

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Subdivision Lot #	RFD ⁰ 2 Box 1304
PROPERTY OWNERS NAME	
Last: <u>Gerard</u>	First: <u>Bechard</u>
Applicant Name:	(Same)
Mailing Address of Owner/Applicant (If Different)	

M15L40

AUGUSTA	Permit #	854	TOWN COPY
Date Permit Issued:	<u>9/16/86</u>	\$ <u>1000</u> FEE	<input type="checkbox"/> Double Fee Charged
Local Plumbing Inspector Signature: <u>George Sawyer</u>		L.P.I. #	<u>ADP</u>

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.

Gerard Bechard 9/16/86
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.

George Sawyer 9-24-86
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR: 1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 4. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval 5. <input checked="" type="checkbox"/> Requires State and Local Plumbing Inspector Approval	INSTALLATION IS: COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED <u>~1970</u> THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 2. <input type="checkbox"/> CHAMBER 3. <input checked="" type="checkbox"/> TRENCH <u>Appears to be</u> 4. <input type="checkbox"/> OTHER: _____	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____	TYPE OF WATER SUPPLY <u>Drilled Well</u>
SIZE OF PROPERTY <u>200x300'</u> <u>1.4 ac</u>	ZONING <u>Rural</u>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: <u>See Note</u> GALS.	WATER CONSERVATION 1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input checked="" type="checkbox"/> REQUIRED <u>See Note</u> DOSE: <u>100</u> GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) <u>3 Bed, Min. Flow</u> <u>270</u> <u>2 Office Workers</u> <u>30</u> DESIGN FLOW: <u>300</u> (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE <u>9</u> CONDITION <u>E</u> DEPTH TO LIMITING FACTOR: <u>< 0</u>	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input checked="" type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. <input checked="" type="checkbox"/> BED <u>1500</u> Sq. Ft. 2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	

SITE EVALUATOR STATEMENT

SITE EVALUATION WAIVED BY LOCAL OPTION

On 8/21/86 + 9/7/86 (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.

Harmon Bechard 201 9/15/86
Site Evaluator Signature SE# Date

* Local Plumbing Inspectors Signature if a Local Site Evaluation Waiver under a Local Option

