FORMS

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax (207) 287-3165

PROPERTY LOCATION

>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

City, Town, or Plantation: AUGUSTA

Street or Road: 27 SPRING ROAD

Subdivision, Lot #:

AUGUSTA 5056 TOWN CODE

Date Permit Issued: 4/7/03 $ 120.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature: [signature] L.P.I. # 850

OWNER/APPLICANT INFORMATION

Name (last, first, MI): MARSH, DAVID ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 27 SPRING ROAD AUGUSTA, ME 04330

Daytime Tel. #:

Municipal Tax Map # 12 Lot # 37D

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: [signature] Date: 4-07-03

CAUTION: INSPECTION REQUIRED

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

Local Plumbing Inspector Signature: [signature] (1st) date approved 5/14/03 (2nd) date approved 5/22/03

PERMIT INFORMATION

TYPE OF APPLICATION

- ☒ 1. First Time System
- ☐ 2. Replacement System
  - Type replaced:
  - Year installed:
- ☐ 3. Expanded System
  - ☐ a. Minor Expansion
  - ☐ b. Major 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

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

SIZE OF PROPERTY

± 12 ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING

☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE

- ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 2
- ☐ 2. Multiple Family Dwelling, No. of Units:
- ☐ 3. Other: _____ (specify)

Current Use ☐ Seasonal ☐ Year Round ☒ Undeveloped

TYPE OF WATER SUPPLY

- ☒ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private
- ☐ 4. Public ☐ 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- ☒ 1. Concrete
  - ☒ 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: 1200 ☒ 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

300 gallons per day

BASED ON:

- ☐ 1. Table 501.1 (dwelling unit(s))
- ☒ 2. Table 501.2 (other facilities)

SHOW CALCULATIONS

--- for other facilites ---

180 GPD
+ 120 GPD (+ 66%)
300 GPD

- ☐ 3. Section 503.0 (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN

8 / D /

at Observation Hole # 1

Depth 10 "

of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

- ☐ 1. Small---2.0 sq. ft. / gpd
- ☐ 2. Medium---2.6 sq. ft. / gpd
- ☐ 3. Medium---Large 3.3 sq. ft / gpd
- ☒ 4. Large---4.1 sq. ft. / gpd
- ☐ 5. 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

SITE EVALUATOR STATEMENT

I certify that on 12/6/02 (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 (10-144A CMR 241).

Site Evaluator Signature: [signature] SE # 226 Date 4/4/03

Site Evaluator Name Printed: VAUGHN L. SMITH Telephone Number: 724-5635 E-mail Address:

