

# 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

66-3

Permit No. 1580 E

Town of Augusta

Date Permit Issued 5-5-89  
MONTH/DAY/YEAR

Property Owner's Name: Phillip Dizon

Tel. No. 622-9151

System's Location: Taster Road  
Augusta  
STREET  
TOWN

Maine 04330  
STATE 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.

Phillip Dizon  
PROPERTY OWNER'S SIGNATURE

4-21-89  
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table	to 6"		6	inches
Soil Condition	Restrictive Layer	to 6"		13	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 <sup>a</sup>	300 <sup>a</sup>		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50 <sup>b</sup>	60 <sup>b</sup>	50	85'
	b. Property Owner's	25'	50'	50	85'
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		48'
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5 <sup>c</sup>	10 <sup>c</sup>		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

**OTHER**

1. ~~Fill extension Grade to 0:1~~

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.

*Wm W. Bush*  
 SITE EVALUATOR'S SIGNATURE

4/14/89  
 DATE

**LPI STATEMENT**

I, *George A. Conroy Jr.*, LPI for the Town of *Andover* 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: \_\_\_\_\_

*George A. Conroy Jr.*  
 LPI'S SIGNATURE

5-5-89  
 DATE

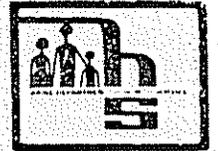
**FOR USE BY THE DEPARTMENT ONLY**

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.

*Grant J. McEntee* WW&PC  
 SIGNATURE OF THE DEPARTMENT

May 05, 1989  
 DATE

STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333



JOSEPH E. BRENNAN  
GOVERNOR

MICHAEL R. PETIT  
COMMISSIONER

WELL SETBACK RELEASE FORM

I, Geo Magill, permanent mailing address R7 BOX 313,  
(name of well owner) (street, road, etc.)

Augusta, hereby give my approval to Phillip Doyon,  
(town) (owner of system being installed).

permanent mailing address RT BOX 314, Augusta,  
(street, road, etc.) (town)

for the purpose of locating and installing a wastewater disposal system (holding tank) no  
less than 85 feet (horizontal distance) to my well 500 ft well  
(drilled, dug, etc., plus depth to well)

located at \_\_\_\_\_  
(well location and address, if different from the above address)

Geo Magill 4/23/89  
Signature - Owner of well Date

Phillip Doyon 4/23/89  
Signature of Owner of disposal Date  
field

Ronald Doyon SA 4/23/89  
Signature - Witness Date

# UBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

04139234

**PROPERTY ADDRESS**  
 Own Or Installation: **Augusta**  
 Street: **Tasker Road**  
**PROPERTY OWNER'S NAME**  
 Last: **Doyon** First: **Phillip**  
 Applicant Name: **Phillip Doyon**  
 Billing Address of Owner/Applicant (if Different): **R-7 B-314 Augusta Me 04330**

*This set to amend permit # 15-80 5-31-89*

**CAUTION: PERMIT REQUIRED**  
 The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

**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: *Phillip Doyon* Date: **5-31-89**  
 Local Plumbing Inspector Signature: \_\_\_\_\_ Date Approved: **4-11-90**

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

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></p> <p>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</p> <p><b>SEASONAL CONVERSION</b>                  to be completed by the LPI</p> <p>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</p> <p><b>IF REPLACEMENT SYSTEM:</b>                  YEAR FAILING SYSTEM INSTALLED ? _____                  THE FAILING SYSTEM IS                  1. <input type="checkbox"/> BED      3. <input type="checkbox"/> TRENCH                  2. <input type="checkbox"/> CHAMBER    4. <input checked="" type="checkbox"/> OTHER <u>Cesspool</u></p> <p>SIZE OF PROPERTY: <b>10,000+-'</b>      ZONING: <b>Residential</b></p>		<p><b>THIS APPLICATION REQUIRES:</b></p> <p>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 type="checkbox"/> Requires Local Plumbing Inspector Approval                  b. <input checked="" type="checkbox"/> Requires State and Local Plumbing Inspector Approval                  4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p> <p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" 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 _____</p>		<p><b>INSTALLATION IS:</b></p> <p><b>COMPLETE SYSTEM</b></p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM                  2. <input type="checkbox"/> PRIMITIVE SYSTEM                  (Includes Alternative Toilet)                  3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS</b></p> <p>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</p> <p><b>TYPE OF WATER SUPPLY</b>                  Drilled well</p>	
---	--	---	--	--	--

