

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

**PROPERTY ADDRESS**

Town Or Plantation: AUGUSTA

Street Subdivision Lot #: SPRING ROAD

**PROPERTY OWNERS NAME**

Last: SUNDBOVIK First: KAREN

Applicant Name:

Mailing Address of Owner/Applicant (If Different): ZFD #7 Box 464A AUGUSTA, ME. 04330

M11 L215A

AUGUSTA Caution: PERMIT # 1,035 TOWN COPY

Date Permit Issued: 15 APR 87 Fee: \$1,400.00  If Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. #: 1809

By Maine Subsurface Wastewater Disposal Rules.

**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: 29 MAY 87

**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: [Signature] Date Approved: 6-3-87

**PERMIT INFORMATION**

**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: 1950's

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: \_\_\_\_\_

**DISPOSAL SYSTEM TO SERVE:**

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER \_\_\_\_\_ SPECIFY \_\_\_\_\_

**SIZE OF PROPERTY** 2.5 AC **ZONING** R2UR - RES.

**TYPE OF WATER SUPPLY**

Drilled Well

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

**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  
(DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: \_\_\_\_\_ GALS.

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

2 BEDROOMS

MIN. PER CODE: 1

DESIGN FLOW: 180 G.P.D.  
(GALLONS/DAY)

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE	CONDITION
<u>9</u>	<u>S</u>

DEPTH TO LIMITING FACTOR: 6

**SIZE RATINGS USED FOR DESIGN PURPOSES**

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

**DISPOSAL AREA TYPE/SIZE**

- BED 900 Sq. Ft.
- CHAMBER \_\_\_\_\_ Sq. Ft.
- TRENCH \_\_\_\_\_ Linear Ft.
- OTHER: \_\_\_\_\_

REGULAR  H-20

**SITE EVALUATOR STATEMENT**

On 10/24/86 (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.

Site Evaluator Signature: [Signature] Date: 10/29/86

SITE EVALUATION WAIVED BY LOCAL OPTION

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

AYUSTIA

Street, Road, Subdivision

SPRING ROAD

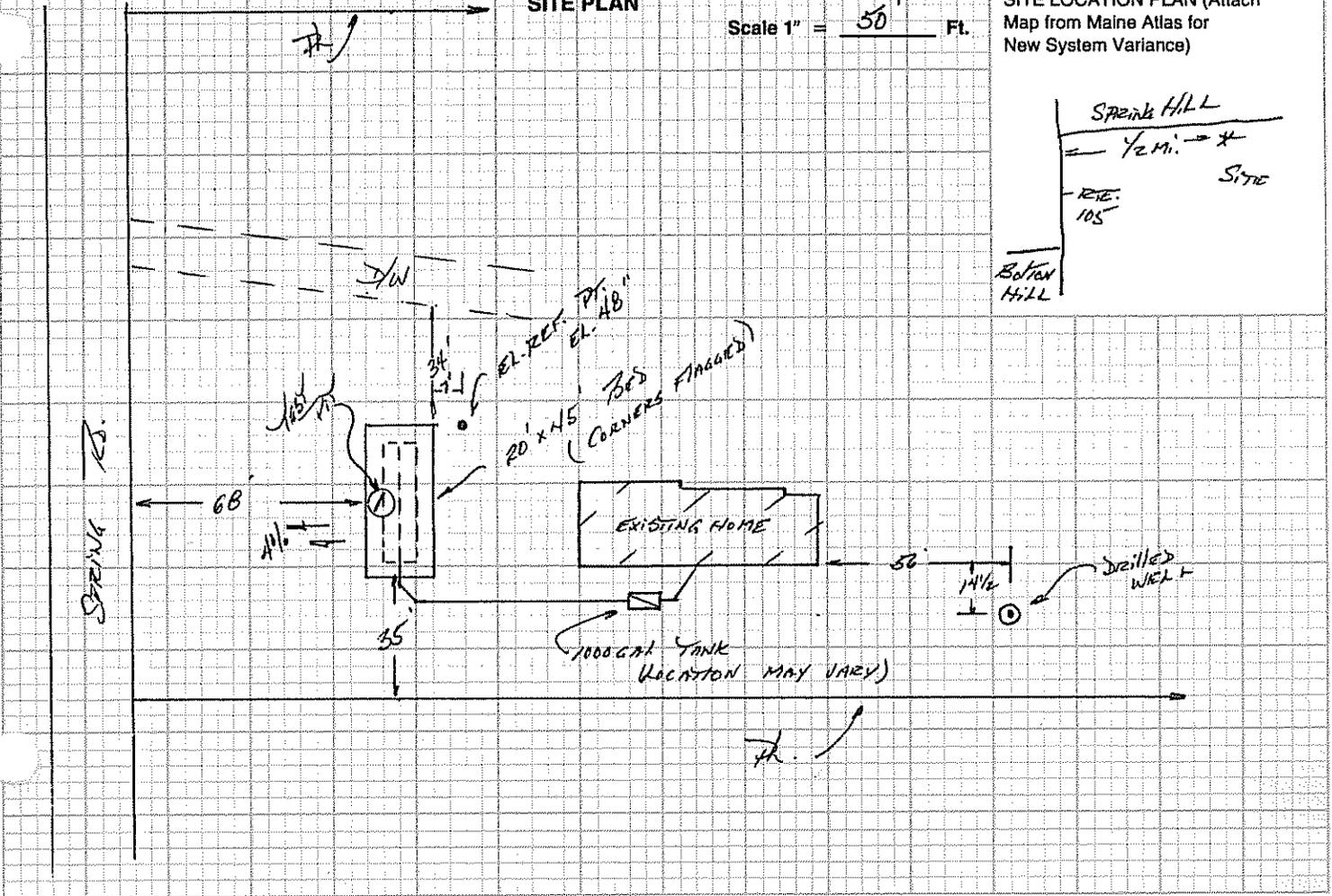
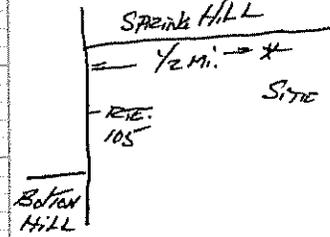
Owners Name

