Angus S. King, Jr.
Governor

Kevin W. Concannon
Commissioner

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

MAR 1995
Received
Div. of Health
Engineering

Attention Property Owner:

The Division has reviewed and approves your request for Replacement System Variance to the State of Maine Wastewater Disposal Rules. The signed variance is attached.

If you should have any questions, please contact this office at 287-5672.

Cynthia Ann Smith

called 3-31-95 9:20 N/A
4-3-95 8:50

M64L6

626-0000

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.

Town Copy

GENERAL INFORMATION

Town of Augusta

Permit No. 3184 E

Date Permit Issued 3/31/95 (MONTH/DAY/YEAR)

Property Owner's Name: William Rocque

Tel. No. 626-0000

System's Location: Rt. 105 AUGUSTA (STREET)

AUGUSTA (TOWN) Maine 04330 (ZIP)

Property Owner's Address: 1069 South Belfast AVE. (STREET)
(if different from above)

AUGUSTA (TOWN) Me. (STATE) 04333 (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.

William Rocque — PROPERTY OWNER'S SIGNATURE

3-26-95 — DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Profile	Ground Water Table	to 6"			inches
Soil Condition	Restrictive Layer	to 6"			inches
from HHE-200	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'	25'	30'
	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'		10'
	2. Without Basement	5'	10'		
Property Line		4'	5'		

OTHER

1. Fill extension Grade—to 3:1

2.

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.

David P. Rosque — 3/26/95

SITE EVALUATOR'S SIGNATURE — DATE

LPI STATEMENT

I, Gary R. Lubbe, 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:

Gary R. Lubbe — 3/27/95

LPI'S SIGNATURE — DATE

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.

Jay Hardcastle — 3/28/95

SIGNATURE OF THE DEPARTMENT — DATE

M64L6

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street ubdivision Lot #	RT. 105

PROPERTY OWNERS NAME

Last: ROCQUE First: William

Applicant Name:	Same
Mailing Address of Owner/Applicant (If Different)	R.R.7, BOX 2087 AUGUSTA, Me. 04330

Caution: Permit Required

AUGUSTA 3184 TOWN COPY

Date Permit Issued: 3 31 95 $ 45.00 FEE ☐ If Double Fee Charged

L.P.I. # 850

Local Plumbing Inspector Signature

Ruff insp 6/21/95 GRF.

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 — Date 3-26-95

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 — Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:
1. ☐ NEW SYSTEM
2. ☒ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ EXPERIMENTAL SYSTEM

SEASONAL CONVERSION
to be completed by the LPI
5. ☐ SYSTEM COMPLIES WITH RULES
6. ☐ CONNECTED TO SANITARY SEWER
7. ☐ SYSTEM INSTALLED – P# _____
8. ☐ SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED ?
THE FAILING SYSTEM IS:
1. ☐ BED 3. ☒ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

SIZE OF PROPERTY: 1/2 AC. ±
ZONING: Shoreland Zoning

THIS APPLICATION REQUIRES:
1. ☐ NO RULE VARIANCE
2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form
3. ☒ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
a. ☐ Requiring Local Plumbing Inspector Approval
b. ☒ Requires State and Local Plumbing Inspector Approval
4. ☐ MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:
1. ☒ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

INSTALLATION IS:
COMPLETE SYSTEM
1. ☐ NON-ENGINEERED SYSTEM
2. ☐ PRIMITIVE SYSTEM (Includes Alternative Toilet)
3. ☐ ENGINEERED (+2000 gpd)
INDIVIDUALLY INSTALLED COMPONENTS:
4. ☐ TREATMENT TANK (ONLY)
5. ☐ HOLDING TANK _____ GAL
6. ☐ ALTERNATIVE TOILET (ONLY)
7. ☒ NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

TYPE OF WATER SUPPLY
Drilled (Proposed)

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☒ SEPTIC: ☒ Regular ☐ Low Profile
2. ☐ AEROBIC
SIZE: 1000 GALS.

