

MAINE DEPARTMENT OF HUMAN SERVICES
APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT

This is NOT a permit; this form when completed must be presented to the Local Plumbing Inspector to obtain a permit. Page 1 of 2

Town: AUGUSTA Street, Road, etc.: Eastern Ave. Plumbing Permit No.: 42521 P1 Date of Plumbing Permit: 4/13/81

Owner of property: Robert W Hayden Owner's address: 537 Eastern Ave. Size of lot: 19350 Sq. fee Acres

Name & type of establishment if other than private home: Trailer Is lot Zoned? Yes No Type of Zoning: N/A Shoreland Resource Protection

Name of applicant Owner's agent: Robert W. Hayden Tel. No.: 622-4584

Applicant's address Street, Box, etc.: 537 Eastern Ave. Zip Code: 04330 Date: 4-13-81

Town: Augusta, Me. Subdivision name: N/A Lot No.: N/A

Applicant's signature: Robert W Hayden Date: 4-13-81

Owner's signature: _____

This application is for: New System Expanded System Replacement System Replacement of Treatment Tank Only Disposal Area Only

The water supply for this property is: Dug well, depth _____, lining _____; Drilled well, depth 100, lining steel; Spring Surface water Body, Course— with disinfection, without disinfection. Public Utility, name _____

SITE INVESTIGATION

Show location of pits and/or borings on sketch on page 2, and refer to completed sample form and Chapter 4 of the Code, II.

Soil Profile No.	Soil Profile No.	Soil Profile No.	Soil Profile No.	Soil Profile No.
Organic strata	Organic strata	Organic strata	Organic strata	Organic strata
Inches	Inches	Inches	Inches	Inches
1st strata <u>Brown Sandy loam fill with stones & gravel</u>	1st strata <u>Brown Sandy loam fill with stones</u>	1st strata	1st strata	1st strata
Inches <u>0"-12"</u>	Inches <u>0"-6"</u>	Inches	Inches	Inches
2nd strata <u>Dense sandy loam part</u>	2nd strata <u>Brown very mittle sandy loam fill</u>	2nd strata	2nd strata	2nd strata
Inches <u>12"-18"</u>	Inches <u>6"-18"</u>	Inches	Inches	Inches
3rd strata	3rd strata	3rd strata	3rd strata	3rd strata
Inches	Inches	Inches	Inches	Inches
Total Depth of observation hole Inches <u>18"</u>	Total Depth of observation hole Inches <u>18"</u>	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches
Max. Ground water table—mottling <u>12"</u> Inches <input type="checkbox"/> None Evident	Max. Ground water table—mottling <u>6"</u> Inches <input type="checkbox"/> None Evident	Max. Ground water table—mottling _____ Inches <input type="checkbox"/> None Evident	Max. Ground water table—mottling _____ Inches <input type="checkbox"/> None Evident	Max. Ground water table—mottling _____ Inches <input type="checkbox"/> None Evident
Impervious layer, clay, etc. <u>12"</u> Inches <input type="checkbox"/> None Evident	Impervious layer, clay, etc. <input checked="" type="checkbox"/> None Evident _____ Inches	Impervious layer, clay, etc. _____ Inches <input type="checkbox"/> None Evident	Impervious layer, clay, etc. _____ Inches <input type="checkbox"/> None Evident	Impervious layer, clay, etc. _____ Inches <input type="checkbox"/> None Evident
Bedrock _____ Inches <input checked="" type="checkbox"/> None Evident	Bedrock _____ Inches <input type="checkbox"/> None Evident	Bedrock _____ Inches <input type="checkbox"/> None Evident	Bedrock _____ Inches <input type="checkbox"/> None Evident	Bedrock _____ Inches <input type="checkbox"/> None Evident
Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock
Surface slope <u>9 1/4</u> %	Surface slope <u>9 1/4</u> %	Surface slope _____ %	Surface slope _____ %	Surface slope _____ %
Soil Group & Condition per Table 9-1 of the Code, II <u>3D</u>	Soil Group & Condition per Table 9-1 of the Code, II <u>3E</u>	Soil Group & Condition per Table 9-1 of the Code, II _____	Soil Group & Condition per Table 9-1 of the Code, II _____	Soil Group & Condition per Table 9-1 of the Code, II _____

On April 13, 1981 (date), a site investigation for this project was completed. I conducted this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the following type and size of private sewage disposal system. I also recommend the proposed private sewage disposal system layout and location shown on page 2.

