

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 #: Spring Road

PROPERTY OWNERS NAME

Last: Kilmer First: Robert

Applicant Name:

Mailing Address of Owner/Applicant (If Different): R 7, Box 285
Augusta, ME. 04330

M 11 L 221

AUGUSTA PERMIT # 1,164 TOWN COPY

Date Permit Issued: 9/22/87 \$ 400.00 FEE Double Fee Charged

Larry R. Fuller L.P.I. # 181510
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.

Robert Kilmer
Signature of Owner/Applicant

Caution: Inspection Required

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

D. Field
Local Plumbing Inspector Signature

5/27/88
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>IF REPLACEMENT SYSTEM: 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>SIZE OF PROPERTY: <u>6+ Acres</u> ZONING: _____</p>	<p>THIS APPLICATION REQUIRES:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NO RULE VARIANCE <input checked="" 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>DISPOSAL SYSTEM TO SERVE:</p> <ol style="list-style-type: none"> <input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING <u>2-2 Unit Duplex</u> <input type="checkbox"/> OTHER: _____ <u>With 2 Bedroom SPECIFY EACH</u> 	<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>TYPE OF WATER SUPPLY <u>DRILLED</u></p>
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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: <u>1500 EACH GALS. Building</u></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><u>2-2 Bedroom Duplex</u> <u>(720 + 33%)</u></p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table style="width: 100%;"> <tr> <td>PROFILE: <u>9</u></td> <td>CONDITION: <u>D</u></td> </tr> <tr> <td>DEPTH TO LIMITING FACTOR: <u>13</u></td> <td></td> </tr> </table>	PROFILE: <u>9</u>	CONDITION: <u>D</u>	DEPTH TO LIMITING FACTOR: <u>13</u>		<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> MEDIUM-LARGE <input type="checkbox"/> LARGE <input checked="" type="checkbox"/> EXTRA LARGE 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> <input type="checkbox"/> BED _____ Sq. Ft. <input checked="" type="checkbox"/> CHAMBER <u>2400</u> Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 <input type="checkbox"/> TRENCH _____ Linear Ft. <input type="checkbox"/> OTHER: _____ 	<p><u>INF. Treators</u></p> <p>DESIGN FLOW: <u>957</u> (GALLONS/DAY)</p>
PROFILE: <u>9</u>	CONDITION: <u>D</u>						
DEPTH TO LIMITING FACTOR: <u>13</u>							

SITE EVALUATOR STATEMENT

On 7/28/87 (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 8/1/87
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

Town, City, Plantation

Street, Road, Subdivision

Owners Name

SITE PLAN

Scale 1" = 50' Ft.

SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)

RT 105

1000'

SPRING ROAD

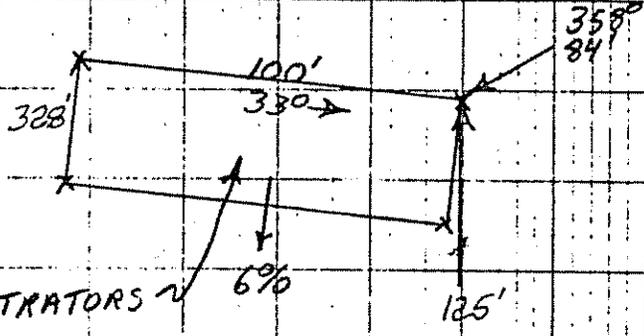


X = FLAGS MARK APPROX CORNERS OF SYSTEM

PART OF 6+ AC PARCEL FIELD

WOODS

96 INFILTRATORS
6 ROWS - 16 EACH



SPRING ROAD

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

Observation Hole 1, 2 Test Pit Boring
+1 * Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	S/L	FRIABLE	B	
8				
10				
15				13-15"
20				
30	C/S	FIRM	O.G.	
40				
50				

Soil 9 Classification D Slope 6 % Limiting Factor 13-75
 Ground Water
 Restrictive Layer
 Bedrock

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 _____ Classification _____ Slope _____ % Limiting Factor _____
 Ground Water
 Restrictive Layer
 Bedrock

