

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
4172

PROPERTY LOCATION

City, Town, or Plantation: **AUGUSTA**
 Street or Road: **246 Mud Mill Road**
 Subdivision, Lot #: _____
OWNER/APPLICANT INFORMATION
 Name (last, first, MI): **BROCHU, ELAINE** Owner Applicant
 Mailing Address of Owner/Applicant: **PO. STAVE BROCHU 810 AUGUSTA ROCKLAND RD. WINDSOR, ME 04363**
 Daytime Tel. #: **207 215 4875**

AUGUSTA PERMIT #6823
 Date Permit Issued: **7/30/13**

TOWN COPY
 \$ ~~150.00~~ ^{15.00} fee
 LPI # **850**

Handwritten signature

Municipal Tax Map # **12** Lot # **10**

OWNER OR APPLICANT STATEMENT
 I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.
 Signature of Owner or Applicant: *Elaine E. Brochu* Date: **7/30/13**

CAUTION: INSPECTION REQUIRED
 I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
 Local Plumbing Inspector Signature: *Wayne R. Fuller* (1st) date approved: **8/2/13**
 (2nd) date approved: _____

PERMIT INFORMATION

TYPE OF APPLICATION
 1. First Time System
 2. Replacement System
 Type replaced: **ROCK PIT**
 Year installed: **1960s**
 3. Expanded System
 a. <25% Expansion
 b. >25% Expansion
 4. Experimental System
 5. Seasonal Conversion

THIS APPLICATION REQUIRES
 1. No Rule Variance
 2. First Time System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector Approval
 3. Replacement System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector Approval
 4. Minimum Lot Size Variance
 5. Seasonal Conversion Permit

SIZE OF PROPERTY
1.95 SQ. FT. ACRES

SHORELAND ZONING
 Yes No

DISPOSAL SYSTEM TO SERVE
 1. Single Family Dwelling Unit, No. of Bedrooms: **3**
 2. Multiple Family Dwelling, No. of Units: _____
 3. Other: _____ (specify)
 Current Use Seasonal Year Round Undeveloped

DISPOSAL SYSTEM COMPONENTS
 1. Complete Non-engineered System
 2. Primitive System (graywater & alt. toilet)
 3. Alternative Toilet, specify: _____
 4. Non-engineered Treatment Tank (only)
 5. Holding Tank, _____ gallons
 6. Non-engineered Disposal Field (only)
 7. Separated Laundry System
 8. Complete Engineered System (2000 gpd or more)
 9. Engineered Treatment Tank (only)
 10. Engineered Disposal Field (only)
 11. Pre-treatment, specify: _____
 12. Miscellaneous Components

EXISTING TYPE OF WATER SUPPLY
 1. Drilled Well 2. Dug Well 3. Private
 4. Public 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

EXISTING TREATMENT TANK
 1. Concrete **SAVED USE IF IN GOOD CONDITION**
 a. Regular
 b. Low Profile
 2. Plastic
 3. Other:
 CAPACITY: **1000** GAL.

DISPOSAL FIELD TYPE & SIZE
 1. Stone Bed 2. Stone Trench
 3. Proprietary Device
 a. cluster array c. Linear
 b. regular load d. H-20 load
 4. Other:
 SIZE: **178** sq. ft. lin. ft.

GARBAGE DISPOSAL UNIT
 1. No 2. Yes 3. Maybe
 If Yes or Maybe, specify one below:
 a. multi-compartment tank
 b. _____ tanks in series
 c. Increase in tank capacity
 d. Filter on Tank Outlet

DESIGN FLOW
270 gallons per day
 BASED ON:
 1. Table 4A (dwelling unit(s))
 2. Table 4C (other facilities)
 SHOW CALCULATIONS for other facilities

SOIL DATA & DESIGN CLASS
 PROFILE CONDITION: **1**
3/c
 at Observation Hole # **TP1**
 Depth: **21"**
 of Most Limiting Soil Factor

DISPOSAL FIELD SIZING
 1. Medium—2.6 sq. ft. / gpd
 2. Medium—Large 3.3 sq. ft. / gpd
 3. Large—4.1 sq. ft. / gpd
 4. Extra Large—5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP
 1. Not Required
 2. May Be Required
 3. Required
 Specify only for engineered systems:
 DOSE: _____ gallons

