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

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

HHE-200

This Is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit 289-3695

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

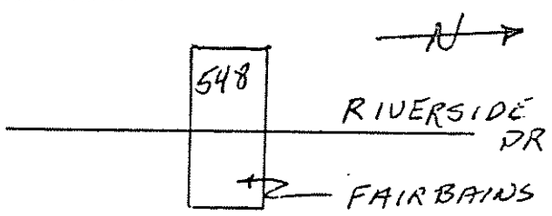
Variance: ○ None Required ○ New System Variance ☒ Replacement System Variance With: ☒ LPI Approval ○ Dept. Review

PROPERTY LOCATION
Town, Plantation: AUGUSTA
Street, Road: 548 RIVERSIDE DR
Subdivision Name:
Lot No.:

PROPERTY OWNER or APPLICANT: STANLEY CAMPBELL
Mailing Address: 648 RIVERSIDE DR.
Tel. No.: 622-9853
Town: AUGUSTA, State: ME, Zip Code: 04330

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 3 UNIT APT (Type of Facility)
FLOW BASED ON WATER METER (Number of Employees, Seating Capacity, Building Size, etc.)
Design Flow 240 GPD
If greater than 2000 GPD, Specify Professional Engineer

LOCATION PLAN OF PROPERTY



Roads, Landmarks, Distances

PROPERTY INFORMATION
Area of Property 20000± 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 OF EACH SOIL STRATA ENCOUNTERED

Observation Hole No. 1 (○ Test Pit ☒ Boring)	Observation Hole No. ____ (○ Test Pit ○ Boring)	Observation Hole No. ____ (○ Test Pit ○ Boring)
Organic Strata or (Existing Fill) Thickness ____	Organic Strata or (Existing Fill) Thickness ____	Organic Strata or (Existing Fill) Thickness ____
1st Original Mineral Soil Strata B.L. Depth from 0 to 8 Thickness ____	1st Original Mineral Soil Strata Depth from 0 to ____ Thickness ____	1st Original Mineral Soil Strata Depth from 0 to ____ Thickness ____
2nd Y.B.S.L. Depth from 8 to 24 Thickness 16	2nd Depth from ____ to ____ Thickness ____	2nd Depth from ____ to ____ Thickness ____
3rd G.B. SILTY SAND Depth from 24 to 36 Thickness 12	3rd Depth from ____ to ____ Thickness ____	3rd Depth from ____ to ____ Thickness ____
4th Depth from ____ to ____ Thickness ____	4th Depth from ____ to ____ Thickness ____	4th Depth from ____ to ____ Thickness ____
Total Depth of Observation Hole 36	Total Depth of Observation Hole ____	Total Depth of Observation Hole ____

Depth from top of ORIGINAL MINERAL SOIL

Maximum Seasonal High Ground ○ None evident Water Table Depth 18	Maximum Seasonal High Ground ○ None Evident Water Table Depth ____	Maximum Seasonal High Ground ○ None evident Water Table Depth ____
Depth to Restrictive Layer ○ None evident POSS 30"	Depth to Restrictive Layer ○ None evident ____	Depth to Restrictive Layer ○ None evident ____
Depth to Bedrock ☒ None evident ____	Depth to Bedrock ○ None evident ____	Depth to Bedrock ○ None evident ____

	PROFILE	CONDITION	SLOPE
BEST FIT FOR SITE	3	C	6 %
			%
			%

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 800 sq. ft.
Number of beds 1
Width 20 ft. Length 40 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 18 inches.
Depth of Downslope Fill required 32± inches.
Reference Elevation Point established at 0 Elevation.
Disposal Area Bottom to be established at -60" Elevation.
Top of Distribution Lines or Top of Chambers -48" Elevation.
DUG WELL TO BE FILLED

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 6/14/82 (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 6/21/82
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: Stanley Campbell
Date Signed 6-23-82

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: Richard B. Baker
Date 6-23-82
PERMIT NO. 4 8 5 2 5 E
Date Issued 7/12/82