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

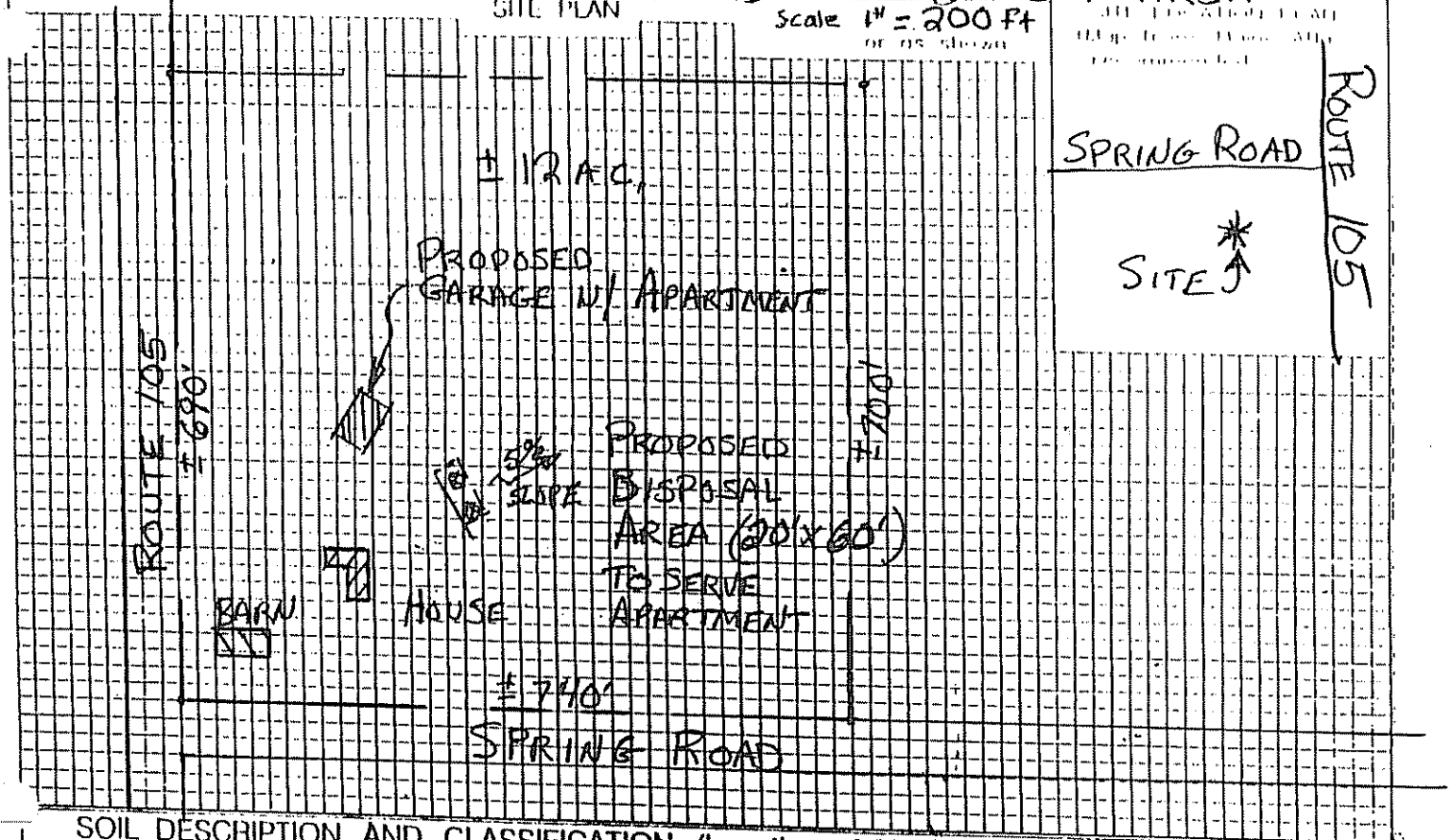
HHE-200 Rev. 8/01

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town/Plantation: AUGUSTA | Street, Road, Subdivision: 27 SPRING ROAD | Owner: DAVID MARSH

SITE PLAN

Scale 1" = 200 Ft or as shown



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

Observation Hole #1 ☒ Test Pit ☐ Boring

1" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10		FRIABLE	BROWN	NONE
10–20	LOAM		PALE OLIVE	
20–30	TO	FIRM		FEW FAINT
30–40	SILT LOAM			
40–50				

Soil Classification: Profile	Condition	Slope	Limiting Factor	
8	D	5 %	10"	☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring

1" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10		FRIABLE	BROWN	NONE
10–20	LOAM		OLIVE BROWN	
20–30		FIRM	OLIVE	FEW FAINT
30–40				
40–50				

Soil Classification: Profile	Condition	Slope	Limiting Factor	
8	D	5 %	11"	☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Site Evaluator Signature: Vaughn [illegible] | SE #: 226 | Date: 4/4/03

