SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

M38 L194A

AUGUSTA PERMIT # 581 TOWN COPY

Date Permit Issued 10/8/85 $ 14.00 FEE ☐ If Double Fee Charged

Robert B St Pierre L.P.I. # 1617

Local Plumbing Inspector Signature

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Division Lot #	YOUNG ROAD

PROPERTY OWNERS NAME

Last: BEALE First: JULIAN

Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	51 CONY ST. AUGUSTA, ME. 04330

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.

Julian F Beale — Signature of Owner/Applicant — Date 9-17-85

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Gary R. Lalla — Local Plumbing Inspector Signature — Date Approved 8-19-87

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
   ☒ 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 1960's

THE FAILING SYSTEM IS:

1. ☐ BED 3. ☒ TRENCH
2. ☐ CHAMBER 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	TYPE OF WATER SUPPLY
3+ AC.	SHORELAND	DRILLED WELL

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.)

2 BEDROOMS
180 G.P.D - 10% FOR LOW VOL. FIXTURES ≈ 162 GPD MIN. PER CODE!

DESIGN FLOW: 162 G.P.D. (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
9	D

DEPTH TO LIMITING FACTOR: 12"

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 384 Sq. Ft.
   ☒ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

On 8/29/85 (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.

Paul A. Beers — Site Evaluator Signature — Date 9/3/85

STATE OF MAINE — PAUL BEERS — NO. 56 — SE# — LICENSED SOIL EVALUATOR

* 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

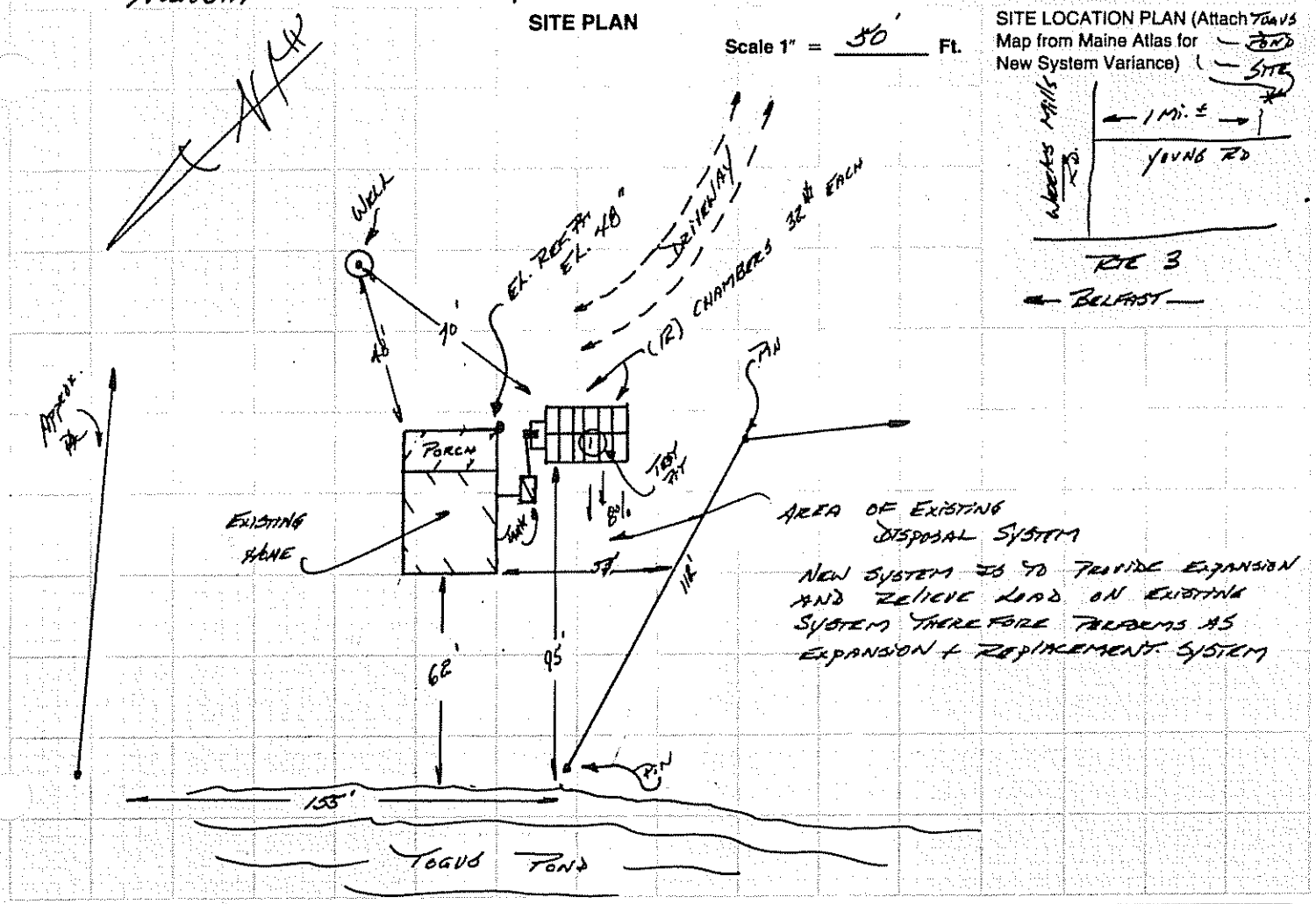
Street, Road, Subdivision: YOUNG ROAD

Owners Name: JULIAN BEALE

SITE PLAN

Scale 1" = 50' Ft.

