

Cummings, Grace

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

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

HHE-200
Page 1 of 2

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 New System Variance Replacement System Variance With: LPI Approval Dept. Review

PROPERTY LOCATION: Augusta Town, Plantation Hwy 17 Street, Road

PROPERTY OWNER or APPLICANT: Grace Cummins

Mailing Address: 787 Eastern Ave Street 622-2143 Tel. No.

Augusta Town State Zip Code

LOCATION PLAN OF PROPERTY:

TYPE OF STRUCTURE, DESIGN FLOW: Single Family Dwelling Number of Bedrooms 3 Design Flow 270 GPD

Design Flow based on Minimum Moderate Conservative

Reduction in Design Flow due to Water Conservation

If so, specify type (s) _____

Other Establishment. Specify _____ Type of Facility _____

(Number of Employees, Seating Capacity, Building Size, etc.) _____

Design Flow _____ GPD If greater than 2000 GPD, Specify Professional Engineer

PROPERTY INFORMATION

Area of Property _____ Sq. Ft. Acres Zoned Not Zoned

If zoned, type of zoning _____

Property on Water Body, If so, Name of Water Body _____

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 SOIL STRATA ENCOUNTERED	Observation Hole No. <u>1</u>		Observation Hole No. _____		Observation Hole No. _____			
	<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		<input type="checkbox"/> Test Pit <input type="checkbox"/> Boring		<input type="checkbox"/> Test Pit <input type="checkbox"/> Boring			
Organic Strata or (Existing Fill) <u>SOD</u> Thickness <u>2"</u>		Organic Strata or (Existing Fill) _____ Thickness _____		Organic Strata or (Existing Fill) _____ Thickness _____		Organic Strata or (Existing Fill) _____ Thickness _____		
1st Original Mineral Soil Strata Depth from <u>0</u> " to <u>9</u> " Thickness <u>9</u> "		1st Original Mineral Soil Strata Depth from _____ " to _____ " Thickness _____ "		1st Original Mineral Soil Strata Depth from _____ " to _____ " Thickness _____ "		1st Original Mineral Soil Strata Depth from _____ " to _____ " Thickness _____ "		
2nd <u>Silts</u> Depth from <u>9</u> " to <u>13</u> " Thickness <u>4</u> "		2nd _____ Depth from _____ " to _____ " Thickness _____ "		2nd _____ Depth from _____ " to _____ " Thickness _____ "		2nd _____ Depth from _____ " to _____ " Thickness _____ "		
3rd <u>Sil</u> Depth from <u>13</u> " to <u>23</u> " Thickness <u>10</u> "		3rd _____ Depth from _____ " to _____ " Thickness _____ "		3rd _____ Depth from _____ " to _____ " Thickness _____ "		3rd _____ Depth from _____ " to _____ " Thickness _____ "		
4th <u>Silts</u> Depth from <u>23</u> " to <u>40</u> " Thickness <u>17</u> "		4th _____ Depth from _____ " to _____ " Thickness _____ "		4th _____ Depth from _____ " to _____ " Thickness _____ "		4th _____ Depth from _____ " to _____ " Thickness _____ "		
Total Depth of Observation Hole <u>40</u> "		Total Depth of Observation Hole _____ "		Total Depth of Observation Hole _____ "		Total Depth of Observation Hole _____ "		
from top of LOCAL MINERAL SOIL	Maximum Seasonal High Ground <input type="checkbox"/> None evident Water Table Depth <u>10</u> "	Maximum Seasonal High Ground <input type="checkbox"/> None Evident Water Table Depth _____ "	Maximum Seasonal High Ground <input type="checkbox"/> None Evident Water Table Depth _____ "	Maximum Seasonal High Ground <input type="checkbox"/> None Evident Water Table Depth _____ "	Maximum Seasonal High Ground <input type="checkbox"/> None Evident Water Table Depth _____ "	Maximum Seasonal High Ground <input type="checkbox"/> None Evident Water Table Depth _____ "		
	Depth to Restrictive Layer <input checked="" type="checkbox"/> None evident _____ "	Depth to Restrictive Layer <input type="checkbox"/> None evident _____ "	Depth to Restrictive Layer <input type="checkbox"/> None evident _____ "	Depth to Restrictive Layer <input type="checkbox"/> None evident _____ "	Depth to Restrictive Layer <input type="checkbox"/> None evident _____ "	Depth to Restrictive Layer <input type="checkbox"/> None evident _____ "		
	Depth to Bedrock <input checked="" type="checkbox"/> None evident _____ "	Depth to Bedrock <input type="checkbox"/> None evident _____ "	Depth to Bedrock <input type="checkbox"/> None evident _____ "	Depth to Bedrock <input type="checkbox"/> None evident _____ "	Depth to Bedrock <input type="checkbox"/> None evident _____ "	Depth to Bedrock <input type="checkbox"/> None evident _____ "		
PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE
<u>8</u>	<u>D</u>	<u>2%</u>			<u>%</u>			<u>%</u>

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

Size _____ Gals.