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Augusta

Street, Road, Subdivision

Rt 17

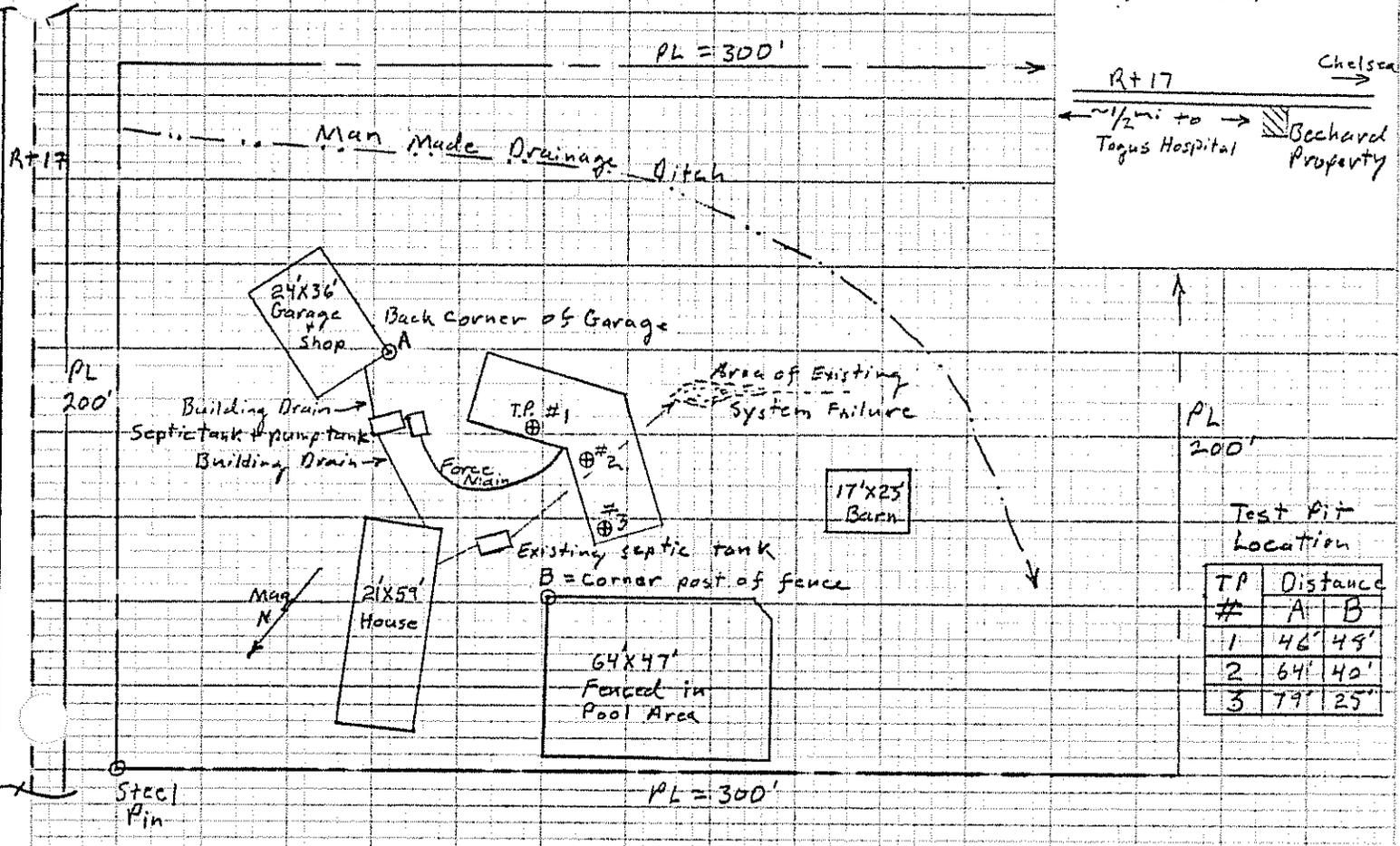
Owners Name

Gerard Bechard

SITE PLAN

Scale 1" = 50' Ft.

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



Test Pit Location

TP #	Distance	
	A	B
1	46'	45'
2	64'	40'
3	79'	25'

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole #1 + #2 Test Pit Boring

Observation Hole #3 Test Pit Boring

1" Depth of Organic Horizon Above Mineral Soil

1" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Silty, v. Sandy Loam	v. Friable	Med. Br.	3/4
6	Silty, Sandy, v. Gravelly Loam	Friable	Mixed Colors	5/8
10	Sandy Gravelly silt	Firm	+ more greys	throughout to 11"
15	Silt Clay	v. Firm	olive grey	undisturbed original soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Same as #1 + #2 except			
6	original undisturbed soil was found at 21"			
10	The limitation factor for all test pits is determined to be 12" based on:			
15	- Texture of the first 12" of profile which is part of berm around house			
20	- Uniformity of top 12"			

Soil Profile	Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water
9	E	4%	12	<input checked="" type="checkbox"/> Restrictive Layer
	Condition			<input type="checkbox"/> Bedrock

Soil Profile	Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water
9	E	4%	12	<input checked="" type="checkbox"/> Restrictive Layer
	Condition			<input type="checkbox"/> Bedrock

Harrison Bechard
Site Evaluator Signature

201
SE#

9/15/86
Date

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Street, Road, Subdivision

R+17

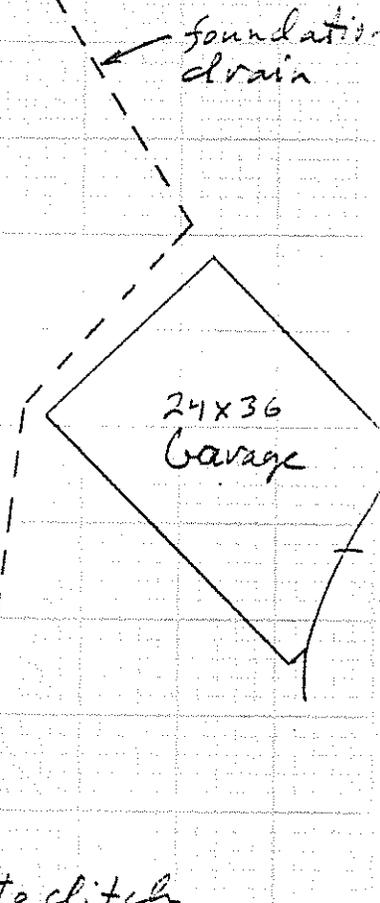
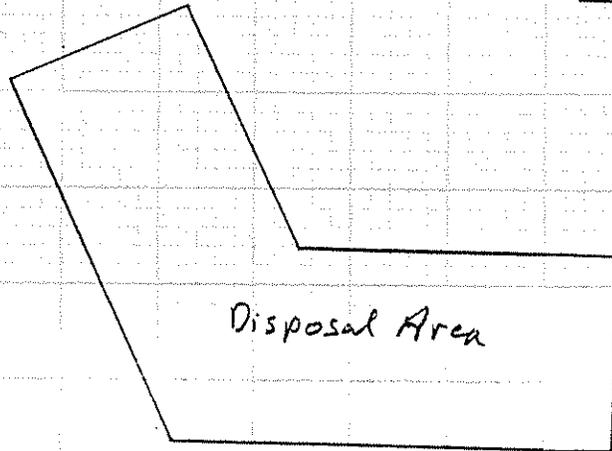
Owners Name

Gerard Bechard

SUBSURFACE WASTEWATER DISPOSAL PLAN

21 x 59
House

Scale 1" = 20' Ft.



