

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 #: SPRING RD

PROPERTY OWNERS NAME

Last: St Pierre First: DAVID & HELEN

Applicant Name: - SAME -

Mailing Address of Owner/Applicant (If Different): 245 CONY ST EXT
AUGUSTA, ME 04330

AUGUSTA PERMIT # 1,466 TOWN COPY

Date Permit Issued: 11-4-88 FEE: \$40,001 Double Fee Charged

Gay R. Fuller L.P.I. # 1850

Local Plumbing Inspector Signature

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.

Helen M. St. Pierre 10/31/88

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.

Gay R. Fuller 12-5-88

Local Plumbing Inspector Signature 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 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>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____</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 _____</p> <p style="text-align: center;">SPECIFY</p>
<p>SIZE OF PROPERTY: <u>13,000± AC</u></p> <p>ZONING: <u>RESIDENTIAL</u></p>	<p>TYPE OF WATER SUPPLY</p> <p><u>AUGUSTA WTR DIST</u></p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>4,000</u> GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input 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 type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input checked="" type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>2 BEDROOM</u></p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PROFILE: <u>9</u></td> <td style="width: 50%;">CONDITION: <u>E</u></td> </tr> <tr> <td colspan="2">DEPTH TO LIMITING FACTOR: <u>3</u></td> </tr> </table>	PROFILE: <u>9</u>	CONDITION: <u>E</u>	DEPTH TO LIMITING FACTOR: <u>3</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>900</u> Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft.</p> <p style="padding-left: 20px;"><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>	<p>DESIGN FLOW: <u>180</u></p> <p style="text-align: right;">(GALLONS/DAY)</p>
PROFILE: <u>9</u>	CONDITION: <u>E</u>						
DEPTH TO LIMITING FACTOR: <u>3</u>							

SITE EVALUATOR STATEMENT

On 10-11-88 (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.

John Michael 181 10-26-88

Site Evaluator Signature SE# Date

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

Town Copy

289-3685

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 does not comply 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 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 from the rules.
2. A 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 is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

14-21

GENERAL INFORMATION

Town of Augusta

Permit No. 1466 E Date Permit Issued _____ MONTH/DAY/YEAR

Property Owner's Name: DAVID & HELEN ST PIERRE Tel. No. _____

System's Location: SPRING ST STREET

Augusta TOWN Maine 04330 ZIP

Property Owner's Address: 245 CONY ST EXT STREET (if different from above)

Augusta TOWN ME STATE 04330 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, they 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.

Helen M. St. Pierre
PROPERTY OWNER'S SIGNATURE

10/31/88
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"		3"	inches
	Restrictive Layer	to 6"		3"	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	100 ^a	300 ^a		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50 ^b	60 ^b		
	b. Property Owner's	25'	50'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5 ^c	10 ^c		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

OTHER

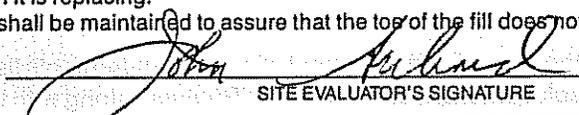
1. Fill extension Grade—to 3:1

2. _____

3. _____

Footnotes:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but closer to that well than the system it is replacing.
- c. Sufficient distance shall be maintained to assure that the top of the fill does not extend to the 3:1 slope.



 SITE EVALUATOR'S SIGNATURE

10-26-88

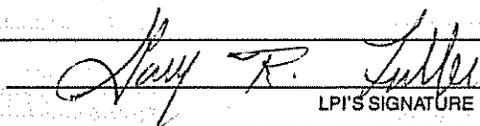
 DATE

LPI STATEMENT

I, Harry R. Tuller, LPI for the Town of Avonsta 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 Wastewater Disposal 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, 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, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: _____



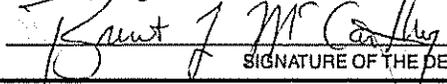
 LPI'S SIGNATURE

Nov. 4, 1988

 DATE

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (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