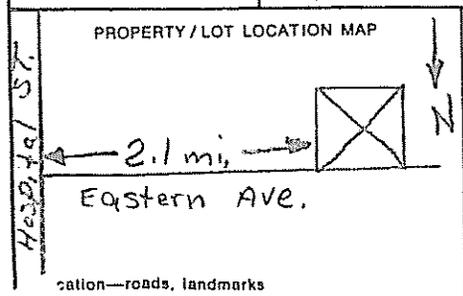
Signature: David P. Roogue Health Engineering License No. 1154

Date signed: April 13, 1981

PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED

Show location of system and details on sketches on page 2, and refer to completed sample form

<p>SYSTEM:</p> <input checked="" type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM If separated system—type of human waste disposal system to be used: <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Open Pit Privy <input type="checkbox"/> Compost Toilet <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Other, describe _____ See Chapter 9 of the Code, II.	<p>TREATMENT TANK:</p> <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Size in gallons <u>1000</u> <input type="checkbox"/> Aerobic Tank Manufacturer _____ Model No. _____ Size in gallons _____	<p>SUBSURFACE ABSORPTION AREA</p> <table border="1"> <tr> <th>Type</th> <th>SIZE</th> </tr> <tr> <td><input type="checkbox"/> Trench System: Total trench length. <u>N/A</u></td> <td><input type="checkbox"/> Very Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large</td> </tr> <tr> <td><input type="checkbox"/> Bed System Length <u>45</u> Width <u>20</u></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Chamber System Type A _____ Type B _____ Number _____ Single File _____ Cluster _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mound System Length _____ Width _____ at base <u>N/A</u></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Spectal System Length _____ Width _____ <u>N/A</u></td> <td></td> </tr> </table>		Type	SIZE	<input type="checkbox"/> Trench System: Total trench length. <u>N/A</u>	<input type="checkbox"/> Very Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large	<input type="checkbox"/> Bed System Length <u>45</u> Width <u>20</u>		<input type="checkbox"/> Chamber System Type A _____ Type B _____ Number _____ Single File _____ Cluster _____		<input type="checkbox"/> Mound System Length _____ Width _____ at base <u>N/A</u>		<input type="checkbox"/> Spectal System Length _____ Width _____ <u>N/A</u>		<p>SITE MODIFICATION</p> Fill will be: <u>24</u> in. uphill; <u>46</u> in. downhill <p>DETAILS</p> <input checked="" type="checkbox"/> A Distribution Box is required Pumping is— <input type="checkbox"/> required, <input checked="" type="checkbox"/> is not required The Dose will be _____ gallons
		Type	SIZE													
<input type="checkbox"/> Trench System: Total trench length. <u>N/A</u>	<input type="checkbox"/> Very Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large															
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<input type="checkbox"/> Spectal System Length _____ Width _____ <u>N/A</u>																
		<p>DISTANCES</p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No: The proposed subsurface absorption area will be located at least 100 feet from ar and all wells; springs; surface water bodies an courses (lake, pond, ocean, brook, stream, river swamps; marshes; and bogs. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 300 feet from ar and all wells and springs producing 2000 gallon or more of water per day and any public water supplies.														



FOR THE USE OF LPI ONLY

Denial: Application is denied for following reasons; portions of the Code II are cited.
 Form is incomplete (____ pg.) as to General Info, Site Investigation, System Proposed, Site Plan, Disposal System Plan, Cross-Section, Statement. See Section 2.3.
 Site Investigation indicates site is totally unsuitable for disposal system; Sections 4.5 and 9.5, Table 9-1 Group 9 and 10. Unsuitable for system proposed; Sections 4.3, 4.6, 9.5, Table 9-1.
 System Proposed does not conform to Code; See Sections 9.
 Site Investigation indicates site modifications are necessary; See Sections 4.3, 4.4, 4.6, 8.7, _____
 Miscellaneous _____ See Section _____
 Acceptance: Application for permit is approved with condition specified, comply with Section _____
 without condition.
 Signed LPI Richard E. Baker Date 4-21-81 HHE - 200 1/77

APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
(For systems disposing of less than 2000 gallons per day)

