

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

05148007

PROPERTY ADDRESS

Town Or Plantation: Augusta

Street: Leighton Road

Division Lot #

PROPERTY OWNER'S NAME

Last: Pellerin First: Albert

Applicant Name: Al Pellerin

Mailing Address of Owner/Applicant (If Different): R-5 B-20 Augusta Me

9-2

AUGUSTA PERMIT # 1,328 TOWN COPY

Date Permit Issued: 5/12/88 FEE If Double Fee Charged

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

Albert Pellerin 6223465
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.

Ray R. Tuttle
Local Plumbing Inspector Signature Date Approved June 17, 1988

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# <u> </u> <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 type="checkbox"/> OTHER <u>?</u></p> <p>SIZE OF PROPERTY: <u>1.5+-ac</u> ZONING: <u> </u></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 <u> </u> SPECIFY <u> </u></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 <u> </u> 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 City water</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 <u> </u></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>87</u> GALS.</p> | <p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>3 bedrooms</u></p> | | | | |
| <p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>PROFILE</td> <td>CONDITION</td> </tr> <tr> <td style="text-align: center;"><u>8</u></td> <td style="text-align: center;"><u>D</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>7</u> "</p> | PROFILE | CONDITION | <u>8</u> | <u>D</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>1200</u> Sq. Ft. 2. <input type="checkbox"/> CHAMBER <u> </u> Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH <u> </u> Linear Ft. 4. <input type="checkbox"/> OTHER: <u> </u></p> | <p>DESIGN FLOW: <u>300</u> (GALLONS/DAY)</p> |
| PROFILE | CONDITION | | | | | | |
| <u>8</u> | <u>D</u> | | | | | | |

SITE EVALUATOR STATEMENT

On 5/12/88 (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.

Albert Pellerin Site Evaluator Signature 51 SE# 5/13/88 Date Approved for use as HHE 200 by Division of Health Engineering 9/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