WWBPC
 NOVEMBER 04, 1988

 DATE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

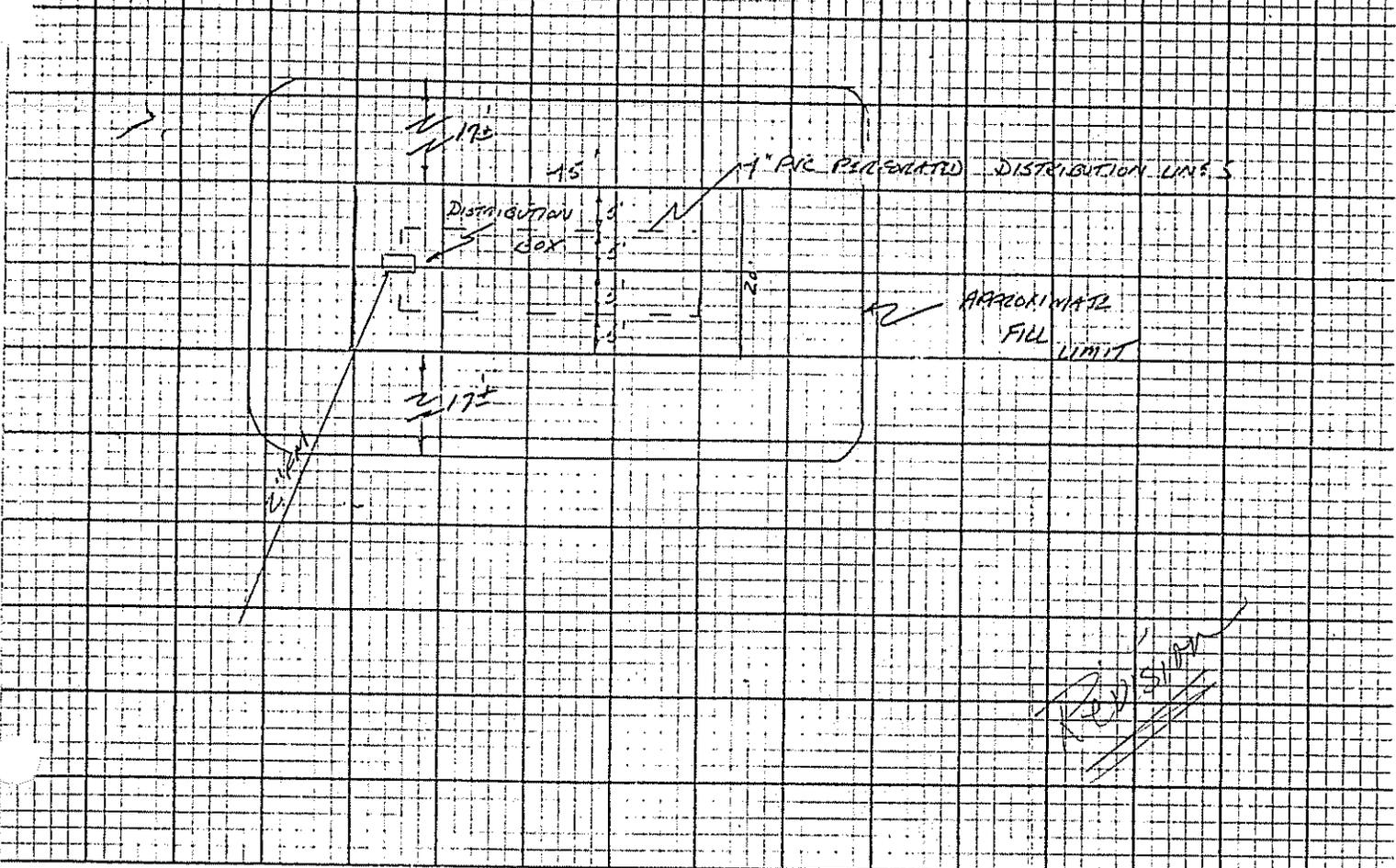
SPRING RD

Owners Name

ST. PIERRE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) 42"
Depth of Fill (Downslope) 42"