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

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

PROPERTY OWNER or APPLICANT

DISPOSAL AREA ELEVATION
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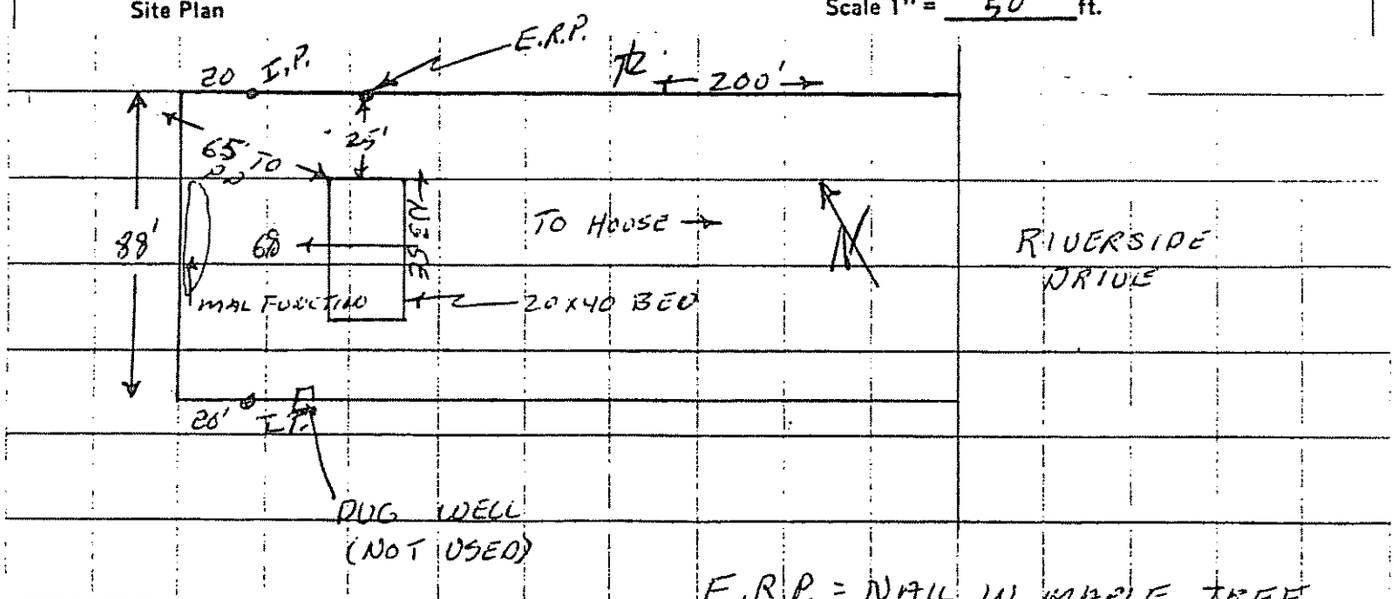
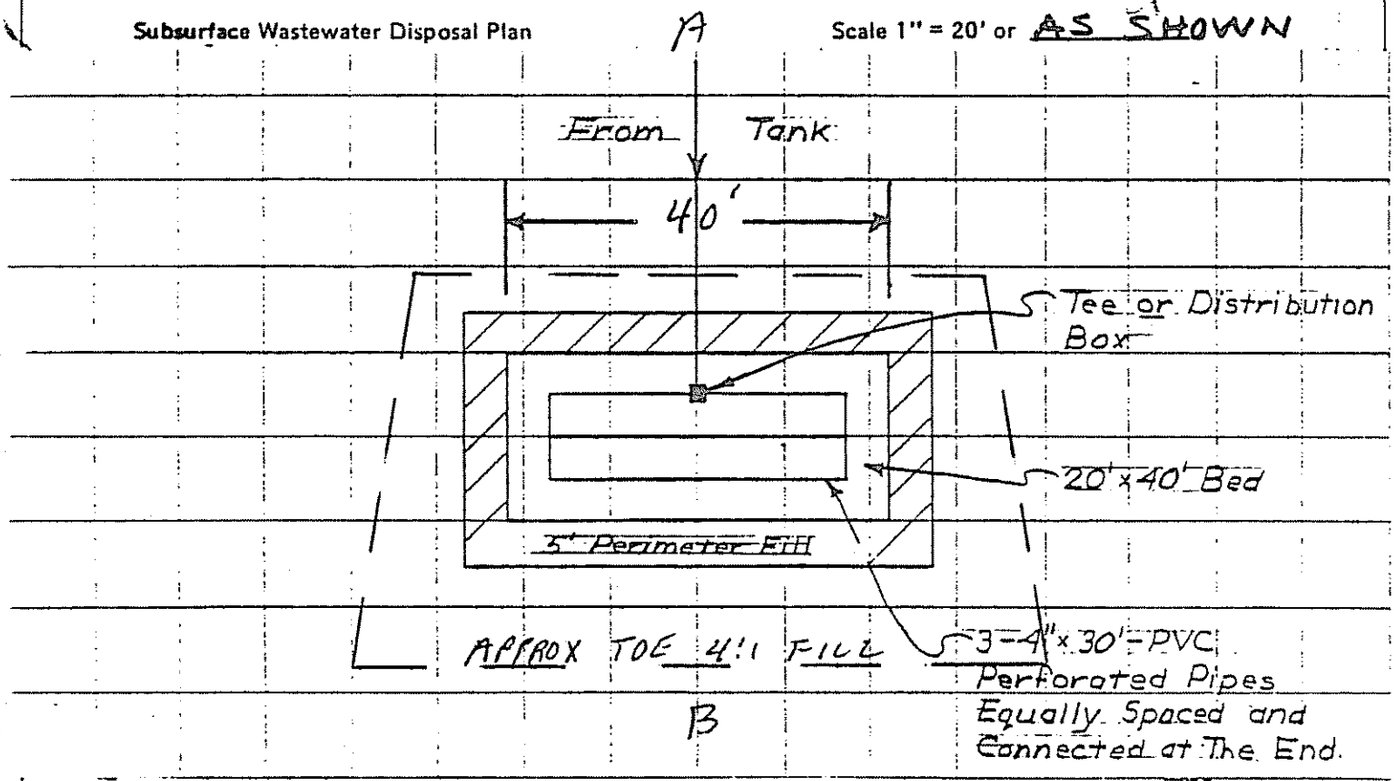
Reference Elevation Point established at 0 Elevation.
Disposal Area Bottom to be established at -60" Elevation.
Top of Distribution Lines or Top of Chambers -48" Elevation.

