

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3185

PROPERTY LOCATION

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

City, Town, Plantation: Augusta
Street or Road: 372 Spring Rd.
Subdivision, Lot #: 1-04-86

AUGUSTA
Date Permit Issued: 1/21/04 5410
FEE: \$ 95.00 If Double Fee Charged
L.P.I. #: 1850
Local Plumbing Inspector Signature: [Signature]

OWNER/APPLICANT INFORMATION

Name (last, first, MI): Post, Kristen Owner Applicant
Mailing Address of Owner/Applicant: 33 Ferguson Dr. Sidney, Me. 04330
Daytime Tel. #: 547-4833

Municipal Tax Map # 14 Lot # 14

OWNER OR APPLICANT STATEMENT

CAUTION: INSPECTION REQUIRED

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: 9/17/04

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: [Signature] (1st) date approved: 11/5/04
(2nd) date approved: 11/5/04

PERMIT INFORMATION

TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>sea flow</u> Year installed: <u>1994</u> <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input checked="" type="checkbox"/> 3. Replacement System Variance <input checked="" type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input checked="" type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY <u>8600</u> <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input checked="" type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: <u>2 units</u> <input type="checkbox"/> 3. Other: _____ (specify)	TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: <u>AWD water bill shows 400 gpd</u>
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <u>existing</u> <input checked="" type="checkbox"/> a. Regular <u>Combo w/ Pump</u> <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1000 GAL.</u>	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input checked="" type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>12x72</u> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. Increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <u>540</u> gallons per day BASED ON: <input type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS — for other facilities — <u>6 bedrooms @ 90 gpd, water meter readings 400 gpd (4800 CF) gtr</u>
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN: <u>2, D, 3</u> at Observation Hole # <u>TP</u> Depth <u>12 ±</u> of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Small—2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium—2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 3. Medium—Large 3.3 sq. ft. / gpd <input type="checkbox"/> 4. Large—4.1 sq. ft. / gpd <input type="checkbox"/> 5. Extra Large—5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	

SITE EVALUATOR STATEMENT

I certify that on 9/14/04 (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 #: 046 Date: 9/15/04
 Site Evaluator Name Printed: Albert E. Hododan Telephone Number: 873-5164 E-mail Address: _____

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

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Department of Human Services
 Division of Health Engineering
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

