

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 #: Prescott Road

PROPERTY OWNERS NAME

Last: Cobb First: Ken

Applicant Name: _____

Mailing Address of Owner/Applicant (if Different): RFD #5 Augusta, ME 04330

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.

Ken Cobb 11/30/87

Signature of Owner/Applicant Date

10-18-90 - Visit site foundation to close to this septic. new design will have to be drawn up. new permit fee now \$1400.00

AUGUSTA PERMIT # 1,239 TOWN COPY

Date Permit Issued: 12/18/87 \$ 1400.00 FEE Double Fee Charged

[Signature] L.P.I. # 1810A
Local Plumbing Inspector Signature

AUGUSTA 1850 TOWN COPY

Date Permit Issued: 152 \$ 1400.00 FEE Double Fee Charged

[Signature] L.P.I. # 1810A
Local Plumbing Inspector Signature

in compliance with the Subsurface Wastewater Disposal Rules.

[Signature] 5/15/91

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input checked="" type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>SEASONAL CONVERSION</p> <p>to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - PH# _____</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input checked="" type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p><u>Drilled well Proposed</u></p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____</p>		
<p>SIZE OF PROPERTY: <u>12+ Acres</u></p> <p>ZONING: <u>Residential</u></p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE-TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input checked="" type="checkbox"/> REQUIRED</p> <p>DOSE: <u>50</u> GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>Three Bed Rooms</u></p>		
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table style="width: 100%;"> <tr> <td>PROFILE: <u>3</u></td> <td>CONDITION: <u>D</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>10</u></p>	PROFILE: <u>3</u>	CONDITION: <u>D</u>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>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.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft.</p> <p style="padding-left: 20px;"><input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	<p><u>20 x 60</u></p> <p><u>3.3</u></p> <p>DESIGN FLOW: <u>364</u> (GALLONS/DAY)</p>
PROFILE: <u>3</u>	CONDITION: <u>D</u>				

SITE EVALUATOR STATEMENT

On 22 Nov 1987 (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.

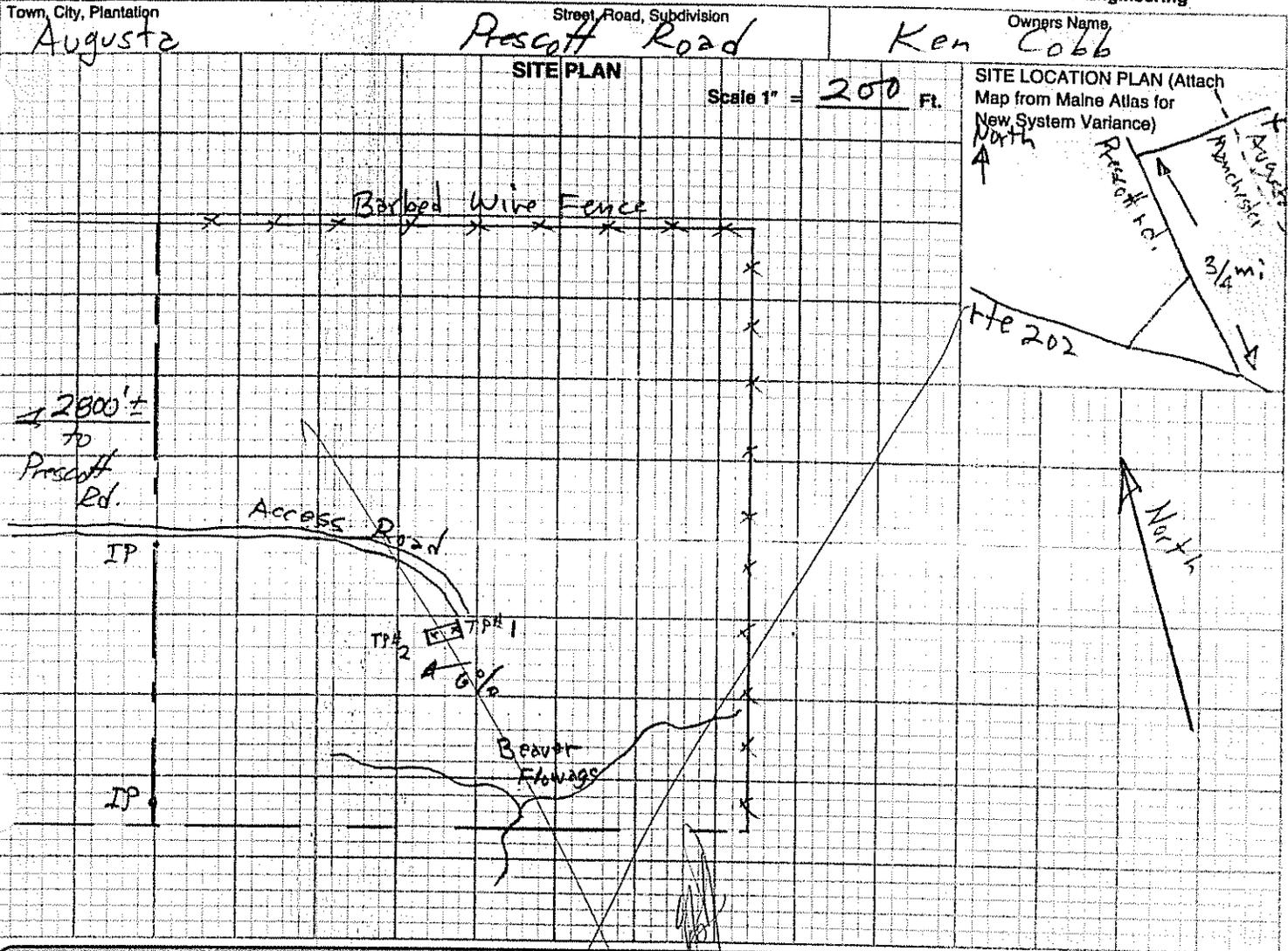
Charles H. King 094 27 Nov 1987

Site Evaluator Signature SE# Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring

2 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Loom	Loose	Reddish Brown	None
6				
10		Loose		
15	Loamy	to	Brown	None
20	Sand	very Friable		
30				
40				
50				

Soil Profile <u>3</u>	Classification Condition <u>C</u>	Slope <u>0</u> %	Limiting Factor <u>36</u>	<input type="checkbox"/> Ground Water
				<input checked="" type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> 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
0	Loom	Loose	Brown	None
6				
10	Sandy			
15	Loam	Friable	Grey	Few
20				
30				
40				
50				

Soil Profile <u>3</u>	Classification Condition <u>D</u>	Slope <u>6</u> %	Limiting Factor <u>10</u>	<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

