if Different)	P.O. Box U Augusta Me 04330

AUGUSTA	1903	TOWN COPY
Date Permit Issued: 6/26/90	\$ 700.00	<input type="checkbox"/> Double Fee Charged
Local Plumbing Inspector Signature: <i>[Signature]</i>		L.P.I. # 1002

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] 6-22-90
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. <input type="checkbox"/> NEW SYSTEM 2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 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	INSTALLATION IS: COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS 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
SEASONAL CONVERSION to be completed by the LPI! 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	DISPOSAL SYSTEM TO SERVE: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER <u>Const. Office</u> SPECIFY _____	TYPE OF WATER SUPPLY Drilled well
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 ? _____	SIZE OF PROPERTY ZONING 14ac+- _____	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE <u>1000</u> GALS.	WATER CONSERVATION 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 _____	PUMPING 1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION & ELEVATION) 3. <input checked="" type="checkbox"/> REQUIRED DOSE: <u>145</u> GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.) 20 employees @15 gpd plus additional 100 gpd for visito
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE CONDITION 9 D DEPTH TO LIMITING FACTOR: <u>8</u> "	SIZE RATINGS USED FOR DESIGN PURPOSES 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 JUN 22 1990	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER <u>1000</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: _____	DESIGN FLOW: <u>400</u> (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 6/20/90 (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] 51 6/20/90
 Site Evaluator Signature SE# Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

