

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION		>> Caution: Permit Required - Attach in Space Below <<	
City, Town, or Plantation	AUGUSTA	M50 L 20A	
Street or Road	505 RIVERSIDE DRIVE	AUGUSTA PERMIT # 5522 00 DOWN COPY	
Subdivision, Lot #		Date Paymt Issued: 5/9/05 \$1200.00 Double Fee Charged	
OWNER/APPLICANT INFORMATION		L.P.I. # 1850	
Name (last, first, MI)	HANSON, BRIAN	MAY 05 2005	
Mailing Address of	505 RIVERSIDE DRIVE	Municipal Tax Map # 500 Lot # 20A	
Daytime Tel. #	622-9169	Date	
Owner or Applicant Statement		Caution: Inspection Required	
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant: <u>[Signature]</u> Date: <u>5-5-05</u>		Local Plumbing Inspector Signature: <u>[Signature]</u> (1st) Date Approved: <u>6/2/05</u> (2nd) Date Approved: <u>6/23/05</u>	

PERMIT INFORMATION

TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENT(S)
1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>UNK</u> Year Installed: <u>UNK</u> 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	1. <input type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input checked="" type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. <input type="checkbox"/> Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion Approval	1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alternative toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, capacity: _____ 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
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
.49 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	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	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:
SHORELAND ZONING	DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
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>6,000</u> gallons	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>800</u> sq. ft. <input type="checkbox"/> lin. ft.	1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes 3. <input type="checkbox"/> Maybe >> If yes/maybe, 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	<u>180</u> gallons-per-day (gpd) 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 --
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	
PROFILE CONDITION DESIGN <u>8</u> • <u>D</u> • <u>3</u> at Observation Hole # <u>1</u> Depth <u>13</u> • Elevation <u>-71</u> OF MOST LIMITING SOIL FACTOR	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 checked="" type="checkbox"/> Large -- 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra Large -- 5.0 sq. ft./gpd	1. <input type="checkbox"/> Not Required 2. <input checked="" type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify dose for engineered & experimental systems DOSE: _____ gallons	3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA

SITE EVALUATOR STATEMENT

I certify that on 24 JUNE 03 (date) I completed a site evaluation on this property and state that the data reported herein are accurate and that the proposed system is in compliance with the Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature: [Signature] SE # 301 Date 10 JULY 03
 Site Evaluator Name Printed: STEPHEN P. ROBBINS Telephone # 377-6707 E-Mail Address NARROWSPOD@AOL.COM
 Address: BOX 271 EAST WINTHROP, ME 04349

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Division of Health Engineering
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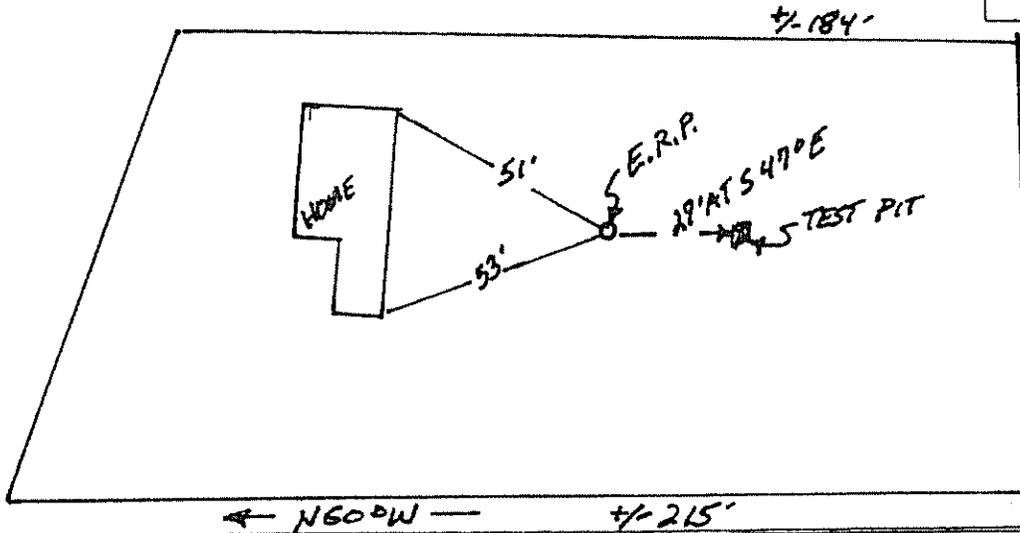
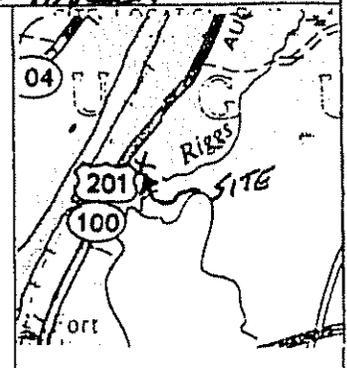
Town, City, Plantation
AUGUSTA