Walter W. Redent

51

8/1/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

AUGUSTA

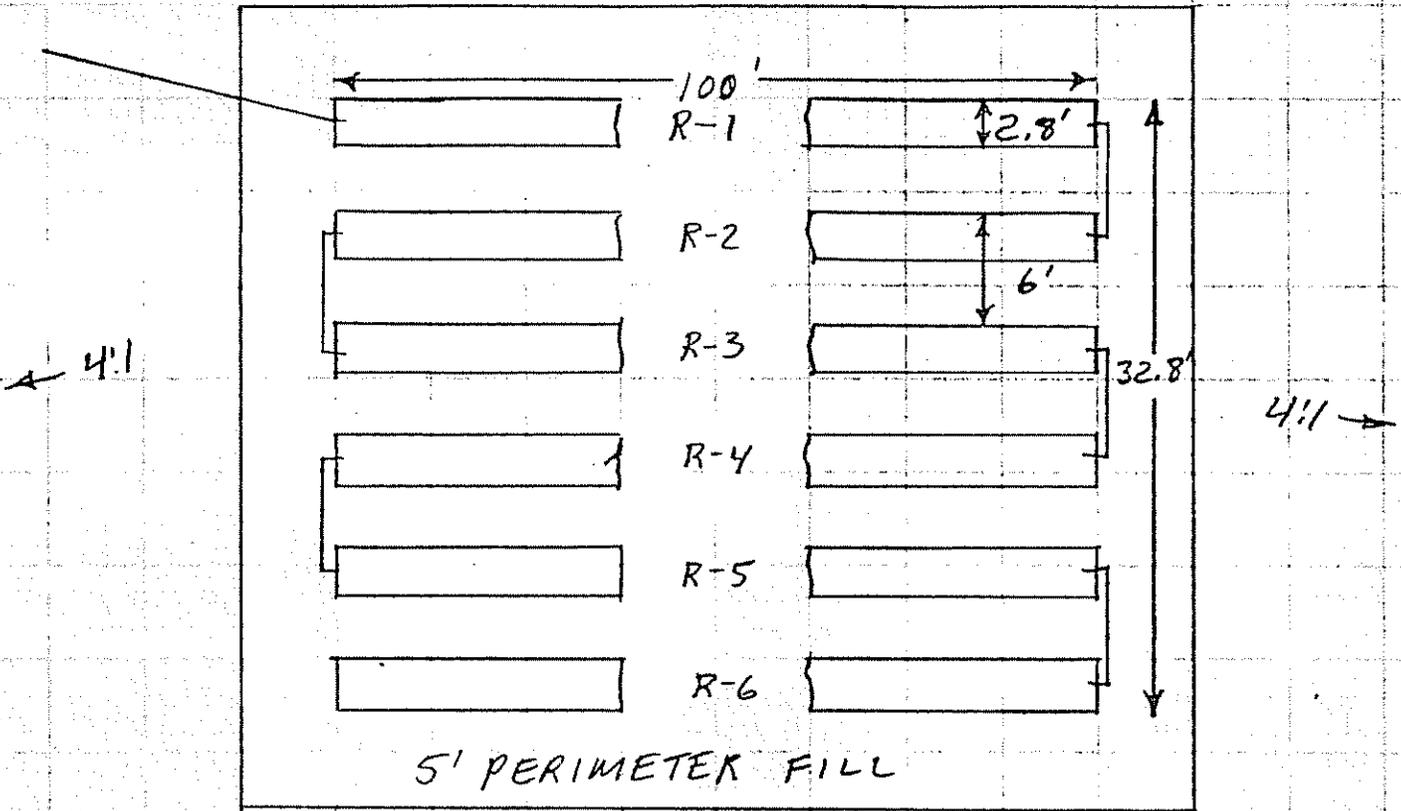
SPRING ROAD

KILMER

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 10' FL.

A
↑
4:1



EXTEND FILL B ON 4:1 SLOPE

FILL REQUIREMENTS

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

26"
38"

CONSTRUCTION ELEVATIONS

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

R-1 0
-61"
-46"

ELEVATION REFERENCE POINT
LOCATION & DESCRIPTION
NAIL IN 4" CHERRY
TREE

DISPOSAL AREA CROSS SECTION

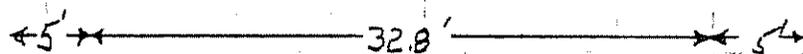
Scale:

Vertical: 1 Inch = 5' Ft.
Horizontal: 1 Inch = 10' Ft.

