M

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

M11 L271

AUGUSTA PERMIT # 263 TOWN COPY

Date Permit Issued: 7 9 84 $ 30 FEE ☐ If Double Fee Charged

Robert St Pierre
Local Plumbing Inspector Signature

L.P.I. # 667

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Subdivision Lot #	Eastern Ave

PROPERTY OWNERS NAME

Last: Berg First: Leo

Applicant Name:	Leo Berg
Mailing Address of Owner/Applicant (If Different)	

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 Date

Caution: Inspection Required

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

Robert St Pierre July 9 1984

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. ☐ NEW SYSTEM
2. ☑ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ SEASONAL CONVERSION
5. ☐ EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1. ☐ NO RULE VARIANCE REQUIRED
2. ☐ NEW SYSTEM VARIANCE
   Attach New System Variance Form
   ☑ REPLACEMENT SYSTEM VARIANCE
   Attach Replacement System Variance Form
   3. ☐ Requires only Local Plumbing Inspector Approval
   4. ☑ Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS

COMPLETE SYSTEM

1. ☐ NON-ENGINEERED SYSTEM
2. ☐ PRIMITIVE SYSTEM (Includes Alternative Toilet)
3. ☐ ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

4. ☐ TREATMENT TANK (ONLY)
5. ☐ HOLDING TANK
6. ☐ ALTERNATIVE TOILET (ONLY)
7. ☑ NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED 1983

THE FAILING SYSTEM IS:

1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

DISPOSAL SYSTEM TO SERVE:

1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☑ OTHER Resource I SPECIFY

SIZE OF PROPERTY	ZONING
2 I Acres	RU

TYPE OF WATER SUPPLY

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ☐ SEPTIC: ☐ Regular ☐ Low Profile
2. ☐ AEROBIC

SIZE: _____ GALS.

WATER CONSERVATION

1. ☐ NONE
2. ☐ LOW VOLUME TOILET
3. ☐ SEPARATED LAUNDRY SYSTEM
4. ☐ ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

1. ☑ NOT REQUIRED
2. ☐ MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
3. ☐ REQUIRED

DOSE: _____ GALS.

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

DESIGN FLOW: _____ (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
9	D

DEPTH TO LIMITING FACTOR: 8-10 H20

SIZE RATINGS USED FOR DESIGN PURPOSES

1. ☐ SMALL
2. ☐ MEDIUM
3. ☐ MEDIUM-LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. ☐ BED _____ Sq. Ft.
2. ☐ CHAMBER 4500 Sq. Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

(☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

On _____ (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 or Professional Engineer's Signature SE# / PE# Date

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

TOWN COPY

Division of Health Engineering
Station No. 10
State House
Augusta, Maine 04333

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

HHE-20

This Is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

This Application Is For: ○ New System ○ Replacement Of Entire System ☒ Expanded System ☒ Replacement Of Disposal Area Only ○ Conversion Permit

Variance: ○ None Required ☒ Replacement System Variance W ☒ LPI Approval ☒ Dept. Rev (2w) ○ New System Variance

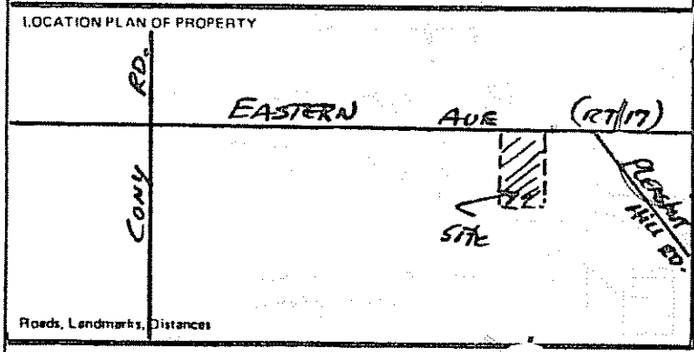
PROPERTY LOCATION: AUGUSTA (Town, Plantation) — EASTERN AVENUE (Street, Road) — N/A (Subdivision Name) — N/A (Lot No.)

