

*Changes in blue ink on per John Philbrick proposal on 5/28/98*

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION** Department of Human Services  
Division of Health Engineering  
(207) 287-5672 FAX (207) 287-4172

**PROPERTY LOCATION**

Town or Plantation: AUGUSTA

Street Subdivision Lot #: PT # 17 654 Eastern Ave

**PROPERTY OWNER'S NAME**

Last: TRACY First: QUANE

Applicant's Name: SAME

Mailing Address of Owner: RIVER RD, AUGUSTA, ME, 04330

Daytime Tel.:

**AUGUSTA** 3947 TOWN COPY

Date Permit Issued: 5-28-98 \$ 151.00 FEE  Double Fee Charged

*[Signature]* L.P.I. # 1000

Local Plumbing Inspector Signature

**Owner Statement**

I state that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit

*[Signature]* 5-28-98

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 Application

*[Signature]* 5/28/98

Local Plumbing Inspector Signature Date Approved

**PERMIT INFORMATION**

**TYPE OF APPLICATION:**

- First Time System
- Replacement System  
Type Replaced INFILTRATION  
Year Installed ?
- Expanded System
  - a. one time exempted
  - b. non exempted
- Experimental System
- Seasonal Conversion

**THIS APPLICATION REQUIRES:**

- No Rule Variance
- First Time System Variance
  - a. Local Plumbing Inspector approval
  - b. State & Local Plumbing Inspector approval
- Replacement System Variance
  - a. Local Plumbing Inspector approval
  - b. State & Local Plumbing Inspector approval
- Minimum Lot Size Variance
- Seasonal Conversion Approval

**DISPOSAL SYSTEM COMPONENT(S)**

- Non-Engineered System
- Primitive System (graywater & all toilet)
- Alternative Toilet \_\_\_\_\_
- Non-Engineered Treatment Tank
- Holding Tank \_\_\_\_\_ Gallons
- Non-Engineered Disposal Area (only)
- Separated Laundry System
- Engineered System (>2000 gpd)
- Engineered Treatment Tank (only)
- Engineered Disposal Area (only)
- Pretreatment

**SIZE OF PROPERTY**

**DISPOSAL SYSTEM TO SERVE:**

- Single Family Dwelling Unit
- Multiple Family Dwelling: Number of Units 2
- Other \_\_\_\_\_

**SHORELAND ZONING**

Yes  No

**TYPE OF WATER SUPPLY**

PRIVATE

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

**TREATMENT TANK**

- Concrete
  - a. Regular
  - b. Low Profile
- Plastic EXISTING
- Other \_\_\_\_\_

SIZE \_\_\_\_\_ Gallons

**DISPOSAL AREA TYPE / SIZE**

- Bed 1000 Sq. Ft.
- Proprietary Device \_\_\_\_\_ Sq. Ft.
  - Cluster  Linear
  - Regular  H-20
- Trench
- Other \_\_\_\_\_

**GARBAGE DISPOSAL UNIT**

- No
- Yes
  - Multi-compartment tank
  - Tonk in series
  - Increase in tank capacity
  - Filter on tank outlet

**CRITERIA USED FOR DESIGN FLOW (Show Calculations)**

1-2 BED ROOM  
1-1 BED ROOM

**PROFILE & DESIGN CLASS**

PROFILE 3 DESIGN AII

DEPTH TO MOST LIMITING FACTOR 10"

**DISPOSAL AREA SIZING**

- Small - 2.00
- Medium - 2.60
- Medium-Large - 3.30
- Large - 4.10
- Extra-Large - 5.20

**PUMPING**

- Not required
- May be required
- Required

DOSE EXISTING Gallons

**DESIGN FLOW: 300 G.P.D.**

(Gallons/Day)

**SITE EVALUATOR'S STATEMENT**

On 5/28/98 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules.

