

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

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: AUGUSTA Town, Plantation SHERWOOD DRIVE Street, Road

PROPERTY OWNER or APPLICANT: MILTON GERARD

Mailing Address: 5 SHERWOOD DRIVE 623-1695 Tel. No.

AUGUSTA, ME 04330 Zip Code

LOCATION PLAN OF PROPERTY:

TYPE OF STRUCTURE, DESIGN FLOW:  Single Family Dwelling Number of Bedrooms 3 Design Flow 300 GPD

Design Flow based on  Minimum  Moderate  Conservative

Reduction in Design Flow due to Water Conservation

If so, specify type (s) \_\_\_\_\_

Other Establishment. Specify \_\_\_\_\_ Type of Facility \_\_\_\_\_

(Number of Employees, Seating Capacity, Building Size, etc.) \_\_\_\_\_

Design Flow \_\_\_\_\_ GPD if greater than 2000 GPD, Specify Professional Engineer

PROPERTY INFORMATION

Area of Property 1000 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. _____	Observation Hole No. _____	Observation Hole No. _____					
	<input type="radio"/> Test Pit <input checked="" type="radio"/> Boring	<input type="radio"/> Test Pit <input type="radio"/> Boring	<input type="radio"/> Test Pit <input type="radio"/> Boring					
	Organic Strata or (Existing Fill) Thickness _____	Organic Strata or (Existing Fill) Thickness _____	Organic Strata or (Existing Fill) Thickness _____					
	1st Original Mineral Soil Strata <u>SANDY &amp; GRAVELLY FINE</u> Depth from 0 " to <u>30</u> Thickness <u>30</u> "	1st Original Mineral Soil Strata Depth from 0 " to _____ Thickness _____	1st Original Mineral Soil Strata Depth from 0 " to _____ Thickness _____					
	2nd <u>B.F.S.L.</u> Depth from <u>30</u> " to <u>38</u> Thickness <u>8</u> "	2nd Depth from _____ " to _____ Thickness _____	2nd Depth from _____ " to _____ Thickness _____					
	3rd <u>V.B.F.S.L.</u> Depth from <u>38</u> " to <u>48</u> Thickness <u>10</u> "	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 <u>48</u> "	Total Depth of Observation Hole _____	Total Depth of Observation Hole _____						
Depth from top of ORIGINAL MINERAL SOIL	Maximum Seasonal High Ground <input type="radio"/> None evident <input checked="" type="radio"/> Water Table Depth <u>&gt; 48'</u>	Maximum Seasonal High Ground <input type="radio"/> None Evident <input type="radio"/> Water Table Depth _____	Maximum Seasonal High Ground <input type="radio"/> None evident <input type="radio"/> Water Table Depth _____					
	Depth to Restrictive Layer <input checked="" type="radio"/> None evident _____	Depth to Restrictive Layer <input type="radio"/> None evident _____	Depth to Restrictive Layer <input type="radio"/> None evident _____					
	Depth to Bedrock <input checked="" type="radio"/> None evident _____	Depth to Bedrock <input type="radio"/> None evident _____	Depth to Bedrock <input type="radio"/> None evident _____					
PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE
<u>FILL OVER 4'</u>	<u>C</u>	<u>2%</u>			%			%

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

USE EXISTING TANK

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 7

Width 70 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 0 inches.

Depth of Downslope Fill required 0 inches.

Reference Elevation Point established at 0 Elevation.

Disposal Area Bottom to be established at -24' Elevation.

Top of Distribution Lines or Top of Chambers -12' Elevation.

Yes  No: The proposed subsurface disposal area will be located at least 100 feet from any and all walls, 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 11/18/82 (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: Albert J. Hubert Site Evaluator License Number: 51