OG209117

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

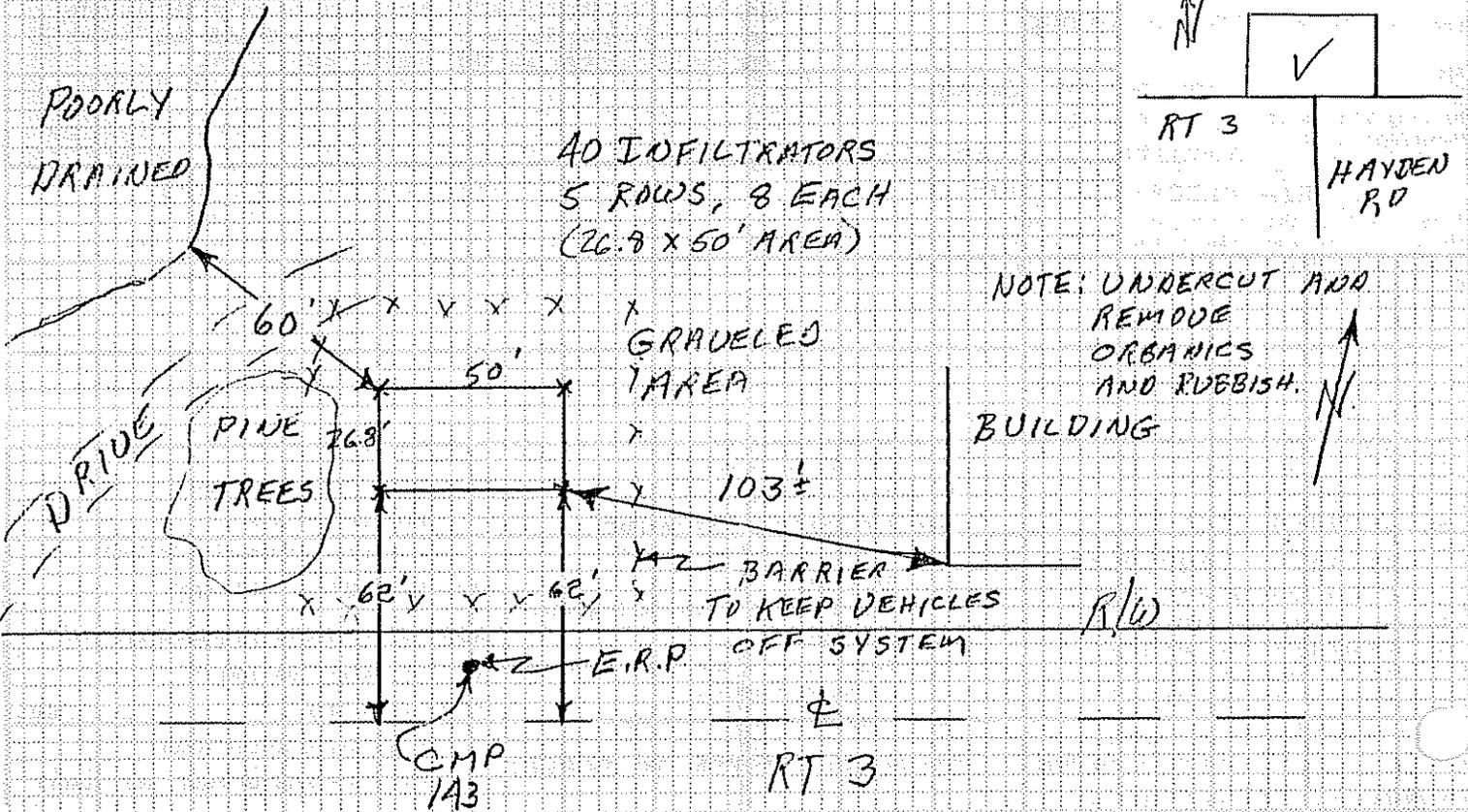
Route 3

Contractors, Group

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					Observation Hole				
<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring					<input type="checkbox"/> Test Pit <input type="checkbox"/> Boring				
" Depth of Organic Horizon Above Mineral Soil					" Depth of Organic Horizon Above Mineral Soil				
Inches	Texture	Consistency	Color	Mottling	Inches	Texture	Consistency	Color	Mottling
0	GRAVEL	MOD	B						
6		FIRM							
10									
15		12"							
20	SIL	FRIABLE	13						
25			29						
30									
35									
40	C/S	FIRM	G.B.						
45									
50									
Soil Classification: <u>EW 19-D</u> Profile: <u>Condition</u>					Soil Classification: _____ Profile: _____				
Slope: <u>2</u> %					Slope: _____ %				
Limiting Factor: <u>8</u>					Limiting Factor: _____				
<input checked="" type="checkbox"/> Ground Water					<input type="checkbox"/> Ground Water				
<input type="checkbox"/> Restr. Layer					<input type="checkbox"/> Restr. Layer				
<input type="checkbox"/> Bedrock					<input type="checkbox"/> Bedrock				

Donald W. Red
Site Evaluator Signature

51
SE#

6/20/90
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. 1903 E Town of Augusta
Date Permit Issued 6-26-90
MONTH/DAY/YEAR
Property Owner's Name: Contractors Group Tel. No. _____
System's Location: Route 3
STREET
Augusta TOWN Maine 04330 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 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.


PROPERTY OWNER'S SIGNATURE

6-26-90
DATE

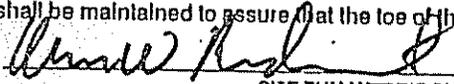
VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		8	Inches
	Restrictive Layer	to 6"		11	Inches
	Bedrock	to 10"		11	Inches
SETBACK DISTANCES (IN FEET)	FROM:	TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
Potable Water Supplies	1. Well: > 2000 gal/day	100 ^a	300 ^a	11	11
	2. Well: < 2000 gal/day			11	11
	a. Neighbor's	50 ^b	60 ^b	11	11
	b. Property Owner's	25'	50'	11	11
Waterbodies	3. Water Supply Line	See note 'a'		11	11
	1. Perennial	50'	60'	11	60
	2. Intermittent	15'	20'	11	11
Downhill Slope	3. Manmade drainage ditch	10'	15'	11	11
	Greater than 3:1 (33%)	5 ^c	10 ^c	11	11
Buildings	1. With Basement	5'	10'	11	11
	2. Without Basement	5'	10'	11	11
Property Line		4'	5'	11	11

OTHER

1. Fill extension Grade to 3:1
- 2.
- 3.

Footnotes:

- This setback distance cannot be reduced by variance. See Table 6-2.
- 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.
- Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.