Charles H. King
Site Evaluator Signature

094
SE#

27 Nov 87
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Augusta

Street, Road, Subdivision

Prescott Road

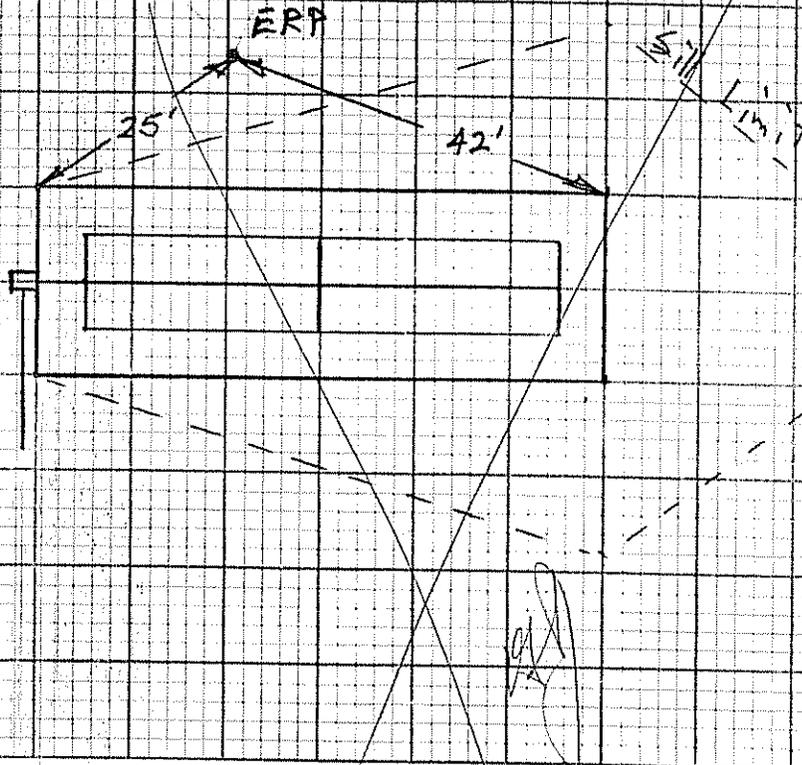
Owners Name

Ken Cobb

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

* Remove all trees & stumps within fill limit



FILL REQUIREMENTS

Depth of Fill (Upslope)
Depth of Fill (Downslope)

0"
44"

CONSTRUCTION ELEVATIONS

Reference Elevation Is
Bottom of Disposal Area
Top of Distribution Lines or Chambers

0"
-58"
-45"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

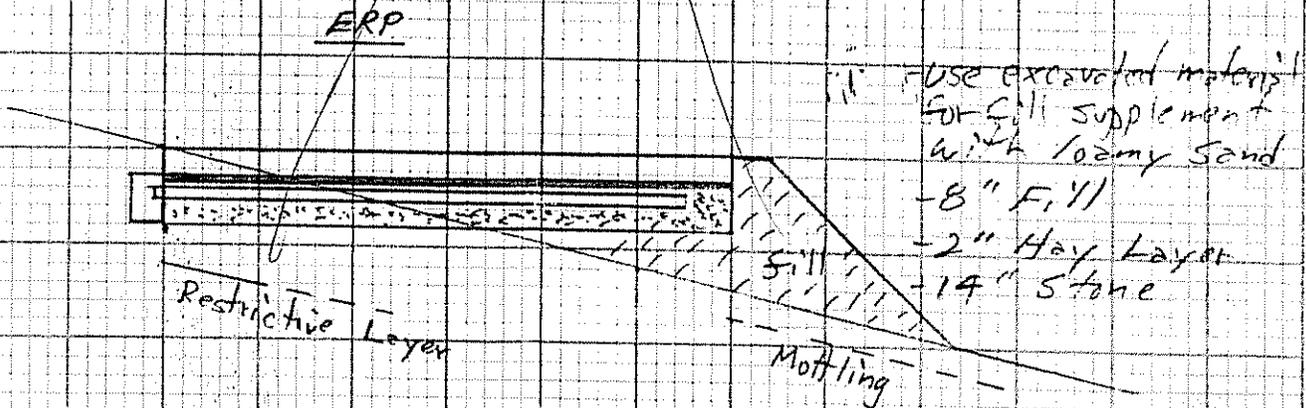
Flagged Nail in 8" White Birch

DISPOSAL AREA CROSS SECTION

@ 6%

Scale:

Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 20 Ft.



Charles H. King
Site Evaluator Signature

094
SE#

27 Nov 87
Date

NEW SYSTEM VARIANCE REQUEST

This form shall accompany an Application for a proposed new system which requires a Variance to certain provisions of the Subsurface Wastewater Disposal Rules. A check or money order for \$20.00 payable to the Treasurer of the State shall accompany this request form.

The Local Plumbing Inspector shall not issue a Permit for the installation of a subsurface wastewater disposal system until approval has been received from the Department.

GENERAL INFORMATION

Town of Augusta

Property Owner's Name: Ken Cobb

System's Location: Arscott Road
street

Property Owner's Address: RFD #5
street

Augusta ME 04333
Town state zip

VARIANCE CONDITIONS

The Department has the authority to vary the requirements of the Rules in accordance with CMR 241.16 of the Rules if all the following criteria are satisfied:

- a. The variance request has the approval of the LPI.
- b. The variance request has received written endorsement from the elected municipal officers.
- c. The variance request demonstrates that there is no practical alternative for wastewater disposal, such as access to public sewer or the potential for an easement.
- d. The proposed system does not conflict with Seasonal Conversion, Shoreland Zoning or Resource Protection.
- e. The site offers potential for a system which will dispose of the wastewater with minimal threat to public health, safety, or welfare.
- f. The property owner has indicated an awareness of the variance and any limitations or added costs the proposed system may require.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator)

Section of Code

1. _____
2. _____
3. _____

If Variance request is for Sec. 6.B.3 Suitable Soil Conditions, fill in table below.

SOIL, SITE AND ENGINEERING FACTORS FOR ASSESSING NEW SYSTEM VARIANCE POTENTIAL

(SEE TABLE 16-1)

	CHARACTERISTIC	POINT ASSESSMENT
SOIL PROFILE	3	15
DEPTH TO GROUNDWATER	10"	3
SIZE OF PROPERTY	12+ Acres	20
TERRAIN	Knoll	5
WATERBODY SETBACK	156' - 249'	3
WATER SUPPLY	Drilled	3
TYPE OF DEVELOPMENT	Single Family	0
DESIGN FLOW	min + 33%	5
SEPARATION DISTANCE	min	0
ADDITIONAL TREATMENT	None	0
TOTAL POINT ASSESSMENT		54

LOCAL PLUMBING INSPECTOR:

The Local Plumbing Inspector shall review all New System Variance requests prior to submission to the Division of Health Engineering. The LPI shall indicate the municipality's position in regards to the variance request. The LPI shall also inform the Division of Health Engineering of any facts relative to the variance request not specifically noted by the property owner or the site evaluator.

The proposed system (does does not) conflict with any Municipal or Shoreland Zoning ordinances, and has been shown to the Code Enforcement Officer.

CONCLUSIONS: I, George A. Paucy Jr., the undersigned, have visited the above property and find that it is not possible to conform to certain provisions of the Rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property.

Therefore, I recommend the issuance of a permit for the system's installation as proposed on the application.

George A. Paucy Jr.
Signature of L.P.I.

12-8-07
Date

STATEMENTS, JUSTIFICATIONS and RESPONSIBILITIES

PROPERTY OWNER: The property owner shall provide accurate information to the Site Evaluator, the LPI, and the Department and elaborate below the reasons for requesting the variance(s).

To permit construction of one 3 bedroom single family dwelling

(Attach additional sheets, if needed)

I, KENNETH A - Cobb, am the owner prospective owner of the subject property. I understand that the installation illustrated on the Application is not in total compliance with the Rules. I have indicated my reasons for requesting the variance(s). Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Department of Human Services and make any corrections the Department finds necessary. By signing this variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

Kenneth Cobb

11/30/87

Signature of Owner
 Signature of Prospective Purchaser

Date

HAS REVIEW FEE BEEN ENCLOSED

SITE EVALUATOR:

When an undeveloped property is found to be unsuitable for subsurface wastewater disposal by a Licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a Variance to the requirements of the Rules, and the Evaluator in his professional opinion feels the variance request is justified and that the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department.

This system does not score high on points, but the soil condition overall is much better than indicated by the worst condition (10") at the extreme down slope end of the bed. The soils in TP #1 need no variance and the system is located on top of a knoll. Because of the slope separation over the poor soils is 28". I see no problems here.

