

3/28

623-8551

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: AUGUSTA

Street Subdivision Lot #: RT 17

PROPERTY OWNERS NAME

Last: HASTINGS First: DAVID

Applicant Name:

Mailing Address of Owner/Applicant (if Different): 635 EASTERN AVE
AUGUSTA, ME 04330

MIL 191

AUGUSTA PERMIT # 814 TOWN COPY

Date Permit Issued: 8/24/86 \$ 1,200.00 FEE Double Fee Charged

[Signature] L.P.I. # 908

Local Plumbing Inspector 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.

[Signature] 8/13/86

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.

[Signature] 8-31-86

Local Plumbing Inspector Signature Date Approved

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
- Requiring Local Plumbing Inspector Approval
- Requires State and Local Plumbing Inspector Approval

INSTALLATION IS:

COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM
(Includes Alternative Toilet)
- ENGINEERED (+ 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: _____

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER RETAIL OUTLET
SPECIFY _____

SIZE OF PROPERTY 16 Acs

ZONING _____

TYPE OF WATER SUPPLY CITY

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 2)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: 1000 GALS.

WATER CONSERVATION

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

- NOT REQUIRED
- MAY BE REQUIRED
(DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: AUG 60 L/S

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

3 BEDROOMS

270 G.P.D.

EMPLOYEES

60 G.P.D.

DESIGN FLOW: 330+
(GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
<u>3</u>	<u>C</u>

DEPTH TO LIMITING FACTOR: 18

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

- BED 1125 Sq. Ft.
- CHAMBER _____ Sq. Ft.
- TRENCH _____ Linear Ft.
- OTHER: _____

REGULAR H-20

SITE EVALUATOR STATEMENT SITE EVALUATION WAIVED BY LOCAL OPTION

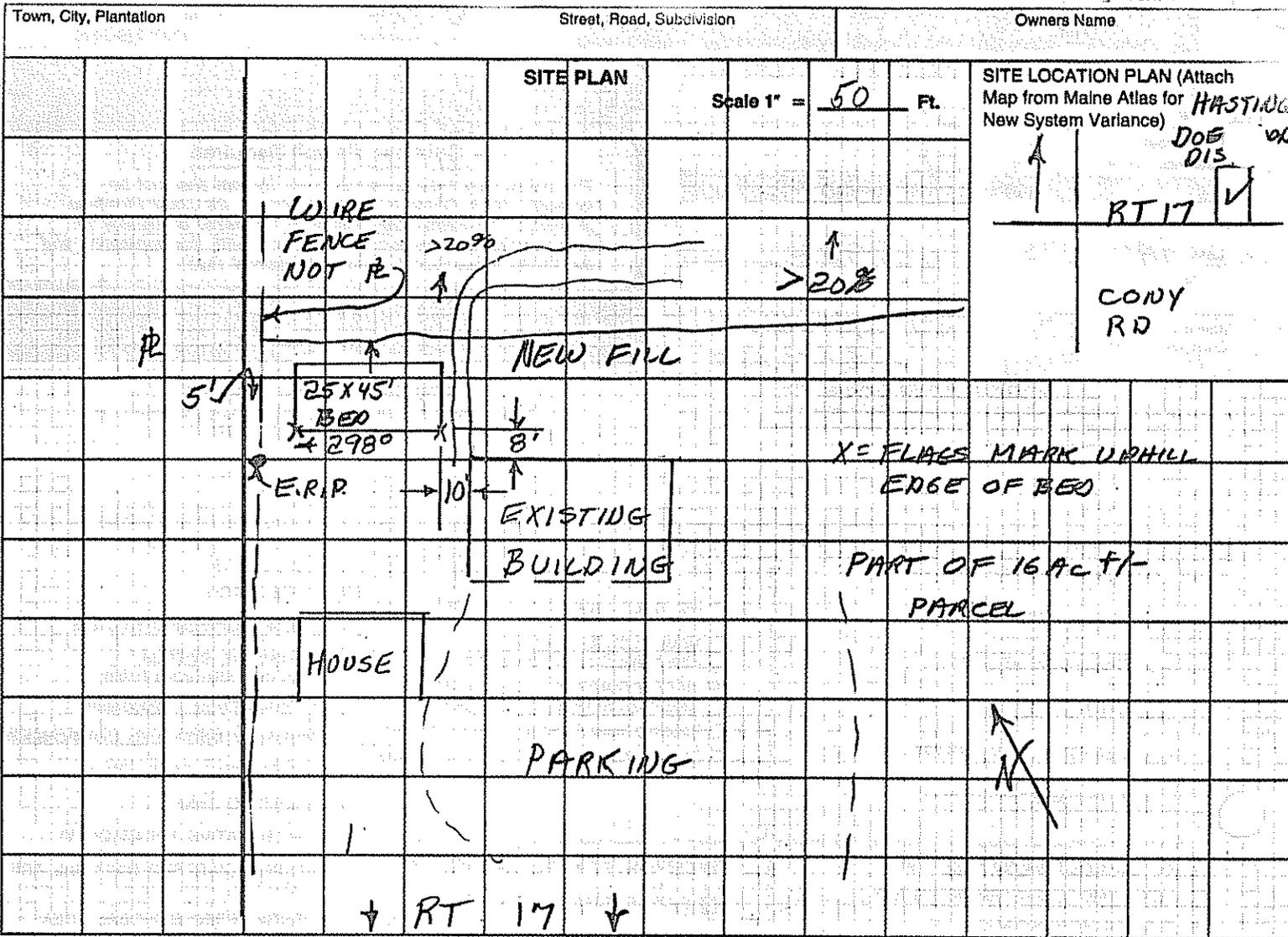
On 8/12/86 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

