

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 289-3826

PROPERTY ADDRESS	
Town Or Plantation	Augusta
Street	Meadow Road
Subdivision Lot #	
PROPERTY OWNERS NAME	
Last: Smith	First: Glennis
Applicant Name:	Venture, Ltd.
Mailing Address of Owner/Applicant (If Different)	132 State Street Augusta, Maine 04330

1933

AUGUSTA PERMIT # 751 TOWN COPY

Date Permit Issued: 6/13/86 Fee: \$ 170.00  Double Fee Charged

*George J. Noble*  
Local Plumbing Inspector Signature

L.P.I. # 0808

By Maine Plumbing Inspector Signature Must Conform with the Subsurface Wastewater Disposal Rules

**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.

*Glennis Smith*      6-10-86  
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 J. Noble*      7-11-86  
Local Plumbing Inspector Signature      Date Approved

## PERMIT INFORMATION

**THIS APPLICATION IS FOR:**

1.  NEW SYSTEM
2.  REPLACEMENT SYSTEM
3.  EXPANDED SYSTEM
4.  SEASONAL CONVERSION
5.  EXPERIMENTAL SYSTEM

**THIS APPLICATION REQUIRES:**

1.  NO RULE VARIANCE REQUIRED
2.  NEW SYSTEM VARIANCE  
Attach New System Variance Form
3.  REPLACEMENT SYSTEM VARIANCE  
Attach Replacement System Variance Form
3.  Requiring Local Plumbing Inspector Approval
4.  Requires State and Local Plumbing Inspector Approval

**INSTALLATION IS:**

COMPLETE SYSTEM

1.  NON-ENGINEERED SYSTEM
2.  PRIMITIVE SYSTEM  
(Includes Alternative Toilet)
3.  ENGINEERED (+ 2000 gpd)

**INDIVIDUALLY INSTALLED COMPONENTS:**

4.  TREATMENT TANK (ONLY)
5.  HOLDING TANK
6.  ALTERNATIVE TOILET (ONLY)
7.  NON-ENGINEERED DISPOSAL AREA (ONLY)
8.  ENGINEERED DISPOSAL AREA (ONLY)
9.  SEPARATED LAUNDRY SYSTEM

**IF REPLACEMENT SYSTEM:**

YEAR FAILING SYSTEM INSTALLED 1965 ±

THE FAILING SYSTEM IS:

1.  BED
2.  CHAMBER
3.  TRENCH (probably)
4.  OTHER: \_\_\_\_\_

**DISPOSAL SYSTEM TO SERVE:**

1.  SINGLE FAMILY DWELLING
2.  MODULAR OR MOBILE HOME
3.  MULTIPLE FAMILY DWELLING
4.  OTHER \_\_\_\_\_ SPECIFY

**SIZE OF PROPERTY**      **ZONING**

0.35 ± ac.      residential

**TYPE OF WATER SUPPLY**

public water supply

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

**TREATMENT TANK**

1.  SEPTIC:  Regular  Low Profile
2.  AEROBIC

SIZE: 1000 GALS.

**WATER CONSERVATION**

1.  NONE
2.  LOW VOLUME TOILET
3.  SEPARATED LAUNDRY SYSTEM
4.  ALTERNATIVE TOILET

SPECIFY: \_\_\_\_\_

**PUMPING**

1.  NOT REQUIRED
2.  MAY BE REQUIRED  
(DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
3.  REQUIRED

DOSE: \_\_\_\_\_ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

3-bedroom, single family dwelling

sized per Table 7-1 of the SSWD Rules (10-144A CMR 241)

(minimum flow)

DESIGN FLOW: 270 gpd

(GALLONS/DAY)

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE	CONDITION
<u>9</u>	<u>D</u>

DEPTH TO LIMITING FACTOR: 7-13"

**SIZE RATINGS USED FOR DESIGN PURPOSES**

1.  SMALL
2.  MEDIUM
3.  MEDIUM-LARGE
4.  LARGE
5.  EXTRA LARGE

**DISPOSAL AREA TYPE/SIZE**

1.  BED \_\_\_\_\_ Sq. Ft.
2.  CHAMBER 672 Sq. Ft.  
 REGULAR  H-20
3.  TRENCH \_\_\_\_\_ Linear Ft.
4.  OTHER: \_\_\_\_\_

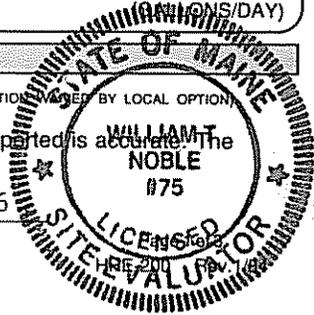
### SITE EVALUATOR STATEMENT

On 5-10-86 (date) I conducted a site evaluation for this project and certify that the data reported is accurate.