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 1100 sq. ft.

Number of beds 1

Width 20 ft. Length 55 ft.

Chamber Disposal Area

Total chamber area _____ sq. ft.

Number of clusters _____

Width _____ ft. Length _____ ft.

H-20 required

SYSTEM SIZE RATING: Small Medium Medium Large Large Extra Large

DISPOSAL AREA ELEVATION

Depth of Upslope Fill required 24 inches.

Depth of Downslope Fill required 26 inches.

Reference Elevation Point established at _____ Elevation.

Disposal Area Bottom to be established at 66" below ERP Elevation.

Top of Distribution Lines or Top of Chambers 53" below ERP Elevation.

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

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

FOR USE BY SITE EVALUATOR

On 9 Sept 82 (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: Roger J. J. J. Date signed 9-10-82

Site Evaluator License Number: 106

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: Grace M. Cummings Date Signed 9/11/82

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: Richard P. Baber Date 9-13-82

PERMIT NO. 52936 E P

Date Issued 9/13/82

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT
(For systems disposing of less than 2000 gallons per day)

Town

Street, Road, etc. Hwy 17

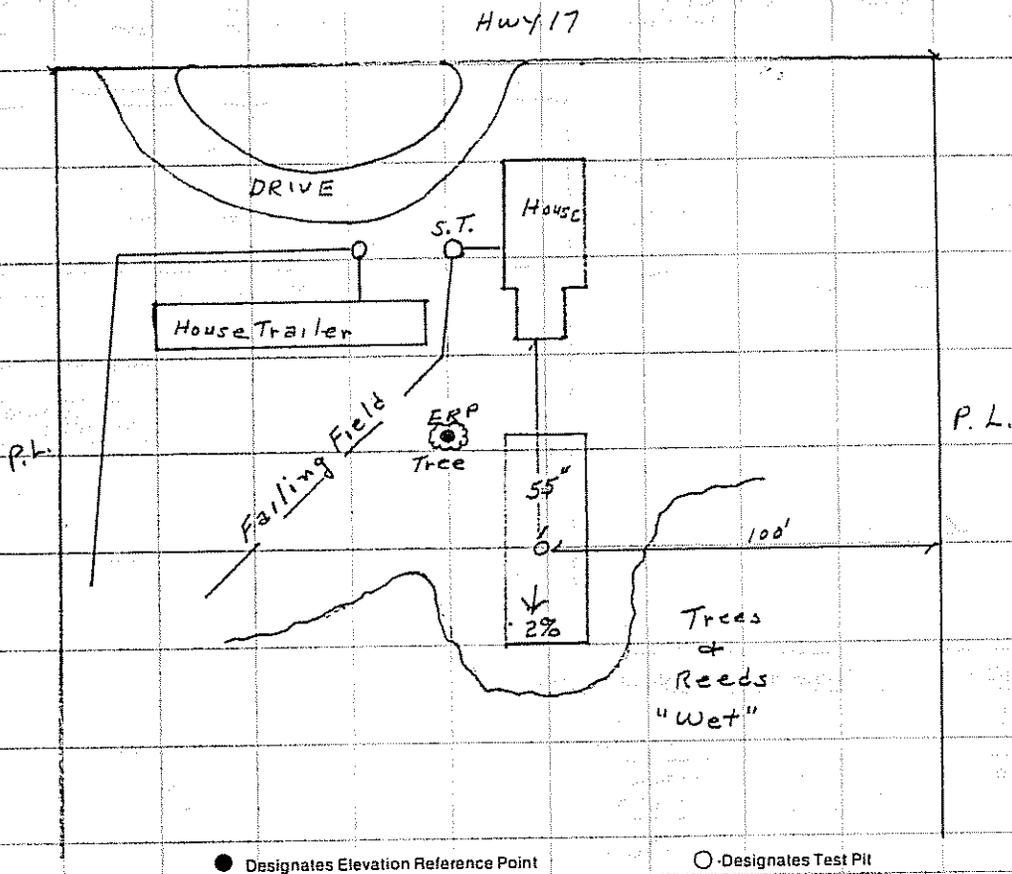
Owner of Property

Augusta
Site Plan

If on water body, give name

Grace Curran

Scale 1" = 50 ft.