PROPERTY OWNER or APPLICANT: Leo Berg (Rebecca's Restaurant)

Mailing Address: 434 Eastern Avenue (street) — 623-9174 (Tel. No.)

Augusta (Town), Maine (State) 04330 (Zip Code)

LOCATION PLAN OF PROPERTY



Roads, Landmarks, Distances

TYPE OF STRUCTURE, DESIGN FLOW

☒ Single Family Dwelling — Number of Bedrooms 2 — Design Flow 240 GPD

Design Flow based on ○ Minimum ☒ Moderate ○ Conservative

○ Reduction in Design Flow due to Water Conservation

If so, specify type(s) _____

☒ Other Establishment. Specify STORE & 50 SEAT (Type of Facility)

RESTAURANT (PRESENTLY 35 SEAT) (Number of Employees, Seating Capacity, Building Size, etc.)

Design flow 1778 GPD / 1000 — If greater than 2000 GPD, Specify Professional Engineer

PROPERTY INFORMATION

Area of Property 2± ○ Sq. Ft. ☒ Acres ○ Zoned ☒ Not Zoned

If zoned, type of zoning N/A

Property on Water Body. If so, Name of Water Body N/A

Water Supply is: ☒ Public Utility, ○ Drilled Well ____ depth ○ Dug Well ____ depth ○ Well Point ○ Spring ○ Surface Water

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2

TEXTURAL DESCRIPTION OF EACH SOIL STRATA ENCOUNTERED

	Observation Hole No. 1 (○ Test Pit ☒ Boring)	Observation Hole No. 2 (○ Test Pit ☒ Boring)	Observation Hole No. 3 (○ Test Pit ○ Boring)
Organic Strata or (Existing Fill)	0" Thickness ____"	Organic Strata or (Existing Fill) Thickness ____"	Organic Strata or (Existing Fill) Thickness ____"
1st Original Mineral Soil Strata	Depth from 0" to 8" Thickness 8" Brown loam	1st Original Mineral Soil Strata Depth from 0" to ____" Thickness ____"	1st Original Mineral Soil Strata Depth from 0" to ____" Thickness ____"
2nd	Depth from 8 to 30" Thickness 22" mottled silty clay	2nd Depth from ____" to ____" Thickness ____"	2nd Depth from ____" to ____" Thickness ____"
3rd	Depth from ____" to ____" Thickness ____"	3rd Depth from ____" to ____" Thickness ____"	3rd Depth from ____" to ____" Thickness ____"
4th	Depth from ____" to ____" Thickness ____"	4th Depth from ____" to ____" Thickness ____"	4th Depth from ____" to ____" Thickness ____"
Total Depth of Observation Hole	38"	Total Depth of Observation Hole ____"	Total Depth of Observation Hole ____"
Depth from top of ORIGINAL MINERAL SOIL: Maximum Seasonal High Ground Water Table Depth ○ None evident	8-10"	Maximum Seasonal High Ground Water Table Depth ○ None Evident	Maximum Seasonal High Ground Water Table Depth ○ None evident
Depth to Restrictive Layer ○ None evident	10-12"	Depth to Restrictive Layer ○ None evident	Depth to Restrictive Layer ○ None evident
Depth to Bedrock ☒ None evident	____"	Depth to Bedrock ○ None evident	Depth to Bedrock ○ None evident

NOTE: SOILS INFORMATION TAKEN FROM HHE-200's DONE BY WILLIAM RIDEOUT & ROBERT DOYLE 4/25/78 ALSO J. BRUCE JOHNSON 7/21/78 - SINGLE FAMILY HOME.