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



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

Observation Hole (1) ☒ Test Pit ☐ Boring

— " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	SILT LOAM FILL	FRIABLE	OLIVE BROWN	
6	SILT LOAM		DK. BROWN	COMMON DISTINCT @ 12"
10			OLIVE BROWN	
15	SILT/CLAY LOAM	FIRM	GRAY	FROM ORIGINAL SOIL SURFACE
20	REFUSAL	V. FIRM		
30				
40				
50				

Soil Profile	Classification Condition	Slope %	Limiting Factor	
9	D	8	12"	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock

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	Classification Condition	Slope %	Limiting Factor	
				☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

Paul A. Beard
Site Evaluator Signature

#56
SE#

9/3/85
Date

HHE-200 Rev.1/84

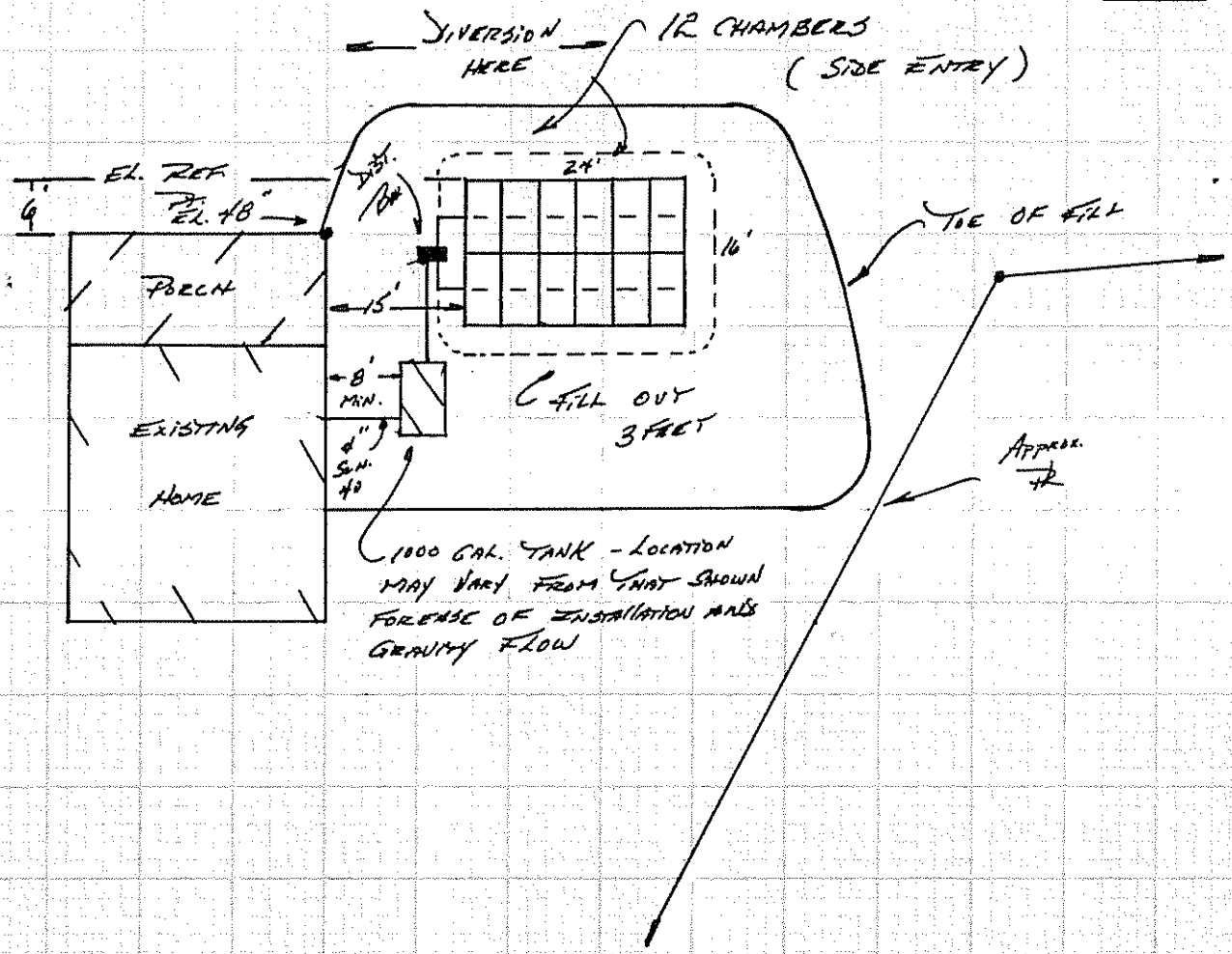
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: YOUNG ROAD
Owners Name: JULIAN BEALE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	19"	Reference Elevation is	48"	NAIL IN CORNER OF HOUSE 48" ABOVE BOTTOM OF CHAMBERS
Depth of Fill (Downslope)	35"	Bottom of Disposal Area	0"	
		Top of ~~Distribution Lines or~~ Chambers	13"	

