

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3826

PROPERTY ADDRESS	
Town Or Plantation	AUGUSTA
Street	ROUTE 105
Subdivision Lot #	178 BELFAST AVE. BOX 1370 F
PROPERTY OWNERS NAME	
Last:	BURDZEL
First:	STATIA
Applicant Name:	FRED MICHAUD
	MERRYMEETING DEVEL., INC.
Mailing Address of Owner/Applicant (If Different)	3 INDUSTRIAL PARKWAY BRUNSWICK, ME. 04011

Caution: Permit Required

AUGUSTA PERMIT # 1,398 TOWN COPY

Date Permit Issued: 8/15/88 FEE 40 Double Fee Charged

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # 883

63-9

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] 8/14/88
Signature of Owner/Applicant Date

Caution: Inspection Required

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

[Signature] Sep. 6, 1988
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NEW SYSTEM <input checked="" type="checkbox"/> REPLACEMENT SYSTEM <input type="checkbox"/> EXPANDED SYSTEM <input type="checkbox"/> EXPERIMENTAL SYSTEM <p>SEASONAL CONVERSION to be completed by the LPI</p> <ol style="list-style-type: none"> <input type="checkbox"/> SYSTEM COMPLIES WITH RULES <input type="checkbox"/> CONNECTED TO SANITARY SEWER <input type="checkbox"/> SYSTEM INSTALLED - P# _____ <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED <p>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED <u>1974</u></p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> BED <input type="checkbox"/> CHAMBER <input type="checkbox"/> TRENCH <input type="checkbox"/> OTHER: _____ <p>SIZE OF PROPERTY _____ ZONING _____</p>	<p>THIS APPLICATION REQUIRES:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NO RULE VARIANCE <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form <ol style="list-style-type: none"> <input type="checkbox"/> Requiring Local Plumbing Inspector Approval <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE <i>See letter of 6/14/88 (attached)</i> <p>DISPOSAL SYSTEM TO SERVE:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER _____ SPECIFY _____ 	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) <input type="checkbox"/> ENGINEERED (+ 2000 gpd) <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> TREATMENT TANK (ONLY) <input type="checkbox"/> HOLDING TANK _____ GAL <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM <p>TYPE OF WATER SUPPLY PUBLIC WATER</p>
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DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC <p>SIZE: <u>1000</u> GALS.</p>	<p>WATER CONSERVATION</p> <ol style="list-style-type: none"> <input type="checkbox"/> NONE <input type="checkbox"/> LOW VOLUME TOILET <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM <input type="checkbox"/> ALTERNATIVE TOILET <p>SPECIFY: _____</p>	<p>PUMPING</p> <ol style="list-style-type: none"> <input type="checkbox"/> NOT REQUIRED <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) <input type="checkbox"/> REQUIRED <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p style="text-align: center; font-size: 1.5em;">SINGLE FAMILY DWELLING (3 BEDROOMS)</p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table style="width: 100%;"> <tr> <td>PROFILE</td> <td>CONDITION</td> </tr> <tr> <td style="text-align: center;">9</td> <td style="text-align: center;">D</td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>7</u></p>	PROFILE	CONDITION	9	D	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> MEDIUM-LARGE <input type="checkbox"/> LARGE <input checked="" type="checkbox"/> EXTRA LARGE 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> <input type="checkbox"/> BED _____ Sq. Ft. <input checked="" type="checkbox"/> CHAMBER: <u>675</u> Sq. Ft. <i>INFILTRATORS</i> <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 <input type="checkbox"/> TRENCH _____ Linear Ft. <input type="checkbox"/> OTHER: _____ 	<p>DESIGN FLOW: <u>270</u> (GALLONS/DAY)</p>
PROFILE	CONDITION						
9	D						

SITE EVALUATOR STATEMENT

On APRIL 27, 1988 (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.