① 6" TOPSOIL

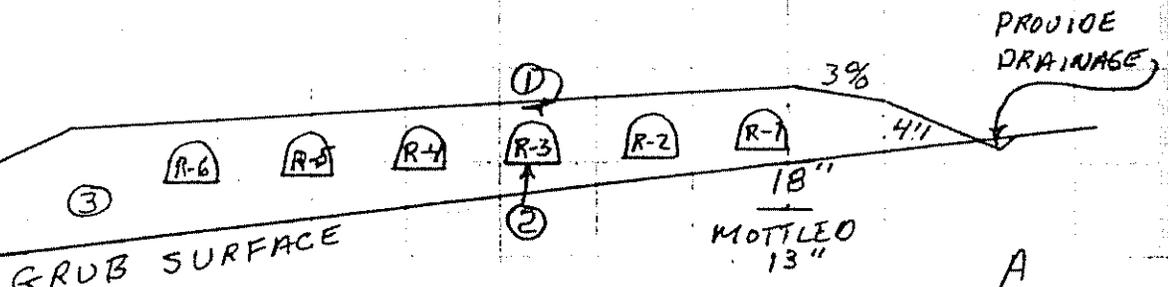
② 96 INFILTRATORS, 6 ROWS - 16 EACH

③ SANDY GRAVEL
FILL



BOTTOM ELEU

R-1 -61" -46
R-2 -63" -48
R-3 -65" -50
R-4 -67" -52
R-5 -69" -54
R-6 -71" -56



B

William R. ...

Site Evaluator Signature

51

SE#

8/1/87

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: ROBERT & DONNA KILMICK

System's Location: SPRING RD, AUG
street

Property Owner's Address RFD 7 BOX 285
street

AUGUSTA ME 04330
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)

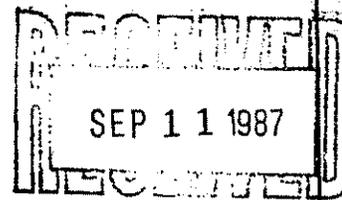
Section of Code

1. INFILTRATORS ON 9-0 SOIL T-16-1, T-6-1
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	9	10
DEPTH TO GROUNDWATER	13	15
SIZE OF PROPERTY	6	15
TERRAIN	SLOPE	3
WATERBODY SETBACK	7250	5
WATER SUPPLY	DRILLED	3
TYPE OF DEVELOPMENT	RES	0
DESIGN FLOW	+33%	5
SEPARATION DISTANCE	+50%	5
ADDITIONAL TREATMENT		
TOTAL POINT ASSESSMENT		61



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, Ray P. Talley, 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.

Ray P. Talley
Signature of L.P.I.

9-11-87
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).

Want to build two duplex to rent

(Attach additional sheets, if needed)

I, Robert K. Korne - Shirina Korne 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.

Robert Korne - Shirina Korne 9/10/87
 Signature of Owner Date
 Signature of Prospective Purchaser

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.

I see no reason to deny this request

William W. Rideout
Consulting Geologist
RFD 1 Box 5880
Gardiner, Maine 04345
Tel: (207) 582-4161

(Attach additional sheets, if needed)

I, _____, 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.

William W. Rideout 8/15/87
 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.

<u>William W. Rideout</u> Municipal Officer's Signature	<u>Councilman</u> Officer Title	<u>9/7/87</u> Date
<u>Philip Simpson</u> Municipal Officer's Signature	<u>Councilman</u> Officer Title	<u>9-14-87</u> Date
<u>William D. Buring</u> Municipal Officer's Signature	<u>Councilman</u> Officer Title	<u>9-15/87</u> Date

Town Copy

1164

✓



John R. McKernan, Jr.
Governor

Rollin Ives
Commissioner

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

September 21, 1987

Robert and Donna Kilmer
c/o City of Augusta
Codes Enforcement Office
1 Cony Street
Augusta, ME 04330

SUBJECT: New System Variance approval, Kilmer property, Spring Road,
Augusta

Dear Mr. and Mrs. Kilmer:

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 13 inches below grade.

The Division approves of the application dated August 1, 1987 by William W. Rideout, S.E.

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

Gary R. Fuller, 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
James A. Jacobsen
Wastewater and Plumbing Control
Division of Health Engineering

JAJ/smh
cc: Gary Fuller, L.P.I.
William Rideout, S.E.