

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS	
Town Or Plantation	AUGUSTA
Street Division Lot #	ROUTE 105
PROPERTY OWNERS NAME	
STOVER	WILLIAM
Last:	First:
Applicant Name:	JERRY WHITAKER
Mailing Address of Owner/Applicant (If Different)	BOX 280 WINOSOR, ME. 04363

AUGUSTA PERMIT # 1,718 TOWN COPY

Date Permit Issued: 8/27/89 \$ 100.00 FEE Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 1009

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] 8/25/89
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] 8.31.89
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NEW SYSTEM <input checked="" 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 _____ THE FAILING SYSTEM IS:</p> <table style="width: 100%; font-size: small;"> <tr> <td>1. <input type="checkbox"/> BED</td> <td>3. <input type="checkbox"/> TRENCH</td> </tr> <tr> <td>2. <input type="checkbox"/> CHAMBER</td> <td>4. <input type="checkbox"/> OTHER: _____</td> </tr> </table>	1. <input type="checkbox"/> BED	3. <input type="checkbox"/> TRENCH	2. <input type="checkbox"/> CHAMBER	4. <input type="checkbox"/> OTHER: _____	<p>THIS APPLICATION REQUIRES:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NO RULE VARIANCE <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form <ol style="list-style-type: none"> <input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE <p>DISPOSAL SYSTEM TO SERVE:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER _____ SPECIFY _____ 	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <input 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 checked="" 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 EXISTING DRILLED</p>
1. <input type="checkbox"/> BED	3. <input type="checkbox"/> TRENCH					
2. <input type="checkbox"/> CHAMBER	4. <input type="checkbox"/> OTHER: _____					
<table style="width: 100%;"> <tr> <td style="width: 50%;">SIZE OF PROPERTY 40 Ac ±</td> <td style="width: 50%;">ZONING SHORELAND</td> </tr> </table>	SIZE OF PROPERTY 40 Ac ±	ZONING SHORELAND				
SIZE OF PROPERTY 40 Ac ±	ZONING SHORELAND					

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC <p>SIZE: <u>1000</u> GALS.</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 SPECIFY: _____ 	<p>PUMPING</p> <ol style="list-style-type: none"> <input type="checkbox"/> NOT REQUIRED <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) <input type="checkbox"/> REQUIRED <p>DOSE: _____ GALS.</p>	<p style="font-size: small;">CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p style="text-align: center; font-size: large;">2 BEDROOM DWELLING</p>						
<table style="width: 100%;"> <tr> <td style="width: 50%;">SOIL CONDITIONS USED FOR DESIGN PURPOSES</td> <td style="width: 50%;">SIZE RATINGS USED FOR DESIGN PURPOSES</td> </tr> <tr> <td> <table style="width: 100%;"> <tr> <td style="width: 50%;">PROFILE <u>9</u></td> <td style="width: 50%;">CONDITION <u>D</u></td> </tr> </table> </td> <td> <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 </td> </tr> </table>	SOIL CONDITIONS USED FOR DESIGN PURPOSES	SIZE RATINGS USED FOR DESIGN PURPOSES	<table style="width: 100%;"> <tr> <td style="width: 50%;">PROFILE <u>9</u></td> <td style="width: 50%;">CONDITION <u>D</u></td> </tr> </table>	PROFILE <u>9</u>	CONDITION <u>D</u>	<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 checked="" type="checkbox"/> BED <u>1000</u> Sq. Ft. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 <input type="checkbox"/> TRENCH _____ Linear Ft. <input type="checkbox"/> OTHER: _____ 	<p>DESIGN FLOW: <u>200</u> (GALLONS/DAY)</p>	
SOIL CONDITIONS USED FOR DESIGN PURPOSES	SIZE RATINGS USED FOR DESIGN PURPOSES								
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PROFILE <u>9</u>	CONDITION <u>D</u>								

SITE EVALUATOR STATEMENT

On 8/21/89 (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]
Site Evaluator Signature