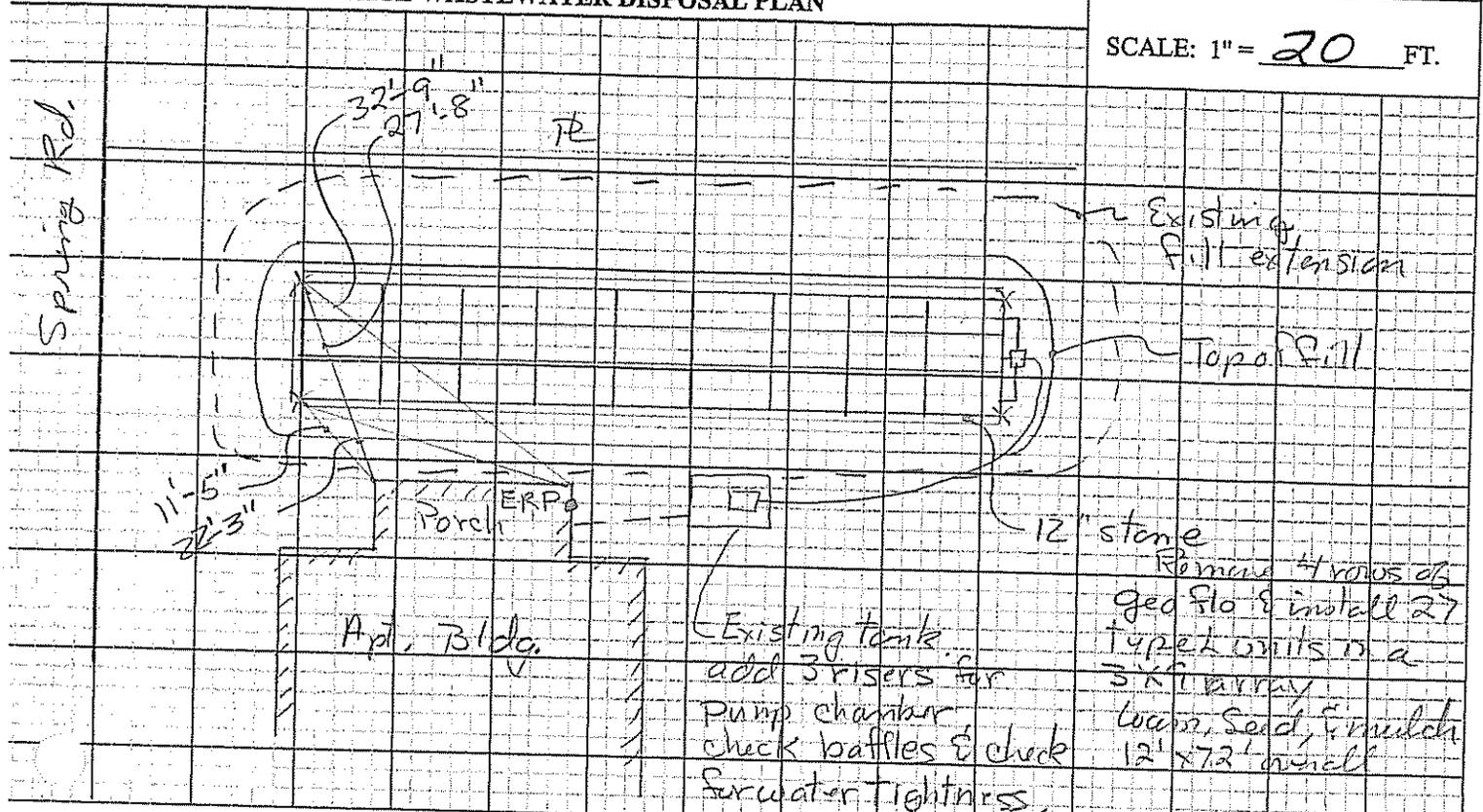
Augusta.

372 Spring Rd.

Kristen Post

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope) NA
 Depth of Fill (Downslope) NA

Finished Grade Elevation -27"
 Top of Distribution Pipe or Proprietary Device -38"
 Bottom of Disposal Area -51"