(Attach additional sheets, if needed)

I, Charles H. King 094, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgement, I certify that the proposed system design on the attached Application is the best alternative available, enhances the potential of the site for subsurface wastewater disposal, and that the system should function properly.

Charles H. King

27 Nov 1987

Signature of Site Evaluator

Date

MUNICIPAL OFFICER(s): (Selectman, Councilman, Alderman, Mayor, Town Manager)

We the undersigned Officer(s) are aware that the applicant is applying to the Division of Health Engineering for a variance to the Subsurface Wastewater Disposal Rules as indicated in the application and that the proposed system does not meet the requirements of the Rules. The proposed variance request does does not comply with all Town Zoning requirements and the Municipality does does not endorse the variance request. If endorsed, the Town accepts the responsibility for any required enforcement of the Rules should the system malfunction.

Alden L. Abraham

Municipal Officer's Signature

Councilman

Officer Title

12/7/87

Date

Tom Hill

Municipal Officer's Signature

Councilman

Officer Title

12-8-87

Date

Ronald Clemons

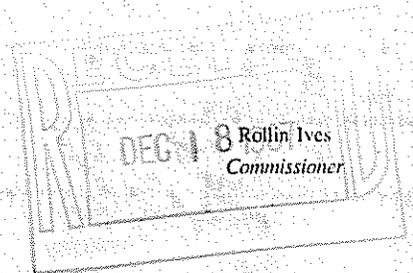
Municipal Officer's Signature

Councilman

Officer Title

12-7-87

Date



John R. McKernan, Jr.
Governor

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

December 15, 1987

Kenneth Cobb
RFD #5
Augusta, ME 04333

Subject: New System Variance approval, Cobb property, Easterly lot,
Prescott Rd., Augusta

Dear Mr. Cobb:

The Division has reviewed your completed Application for a new system variance to the Subsurface Wastewater Disposal Rules. A new disposal system cannot be installed on the property in full compliance with the Rules. You have requested the following:

To allow a disposal system to be installed on soils that do not meet the minimum criteria. Specifically, the seasonal high groundwater table is located 10 inches below grade.

The Division approves of the application dated November 22, 1987 by Charles H. King, SE.

Mr. King shall be retained to establish the system location and elevation at the time of construction.

George A. Soucy, Jr., the Local Plumbing Inspector shall issue a permit prior to the system's installation. The system shall be constructed in compliance with the submitted application.

Very truly yours,

James A. Jacobsen
Wastewater and Plumbing Control
Division of Health Engineering

JAJ/lb
cc/George Soucy, LPI
Charles King, SE

call Linda Adams 989-2531

city copies

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: Augusta

Street Division Lot #: Prescott Road

PROPERTY OWNERS NAME

Last: Adams First: Michael

Applicant Name: same

Mailing Address of Owner/Applicant (If Different): RFD 5 BOX 6488 Augusta, ME

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 of Owner/Applicant: [Signature] Date: 10/15/90

12-17-90 This is a revision to permit number #1850 issued 5-2-90 to Ken Cobb. [Signature]

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

hand ownership is under her name.

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- 1. NEW SYSTEM
- 2. REPLACEMENT SYSTEM
- 3. EXPANDED SYSTEM
- 4. EXPERIMENTAL SYSTEM

SEASONAL CONVERSION

to be completed by the LPI

- 5. SYSTEM COMPLIES WITH RULES
- 6. CONNECTED TO SANITARY SEWER
- 7. SYSTEM INSTALLED - P# _____
- 8. SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS:

- 1. BED
- 2. CHAMBER
- 3. TRENCH
- 4. OTHER: _____

SIZE OF PROPERTY

ZONING

12 acres ±

Residential

THIS APPLICATION REQUIRES:

- 1. NO RULE VARIANCE
- 2. NEW SYSTEM VARIANCE
Attach New System Variance Form
- 3. REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
 - a. Requiring Local Plumbing Inspector Approval
 - b. Requires State and Local Plumbing Inspector Approval
- 4. MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:

- 1. SINGLE FAMILY DWELLING
- 2. MODULAR OR MOBILE HOME
- 3. MULTIPLE FAMILY DWELLING
- 4. OTHER _____

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 _____ GAL
- 6. ALTERNATIVE TOILET (ONLY)
- 7. NON-ENGINEERED DISPOSAL AREA (ONLY)
- 8. ENGINEERED DISPOSAL AREA (ONLY)
- 9. SEPARATED LAUNDRY SYSTEM

TYPE OF WATER SUPPLY

Drilled Well

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
(DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
 - 3. REQUIRED
- DOSE: 150 GALS.

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

3 Bedroom Single Family Dwelling
 $2.66 \times 270 = 448$

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 3 CONDITION: D
DEPTH TO LIMITING FACTOR: 13.

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

- 1. BED 1500 Sq. Ft.
- 2. CHAMBER _____ Sq. Ft.
- 3. TRENCH _____ Linear Ft.
- 4. OTHER: _____

$\frac{20 \times 75}{3.7} = 454$

DESIGN FLOW: 455

(GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 10/15/90 (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: [Signature]
Site Evaluator Signature

254
SE#

10/30/90
Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Augusta

Street, Road, Subdivision

Prescott Rd.

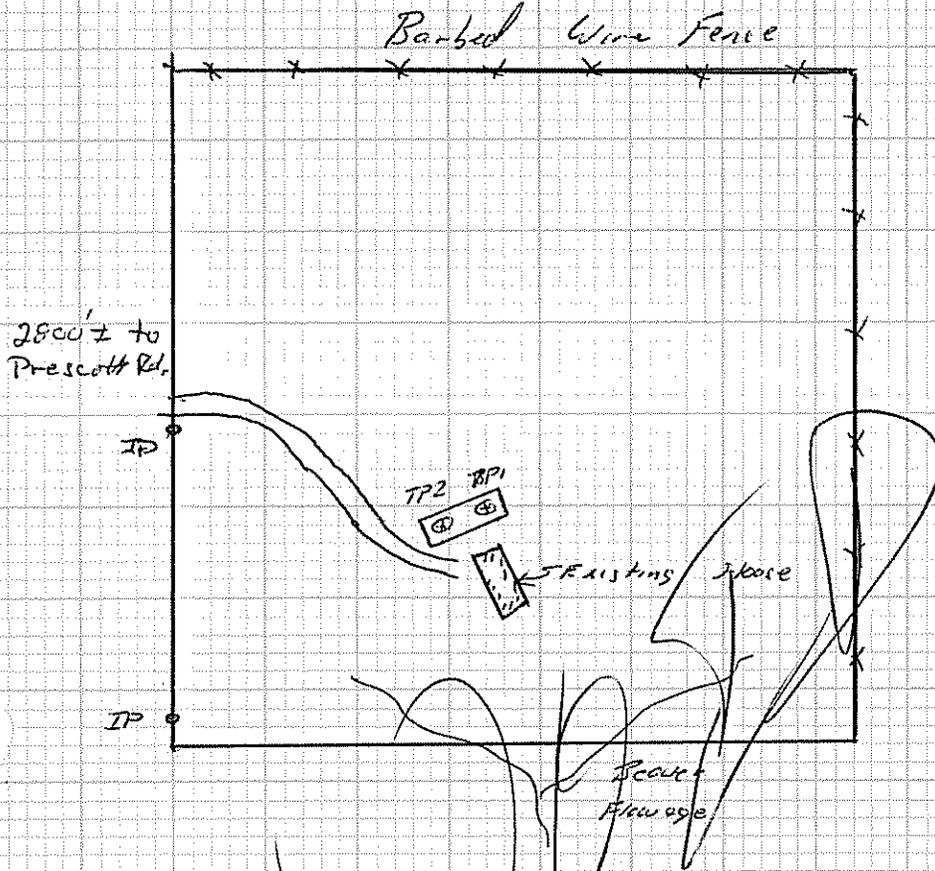
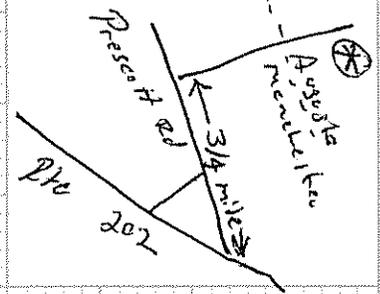
Owners Name

Michael Adams

SITE PLAN

Scale 1" = 200 Ft.