*William J. Noble*      75      5-28-86  
Site Evaluator Signature      SE#      Date

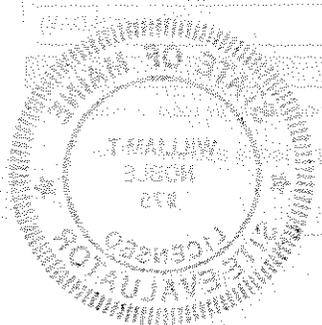
SITE EVALUATION WAIVER BY LOCAL OPTION

\* Local Plumbing Inspectors Signature If a Local Site Evaluation Waiver under a Local Option



7-11-14 These chambers were installed over the  
root system of a willow tree. I explained the  
city and state concerns to Mr. Knapp & Verduine  
stated that the roots and tree should be  
removed before installing this system as is.  
Willow trees will usually root on the surface  
and play a system after they usually  
fall with high winds and lift a lot  
of surrounding ground which in this case  
would damage the radiator system. At this  
time they have chosen to leave the roots  
and tree.

George [Signature]



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation  
**AUGUSTA**

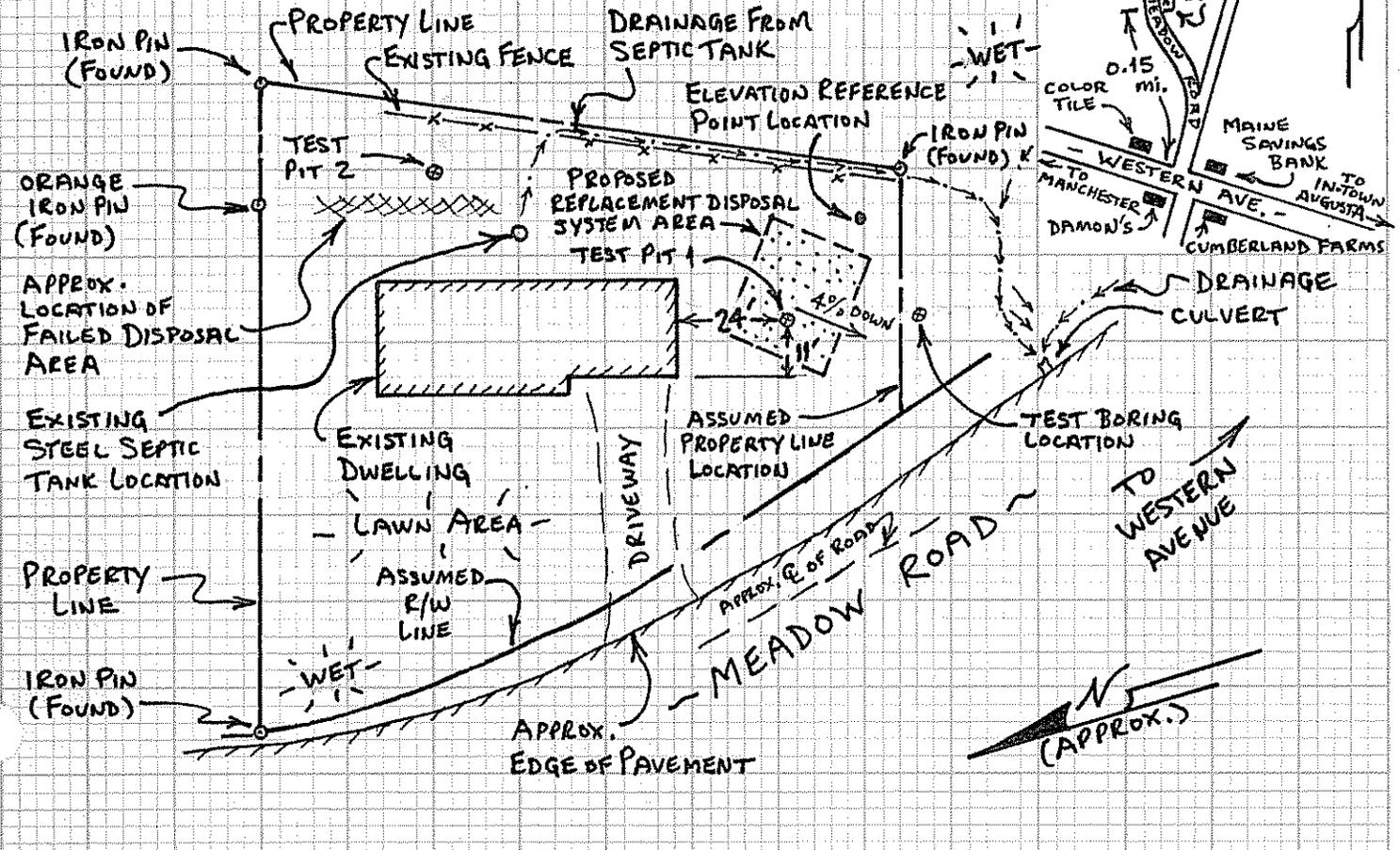
Street, Road, Subdivision  
**MEADOW ROAD**

