

1016/L46

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services

PROPERTY LOCATION

City, Town, or Plantation: AUGUSTA

Street or Road: 492 WESTERN AV

Subdivision, Lot #

Town/City: AUGUSTA Permit # 6660

Date Permit Issued: 4/12/12 Fee: \$ 250.00 Double Fee Charged []

[Signature] Local Plumbing Inspector Signature L.P.I. # 850

OWNER/APPLICANT INFORMATION

Name (last, first, MI): GOVE, DAVE Owner Applicant

Mailing Address of Owner/Applicant: 492 WESTER AVE. AUGUSTA, ME. 0433

Daytime Tel. #

The Internal Plumbing Fixtures and Piping shall not be installed until a permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Internal Plumbing Rules.

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: _____ Date Approved (Rough-In): _____

Local Plumbing Inspector Signature: _____ Date Approved (Final) (1st) date approved: _____

Local Plumbing Inspector Signature: _____ Date Approved (Final) (2nd) date approved: _____

OWNER OR APPLICANT STATEMENT

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: 4/12/12

PERMIT INFORMATION

TYPE OF APPLICATION

1. First Time System

2. Replacement System

Type replaced: TRENCH

Year installed: UNKNOWN

3. Expanded System

a. Minor Expansion

b. Major Expansion

4. Experimental System

5. Seasonal Conversion

SIZE OF PROPERTY

.34 SQ. FT. ACRES

SHORELAND ZONING

Yes No

THIS APPLICATION REQUIRES

1. No Rule Variance

2. First Time System Variance

a. Local Plumbing Inspector Approval

b. State & Local Plumbing Inspector Approval

3. Replacement System Variance

a. Local Plumbing Inspector Approval

b. State & Local Plumbing Inspector Approval

4. Minimum Lot Size Variance

5. Seasonal Conversion Permit

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: _____

2. Multiple Family Dwelling, No. of Units: _____

3. Other: AUTO REPAIR SHOP (specify)

Current Use Seasonal Year Round Undeveloped

DISPOSAL SYSTEM COMPONENTS

1. Complete Non-engineered System

2. Primitive System (graywater & alt. toilet)

3. Alternative Toilet, specify: _____

4. Non-engineered Treatment Tank (only)

5. Holding Tank, _____ gallons

6. Non-engineered Disposal Field (only)

7. Separated Laundry System

8. Complete Engineered System (2000 gpd or more)

9. Engineered Treatment Tank (only)

10. Engineered Disposal Field (only)

11. Pre-treatment, specify: _____

12. Miscellaneous Components

TYPE OF WATER SUPPLY

1. Drilled Well 2. Dug Well 3. Private

4. Public 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. Concrete

a. Regular

b. Low Profile

2. Plastic

3. Other: _____

CAPACITY: 4,000 GAL.

DISPOSAL FIELD TYPE & SIZE

1. Stone Bed 2. Stone Trench

3. Proprietary Device

a. cluster array c. Linear

b. regular load d. H-20 load

4. Other: _____

SIZE: 256 sq. ft. lin. ft.

GARBAGE DISPOSAL UNIT

1. No 2. Yes 3. Maybe

If Yes or Maybe, specify one below:

a. multi-compartment tank

b. _____ tanks in series

c. increase in tank capacity

d. Filter on Tank Outlet

DESIGN FLOW

150 gallons per day

BASED ON:

1. Table 501.1 (dwelling unit(s))

2. Table 501.2 (other facilities)

SHOW CALCULATIONS for other facilities

UP TO 10 EMPLOYEES

15 GPD = 150 G.P.D.

3. Section 503.0 (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN

8 1 0 1 3

at Observation Hole # 1

Depth 10"

of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

1. Small--2.0 sq. ft. / gpd

2. Medium--2.6 sq. ft. / gpd

3. Medium--Large 3.3 sq. ft. / gpd

4. Large--4.1 sq. ft. / gpd

5. Extra Large--5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

1. Not Required

2. May Be Required

3. Required

Specify only for engineered systems:

DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area

Lat. 44 d 19 m 11 s

Lon. 69 d 49 m 31 s

if g.p.s., state margin of error: 30'

SITE EVALUATOR STATEMENT

I certify that on 4/12/12 (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 # 256 Date 4/16/12

Site Evaluator Name Printed: JOHN A. PHILBRICK Telephone Number 547-3732 E-mail Address _____

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

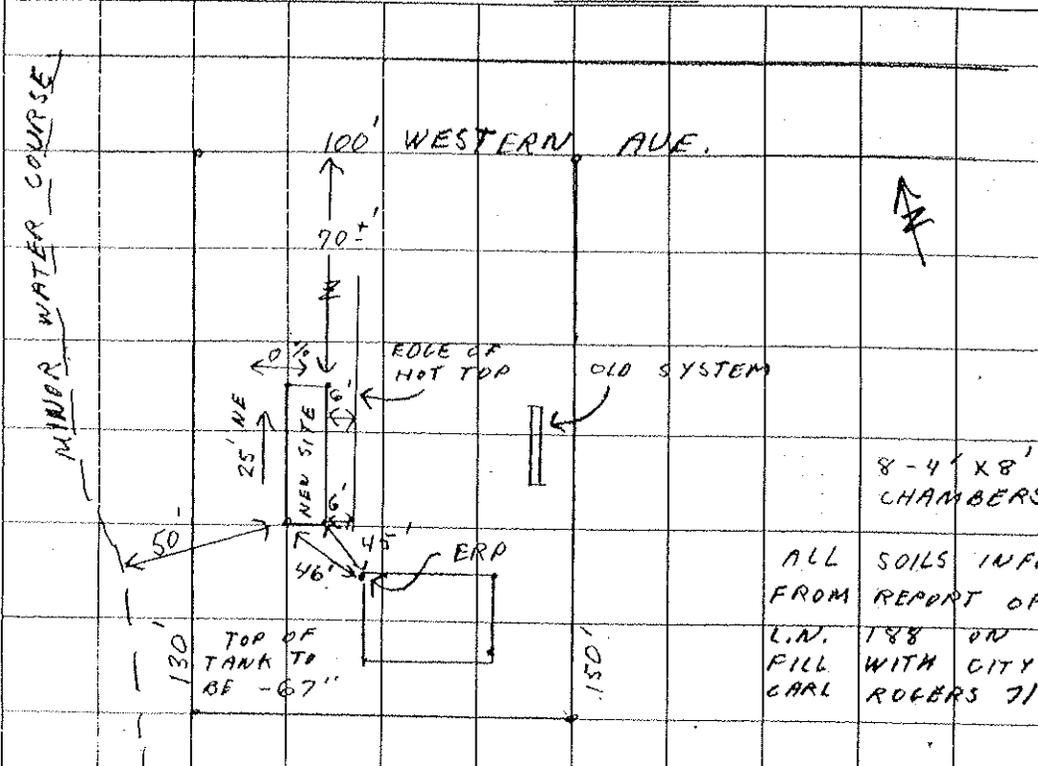
492 WESTERN AVE.

DAVE COVE

SITE PLAN

Scale 1" = 50 ft. or as shown

SITE LOCATION PLAN
 (map from Maine Atlas recommended)



8-4' X 8' N-20 CEMENT CHAMBERS

ALL SOILS INFORMATION TAKEN FROM REPORT OF WILLIAM BROWN L.N. 188 ON 7/7/06 AND ON FILL WITH CITY OF AUGUSTA UNDER CARL ROGERS 7/21/06

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

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

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM FILL	FRIABLE	MEDIOVA BR.	NONE
10				
20				
30				
40				
50				

Soil Classification <u>8 0</u> Profile Condition	Slope <u>2.6</u> %	Limiting Factor <u>10</u> "	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Observation Hole _____ Test Pit Boring
 _____ " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