LATITUDE AND LONGITUDE
 at center of disposal area
 Lat. **N 44° 17' 13.6"**
 Lon. **W 89° 39' 58.4"**
 if g.p.s, state margin of error: **15'**

SITE EVALUATOR STATEMENT

I certify that on **7/25/13** (date) I completed a site evaluation on this property, and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-A44A CMR 241). **AS PER VARIANCE.**

Site Evaluator Signature: *John W. Load* SE # **168** Date: **7/26/13**
 Site Evaluator Name Printed: **JOHN W. LOAD, JR.** Telephone Number: **207 445 3402** E-mail Address: **JWLOAD@FAIRPOINT.NET**

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
 Division of Environmental Health, STS 11
 (207) 287-5338 FAX (207) 287-3165

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

246 MUD MILL ROAD

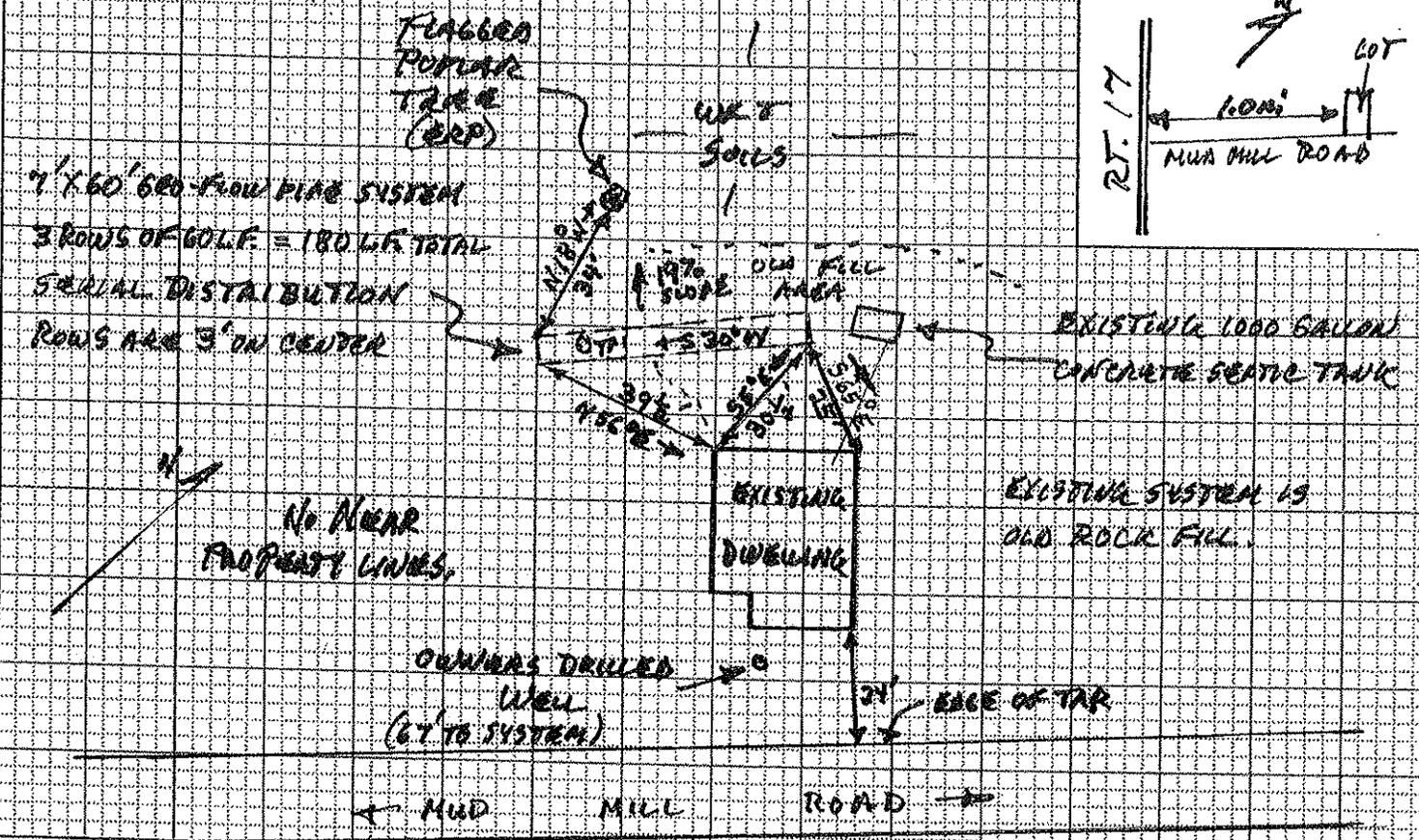
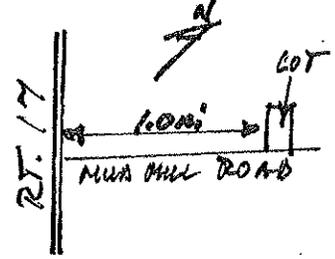
Owner or Applicant Name

