SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Subdivision Lot #	499 Riverside DR

PROPERTY OWNERS NAME

Last: Woodmaster First: INC

Applicant Name:	Myrtle [illegible]
Mailing Address of Owner/Applicant (If Different)	[illegible]

0131 AUGUSTA *** 11020 ***

Date Permit Issued: 10 26 83 $ 40 FEE

Robert St Pierre — Local Plumbing Inspector Signature

L.P.I. # 667 ☐ If Double Charged

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.

Myrtle [illegible] — Signature of Owner/Applicant — Date 11/10/83

Caution: Inspection Required

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

Robert St Pierre — Local Plumbing Inspector Signature — Date Approved 11/10/83

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. ☒ Requires only Local Plumbing Inspector Approval
   4. ☐ Requires both 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 1983

THE FAILING SYSTEM IS:

1. ☒ BED
2. ☒ CHAMBER
3. ☐ TRENCH
4. ☐ OTHER: _____

DISPOSAL SYSTEM TO SERVE:

1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER whatever use I SPECIFY OFFICE

SIZE OF PROPERTY	ZONING
3 Acst	

TYPE OF WATER SUPPLY

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ☒ SEPTIC: ☒ Regular ☐ Low Profile
2. ☐ AEROBIC

SIZE: _____ 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.)

DESIGN FLOW: 300 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
9	D

DEPTH TO LIMITING FACTOR: 8" GW

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

1. ☒ BED 1500 Sq. Ft.
2. ☒ CHAMBER _____ Sq. Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

(☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

On _____ (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.

see attached Sheet

Site Evaluator or Professional Engineer's Signature — SE# / PE# — Date

* Local Plumbing Inspectors Signature if a Local Site Evaluation Waiver under a Local Option

TOWN COPY

Division of Health Engineering
Station No. 10
State House
Augusta, Maine 04333

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

This Is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

HHE-200

Application Is For: ○ New System ☒ Replacement Of Entire System ○ Expanded System ○ Replacement Of Disposal Area Only ○ Conversion Permit

Variance: ○ None Required ○ New System Variance ☒ Replacement System Variance With: ☒ LPI Approval ○ Dept. Review

PROPERTY LOCATION

Town, Plantation	Street, Road	Subdivision Name	Lot No.
AUGUSTA	499 RIVERSIDE DR.		

PROPERTY OWNER or APPLICANT: WOODMASTER INC.

Mailing Address: 499 RIVERSIDE DR (Street) — Tel. No. 622-3111

AUGUSTA (Town), MAINE (State) — Zip Code

TYPE OF STRUCTURE, DESIGN FLOW

○ Single Family Dwelling — Number of Bedrooms _____ Design Flow _____ GPD

Design Flow based on ○ Minimum ○ Moderate ○ Conservative

○ Reduction in Design Flow due to Water Conservation

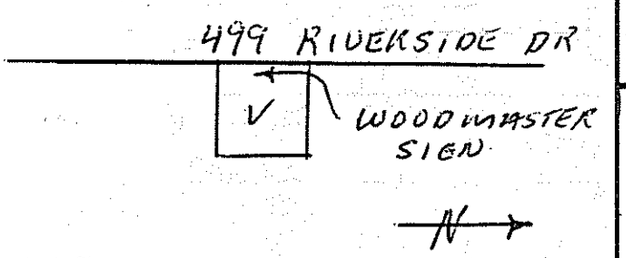
If so, specify type (s) _____

☒ Other Establishment. Specify WAREHOUSE + OFFICE (Type of Facility)

20 EMPLOYEES (Number of Employees, Seating Capacity, Building Size, etc.)

Design Flow 300 GPD — If greater than 2000 GPD, Specify Professional Engineer

LOCATION PLAN OF PROPERTY



Roads, Landmarks, Distances

PROPERTY INFORMATION

Area of Property 3 Ac ○ Sq. Ft. ○ Acres ○ Zoned ○ Not Zoned

If zoned, type of zoning _____

Property on Water Body, If so, Name of Water Body _____

Water Supply is: ○ Public Utility, ○ Drilled Well _____ depth ○ Dug Well _____ depth ○ Well Point ○ Spring ○ Surface Water

