

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: Augusta

Street Subdivision Lot #: 825 Eastern Avenue

PROPERTY OWNERS NAME

Last: Sargent First: Bruce E.

Applicant Name: Bruce E. Sargent

Mailing Address of Owner/Applicant (If Different): 825 Eastern Avenue
Augusta, Maine 04330

M/4 L/1

AUGUSTA

Permit Required
PERMIT # 1,146 - shall not be TOWN COPY.

Date Permit Issued: 8-27-87

Harry R. Fuller
Local Plumbing Inspector Signature

\$ 400.00 FEE Double Fee Charged

L.P.I. # 18510

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.

Bruce E. Sargent 8-11-87
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.

Harry R. Fuller
Local Plumbing Inspector Signature

11/24/87
Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>b. <input checked="" type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>SEASONAL CONVERSION</p> <p>to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY</p>	<p>TYPE OF WATER SUPPLY</p> <p>public water supply</p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED <u>1965±</u></p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input checked="" type="checkbox"/> TRENCH (probably)</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____</p>	<p>SIZE OF PROPERTY: <u>0.75±</u> acre</p> <p>ZONING: _____</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

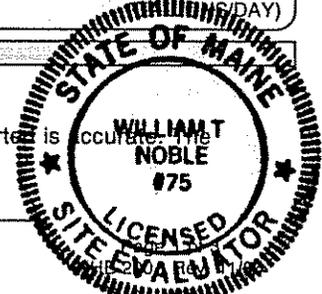
<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>1-bedroom, single family dwelling</u></p> <p>sized per Table 7-1 of the SSWD Rules (10-144A CMR 241)</p> <p>(minimum design flow)</p> <p>DESIGN FLOW: <u>200 gpd</u></p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td style="text-align: center;"><u>9</u></td> <td style="text-align: center;"><u>E</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>4"</u></p>	PROFILE	CONDITION	<u>9</u>	<u>E</u>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input checked="" type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input checked="" type="checkbox"/> BED <u>1000</u> Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	
PROFILE	CONDITION						
<u>9</u>	<u>E</u>						

at test pit 2

SITE EVALUATOR STATEMENT

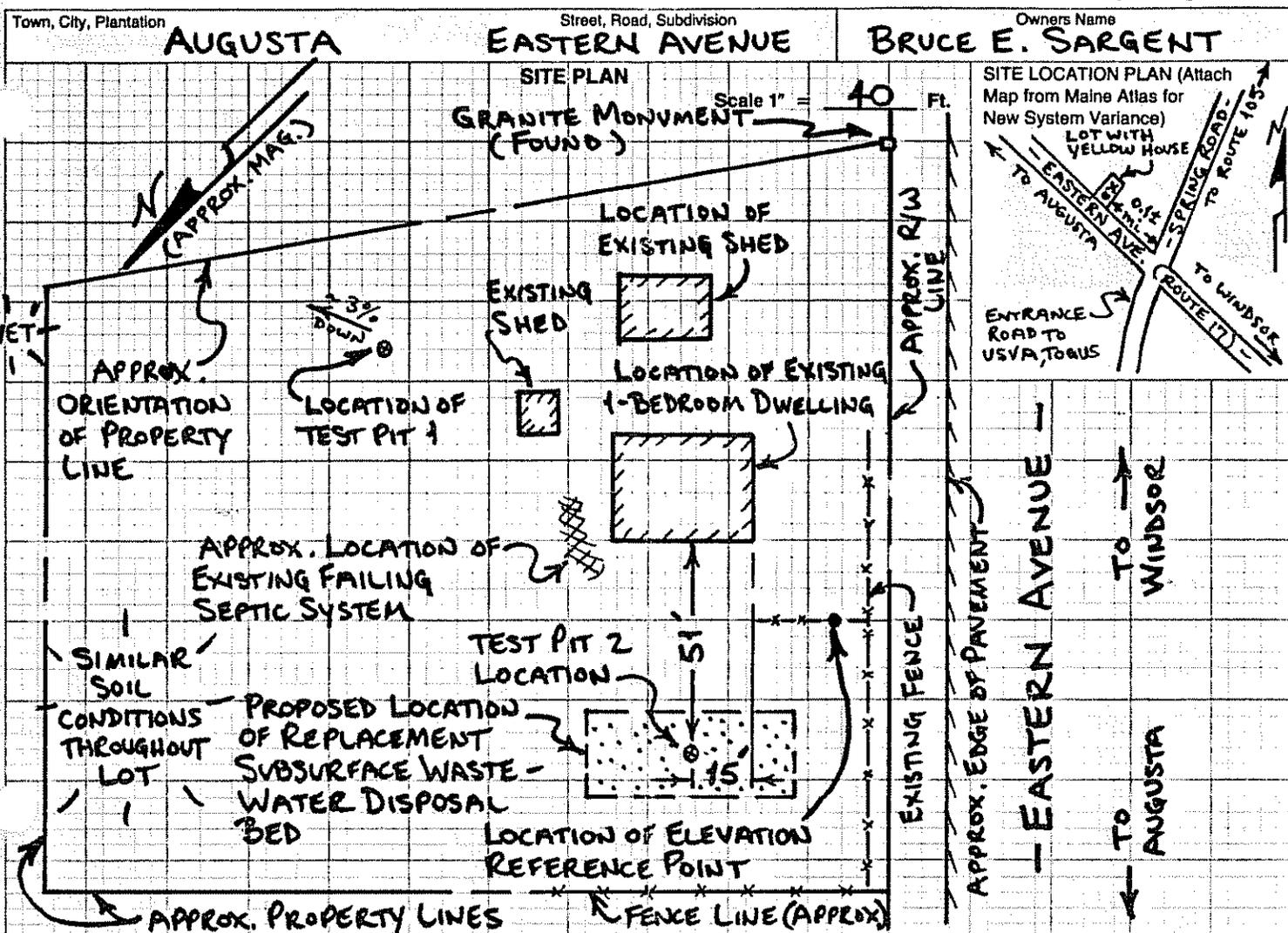
On 7-11-87 (date) I conducted a site evaluation for this project and certify that the data reported is accurate and the system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