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile                  2. <input type="checkbox"/> AEROBIC</p> <p>SIZE <b>1000</b> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input type="checkbox"/> NONE                  2. <input checked="" type="checkbox"/> LOW VOLUME TOILET                  3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM                  4. <input type="checkbox"/> ALTERNATIVE TOILET                  SPECIFY _____</p>	<p><b>PUMPING</b></p> <p>1. <input type="checkbox"/> NOT REQUIRED                  2. <input checked="" type="checkbox"/> MAY BE REQUIRED                  (DEPENDING ON TREATMENT TANK LOCATION &amp; ELEVATION)                  3. <input type="checkbox"/> REQUIRED                  DOSE: <b>53</b> GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING) EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p><b>2 bedrooms now. A new 2 bedroom home to be constructed 75 feet from NHWL.</b></p> <p>DESIGN FLOW: <b>187</b> <del>192</del>                  (GALLONS/DAY)</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <b>1</b>      CONDITION: <b>E</b>                  DEPTH TO LIMITING FACTOR: <b>6</b> "</p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL                  2. <input type="checkbox"/> MEDIUM                  3. <input type="checkbox"/> MEDIUM-LARGE                  4. <input checked="" type="checkbox"/> LARGE                  5. <input type="checkbox"/> EXTRA-LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED <b>375'</b> Sq. Ft.                  2. <input checked="" type="checkbox"/> CHAMBER <b>384</b> Sq. Ft.  <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20                  3. <input type="checkbox"/> TRENCH _____ Linear Ft.                  4. <input type="checkbox"/> OTHER: _____</p>	

**SITE EVALUATOR STATEMENT**

**4/13/89** (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: *Wm W. ...*      SE# **51**      Date: **4/14/89**

Approved for use as HHE 200 by Division of Health Engineering 9/8

Page 1 of 3

# FACE WASTEWATER DISPOSAL SYSTEM APPLICATION

04139234

City, Plantation **Tasker Road** Street, Road, Subdivision  
 Owner's Name **Doyon, Phillip**