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	Loam	Loose	Brown	
6			BROWNISH GREY	NONE
10	Loam	Loose to friable	Grey	NONE
15	Sand			FEW
20		Friable	Olive Grey	
30				
40				
50				

Soil 3 Profile
 Classification D Condition
 Slope 5 %
 Limiting Factor 13
 Ground Water
 Restrictive Layer
 Bedrock

Observation Hole 2 Test Pit Boring
2 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	Loam	Loose	Red Brown	
6				
10		Friable		
15	Loamy Sand		Brown	
20	Sand			
30				NONE
40		Firm		
50				

Soil 3 Profile
 Classification C Condition
 Slope 5 %
 Limiting Factor 38
 Ground Water
 Restrictive Layer
 Bedrock

Stephen G. Russell
Site Evaluator Signature

2524
SE#

10/30
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

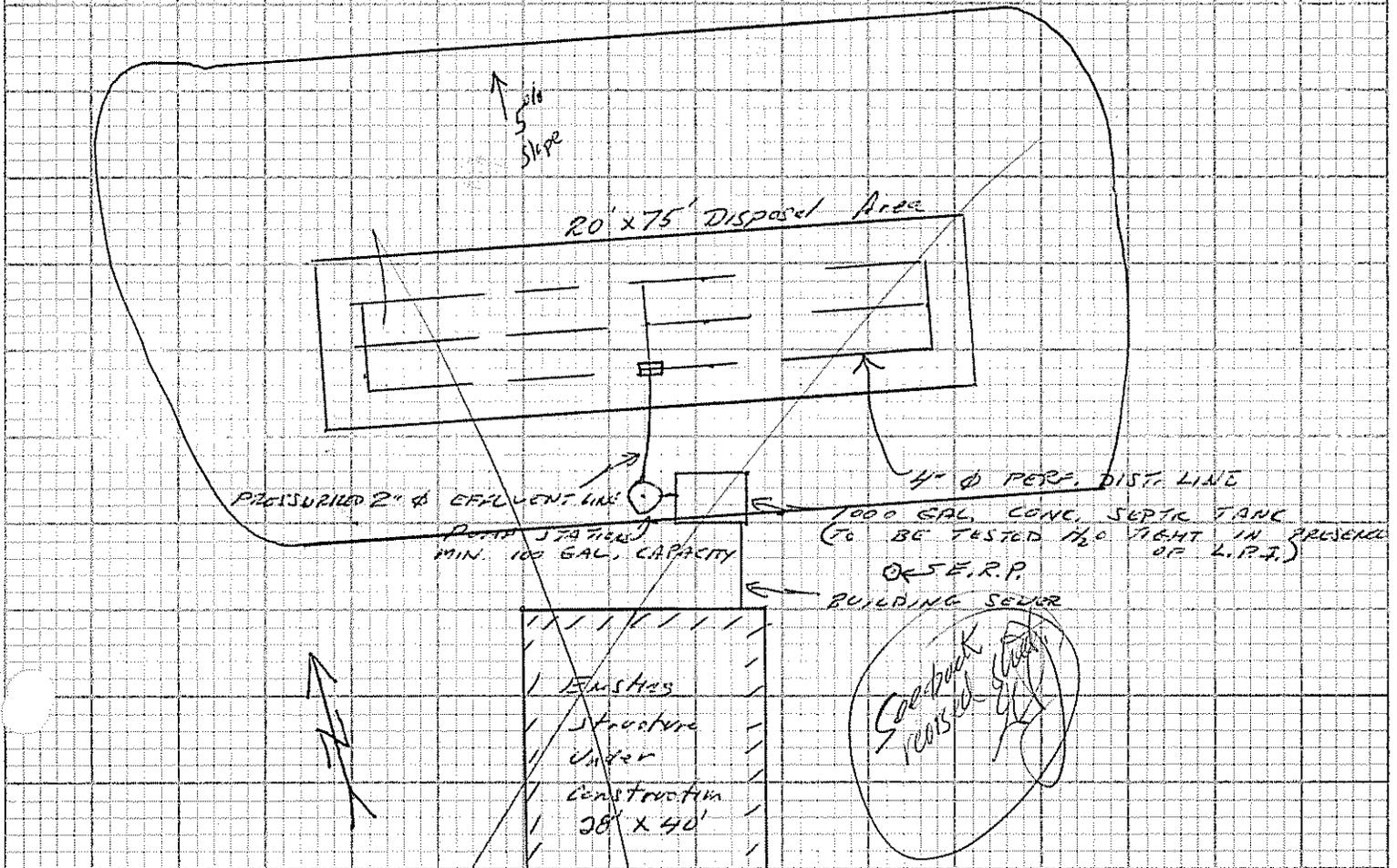
Augusta

Prescott Rd

Michael Adams

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope)

35"

Depth of Fill (Downslope)

47"

CONSTRUCTION ELEVATIONS

Reference Elevation is

Assumed 0"

Bottom of Disposal Area

-49"

Top of Distribution Lines or Chambers

-36"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

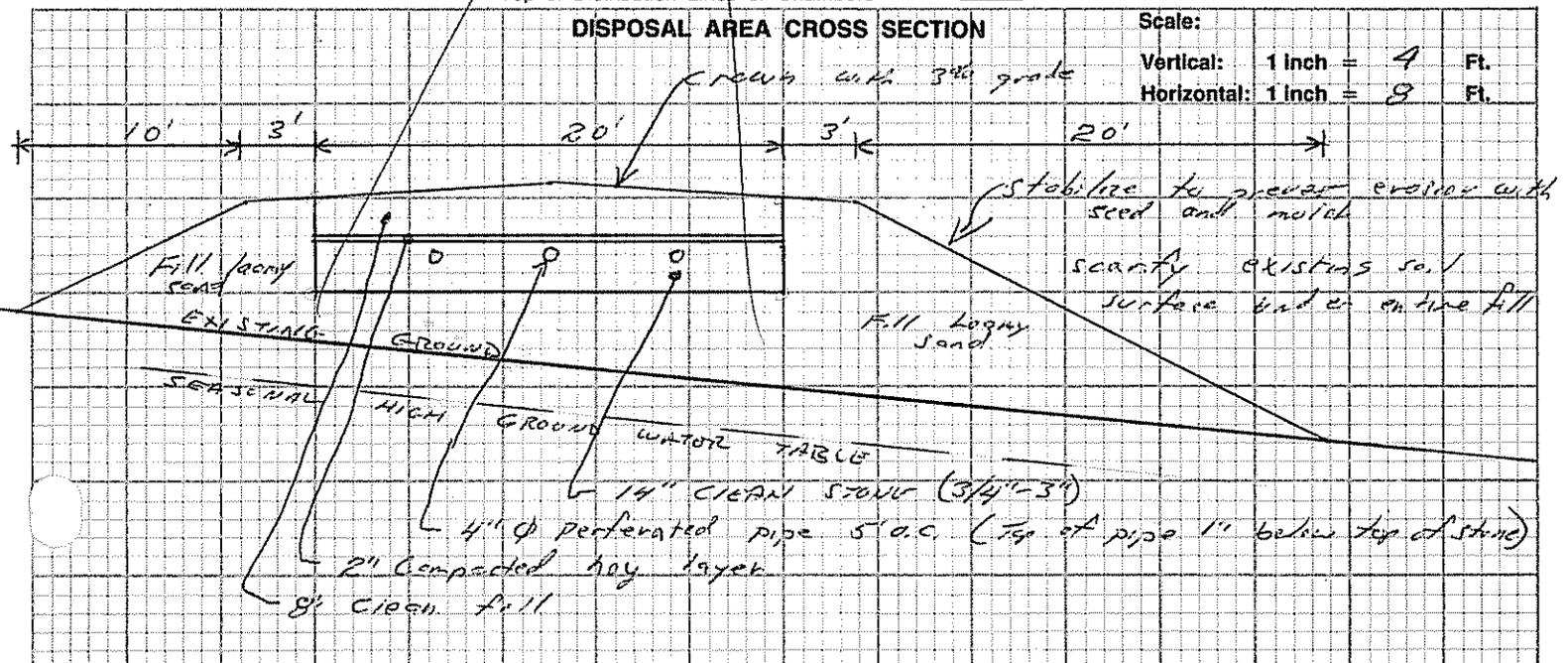
Spike in tree East of North End of house