KAREN SUNDSQVIST

## SITE PLAN

Scale 1" = 50' 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  Test Pit  Boring

\_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	SILT LOAM	FRIBLE	DK BROWN	
6				
10				COMMON
15	SILT CLAY LOAM	FIRM	GRAY	SUBSTRATE @ 6"
20				
30				
40				
50				

Observation Hole  Test Pit  Boring

\_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Profile 9	Classification 3	Slope 4 %	Limiting Factor 6	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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*Paul G. Beers*

Site Evaluator Signature

#56

SE#

10/29/86

Date

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Department of Human Services  
Division of Health Engineering

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

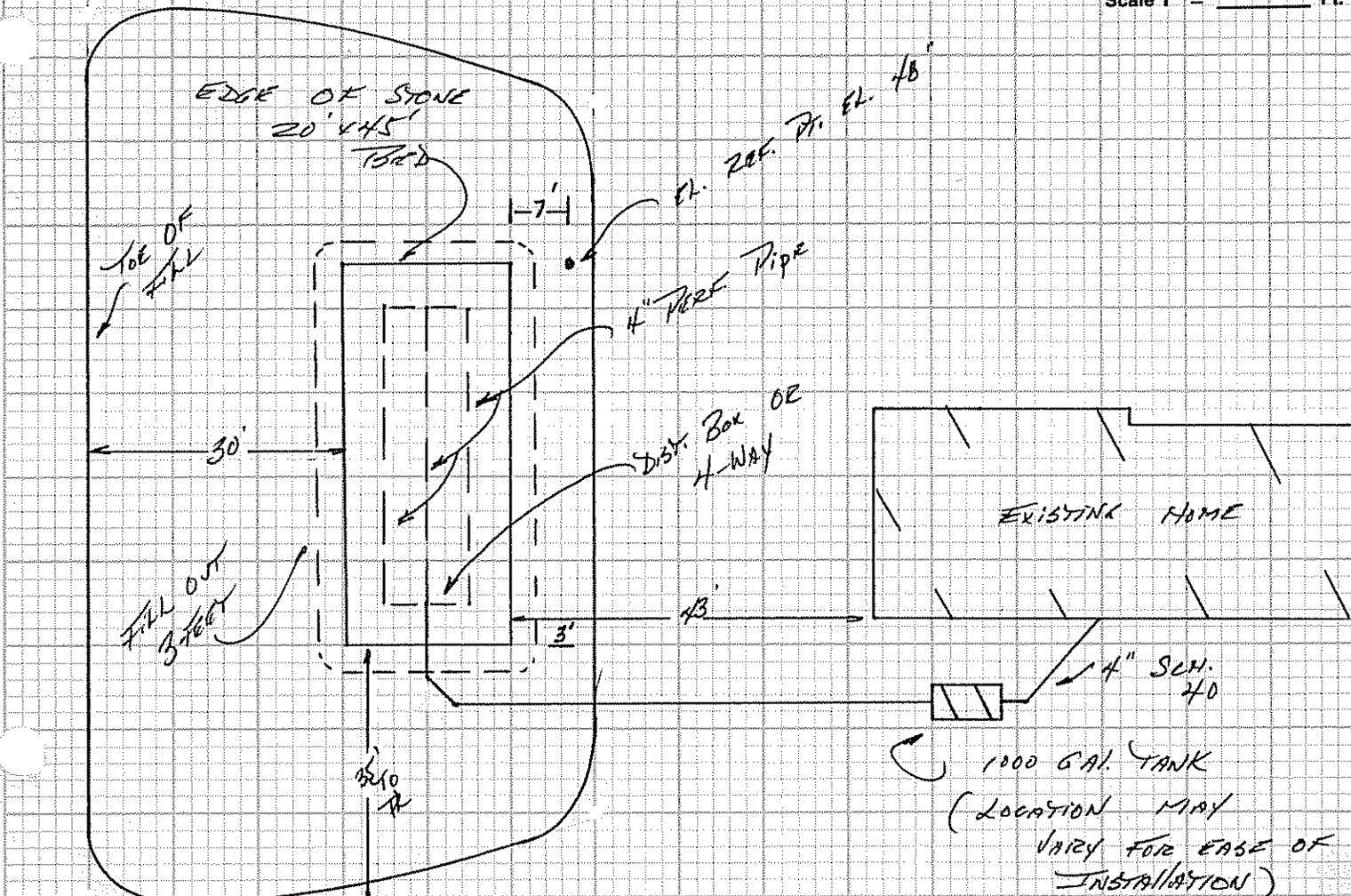
SPRING ROAD

Owners Name

KAREN SUNDQVIST

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



### FILL REQUIREMENTS

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

30"  
40"

### CONSTRUCTION ELEVATIONS

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

48"  
0"  
11"

### ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

NAIL IN PINE POLE  
48" ABOVE BOTTOM OF BED

### DISPOSAL AREA CROSS SECTION

{ SEE ATTACHED SHEET  
FOR BED X-SECT. }

Scale:

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

### INSTALLATION NOTES

- REMOVE SOIL BENEATH BED + FILL EXT.