Site Plan Scale 1" = 50' ft.

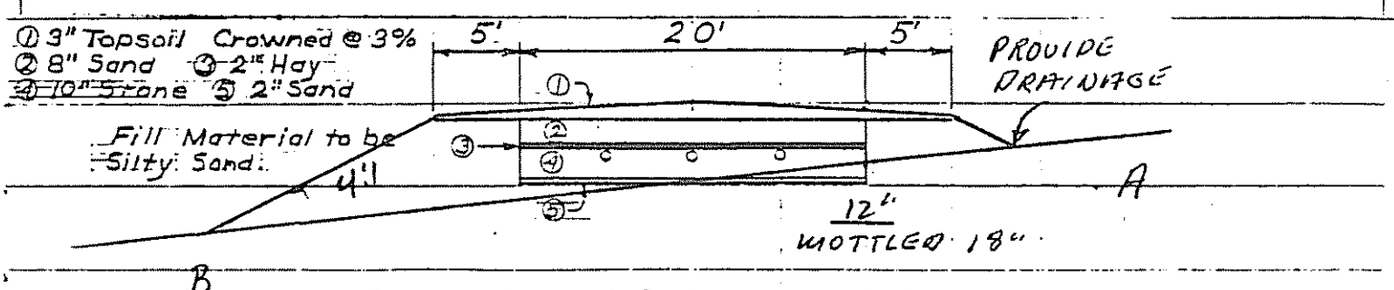


● Designates Elevation Reference Point (E.R.P.)
○ Designates Observation Hole (TP or ⊗)

Subsurface Wastewater Disposal Plan Scale 1" = 20' or AS SHOWN



Subsurface Wastewater Disposal Area Cross-section Scale: Vertical: 1" = 5' Horizontal: 1" = 10'



Remove Stumps, Boulders and or Sods and Scarify Surface Before Fill is Placed.