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2

TEXTURAL DESCRIPTION EACH SOIL STRATS ENCOUNTERED

	Observation Hole No. 1 (☒ Boring)	Observation Hole No. ____ (○ Test Pit ○ Boring)	Observation Hole No. ____ (○ Test Pit ○ Boring)
Organic Strata or (Existing Fill)	Thickness +1"	Thickness ____"	Thickness ____"
1st Original Mineral Soil Strata	B. S. L. Depth from 0" to 8" Thickness 8"	Depth from 0" to ____" Thickness ____"	Depth from 0" to ____" Thickness ____"
2nd	MOTTLED C/S Depth from 8" to 16" Thickness 8"	Depth from ____" to ____" Thickness ____"	Depth from ____" to ____" Thickness ____"
3rd	O.G. C/S Depth from 16" to 32 Thickness 16"	Depth from ____" to ____" Thickness ____"	Depth from ____" to ____" Thickness ____"
4th	Depth from ____" to ____" Thickness ____"	Depth from ____" to ____" Thickness ____"	Depth from ____" to ____" Thickness ____"
Total Depth of Observation Hole	32"	____"	____"

Depth from top of ORIGINAL MINERAL SOIL

Maximum Seasonal High Ground	○ None evident Water Table Depth 8"	○ None Evident Water Table Depth ____"	○ None evident Water Table Depth ____"
Depth to Restrictive Layer	○ None evident 12"	○ None evident ____"	○ None evident ____"
Depth to Bedrock	☒ None evident ____"	○ None evident ____"	○ None evident ____"

PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE
9	D	4 %			%			%

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2

TYPE OF SYSTEM
☒ Combined System
○ Separated System
If separated system, type of black waste disposal system to be used:
○ Compost
○ Pit Privy
○ Sealed Vault Privy
○ Other:
Specify: _____
Separated Laundry System
○ Primitive System
○ Holding Tank

TREATMENT TANK
☒ Septic Tank
○ Aerobic Tank
Size 1000 Gals.

DOSAGE
☒ Pumping is not required
○ Pumping is required
The dose should be: _____ Gals.
Dosage chamber capacity shall be _____ gals.
○ System should be vented

SUBSURFACE DISPOSAL AREA/TYPE
○ Trench Disposal Area
Total linear feet of trench _____ ft.
Number of Trench lines _____ ft.
Length of each trench line _____ ft.
Depth of Stone _____ inches.
Reduction on trench length due to stone depth _____ %
☒ Bed Disposal Area
Total bed area 1500 sq. ft.
Number of beds 1
Width 20 ft. Length 75 ft.
○ Chamber Disposal Area
Total chamber area _____ sq. ft.
Number of clusters _____
Width _____ ft. Length _____ ft.
○ H-20 required

SYSTEM SIZE RATING
○ Small ○ Medium ○ Medium Large ○ Large ☒ Extra Large

DISPOSAL AREA ELEVATION
Depth of Upslope Fill required 28 inches.
Depth of Downslope Fill required 40± inches.
Reference Elevation Point established at 0 Elevation.
Disposal Area Bottom to be established at −32 Elevation.
Top of Distribution Lines or Top of Chambers −20 Elevation.

☒ Yes ○ No: The proposed subsurface disposal area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook stream, river), swamps, marshes, and bogs.

☒ Yes ○ No: The proposed subsurface disposal area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.

FOR USE BY SITE EVALUATOR VALID COPY ONLY WITH EMBOSSED SEAL

On 4/12/82 (date), a site investigation for this project was completed. I conducted this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.

Signature of Site Evaluator [signature] Date signed 4/13/82 — Site Evaluator License Number 51

FOR USE BY OWNER/APPLICANT

I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.