CONSTRUCTION ELEVATIONS

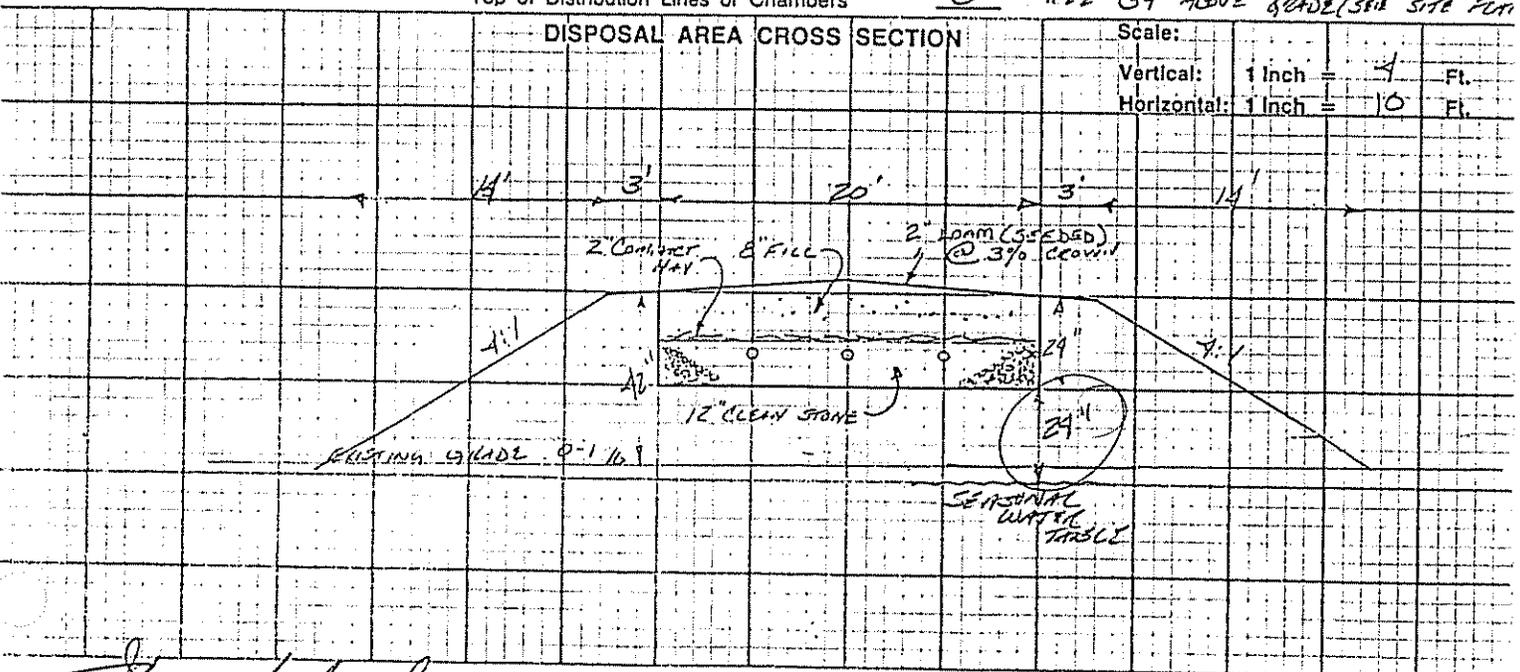
Reference Elevation Is 00"
Bottom of Disposal Area -11"
Top of Distribution Lines or Chambers -3"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

FLAGGED NAIL IN 16" PINE
122 39" ABOVE GRADE (SEE SITE PLAN)

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 4' Ft.
Horizontal: 1 inch = 10' Ft.



John Richard
Site Evaluator Signature

181
SE#

11-1-89 (REVISED)
Date

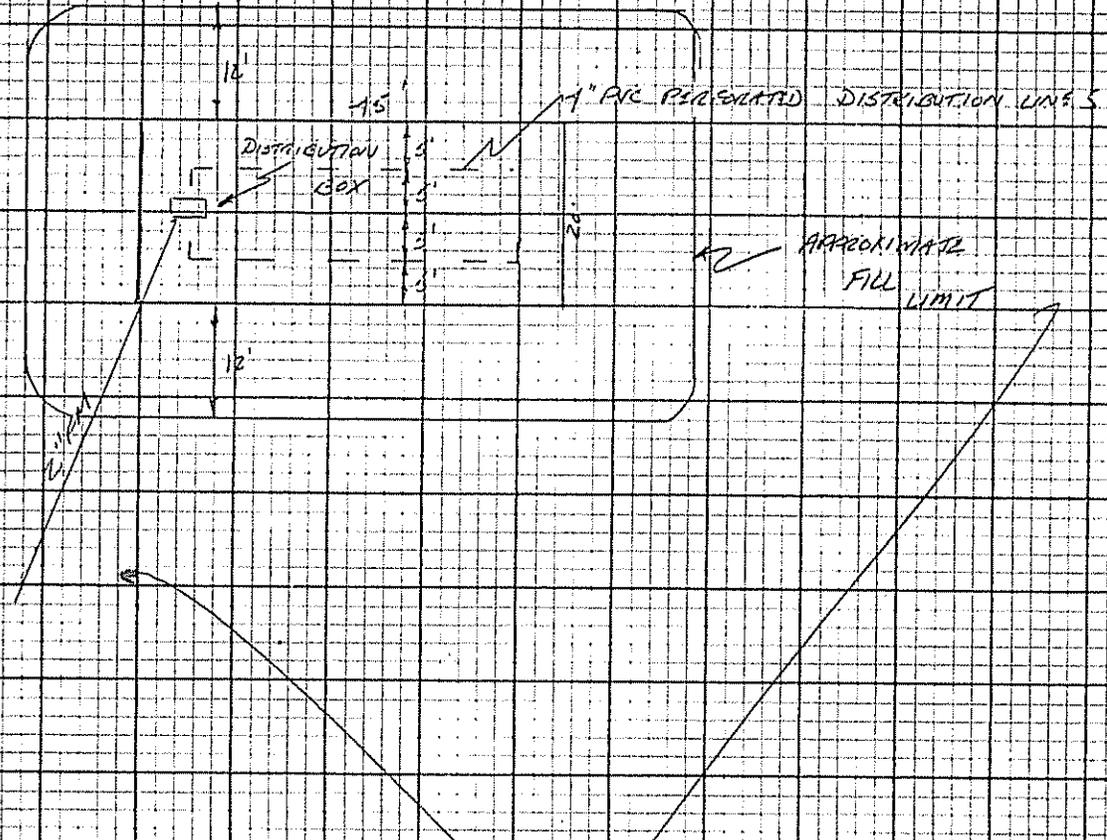
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