191
SE#

8/21/89
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
AUGUSTA

Street, Road, Subdivision
ROUTE 105

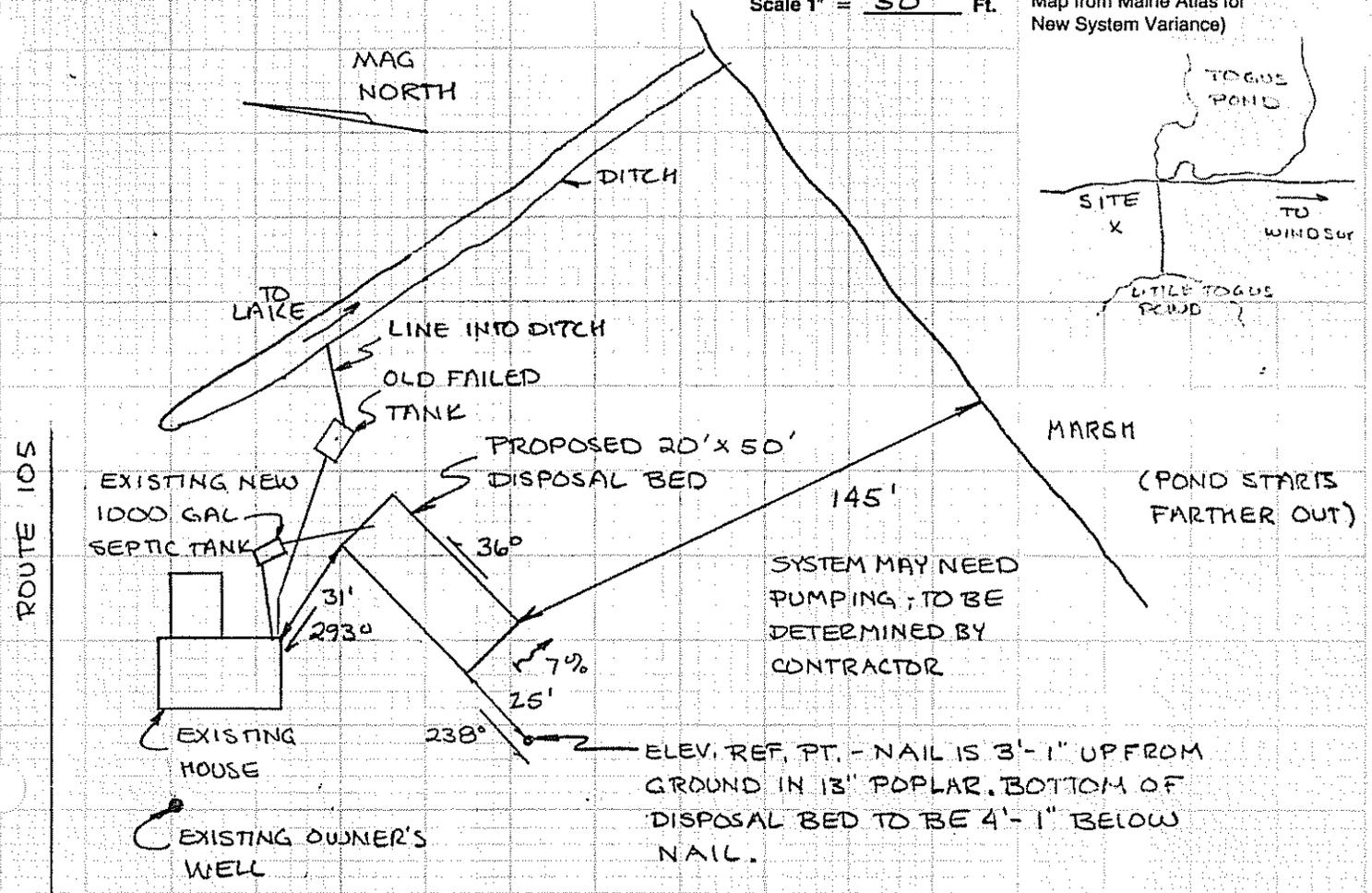
Owners Name
WILLIAM STOVER

ROUTE 105

SITE PLAN

Scale 1" = 50 FL.

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



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring
3" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	SILT	FRIABLE	BROWN	NONE
6	LOAM			
10			LIGHT	COMMON
15		FIRM	BROWNISH GRAY	DISTINCT
20	SILTY			
30	CLAY		OLIVE GRAY	
40	LOAM			
50				

Soil Profile 9 Classification D Slope 7 % Limiting Factor 6
 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 Profile _____ Classification _____ Slope _____ % Limiting Factor _____
 Ground Water
 Restrictive Layer
 Bedrock

