

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION

>> CAUTION: LPI APPROVAL REQUIRED <<

City, Town, or Plantation: Augusta
Street or Road: Riverside Drive
Subdivision, Lot #: Callaghan Drive

AUGUSTA PERMIT #6929
Date Permit Issued: 5/13/14 \$ 250.00 fee
15.00 LPI # 850
Gay R. Fuller

OWNER/APPLICANT INFORMATION

Name (last, first, MI): Callaghan, Peter
Mailing Address of Owner/Applicant: 635 Riverside Dr. Augusta, Me 04330
Daytime Tel. #: 441-6087

OWNER OR APPLICANT STATEMENT

I state and acknowledge 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.

CAUTION: INSPECTION REQUIRED

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: [Signature] Date: 5/13/14

Local Plumbing Inspector Signature: _____ (2nd) date approved: _____

PERMIT INFORMATION

<p>TYPE OF APPLICATION</p> <p><input type="checkbox"/> 1. First Time System</p> <p><input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>Trench</u> Year installed: <u>Pre 1970</u></p> <p><input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion</p> <p><input type="checkbox"/> 4. Experimental System</p> <p><input type="checkbox"/> 5. Seasonal Conversion</p>	<p>THIS APPLICATION REQUIRES</p> <p><input type="checkbox"/> 1. No Rule Variance</p> <p><input type="checkbox"/> 2. First Time System Variance</p> <p><input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval</p> <p><input checked="" type="checkbox"/> 3. Replacement System Variance <input checked="" type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval</p> <p><input type="checkbox"/> 4. Minimum Lot Size Variance</p> <p><input type="checkbox"/> 5. Seasonal Conversion Permit</p>	<p>DISPOSAL SYSTEM COMPONENTS</p> <p><input checked="" type="checkbox"/> 1. Complete Non-engineered System</p> <p><input type="checkbox"/> 2. Primitive System (graywater & alt. toilet)</p> <p><input type="checkbox"/> 3. Alternative Toilet, specify: _____</p> <p><input type="checkbox"/> 4. Non-engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 5. Holding Tank, _____ gallons</p> <p><input type="checkbox"/> 6. Non-engineered Disposal Field (only)</p> <p><input type="checkbox"/> 7. Separated Laundry System</p> <p><input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more)</p> <p><input type="checkbox"/> 9. Engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 10. Engineered Disposal Field (only)</p> <p><input type="checkbox"/> 11. Pre-treatment, specify: _____</p> <p><input type="checkbox"/> 12. Miscellaneous Components</p>
<p>SIZE OF PROPERTY</p> <p><u>N/A</u> <input type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES</p>	<p>DISPOSAL SYSTEM TO SERVE</p> <p><input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____</p> <p><input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____</p> <p><input checked="" type="checkbox"/> 3. Other: <u>3 bedroom mobile Homes</u> (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	<p>TYPE OF WATER SUPPLY</p> <p><input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private</p> <p><input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other</p>
<p>SHORELAND ZONING</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p><input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile</p> <p><input type="checkbox"/> 2. Plastic</p> <p><input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1500</u> GAL</p>	<p>DISPOSAL FIELD TYPE & SIZE</p> <p><input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench</p> <p><input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input checked="" type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load</p> <p><input type="checkbox"/> 4. Other: <u>ENVID septic</u> SIZE: <u>360</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> lin. ft.</p>	<p>GARBAGE DISPOSAL UNIT</p> <p><input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below:</p> <p><input type="checkbox"/> a. multi-compartment tank</p> <p><input type="checkbox"/> b. _____ tanks in series</p> <p><input type="checkbox"/> c. increase in tank capacity</p> <p><input type="checkbox"/> d. Filter on Tank Outlet</p>	<p>DESIGN FLOW</p> <p><u>540</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <u>2-3 bedroom mobile Homes</u></p>
<p>SOIL DATA & DESIGN CLASS</p> <p>PROFILE CONDITION: <u>31 C</u> at Observation Hole # <u>1</u> Depth: <u>30"</u> of Most Limiting Soil Factor</p>	<p>DISPOSAL FIELD SIZING</p> <p><input type="checkbox"/> 1. Medium—2.6 sq. ft. / gpd</p> <p><input checked="" type="checkbox"/> 2. Medium—Large 3.3 sq. ft. / gpd</p> <p><input type="checkbox"/> 3. Large—4.1 sq. ft. / gpd</p> <p><input type="checkbox"/> 4. Extra Large—5.0 sq. ft. / gpd</p>	<p>EFFLUENT/EJECTOR PUMP</p> <p><input type="checkbox"/> 1. Not Required</p> <p><input type="checkbox"/> 2. May Be Required</p> <p><input checked="" type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons</p>	<p>LATITUDE AND LONGITUDE at center of disposal area Lat. <u>44</u> d <u>21</u> m <u>60.4</u> s Lon. <u>169</u> d <u>44</u> m <u>33.1</u> s if g.p.s, state margin of error: <u>21'</u></p>