05148007

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

Leighton Road

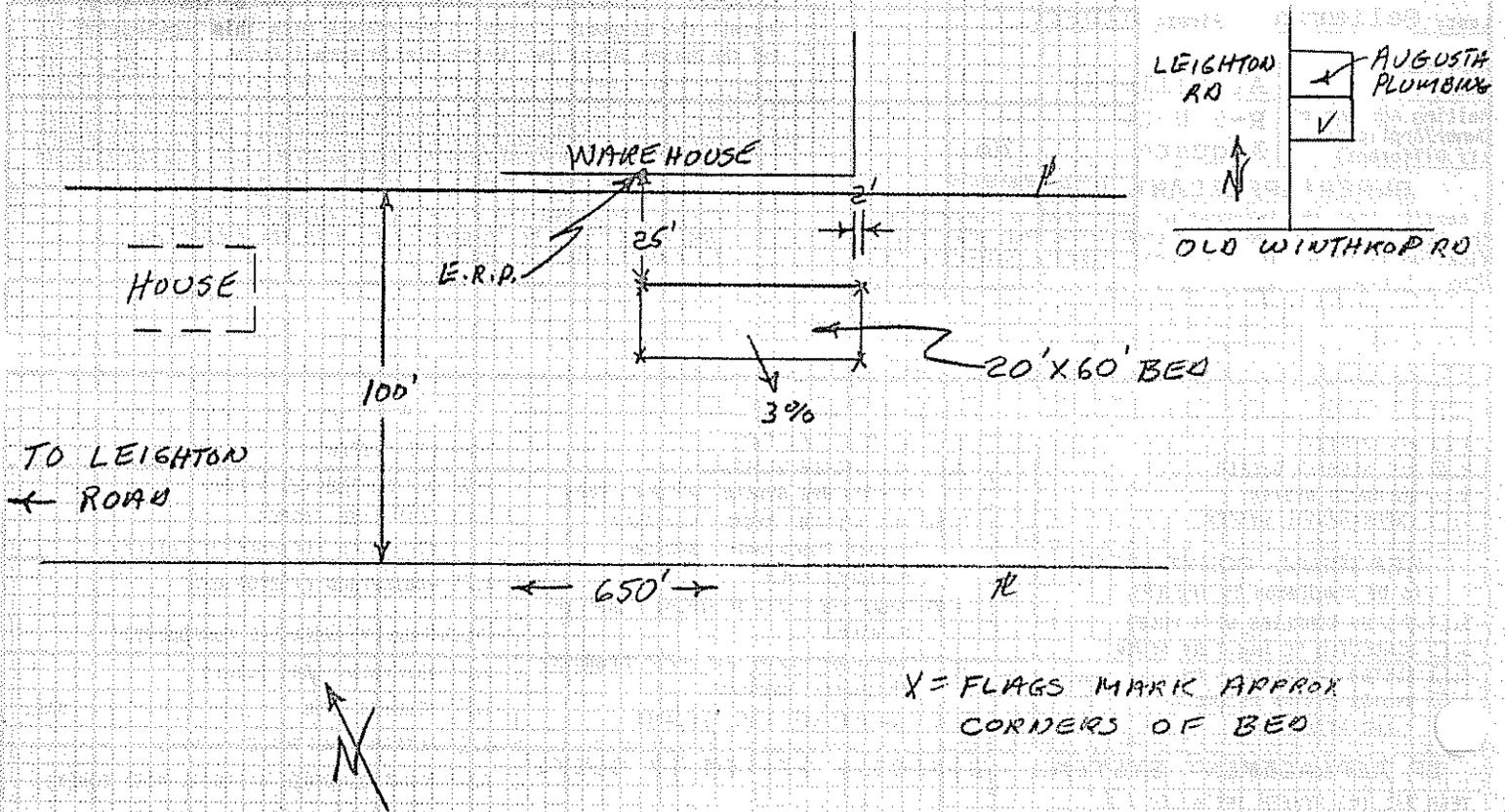
Pellerin, Albert

SITE PLAN

Scale: 1" = 50 Ft.
or as shown

SITE LOCATION PLAN

(Attach Map from Maine Atlas for New System Variance)



X = FLAGS MARK APPROX CORNERS OF BED

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 | L | FRIBBIE | B | |
| 10 | | | | 7 |
| 15 | | | | |
| 20 | INTER. | | | |
| 25 | F.S. | FIRM | G.B. | |
| 30 | Si | | | |
| 35 | + | | | |
| 40 | Cl | | | |
| 45 | | | | |
| 50 | | | | |

Soil Classification Profile B Condition D Slope 3 % Limiting Factor 7 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 | | | | |
| 25 | | | | |
| 30 | | | | |
| 35 | | | | |
| 40 | | | | |
| 45 | | | | |
| 50 | | | | |