*[Signature]* 256 5/28/98

Site Evaluator Signature SE • Date

JOHN PHILBRICK 547-3732

Site Evaluator Name Printed Telephone

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

05268804

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

AUGUSTA

RT # 17

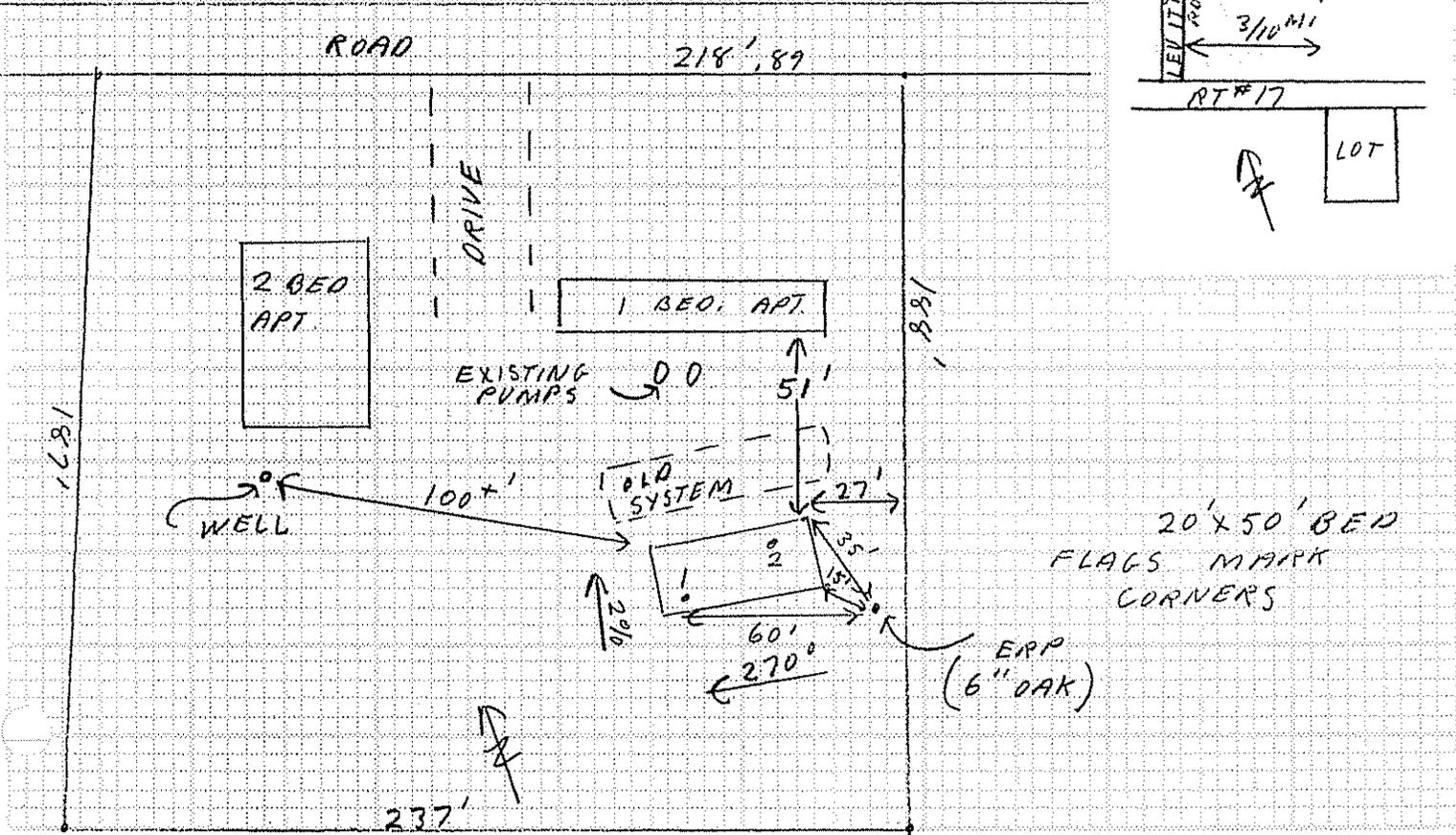
OVANE TRACY

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

Inches	Texture	Consistency	Color	Mottling
0	LOAMY	FRIBLE	DARK BR.	NONE
6	SAND.	↓	ORANGE BR.	↓
10				FAINE
15	BED ROCK			
20				
30				
40				
50				

Soil Classification: 3 AI Profile Condition  
 Slope: 2 %  
 Limiting Factor: 10 "  Ground Water  Restr. Layer  Bedrock

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

Inches	Texture	Consistency	Color	Mottling
0	SANDY	FRIBLE	DARK BR.	NONE
6	LOAM	↓	REUSH BR.	↓
10	LOAMY		YELLOW BR.	↓
15	SAND	↓		
20		FIRM	GRAY	COMBINED DISTINCT
30	BED ROCK			
40				
50				

Soil Classification: 3 AUC Profile Condition  
 Slope: 2 %  
 Limiting Factor: 24 "  Ground Water  Restr. Layer  Bedrock

