

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 287-5672 FAX (207) 287-4172

<b>PROPERTY LOCATION</b>		AUGUSTA 3945 TOWN COPY Date Permitted: <u>5/29/98</u> \$ <u>1200</u> FEE <input type="checkbox"/> Double Fee Charged Issued: <u>[Signature]</u> L.P.I. # <u>850</u> Local Plumbing Inspector Signature
City or Plantation	<u>AUGUSTA</u>	
Street Subdivision Lot	<u>SHERWOOD DR. LOT #14</u>	
<b>PROPERTY OWNER'S NAME</b>		
Last:	<u>HRITZ</u>	Municipal Tax Map • <u>54</u> Lot • <u>20</u>
First:	<u>JOHN</u>	
Applicant's Name	<u>SAME</u>	
Mailing Address of Owner	<u>14 SHERWOOD DR. AUGUSTA, ME. 04330</u>	
Daytime Tel. •	<u>623-1772</u>	

<p style="text-align: center;"><u>Owner Statement</u></p> <p>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</p> <p><u>[Signature]</u> <u>5/29/98</u> Signature of Owner/Applicant Date</p>	<p style="text-align: center;"><u>Caution: Inspection Required</u></p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application</p> <p><u>[Signature]</u> <u>6/24/98</u> Local Plumbing Inspector Signature Date Approved</p>
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PERMIT INFORMATION		
<p><b>TYPE OF APPLICATION:</b></p> <p>1. <input type="checkbox"/> First Time System                  2. <input checked="" type="checkbox"/> Replacement System                  Type Replaced <u>?</u>                  Year Installed <u>?</u></p> <p>3. <input type="checkbox"/> Expanded System  <input type="checkbox"/> a. one time exempted  <input type="checkbox"/> b. non exempted</p> <p>4. <input type="checkbox"/> Experimental System                  5. <input type="checkbox"/> Seasonal Conversion</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input type="checkbox"/> No Rule Variance                  2. <input type="checkbox"/> First Time System Variance  <input type="checkbox"/> a. Local Plumbing Inspector approval  <input type="checkbox"/> b. State &amp; Local Plumbing Inspector approval</p> <p>3. <input checked="" type="checkbox"/> Replacement System Variance  <input checked="" type="checkbox"/> a. Local Plumbing Inspector approval  <input type="checkbox"/> b. State &amp; Local Plumbing Inspector approval</p> <p>4. <input type="checkbox"/> Minimum Lot Size Variance                  5. <input type="checkbox"/> Seasonal Conversion Approval</p>	<p><b>DISPOSAL SYSTEM COMPONENT(S)</b></p> <p>1. <input checked="" type="checkbox"/> Non-Engineered System                  2. <input type="checkbox"/> Primitive System (graywater &amp; all toilet)                  3. <input type="checkbox"/> Alternative Toilet _____                  4. <input type="checkbox"/> Non-Engineered Treatment Tank                  5. <input type="checkbox"/> Holding Tank _____ Gallons                  6. <input type="checkbox"/> Non-Engineered Disposal Area (only)                  7. <input type="checkbox"/> Separated Laundry System                  8. <input type="checkbox"/> Engineered System (&gt;2000 gpd)                  9. <input type="checkbox"/> Engineered Treatment Tank (only)                  10. <input type="checkbox"/> Engineered Disposal Area (only)                  11. <input type="checkbox"/> Pretreatment</p>
<p><b>SIZE OF PROPERTY</b></p> <p><u>1/2 ± AC.</u></p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" type="checkbox"/> Single Family Dwelling Unit                  2. <input type="checkbox"/> Multiple Family Dwelling: Number of Units _____                  3. <input type="checkbox"/> Other _____</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p><u>PUBLIC</u></p>
<p><b>SHORELAND ZONING</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> Concrete  <input checked="" type="checkbox"/> a. Regular  <input type="checkbox"/> b. Low Profile</p> <p>2. <input type="checkbox"/> Plastic <u>IF NEEDED</u>                  3. <input type="checkbox"/> Other _____</p> <p>SIZE <u>1,000</u> Gallons</p>	<p><b>DISPOSAL AREA TYPE / SIZE</b></p> <p>1. <input type="checkbox"/> Bed _____ Sq. Ft.                  2. <input checked="" type="checkbox"/> Proprietary Device <u>350</u> Sq. Ft.  <input type="checkbox"/> Cluster <input type="checkbox"/> Linear  <input checked="" type="checkbox"/> Regular <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> Trench                  4. <input type="checkbox"/> Other _____</p>	<p><b>GARBAGE DISPOSAL UNIT</b></p> <p>1. <input checked="" type="checkbox"/> No                  2. <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Multi-compartment tank  <input type="checkbox"/> Tank in series  <input type="checkbox"/> Increase in tank capacity  <input type="checkbox"/> Filter on tank outlet</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (Show Calculations)</b></p> <p><u>3 BEDROOM</u></p>
<p><b>PROFILE &amp; DESIGN CLASS</b></p> <p>PROFILE <u>3</u> DESIGN <u>C</u></p> <p>DEPTH TO MOST LIMITING FACTOR <u>24"</u></p>	<p><b>DISPOSAL AREA SIZING</b></p> <p>1. <input type="checkbox"/> Small - 2.00                  2. <input type="checkbox"/> Medium - 2.60                  3. <input checked="" type="checkbox"/> Medium-Large - 3.30                  4. <input type="checkbox"/> Large - 4.10                  5. <input type="checkbox"/> Extra-Large - 5.20</p>	<p><b>PUMPING</b></p> <p>1. <input type="checkbox"/> Not required                  2. <input type="checkbox"/> May be required                  3. <input checked="" type="checkbox"/> Required</p> <p>DOSE <u>50</u> Gallons</p>	<p><b>DESIGN FLOW:</b> <u>270 GPD</u> (Gallons/Day)</p>