Owners Name  
**GLENNIS SMITH**

SITE PLAN

Scale 1" = 40 Ft.

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



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1  Test Pit  Boring

Observation Hole 2  Test Pit  Boring

NONE " Depth of Organic Horizon Above Mineral Soil

NONE " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
FINE SANDY LOAM	FRIBLE	DARK BROWN	MAY BE OLD FILL
LOAMY SAND	LOOSE	OLIVE BROWN	
SILT LOAM	FIRM	DARK OLIVE	MANY PROMINENT
SILTY CLAY LOAM		OLIVE GRAY	

NOTE: GROUND WATER SEEPAGE OBSERVED AT A 22" DEPTH.

TEST BORING REVEALED A SIMILAR SOIL PROFILE (9-D CATEGORY), WITH COMMON, DISTINCT MOTTLES AT 7" DEPTH.

Texture	Consistency	Color	Mottling
SILT LOAM	FRIBLE	GRAYISH BROWN	COMM. DIST.
SILTY CLAY LOAM	FIRM	OLIVE GRAY	MANY PROMINENT

Soil Profile <u>9</u>	Classification Condition <u>D</u>	Slope <u>4</u> %	Limiting Factor <u>13</u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Soil Profile <u>9</u>	Classification Condition <u>E</u>	Slope <u>NO</u> %	Limiting Factor <u>5</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#

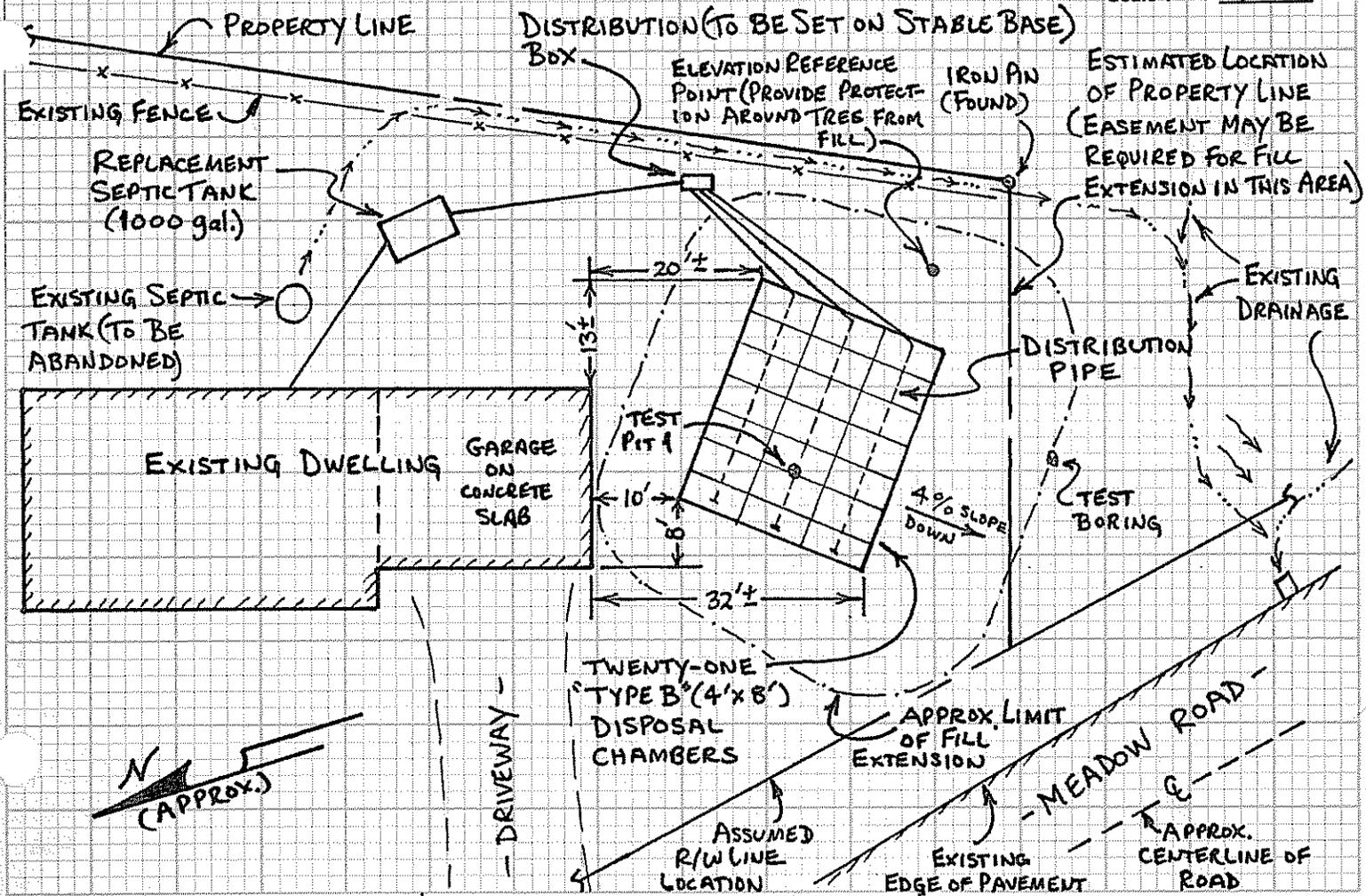
5-28-86  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation: **AUGUSTA** Street, Road, Subdivision: **MEADOW ROAD** Owners Name: **GLENNIS SMITH**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL.