## SITE PLAN

Scale 1" = 30' Ft.  
 of as shown

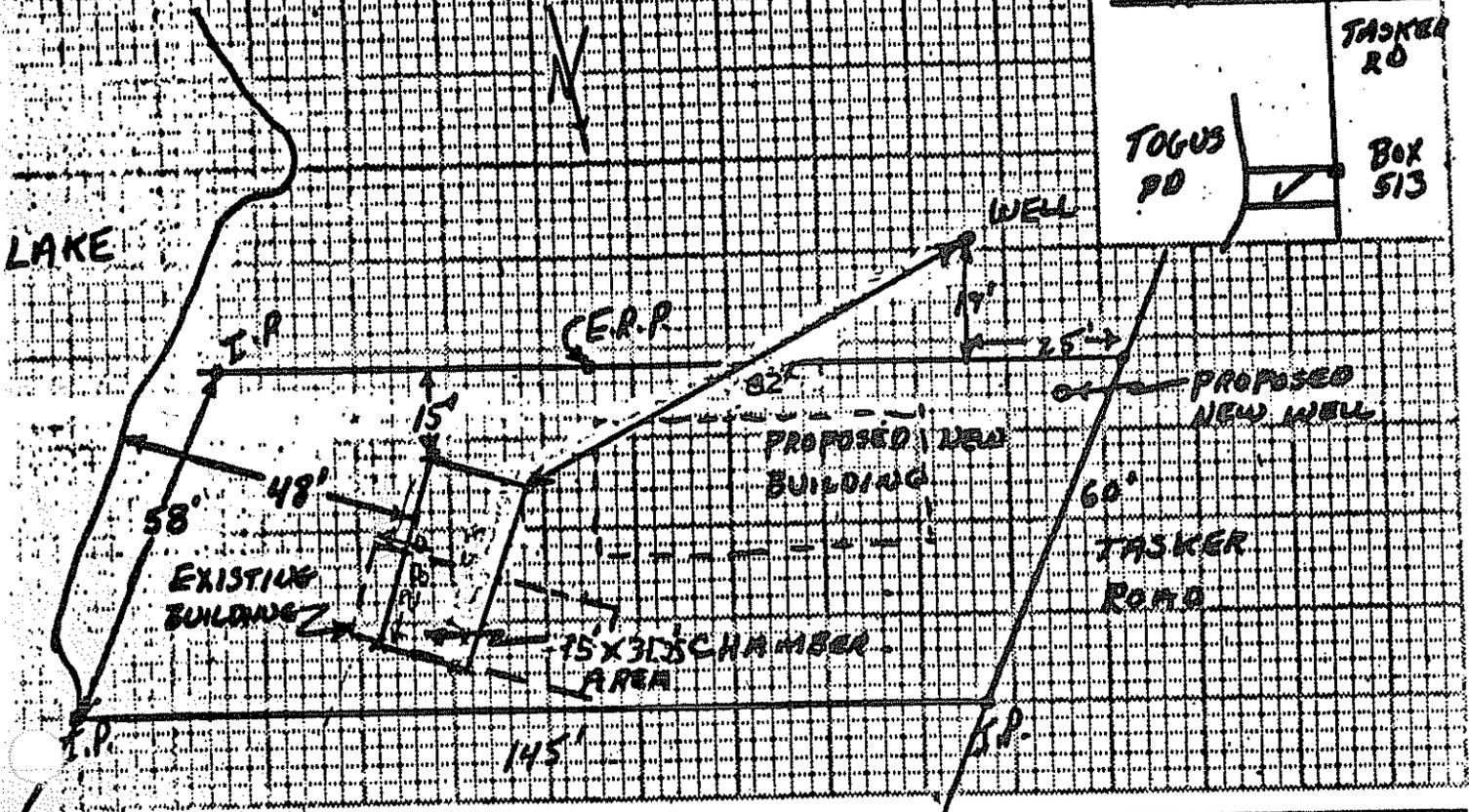
SITE LOCATION PLAN  
 (Attach Map from Maine Atlas for New System Variance)

RT 105

TASKER RD

TOGUS RD

BOX 513



## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes shown Above)

Observation Hole \_\_\_\_\_  Test Pit  Boring  
 Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

Depth	Texture	Consistency	Color	Mottling
0-6"	Loam	Plastic	B	
6-10"	FILL			
10-19"	OVER			
19-20"	OLD (LOW?)			
20-30"	BOULDER FIRM O.G.			
30-40"	LOAMY			
40-50"	FILL			

Soil Classification: **E** Slope: **3%** Limiting Factor: **6**  Ground Water  Restr. Layer  Bedrock  
 Profile Condition: **3**

Observation Hole \_\_\_\_\_  Test Pit  Boring  
 Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

Depth	Texture	Consistency	Color	Mottling
0-6"				
6-10"				
10-15"				
15-20"				
20-25"				
25-30"				
30-35"				
35-40"				
40-45"				
45-50"				

Soil Classification: \_\_\_\_\_ Slope: \_\_\_\_\_ Limiting Factor: \_\_\_\_\_  Ground Water  Restr. Layer  Bedrock  
 Profile Condition: \_\_\_\_\_

