

103-0430

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town or Plantation: Augusta

Street or Vision Lot #: Hospital Street

PROPERTY OWNERS NAME

622-0430

Last: Dunn First: Josephine

Applicant Name: Josephine Dunn

Mailing Address of Owner/Applicant (if different): 233 Hospital St. Augusta Me. 04330

M6128

AUGUSTA 2559 TOWN COPY

Caution: Permit Required

Date Permit Issued: 10/22/92 FEE Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 1989

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.

Signature of Owner/Applicant: [Signature] Date: 10/22/92

Caution: Inspection Required

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

Local Plumbing Inspector Signature: [Signature] Date Approved: 10/22/92

PERMIT INFORMATION

THIS APPLICATION IS FOR: 1. <input type="checkbox"/> NEW SYSTEM 2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE	INSTALLATION IS: COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
SEASONAL CONVERSION to be completed by the LPI 5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____ 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED	IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED <u>20+</u> THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 3. <input checked="" type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____	DISPOSAL SYSTEM TO SERVE: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____
SIZE OF PROPERTY <u>1/2 Acre</u>	ZONING <u>Residential</u>	TYPE OF WATER SUPPLY <u>City Water</u>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: <u>1000</u> GALS.	WATER CONSERVATION 1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. <input type="checkbox"/> NOT REQUIRED 2. <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) <u>2 Bedroom Min Floor</u> DESIGN FLOW: <u>180</u> (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: <u>9</u> CONDITION: <u>D</u> DEPTH TO LIMITING FACTOR: <u>12"</u>	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input checked="" type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. <input checked="" type="checkbox"/> BED <u>900</u> Sq. Ft. 2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	

SITE EVALUATOR STATEMENT

On 8-10-1992 (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.

Site Evaluator Signature: [Signature] SE# 241 Date 8-30-1992

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

ATTACHMENT TO FORM HHE-200
ADDITIONAL INFORMATION ABOUT YOUR SEPTIC SYSTEM

1. YOU SHOULD HAVE YOUR SEPTIC TANK PUMPED OUT AND CHECKED EVERY TWO YEARS OR MORE OFTEN TO PROLONG THE LIFE OF YOUR SYSTEM.
2. IF YOU PLAN TO INSTALL A GARBAGE DISPOSAL IN YOUR HOME, YOU SHOULD HAVE THE NEXT AVAILABLE SIZE SEPTIC TANK INSTALLED. An alternative to this is the installation of a Zabel Industries Inc. Multi-purpose Filter, Model #A-100 or equivalent on the outlet end of the septic tank.
3. Water softeners should drain to a separate gray water disposal system.
4. Your septic tank must be installed level and all joints, inspection covers etc. must be water tight. The same is necessary for a pump tank if your system requires one.
5. The outlet invert elevation should be equal to or higher than the finish grade of the septic field to avoid flooding of the tank and solids entering the field.
6. Your system is designed to handle laundry waste water provided a separated laundry system is not indicated on Page 1 of your HHE-200 form and the total daily design flow shown on Page 1 is not exceeded. If a low water toilet is required it must use less than 1.5 gallons per flush.
7. All construction shall conform with section 11-D "State of Maine-Subsurface Wastewater Disposal Rules-Chapter 241" and all other pertinent sections.
8. All fill shall be sandy loam coarser with sufficient fines for adequate compaction, unless otherwise stated.
9. Wells shall be located a minimum 100' from subsurface disposal system.
10. Property lines shown are as provided by owner and no guarantee of accuracy is implied. Actual property lines must be confirmed by survey.
11. Applicability of design must be reevaluated when location of structures are substantially different than those shown on the site plan or when other structures, additions, or appurtenances (i.e. swimming pools) are considered.
12. Systems put into service prior to establishing proper cover shall be provided with adequate erosion control to prevent damage to the system.
13. Provide low profile septic tank when determined as necessary in the field.
14. Lots not meeting the requirements if the "Minimum lot size Rule" but recorded prior to its effective date require a "Minimum Lot Size Waiver" as issued by the Department of Human Services - Division of Health Engineering.
15. Force mains, pump stations, and/or gravity piping subject to freezing shall be adequately installed.
16. The L.P.I. shall inform the owner and designer of any local ordinance exceeding the rules (Chapter 241), prior to issuing a permit, so that the application may be properly amended to conform to to such ordinances.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

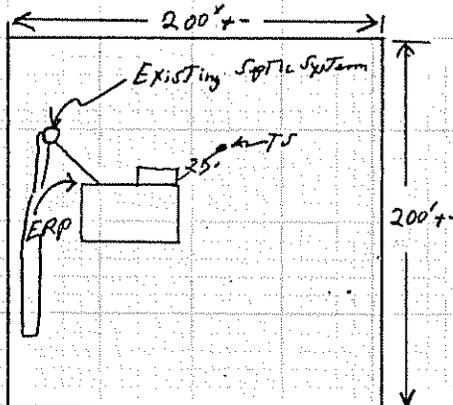
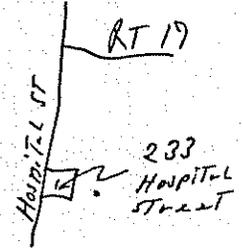
Augusta

Hospital ST
SITE PLAN

Josephine Dunn

Scale 1" = 100' Ft.