PROFILE	CONDITION	SLOPE
9	D	5 %
		%
		%

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2

TYPE OF SYSTEM

☒ Combined System
○ Separated System
If separated system, type of black waste disposal system to be used:
○ Compost
○ Pit Privy
○ Sealed Vault Privy
○ Other:
Specify: ____
○ Separated Laundry System
○ Primitive System
○ Holding Tank

TREATMENT TANK

☒ Septic Tank
○ Aerobic Tank (2)
Size 1000 Gals. in series

DOSAGE

☒ Pumping is not required
○ Pumping is required
The dose should be: ____ Gals.
Dosage chamber capacity shall be ____ gals.
○ System should be vented

SUBSURFACE DISPOSAL AREA/TYPE

○ Trench Disposal Area
Total linear feet of trench ____ ft.
Number of trench lines ____ ft.
Length of each trench line ____ ft.
Depth of Stone ____ inches.
Reduction on trench length due to stone depth ____ %

○ Bed Disposal Area
Total bed area N/A sq. ft.
Number of beds ____
Width ____ ft. Length ____ ft.

☒ Chamber Disposal Area
Total chamber area 4500 sq. ft.
Number of clusters 100 TYPE-A
Width 52 ft. Length 87.5 ft.
○ H-20 required

SYSTEM SIZE RATING

○ Small ○ Medium ○ Medium Large ○ Large ☒ Extra L.

DISPOSAL AREA ELEVATION

Depth of Upslope Fill required 19" on original site
Depth of Downslope Fill required Keep level with existing
Reference Elevation Point established at existing system
Disposal Area Bottom to be established at ____ Elevation
Top of Distribution Lines or Top of Chambers ____ Elevation

☒ Yes ○ No: The proposed subsurface disposal area will located at least 100 feet from any and all wells, springs, s face water bodies and courses (lake, pond, ocean, bro stream, river), swamps, marshes, and bogs.

☒ Yes ○ No: The proposed subsurface disposal area will located at least 300 feet from any and all wells and sprin producing 2000 gallons or more of water per day and a public water supplies.

FOR USE BY SITE EVALUATOR

On 4/20/83 (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 above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.

Signature of Site Evaluator: Stephen E. Woodman
Date signed May 31, 1983
Site Evaluator License Number: 65

FOR USE BY OWNER/APPLICANT

I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.

Signature of Owner/Applicant
Date Signed

FOR USE BY LPI: ☒ This Application is approved. If conditions, specify:
○ This Application is Denied due to: ○ System is not in accordance with Rules. ○ Application is incomplete. ○ Application is unclear. ○ Development is in violation of other Regulations. Specify ____

Signature of LPI: Robert B Stpierre
Date 6/16/83
PERMIT NO. 0042
Date Issued 6/28/83

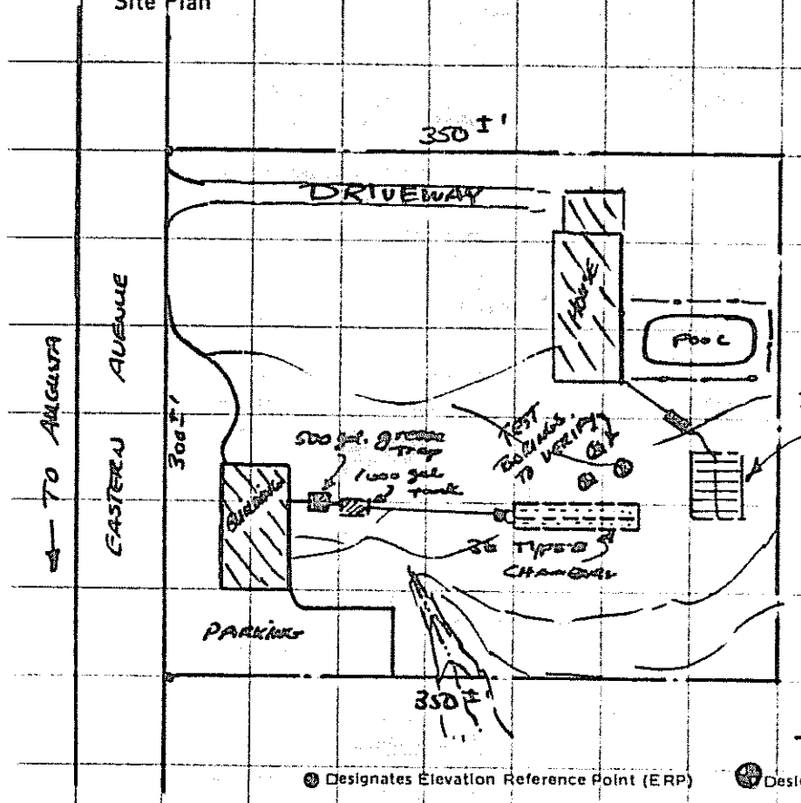
APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

