

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, 10 SHS
 (207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION

>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

City, Town, or Plantation: AUGUSTA
 Street or Road: 1051 TASKER RD.
 Subdivision, Lot #:

OWNER/APPLICANT INFORMATION

Name (last, first, MI): DOBINS, ROBIN
 Owner
 Applicant
 Mailing Address of Owner/Applicant: 117 BRIDGE ST. AUGUSTA, ME. 04330
 Daytime Tel. #:

AUGUSTA Date Permit Issued: 9.3.04 \$ 120 TOWN COPY
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 851
 Double Fee Charged
 Municipal Tax Map # 66 Lot # 20

OWNER OR APPLICANT STATEMENT

I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.
 Signature of Owner or Applicant: [Signature] Date: 9-16-04

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
 Local Plumbing Inspector Signature: [Signature] (1st) date approved: 4/27/05
 (2nd) date approved:

PERMIT INFORMATION

TYPE OF APPLICATION

1. First Time System
 2. Replacement System
 Type replaced: _____
 Year installed: 7
 3. Expanded System
 a. Minor Expansion
 b. Major Expansion
 4. Experimental System
 5. Seasonal Conversion

THIS APPLICATION REQUIRES

1. No Rule Variance
 2. First Time System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector Approval
 3. Replacement System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector Approval
 4. Minimum Lot Size Variance
 5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS

1. Complete Non-engineered System
 2. Primitive System (graywater & alt. toilet)
 3. Alternative Toilet, specify: _____
 4. Non-engineered Disposal Area
 5. Holding Tank, _____ gallons
 6. Non-engineered Disposal Field (only)
 7. Separated Laundry System
 8. Complete Engineered System (2000 gpd or more)
 9. Engineered Treatment Tank (only)
 10. Engineered Disposal Field (only)
 11. Pre-treatment, specify: _____
 12. Miscellaneous Components

SIZE OF PROPERTY

.34 SQ. FT. ACRES
 SHORELAND ZONING: Yes No

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: 3
 2. Multiple Family Dwelling, No. of Units: _____
 3. Other: _____ (specify)
 Current Use: Seasonal Year Round Undeveloped

TYPE OF WATER SUPPLY

1. Drilled Well 2. Dug Well 3. Private
 4. Public 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

Concrete
 a. Regular
 b. Low Profile
 2. Plastic
 3. Other: _____
 CAPACITY: 1000 GAL.

DISPOSAL FIELD TYPE & SIZE

1. Stone Bed 2. Stone Trench
 3. Proprietary Device
 a. cluster array c. Linear
 b. regular load d. H-20 load
 4. Other: _____
 SIZE: 112.5 sq. ft. lin. ft.

GARBAGE DISPOSAL UNIT

1. No 2. Yes 3. Maybe
 If Yes or Maybe, specify one below:
 a. multi-compartment tank
 b. _____ tanks in series
 c. increase in tank capacity
 d. Filter on Tank Outlet

DESIGN FLOW

270 gallons per day
 BASED ON:
 1. Table 501.1 (dwelling unit(s))
 2. Table 501.2 (other facilities)
 SHOW CALCULATIONS
 — for other facilities —
 3. Section 503.0 (meter readings)
 ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE: 7 1 0 1 3
 CONDITION: _____ DESIGN: _____
 at Observation Hole # 1
 Depth: 12
 of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

1. Small—2.0 sq. ft. / gpd
 2. Medium—2.6 sq. ft. / gpd
 3. Medium—Large 3.3 sq. ft. / gpd
 4. Large—4.1 sq. ft. / gpd
 5. Extra Large—5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

1. Not Required
 2. May Be Required
 3. Required
 Specify only for engineered systems:
 DOSE: _____ gallons

SITE EVALUATOR STATEMENT

I certify that on 5/3/04 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature: [Signature]
 Site Evaluator Name Printed: JOHN PHILBRICK