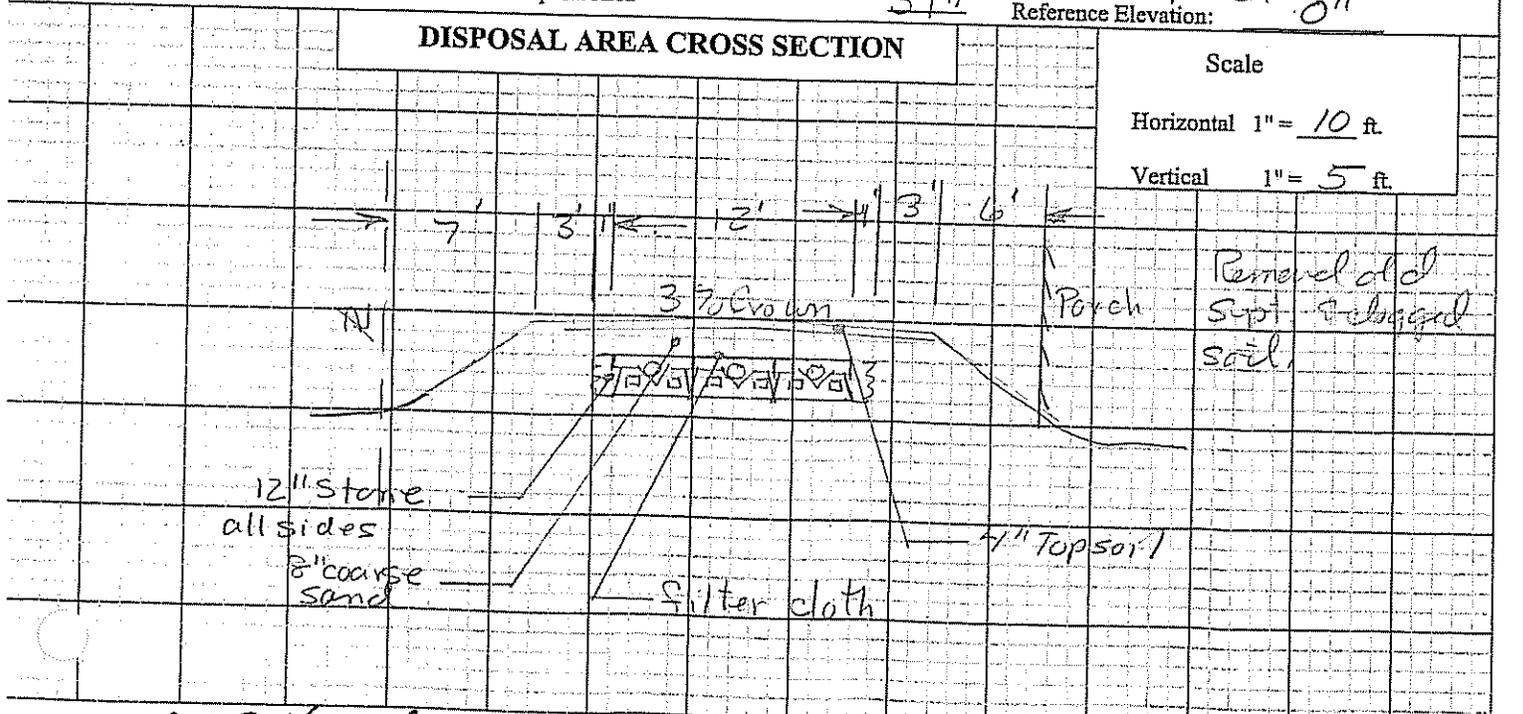
Location & Description: Top of hand nail on porch
 Reference Elevation: 0"

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = 10 ft.

Vertical 1" = 5 ft.



Albert S. Hodsch...
 Site Evaluator Signature

046
 SE #

9/15/04
 Date

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 Division of Health Engineering
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Town, City, Plantation