William J. Noble 75 7-18-87
Site Evaluator Signature SE# Date



(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION



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

Observation Hole 1 Test Pit Boring
 NONE " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
GRAVELLY FINE SANDY LOAM		DARK GRAY	
SILT LOAM	FRIABLE	DARK GRAYISH BROWN	
SILT LOAM		LIGHT OLIVE GRAY	MANY PROMINENT
SILTY CLAY LOAM	FIRM	OLIVE GRAY	
SILTY CLAY			

NOTE: OLD FILL PRESENT FROM TOP OF EXISTING GROUND TO DEPTH OF 8".

Soil Profile <u>9</u>	Classification Condition <u>E</u>	Slope <u>3</u> %	Limiting Factor <u>8</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Observation Hole 2 Test Pit Boring
 NONE " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
GRAVELLY LOAMY SAND	VERY FRIABLE	DARK GRAYISH BROWN	COMMON DISTINCT
SILT LOAM		DARK GRAY	
SILTY CLAY LOAM	FIRM	LIGHT OLIVE GRAY	MANY PROMINENT
SILTY CLAY		OLIVE GRAY	

NOTE: OLD FILL PRESENT FROM TOP OF EXISTING GROUND TO DEPTH OF 15".

Soil Profile <u>9</u>	Classification Condition <u>E</u>	Slope <u>~0</u> %	Limiting Factor <u>4</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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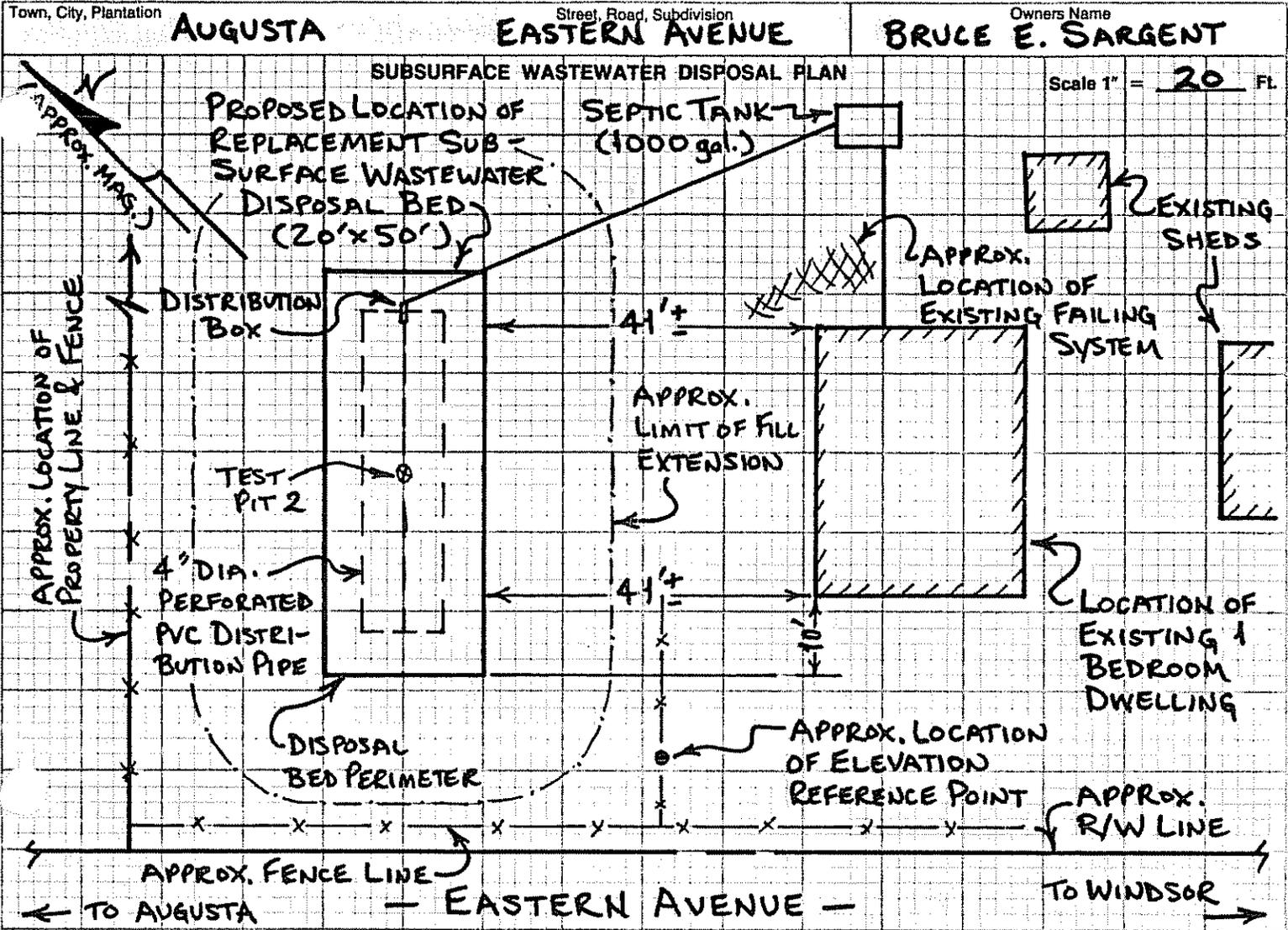
William J. Noble
Site Evaluator Signature

75
SE#

7-18-87
Date

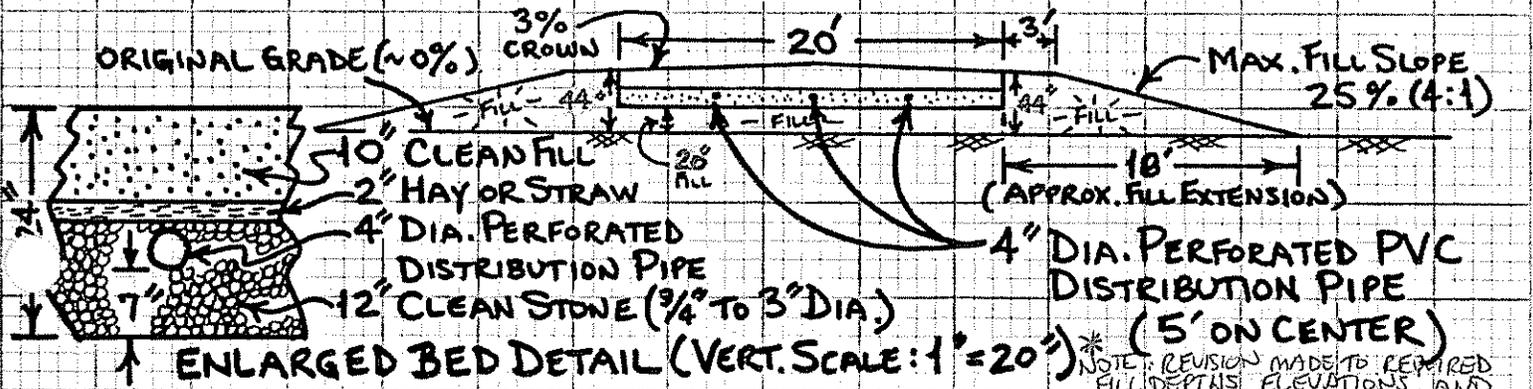
FROM TOP OF EXISTING GROUND
 FROM TOP OF EXISTING GROUND
 Page 2 of 3
 HHE-200 Rev. 1/84