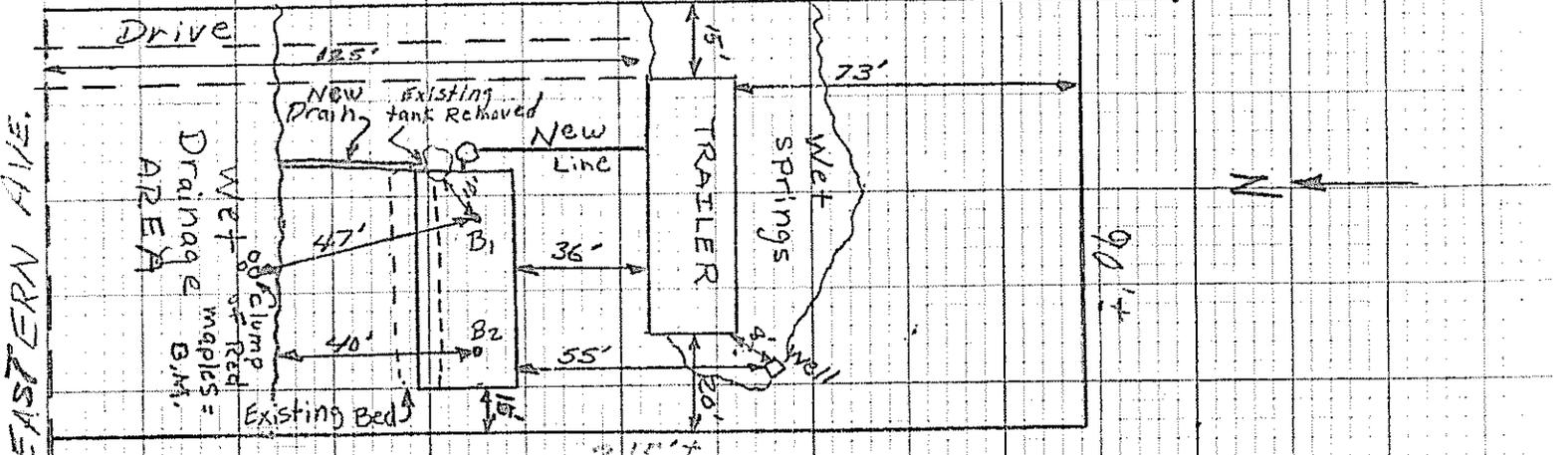
INSUR

Town AUGUSTA	Street, Road, etc. EASTERN AVE. If on water body, give name	Owner of property Robert W. M.
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Site Plan

Scale 1" = 100 Ft. or 40'

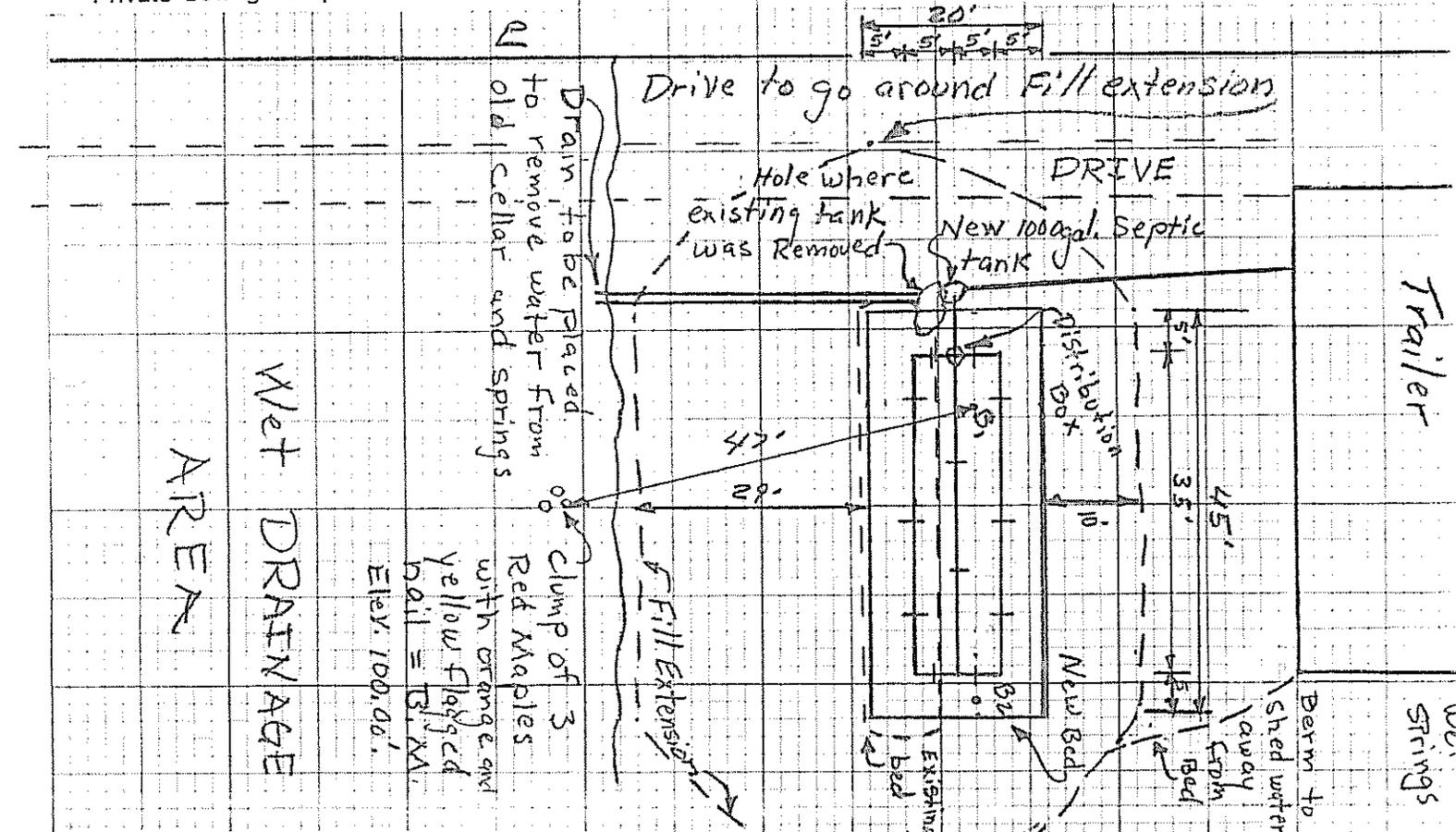
Note: Trench where old line went to old septic tank has wa. draining into it from old Foundation which no longer exists. Shou have further drain to drainage ditch by road to get rid of wat.