 SITE EVALUATOR'S SIGNATURE

6/20/90
 DATE

LPI STATEMENT

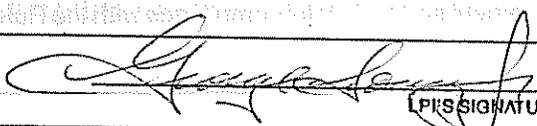
I, Gerald H. Squarone, Jr., LPI for the Town of Augusta have conducted an on-site inspection for the proposed replacement system and have determined to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Wastewater Disposal Ordinances, or the 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: _____


 LPI'S SIGNATURE

6-26-90
 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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

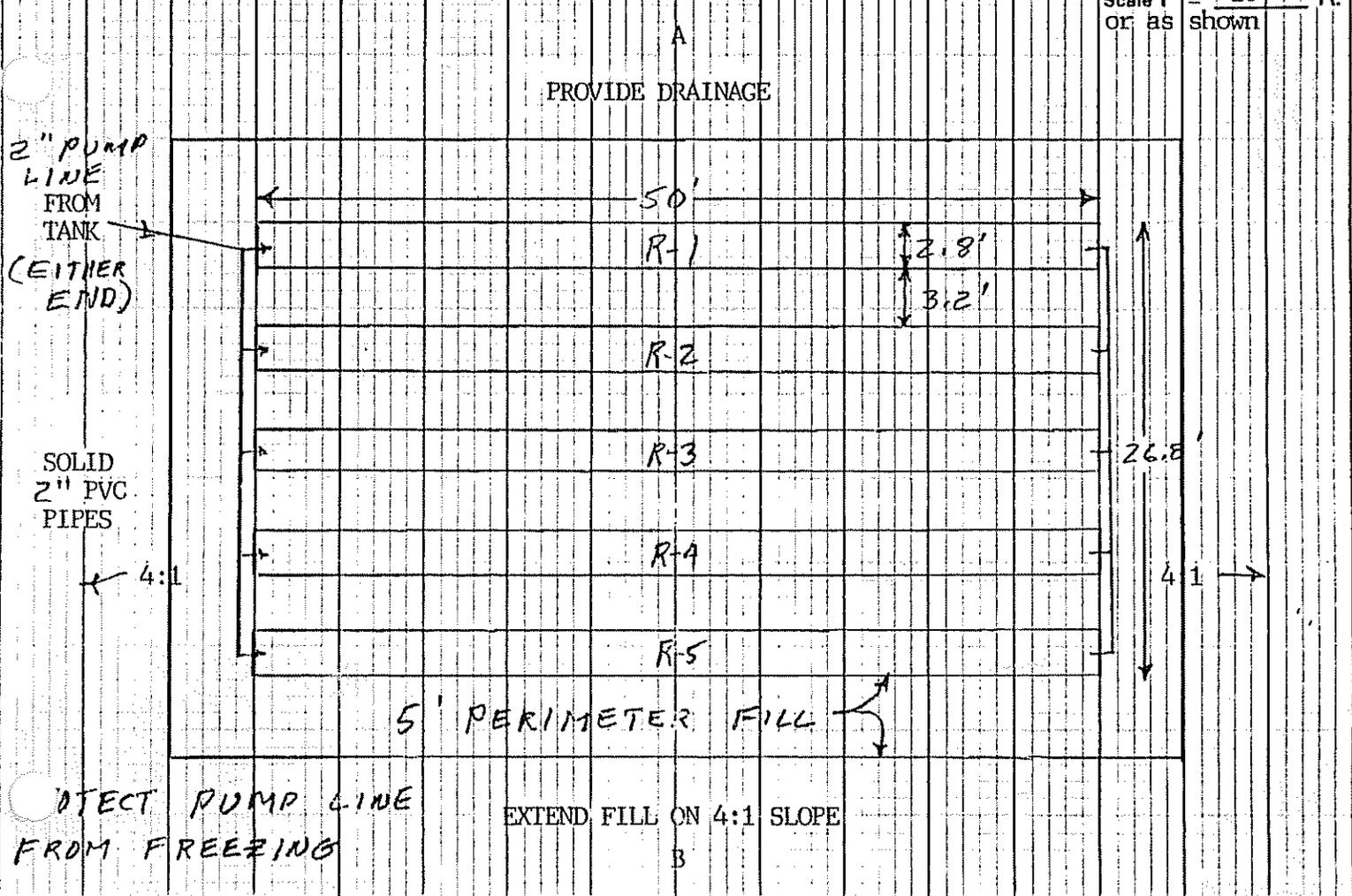
Town, City, Plantation

Street, Road, Subdivision

Owners Name

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 10 Ft.
or as shown



FILL REQUIREMENTS

Depth of Fill (Upslope)

27"

Depth of Fill (Downslope)

36"

CONSTRUCTION ELEVATIONS

Reference Elevation is Row 1 only?