ELAINE BROCHU

SITE PLAN

Scale: 1" = 40 ft.

SITE LOCATION MAP
 (Attach Map From Maine Atlas
 for First Time System Variance)



SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # ONE Test Pit Boring

Depth below mineral soil surface (inches)	Depth of organic horizon above mineral soil			
	Texture	Consistency	Color	Mottling
0	LOAM		10YR 4/4	
6				
12	SANDY	FAIRLY	10YR 4/6	
18	LOAM			
24	LOAMY SAND		10YR 3/2	COMMON
30	SANDY	FIRM	10YR 3/3	DISCRETE
36	LOAM			
42				
48	Soil Profile <u>3</u>	Classification Condition <u>C</u>	Slope Percent <u>19</u>	Limiting Factor Depth <u>21</u>

Observation Hole # _____ Test Pit Boring

Depth below mineral soil surface (inches)	Depth of organic horizon above mineral soil			
	Texture	Consistency	Color	Mottling
0				
6				
12				
18				
24				
30				
36				
42				
48	Soil Profile _____	Classification Condition _____	Slope Percent _____	Limiting Factor Depth _____

John W. [Signature]
 Site Evaluator Signature

168
 SE #

7/26/13
 Date

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 Division of Environmental Health, STS 11
 (207) 287-5338 FAX (207) 287-3165