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

Albert Pellerin
Site Evaluator Signature

51
SE#

5/13/88
Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

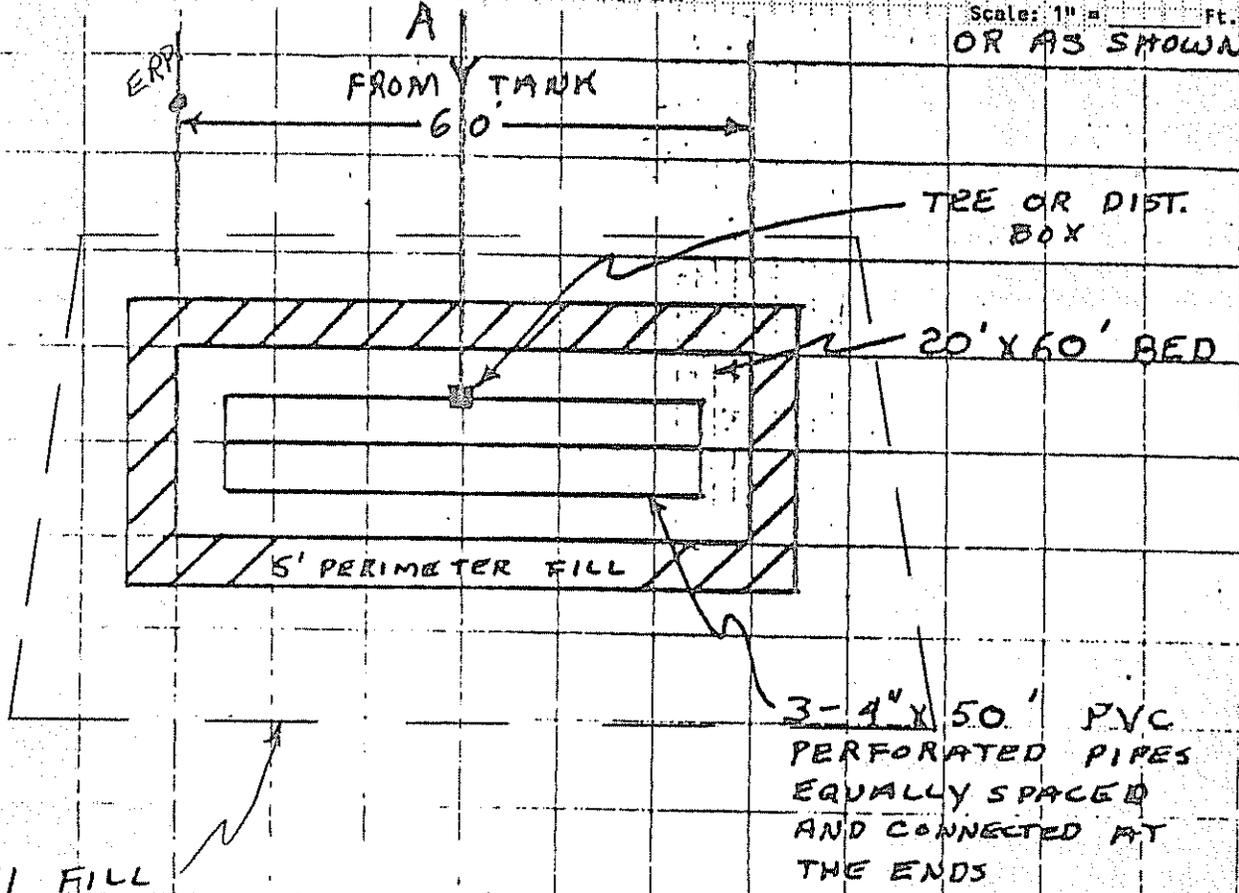
AUGUSTA

LEIGHTON RD

PELLERIN

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = _____ Ft.
OR AS SHOWN



APPROX. TOE 4:1 FILL

FILL REQUIREMENTS
 Depth of Fill (Upslope)
 Depth of Fill (Downslope)

CONSTRUCTION ELEVATION
 29" Reference Elevation is
 39" Bottom of Disposal Area
 Top of Distribution Lines or Chambers

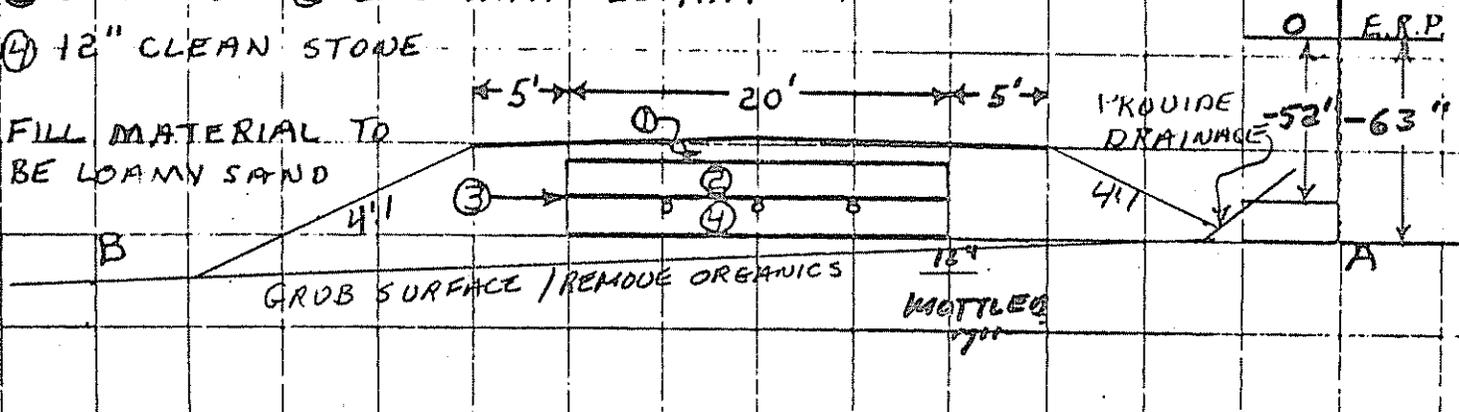
ELEVATION REFERENCE POINT
 0 BOTTOM OF SIDING
 -63" AT END OF BED
 -52" AT END OF BED

DISPOSAL AREA CROSS SECTION

Scale:
 Vertical: 1 inch = _____ Ft.
 Horizontal: 1 inch = _____ Ft.

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

FILL MATERIAL TO BE LOAMY SAND



Alan W. Redman
 Site Evaluator Signature

#51
 SE#

5/13/88
 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. 1328 E Town of Augusta
Date Permit Issued 5/26/88
MONTH/DAY/YEAR
Property Owner's Name: Albert Bellierin Tel. No. _____
System's Location: Leigh Ave Road STREET
Augusta TOWN Maine 04330 ZIP
Property Owner's Address: Sam 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, 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.

Albert Bellierin
PROPERTY OWNER'S SIGNATURE

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" | | 7 | inches | |
| | Restrictive Layer | to 6" | | 13 | inches | |
| | Bedrock | to 10" | | 16 | 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' | | | |

93004 5-26-88
 I signed this on 5/13/88
 and understood the site plan's
 details, no error.

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.

Ulrich W. Kuch

 SITE EVALUATOR'S SIGNATURE

5/13/88

 DATE

LPI STATEMENT

I, George Gandy 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 Gandy Jr.

 LPI'S SIGNATURE

5-26-88

 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.

 SIGNATURE OF THE DEPARTMENT

 DATE