Date signed: 11/18/82

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: Milton Gerard

Date Signed: 11/18/82

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: Milton Gerard

Date: 11/18/82

PERMIT NO. 52950 E

Date Issued: 11/19/82

HHE-200 RV7/80

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

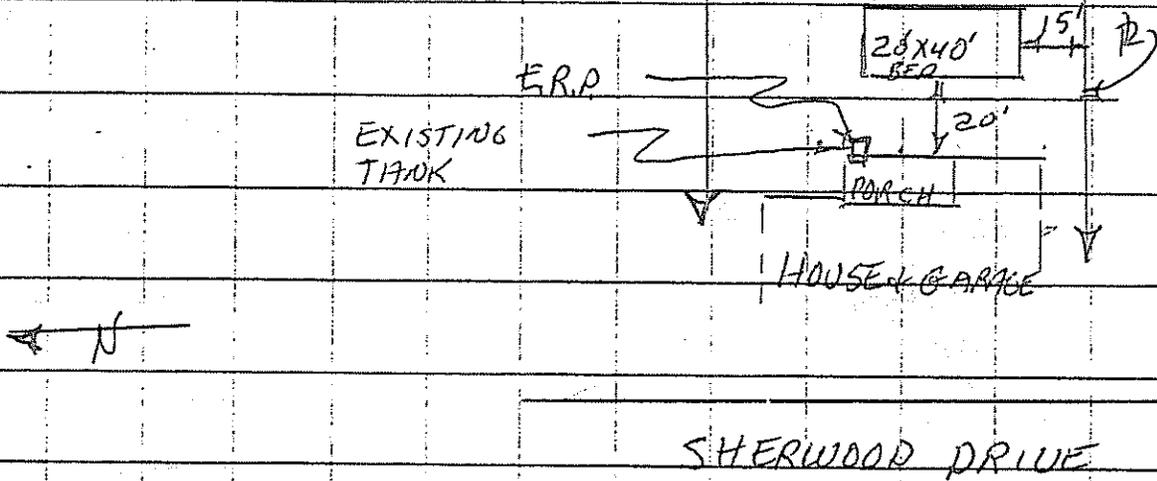
PROPERTY LOCATION		DISPOSAL AREA ELEVATION		Reference Elevation Point established at <u>0</u> Elevation.	
Town, Plantation	Street, Road	Subdivision Name	Lot No.	Depth of Upslope Fill required <u>0</u> inches.	Disposal Area Bottom to be established at <u>-24"</u> Elevation.
PROPERTY OWNER or APPLICANT		Depth of Downslope Fill required <u>0</u> inches.	Top of Distribution Lines or Top of Chambers <u>-12"</u> Elevation.		

Site Plan

Scale 1" = 50' ft.