- DIVERST SURFACE WATER AWAY FROM SYSTEM
- STABILIZE SYSTEM BY SEEDS + MULCH.

Paul A. Reus

Site Evaluator Signature

#56

SE#

10/29/06

Date

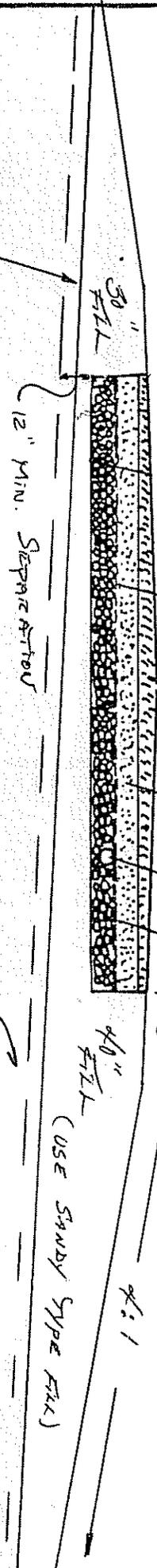


2" Compressed  
LAYER OF HAY

10-12" BACKFILL

4" PERF. PIPE

12" CRUSHED STONE OR SCREENINGS  
(3/4-3" UNIFORM)



4:1

30" FILL

12" MIN. Separation

SENSORY WATERMARK

% SLOPE  $4 \frac{1}{2}$

DIRECTION  $\rightarrow$

OF SLOPE

PAUL A. BEERS SOILS CONSULTANT		DRAWN BY <i>Boers</i>		APPROVED BY	
DATE	<i>10/29/86</i>	SCALE	1" = 5'		
CROSS SECTION = BED SYSTEM					
NAME	<i>Koenig</i>	TOWN	<i>Wauv579</i>	DRAWING NUMBER	
				ATTACHMENT	
				TO: HHE 200	



Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
<b>Soils</b> Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		6"	inches
	Restrictive Layer	to 6"			inches
	Bedrock	to 10"			inches
<b>Setback Distances</b> (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		
	b. Property Owner's	50'	60'		
	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:

**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.

*Paul C. Bero*  
Site Evaluator's Signature

10/29/86  
Date

**LPI Statement**

I, George A. Leach, 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 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:

*George A. Leach, Jr.*  
LPI's Signature

5-29-87  
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