Site Evaluator Signature

256 SE#

5/28/98 Date

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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

05268804

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

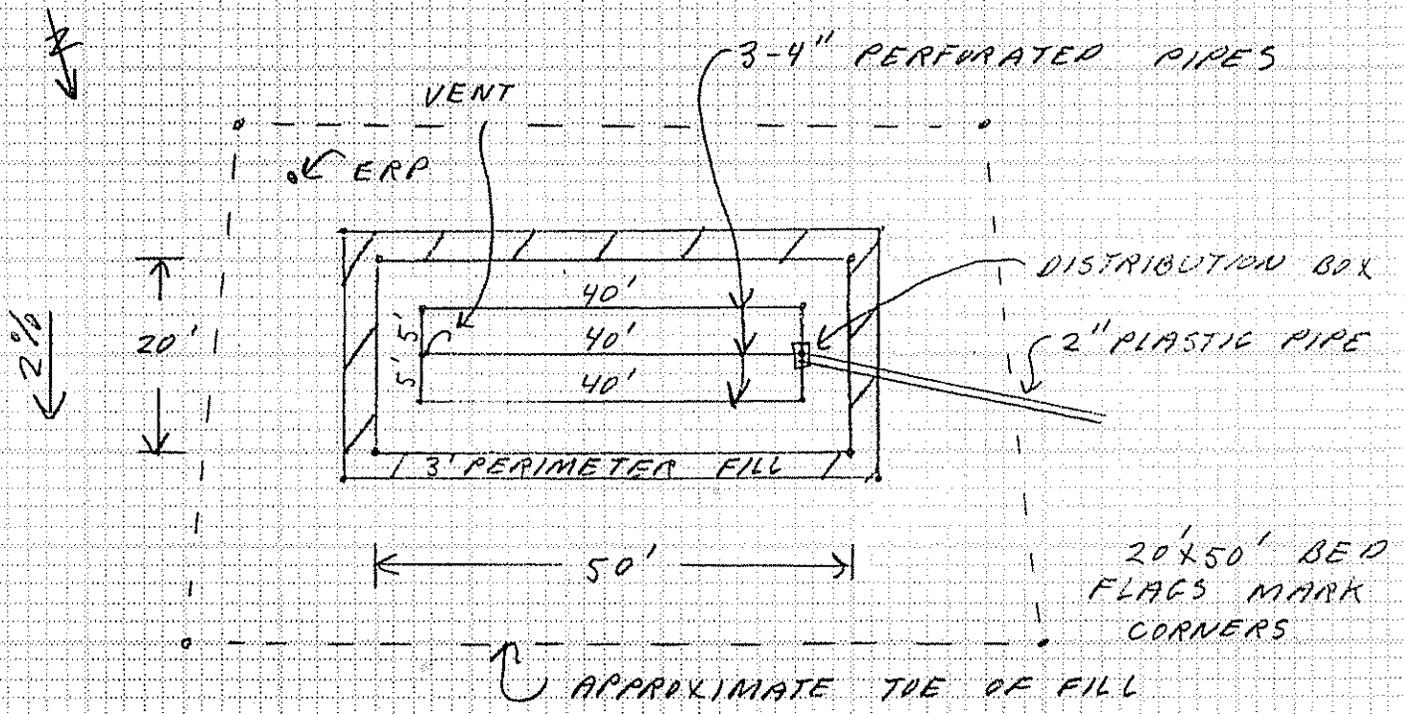
AUGUSTA

RT # 17

DAVINE TRACY

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft.  
or as shown



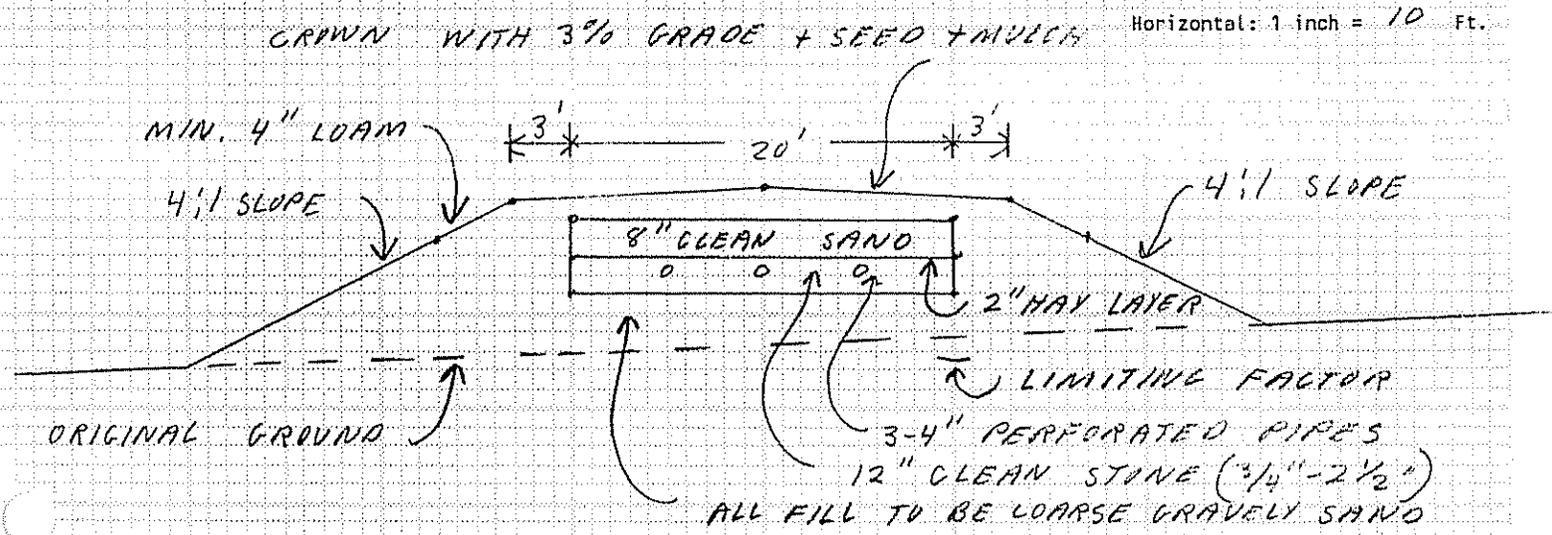
**FILL REQUIREMENTS**  
 Depth of Fill (Upslope) 38"  
 Depth of Fill (Downslope) 42"

**CONSTRUCTION ELEVATION**  
 Reference Elevation is 38"  
 Bottom of Disposal Area 42"  
 Top of Distribution Lines or Chambers 44"

**ELEVATION REFERENCE POINT**  
 0" ERP IN 6" OAK 15'  
 -55" EAST OF SYSTEM 40"  
 -44" ABOVE GROUND

**DISPOSAL AREA CROSS SECTION**

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



*[Signature]*  
 Site Evaluator Signature

256  
 SE#

5/28/98  
 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. 3947 E Town of AUGUSTA  
Date Permit Issued 5/29/88  
MONTH/DAY/YEAR  
Property Owner's Name: DUANE TRACY Tel. No. \_\_\_\_\_  
System's Location: RT # 17  
STREET  
AUGUSTA TOWN Maine 04330 ZIP  
Property Owner's Address: RIVER RD.  
STREET  