*W. W. Fisher*  
 Site Evaluator Signature

51  
 888

4/14/89  
 Date  
 REVISED 5/12/89  
 By EcoTech

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

# SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

City, Plantation

Street, Road, Subdivision

Owners Name

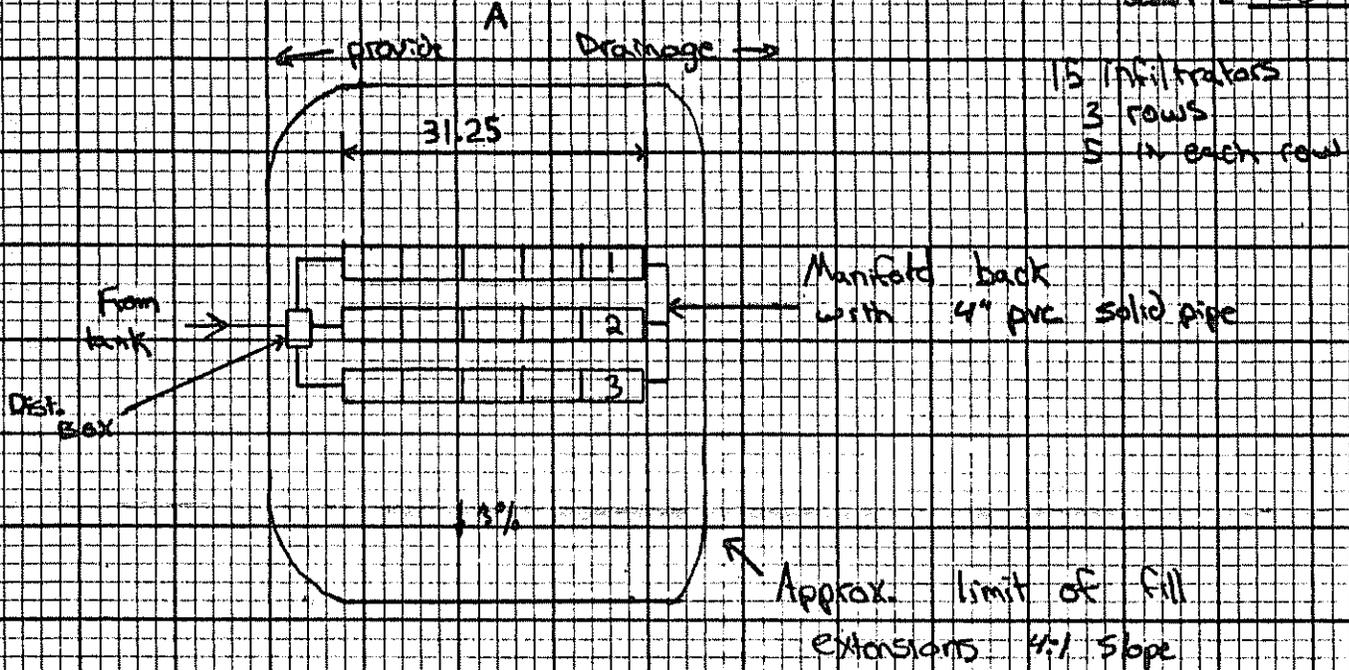
Augusta

Tasker Road

Doyon, Phillip

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL



B

### FILL REQUIREMENTS

Depth of Fill (Upslope) 35'  
Depth of Fill (Downslope) 44'

### CONSTRUCTION ELEVATIONS

Reference Elevation is 0"  
Bottom of Disposal Area -48"  
Top of Distribution Lines or Chambers -33"