### FILL REQUIREMENTS

Depth of Fill (Upslope)	22"
Depth of Fill (Downslope)	34"±

### CONSTRUCTION ELEVATIONS

Reference Elevation Is	0.0"
Bottom of Disposal Area	-59.0"
Top of Distribution Lines or Chambers	-46.0"

### ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

NAIL WITH ORANGE FLAGGING IN LARGE WILLOW TREE, 48" ABOVE GROUND LEVEL AT TREE BASE.

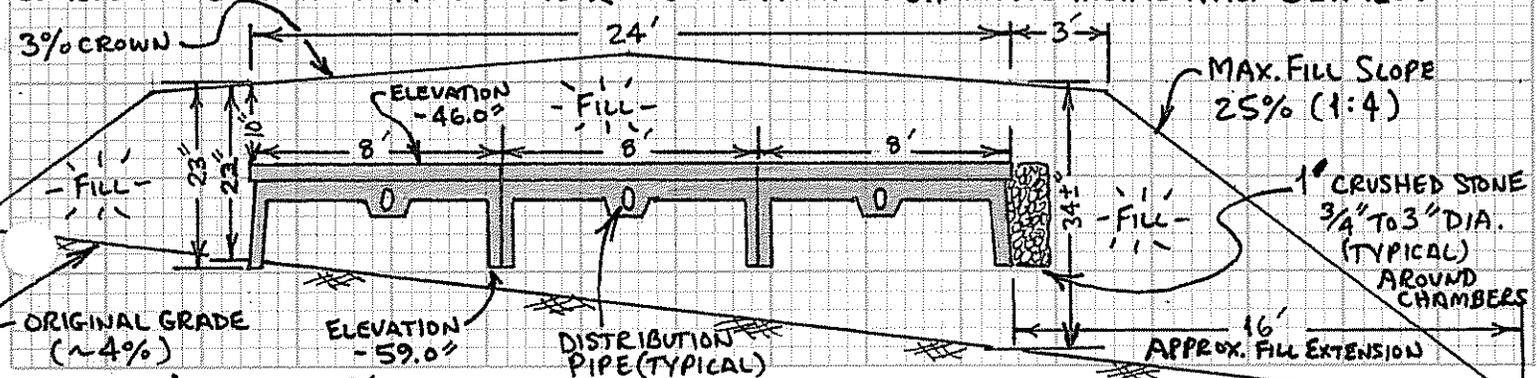
### NOTES:

### DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 2 Ft.  
Horizontal: 1 inch = 6 Ft.

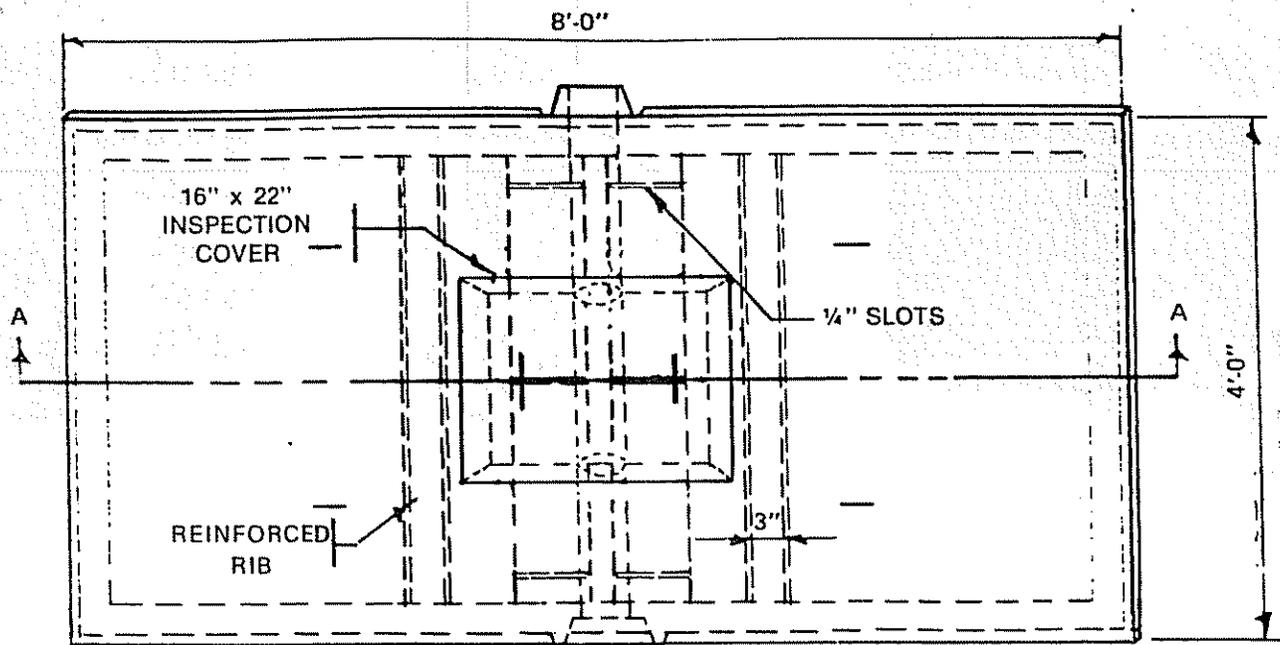
1. INSTALL SUPERIOR CONCRETE CO. FLOW DIFFUSOR LEACHING CHAMBER ("TYPE B" CHAMBER), OR EQUIVALENT, IN ACCORDANCE WITH MANUFACTURER'S RECOMMENDATIONS.
2. PLACE HAY OR STRAW OVER SEAMS BETWEEN CHAMBERS TO PREVENT SOIL FROM CLOGGING CHAMBERS.
3. BACKFILL & PERIMETER FILL TO BE SANDY LOAM OR COARSER IN TEXTURE.
4. REMOVE ANY ORGANIC LAYER & SCARIFY THE SOIL SURFACE BEFORE INSTALLING FILL.
5. REQUIRED FILL DEPTHS MAY VARY FROM THOSE SHOWN DUE TO IRREGULARITIES IN SOIL SURFACE.
6. REFER TO SECTIONS 11 & 12 IN SSWD RULES FOR FURTHER CHAMBER INSTALLATION DETAILS.



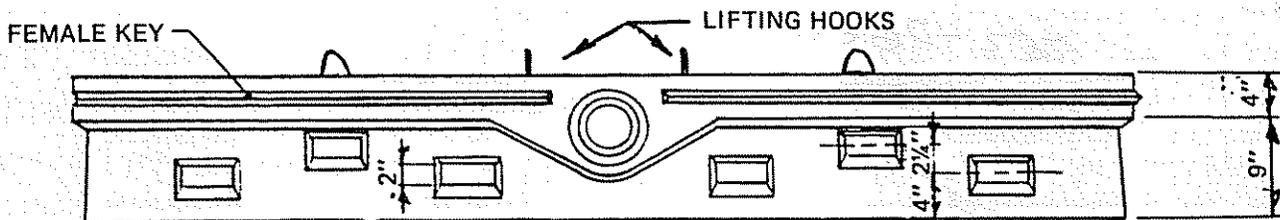
William J. Noble  
Site Evaluator Signature