SITE EVALUATOR'S STATEMENT		
<p>On <u>5/12/98</u> (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules.</p>		
<p><u>[Signature]</u> Site Evaluator Signature <b>JOHN PHILBRICK</b> Site Evaluator Name Printed</p>	<p><u>256</u> SE • <u>547-3732</u> Telephone</p>	<p><u>5/17/98</u> Date</p>

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

05178433

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

AUGUSTA

14 SHERWOOD DR.

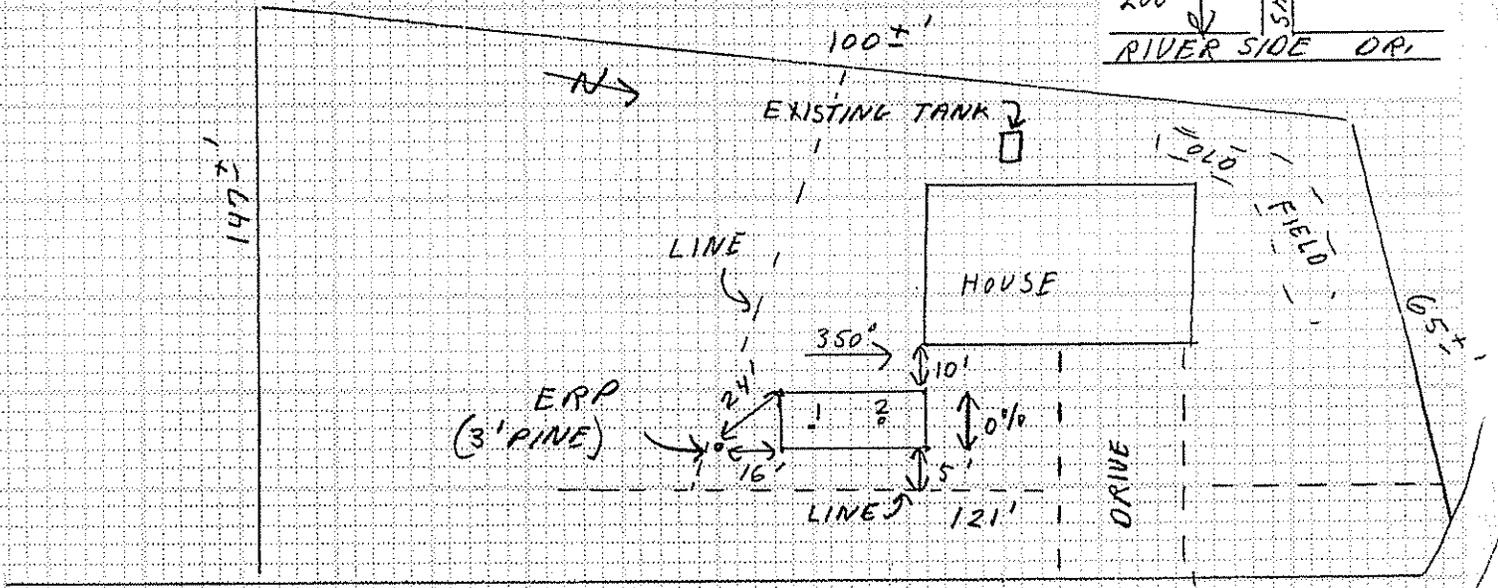
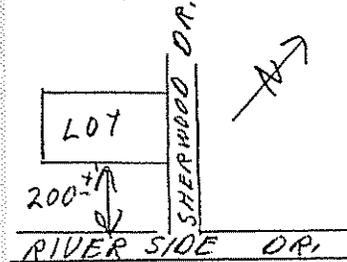
JOHN HAITZ

