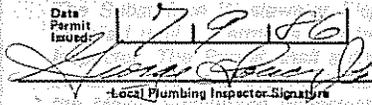


SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS	
Town Or Plantation	AUGUSTA
Street	ELM AVE.
Subdivision Lot #	
PROPERTY OWNERS NAME	
Last: BOUCHER	First: FERLEY
Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	49 ELM AVE AUGUSTA, ME 04330

M43 L38,39

AUGUSTA	Permit # 784	TOWN COPY
Data Permit Issued: 7/9/86	\$ 1000 FEE	<input type="checkbox"/> If Double Fee Charged
 Local Plumbing Inspector Signature		L.P.I. # 808

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.

Perley Bouch 7/8/86
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.

[Signature] 12-15-86
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 type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input checked="" type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>4. <input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>5. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</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</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>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED 1983</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 type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input checked="" type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p>Drilled Well</p>
<p>SIZE OF PROPERTY 21,600[±] sq ft</p> <p>ZONING RES.</p>		

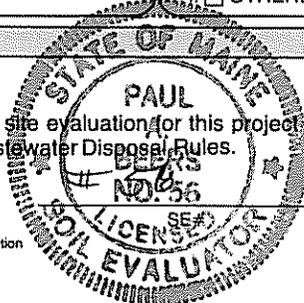
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<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>EXISTING</p> <p>SIZE: 1000 GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" 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 checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>2 BED ROOMS</p> <p>Mod. Flow Per Code:</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE 8 CONDITION S</p> <p>DEPTH TO LIMITING FACTOR: 12</p>	<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 checked="" type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED 400 Expansion Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft.</p> <p><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: 240 G.P.D. (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT

On 7/1/86 (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.