(If different from above) AUGUSTA TOWN ME STATE 04330 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, they 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.

Deane C. Tracy  
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	3 A II	Ground Water Table	to 6"		inches
		Restrictive Layer	to 6"		inches
		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	50'	60'		
	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'	10'		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

**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.

\_\_\_\_\_  
SITE EVALUATOR'S SIGNATURE

5/28/98  
DATE

**LPI STATEMENT**

\_\_\_\_\_, LPI for the Town of \_\_\_\_\_ 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

3/29/98  
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.

# JOHN A. PHILBRICK

LICENSED EVALUATOR - SOILS TEST

R #3 BOX 531A, AUGUSTA, MAINE 04330

207-547-3732

6/8/98

TO GEORGE SOUCIE, CEO

IT IS MY UNDERSTANDING THAT LEDGE WAS EXPOSED EARLY ON ONE CORNER OF DUANE TRACY'S SEPTIC ON RT. #17. IT IS UNDER MY REQUEST THAT THE SYSTEM HAVE AN ADDITIONAL 12" OF COARSE GRAVELLY SAND FILL PLACED UNDER SYSTEM. IF THERE IS ANY QUESTIONS PLEASE FEEL FREE TO CALL ME.

THANK YOU

John Philbrick

6/10/98

This is an amendment to Permit #3947 issued on 5/29/98 to Duane Tracy.

George Soucie  
C.E.D. #508