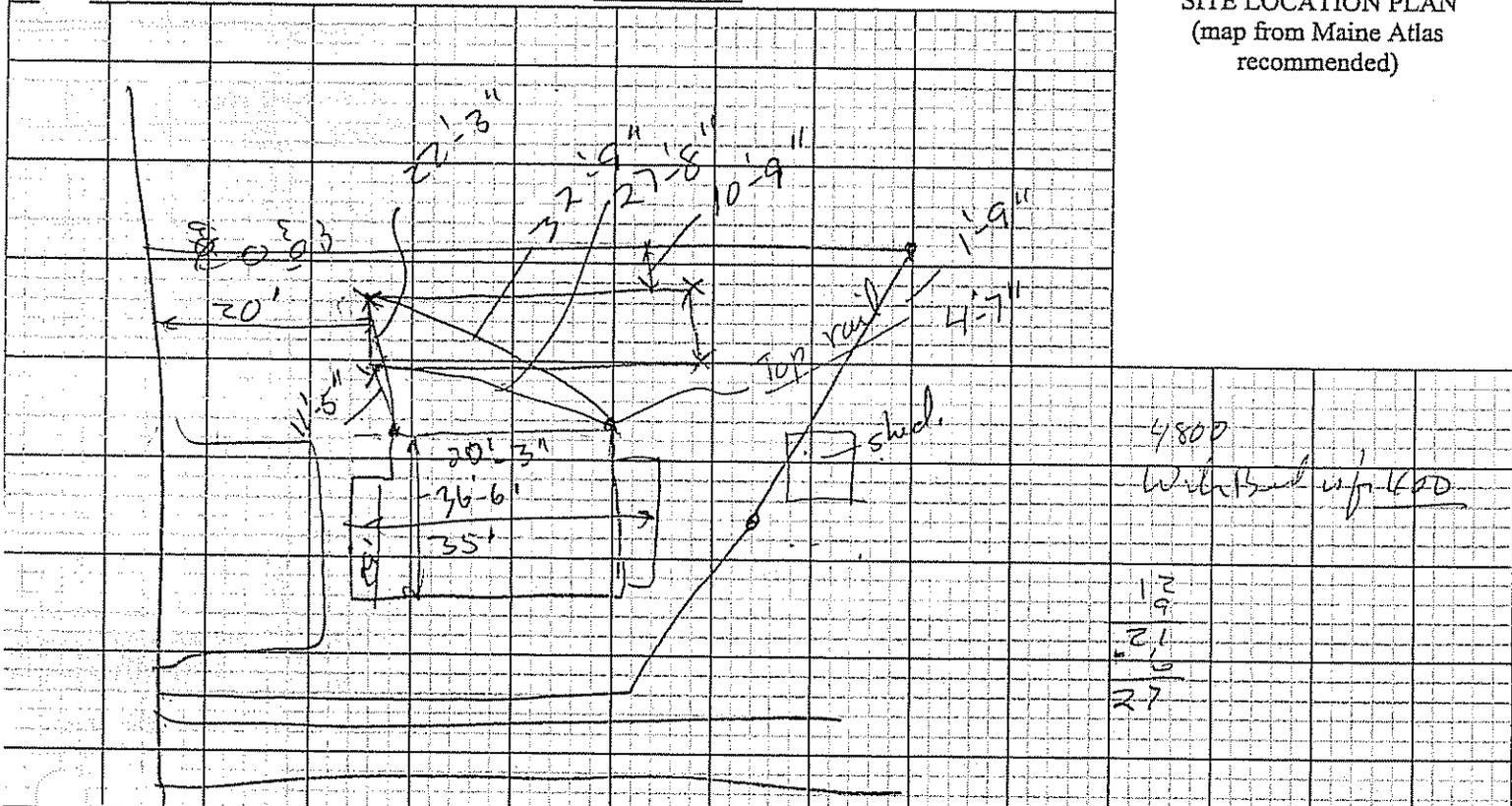
Street, Road, Subdivision

Owner's Name

SITE PLAN

Scale 1" = _____ ft. or as shown

SITE LOCATION PLAN
 (map from Maine Atlas
 recommended)



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

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

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

Texture	Consistency	Color	Mottling
0			
10			
20			
30			
40			
50			

Texture	Consistency	Color	Mottling
0			
10			
20			
30			
40			
50			

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
Profile _____ Condition _____	_____ %	_____ "	<input type="checkbox"/> Restrictive Layer
			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
Profile _____ Condition _____	_____ %	_____ "	<input type="checkbox"/> Restrictive Layer
			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