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



Hospital ST.

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole _____ Test Pit Boring

1-0 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	SLT Loam	Friable	Olive	Mixed
6	Fill		Brown	
10	SLT Loam			
15				Granular
20		Sum Wat Firm	OLIVE	
30				
40				
50				

Soil Profile: 9	Classification Condition: D	Slope: 0-2%	Limiting Factor: 12	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Observation Hole _____ Test Pit Boring

" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Profile:	Classification Condition:	Slope: %	Limiting Factor:	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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[Signature]
Site Evaluator Signature

241
SE#

8-30-1992
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

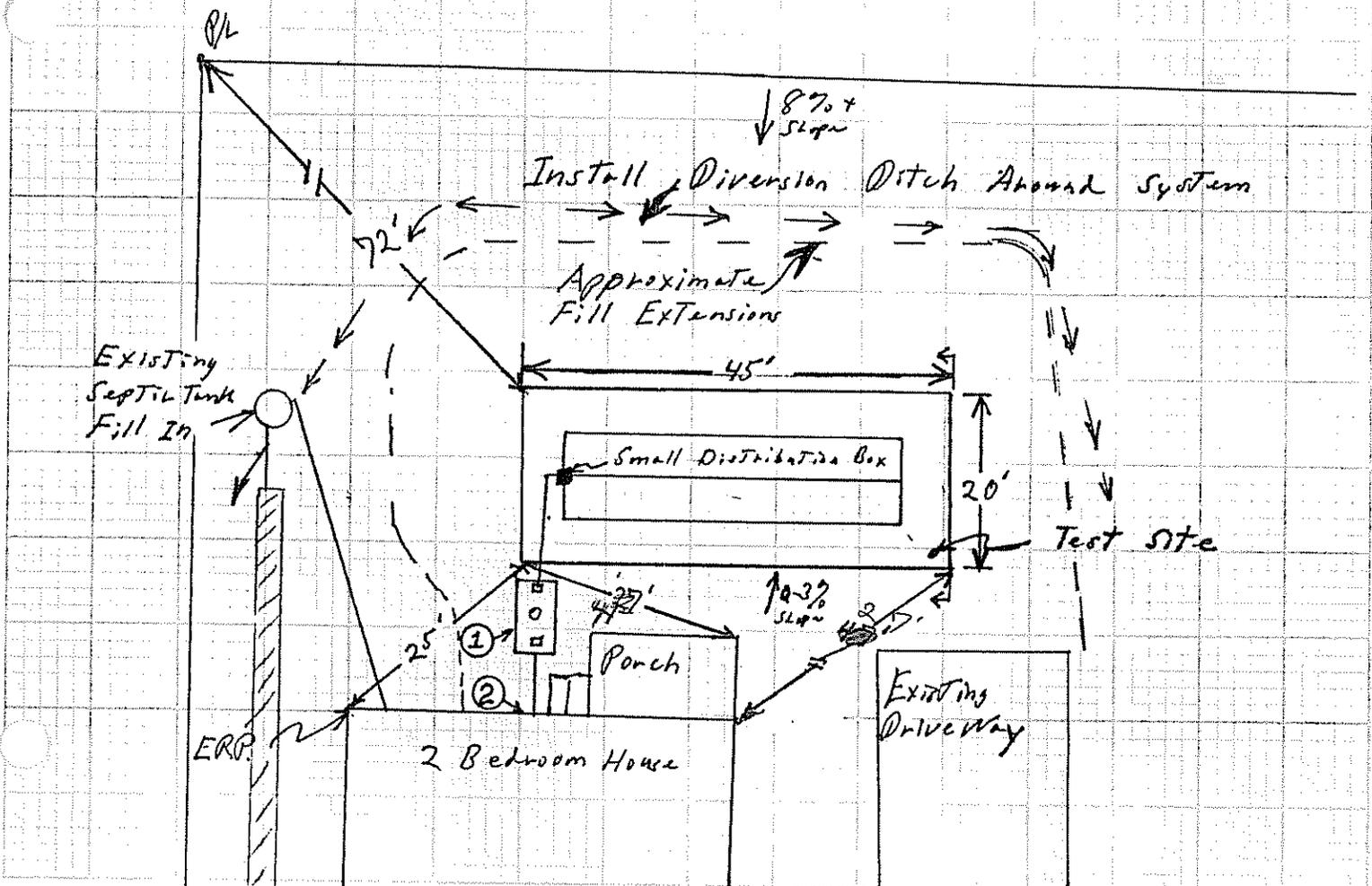
Aug 45 Ta

Hospital Street

Josephine Dubn

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) 28"
Depth of Fill (Downslope) 34"

CONSTRUCTION ELEVATIONS

Reference Elevation is 0
Bottom of Disposal Area -40"
Top of Distribution Lines or Chambers -36"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

Nail in Tap # 144
In Corner of House

Scale:

Vertical: 1 inch = Ft.
Horizontal: 1 inch = Ft.