SITE EVALUATOR STATEMENT

I certify that on 5/5/14 (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: James W. Marple SE #: 5304 Date: 5/10/14
Site Evaluator Name Printed: James W. Marple Telephone Number: 207-589-4305 E-mail Address: _____

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
 Division of Environmental Health
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

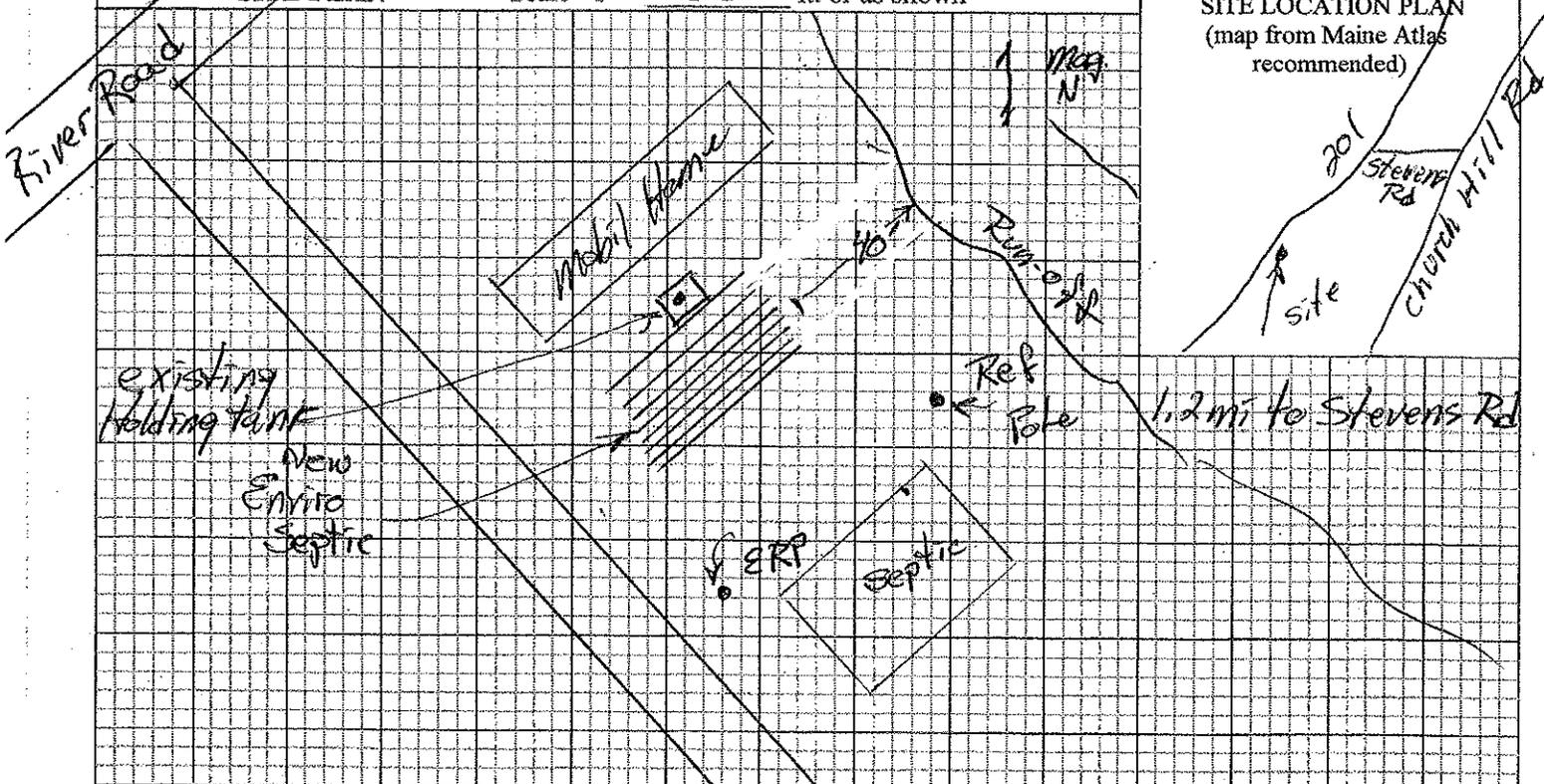
Riverside Drive/Callaghan Drive

Peter Callaghan

SITE PLAN

Scale 1" = 50 ft. or as shown

SITE LOCATION PLAN
 (map from Maine Atlas recommended)