James D. Wayland
Site Evaluator Signature

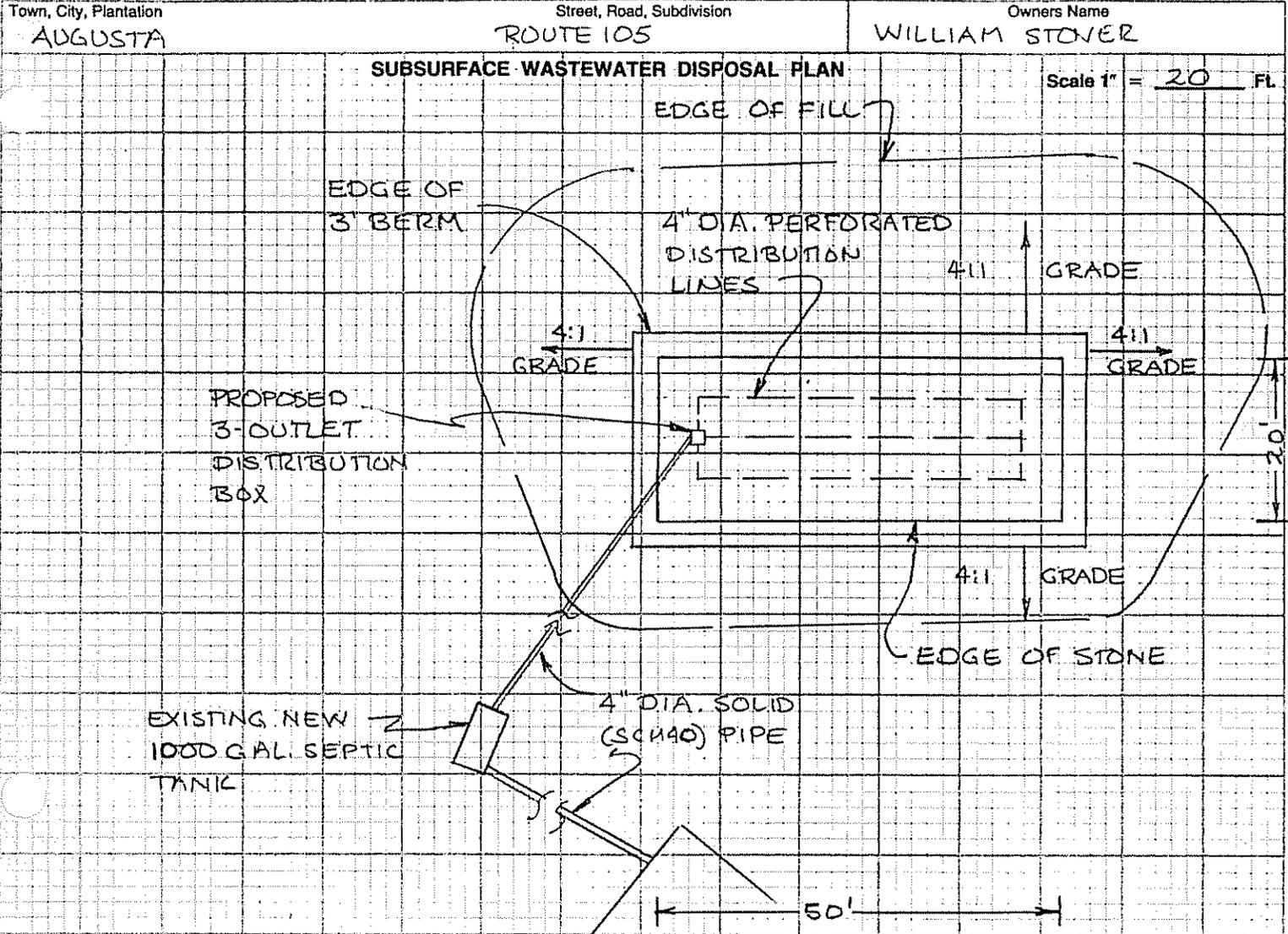
191

SE#

8/21/89
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	30"	Reference Elevation is	100'-0"	NAIL IS 3'-1" UP FROM GROUND IN 13" DOPLAR	
Depth of Fill (Downslope)	48"	Bottom of Disposal Area	95'-11"		
		Top of Distribution Lines or Chambers	96'-10"		