DISPOSAL AREA CROSS SECTION

See Page 4

- ① 1000 Gallon Concrete Septic Tank
- ② Install New Pipe Into House And Connect To Existing Pipe

ED Dubn
Site Evaluator Signature

241
SE#

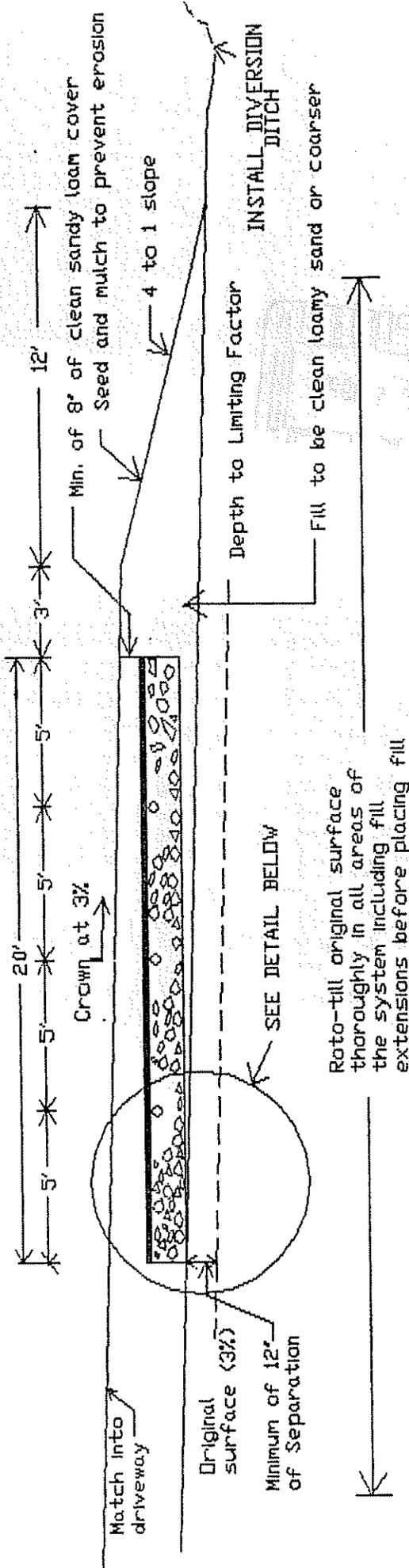
8-30-1992
Date

ATTACHMENT TO FORM HHE-200

Page 4 of 4 Josephine Dunn
Hospital Street Augusta, Maine

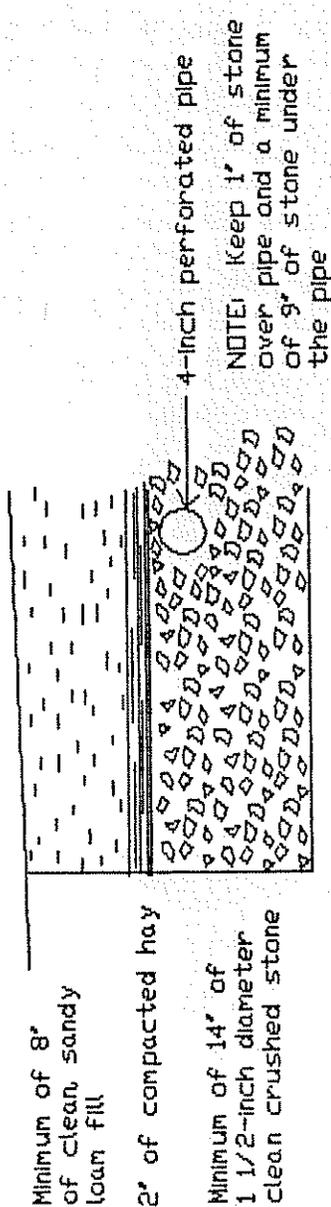
ELEVATIONS

Reference Elevation is 0'
Bottom of Disposal Area is -49'
Top of Distribution Lines is -36'



Depth of Fill (Upslope) = 28'
Depth of Fill (Downslope) = 34'

SCALE:
Vertical: 1 inch = 5 feet
Horizontal: 1 inch = 5 feet



DETAIL OF BED

DATE: 8-30-92

Eugene Dube S E # 241

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

Permit No. 2559 E Town of Augusta
Date Permit Issued 10/22/92
MONTH/DAY/YEAR
Property Owner's Name: Josephine Dunn Tel. No. 622-0430
System's Location: 233 Hospital St.
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, they 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.

Josephine Dunn
PROPERTY OWNER'S SIGNATURE

10/22/92
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"		12" 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'		
	2. Without Basement	5'	10'		
Property Line		4'	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.

[Signature]

SITE EVALUATOR'S SIGNATURE

8-30-92

DATE

LPI STATEMENT

I, George A. Lopez Jr., 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:

[Signature]
LPI'S SIGNATURE

10/25/92
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