DISPOSAL AREA CROSS SECTION

{ SEE ATTACHED SHEET FOR X-SECTION }

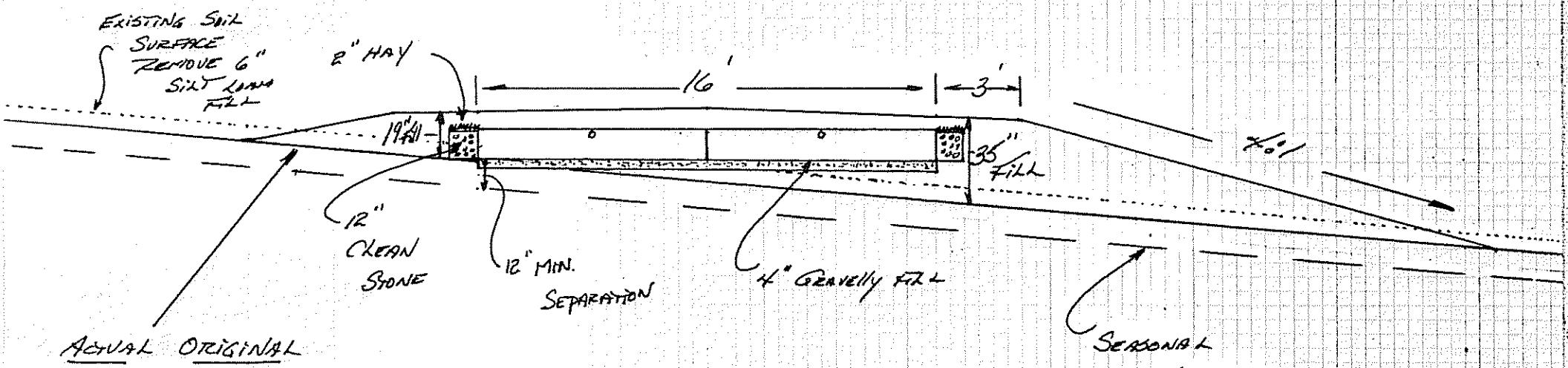
Scale:
Vertical: 1 Inch = Ft.
Horizontal: 1 Inch = Ft.

INSTALLATION NOTES

- REMOVE EXISTING 6" SILT LOAM FILL AND ADD ADDITIONAL 4" (10" TOTAL) OF ORIGINAL SOIL SURFACE. MAINTAIN MINIMUM OF 4" GRAVELY FILL BENEATH BOTTOM OF CHAMBERS - BALANCE OF FILL SHOULD BE SANDY LOAM - LOAMY SAND FILL. SCARIFY EXISTING SOIL PRIOR TO PLACEMENT OF FILL.
- DIVERT SURFACE WATER AWAY FROM SYSTEM.
- STABILIZE SYSTEM BY SEED + MULCH.

Paul C. Bell — Site Evaluator Signature
#56 — SE#
9/3/85 — Date

CROSS-SECTION OF CHAMBERS
JULIAN BEALE
AUGUSTA, MAINE



ACTUAL ORIGINAL SOIL SURFACE → SCARIFY BEFORE PLACEMENT OF FILL

"FILL" IS SANDY LOAM TO LOAMY SAND FILL

— 8% SLOPE —

1" = 5'

DRAWN BY: [illegible]

OK-300

OK $40. 9-24-85 ai

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

Town of AUGUSTA

Permit No. 581 64

Date Permit Issued 10/8/85
month/day/year

Property Owner's Name: JULIAN BEALE Tel. No. _____

System's Location: YOUNG ROAD
Street

AUGUSTA MAINE 04330
Town Zip

Property Owner's Address:
(if different from above) 51 CONY ST.
Street

AUGUSTA ME. 04330
Town State 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.

SEP 17 1985
RECEIVED

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

HHE-204 RV 7/83

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils					
Soil Profile	Ground Water Table	to 6"		12"	inches
Soil Condition	Restrictive Layer	to 6"			inches
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ⓐ	100ⓐ		
	b. Property Owner's	50'	60'	80'	70'
	3. Water Supply Line	10'	10'		
Waterbodies	1. Perennial	60'ⓒ	60'	80'+	95'
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'ⓑ		
Buildings	1. With basement	8'	15'		15'
	2. Without basement	8'	10'		
Property Line		5'	5'ⓑ		

Other Specify:

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 or 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.

Paul A. Burns — Site Evaluator's Signature

9/3/85 — Date

LPI Statement

I, Robert St Pierre, 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:

Robert St Pierre — LPI's Signature

9/23/85 — 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 in 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.

Julian F. Beale — Property Owner's Signature

9-17-85 — Date

HHE-204 RV 7/83