Site Evaluator Signature

SE #

Date

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Town, City, Plantation

Street, Road, Subdivision

Augusta

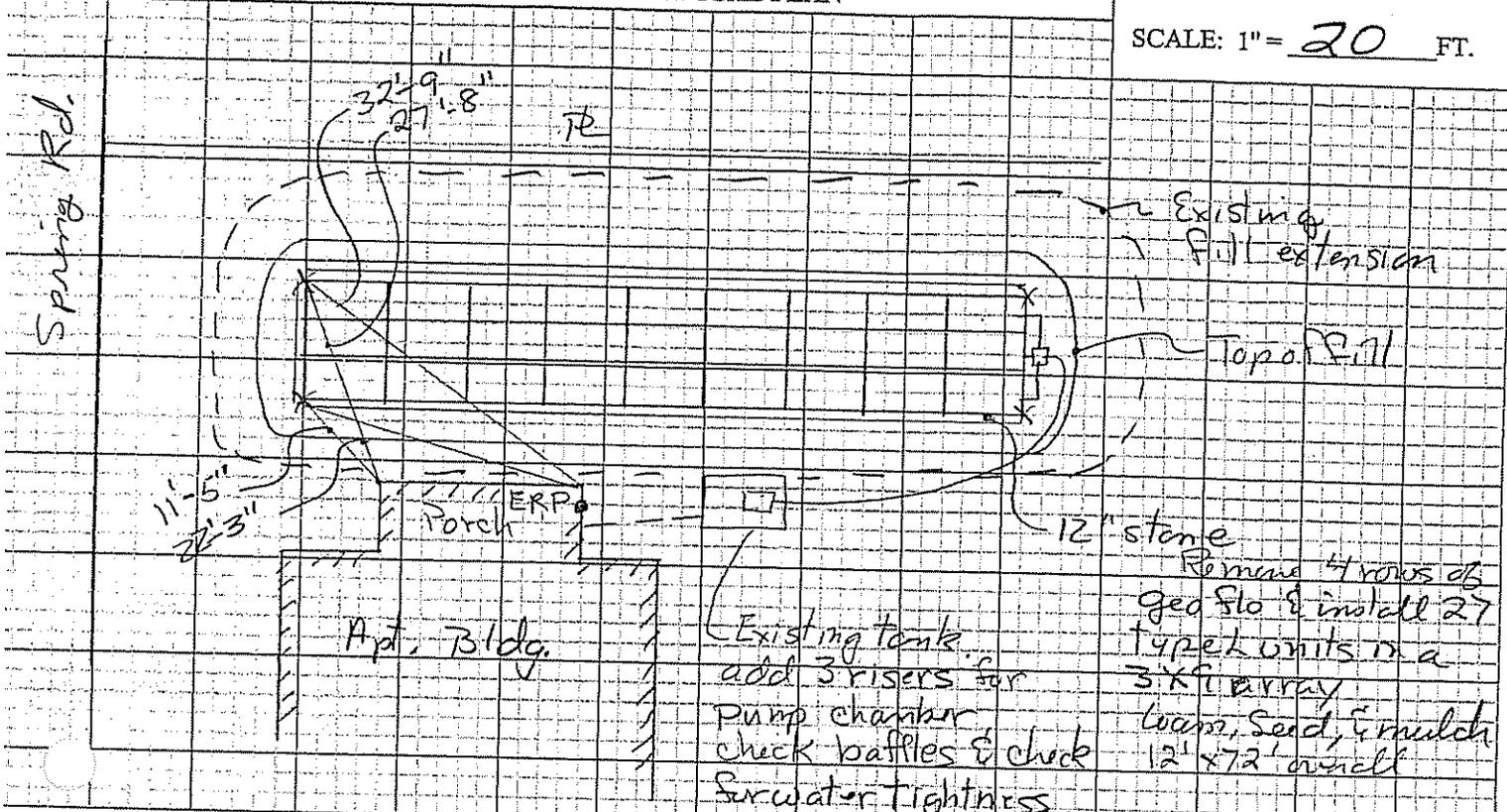
372 Spring Rd.

Owner's Name

Khioten Post

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope) NA
 Depth of Fill (Downslope) NA

Finished Grade Elevation -27"
 Top of Distribution Pipe or Proprietary Device -38"
 Bottom of Disposal Area -51"