SE #: 256 Date: 5/14/04

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation
AUGUSTA

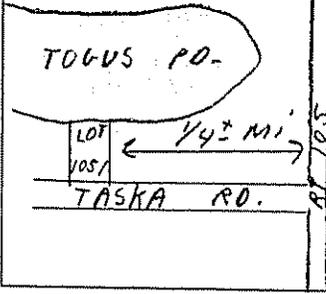
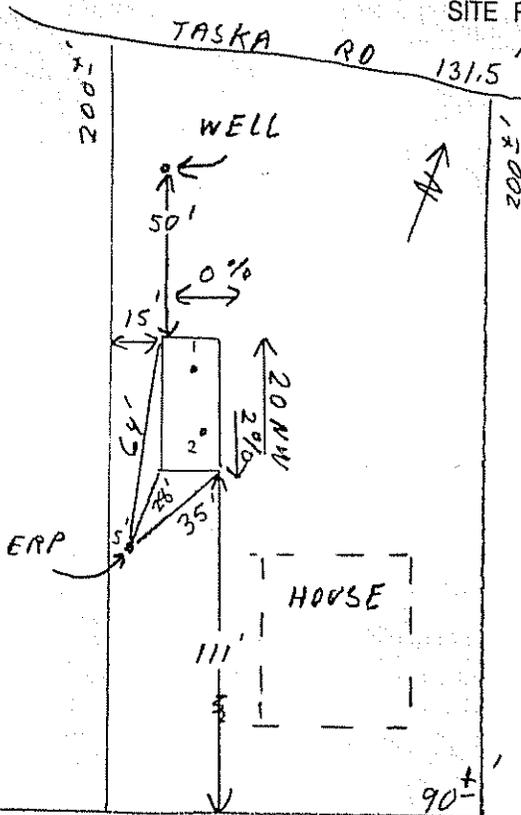
Street, Road Subdivision
TASKER RD.

Owner's Name
ROBIN DABINS

SITE PLAN

Scale **1" = 50 Ft.**
or as shown

SITE LOCATION PLAN
(Map from Maine Atlas recommended)



18 INFILTRATORS
3 ROWS OF 6 EACH
FLAGS MARK CORNERS

TOGUS POND

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring
0" Depth of Organic Horizon Above Mineral Soil

Observation Hole 2 Test Pit Boring
0" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	TAN	NONE
16				
20	SILTY CLAY	FIRM	GRAY	COMMONLY DISTINCT
30				
40				
50				

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
10	SAME AS #1			
20				
30				
40				
50				

Soil Classification <u>7</u> Profile	Slope <u>0</u> Condition	Limiting Factor <u>2</u> %	<input checked="" type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Soil Classification <u>7</u> Profile	Slope <u>0</u> Condition	Limiting Factor <u>12</u> "	<input checked="" type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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[Signature]
Site Evaluator Signature