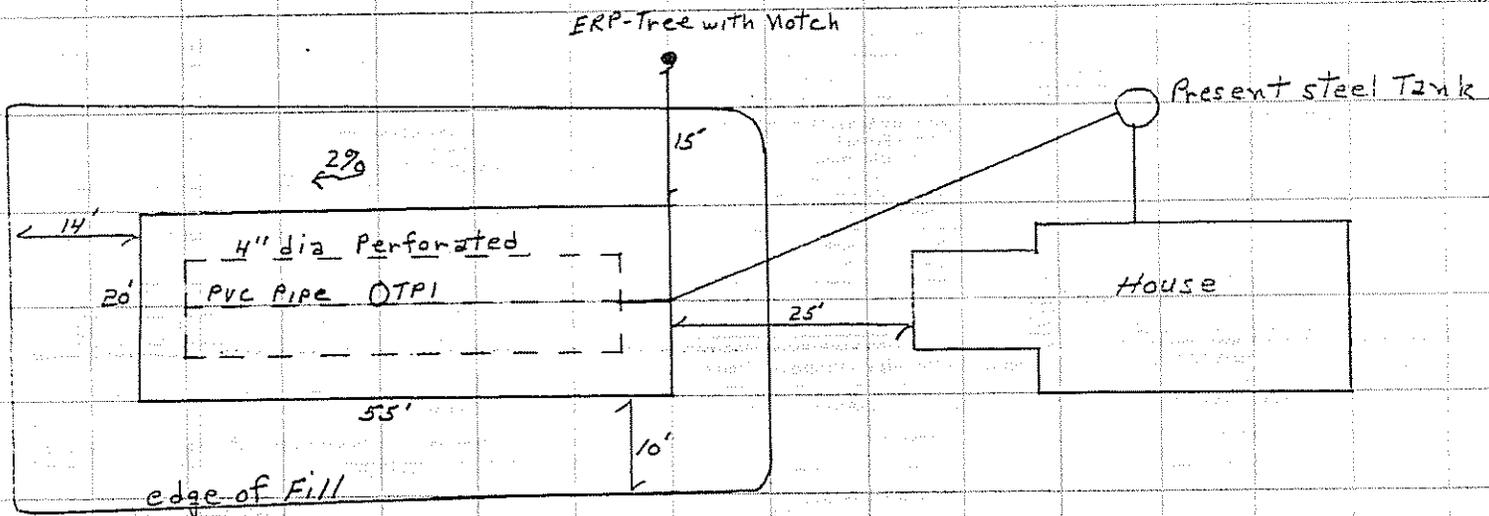


● Designates Elevation Reference Point

○ Designates Test Pit

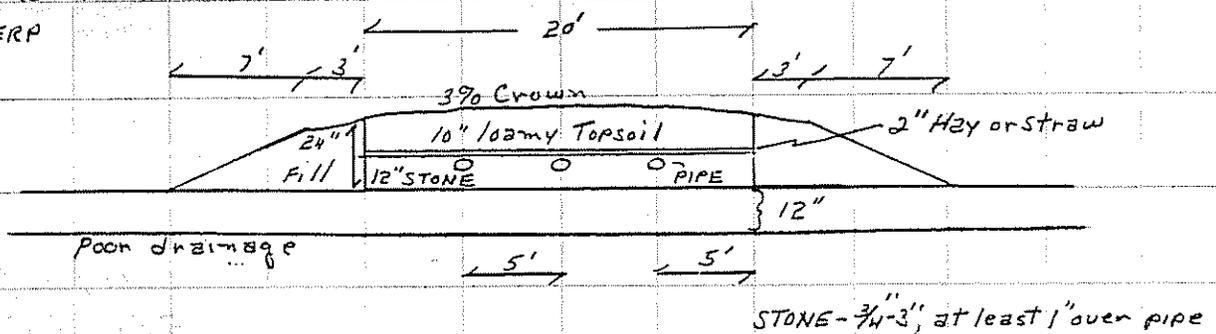
Private Sewage Disposal Plan

Scale 1" = 20' or _____



Subsurface Absorption Area Cross-section
Bottom of Red 66" below ERP
Top of Pipe 55" below ERP

Scale: Vertical—1" = 5' or _____
Horizontal—1" = 20' or 10'



Site Evaluators Signature

Date

License Number

HHE-200 1/

Roger J. Jule 9-10-82 106

Signature Required

Statement (no permit may be issued unless signed)

Date: 9/10-82

I certify that all the information submitted to be true and correct; and I understand that issuance of a permit is based upon the information and plans submitted by the applicant. I also understand that any falsification of this application is reason to deny a permit install a private sewage disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I understand that no guarantee is intended or implied by reason of any advice or approval given by the Administrative Authority or its

Applicant: Grace M. Curran

Cummings, Grace

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.

GENERAL INFORMATION

Town of Augusta

Town Code 11020

Permit No. 52936 EP

Date Permit Issued 9-13-82
month/day/yr.

Property Owner's Name: Grace Cummins Tel. No. 622-2143

System's Location: Eastern Ave
Street

Augusta MAINE 04330
Town Zip

Property Owner's Address: (if different from above) 787 Eastern Ave
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.

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.

Grace M. Cummins 9/11/82
Property Owner's Signature Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		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 2. Well: < 2000 gal/day a. Neighbor's b. Property Owner's 3. Water Supply Line	100a 100b 50' See Note 'a'	300a 100b 60'
Waterbodies	1. Perennial	60'	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	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:

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 written permission.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

Roger J. Leber
Site Evaluator's Signature

9-9-82
Date

LPI Statement

I, _____, LPI for the Town of _____ 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: _____

Richard P. Baker
LPI's Signature

9-13-82
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.

9
Signature of the Department

Date