- A good foundation drain is necessary for the operation of this system. A drain shall be installed from the house foundation drain to the garage along the garage and extended to the man made drainage ditch as shown. The drain shall be at least 1 1/2 ft deep and shall have perforated pipe in a clean stone bed.

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	_____ "	Reference Elevation is	_____		
Depth of Fill (Downslope)	_____ "	Bottom of Disposal Area	_____		
		Top of Distribution Lines or Chambers	_____		

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = FL
Horizontal: 1 inch = FL

- Several options for septic tank/pump installation
- Contractor to verify elevation of garage building drain to determine if pump is necessary
- Contractor to verify height of existing septic tank to determine if tank needs to be raised or possibly moved
- preferred option relocate septic tank, or install new tank, as shown on site plan. Re-plumb building drain as desired to eliminate outside elbows.

Hanson
Site Evaluator Signature

201
SE#

9/15/86
Date

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Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

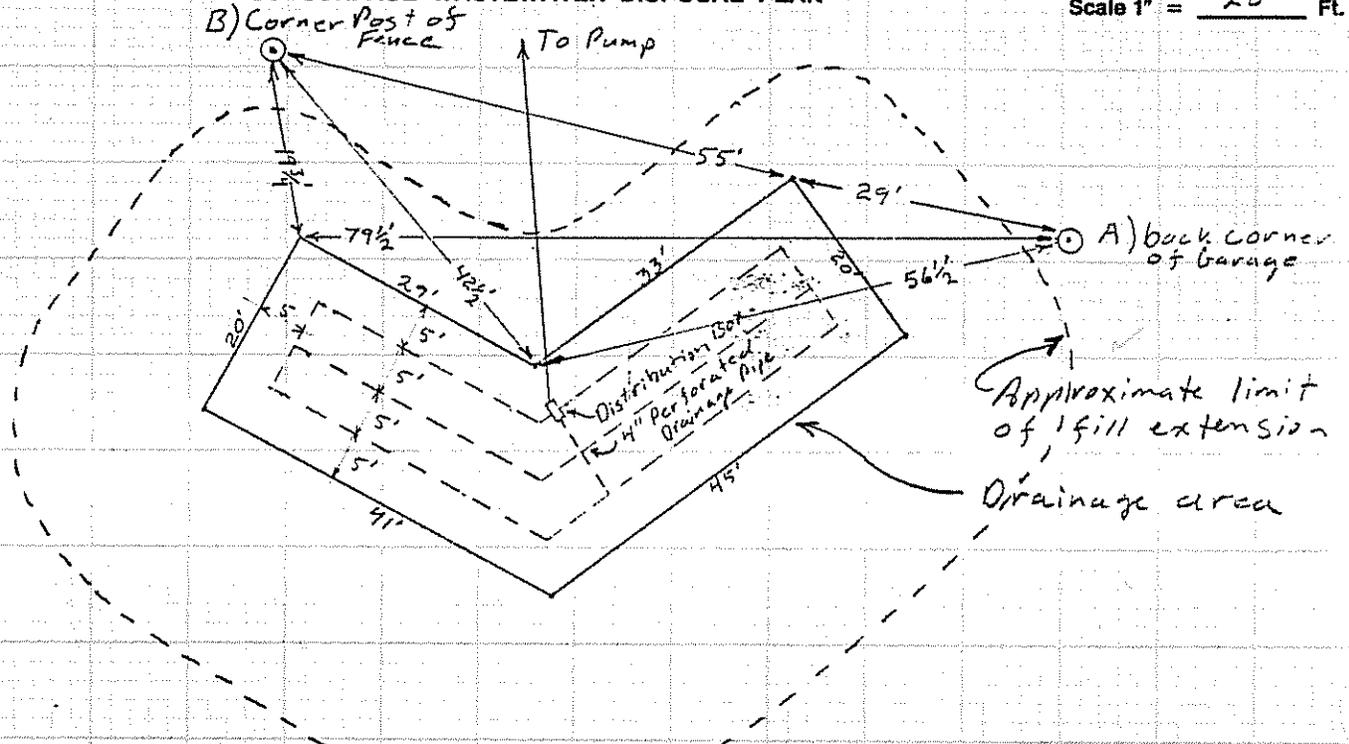
Augusta

Rt 17

Gerard Becharod

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

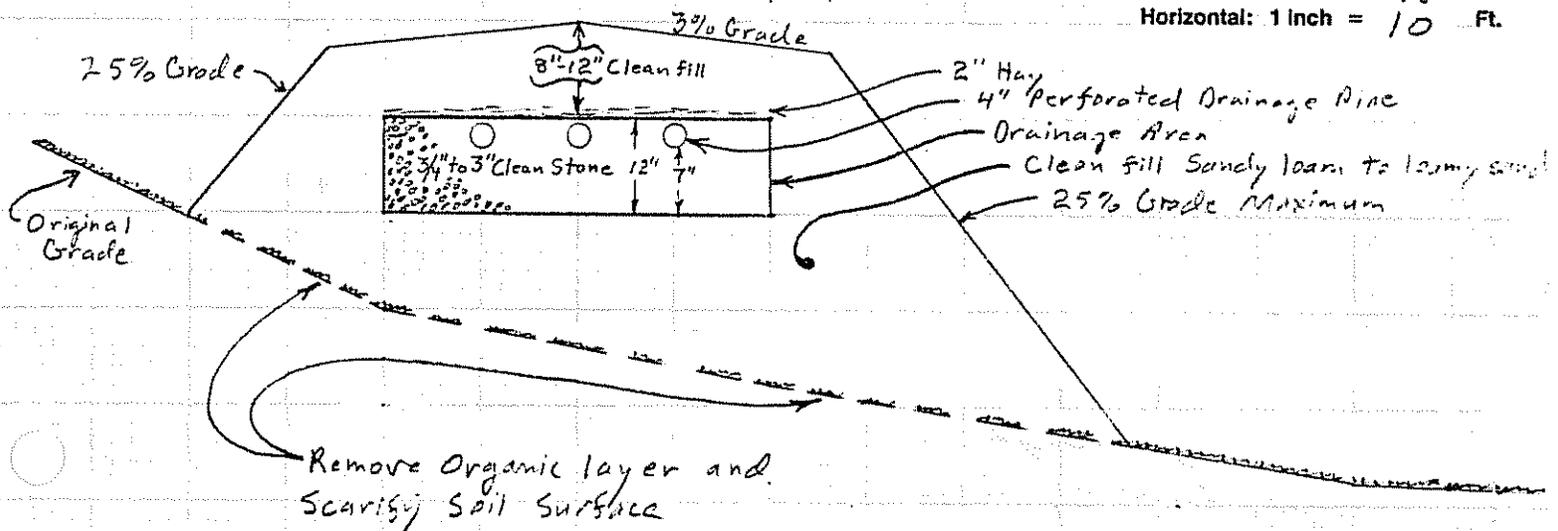


- Septic Tank and pump to be 8' from structures and 100' from well
- All construction to be in accordance w/ state plumbing code
- Existing laundry drain to discontinued pipe to be removed in area under drainage area
- Important: see attached notes pg 3a

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	32"	Reference Elevation is	0'00"	ERP is top of sill of basement Window on South end of House	
Depth of Fill (Downslope)	42"	Bottom of Disposal Area	-50"		