256
SE

5/4/04
Date

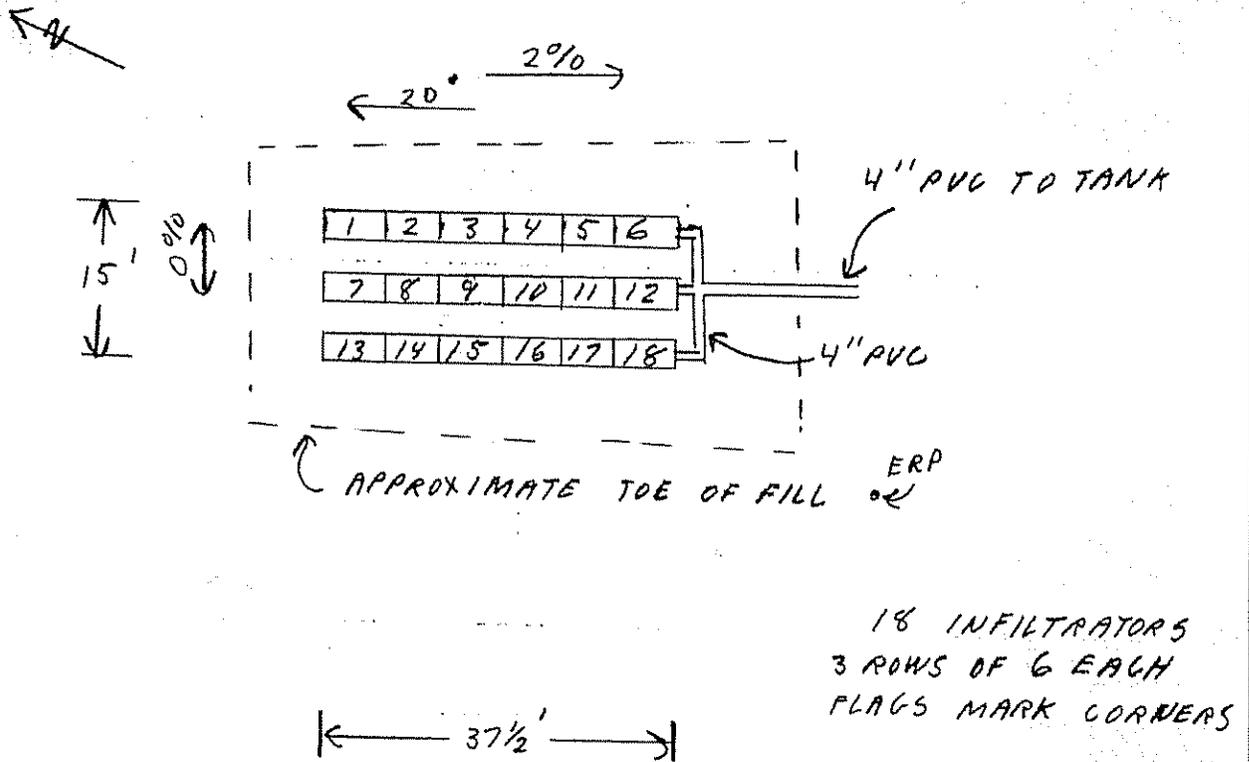
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 FAX (207) 287-4172

Town, City, Plantation: **AUGUSTA**
 Street, Road, Subdivision: **TASKA RD.**
 Owner or Applicant Name: **ROBIN DOBINS**

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 30"
 Depth of Backfill (downslope) 30"
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

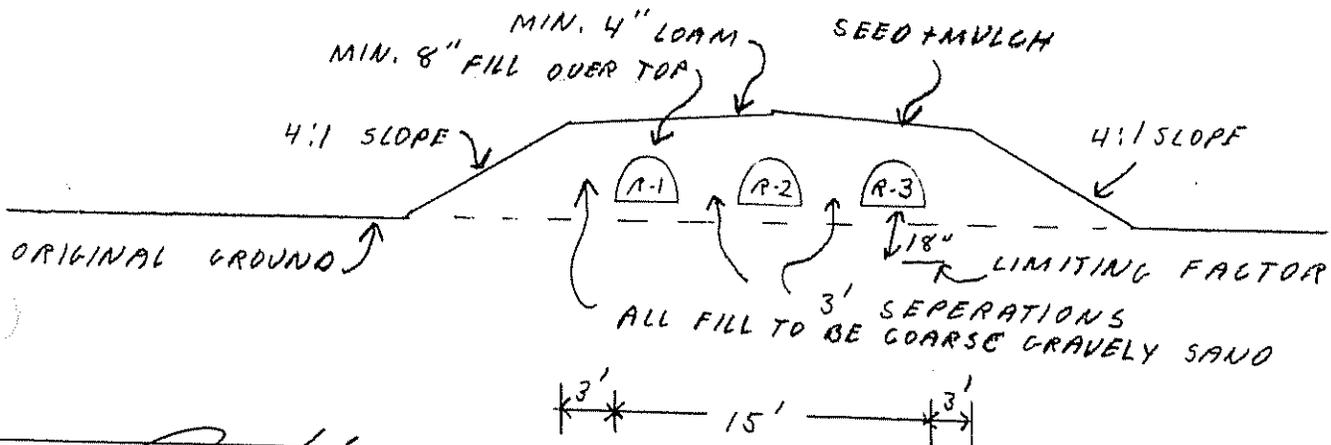
Finished Grade Elevation -16"
 Top of Distribution Pipe or Proprietary Device -24"
 Bottom of Disposal Field -40"

ELEVATION REFERENCE POINT

Location & Description: ERP IS IN 18" SPRUCE, 24' SOUTH OF SYSTEM, 60"
 Reference Elevation is: 0.0" ABOVE GROUND

DISPOSAL FIELD CROSS-SECTION

Scales:
 Vertical: 1" = 5 ft.
 Horizontal: 1" = 10 ft.