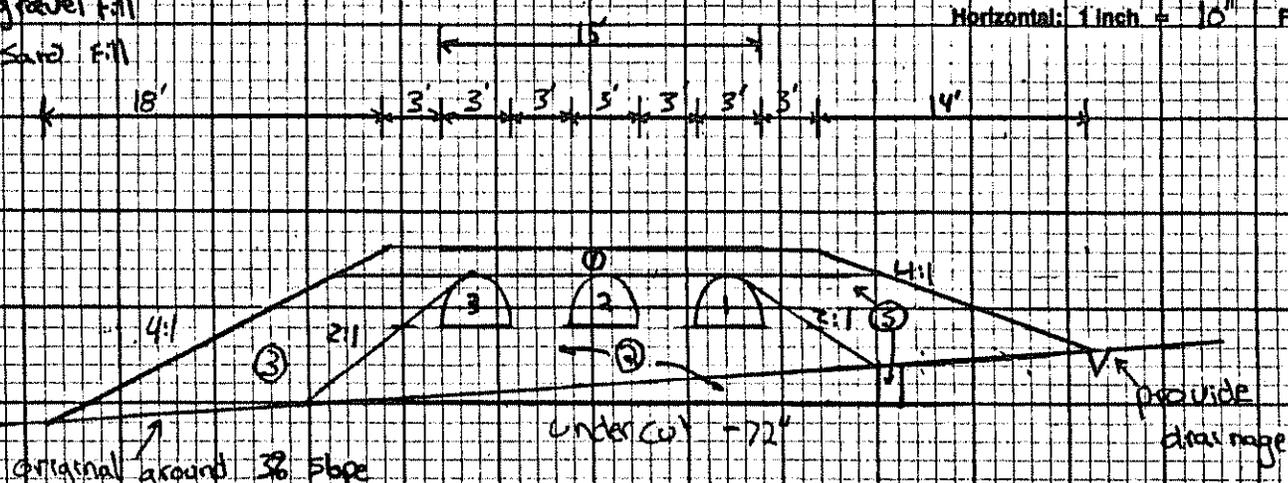
### ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

Nail in 13" Maple tree

### DISPOSAL AREA CROSS SECTION

- ① 8" top soil crowned at 5%
- ② Sandy gravel fill
- ③ Loamy sand fill

Scale:  
Vertical: 1 inch = 5" FL  
Horizontal: 1 inch = 10" FL



B

A

*W. W. [Signature]*  
Site Evaluator Signature

51  
SE#

5/23/89  
Date

REVISED 5/17/89  
Page 3 of 3

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

04139234

**PROPERTY ADDRESS**

Town Or Plantation: Augusta

Street Subdivision Lot #: Tasker Road

**PROPERTY OWNER'S NAME**

Last: Doyon First: Phillip

Applicant Name: Phillip Doyon

Mailing Address of Owner/Applicant (If Different): R-7 B-314 Augusta Me 04330

**AUGUSTA CAUTION PERMIT # 1,580 TOWN COPY**

Date Permit Issued: 5/15/89 \$ 140.00 FEE  Double Fee Charged

*[Signature]* L.P.I. # 1808

Local Plumbing Inspector Signature

**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: Phillip Doyon]*

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]*

Local Plumbing Inspector Signature \_\_\_\_\_ Date Approved \_\_\_\_\_

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requires Local Plumbing Inspector Approval</p> <p>b. <input checked="" type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p><b>INSTALLATION IS:</b></p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL.</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>SEASONAL CONVERSION</b> to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p><b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED <u>?</u></p> <p>THE FAILING SYSTEM IS</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input checked="" type="checkbox"/> OTHER <u>Cesspool</u></p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>
<p>SIZE OF PROPERTY: <u>10,000+-'</u></p> <p>ZONING: <u>Residential</u></p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p><u>Drilled well</u></p>	