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

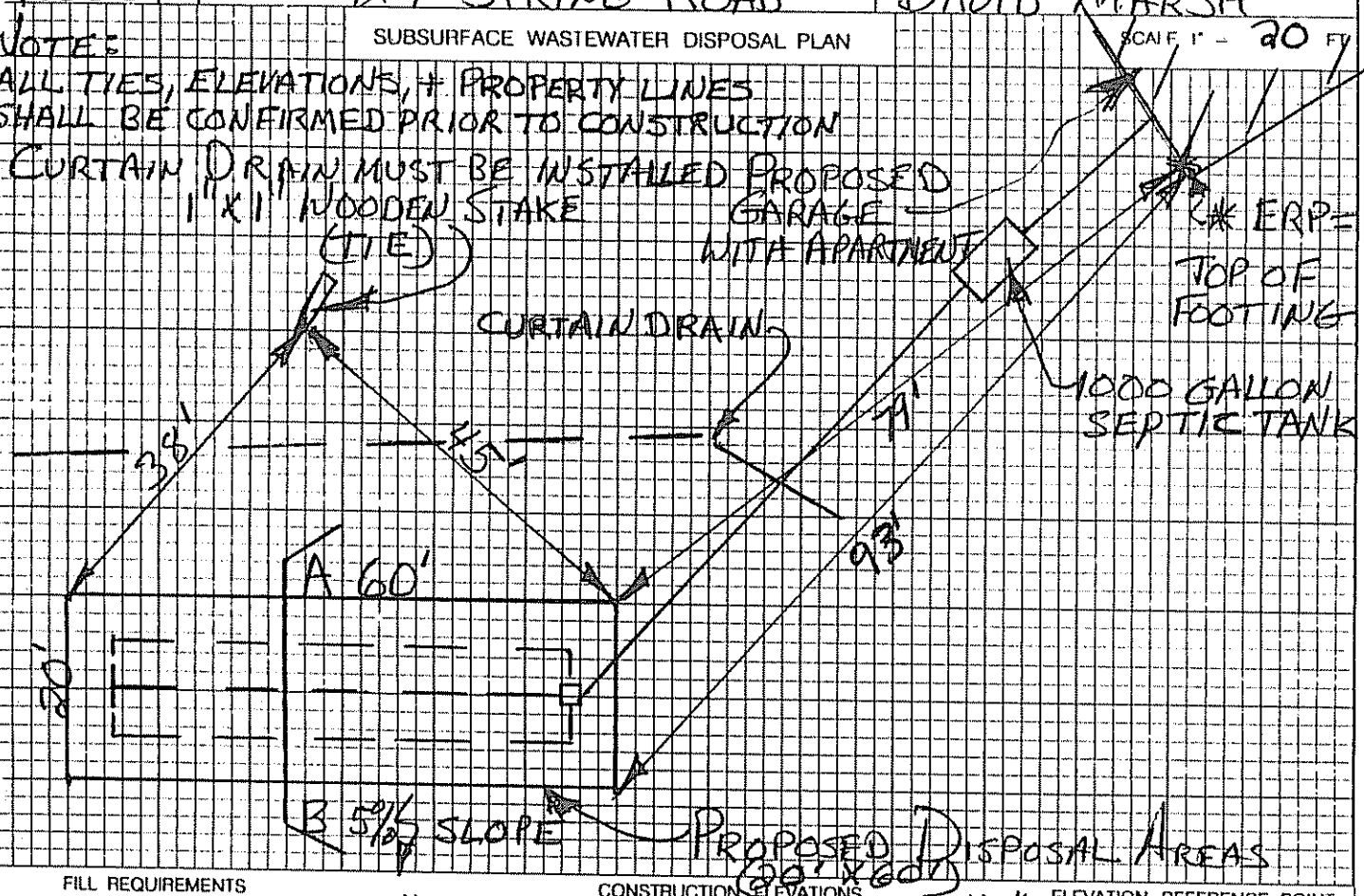
Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation: AUGUSTA | Street, Road, Subdivision: 27 SPRING ROAD | Property Owner's Name: DAVID MARSH