		Top of Distribution Lines or Chambers	-39"		

DISPOSAL AREA CROSS SECTION
 3' ← 20' → 3' ← all around

Scale:
 Vertical: 1 Inch = 2 Ft.
 Horizontal: 1 Inch = 10 Ft.



Remove Organic layer and Scarify Soil Surface

Harrison Burphum
Site Evaluator Signature

201
SE#

9/15/86
Date

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

Permit No. E

Date Permit Issued 9/8/80
month/day/yr.

Property Owner's Name: Gerard Bechard Tel. No. 622-0152

System's Location: Rt 17 RFD 2 Box 1304
Street

Augusta MAINE 04330
Town Zip

Property Owner's Address:
(if different from above) (same)
Street

Town State Zip

Specific Instructions to the: This request exceeds LPI approval authority

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.

Gerard Bechard
Property Owner's Signature

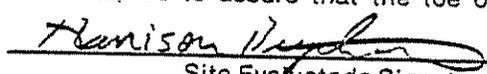
9/16/80
Date

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"		See Soil Profile 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	100a	300a		
	2. Well: < 2000 gal/day				
	a. Neighbor's	100b	100b		
	b. Property Owner's	50'	60'		
	3. Water Supply Line	See Note 'a'			
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's written permission.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

 #201 8/13/86
 Site Evaluator's Signature Date

LPI Statement

I, George SANCUS Jr., LPI for the Town of Agawam, 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):

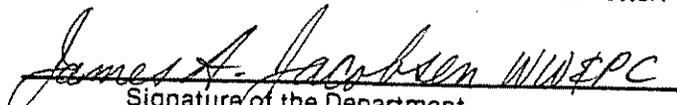
- a. (approve, do not approve) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant.
- b. find that one or more of the requested Variances exceeds my approval 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:

 9-17-86
 LPI's Signature Date

FOR USE BY THE DEPARTMENT ONLY:

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.

 9/18/86
 Signature of the Department Date