[Signature] 163 8/12/88
Site Evaluator Signature SE# Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

AUGUSTA

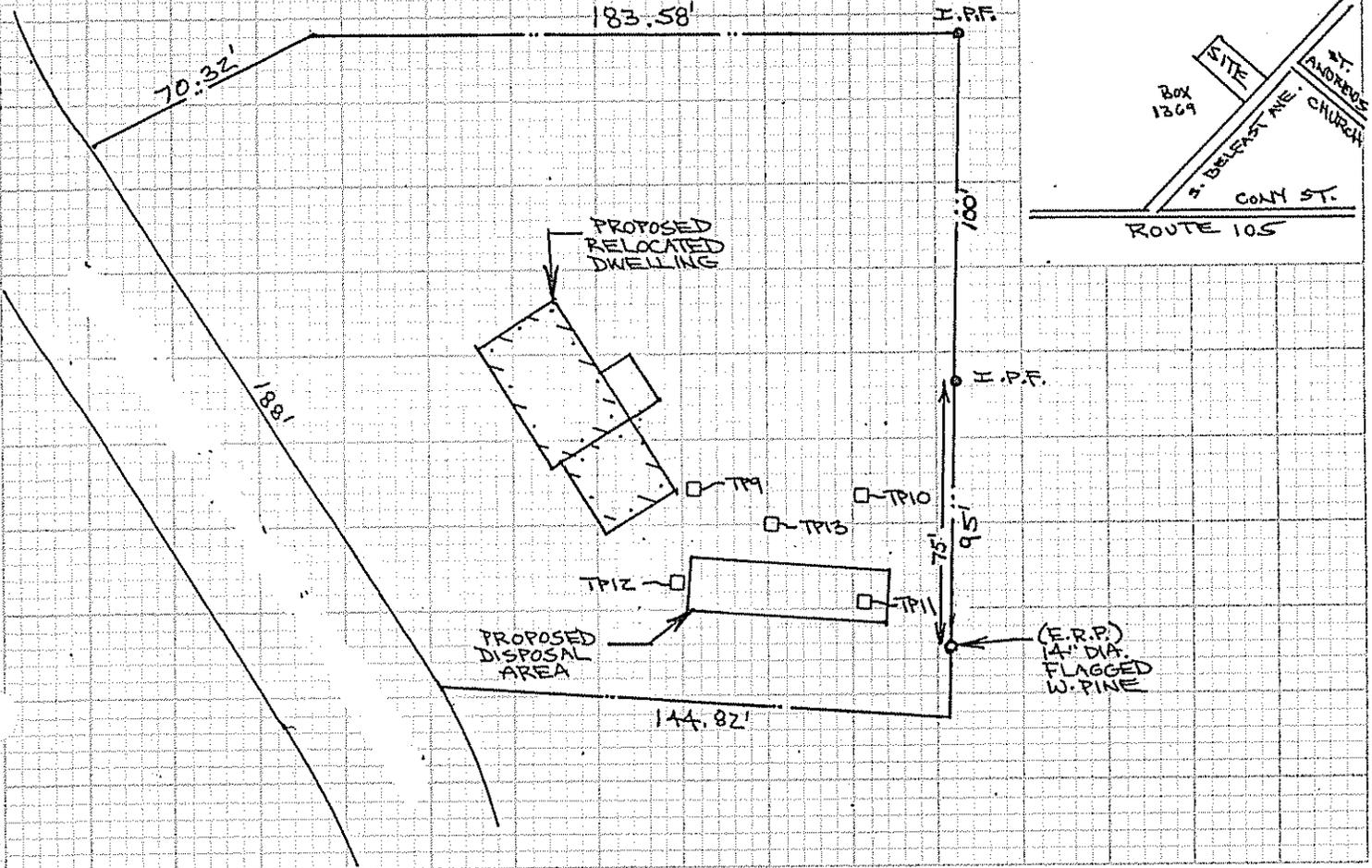
ROUTE 105 (173 S. BELFAST AVE.)

BURDZEL, STATIA

SITE PLAN

Scale 1" = 50 Ft.