## SITE PLAN

Scale: 1" = 50 Ft.  
or as shown

SITE LOCATION PLAN  
(Attach Map from Maine Atlas for New System Variance)

18 INFILTRATORS  
3 ROWS OF 6 EACH  
FLAGS MARK CORNERS



## 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	SANDY	FRIBBLE	DARK BR.	NONE
6	LOAM		ORANGE BR.	
10	LOAMY		YELLOW	
15	SAND		BR.	
20				
30		FIRM	GRAY	COMMON
40				DISTING
50				

Soil Classification: 3 C Slope: 0 % Limiting Factor: 29"  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				
6				
10				
15				
20				
30				
40				
50				

Soil Classification: 3 C Slope: 0 % Limiting Factor: 29"  Ground Water  Restr. Layer  Bedrock

NOTE: SAME AS #1

*[Signature]*  
Site Evaluator Signature

256  
SE#

5/19/98  
Date

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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

04208511

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

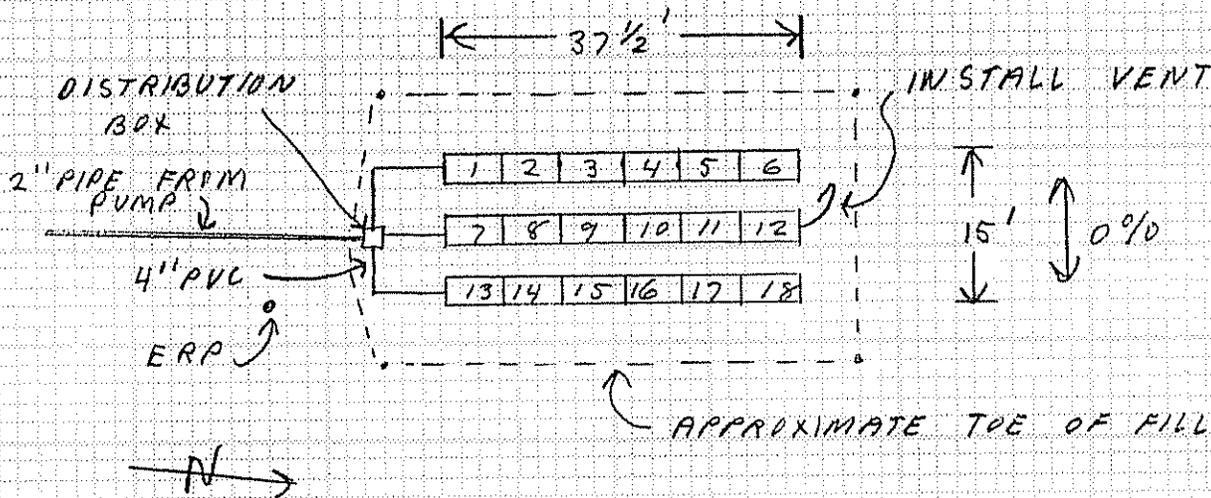
AUGUSTA

14 SHERWOOD DR.

JOHN HRTZ

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft.  
or as shown



18 INFILTRATORS  
3 ROWS OF 6 EACH  
FLAGS MARK CORNERS

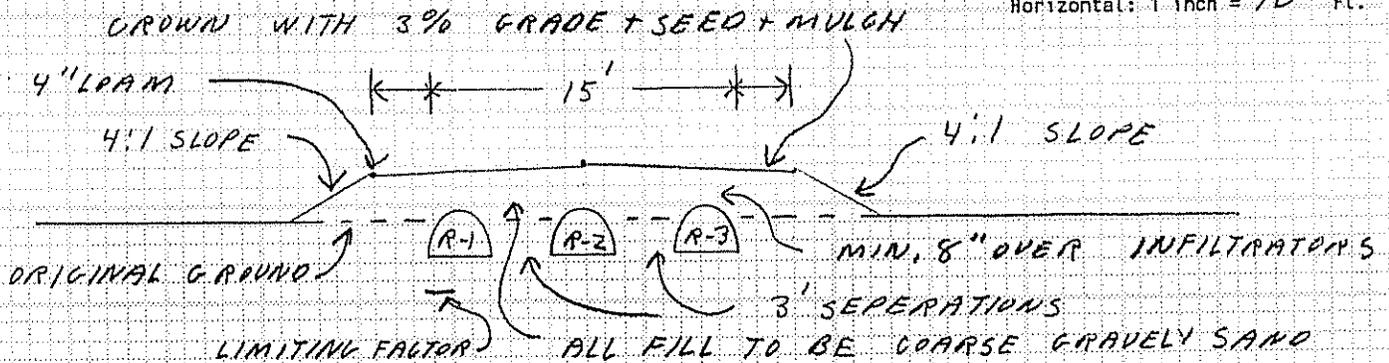
**FILL REQUIREMENTS**  
Depth of Fill (Upslope)  
Depth of Fill (Downslope)

**CONSTRUCTION ELEVATION**  
12" Reference Elevation is  
12" Bottom of Disposal Area  
Top of Distribution Lines or Chambers

**ELEVATION REFERENCE POINT**  
0" ERP IN 3' PINE 16'  
-52" SOUTH OF SYSTEM, 24"  
-36" ABOVE GROUND

**DISPOSAL AREA CROSS SECTION**

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



*[Signature]*  
Site Evaluator Signature

256  
SE#

5/19/98  