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE <u>1000</u> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY _____</p>	<p><b>PUMPING</b></p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION &amp; ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED DOSE: <u>53</u> GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p><u>2 bedrooms now. A new 2 bedroom home to be constructed 75 feet from NHWL.</u></p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <u>1</u> CONDITION: <u>E</u></p> <p>DEPTH TO LIMITING FACTOR: <u>6</u> "</p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input checked="" type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA-LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>384</u> Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	<p><b>DESIGN FLOW:</b> <u>192</u> (GALLONS/DAY)</p>

**SITE EVALUATOR STATEMENT**

4/13/89 (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]* Site Evaluator Signature \_\_\_\_\_

51 SE# \_\_\_\_\_ Date 4/14/89

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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

04139234

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

Tasker Road

Doyon, Phillip

## SITE PLAN

Scale: 1" = 30 Ft.  
or as shown

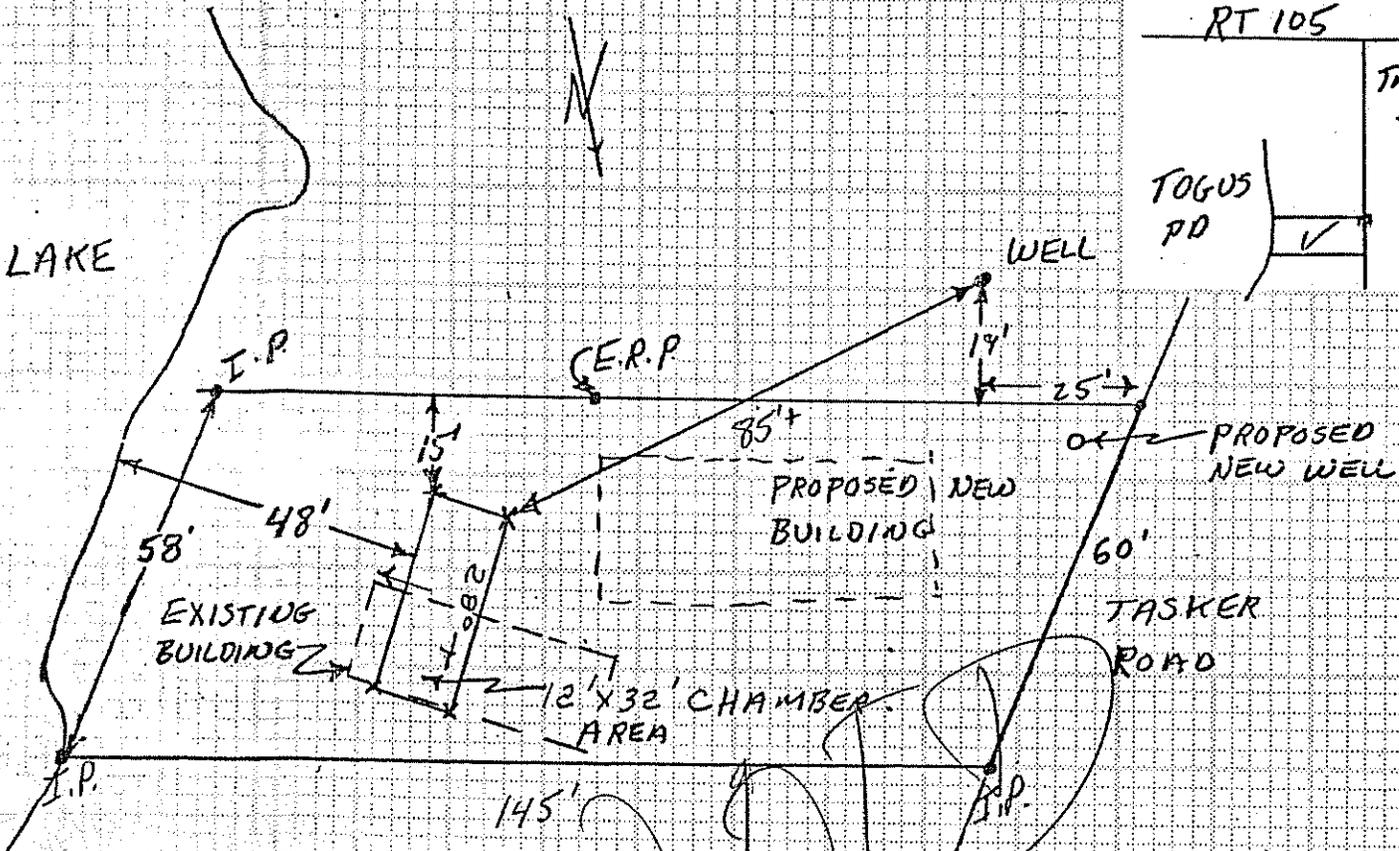
SITE LOCATION PLAN  
(Attach Map from Maine Atlas  
for New System Variance)

