

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, Station 10  
(207) 287-5672 FAX (207) 287-4172

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; Caution: Permit Required – Attach In Space Below &lt;&lt;</b>	
City, Town, or Plantation	AUGUSTA	AUGUSTA TOWN COP # 4538 Date Permit Issued: <u>11/9/00</u> \$ <u>1270</u> Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # <u>1850</u> <input type="checkbox"/> Double Fee Charged	
Street or Road	16 HASKELL ST		
Subdivision, Lot #			
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	Mason, LARRY HASKELL <span style="float: right;"><input checked="" type="checkbox"/> Owner</span>		
Mailing Address of <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	16 HASKELL ST. AUGUSTA, ME 04330		
Daytime Tel. #		Municipal Tax Map # <u>46</u> Lot # <u>7</u>	
<b>Owner or Applicant Statement</b>		<b>Caution: Inspections Required</b>	
I state 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: <u>[Signature]</u> Date: _____		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. Local Plumbing Inspector Signature: <u>[Signature]</u> (1st) Date Approved: <u>12-5-00</u> (2nd) Date Approved: _____	

PERMIT INFORMATION			
<b>TYPE OF APPLICATION</b> 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: _____ Year stalled: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> 1. <input type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input checked="" type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	<b>DISPOSAL SYSTEM COMPONENT(S)</b> 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & att toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd or more) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components	
<b>SIZE OF PROPERTY</b> 1 ± sq. ft. <input type="checkbox"/> acres <input type="checkbox"/>	<b>DISPOSAL SYSTEM TO SERVE</b> 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY: _____	<b>TYPE OF WATER SUPPLY</b> 1. <input type="checkbox"/> Drilled Well    2. <input type="checkbox"/> Dug Well    3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public    5. <input type="checkbox"/> Other: _____	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY: <u>1,000</u> gallons	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> 1. <input checked="" type="checkbox"/> Stone Bed    2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array    c. <input type="checkbox"/> Linear b. <input type="checkbox"/> Regular load    d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE: <u>900</u> sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> 1. <input checked="" type="checkbox"/> No    3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment Tank b. <input type="checkbox"/> Tanks in Series c. <input type="checkbox"/> Increase In Tank Capacity d. <input type="checkbox"/> Filter on Tank Outlet	<b>DESIGN FLOW</b> <u>180</u> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS – for other facilities –
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION DESIGN: <u>91013</u> at Observation Hole # <u>1</u> Depth <u>10</u> • Elevation <u>48</u> OF MOST LIMITING SOIL FACTOR	<b>DISPOSAL FIELD SIZING</b> 1. <input type="checkbox"/> Small – 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium – 2.6 sq. ft./gpd 3. <input type="checkbox"/> Medium-Large – 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large – 4.1 sq. ft./gpd 5. <input checked="" type="checkbox"/> Extra Large – 5.0 sq. ft./gpd	<b>PUMPING</b> 1. <input type="checkbox"/> Not Required 2. <input checked="" type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ gallons	

SITE EVALUATOR STATEMENT		
I certify that on <u>11/2/00</u> (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: <u>[Signature]</u> JOHN PHILBRICK	SE #: <u>256</u> <u>547-3732</u>	Date: <u>11/4/00</u>