Paul A. Snow
Site Evaluator Signature



SITE EVALUATION WAIVED BY LOCAL OPTION

7/2/86
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

Street, Road, Subdivision

Owners Name

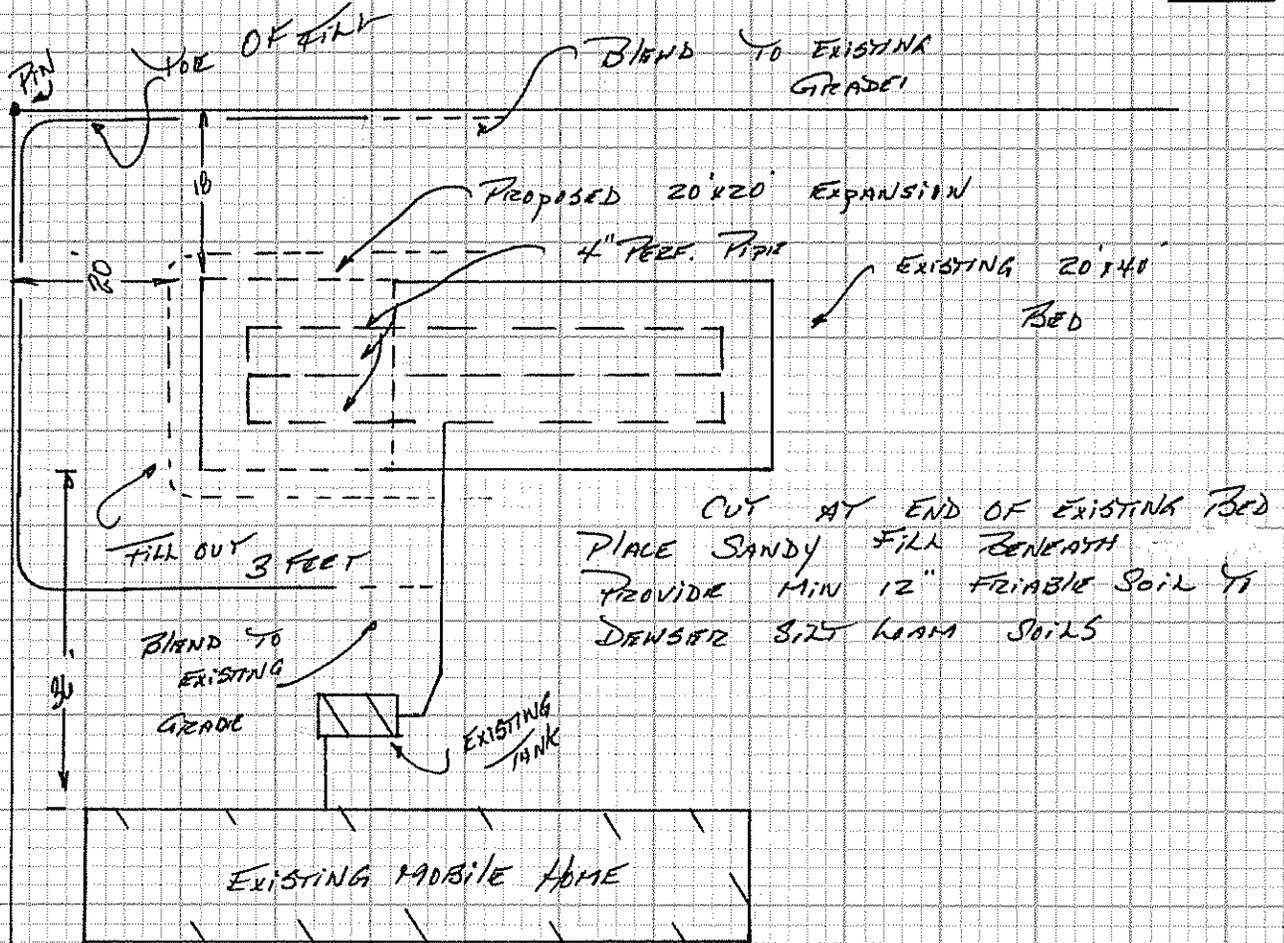
Augusta

ELM AVE.

PERLEY BOUCHER

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope)
Depth of Fill (Downslope)

0" Reference Elevation is
24-30" Bottom of Disposal Area
(VARIES w/ slope) Top of Distribution Lines or Chambers

NONE ESTABLISHED - SEE NOTE BELOW

LOCATION & DESCRIPTION

DISPOSAL AREA CROSS SECTION

Scale:

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

{ SEE ATTACHED SHEET }
FOR X-SECT.

INSTALLATION NOTES

- AN ELEVATION REF. PT. WAS NOT ESTABLISHED AS ELEVATION OF NEW BED WILL BE DETERMINED BY EXISTING BED - CONTRACTOR WILL EXCAVATE INTO EXISTING BED AND FILL BELOW EXPANSION AREA TO MAINTAIN LEVEL GRADE.
- REMOVE SOIL BENEATH EXPANSION BED + FILL EXTENSION.
- STABILIZE SYSTEM BY SEE + MULCH.