PROPERTY LOCATION			
Augusta (Town, Plantation)	EASTERN AVENUE (Street, Road)	N/A (Subdivision Name)	N/A (Lot No.)

PROPERTY OWNER or APPLICANT: Leo Berg (Rebecca's Rest.)

DISPOSAL AREA ELEVATION
Depth of Upslope Fill required: Same as EXISTING inches.
Depth of Downslope Fill required: " " " inches.
Reference Elevation Point established: Existing Septic
Disposal Area Bottom to be established at _____ Elev
Top of Distribution Lines or Top of Chambers _____ Elevation

Site Plan — Scale 1" = 100 ft.



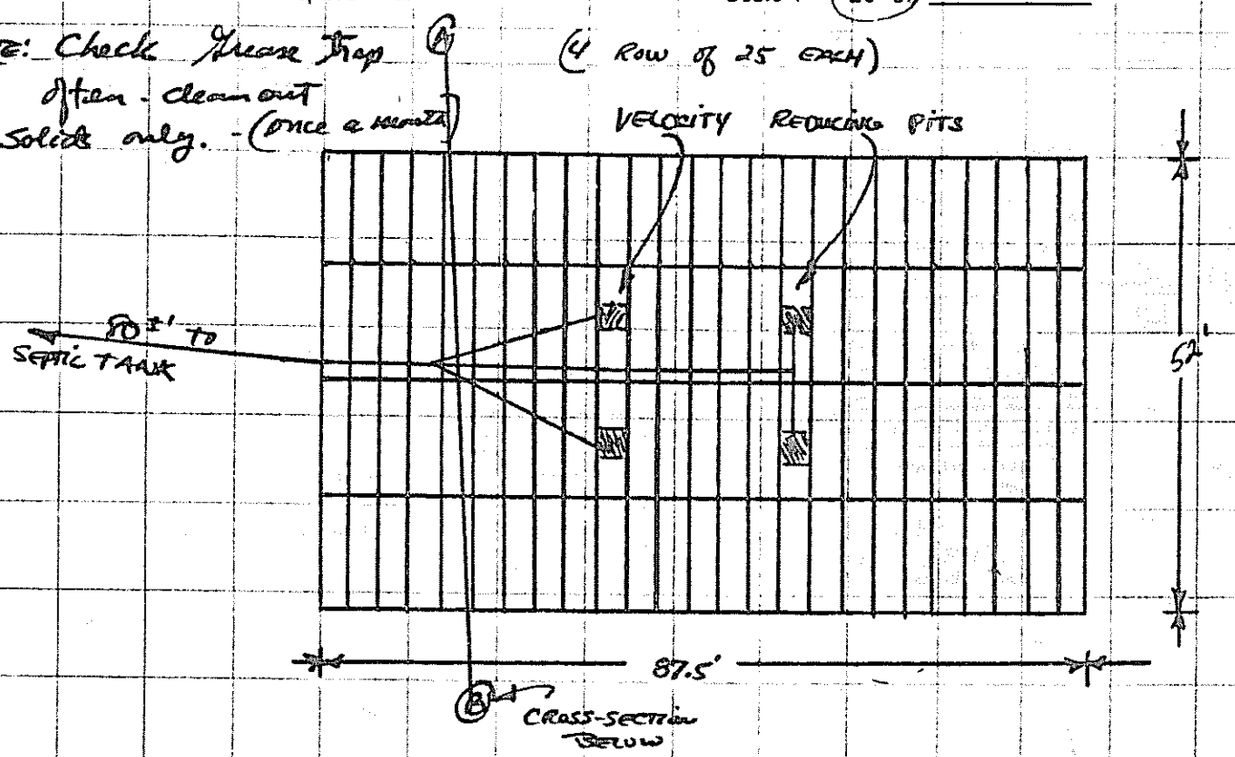
(1) NOTE: EXISTING Chambers are plugged up by grease. Remove & clean area out. replace with good clean stone and fill around proposed chamber system.