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

AVGUSTA

Street, Road, Subdivision

16 HASKELL ST.

Owner's Name

LARRY MASSON

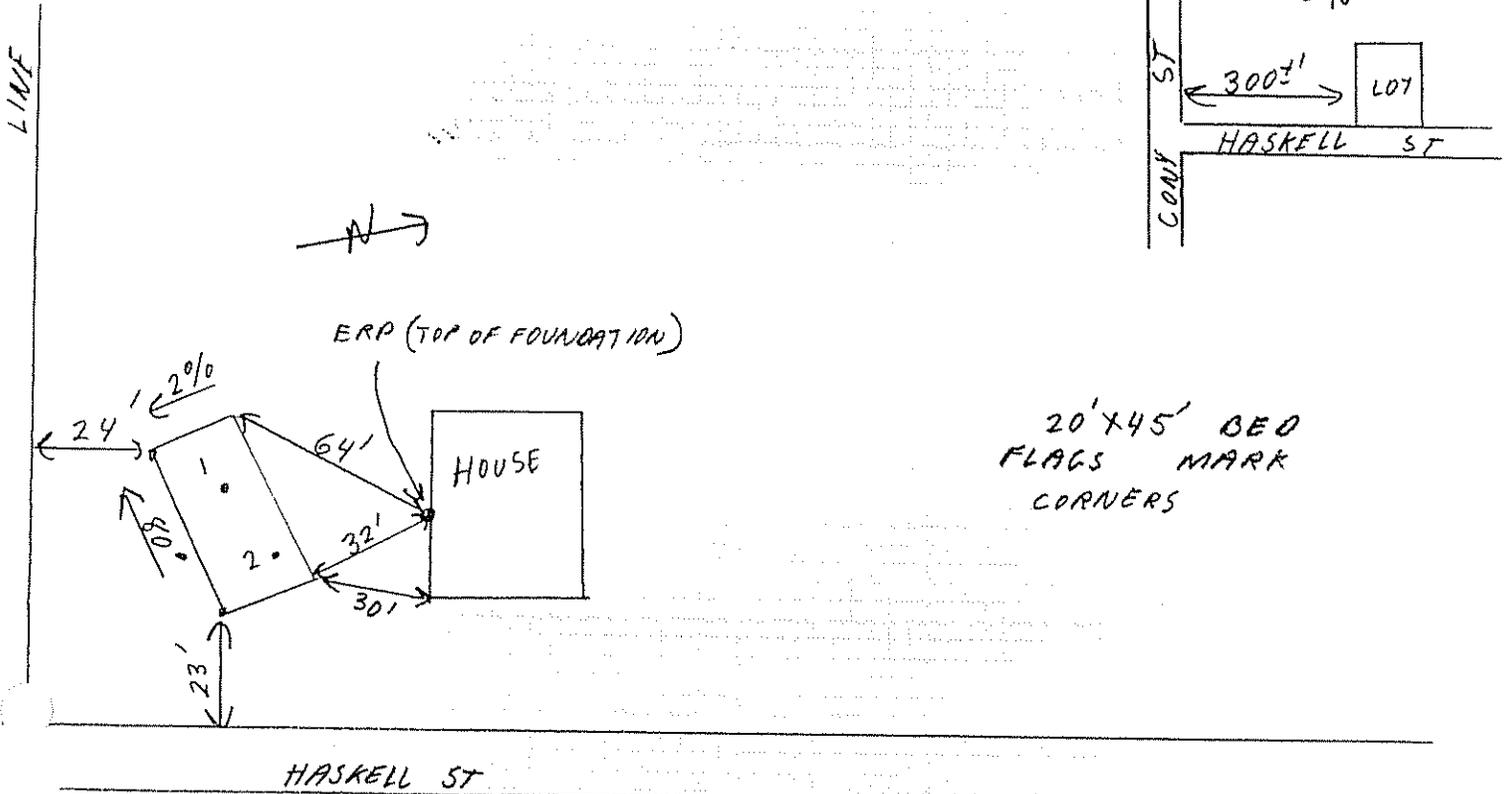
04208853

## SITE PLAN

Scale: 1" = 50 Ft.  
or as shown

## 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

0 " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0	SILTY	FRIBLE	DARK GR	NONE
6	L.P.A.M.		TAN	
10	SILTY	FIRM	GRAY	COMMON
15	CLAY			DISTINCT
20				
30				
40				
50				

Soil Classification 9 Slope 2 % Limiting Factor 10 "  Ground Water Restr. Layer  Bedrock

Observation Hole 2  Test Pit  Boring

0 " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0	SILTY	FRIBLE	DARK GR	NONE
6	L.P.A.M.		TAN	
10	SILTY	FIRM	GRAY	COMMON
15	CLAY			DISTINCT
20				
30				
40				
50				

Soil Classification 9 Slope 2 % Limiting Factor 10 "  Ground Water Restr. Layer  Bedrock

*[Signature]*  
Site Evaluator Signature

256  
SE#

11/4/00  
Date

Approved for use as  
HHE 200 by Division of  
Health Engineering 9/87

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Town, City, Plantation  
AUGUSTA