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

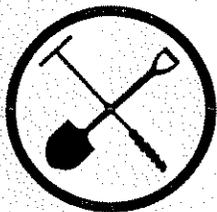


FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	Reference Elevation is	NAIL WITH ORANGE FLAGGING IN YOUNG MAPLE TREE, 67" ABOVE GROUND LEVEL AT TREE BASE.
Depth of Fill (Downslope)	Bottom of Disposal Area	
	Top of Distribution Lines or Chambers	

- NOTES:**
1. BACKFILL & PERIMETER FILL TO BE SANDY LOAM OR COARSER.
 2. GRADE LAND AROUND DISPOSAL BED TO DIVERT ANY WATER FROM AREA.
 3. REMOVE ANY ORGANIC LAYER & SCARIFY THE SOIL SURFACE BEFORE INSTALLING FILL.
 4. REQUIRED FILL DEPTHS MAY VARY FROM THOSE SHOWN DUE TO IRREGULARITIES IN SOIL SURFACE.
 5. LOCATE TEST PIT ON THE LOT & POSITION BED OVER PIT AS SHOWN IN ABOVE PLAN.
 6. REFER TO SECTIONS 11 & 12 IN SSWD RULES FOR FURTHER BED INSTALLATION DETAILS.



Permit 1146 Town



William T. Noble

Licensed Site Evaluator / Certified Soil Scientist

RFD 3, Box 186
Augusta, Maine 04330
Tel.: 547-3252

67
-44
23" top of soil
below reference

August 26, 1987
Job No. 87016

Bruce E. Sargent
825 Eastern Avenue
Augusta, Maine 04330

Re: Revisions to Required Disposal Bed Bottom/Seasonal Groundwater Separation Distance, Disposal Bed Elevations, and Fill Extension, for Property on Eastern Avenue, Augusta.

Dear Mr. Sargent,

I have completed the necessary revisions to the "Application for Subsurface Wastewater Disposal System Permit" (HHE-200 form) for a replacement septic system for your dwelling in Augusta, dated 7-18-87.

The revisions were necessary to maintain a 2-foot separation distance between the disposal bed bottom and the high seasonal groundwater level. The original copies sent to you incorrectly specified a 1½-foot separation distance, since soil in the "Condition E" category requires the 2-foot disposal bed/groundwater level separation distance.

The plans now call for an overall 44" of fill for the disposal bed, with 20" of fill required from the top of the mineral soil surface to the bottom of the disposal bed. This results in revised elevations of -45.0" to the disposal bed bottom, and -34.0" to the top of the distribution pipes from the elevation reference point. The needed fill extension around the bed is changed to 18 feet.

I apologize for this error, and hope that this has not caused you any inconvenience.

Sincerely,

William T. Noble
Licensed Site Evaluator

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 AugustaPermit No. Date Permit Issued / /
month/day/yearProperty Owner's Name: Bruce E. SargentTel. No. System's Location: 825 Eastern Avenue
StreetAugusta

Town

MAINE

04330

Zip

Property Owner's Address:

(if different from above) same as above
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)

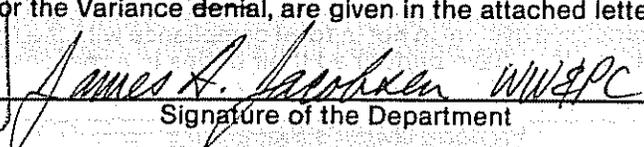
Site Evaluator: If after completing the Application, you find that a variance for the proposed replacement system is needed, then complete the Replacement Variance Request with your signature on reverse side of form.

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.

FOR USE BY THE DEPARTMENT ONLY:

The Department has reviewed the variance(s) and (does, does not) give its approval. Any additional requirements, commendations, or reasons for the Variance denial, are given in the attached letter.

AUG 11 1987



Signature of the Department

8/27/87
Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils					
Soil Profile	Ground Water Table	to 6"		4±	inches
Soil Condition	Restrictive Layer	to 6"			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	100 ^(a)	100 ^(a)		
	b. Property Owner's	50'	60'		
	3. Water Supply Line	10'	10'		
Waterbodies	1. Perennial	60' ^(c)	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10' ^(b)		
Buildings	1. With basement	8'	15'		
	2. Without basement	8'	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 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.

William J. Noble
Site Evaluator's Signature

7-18-87
Date

LPI Statement

I, Gay F. Zulke, 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:

Gay F. Zulke
LPI's Signature

8-12-87
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.

Bruce C. Sargent
Property Owner's Signature

8-11-87
Date