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT

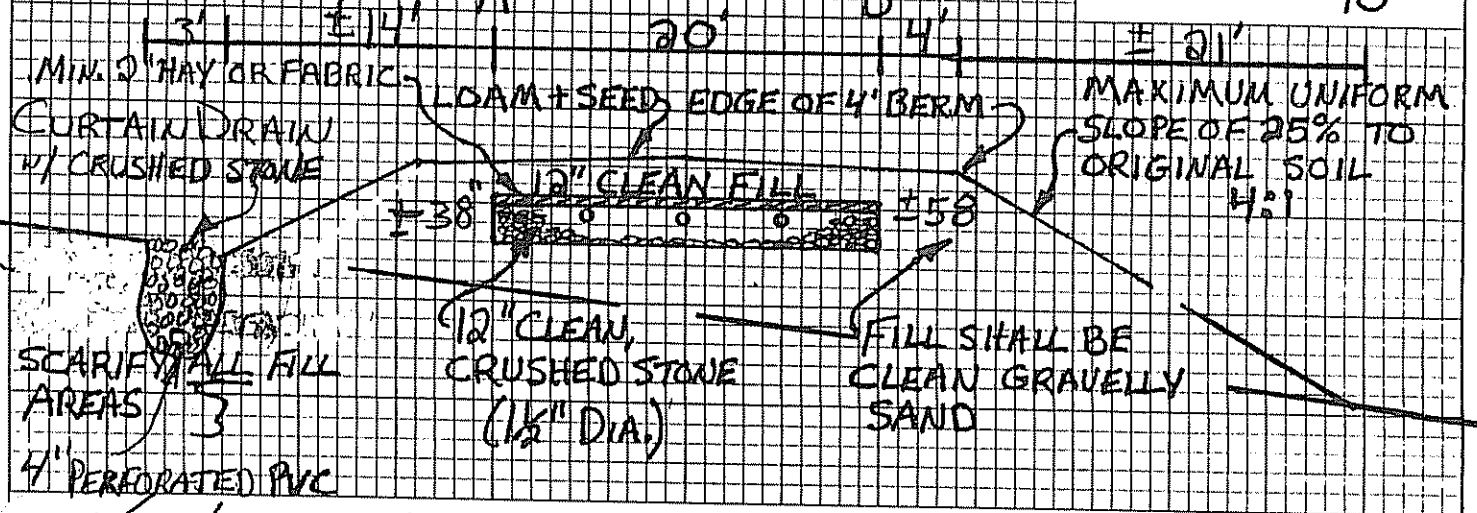
NOTE:
ALL TIES, ELEVATIONS, + PROPERTY LINES SHALL BE CONFIRMED PRIOR TO CONSTRUCTION
CURTAIN DRAIN MUST BE INSTALLED



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	38"	Finished Grade Elevation	-46"	Location & Description	TOP OF
Depth of Fill (Downslope)	54"	Top of Distribution Pipe or Proprietary Device	-58"		FOOTING
FILL DEPTHS WILL VARY		Bottom of Disposal Area	-70"	Reference Elevation	0"

DISPOSAL AREA CROSS SECTION

SCALE: VERTICAL: 1" = 5' HORIZONTAL: 1" = 10'



Site Evaluator Signature: [signature] | SE#: 226 | Date: 4/4/03

FIRST TIME SYSTEM VARIANCE REQUEST

This form shall accompany an Application (HHE-200) for a proposed first time system which requires a Variance to provisions of the Subsurface Wastewater Disposal Rules.
The local plumbing inspector shall not issue a permit for the installation of a first time subsurface wastewater disposal system requiring a variance from the Department of Human Services until approval has been received from them.

GENERAL INFORMATION

Town of AUGUSTA
Permit No. 5056
Date Permit Issued 4-17-03
Property Owner's Name: DAVID MARSH
Tel. No.:
System's Location: SPRING ROAD + ROUTE 105
Property Owner's Address: 27 SPRING ROAD
(if different from above) AUGUSTA, ME 04330

VARIANCE CONDITIONS

The Department has the authority to vary the requirements of the Rules in accordance with Section 105.2 of the Rules CMR 241 if all the following criteria are satisfied:

a. The variance request has the approval of the LPI.
b. The Municipal Officials have indicated that the variance does not conflict with any local wastewater disposal ordinances.
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 any provision controlling subsurface wastewater disposal in the Shoreland Zone.
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.