Signature of Owner/Applicant _____ Date Signed _____

FOR USE BY LPI: ● This Application is approved. If conditions, specify:
○ This Application is Denied due to: ○ System is not in accordance with Rules.
○ Application is incomplete. ○ Application is unclear. ○ Development is in violation of other Regulations. Specify _____

Signature of LPI Robert B. Spruce Date 10/26/83

PERMIT NO. 01311 E

Date Issued 10/26/83

City

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

PROPERTY LOCATION			
Town, Plantation	Street, Road	Subdivision Name	Lot No.

PROPERTY OWNER or APPLICANT

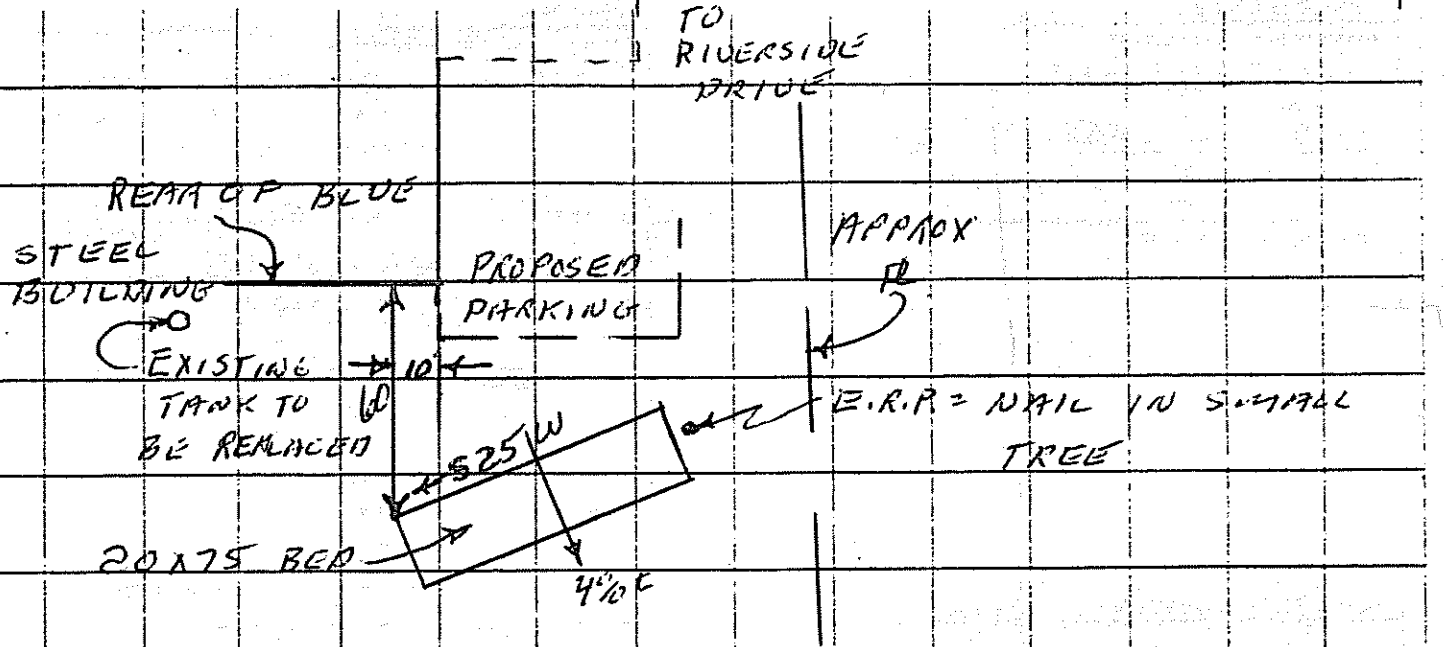
DISPOSAL AREA ELEVATION

Depth of Upslope Fill required 28 inches.
Depth of Downslope Fill required 40 ± inches.

Reference Elevation Point established at 0 Elevation.
Disposal Area Bottom to be established at −32 Elev.
Top of Distribution Lines or Top of Chambers −20 Elev.