Note: Where new bed crosses over old, old bed is to be dug p and replaced with sand loam fill. Well is used by home owner and Westerly abutter. Well set bac Release form has been signed.

Private Sewage Disposal Plan

Scale 1" = 20' or



Subsurface Absorption Area Cross-section

Scale: Vertical 1" = 5' or
Horizontal 1" = 20' or

SEE SHEET #

PROPERTY LINES SHOWN ARE APPROXIMATE AND ABUTTERS ARE REQUESTED.

Note: Fill extension on westerly side to be 3:1 or permission to cross p to be granted by abutter.

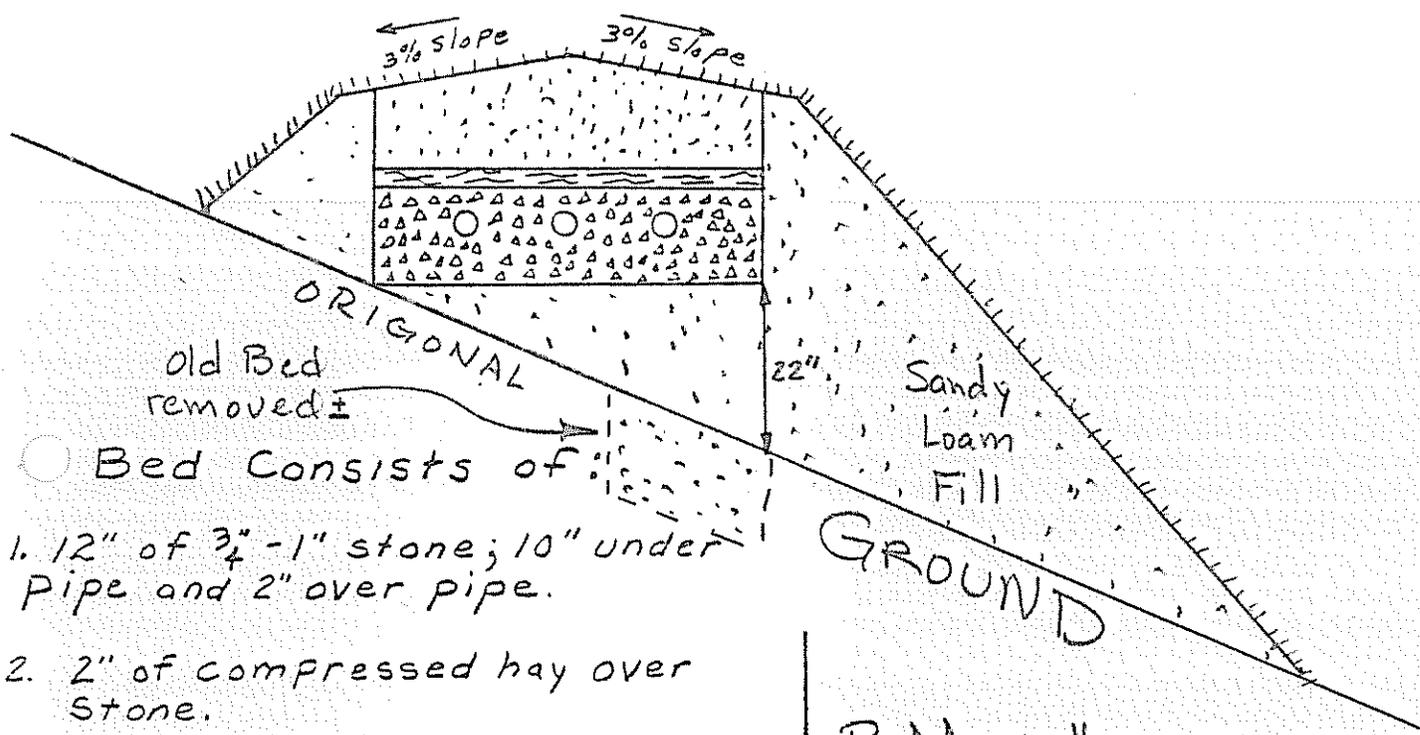
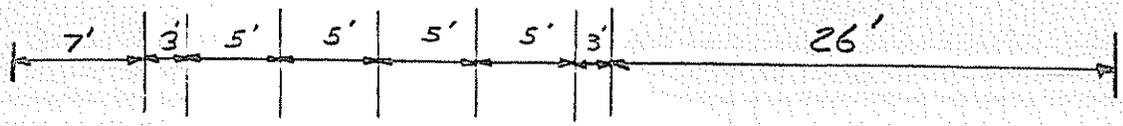
Statement: (no permit may be issued unless signed)

I certify that all the information submitted to be true and correct, and I understand that issuance of a permit is based upon the information and plans submitted by the applicant. I also understand that any falsification of this application is reason to deny a permit to install a private sewage disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I understand that no guarantee is intended or implied by reason of any advice or approval given by the Administrative Authority or its agent.

Signature Required

Date: 4-13-51
Applicant: Robert W. M.
Owner: _____

Subsurface Absorption Area Cross-Section (Not to Scale)



Bed Consists of:

1. 12" of 3/4" - 1" stone; 10" under pipe and 2" over pipe.
2. 2" of compressed hay over stone.
3. 8" of sandy loam to sand fill, over hay.
4. Top of bed to be stabilized with loam if necessary, and grass seed.

Note:

Remove organic matter and scarify soil before installing bed and fill.

B.M. = yellow and Orange Flagged nail in clump of 3 Red Maples = B.M. Elev. 100.00'