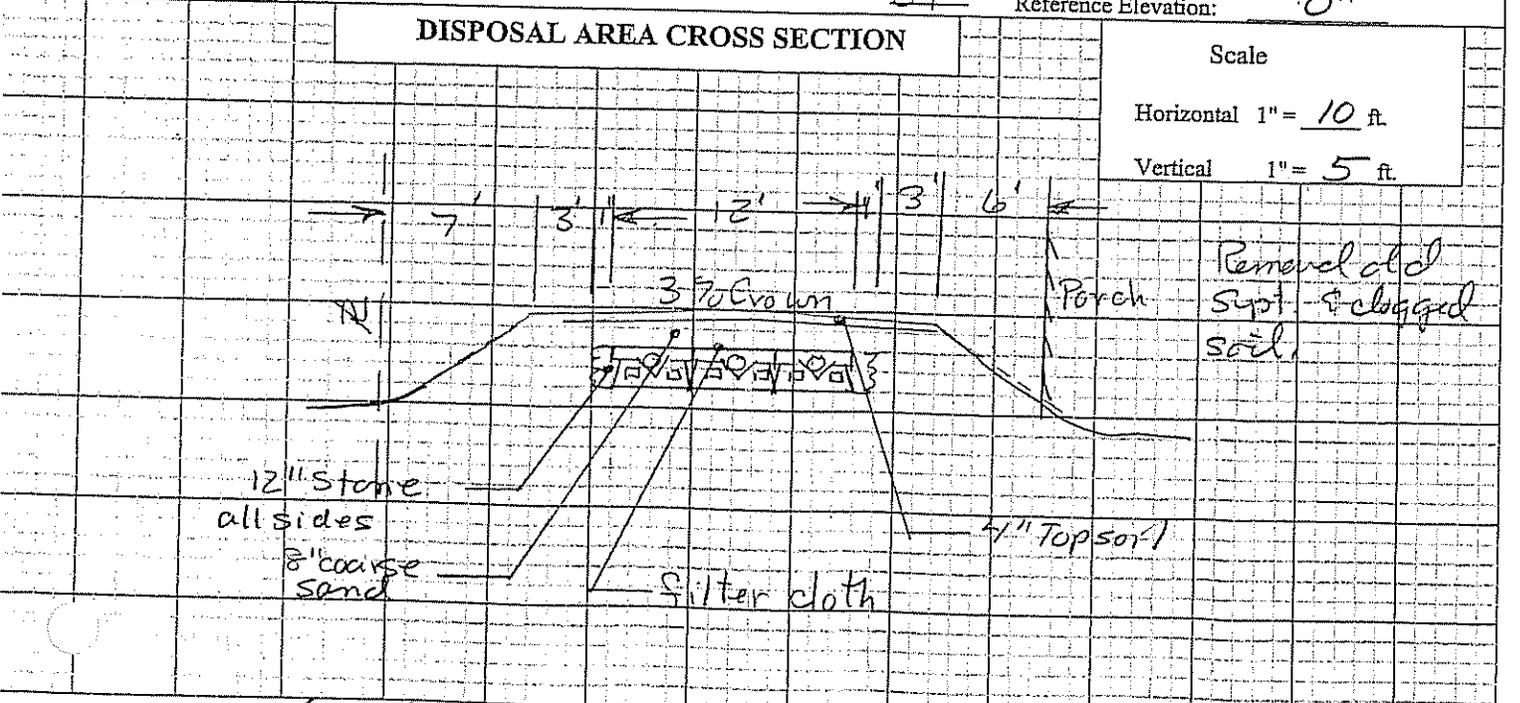
Location & Description: Top of hand rail on porch
 Reference Elevation: 0"

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = 10 ft.

Vertical 1" = 5 ft.



Robert S. Hedges

046

9/15/04

Site Evaluator Signature

SE #

Date

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Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