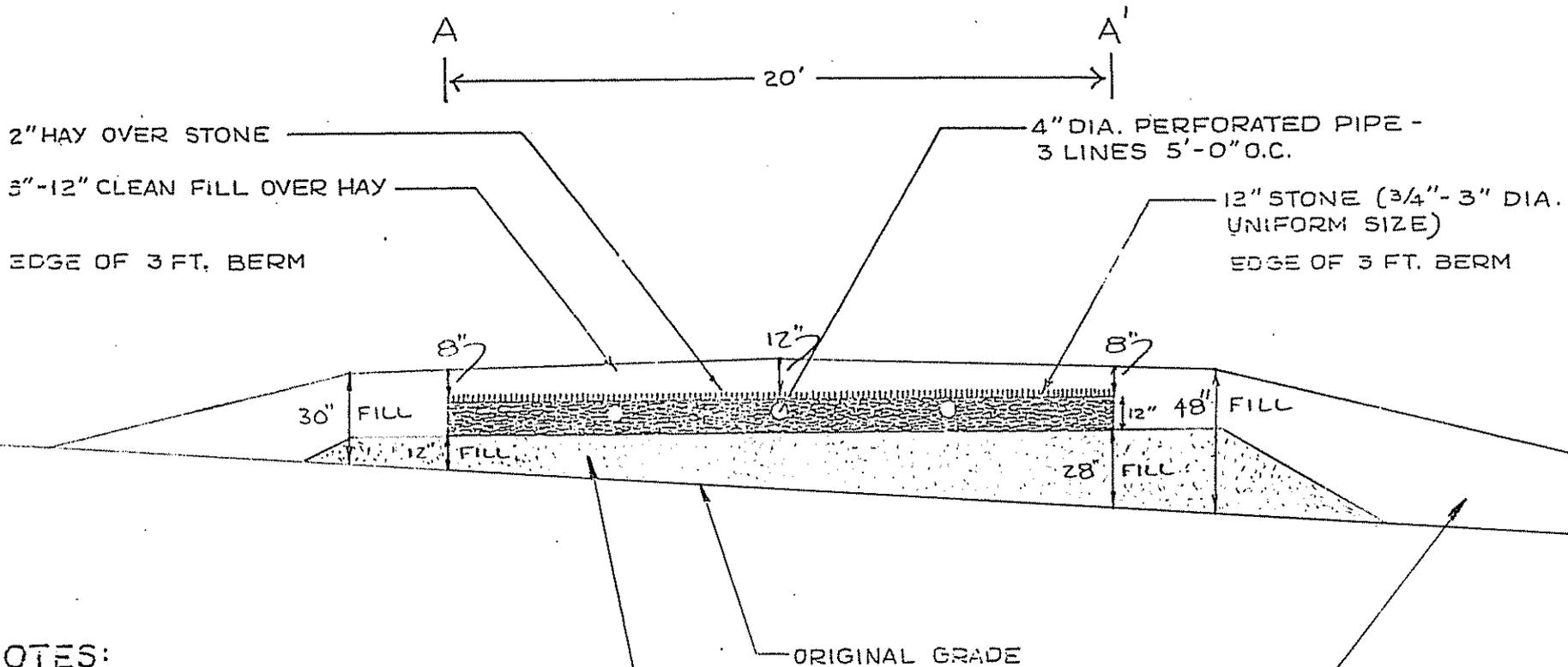
DISPOSAL AREA CROSS SECTION						Scale:		
						Vertical:	1 inch =	Fl.
						Horizontal:	1 inch =	Fl.
(SEE ATTACHED CROSS SECTION A-A')								

Joseph D. Waymole
Site Evaluator Signature

191
SE#

8/21/89
Date

BED CROSS-SECTION



NOTES:

1. REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER BED AND FILL EXTENSION AREAS.
2. BOTTOM OF BED TO BE LEVEL WITH A MAXIMUM GRADE TOLERANCE OF 1" PER 100'.
3. PROVIDE FOR SURFACE DRAINAGE AWAY FROM BED AREA.
4. FINISHED GRADE SHALL BE SEEDED AND MULCHED TO PREVENT EROSION.

ORIGINAL GRADE
 FILL UNDER STONE AREA TO BE LOAMY SAND TEXTURE OR COARSER.
 FILL AROUND STONE TO BE SANDY LOAM TEXTURE.

OWNER: WILLIAM STOVER	BED DIMENSIONS: 20' x 50'
LOCATION: AUGUSTA	BED ELEVATIONS: TOP REF. PT. 100'-0" DIST. LINE 96'-10" BOTTOM STONE 95'-11"

DATE:
8/21/89

SCALE:
1" = 5'

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 500 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.
7. Soil and setback distances are within approval authority of the LPI.

GENERAL INFORMATION

Town of AUGUSTA

Permit No.

Date Permit Issued 8/29/89
month/day/year

Property Owner's Name: William Stouer Tel. No. _____

System's Location: Route 105
Street

Augusta MAINE 04330
Town Zip

Property Owner's Address:
(if different from above) RFD # 6, Tasker Road
Street

Augusta Me. 04330
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.

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

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils					
Soil Profile	Ground Water Table	to 6"		6	Inches
Soil Condition	Restrictive Layer	to 6"		10	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	50' ^(a)	60' ^(a)		
b. Property Owner's	25'	50'	70'	80'	
	3. Water Supply Line	10'	10'		
Waterbodies	1. Perennial	50' ^(c)	60'		
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10' ^(b)		
Buildings	1. With basement	5'	10'		
	2. Without basement	5'	10'		
Property Line		5'	5' ^(b)		

Other Specify:

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 or 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.

Joseph J. Wayank
Site Evaluator's Signature

8/21/09
Date

LPI Statement

I, George Sauer 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 Sauer Jr.
LPI's Signature

8-29-09
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.

William J. Smith
Property Owner's Signature

8/29/09
Date