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

246 MUD HILL ROAD

Owner or Applicant Name

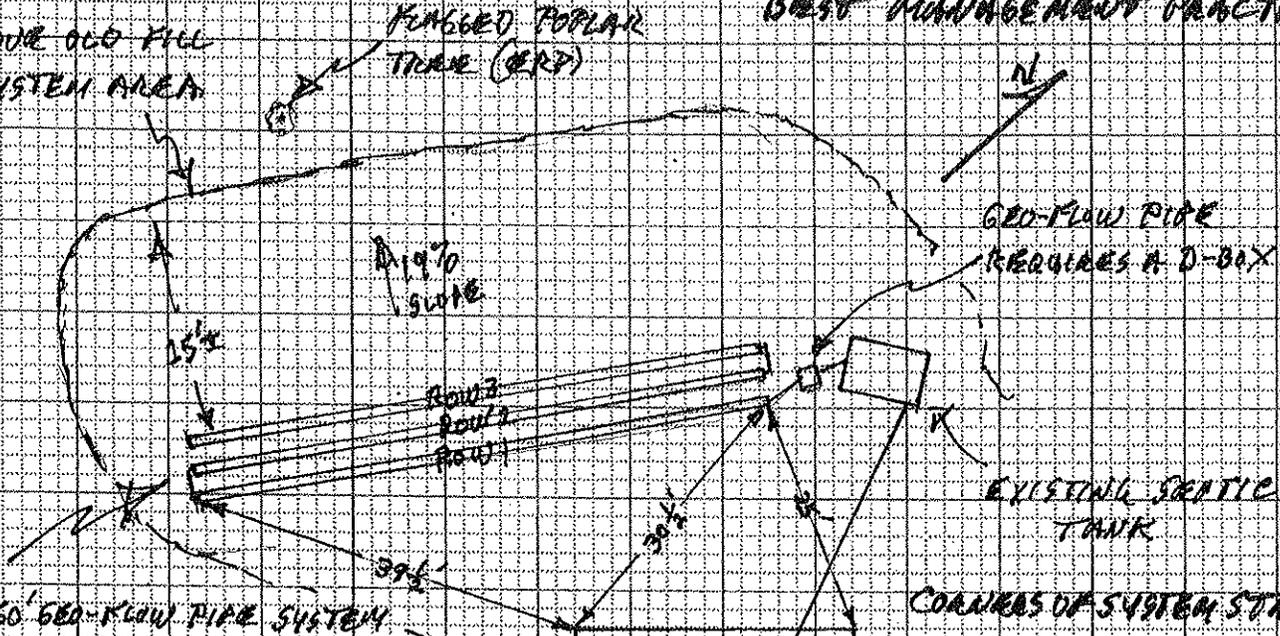
ELAINE BROCHU

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.

APPROXIMATE EXTENT OF
 NEW FILL REQUIRED,
 REMOVE OLD FILL
 IN SYSTEM AREA

FOLLOW EROSION + SEDIMENT CONTROL
 BEST MANAGEMENT PRACTICES.



4" x 60' GEO-FLOW PIPE SYSTEM
 3 ROWS OF 60' - 180' L.G. TOTAL
 SERIAL DISTRIBUTION
 ROWS ARE 3' ON CENTER
 EACH ROW DROPS 6"

CORNERS OF SYSTEM STAKED,
 SEE PORTIONS OF
 INSTALLATION MANUAL
 ATTACHED.

BACKFILL REQUIREMENTS
 Depth of Backfill (upslope) **15"**
 Depth of Backfill (downslope) **19 1/2"**
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS-SEE
 Finished Grade Elevation **DETAILED ELEVATIONS**
 Top of Distribution Pipe or Proprietary Device **BELOW**
 Bottom of Disposal Field

ELEVATION REFERENCE POINT (ERP)
 Location & Description: **FLAGGED NAIL IN**
TRIPNAIL 84" ABOVE GRADE AT TABLE
 Reference Elevation is: **0.0'**

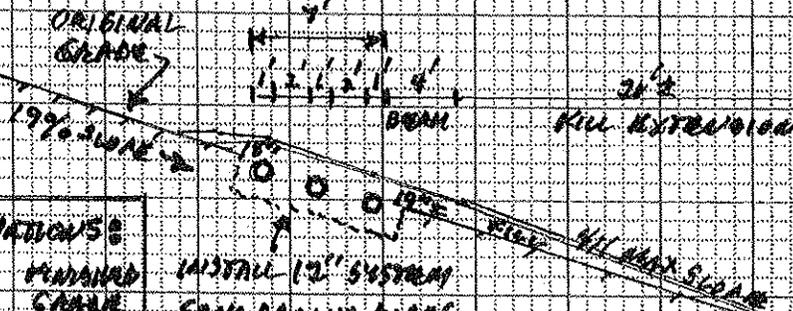
12" MINIMUM COVER OVER

PIPES WITH TOP 4" TO
 8 1/2 LOAM, MULCH +
 SEED TO STABILIZER.

DISPOSAL FIELD CROSS SECTION

Scales:

Vertical: 1" = 5 ft.
 Horizontal: 1" = 10 ft.



CONSTRUCTION ELEVATIONS:

	DEPTH OF TOP OF PIPE	DEPTH OF TOP OF MAINLINE PIPE	MINIMUM GRADE
Row 1	-44"	-32"	-20"
Row 2	-52"	-40"	-28"
Row 3	-60"	-48"	-36"

INSTALL 12" SYSTEM
 SAND AROUND PIPES,
 SEE TABLE 12.4.

TEXTURE OF SYSTEM SAND + BACKFILL TO BE GRAVELLY COARSE SAND.

REFER TO MAINE STATE PUMPING CODE AND
 MANUFACTURERS SPECIFICATIONS.