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 for the proposed replacement system which does not comply 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 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 from the rules.
2. A 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 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

Permit No. 3945 E

Date Permit Issued 5-29-98  
MONTH/DAY/YEAR

Property Owner's Name: JOHN HARTZ Tel. No. \_\_\_\_\_

System's Location: 14 SHERWOOD DR.  
STREET

AUGUSTA Maine 04330  
TOWN 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 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.

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS Soil Profile <b>3</b> Soil Condition <b>C</b> 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	100'	300'		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50'	60'		
	b. Property Owner's	25'	50'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With Basement	5'	10'		10'
	2. Without Basement	5'	10'		
Property Line		4'	5'		5'

OTHER

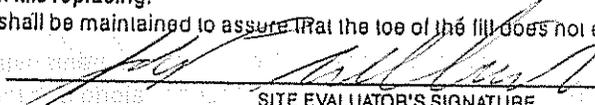
1. Fill extension Grade—to 3:1

2.

3.

Footnotes:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but closer to that well than the system it is replacing.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

  
SITE EVALUATOR'S SIGNATURE

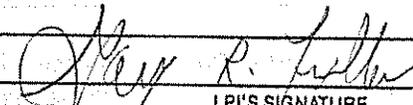
5/19/98  
DATE

LPI STATEMENT

I, Mark R. Lullo, 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 Wastewater Disposal 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,  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, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

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

  
LPI'S SIGNATURE

5-29-98  
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.