Street, Food Subdivision
SOS RIVERSIDE DRIVE

Owner's Name
BRIAN HANSON

SITE PLAN

Scale 1" = 40 Ft.
or as shown



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

Observation Hole _____ Test Pit Boring
2" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0 SILT LOAM	FRILABLE	DARK BROWN	
10 SANDY SILT LOAM		OXIDE	FEW COMMON
20		OXIDE YELLOW	
30			
40			
50			

Soil Classification: 8 D 1
Profile Condition: 9"
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Observation Hole _____ Test Pit Boring
" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0			
5			
10			
15			
20			
25			
30			

Soil Classification: _____
Profile Condition: _____
Limiting Factor: _____
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Steph D. [Signature]
Site Evaluator Signature

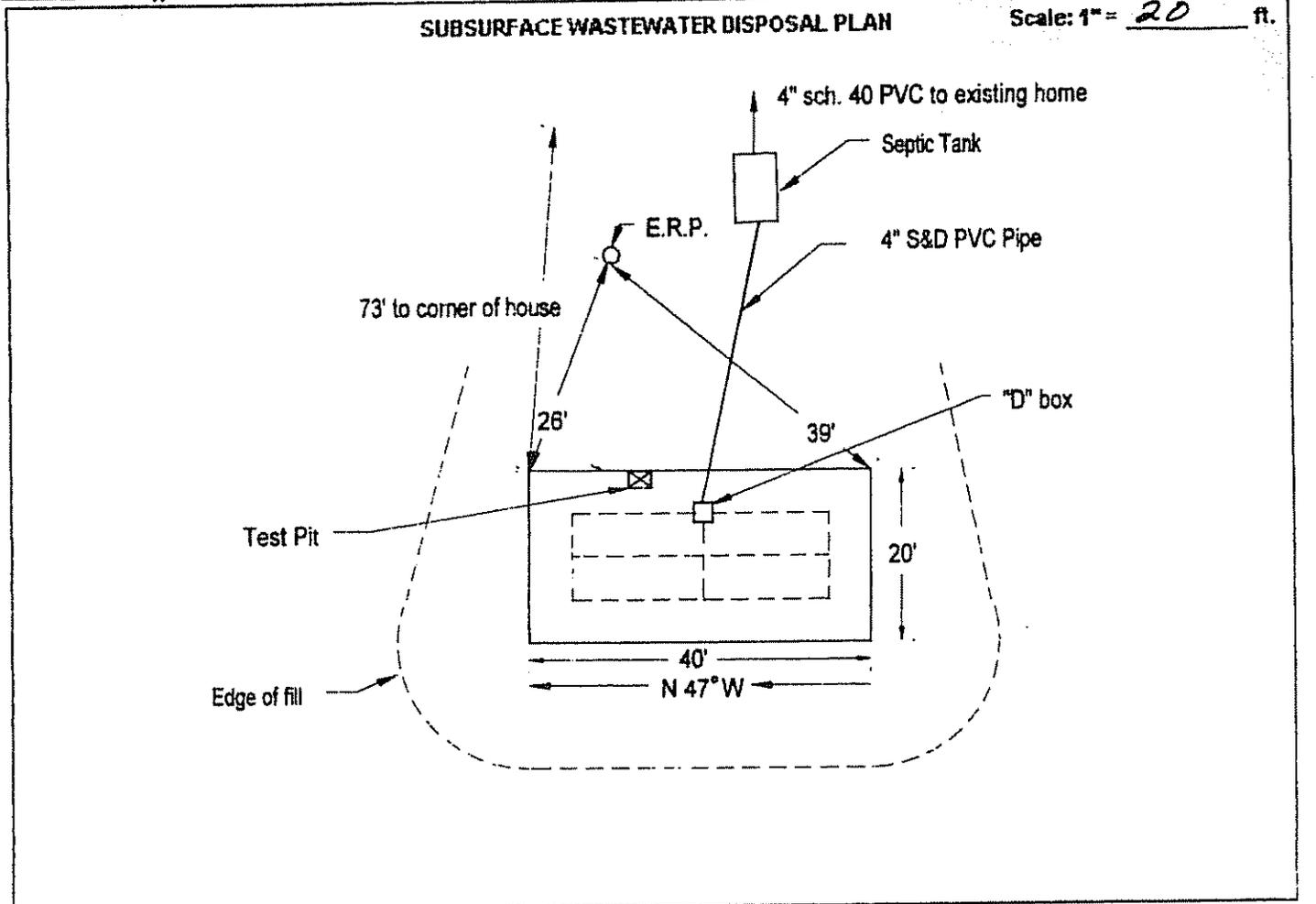
301
SE

10 JULY 03
Date

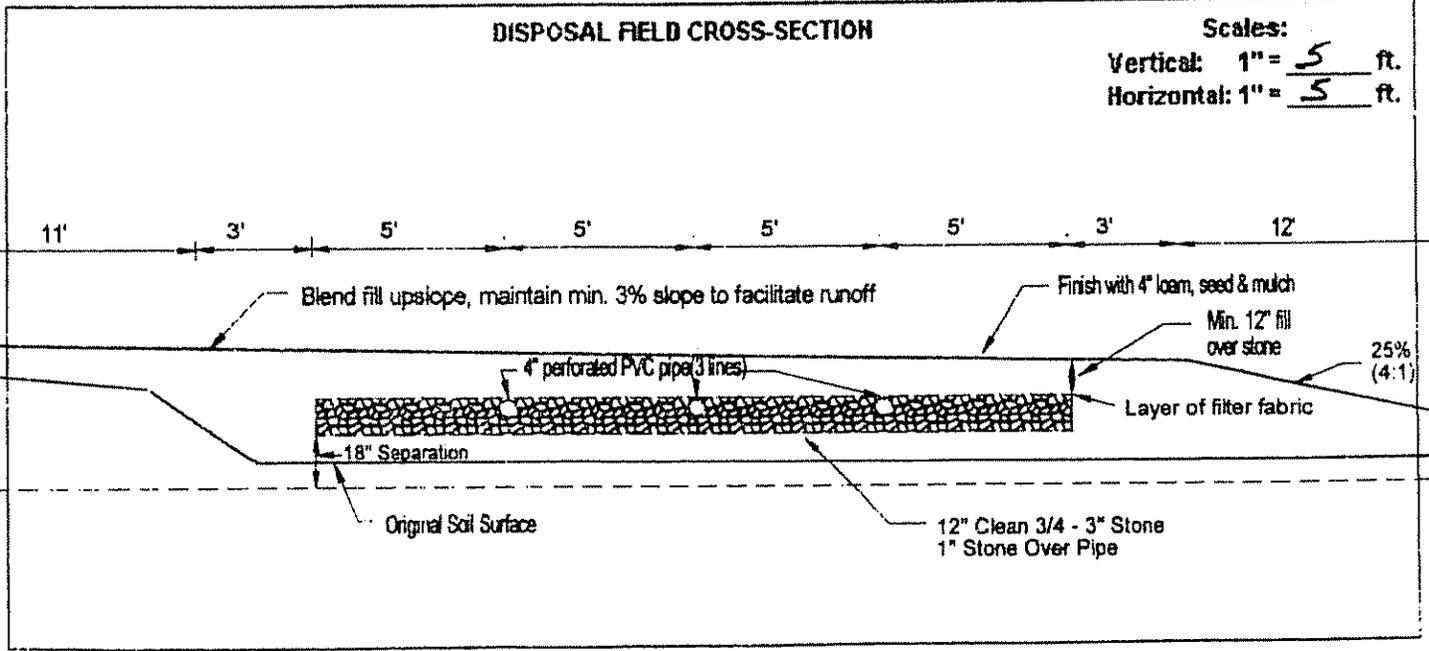
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HHE-200 Rev. 7.97