WATER CONSERVATION
1. ☐ NONE
2. ☒ LOW VOLUME TOILET
3. ☐ SEPARATED LAUNDRY SYSTEM
4. ☐ ALTERNATIVE TOILET
SPECIFY: _____

PUMPING
1. ☒ NOT REQUIRED
2. ☐ MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
3. ☐ REQUIRED
DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)
Minimum design flow plus 10% Three Bedroom Dwelling

DESIGN FLOW: 300 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 15.

SIZE RATINGS USED FOR DESIGN PURPOSES
1. ☐ SMALL
2. ☐ MEDIUM
3. ☒ MEDIUM-LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE
1. ☐ BED _____ Sq. Ft.
2. ☒ CHAMBER 525 Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

On 3/26/95 (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.

David P. Rocque — Site Evaluator Signature
154 — SE#
3/26/95 — 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

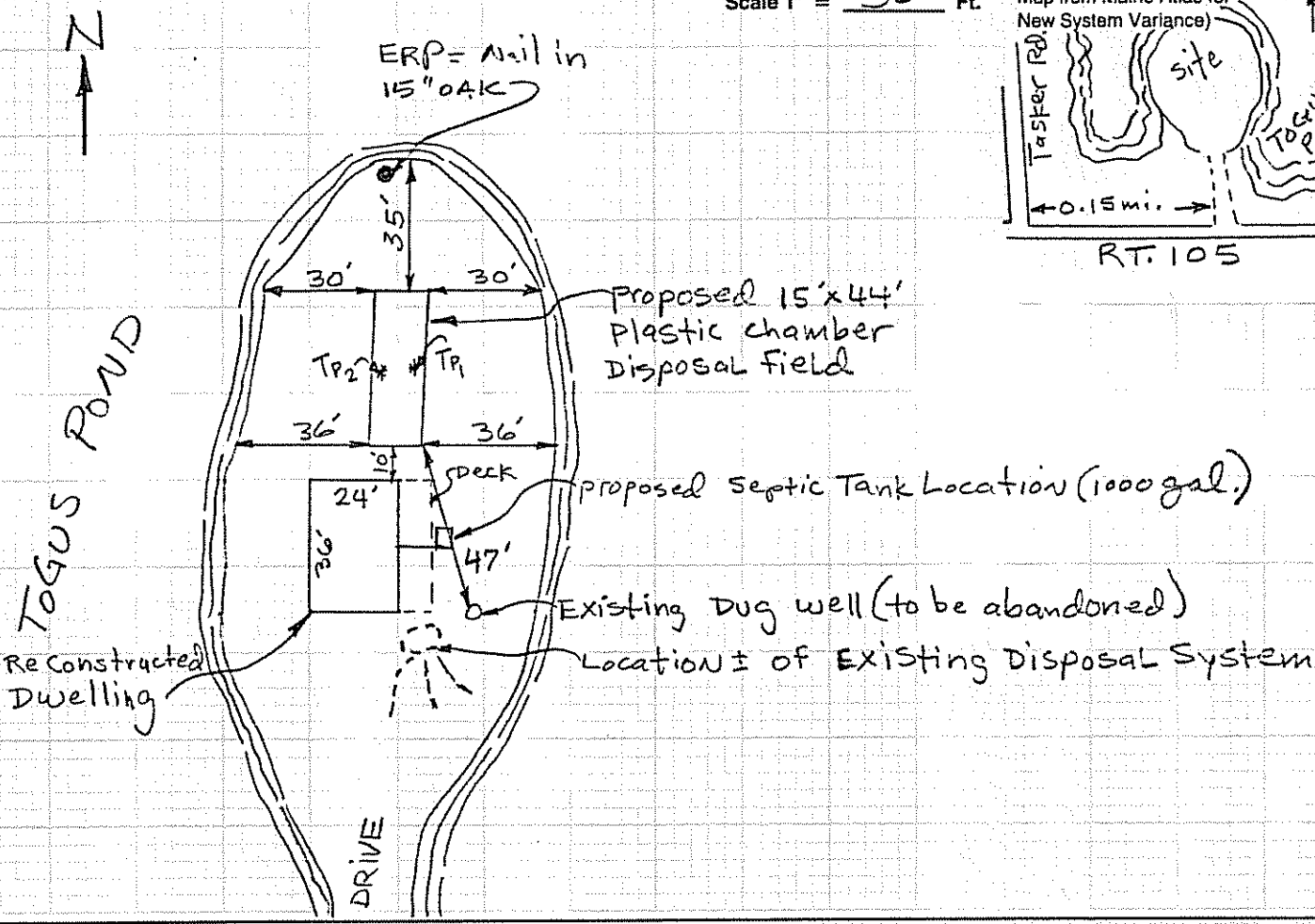
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: RT. 105