John L. [Signature]
 Site Evaluator Signature

108
 SE #

7/27/13
 Date



Department of Health and Human Services
 Maine Center for Disease Control and Prevention
 286 Water Street
 # 11 State House Station
 Augusta, Maine 04333-0011
 Tel: (207) 287-5672
 Fax: (207) 287-4172; TTY: 1-800-606-0215

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION Town of AUGUSTA

Property Owner's Name: ELAINE BROCHU Tel. No.: 207 215 4875

System's Location: 246 MUD MILL ROAD - TAX MAP 12 LOT 10

Property Owner's Address: FOSTEVIE BROCHU 810 AUGUSTA ROCKLAND RD, WINDSOR Zip Code 04363

e-mail address: _____

The subsurface wastewater disposal system design for the subject property requires a replacement system variance first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires local approval local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)

1. ALLOW DISPOSAL FIELD 6' FROM OWNERS ADJACENT WELL SECTION OF RULE TABLE 8A

2. _____

3. _____

SITE EVALUATOR

When a 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 Rules, and the Evaluator in his professional opinion feels the variance request is justified and 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. Attach a separate sheet if necessary.

SITE LIMITATIONS DO NOT ALLOW 100' SET BACK TO OWNERS WELL. OWNER IS WILLING TO RECORD WELL SET BACK RELEASE FORM TO ALLOW DISPOSAL FIELD 6' FROM WELL.

I, JOHN W. BOOD JR, 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 judgment, 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.

[Signature] SIGNATURE OF SITE EVALUATOR 7/26/2013 DATE

PROPERTY OWNER

I, _____, am the owner agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. 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 Local Plumbing Inspector and make any corrections required by the Rules. By signing the 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.

X Elaine C. Brochu 7/30/13
 SIGNATURE OF OWNER DATE
 AGENT FOR THE OWNER

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all variance requests prior to rendering a decision. I, Brian R. Furtak, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) approve the requested variance. I (will will not) issue a permit for the system's installation as proposed by the application.

Brian R. Furtak
LPI Signature

7/31/13
Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health. I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) recommend the issuance of a permit for the system's installation as proposed by the application.

LPI Signature

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

- Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)
2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One): Outside Shoreland Zone-50 Inside Shoreland Zone-65 Subdivision-65

WELL SETBACK RELEASE FORM

We, the undersigned, are the owner(s) of the well and/or property herein described. We have read and understand the following information concerning the proposed separation distance between our well and the subsurface wastewater disposal system for which a variance is being requested. We are prepared to accept any risk that the subsurface wastewater disposal system may pose to our well.

All wells should be located a safe distance from all possible sources of contamination; in this case a subsurface wastewater disposal system. The Maine Subsurface Wastewater Disposal Rules require a minimum of 100 feet between a <1000 gpd disposal system and a well, 200 feet between a 1000-2000 gpd disposal system and a well; and 300 feet between a >2000 gpd disposal system and a well with water usage of 2000 or more gpd or public water system well. (Please circle the appropriate category.)

Since the safety of a well primarily depends on considerations of good well construction, geology and adequate maintenance of the subsurface wastewater disposal system, the best means of protecting the well water quality is to maintain the maximum distance between a well and a disposal system. The Department of Health and Human Services suggests that a maximum setback distance should be maintained.

The separation distance between our well and the subsurface wastewater disposal system for which this well release approval is requested is: component DISPOSAL FIELD 1 67' feet.
component _____ / _____ feet

Address of Property with Disposal System: 246 MUD MILL ROAD
(Include Municipal Book & Page No. or Map & Lot No.) TAX MAP 12 - LOT 10

Owner(s) of Property with Disposal System: ELAINE BROCHU

Address of Property with Well: 246 MUD MILL ROAD
(Include Municipal Book & Page No. or Map & Lot No.) TAX MAP 12 - LOT 10

Owner(s) of Property with Well: ELAINE BROCHU

We, the undersigned, release the site evaluator, well driller, the municipality and the State of Maine from liability should our well become contaminated. (Note: If the subject well has more than one owner, all well owner signatures must appear on this document.)

Well Owner(s) Signature _____ Date _____
_____ Date _____

State of Maine

County of _____, ss _____ Date _____

Then personally appeared the above named _____ (and _____
_____) and (severally) acknowledged the foregoing instrument to be his
(or their) free act and deed.

Before me, _____
Justice of the Peace or Notary Public