E.R.P. = OUTLET INVERT OF TANK

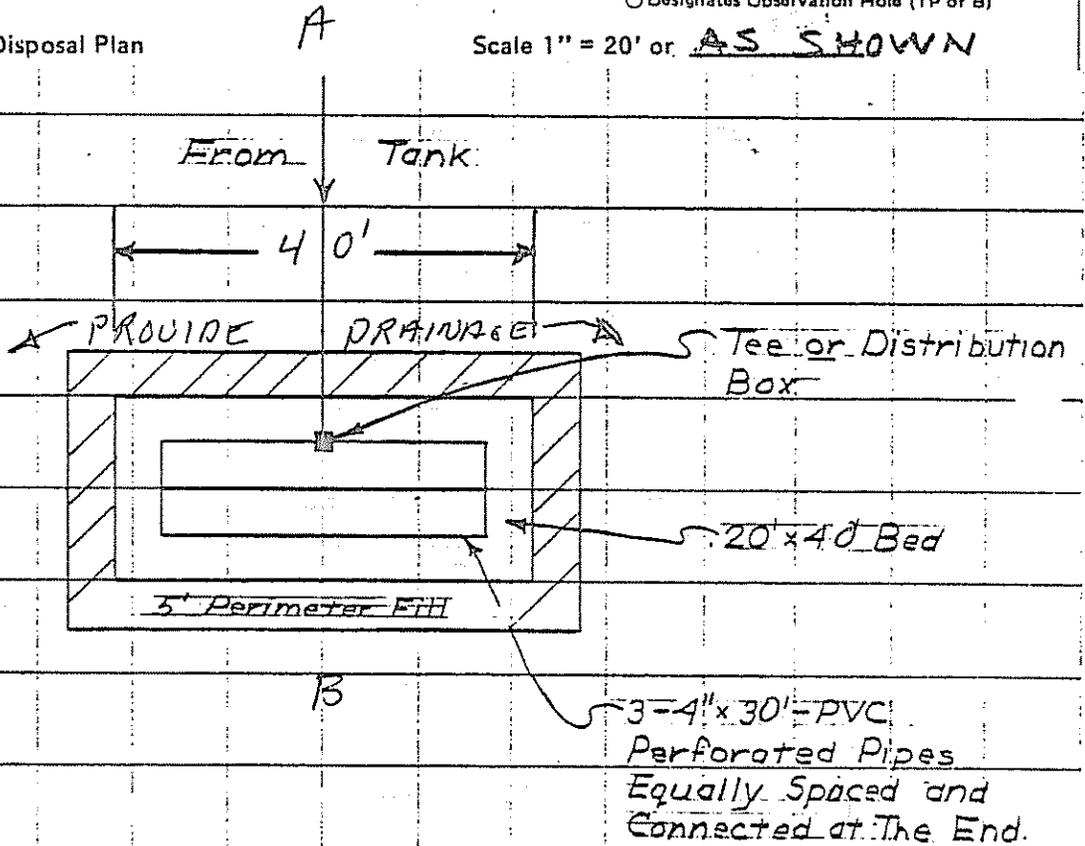
INTERMITTENT RUN



Subsurface Wastewater Disposal Plan

Scale 1" = 20' or AS SHOWN

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

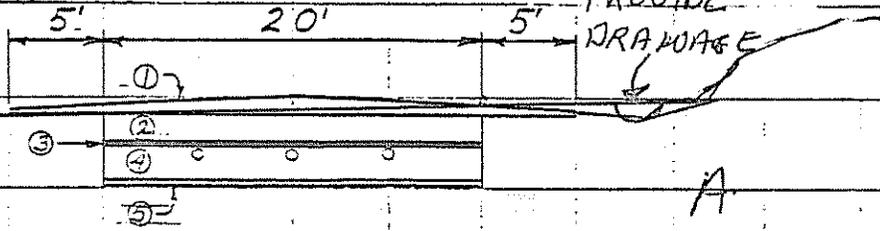


Subsurface Wastewater Disposal Area Cross-section

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

- ① 3" Topsoil Crowned @ 3%
- ② 8" Sand
- ③ 2" Hay
- ④ 10" Stone
- ⑤ 2" Sand

Fill Material to be Silty Sand.



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

Site Evaluator's Signature	Date	License Number
<i>[Signature]</i>	11/4/82	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 11020 Permit No. 52950 E Date Permit Issued 11/19/83  
month/day/yr.

Property Owner's Name: MILTON GERARD Tel. No. 623-1695

System's Location: SHERWOOD DR.  
Street

AUGUSTA MAINE 04330  
Town Zip

Property Owner's Address: 5 SHERWOOD DR.  
(if different from above) Street

AUGUSTA ME. 04330  
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.

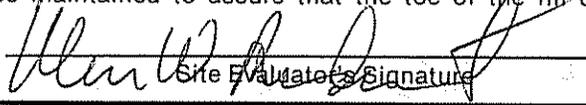
Milton Gerard  
Property Owner's Signature Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
<b>Soils</b> Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		_____ inches	
	Restrictive Layer	to 6"		_____ inches	
	Bedrock	to 10"		_____ inches	
<b>Setback Distances</b> (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'	6.0'	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.

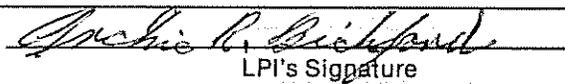

11/4/82  
Date

LPI Statement

I, ARCHIE BICKFORD, 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):

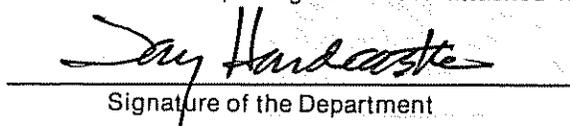
- a. (  approve,  do not approve ) the variance request based on my authority to grant this variance  
 Note: If the LPI does not give his approval, he shall list his reasons for denial in **Comments** Section below and return to the applicant.
- or:
- b. find that one or more of the requested Variances 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:


11/19/82  
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.


11/18/82  
Date