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation AUGUSTA	Street, Road, Subdivision 505 RIVERSIDE DRIVE	Owner or Applicant Name BRIAN HANSON
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BACKFILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Backfill (upslope) <u>33</u> "	Finished Grade Elevation <u>-25</u> "	Location & Description: <u>NAIL IN 12"</u>
Depth of Backfill (downslope) <u>36</u> "	Top of Distribution Pipe or Proprietary Device <u>-38</u> "	<u>AS 14" FROM GROUND</u>
DEPTHS AT CROSS-SECTION (shown below)	Bottom of Disposal Field <u>-49</u> "	Reference Elevation is: 0.0" or <u>0</u>



notes:

1. Construction to conform with "State of Maine Subsurface Wastewater Disposal Rules".
2. Property lines shown are as provided by owner, agent, or municipality. No guarantee of accuracy is implied. Actual property lines must be confirmed by survey.
3. Remove organic material and ~~scarify~~ rototill ~~furrow~~ area under drainfield and fill extensions.
4. Unless otherwise specified, all fill will be coarse sand to a gravelly coarse sand. See Sec. 804.0 in the Maine State Plumbing Code for further clarification of fill requirements. In 8" lifts, compacted as placed. First lift to be thoroughly mixed with original soil.
5. Septic tanks and pump stations shall be installed watertight to prevent infiltration of ground and surface water.
6. Force mains, pump stations, and or gravity piping subject to freezing shall be adequately insulated.
7. Unless otherwise specified, septic tank to be located by contractor; at minimum; 8' to proposed or existing home and or buildings, 10' to property line & water supply line, 100' to all wells and shoreline. Owners well setback can be reduced to 75' if tested for water-tightness in presence of L.P.I. .
8. A septic tank outlet filter is recommended.
9. If replacement system with new tank, existing tank or cesspool to be filled with soil or removed. If existing tank is to be utilized, tank is to be thoroughly inspected for condition.
10. Unless otherwise specified, this plan does not allow the placement of pumps between the wastewater source and the septic tank.
11. Unless otherwise specified, disposal area to existing or proposed buildings setback is 20'.
12. Water from gutters, driveways, walks, and other surface water to be diverted away from system.
13. Loam, seed and mulch all disturbed areas to prevent erosion and facilitate runoff.
14. Unless otherwise specified, keep traffic heavier than lawn tractor away from all components of system.
15. Keep sanitary napkins, cigarette butts, coffee grounds, paper towels, grease, and nonbiodegradables out of system.
16. Many times it is impossible to locate water supplies. Property owner assumes responsibility of proper setback to any unknown water supplies.
17. Discharge from water treatment equipment and residential floor drains is not considered wastewater and must not be plumbed into septic system. This flow should be diverted into a separate drywell (Disposal area that does not require design or permit).
18. Plumbing fixtures must be strictly maintained to insure excess water does not enter septic system. Excess water can lead to premature clogging and total failure of disposal area.
19. Venting of disposal area is not required, but can facilitate biological action in disposal area.
20. Pumped systems will be equipped with audible high water alarm, wired to separate circuit as pump.
21. If a BK2000 Waste-Water Management system or any other Norweco products are included in this design, the designer has a financial interest in the sale of these products. Owner is encouraged to research comparable products and make final choice. If owner chooses a competitors product, design will be revised to note said change at no charge.
22. Take 3 copies of the plan to your local plumbing inspector for required permit.

Stephen P. Robbins

S.E.#301

Date 10 JULY 03

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S.P.R.

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 minor 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. 522 Date Permit Issued 5/9/05
Property Owner's Name: BRIAN HANSON Tel. No.: 622-9169
System's Location: 505 RIVERSIDE DRIVE
Property Owner's Address: AUGUSTA, ME 04330
(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.
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.
Signature: Brian T. Hanson DATE: 7-15-03
SIGNATURE OF OWNER

LOCAL PLUMBING INSPECTOR
I, Mary R. Yeffen, 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:
Signature: Mary R. Yeffen DATE
LPI SIGNATURE

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	Ground Water Table			to 7"			9 inches	
Soil Condition from HHE-200	Restrictive Layer			to 7"			inches	
	Bedrock			to 12"			inches	
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.

[Signature] _____ 10 JULY 03
 SITE EVALUATOR'S 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