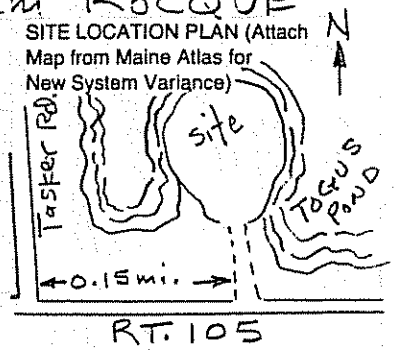
Owners Name: William ROCQUE

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 TP1 (Lower Depression) ☒ Test Pit ☐ Boring

SOD " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Depth	Texture	Consistency	Color	Mottling
0	Stoney		Dark	
6	Fine	Friable	Brown	NONE
10	Sandy		Brown	OBSERVED
15	Loam			
				OXIDIZED
20		Large		Rhizosphere
		Rock		(No Low
30				Chroma
				mottles)
40				
50				

Soil	Classification	Slope	Limiting Factor	
3 (Profile)	C (Condition)	3 %	15"	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole TP2 ☒ Test Pit ☐ Boring

SOD " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Depth	Texture	Consistency	Color	Mottling
0	Stoney		Dark	
6	fine	Friable	Brown	NONE
10	Sandy			OBSERVED
15	Loam		Strong	
			Brown	
20				
		Firm	Brown	
30				
40				
50				

Soil	Classification	Slope	Limiting Factor	
3 (Profile)	B (Condition)	3 %	24"	☐ Ground Water ☒ Restrictive Layer ☐ Bedrock