Paul O. Reed

Site Evaluator Signature

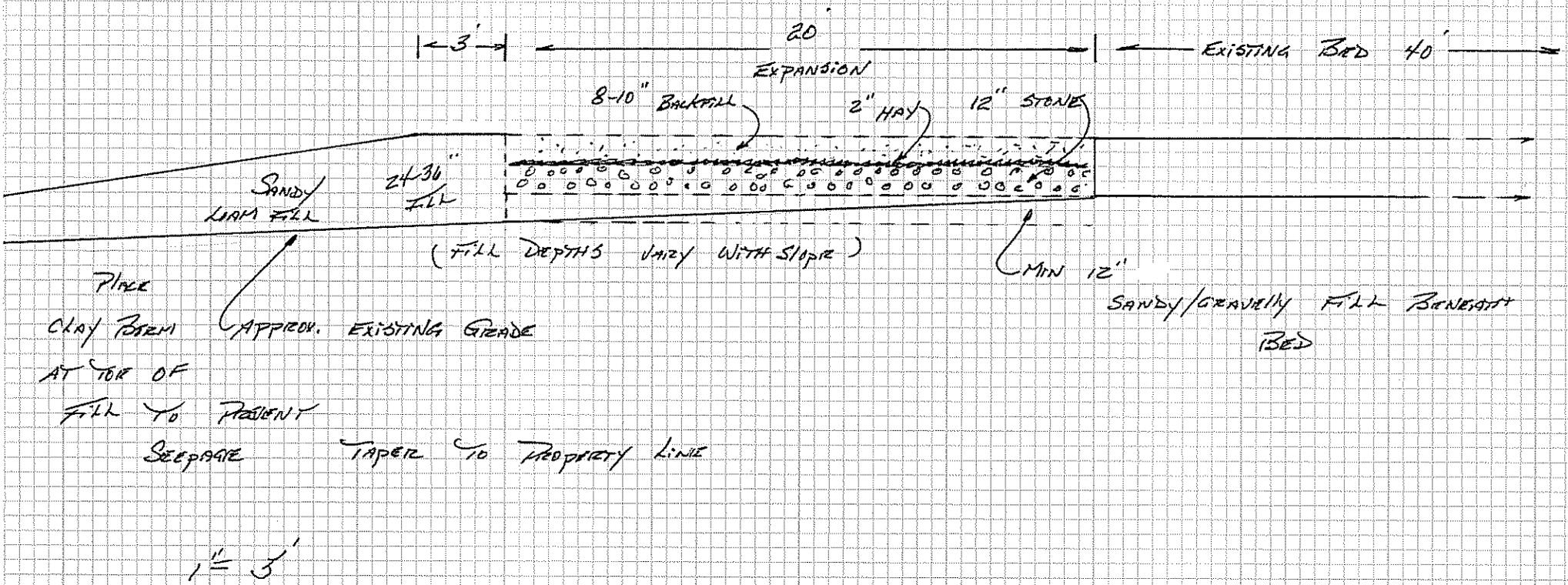
#56

SE#

1/2/86

Date

CROSS-SECTION OF BED
 PARLEY BOUCHER
 AUGUSTA, MAINE



DRAWN BY: BEETS

623-2849

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.

Date Permit Issued 7/9/86
month/day/year

Property Owner's Name: PERLEY BOUCHER Tel. No. _____

System's Location: 49 ELM AVE
Street
 AUGUSTA Town MAINE 04330 Zip

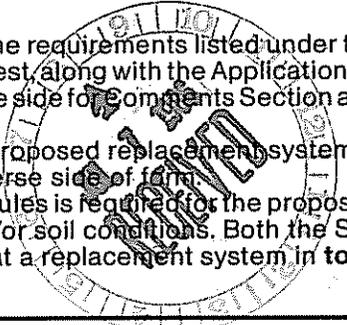
Property Owner's Address:
(if different from above) _____
Street
_____ Town _____ State _____ Zip _____

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.



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

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils				12" inches	
Soil Profile	Ground Water Table	to 6"			
Soil Condition	Restrictive Layer	to 6"		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 [Ⓐ]	100 [Ⓐ]		
	b. Property Owner's	50'	60'		
	3. Water Supply Line	10'	10'		
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	8'	15'		
	2. Without basement	8'	10'		
Property Line		5'	5' [Ⓓ]		

Other Specify:

DUE NATURE OF EXPANSION PROPER SEPARATION BETWEEN BOTTOM OF
BED AN LIMITING FACTOR CANNOT BE ACHIEVED BY FILLING ONLY BY

Footnotes: CUTTING INTO EXISTING GRADE AND PLACEMENT OF FILL ON CUT AREA.

- 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 of 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.

Taul O. Beers
 Site Evaluator's Signature

7/2/86
 Date

LPI Statement

I, George Jency Jr., LPI for Town of Alford Va 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 Jency Jr.
 LPI's Signature

7-9-86
 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.

Perley Bauke
 Property Owner's Signature

7/8/86
 Date