Site Plan

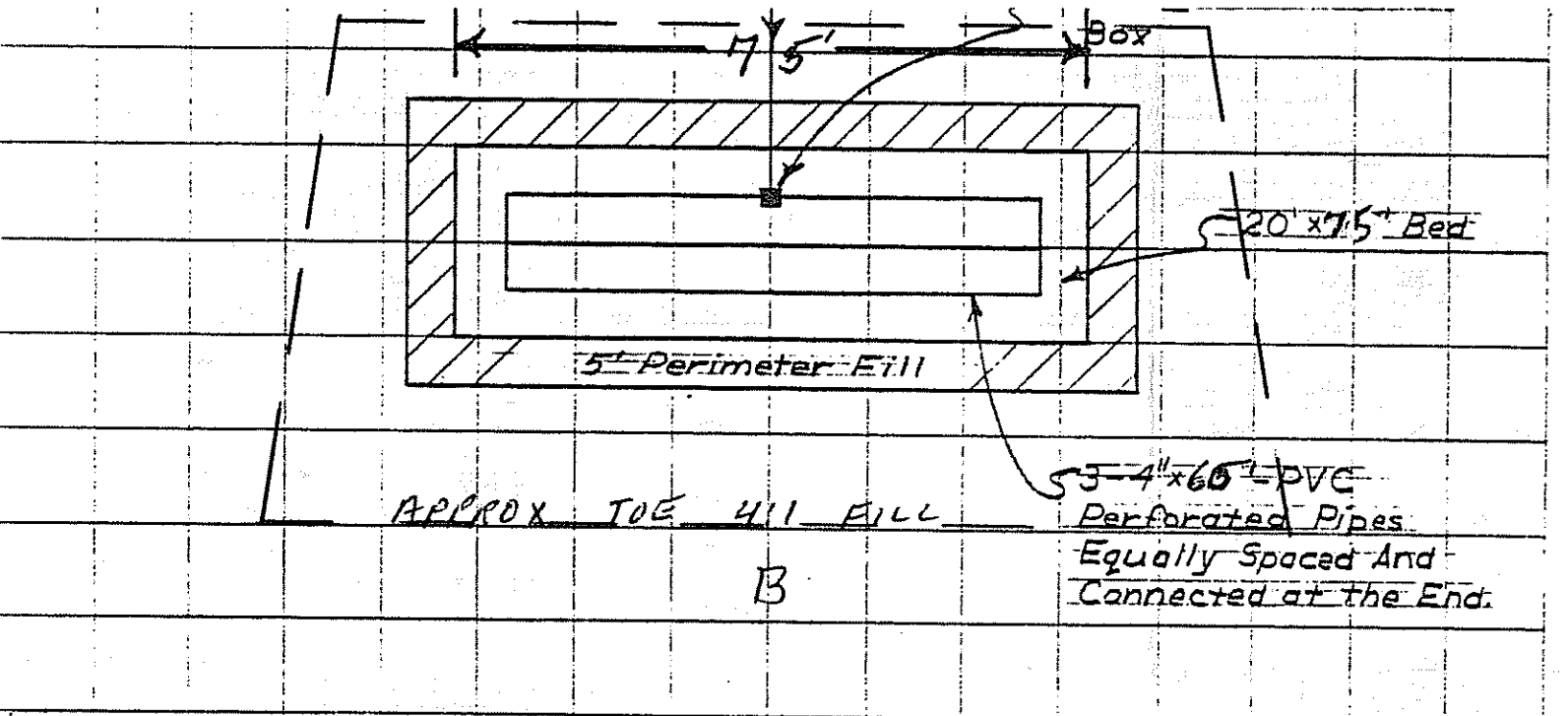
Scale 1" = 50 ft.