RT 105

TASKER RD

TOGUS RD

Box 513



## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole \_\_\_\_\_  Test Pit  Boring  
 " Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

Inches	Texture	Consistency	Color	Mottling
0-6"	LOAM	FRIBLE	B	
6-10"	FILL			
10-15"	OVER			
15-20"	OLD (30 YRS)?			
20-30"	BOULDER FIRM O.G.			
30-40"	LOAMY			
40-50"	FILL			

Soil Classification: 1E Slope: 3 % Limiting Factor: 6  Ground Water  
 Profile Condition: \_\_\_\_\_  Restr. Layer  Bedrock

Observation Hole \_\_\_\_\_  Test Pit  Boring  
 " Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

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

Soil Classification: \_\_\_\_\_ Slope: \_\_\_\_\_ % Limiting Factor: \_\_\_\_\_  Ground Water  
 Profile Condition: \_\_\_\_\_  Restr. Layer  Bedrock

*William W. Rish*  
Site Evaluator Signature

51  
SE#

4/14/89  
Date

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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

04139234

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

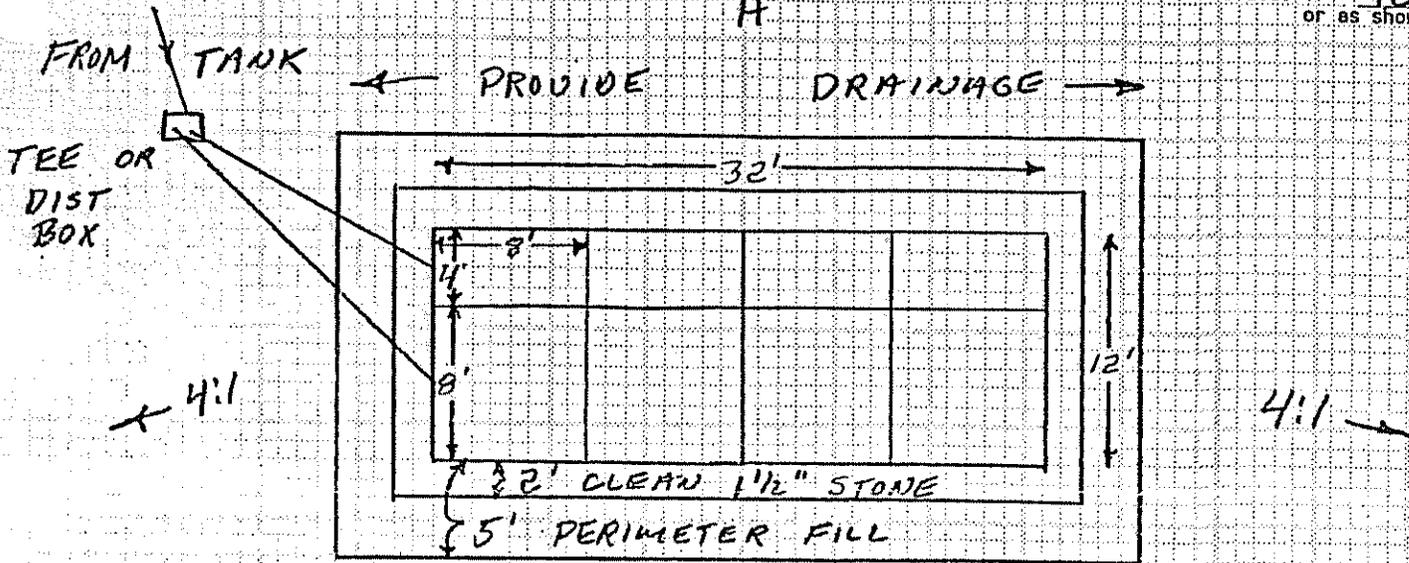
Augusta

Tasker Road

Doyon, Phillip

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 10' Ft.  
or as shown



EXTEND FILL ON 4:1  
SLOPE ALL  
SIDES

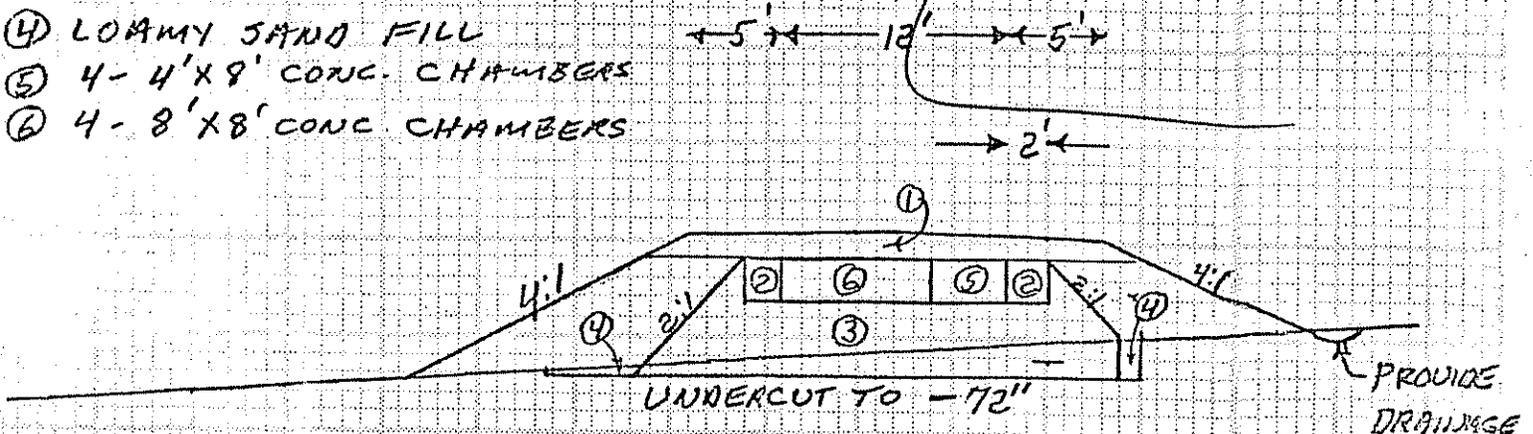
FILL REQUIREMENTS  
Depth of Fill (Upslope)  
Depth of Fill (Downslope)

CONSTRUCTION ELEVATION  
31" Reference Elevation is  
40" Bottom of Disposal Area

ELEVATION REFERENCE POINT  
0 NAIL 10 13"  
-48" MAPLE TREE  
-35"

- ① 6" TOPSOIL CROWNED @ 3% DISPOSAL AREA CROSS SECTION
- ② 2' CLEAN 1 1/2" CRUSHED STONE
- ③ SANDY GRAVEL FILL
- ④ LOAMY SAND FILL
- ⑤ 4- 4' X 8' CONC. CHAMBERS
- ⑥ 4- 8' X 8' CONC. CHAMBERS

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



*Wm W. R...*  
Site Evaluator Signature

51  
SE#

4/14/89  
Date

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