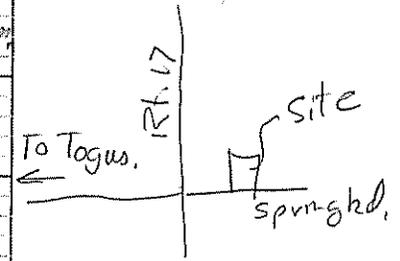
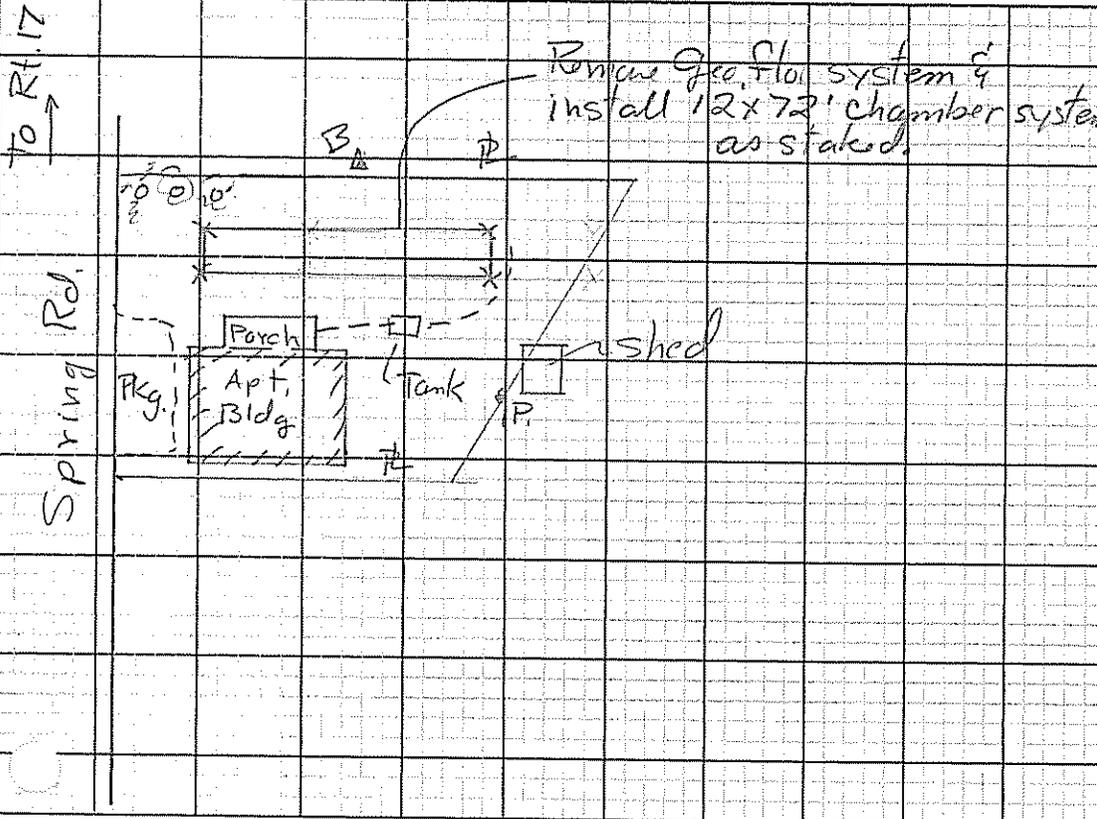
372 Spring Rd.

Kristen Post

SITE PLAN

Scale 1" = 50' ft. or as shown

SITE LOCATION PLAN
 (map from Maine Atlas recommended)



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

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

Texture	Consistency	Color	Mottling
0			
10			
20	See attached soil from student.		
30			
40			
50			

Soil Classification <u>2 D</u> Profile Condition	Slope <u>0</u> %	Limiting Factor <u>6-8"</u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Observation Hole B Test Pit Boring S
 _____ " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0			
10	loose	Dk Rn	
20	refusal		No water or mottling
30	mgly ledge		
40			
50			

Soil Classification <u>2 A</u> Profile Condition	Slope <u>0</u> %	Limiting Factor <u>12"</u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock possibly <input type="checkbox"/> Pit Depth
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Robert S. Vidulich