SOIL, SITE AND ENGINEERING FACTORS FOR NEW SYSTEM VARIANCE ASSESSMENT
(SEE TABLES 2000.1-2000.10)

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile	8	10
Depth to Groundwater/Restrictive Layer	10"	3
Terrain	SIDE SLOPE	3
Size of Property	0	0
Waterbody Setback	>250 FT.	5
Water Supply	DRILLED	3
Type of Development	SING. FAM.	0
Disposal Area Adjustment	MIN. + 66%	10
Vertical Separation Adjustment	+ 12"	10
Additional Treatment	FILTER + CURT. DRAIN	3+5
TOTAL POINT ASSESSMENT (Sec. 2003.6)		52

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

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator) — **SECTION OF RULE**

1. DEPTH TO SEASONAL WATER TABLE — TABLE 600.2
2.
3.

SITE EVALUATOR

When a property is found to be unsuitable for subsurface wastewater disposal for a First Time System Variance 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. (Use Additional Sheets, if needed)

SITE CONDITIONS WILL BE OVERCOME BY AN INCREASED DISPOSAL AREA + VERTICAL SEPARATION. A FILTER AND CURTAIN DRAIN ARE TO BE INSTALLED.

I, VAUGHN L. SMITH, 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.

Vaughn L. Smith — SIGNATURE OF SITE EVALUATOR
4/4/03 — DATE

First Time System Variance Request

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.

Paul E Marsh 4-07-03

☐ SIGNATURE OF OWNER
☐ AGENT FOR THE OWNER

DATE

MUNICIPAL OFFICER(S) (Selectman, Councilman, Alderman, Mayor, Town Manager)

We, the Municipal Officer(s) of _____ have reviewed this application and are aware that the applicant is applying for a First Time System Variance to the Subsurface Wastewater Disposal Rules because the proposed system does not meet all requirements of the rules. The proposed variance request ☐ does ☐ does not comply with all Municipal Ordinances relating to subsurface wastewater disposal.

William Bridgeo, City Manager April 8, 2003

SIGNATURE FOR THE MUNICIPALITY TITLE DATE

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all First Time System Variance requests prior to rendering a decision.
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) approve the requested variance. I (☐ will ☐ will not) issue a permit for the system's installation as proposed by the application.

LPI Signature Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all First Time System Variance requests prior to forwarding to the Division of Health Engineering.
I, GARY K. FULLER, 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.

Gary K. Fuller 4/8/03

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

Note: 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 1902.0 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 1901.0 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
DIVISION OF HEALTH ENGINEERING
11 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0011

JOHN ELIAS BALDACCI
GOVERNOR

Town Copy
$120.00

April 15, 2003

David Marsh
27 Spring Road
Augusta ME 04330

Subject: Approval, First Time System Variance Request, Marsh property, Spring Road & Route 105, Augusta

Dear Mr. Marsh:

The Division has reviewed a First Time System Variance Request for the subject property. The proposal is to install a subsurface wastewater disposal system to serve a two-bedroom single-family dwelling. This is a second dwelling unit on this property. The state variance requested is to allow the installation of the system in soils with 10 inches to the ground water table. The system design, prepared by Vaughn Smith, SE, dated April 4, 2003, includes an increase in disposal area, an increase in vertical separation and additional treatment measures to achieve the required First Time System Variance Total Point Assessment. The design is otherwise found to be in compliance with the Maine Subsurface Wastewater Disposal Rules.

We approve the requested variance with the following requirements:

1. The system shall be installed in accordance with the submitted and approved system design. Should alterations be required at the time of system installation, the system designer must be notified prior to making any changes.

2. The second dwelling unit shall be restricted to two bedrooms, in accordance with the septic system design considerations to overcome the site limitations.

3. The variance approval is based only on the rules administered by this department. The approval of the variance request does not relieve the property owner from compliance with all other state and local requirements pertaining to the installation, use, and operation of the wastewater disposal system.

By accepting this approval and the associated plumbing permit, the owner agrees to comply fully with the conditions of approval and the Subsurface Wastewater Disposal Rules.

Because installation and owner maintenance has a significant effect on the working order of onsite sewage disposal systems, including their components, the Division makes no representation or guarantee as to the efficiency and/or operation of the system.

Should you or others have any questions regarding this review and/or approval, please feel free to contact me at 287-5687.

Sincerely,

Linda S. Robinson

Linda S. Robinson, Environmental Specialist II
Wastewater & Plumbing Control Program
Division of Health Engineering
E-mail: linda.robinson@state.me.us

cc: Gary Fuller, LPI
Vaughn Smith, SE