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 4 Ft.

Horizontal: 1 inch = 8 Ft.



Site Evaluator Signature

254
SE#

10/30/50
Date

FACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Plantation

Street, Road, Subdivision

Owners Name

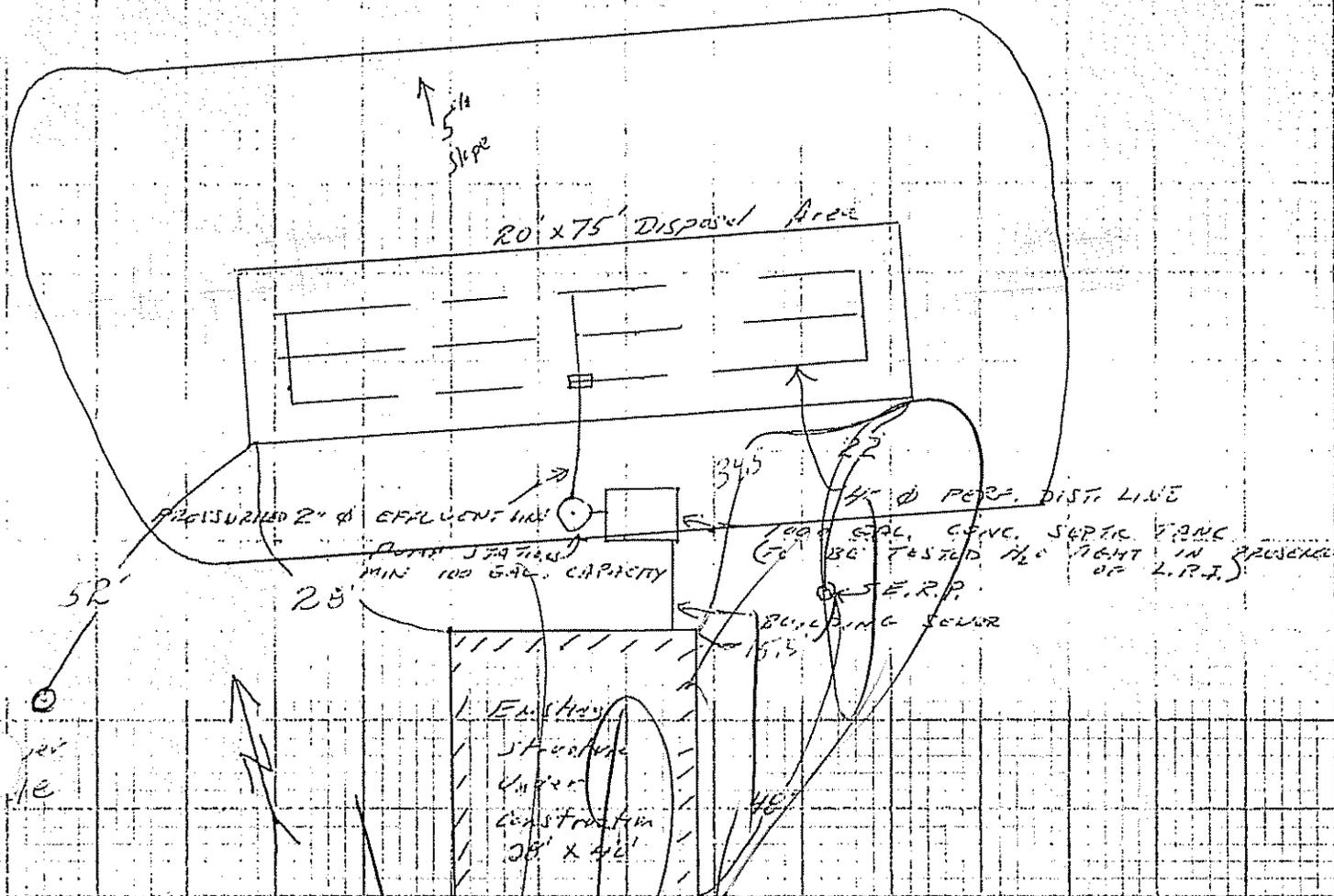
Regulate

Prescott Rd

Michael Adams

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) 35"
 Depth of Fill (Downslope) 47"

CONSTRUCTION ELEVATIONS

Reference Elevation is Assumed 0"
 Bottom of Disposal Area -49"
 Top of Distribution Lines or Chambers -36"

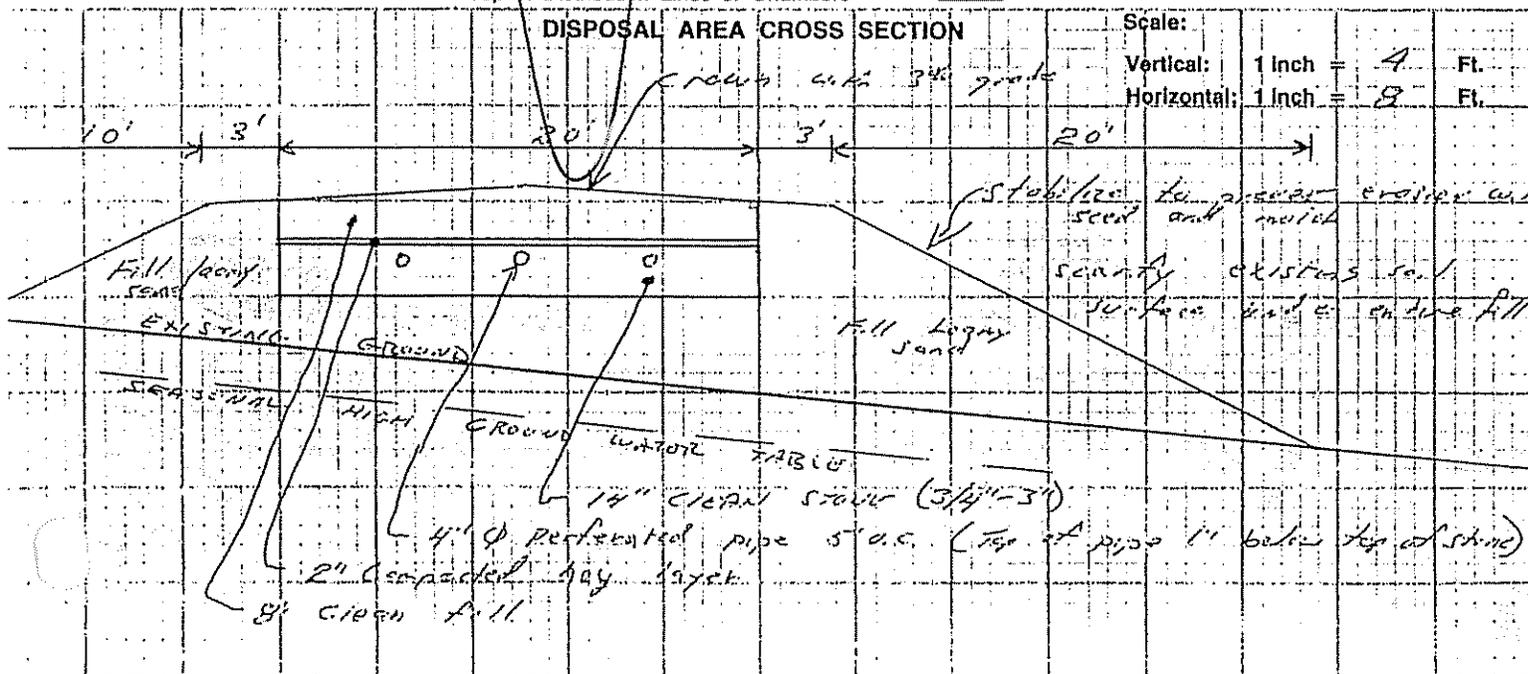
ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