Site Evaluator's Signature	Date	License Number
[signature]	6/21/82	51

HHE-200-A RV7/80

Campbell, Stanley

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

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HHE-200

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

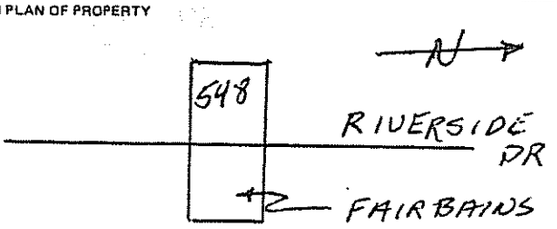
PROPERTY LOCATION
AUGUSTA (Town, Plantation) — 548 RIVERSIDE DR (Street, Road) — Subdivision Name — Lot No.

PROPERTY OWNER or APPLICANT
STANLEY CAMPBELL

Mailing Address: 548 RIVERSIDE DR. — Tel. No. 622-9853
AUGUSTA, ME 04330 (Town, 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 3 UNIT APT (Type of Facility)
FLOW BASED ON WATER METER
(Number of Employees, Seating Capacity, Building Size, etc.)
Design Flow 240 GPD
If greater than 2000 GPD, Specify Professional Engineer

LOCATION PLAN OF PROPERTY



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3rd	G.B. SILTY SAND Depth from 24" to 36" Thickness 12"	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	36"	____"	____"

Depth from top of ORIGINAL MINERAL SOIL

Maximum Seasonal High Ground	○ None evident, Water Table Depth 18"	○ None Evident, Water Table Depth ____"	○ None evident, Water Table Depth ____"
Depth to Restrictive Layer	○ None evident — POSS 30"	○ None evident ____"	○ None evident ____"
Depth to Bedrock	☒ None evident ____"	○ None evident ____"	○ None evident ____"

PROFILE	CONDITION	SLOPE
BEST FIT FOR SITE 3	C	6 %
		%
		%

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

TYPE OF SYSTEM
☒ Combined System
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If separated system, type of black waste disposal system to be used:
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Specify: ____
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TREATMENT TANK
☒ Septic Tank
○ Aerobic Tank
Size 1000 Gals.

DOSAGE
☒ Pumping is not required
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The dose should be: ____ Gals.
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Signature of LPI: Richard B. Baker Date 6-23-82
PERMIT NO. 4 8 3 2 3 E
Date Issued 7/2/82