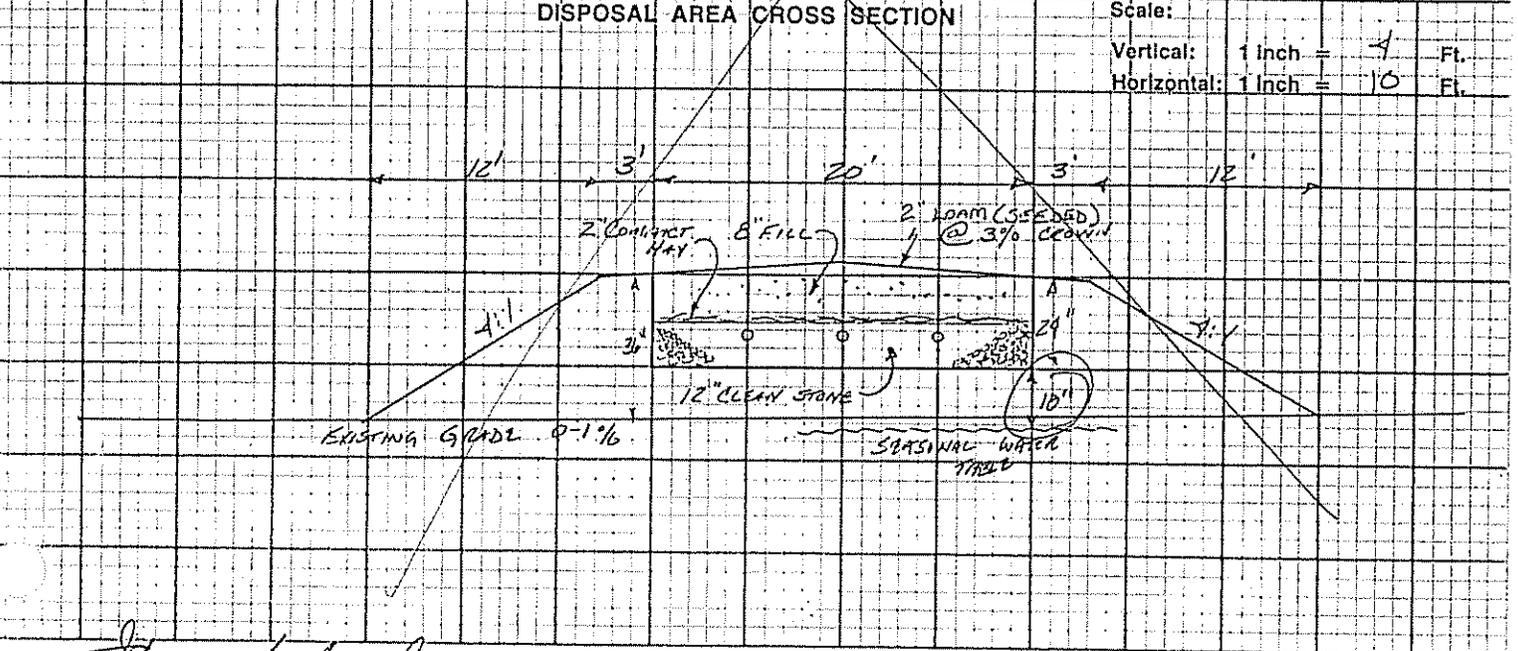
Town, City, Plantation: Augusta Street, Road, Subdivision: Spring Rd Owners Name: St. Pierre