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



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP 213 Test Pit Boring

" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0		DARK GRAYISH BROWN	
SILT			
6	FRIABLE		
LOAM			
10		OLIVE	COMMON
SILTY	FIRM		DISTINCT
15			
CLAY			
20			
30			
40			
50			

Observation Hole _____ Test Pit Boring

" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0			
6			
10			
15			
20			
30			
40			
50			

Soil Profile <u>9</u>	Classification Condition <u>D</u>	Slope <u>4</u> %	Limiting Factor <u>7</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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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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Albert Feick
Site Evaluator Signature

163
SE#

8/12/80
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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Town, City, Plantation

Street, Road, Subdivision

Owners Name

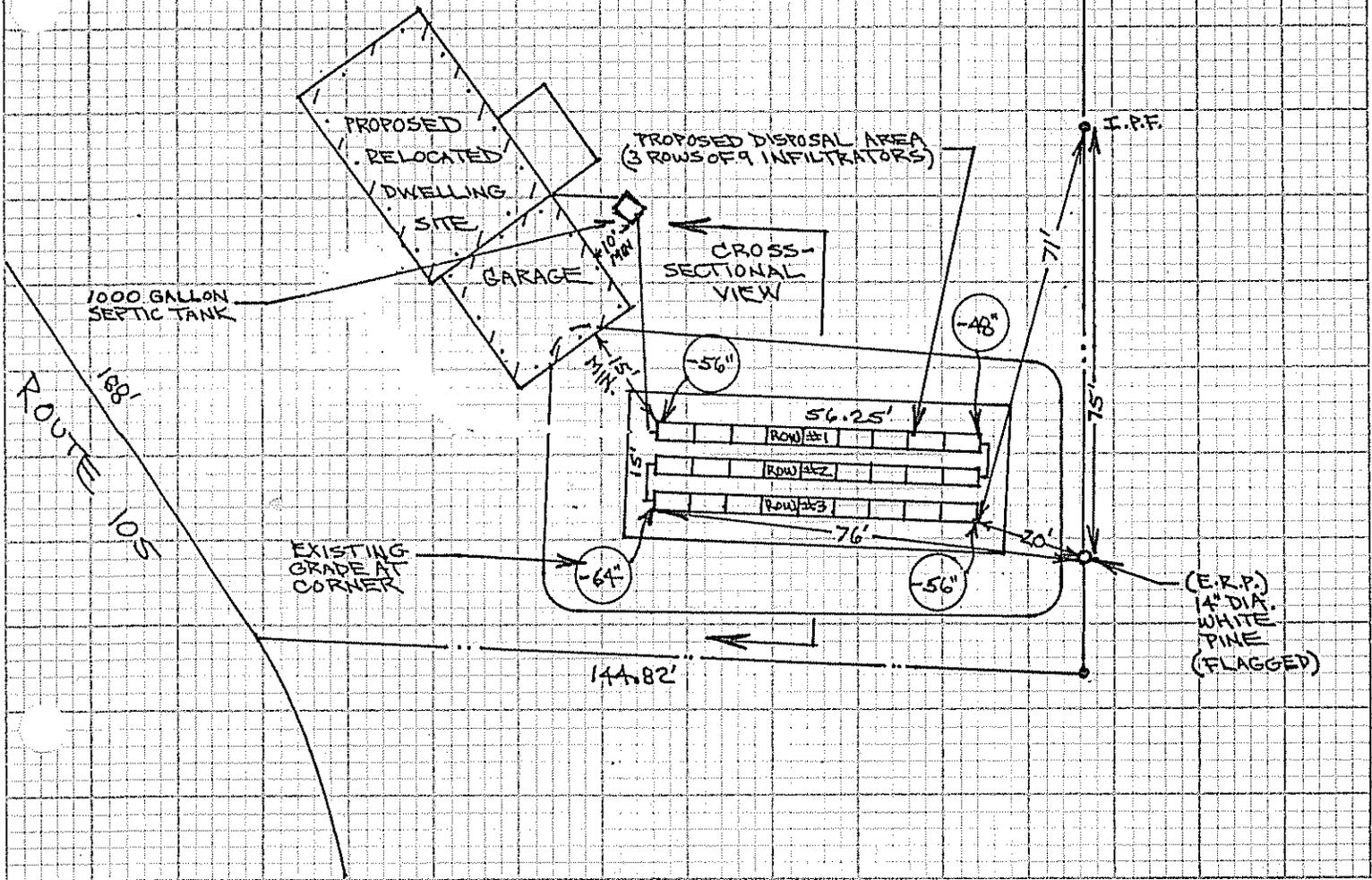
AUGUSTA

ROUTE 105 (173 S. BELFAST AVE.)

BURDZEL, STATIA

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 30 Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) 30-38"
Depth of Fill (Downslope) 32-40"

CONSTRUCTION ELEVATIONS

Reference Elevation is 00"
SEE DETAIL BELOW
Bottom of Disposal Area
Top of Distribution Lines or Chambers

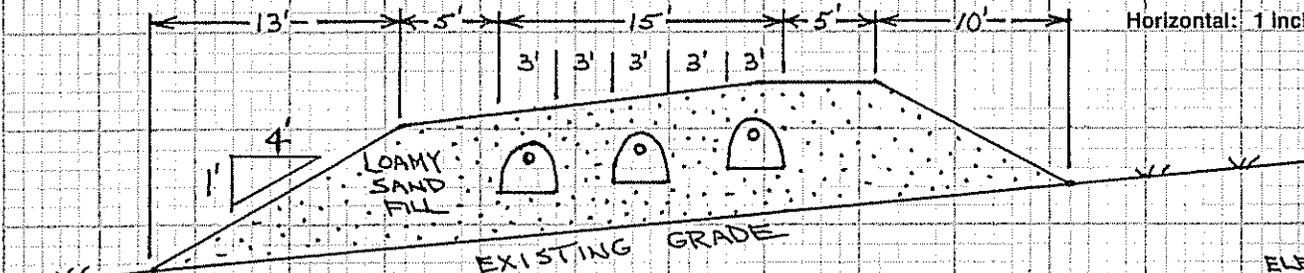
ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

MAIL IN 14" DIA. WHITE PINE, 50" ABOVE BASE OF FLAGGED TREE.

DISPOSAL AREA CROSS SECTION

Scale:

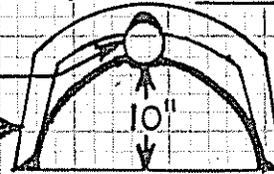
Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.



ELEV. BELOW E.R.P. FOR ROW #:

ROW #	(1)	(2)	(3)
18"	-18"	-21"	-24"
28"	-28"	-31"	-34"

DISTRIBUTION PIPE
INFILTRATOR UNIT



DETAIL

-43"	-46"	-49"
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Albert Feick
Site Evaluator Signature

163
SE#

8/12/88
Date

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. _____ E Date Permit Issued _____
MONTH/DAY/YEAR

Property Owner's Name: Statia Burdzel Tel. No. _____

System's Location: 173^E Belfast Ave STREET

Augusta TOWN Maine 04333 ZIP

Property Owner's Address: 40 Fred Michaud STREET Dr.
(if different from above) Industrial Parkway
TOWN Brunswick STATE me ZIP 04011

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.

Frederick T. Michaud
APPLICANT'S PROPERTY OWNER'S SIGNATURE

8/4/88
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"		7 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 ^a	300 ^a		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50 ^b	60 ^b		
	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 ^c	10 ^c		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

OTHER

1. Fill extension Grade—to 3:1

2. *see Attached letter 6/10/88 to J. Hancock*

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.

Albert Frick
SITE EVALUATOR'S SIGNATURE

6/13/88
DATE

LPI STATEMENT

I, *Raymond Hancock*, LPI for the Town of *Acushnet* 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: *SEE letter from Health Engineer*

Raymond Hancock
LPI'S SIGNATURE

5/15/88
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