Spike in tree East of North End of house

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 Inch = 4 Ft.
 Horizontal: 1 Inch = 8 Ft.



Michael Adams
 Civil Engineer

2024
 C.E.#

10/20/24
 Date

REVISION
 Page 3 of 3
 LHE 200 Rev 1/84

NEW SYSTEM VARIANCE REQUEST

This form shall accompany an Application for a proposed new system which requires a Variance to certain provisions of the Subsurface Wastewater Disposal Rules. A check or money order for \$20.00 payable to the Treasurer of the State shall accompany this request form.

The local plumbing inspector shall not issue a Permit for the installation of a subsurface wastewater disposal system until approval has been received from the Department.

GENERAL INFORMATION

Town of Augusta

Property Owner's Name: Michael Adams

System's Location: Prescott Road

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

VARIANCE CONDITIONS

The Department has the authority to vary the requirements of the Rules in accordance with CMR 241.16 of the Rules if all the following criteria are satisfied:

- a. The variance request has the approval of the LPI.
- b. The Municipal Officials have indicated that the variance does not conflict with any local wastewater disposal ordinances.
- c. The variance request demonstrates that there is no practical alternative for wastewater disposal, such as access to public sewer or the potential for an easement.
- d. The proposed system does not conflict with any provision controlling subsurface wastewater disposal in the Shoreland Zone.
- e. The site offers potential for a system which will dispose of the wastewater with minimal threat to public health, safety, or welfare.
- f. The property owner has indicated an awareness of the variance and any limitations or added costs the proposed system may require.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator)

SECTION OF CODE

1. only 13" of soil (zone of limiting factor) 6.B.3.a
2. _____
3. _____

IF VARIANCE REQUEST IS FOR SEC. 6.B.3 SUITABLE SOIL CONDITIONS, FILL IN TABLE BELOW.

SOIL, SITE AND ENGINEERING FACTORS FOR ASSESSING NEW SYSTEM VARIANCE POTENTIAL

(SEE TABLE 16-1)

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile	<u>3</u>	<u>15</u>
Depth to Groundwater	<u>13"</u>	<u>15</u>
Size of Property	<u>6 ac</u>	<u>15</u>
Terrain	<u>Knoll</u>	<u>5</u>
Waterbody Setback	<u>150'-245'</u>	<u>3</u>
Water Supply	<u>Drilled Well</u>	<u>3</u>
Type of Development	<u>Residential</u>	<u>0</u>
Design Flow	<u>Min +66%</u>	<u>10</u>
Separation Distance	<u>Min +100%</u>	<u>10</u>
Additional Treatment	<u>none</u>	<u>0</u>
TOTAL POINT ASSESSMENT		<u>76</u>

LOCAL PLUMBING INSPECTOR

The local plumbing inspector shall review all New System Variance requests prior to submission to the Division of Health Engineering. The LPI shall inform the Division of Health Engineering of any factors relative to the variance request not specifically noted by the property owner or the site evaluator.

The proposed system (does does not) conflict with any provision controlling subsurface wastewater disposal systems in the Shoreland Zone.

CONCLUSIONS: I, George Soucy Jr., the undersigned, have visited the above property and find that it is not possible to conform to certain provisions of the Rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property.

Therefore, I recommend the issuance of a permit for the system's installation as proposed by the application.

George A. Soucy Jr.
SIGNATURE OF LPI

11-9-90
DATE

STATEMENTS, JUSTIFICATIONS AND RESPONSIBILITIES

PROPERTY OWNER

The property owner shall provide accurate information to the Site Evaluator, the LPI, and the Department and elaborate below the reasons for requesting the variance(s).

(ATTACH ADDITIONAL SHEETS, IF NEEDED)

I, _____, am the owner prospective owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. I have indicated my reasons for requesting the variance(s). Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

[Handwritten Signature]

SIGNATURE OF OWNER
 SIGNATURE OF PROSPECTIVE PURCHASER

11/6/90

DATE

HAS REVIEW FEE BEEN ENCLOSED

SITE EVALUATOR

When an undeveloped property is found to be unsuitable for subsurface wastewater disposal by a Licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a Variance to the requirements of the Rules, and the Evaluator in his professional opinion feels the variance request is justified and that the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department.

Point Value is not indicative of this lot's ability to have a functioning system. Separation distance (24") being doubled, combined with Design Flow of 1.66 line maximum and the location in the center of the lot will provide for adequate protection against any ground water concentrations being excessive at the property line.

(ATTACH ADDITIONAL SHEETS, IF NEEDED)

I, *Stephen L. Campbell*, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgement, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

Stephen L. Campbell

SIGNATURE OF SITE EVALUATOR

10/30/90

DATE

MUNICIPAL OFFICER(s) (Selectman, Councilman, Alderman, Mayor, Town Manager)

We the municipal Officer(s) of *City of Augusta* have reviewed this application and are aware that the applicant is applying to the Division of Health Engineering for a variance to the Subsurface Wastewater Disposal Rules because the proposed system does not meet all requirements of the Rules. The proposed variance request does does not comply with all Municipal Ordinances relating to subsurface wastewater disposal.

Man R. Smith

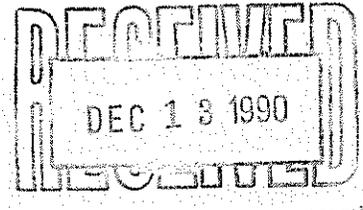
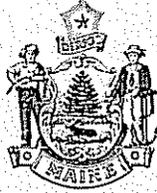
SIGNATURE FOR THE MUNICIPALITY

*DIRECTOR OF CITY SERVICES
INTERIM CITY MANAGER*

TITLE

11-7-90

DATE



John R. McKernan, Jr.
Governor

Rollin Ives
Commissioner

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

December 10, 1990

Stephen Campbell
287 Turkey Lane
RFD 2, Box 580
Winthrop, Maine 04364

SUBJECT: New System Variance, Adams property, Prescott
Road, Augusta

Dear Mr. Campbell,

According to 10-144A CMR 241.6.A.4, the corners of the disposal field shall be referenced from established control points in the field.

In this way the contractor can locate where the system shall be located even if the markers in the field were to be moved or destroyed.