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

Observation Hole 1 Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	Loam	Friable	Brown	
10	Loamy Sand		Light Brown	
20				
30		Firm		Prominent
40				
50				

Soil Classification <u>3 C</u> Profile Condition	Slope <u>0</u> %	Limiting Factor <u>32</u> "	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input checked="" type="checkbox"/> Pit Depth
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Observation Hole 2 & 3 Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	Loamy Course Gravel	Friable	Light Brown	
10		loose		
20				
30				bottom of investigation
40				
50				

Soil Classification <u>5 C</u> Profile Condition	Slope <u>0</u> %	Limiting Factor <u>32</u> "	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input checked="" type="checkbox"/> Pit Depth
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James W. Mayple
 Site Evaluator Signature

5304
 SE #

5/10/14
 Date

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 Division of Environmental Health
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

River Rd

Peter Callaghan

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = _____ FT.

See Attached sheet

FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope) 14"

Finished Grade Elevation

-43

Location & Description Mail 45' high

Depth of Fill (Downslope) 14"

Top of Distribution Pipe or Proprietary Device

-53

Reference Elevation: 0

Bottom of Disposal Area all Rows

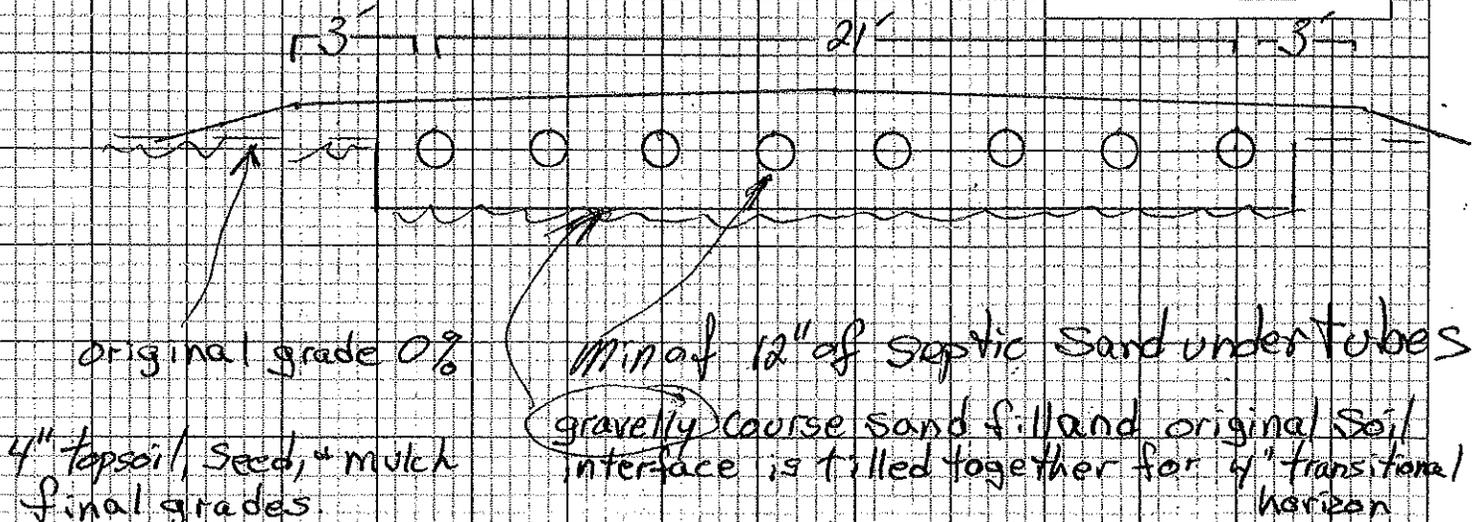
-65

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = 5 ft.

Vertical 1" = 5 ft.