[Signature]
 Site Evaluator Signature

256
 SE #

5/4/04
 Date

REPLACEMENT SYSTEM VARIANCE REQUEST

FORMS

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request an HHE-200 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 as defined in the Rules (Sec. 1903)
2. There will be no change in use of the structure except as authorized for one-time exempted expansions outside the shoreland zone of major waterbodies/courses
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent

GENERAL INFORMATION

Permit No. 5346 Town of AUGUSTA
Date Permit Issued 9/3/04
Property Owner's Name: ROBIN ROBINS Tel. No.:
System's Location: TASKA RD., AUGUSTA
Property Owner's Address: 117 BRIDGE ST., AUGUSTA, ME. 04330
(if different from above)

SPECIFIC INSTRUCTIONS TO THE LOCAL PLUMBING INSPECTOR (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, 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.

PROPERTY OWNER

I understand that the proposed system requires a variance to the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

Signature of Owner: [Signature] DATE: 9-16-04

LOCAL PLUMBING INSPECTOR

I, the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement 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. I 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, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments:
Signature of LPI: [Signature] DATE: 9/3/04

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO	
	Disposal Fields			Septic Tanks			Disposal Fields	Septic Tanks
SOILS								
Soil Profile <u>7</u>	Ground Water Table			to 7"				
Soil Condition <u>0</u>	Restrictive Layer			to 7"			12	Inches
from HHE-200	Bedrock			to 12"			12	Inches
SETBACK DISTANCES (in feet)								
	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	To	To
Wells with water usage of 2000 or more gpd or public water supply wells	300 ^a ft	300 ^a ft	300 ^a ft	100 ^d ft	100 ^d ft	100 ^d ft		
Owner's wells	100 down to 50 ft	200 down to 100 ft	300 down to 150 ft	100 ^d down to 50 ft	100 down to 50 ft	100 down to 50 ft	50'	
Neighbor's wells	100 ^d down to 60 ft	200 ^d down to 120 ft	300 ^d down to 180 ft	100 ^d down to 50 ft	100 ^d down to 75 ft	100 ^d down to 75 ft		
Water supply line	10 ft ^a	20 ft ^a	25 ft ^a	10 ft ^a	10 ft ^a	10 ft ^a		
Water course, major - for replacements only, see Table 400.4 for exempted expansions	100 down to 60 ft	200 down to 120 ft	300 down to 180 ft	100 down to 50 ft	100 down to 50 ft	100 down to 50 ft		60'
Water course, minor	50 down to 25 ft	100 down to 50 ft	150 down to 75 ft	50 down to 25 ft	50 down to 25 ft	50 down to 25 ft		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	75 down to 35 ft	25 down to 12 ft	25 down to 12 ft	25 down to 12 ft		
Edge of fill extension - Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft ^d	25 ft ^d	25 ft ^d	25 ft ^d	25 ft ^d	25 ft ^d		
Slopes greater than 3:1	10 ft	18 ft	25 ft	N/A	N/A	N/A		
No full basement (e.g. slab, frost wall, columns)	15 down to 7 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		
Full basement (below grade foundation)	20 down to 10 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		
Property lines	10 down to 5 ^c ft	18 down to 9 ^c ft	20 down to 10 ^c ft	10 down to 4 ^c ft	15 down to 7 ^c ft	20 down to 10 ^c ft		
Burial sites or graveyards, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft	25 ft	25 ft		

OTHER

1 Fill extension Grade - to 3:1

2

3

- Footnotes:
- a. This setback distance cannot be reduced by the LPI, but may be considered for reduction by State variance
 - b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 (200 ft. for 1000-2000 gpd or 300 ft. for over 2000 gpd) feet and 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 or property line.
 - d. Natural Resources Protection Act requires a 25 foot setback on slopes with less than 20% from the edge of disturbance and 100 feet on slopes greater than 20% except for the repair or installation of a replacement system when no practical alternative exists.

[Signature]

 SITE EVALUATOR'S SIGNATURE 5/4/04
 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