(2) Type-A's are recommended because better distribution of effluent is expected.

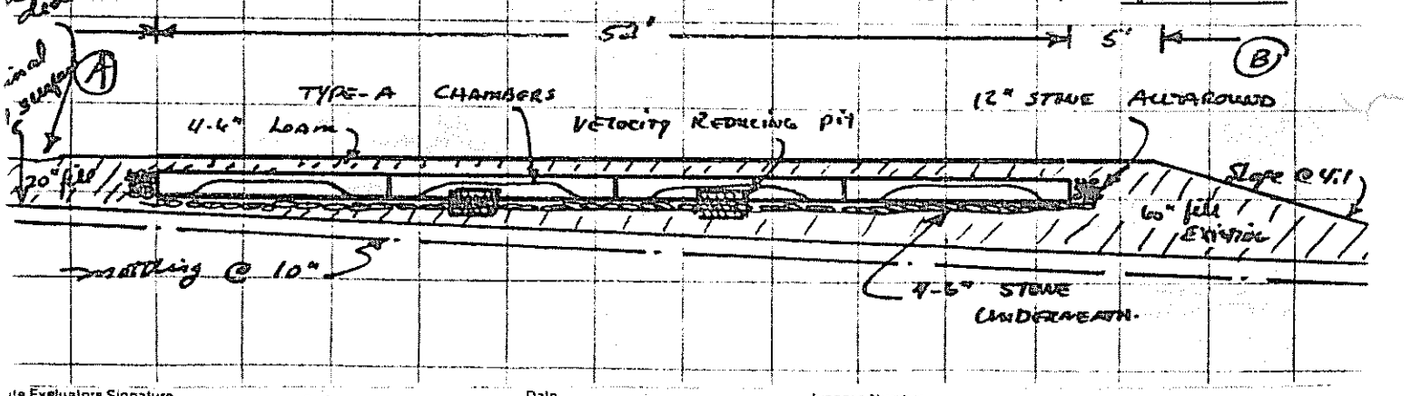
(3) Left and Clean House system also. Re-use type-B's with added stone around and below chambers — make sure good fill all around system.

Subsurface Wastewater Disposal Plan — Scale 1" = 20' or _____

NOTE: Check Grease Trap often - clean out solids only. - (once a month)



Subsurface Wastewater Disposal Area Cross-section — Scale: Vertical: 1" = 10' Horizontal: 1" = 10'



Site Evaluators Signature: Stephen E. Woodman — Date: May 31, 1983 — License Number: 65

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils Soil Profile Soil Condition m HHE-200	Ground Water Table	to 6"		In original soil - 9-10" 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		
	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'		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: This is replacement system for 36 chamber designed by W. Rideout. It appears that the grease from the system plugged them up. Recommend 100 Type-A chambers arranged in 4 rows @ 25 with 2 to 4 velocity reducing pits to get better distribution. System will be installed in existing fill after old area is cleaned out and stone added underneath.

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.

Stephen E. Goodwin — Site Evaluator's Signature

May 31, 1983 — Date

LPI Statement

I, Robert B. Stevens, 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: _____

Robert B. Stevens — LPI's Signature

6/16/83 — 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. Breen — Signature of the Department

June 24, 1983 — Date

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 600 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, MAINE

Town Code ☐☐☐☐☐ Permit No. ☐☐☐☐☐☐ E Date Permit Issued _____ month/day/yr.

Property Owner's Name: Leo Berg Tel. No. 623-9174

System's Location: 434 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.

x Nancy Berg
Property Owner's Signature

x 6/24/83
Date