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

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

PROPERTY OWNER or APPLICANT

DISPOSAL AREA ELEVATION

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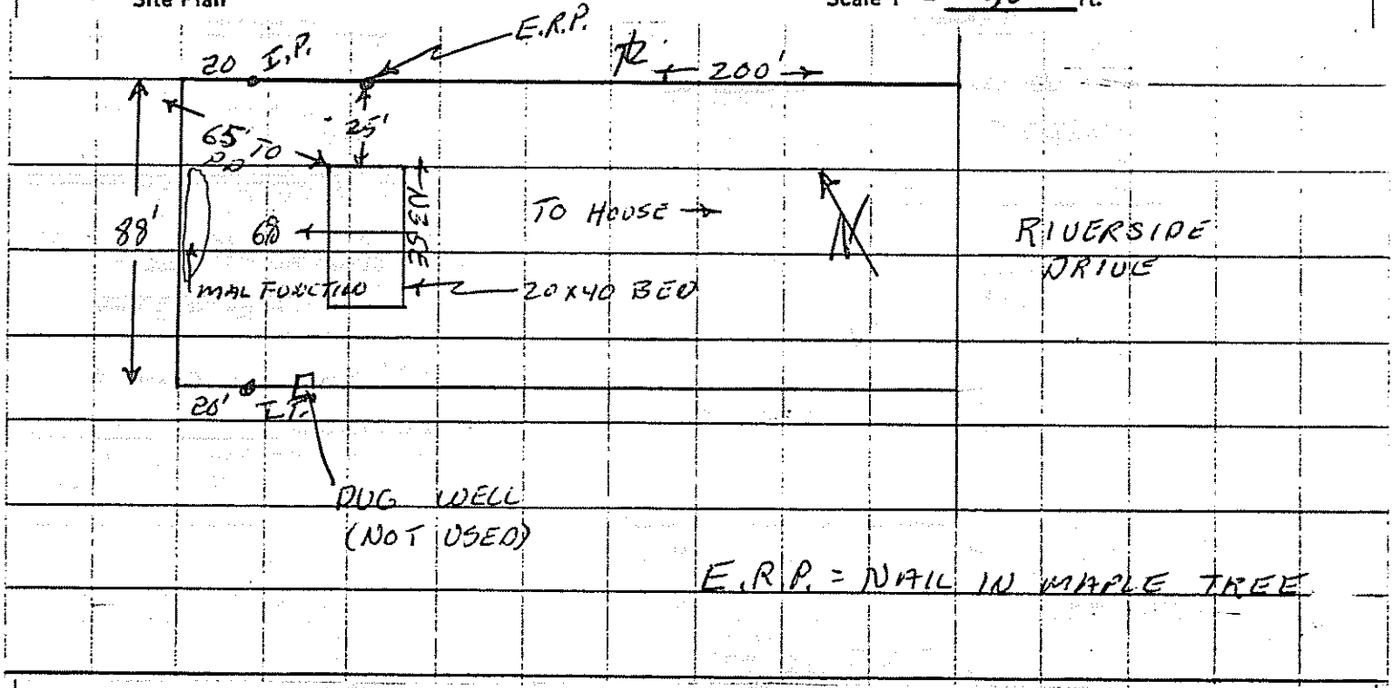
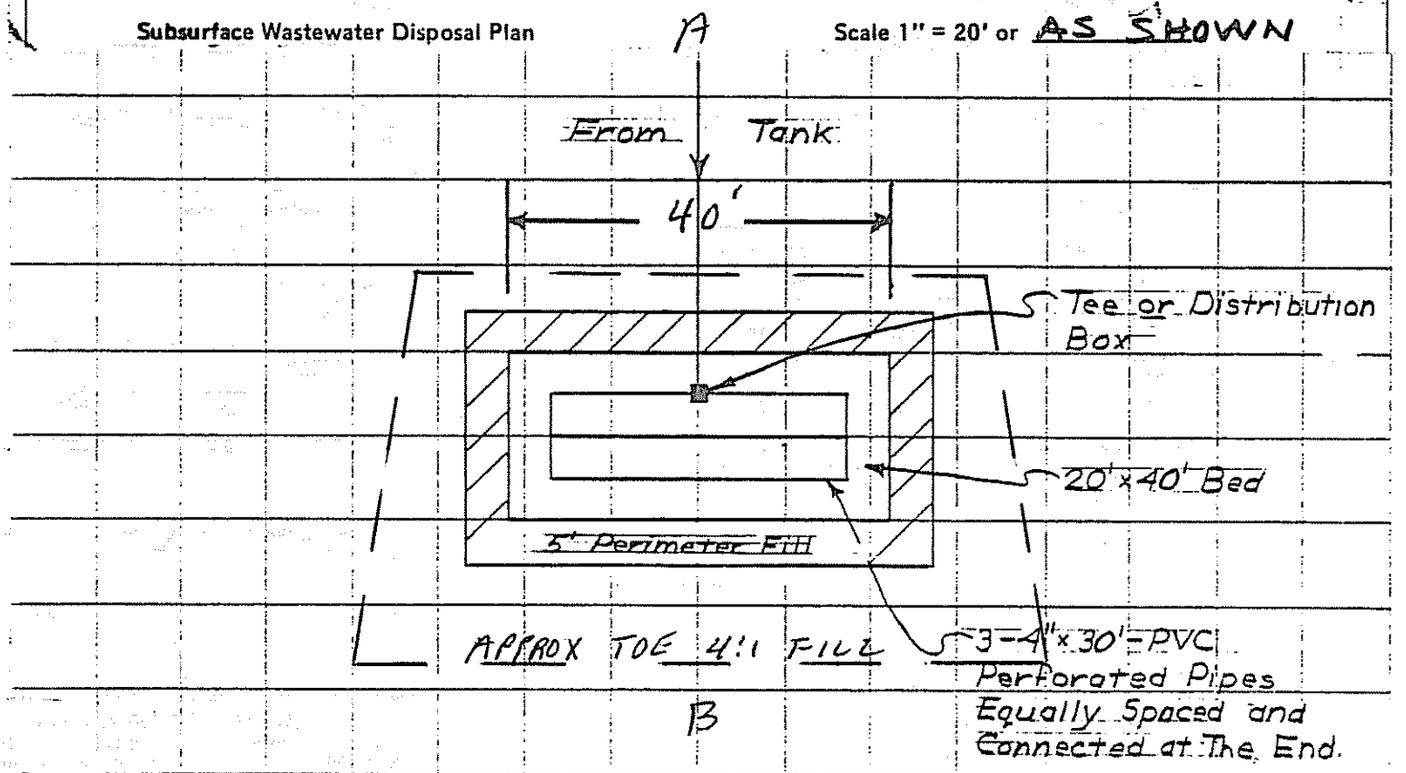
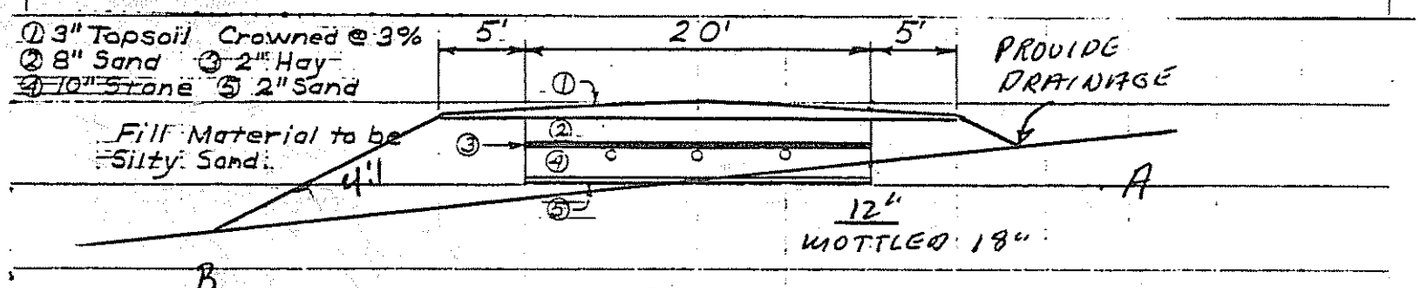