Original ground at upper edge of Bed = Elev. 98.58'

Bottom of Bed = Elev. 98.58'

Top of Bed at edge = 100.58'

Top of Bed at center = 100.76'

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.

GENERAL INFORMATION

Town of Augusta

Town Code 11020

Permit No. 42521 E

Date Permit Issued 4-22-81
month/day/yr.

Property Owner's Name: Robert W. Hayden Tel. No. 622-4584

System's Location: 537 Eastern Avenue
Street

Augusta, MAINE 04330
Town Zip

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

Robert W. Hayden 4-22-81
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"		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	100a	300a		
	2. Well: < 2000 gal/day				
	a. Neighbor's	100b	100b	75' ±	55'
	b. Property Owner's	50'	60'	75' ±	55'
	3. Water Supply Line	See Note 'a'			
Waterbodies	1. Perennial	60'	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With basement	See Note	15'		
	2. Without basement	'a'	10'		
Property Line		5'	5'		

Other Specify:

Fill extension may have to cross over neighbors (westerly) property line or will be 3:1 slope. Owner may get permission for cross over. Property lines are only approximate.

Footnotes:

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

David P. Roegue
Site Evaluator's Signature

April 13, 1981
Date

LPI Statement

I, *Richard Baber*, 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 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, 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. 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:

Richard P. Baber
LPI's Signature

4-21-81
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.

David P. Brown
Signature of the Department

April 22, 1981
Date