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

SE #

Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5872 FAX (207) 287-4172

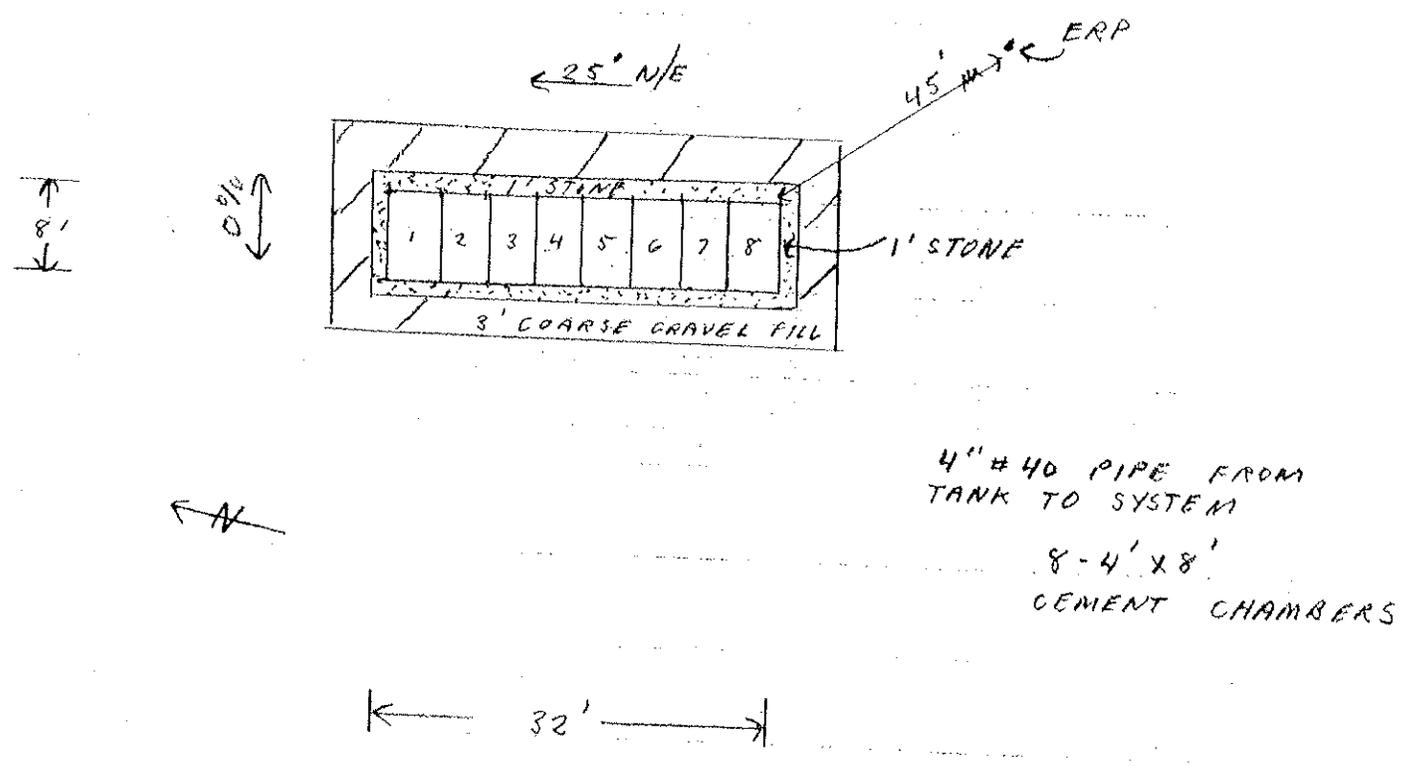
Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
492 WESTERN AVE.

Owner or Applicant Name
DAVE GOVE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 16' ft.



BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 0"
 Depth of Backfill (downslope) 0"
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

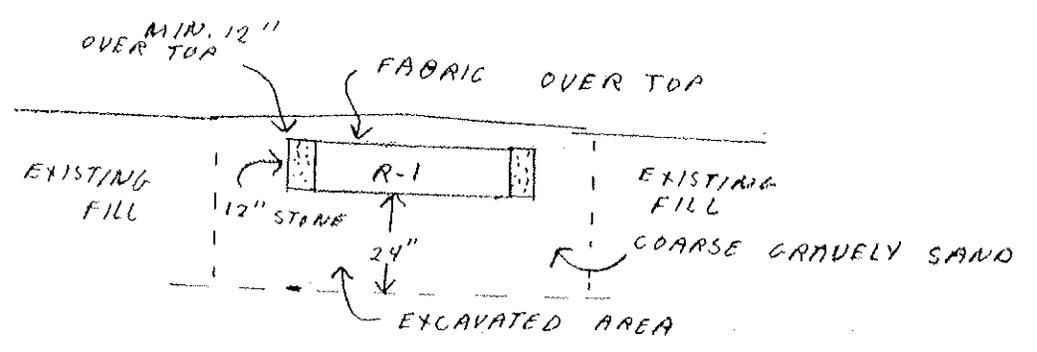
Finished Grade Elevation -66"
 Top of Distribution Pipe or Proprietary Device -78"
 Bottom of Disposal Field -91"

ELEVATION REFERENCE POINT

Location & Description: ERP IS ON DOOR OF CORNER OF BUILDING, 49" ABOVE
 Reference Elevation is: 0.0" or GROUND

DISPOSAL FIELD CROSS-SECTION

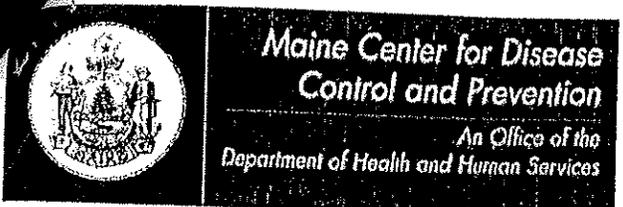
Scales:
 Vertical: 1" = 8' ft.
 Horizontal: 1" = 4' ft.



[Signature]
 Site Evaluator Signature

256
 SF #

4/16/12



Department of Health and Human Services
 Maine Center for Disease Control and Prevention
 286 Water Street
 # 11 State House Station
 Augusta, Maine 04333-0011
 Tel: (207) 287-5672
 Fax: (207) 287-4172; TTY: 1-800-606-0215

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION		Town of <u>AUGUSTA</u>
Property Owner's Name: <u>DAVE GOVE</u>	Tel. No.: _____	
System's Location: <u>492 WESTERN AVE.</u>	_____	
Property Owner's Address: <u>AUGUSTA, ME.</u>	Zip Code <u>04330</u>	
e-mail address: _____		

The subsurface wastewater disposal system design for the subject property requires a replacement system variance first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires local approval local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)		SECTION OF RULE
1. <u>SET TANK 5 FROM SLAB</u>	_____	<u>TABLE 8A</u>
2. _____	_____	_____
3. _____	_____	_____

SITE EVALUATOR

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

I, JOHN A. PHILBRICK, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

4/16/12
 SIGNATURE OF SITE EVALUATOR DATE

PROPERTY OWNER

I, Wesley R McDougall am the owner agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with 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.

 SIGNATURE OF OWNER DATE
 AGENT FOR THE OWNER

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all First Time System Variance requests prior to rendering a decision. I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) approve the requested variance. I (will will not) issue a permit for the system's installation as proposed by the application.

[Handwritten Signature]

 LPI Signature

4/23/12

 Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all First Time System Variance requests prior to forwarding to the Division of Environmental Health. I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) recommend the issuance of a permit for the system's installation as proposed by the application.

 LPI Signature

 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.

 SIGNATURE OF THE DEPARTMENT

 DATE

- Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)
2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).

Soil Profile	CHARACTERISTIC	POINT ASSESSMENT
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One): Outside Shoreland Zone-50 Inside Shoreland Zone-65 Subdivision-65