75  
SE#

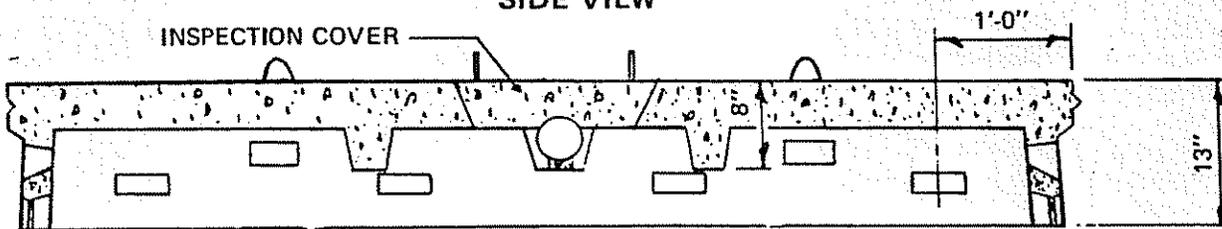
5-28-86  
Date



PLAN VIEW

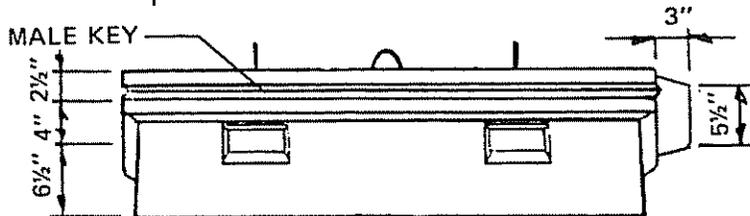


SIDE VIEW



SECTION A-A

ITEM NO. 166



RIGHT END VIEW

NOTES

- 1.) CONCRETE: 4,000 PSI @ 28 DAYS
- 2.) WEIGHT PER UNIT APPROX. 1,900 LBS.
- 3.) DESIGN LOAD 600 PSF.,  
H-20 WHEEL LOADING AVAILABLE

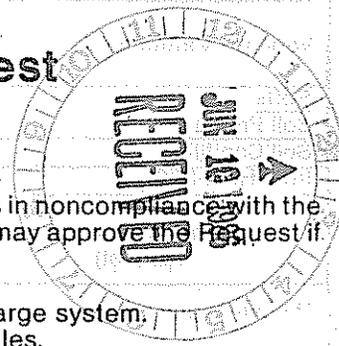
DISTRIBUTION LINE RUNNING  
WIDTH OF CHAMBER

**SUPERIOR'S FLOWDIFFUSOR™ LEACHING CHAMBERS**

622-6221 Mr. Knapp

NOTE: Requires State Review

# 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

City of Augusta

Permit No. 00751

Date Permit Issued 6/13/86  
month/day/year

Property Owner's Name: Glennis Smith c/o Venture, Ltd. (agent) Tel. No. 622-6221

System's Location: 29 Meadow Road  
Street

Augusta Town MAINE 04330 Zip

Property Owner's Address: (if different from above) 132 State Street  
Street

Augusta Town MAINE 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, 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, recommendations, or reasons for the Variance denial, are given in the attached letter.

James A. Jacobson WWS&PC  
Signature of the Department

6/19/86  
Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils					
Soil Profile	Ground Water Table	to 6"		7" to 13" inches	
Soil Condition	Restrictive Layer	to 6"		12" to 13" 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 <sup>(a)</sup>	100 <sup>(a)</sup>		
	b. Property Owner's	50'	60'		
	3. Water Supply Line	10'	10'		
Waterbodies	1. Perennial	60' <sup>(c)</sup>	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10' <sup>(c)</sup>		
Buildings	1. With basement	8'	15'		
	2. Without basement	8'	10'		10 ft.
Property Line		5'	5' <sup>(d)</sup>		7± ft.

Other Specify:

Sec. 6.C.1.a & Table 15-1 (note b): allow fill extension beyond property line as shown in attached plans. THIS WILL REQUIRE AN EASEMENT, per Sec. 6.C.1.b of the SSWD Rules

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

5-28-86  
Date

**LPI Statement**

I, George Spacy Jr., 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:

George Spacy Jr.  
LPI's Signature

6-19-86  
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.

John K. ...  
Property Owner's Signature

6-10-86  
Date