Street, Road, Subdivision

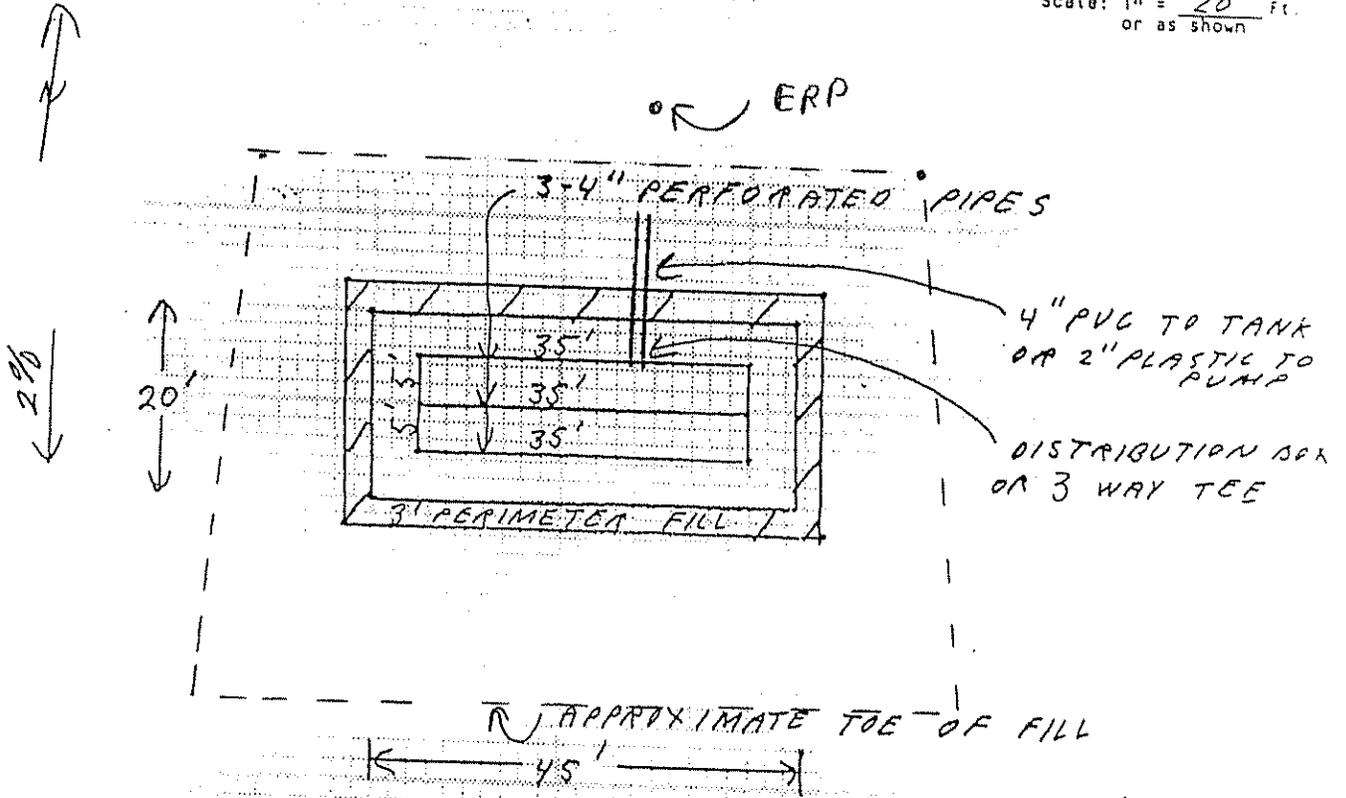
16 HASKELL ST.

Owner's Name  
LARRY MASON

08246445

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft.  
or as shown



20' X 45' SEO  
FLAGS MARK CORNERS

FILL REQUIREMENTS  
Depth of Fill (Upslope)  
Depth of Fill (Downslope)

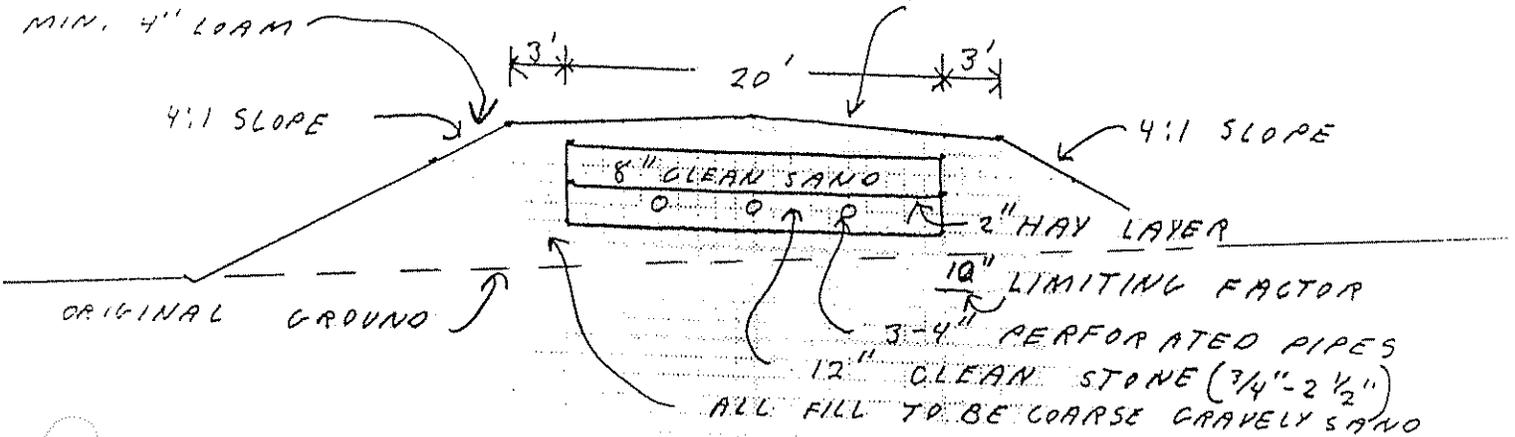
CONSTRUCTION ELEVATION  
30" Reference Elevation is  
35" Bottom of Disposal Area  
Top of Distribution Lines or Chambers

0" ELEVATION REFERENCE POINT  
-30" ERP IS TOP OF FOUNDATION  
-18" 30' NORTH OF SYSTEM.