● Designates Elevation Reference Point (ERP)
○ Designates Observation Hole (TP or B)

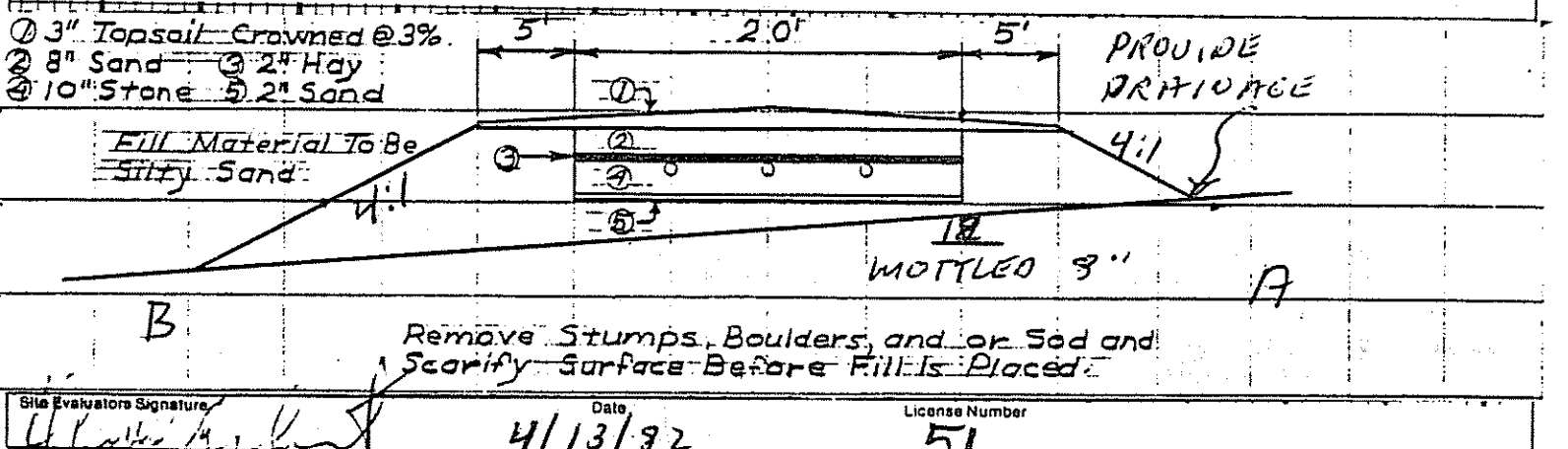
Subsurface Wastewater Disposal Plan

Scale 1" = 20' or AS SHOWN



Subsurface Wastewater Disposal Area Cross-section

Scale: Vertical: 1" = 5'
Horizontal: 1" = 10'



Site Evaluators Signature	Date	License Number
[illegible]	4/13/92	51

HHE-200-A RV7/80

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.

GENERAL INFORMATION Town of Augusta

Town Code ☐☐☐☐☐ Permit No. 0131 E Date Permit Issued 10/26/83 (month/day/yr.)

Property Owner's Name: F & P Enterprises Inc Tel. No. 622-3111

System's Location: 499 Riverside Drive (Street)

Augusta (Town) MAINE Me-04330 (Zip)

Property Owner's Address: (if different from above) Mason Hill Drive (Street)

Manchester (Town) Me (State) 04351 (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.

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.

[signature] 10/25/83

Property Owner's Signature Date

City

HHE-204 RV7/80

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		8 inches	
	Restrictive Layer	to 6"		— inches	
	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	100a	300a	—	—
	2. Well: < 2000 gal/day a. Neighbor's	100b	100b	—	—
	b. Property Owner's	50'	60'	—	—
	3. Water Supply Line	See Note 'a'		—	—
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	See Note	15'	—	—
	2. Without basement	'a'	10'	—	—
Property Line		5'	5'	—	—

Other Specify:

Footnotes:

a. This setback distance cannot be reduced by variance. See Table 6-2.

b. 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.

c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

[signature] 4/13/82

Site Evaluator's Signature Date

LPI Statement

I, Robert B St Pierre, LPI for the 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. I (☐ 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 B St Pierre 10/26/83

LPI'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