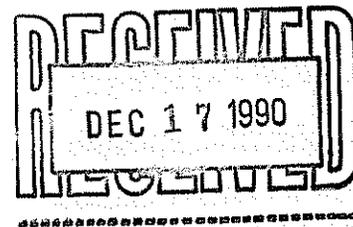
Once we receive these revisions, we will proceed with the application as soon as possible.

Yours very truly,

Scott D. N. Rollins
Wastewater & Plumbing Control
Division of Health Engineering

SDR/cw
cc: George Soucy, LPI

Department of Human Services
Division of Health Engineering
State House Station 10
(207) 289-5672



Michael Adams
Box 6488, RFD 5
Augusta, Maine 04330

December 13, 1990

NEW SYSTEM VARIANCE REQUEST APPROVAL

The Division approves of a variance to the Subsurface Wastewater Disposal Rules to install a new subsurface wastewater disposal system at the property owned by Michael Adams at:
Street Prescott Road
Town/City Augusta
State Maine

This approval requires that:

1. The system is installed in compliance with the submitted and approved Site Evaluator's design dated 10/30/90,
2. The Site Evaluator, who designed the system, is retained to established the exact location and elevation of the system at the time of construction, and
3. A permit is obtained from the Local Plumbing Inspector prior to installing the system.

Yours very truly,

A handwritten signature in cursive that reads "Scott D. Rollins".

Scott D. Rollins
Wastewater & Plumbing Control
Division of Health Engineering

cc: LPI
SE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS	
Town Or Planation	Augusta
Street Division Lot #	Buckwood Road
PROPERTY OWNERS NAME	
Last:	Adams First: Michael
Applicant Name:	same
Mailing Address of Owner/Applicant (if Different)	Present Road RE 5 Box 6488 Augusta ME

5-7-91 this revision is to permit number # 1850 issued 5-2-90 to Ken Cable

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

land ownership is current.

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 of Owner/Applicant

5/15/91
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

5/15/91
Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NEW SYSTEM <input type="checkbox"/> REPLACEMENT SYSTEM <input type="checkbox"/> EXPANDED SYSTEM <input type="checkbox"/> EXPERIMENTAL SYSTEM <p>SEASONAL CONVERSION to be completed by the LPI</p> <ol style="list-style-type: none"> <input type="checkbox"/> SYSTEM COMPLIES WITH RULES <input type="checkbox"/> CONNECTED TO SANITARY SEWER <input type="checkbox"/> SYSTEM INSTALLED - P# _____ <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED 	<p>THIS APPLICATION REQUIRES:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NO RULE VARIANCE <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE 	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) <input type="checkbox"/> ENGINEERED (+ 2000 gpd) <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> TREATMENT TANK (ONLY) <input type="checkbox"/> HOLDING TANK _____ GAL <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> BED <input type="checkbox"/> CHAMBER <input type="checkbox"/> TRENCH <input type="checkbox"/> OTHER: _____ 	<p>DISPOSAL SYSTEM TO SERVE:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER _____ <p style="text-align: center;">SPECIFY</p>	<p>TYPE OF WATER SUPPLY</p> <p style="font-size: 1.1em; font-style: italic;">Drilled Well</p>
<p>SIZE OF PROPERTY</p> <p>6 ac</p>	<p>ZONING</p> <p>Residential</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC <p>SIZE: 1000 GALS.</p>	<p>WATER CONSERVATION</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> LOW VOLUME TOILET <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM <input type="checkbox"/> ALTERNATIVE TOILET <p>SPECIFY: _____</p>	<p>PUMPING</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NOT REQUIRED <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION) <input type="checkbox"/> REQUIRED <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p style="font-size: 1.1em; font-style: italic;">2 Bedroom Single Family Dwelling Conservative Design Flow</p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">PROFILE</td> <td style="width: 50%; text-align: center;">CONDITION</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">C</td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: 15.</p>	PROFILE	CONDITION	3	C	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> MEDIUM-LARGE <input type="checkbox"/> LARGE <input type="checkbox"/> EXTRA LARGE 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> BED 1000 Sq. Ft. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 <input type="checkbox"/> TRENCH _____ Linear Ft. <input type="checkbox"/> OTHER: _____ 	<p>DESIGN FLOW: 300 (GALLONS/DAY)</p>
PROFILE	CONDITION						
3	C						

SITE EVALUATOR STATEMENT

On 5/1/91 (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.

Site Evaluator Signature

254
SE#

5/2/91
Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Augusta

Street, Road, Subdivision

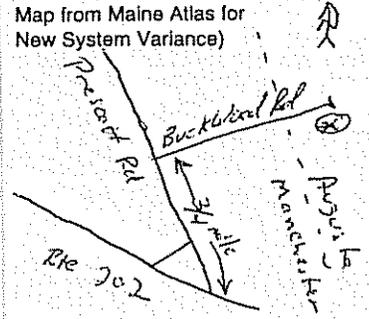
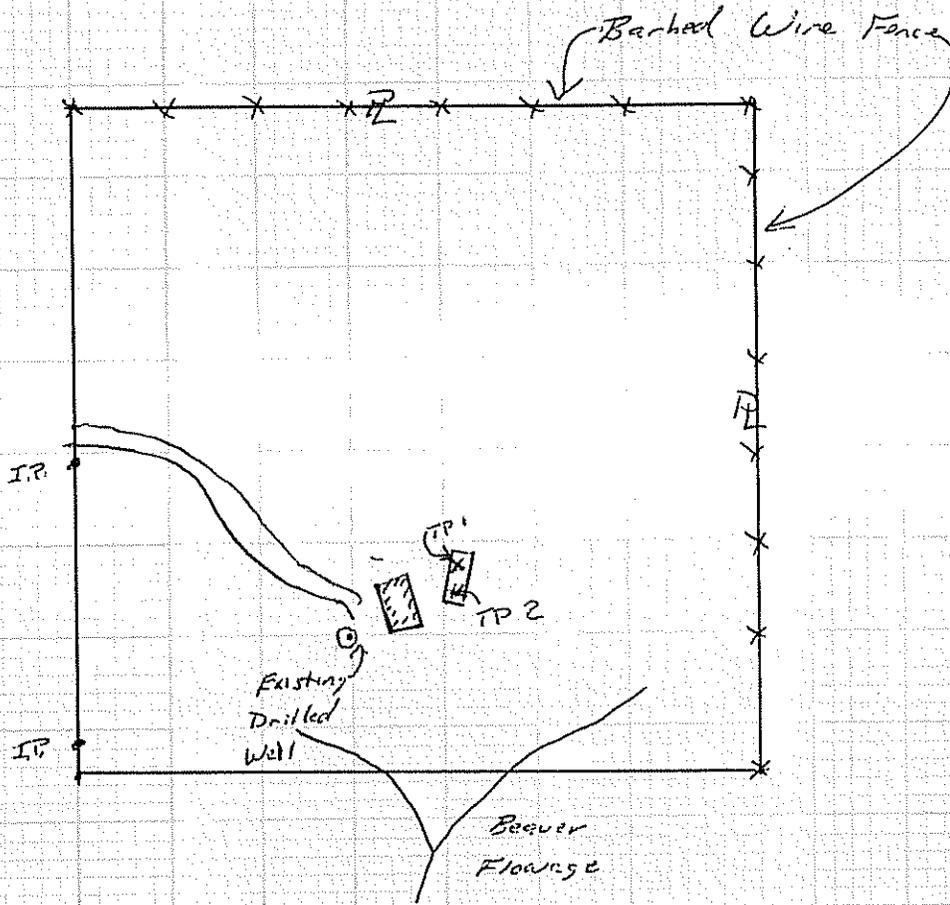
Buckwood Road
SITE PLAN

Owners Name

Michael Adams

Scale 1" = 200 Ft.