DISPOSAL AREA CROSS SECTION

Scale:  
Vertical: 1 inch = 5 Ft.  
Horizontal: 1 inch = 10 Ft.

CROWN WITH 3% GRADE + SEED + MULCH



Site Evaluator Signature

256  
SE#

11/4/00  
Date

Approved for use as  
HHE 200 by Division of  
Health Engineering 9/87

# REPLACEMENT SYSTEM VARIANCE REQUEST

## THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request an HHE-200 and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 2006)
2. There will be no change in use of the structure except as authorized for one-time exempted expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

### GENERAL INFORMATION

Town of AUGUSTA

Permit No 4538

Date Permit Issued 11-9-00

Property Owner's Name: LARRY MASON Tel. No.: \_\_\_\_\_

System's Location: 16 HASKELL ST.

Property Owner's Address: AUGUSTA, ME.

(if different from above) \_\_\_\_\_

### SPECIFIC INSTRUCTIONS TO THE:

#### LOCAL PLUMBING INSPECTOR (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, complete the Replacement Variance Request with your signature on reverse side of form.

#### PROPERTY OWNER:

If 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.

### PROPERTY OWNER

I understand that the proposed system requires a variance to 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.

Larry Mason  
SIGNATURE OF OWNER

11-7-00  
DATE

### LOCAL PLUMBING INSPECTOR

I, Wayne R. Suther, the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

a (  approve,  disapprove) 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. I (  recommend,  do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended

Comments: \_\_\_\_\_

Wayne R. Suther  
LPI SIGNATURE

11-9-00  
DATE

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
	Disposal Fields			Septic Tanks			Disposal Fields	Septic Tanks
From	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	To	To
SOILS								
Soil Profile <i>9</i>	Ground Water Table			to 7'			<i>10</i>	inches
Soil Condition <i>D</i>	Restrictive Layer			to 7'			<i>10</i>	inches
from HHE-200	Bedrock			to 12'				inches
SETBACK DISTANCES (in feet)								
Wells with water usage of 2000 or more gpd or public water supply wells	300 ft [a]	300 ft [a]	300 ft [a]	100 ft [a]	100 ft [a]	100 ft [a]		
Owner's wells	100 down to 60 ft	200 down to 100 ft	300 down to 150 ft	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft		
Neighbor's wells	100 down to 60 ft [b]	200 down to 120 ft [b]	300 down to 180 ft [b]	100 down to 50 ft [b]	100 down to 75 ft [b]	100 down to 75 ft [b]		
Water supply line	10 ft [a]	20 ft [a]	25 ft [a]	10 ft [a]	10 ft [a]	10 ft [a]		
Water course, major - for replacements only, see Table 400.4 for major expansions	100 down to 60 ft	200 down to 120 ft	300 down to 180 ft	100 down to 50 ft	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft	100 down to 50 ft	150 down to 75 ft	50 down to 25 ft	50 down to 25 ft	50 down to 25 ft		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	75 down to 35 ft	25 down to 12 ft	25 down to 12 ft	25 down to 12 ft		
Edge of fill extension - Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]		
Slopes greater than 3:1	10 ft	18 ft	25 ft	N/A	N/A	N/A		
No full basement (e.g. slab, frost wall, columns)	15 down to 7 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		
Full basement (below grade foundation)	20 down to 10 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		
Property lines	10 down to 5 ft [c]	18 down to 9 ft [c]	20 down to 10 ft [c]	10 down to 4 ft [c]	15 down to 7 ft [c]	20 down to 10 ft [c]		
Burial sites or graveyards, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft	25 ft	25 ft		

**OTHER**

1. Fill extension Grade - to 3:1

2.

3.

- Footnotes:
- a. This setback distance cannot be reduced by the LPI, but may be considered for reduction by State variance.
  - b. May not be any closer to neighbor's well than the existing disposal field or septic tank unless written permission is granted by the neighbor.
  - c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope or property line.
  - d. Natural Resources Protection Act requires a 25 foot setback on slopes with less than 20% from the edge of disturbance and 100 feet on slopes greater than 20% except for the repair or installation of a replacement system when no practical alternative exists.

  
 \_\_\_\_\_  
 SITE EVALUATOR'S SIGNATURE

*11/4/00*  
 \_\_\_\_\_  
 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