David P. Rocque
Site Evaluator Signature

154
SE#

3/26/95
Date

HHE-200 Rev. 1/84

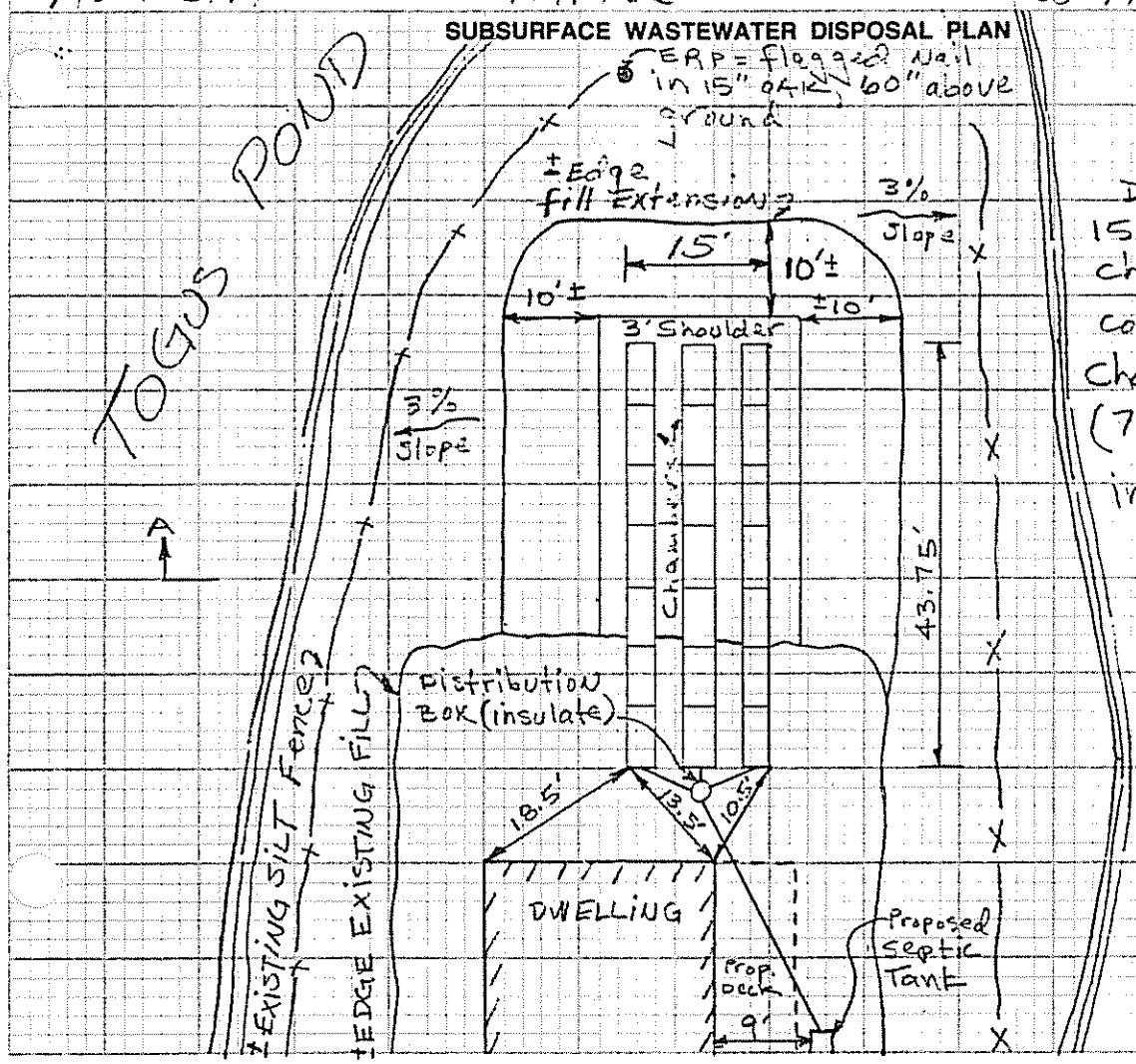
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	PT. 105	William ROCQUE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



Disposal Area to be 15'x44' plastic chamber bed consisting of 21 chambers in 3 Rows (7 chambers per row) in equal Distribution.

NOTE: Remove Debris and Stones in AREA OF Disposal Field AND Fill Extensions.

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	0"-37"	Reference Elevation is	0	Flagged Nail in 15" oak 60" Above ground
Depth of Fill (Downslope)	0"-37"	Bottom of Disposal Area	-56"	
		Top of Distribution Lines or Chambers	-40"	