4" topsoil, seed, & mulch
 final grades

min of 12" of septic sand under tubes
 gravelly coarse sand fill and original soil
 interface is tilled together for 4" transitional
 horizon

James W. Mayle

S 304

5/12/14

Site Evaluator Signature

SE #

Date



Maine Center for Disease Control and Prevention
 An Office of the
 Department of Health and Human Services

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Department of Health and Human Services
 Maine Center for Disease Control and Prevention
 286 Water Street
 # 11 State House Station
 Augusta, Maine 04333-0011
 Tel: (207) 287-5689

Fax: (207) 287-3165; TTY: 1-800-606-0215

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200) for a proposed subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The local plumbing inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health & Human Services until approval has been received from them.

GENERAL INFORMATION	
Property Owner's Name: <u>Peter Callaghan</u>	Town/City of: <u>Augusta</u>
System's Location: <u>Callaghan Drive</u>	Tel. No.: <u>441-6087</u>
Property Owner's Address: <u>638 Riverside Drive</u>	
(if different from above) <u>Augusta, Me</u>	ZIP Code: <u>04330</u>
Property Owner's Telephone Number: _____	E-mail Address: _____

The onsite sewage disposal system design for the subject property requires a replacement system variance first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires local approval only local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use Additional Sheets, if needed.)	SECTION OF RULE
1. _____	_____
2. _____	_____
3. _____	_____

SITE EVALUATOR

When a property is found to be unsuitable for subsurface wastewater disposal by a Licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a Variance to the Rules, and the Evaluator in his/her professional opinion feels the variance request is justified and the site limitations can be overcome, he/she shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate page, if necessary.

To use soils that may or may not be considered original - all soils found to be suitable for drainage for septic.

I, James W. Maple, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements, and no practical alternative is available. Specifically: _____

James W. Maple
 SIGNATURE OF SITE EVALUATOR

5/12/14
 DATE

PROPERTY OWNER

I, Peter Callaghan, am the owner agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with 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 this 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]
 SIGNATURE OF OWNER AGENT FOR THE OWNER

5/13/14
 DATE

Caring..Responsive..Well-Managed..We are DHHS.

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all First Time System Variance requests prior to rendering a decision. I, Gary R. Fuller, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system does does not conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I do do not approve the requested variance. I will will not issue a permit for the system's installation as proposed by the application.

Gary R. Fuller
LPI Signature

5/13/14
Date

LOCAL PLUMBING INSPECTOR - Referral to the Department of Health and Human Services

The local plumbing inspector shall review all First Time System Variance requests prior to forwarding to the Division of Environmental Health. I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system does does not conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone or local ordinances controlling such disposal. Therefore, I do do not recommend the issuance of a permit for the system's installation as proposed by the application.

LPI 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

Note: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 701.2 for Municipal Review.)

2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 701.1 for Department Review.) The LPI's signature is required on these variance requests prior to submission to the Department.

SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 700.3 to 700.13)

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Adjustment		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check one): Outside Shoreland 50 Inside Shoreland-65 Subdivision-65

Additional information about your system and HHE-200 Form

1. You should have your septic tank pumped out every 3 years to prolong the life of the system.
2. Water softeners should drain to a separate graywater disposal system.
3. Your septic system must be installed on correct elevations and all joints, etc. must be water tight. This applies to the pump tanks if your system requires pumping. Distribution boxes shall have "Equalizers" installed on the outlets.
4. Low volume toilets and water conservation measures are recommended, even if your design does not require them.
5. All construction shall conform to State of Maine Subsurface Waste Disposal Rules, Chapter 241.
6. Fill shall be loamy medium sharp sand with sufficient fines for compaction. See Rules for backfill specifications. Fill shall be placed in 8-10 lifts. The top 4 inches of cover shall be loam or sandy loam, to assure a good catch of grass.
7. All well shall be at least 100 feet from leaching field unless a variance is granted or the well is cased to appropriate depth. See rules.
8. Property lines are as provided by the owner. No accuracy is implied. Actual lines must be confirmed by a survey.
9. Installation of tanks shall have a Zabel Model A-1800 or equal on outlet, unless pumping. Install a low profile tank when it is determined to be necessary by field conditions.
10. Force mains, pump stations, and/or gravity piping subject to freezing shall be adequately insulated.
11. Systems shall be provided with adequate erosion control until vegetated cover is established.
12. Remove all vegetation and organic material under the leach field and extensions--
Caution--Avoid compaction of original soil under the leaching field and extensions during construction.
13. The design flow should not be exceeded in any day. Do not install garbage grinders or disposals with this design.
14. The LPI shall inform the owner and designer of any local ordinances or requirements exceeding the rules, prior to issuing the permit, so that the application may be properly amended.
15. GeoFlow pipe and Envio-Septic pipe are considered equal in the rules. and should be installed according to latest mfg. instructions.