0

Bottom of Disposal Area All rows?

-56"

Top of Distribution Lines or Chambers

-41"

ELEVATION REFERENCE POINT

LOCATION & DESCRIPTION

NAIL IN CMP 143

DISPOSAL AREA CROSS SECTION

1; Loamy sand fill, loamed and seeded. (8" cover over units) (Extend to 4:1 slope)
2; Sandy gravel fill under between and out to 2:1 slope.
R-1 through R-5; 5-rows, 8-Infiltrators each row.

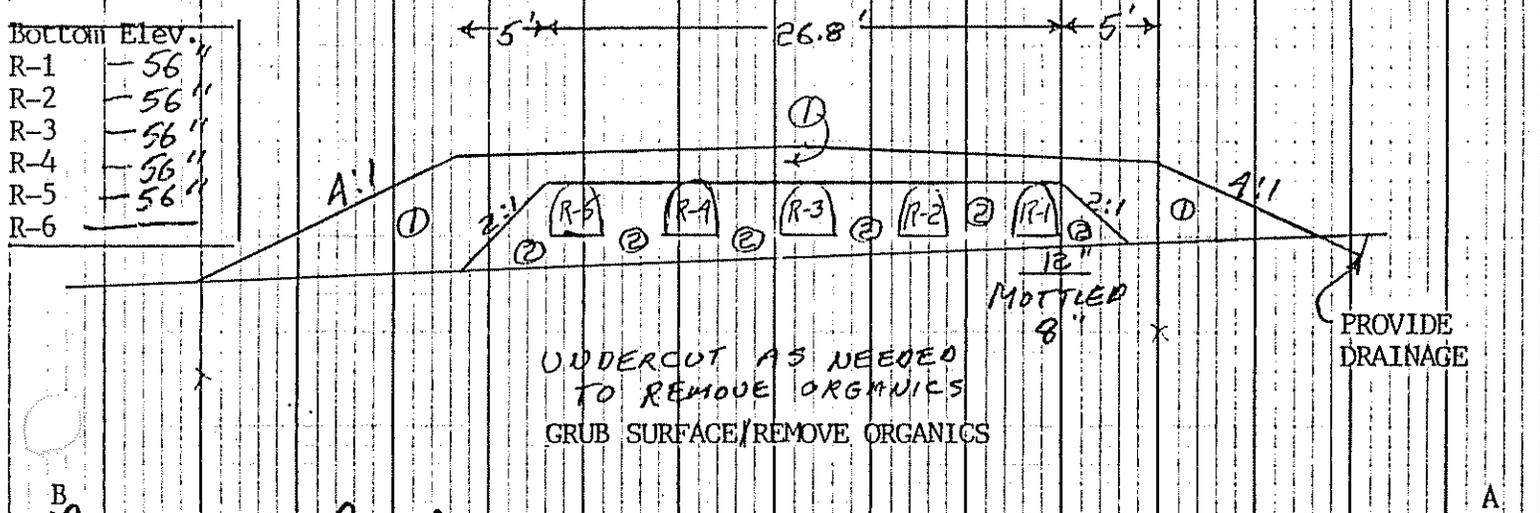
Scale:

Vertical: 1 inch = 5 Ft.

Horizontal: 1 inch = 10 Ft.

Bottom Elev.

R-1	-56"
R-2	-56"
R-3	-56"
R-4	-56"
R-5	-56"
R-6	-56"



51

SE#

6/20/90

Date

Page 3 of 3

HHE-200 Rev. 1/84

Site Evaluator Signature