046

9/15/04

Site Evaluator Signature

SE #

Date

SUBSURFACE WASTE WATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

AUGUSTA

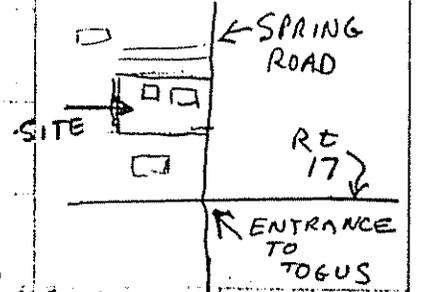
Street, Road, Subdivision

SPRING ST
SITE PLAN

Owners Name

DEBBIE GIROUX

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



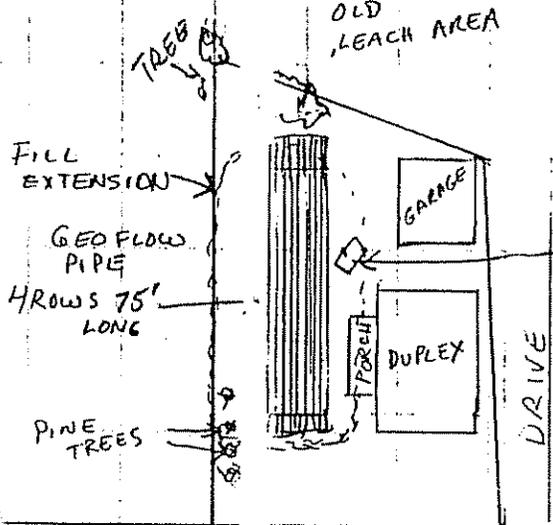
Scale 1" = 50 Ft.

CONSTRUCTION NOTES:

- ① REMOVE OLD TANK + FILL IN HOLE
- ② INSTALL NEW TANK + PUMP COMBO
- ③ TILL OR SCARIFY SURFACE UNDER FILL EXTENSIONS + BED
- ④ ADD FILL
- ⑤ INSTALL PIPE
- ⑥ COVER PIPE

CAUTION: AVOID COMPACTION OF ORIGINAL SOILS

CONTRACTOR TO CONSULT WITH DESIGNER PRIOR TO START OF PROJECT



DESIGN FLOW
 4,700 gal in 90 days
 $\frac{4700}{90} (7.48) = 390 \text{ GPD}$
 PLUS 10% = 429
 300 LIN FEET OF GEO FLOW
 $300 / 68 = 441 \text{ GPD}$
 4 ROWS OF 75' = 300'

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

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

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	LOAM		DK BN	
6	GRAVELLY SANDY LOAM	FRIABLE	GRAY BN	COMMON
10				DISTINCT
15				
20			FREE WATER AT 8"	
30				
40				
50				

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 2 Classification D Slope 0-3 % Limiting Factor 6-8 Ground Water Restrictive Layer Bedrock

Soil Profile _____ Classification _____ Slope _____ % Limiting Factor _____ Ground Water Restrictive Layer Bedrock

David Studer
Site Evaluator Signal

275
SE#

11-4-94
Date

Called 10/19 9:45
Self made

REPLACEMENT SYSTEM VARIANCE REQUEST

FORMS

Town copy \$95.00

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request an HHE-200 and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 2006)
2. There will be no change in use of the structure except as authorized for one-time exempted expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

1-04-86

GENERAL INFORMATION		Town of <u>Augusta</u>
Permit No. <u>5410</u>		Date Permit Issued <u>10-19-04</u>
Property Owner's Name: <u>Kristen Post</u>		Tel. No.: <u>#547-4833 #626-4638</u>
System's Location: <u>372 Spring Rd.</u>		
Property Owner's Address: <u>33 Ferguson Dr., Sidney, Mo. 04330</u>		
(if different from above)		

SPECIFIC INSTRUCTIONS TO THE:

LOCAL PLUMBING INSPECTOR (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, complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

If 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.

PROPERTY OWNER

I understand that the proposed system requires a variance to 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.

Kristen C Post
SIGNATURE OF OWNER

9/17/04
DATE

LOCAL PLUMBING INSPECTOR

I, James R. Gault, the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

a. approve, disapprove) 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, the reasons shall be stated in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: _____

James R. Gault
LPI SIGNATURE

10/19/04
DATE

HHE-204 Rev 10/02