DISPOSAL AREA CROSS SECTION

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

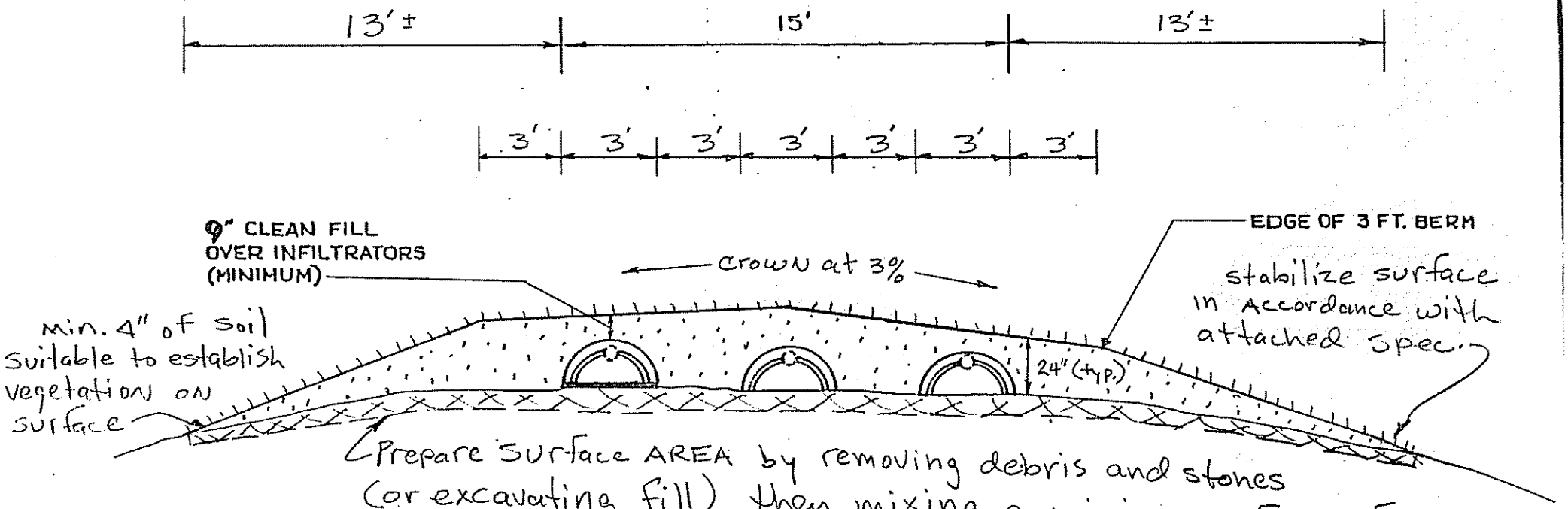
Note: For portion of disposal field to be installed in existing fill:

Remove minimum of 10' of fill material on both sides of chambers and replace with fill as specified on the cross section sheet. Remove 3 feet from end of chambers and replace with specified backfill material.

NOTE:
Bottom of Disposal field is 32" above Lake Level.
Disposal field Designed with 24" Separation from Limiting factor.

David P. Rocque — Site Evaluator Signature
154 — SE#
3/26/95 — Date

INFILTRATOR CROSS-SECTION 3-4%



Prepare surface AREA by removing debris and stones (or excavating fill) then mixing a minimum of 4" of backfill material into existing soil surface to create a transitional Horizon.

NOTES:

1. REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER INFILTRATORS AND FILL EXTENSION AREAS.
2. BOTTOM OF INFILTRATORS TO BE LEVEL WITH A MAXIMUM GRADE TOLERANCE OF 1" PER 100'.
3. PROVIDE FOR SURFACE DRAINAGE AWAY FROM INFILTRATOR AREA.
4. FINISHED GRADE SHALL BE SEEDED AND MULCHED TO PREVENT EROSION.

Design encorporates 24" seperation from Limiting factor (due to setback from lake).

Gravelly Coarse sand with 4%-8% fines and 15%-30% gravel (no more than 2% clay)

ORIGINAL GRADE

FILL UNDER INFILTRATORS TO BE _____ TEXTURE.

FILL AROUND INFILTRATORS TO BE _____ TEXTURE.

SITE EVALUATOR: David P. Rocque			
OWNER: William Rocque		NUMBER OF INFILTRATORS: 21	PERCENT SLOPE: 3%±
LOCATION: AUGUSTA RT. 105		ELEVATIONS: REFERENCE PT. 0	BOTTOM TRENCH #1 -56'
DATE: 3/26/95	SCALE: 1 INCH = 5 FEET	BOTTOM TRENCH #2 -56"	BOTTOM TRENCH #3 -56"

Limiting factor is elevation -80"