● Designates Elevation Reference Point (ERP)
○ Designates Observation Hole (TP or B)

Subsurface Wastewater Disposal Plan Scale 1" = 20' or AS SHOWN



Subsurface Wastewater Disposal Area Cross-section Scale: Vertical: 1" = 5' Horizontal: 1" = 10'



Remove Stumps, Boulders and or Sods and Scarify Surface Before Fill is Placed.

Site Evaluators Signature	Date	License Number
[illegible]	6/21/82	51

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 1 1 0 7 0 Permit No. 4 8 5 2 5 E P Date Permit Issued 7-2-82 (month/day/yr.)

Property Owner's Name: STANLEY CAMPBELL Tel. No. 622-9853

System's Location: 548 RIVERSIDE DRIVE (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 ur 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.

x Stanley Campbell (Property Owner's Signature) 6-23-82 (Date)

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"		—	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'	80'	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:
* SMALL MANMADE POND CONSTRUCTED 25'± FROM EXISTING MALFUNCTION.

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] — Site Evaluator's Signature — 6/21/82 — Date

LPI Statement

I, Richard P. Baker, 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: _____

Richard P. Baker — LPI's Signature — 6-23-82 — 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.

Campbell, Stanley

Poulin Cycle Inc.

Larry J. Poulin Pres.
558 Riverside Drive
Augusta, Maine 04330
Tel: 623-1166

June 25, 1982

Mr. Baker:

I acknowledge and approve of the proposed change, for the septic system, owned by Mr. Stanley Campbell.

Thank you,

Larry J. Poulin

Larry J. Poulin

ljp

c.c. Stanley Campbell