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 Test Pit Boring

 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	LOAM	Loose	DRK BRN	
6			ORANGE BROWN	
10	SANDY	Friable		
15	LOAM			
20		Firm	GREY BROWN	
30				
40				
50				

Soil Profile <u>3</u>	Classification Condition <u>C</u>	Slope <u>9</u> %	Limiting Factor <u>15</u>	<input type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Observation Hole 2 Test Pit Boring

 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	LOAM	Loose	DRK BRN	
6				
10	SANDY	Friable	DR BRN	
15	LOAM			
20		Firm	DR BRN	
30				
40				
50				

Soil Profile <u>3</u>	Classification Condition <u>C</u>	Slope <u>9</u> %	Limiting Factor <u>15</u>	<input type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
-----------------------	-----------------------------------	------------------	---------------------------	--

Stephen L Campbell
Site Evaluator Signature

257
SE#

5/2/91
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

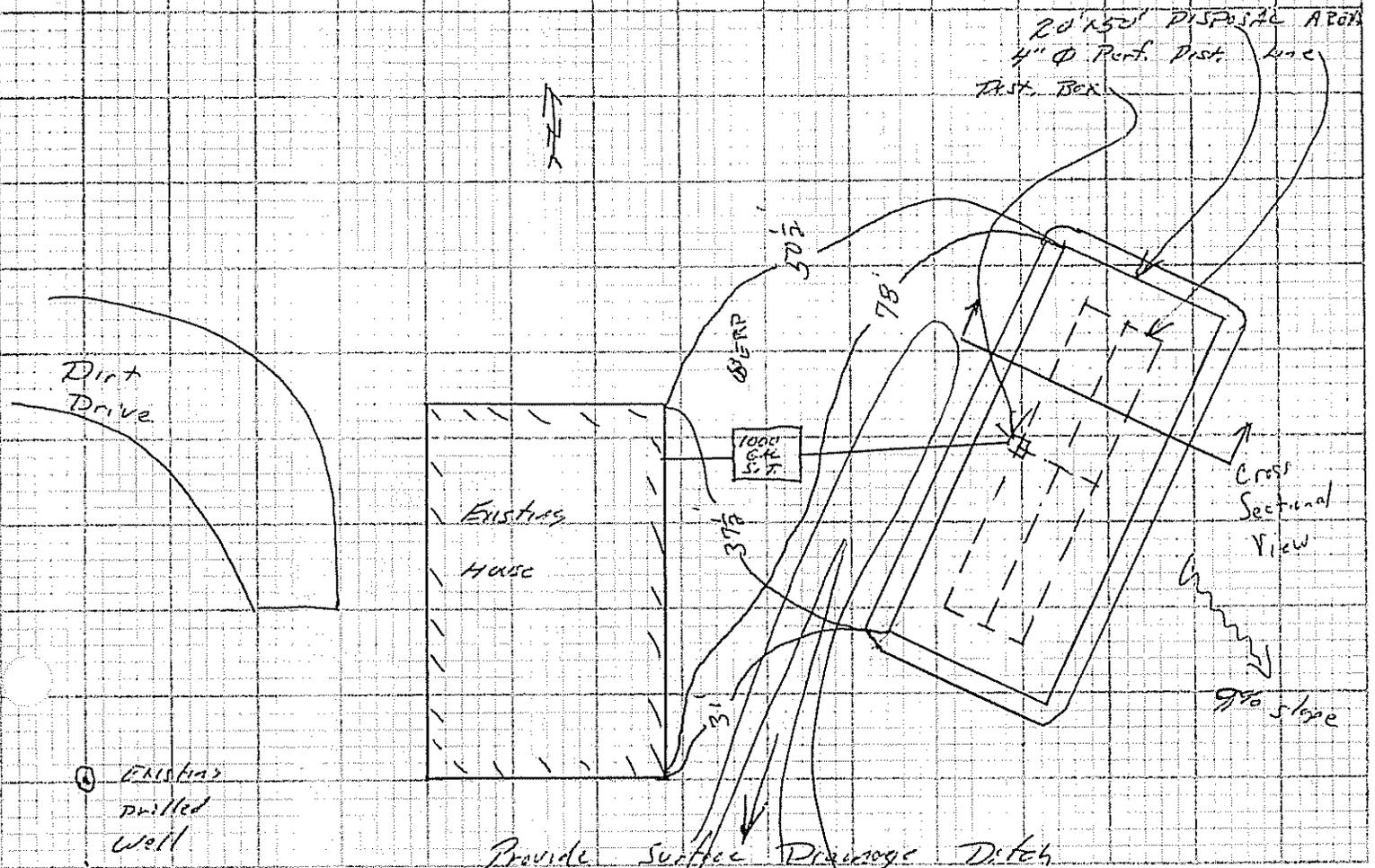
Augusta P

Buckwood Road

Michael Adams

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope)

21"

Depth of Fill (Downslope)

43"

CONSTRUCTION ELEVATIONS

Reference Elevation is

assumed 0

Bottom of Disposal Area

-56"

Top of Distribution Lines or Chambers

43"

ELEVATION REFERENCE POINT

LOCATION & DESCRIPTION

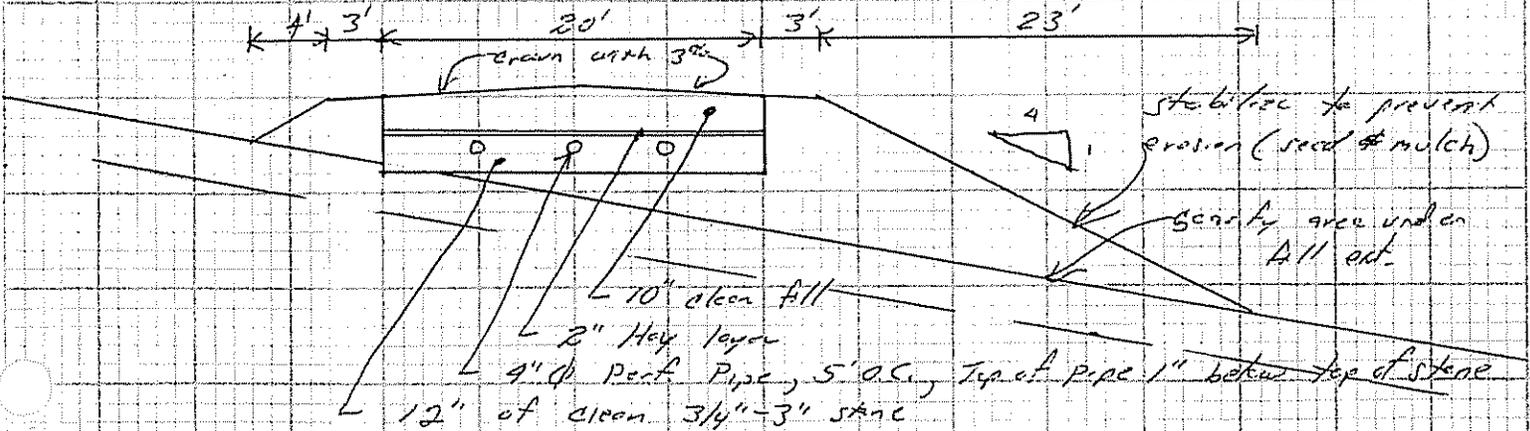
Nail in 10" White Birch
@ same elev. as bottom of
sidewalk on house

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 Inch = 5 Ft.

Horizontal: 1 Inch = 10 Ft.



Site Evaluator Signature

SE#

Date

Page 3 of 3
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