[Signature] # 51 8/12/86

Site Evaluator Signature SE# Date

* Local Plumbing Inspector Signature if a Local Site Evaluation Waiver under a Local Option

Page 1 of 3
HHE-200 Rev.1/84



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

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

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	S.L.	FRIABLE	B	
6-18				1B
18-30	G.T.	FIRM	G.B.	
30-50				
50				

Soil Profile <u>3</u>	Classification Condition <u>C</u>	Slope <u>3</u> %	Limiting Factor <u>18</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Observation Hole _____ Test Pit Boring
 _____ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6				
6-18				
18-30				
30-50				
50				

Soil Profile _____	Classification Condition _____	Slope _____ %	Limiting Factor _____	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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[Signature]
 Site Evaluator of Professional Engineer's Signature

51
 SE# / PE#

8/12/86
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

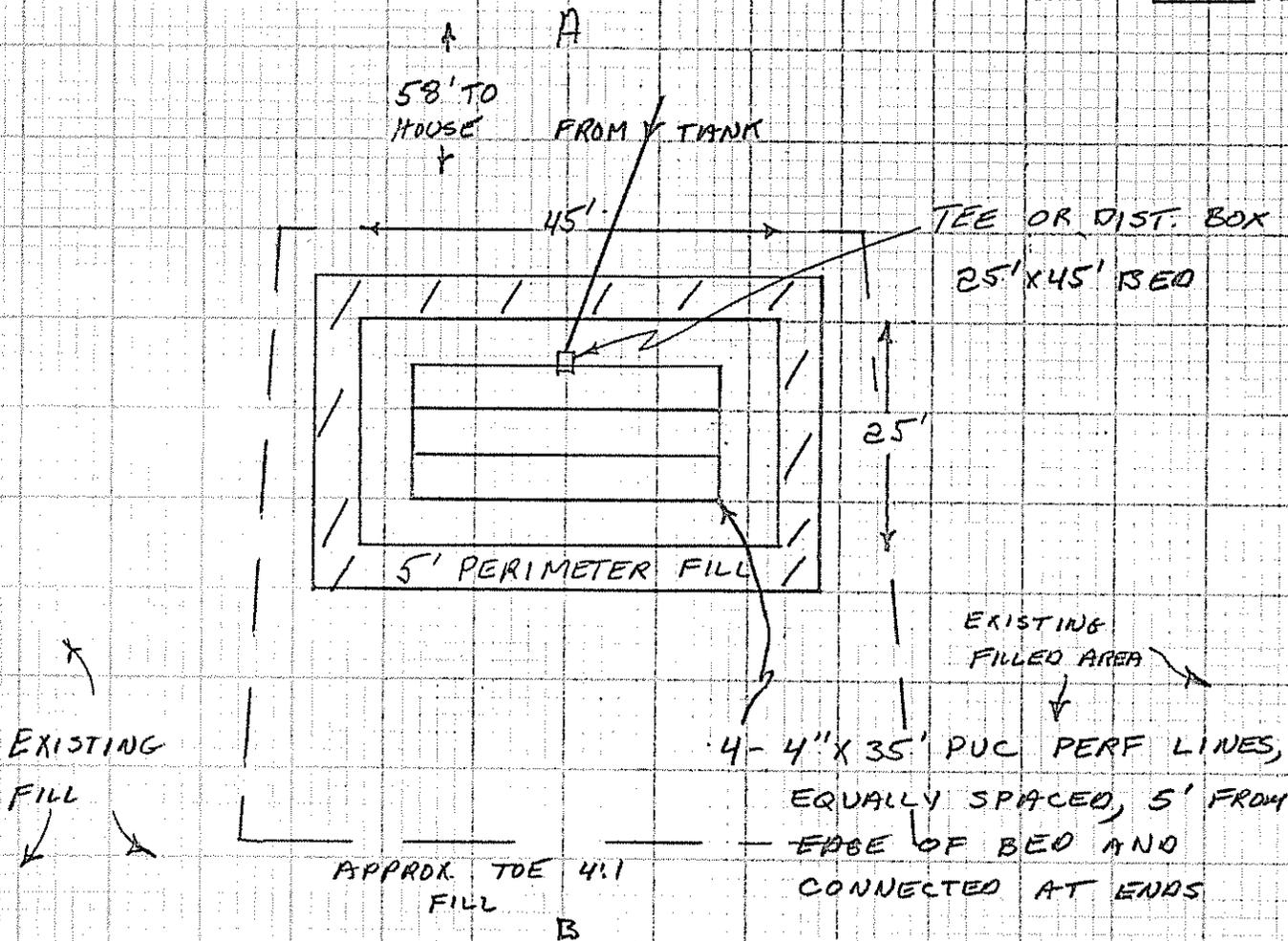
AUGUSTA

RT 17

HASTINGS

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope)

18"

Depth of Fill (Downslope)

30"

CONSTRUCTION ELEVATIONS

Reference Elevation is

0

Bottom of Disposal Area

-66"

Top of Distribution Lines or Chambers

-55"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

NAIL IN SPRUCE TREE

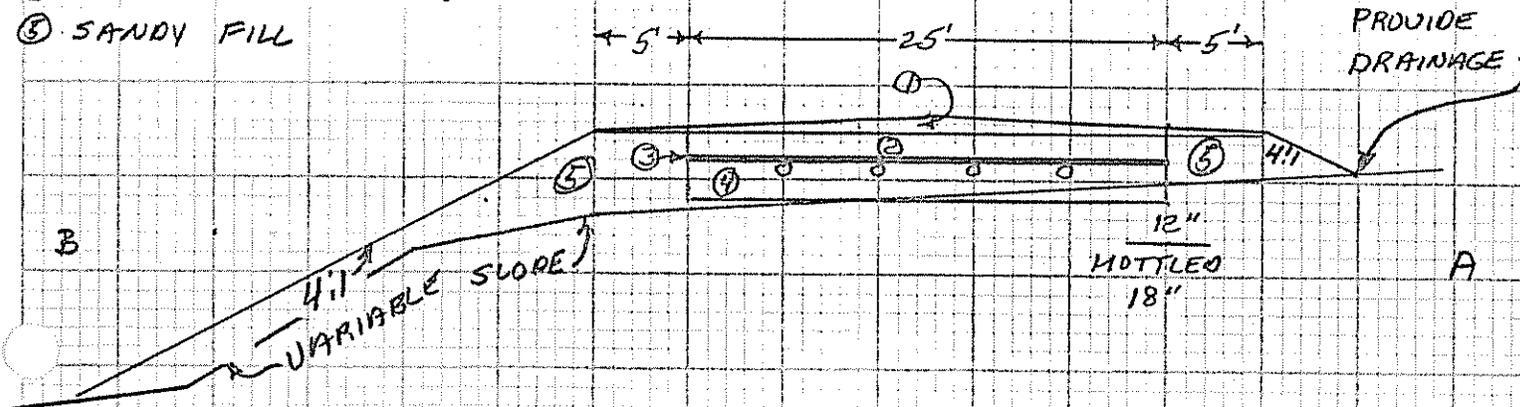
DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.

Horizontal: 1 inch = 10 Ft.

- ① 3" TOPSOIL CROWNED @ 3%
- ② 10" SAND
- ③ 2" COMPACTED HAY
- ④ 12" CLEAN STONE; 3/4-3" DIA
- ⑤ SANDY FILL



Alvin W. Redman
Site Evaluator Signature

51

SE#

8/12/86

Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils					
Soil Profile	Ground Water Table	to 6"		}	inches
Soil Condition	Restrictive Layer	to 6"			inches
from HHE-200	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	100 ^(B)	100 ^(B)		
	b. Property Owner's	50'	60'		
	3. Water Supply Line	10'	10'		
Waterbodies	1. Perennial	60' ^(C)	60'	}	}
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10' ^(D)		
Buildings	1. With basement	8'	15'	}	}
	2. Without basement	8'	10'		
Property Line		5'	5' ^(D)		10 1

Other Specify:

25' W 10E BED

Footnotes:

- a. 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.
- b. Sufficient distance shall be maintained to assure that the toe of the fill does not extend beyond the 3:1 slope of property line.
- c. May be reduced to 25' provided treatment tank is tested to be water tight in the presence of the Local Plumbing Inspector.

Allen W. Rusk
Site Evaluator's Signature

8/12/86
Date

LPI Statement

I, George Spivey Jr., LPI for 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. (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 Spivey Jr.
LPI's Signature

8/12/86
Date

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.

Paul G. Hastings
Property Owner's Signature

8/13/86
Date