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	<u>36"</u>	Reference Elevation is	<u>00"</u>	FLAGGED NAIL IN 16" PINE TREE 39" ABOVE GRADE (SEE SITE PLAN)	
Depth of Fill (Downslope)	<u>36"</u>	Bottom of Disposal Area	<u>-20"</u>		
		Top of Distribution Lines or Chambers	<u>-9"</u>		



Jim Richard
Site Evaluator Signature

181
SE#

Date

NOTES

1. ALL CONSTRUCTION SHALL CONFORM TO "STATE OF MAINE-SUBSURFACE WASTEWATER DISPOSAL RULES-CHAPTER 241" LATEST REVISION.
2. ALL FILL SHALL BE SANDY LOAM OR COARSER WITH SUFFICIENT FINES FOR ADEQUATE COMPACTION.
3. WELLS SHALL BE LOCATED A MINIMUM 100' FROM SUBSURFACE DISPOSAL SYSTEM.
4. PROPERTY LINES SHOWN ARE AS PROVIDED BY OWNER AND NO GUARANTEE OF ACCURACY IS IMPLIED. ACTUAL PROPERTY LINES MUST BE CONFIRMED BY SURVEY.
5. A SEPTIC TANK OUTLET FILTER IS RECOMMENDED WHEN INSTALLING A MECHANICAL GARBAGE DISPOSAL.
6. PUMP STATIONS, WHEN REQUIRED, SHALL BE INSTALLED WATERTIGHT TO PREVENT THE INFILTRATION OF GROUND AND/OR SURFACE WATER. PUMPS SHALL BE INSTALLED TO MANUFACTURERS RECOMENDATIONS AND SIZED FOR ACTUAL INSTALLED T.D.H. . FOR UNINTERRUPTED SERVICE DURING MAINTANANCE OR REPAIR DUPLEX PUMP SYSTEMS ARE REQUIRED.
7. FORCE MAINS AND PRESSURE LINES SHALL BE FLUSHED OF FOREIGN MATERIAL AND PUMPS SHALL BE CHECKED FOR PROPER ON/OFF CYCLE BEFORE BEING PUT INTO SERVICE.
8. APPLICABILITY OF DESIGN MUST BE REEVALUATED WHEN LOCATION OF STRUCTURES ARE SUBSTANTIALLY DIFFERENT THAN THOSE SHOWN ON THE SITE PLAN, OR WHEN OTHER STRUCTURES, ADDITIONS, OR APPURTENANCES (I.E. SWIMMING POOLS) ARE CONSIDERED.
9. SYSTEMS PUT INTO SERVICE PRIOR TO ESTABLISHING PROPER COVER SHALL BE PROVIDED WITH ADEQUATE EROSION CONTROL TO PREVENT DAMAGE TO THE SYSTEM.
10. PROVIDE LOW PROFILE SEPTIC TANK WHEN DETERMINED AS NECESSARY IN THE FIELD.
11. A "MINIMUM LOT SIZE VARIANCE" IS REQUIRED FOR ANY LOT LESS THAN 20,000 SQUARE FEET IN AREA. (UNLESS GRANDFATHERED)
12. FORCE MAINS, PUMP STATIONS, AND/OR GRAVITY PIPING SUBJECT TO FREEZING SHALL BE ADEQUATELY INSULATED.
13. THE LPI SHALL INFORM THE OWNER AND DESIGNER OF ANY LOCAL ORDINANCE EXCEEDING THE RULES (CHAPT-241) PRIOR TO ISSUEING A PERMIT, SO THAT THE APPLICATION MAY BE PROPERLY AMENDED TO CONFORM TO SUCH ORDINANCE.
14. ALL DESIGNS ARE SUBJECT TO REVIEW BY LOCAL, STATE, OR FEDERAL AUTHORITY. DESIGNERS LIABILITY SHALL BE LIMITED TO REVISIONS REQUIRED BY REGULATORY AGENCY.

ATTACHMENT TO FORM HHE-200
J.A. SE #181 4/20/87
revised 10/5/87