

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
(207) 289-3828

PROPERTY ADDRESS

Town Or Plantation: AUGUSTA

Street Subdivision Lot #: TASKER ROAD

PROPERTY OWNERS NAME

Last: BUXTON First: JOHN

Applicant Name: _____

Mailing Address of Owner/Applicant (if Different): R-7 B-300 AUGUSTA, ME 04330

M66 L25

AUGUSTA PERMIT # 487 TOWN COPY

Date Permit Issued: 6/19/85 \$ 140.00 FEE Double Fee Charged

Robert St. Pierre L.P.I. # 1667

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.

John E. Buxton 6/18/85
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.

Robert St. Pierre 7/3/85
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
 - Requires only Local Plumbing Inspector Approval
 - Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (Includes Alternative Toilet)
- ENGINEERED (> 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED: _____

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER _____

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER _____ SPECIFY _____

SIZE OF PROPERTY: 10,000±

ZONING: RES

TYPE OF WATER SUPPLY

DRILLED

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC Regular Low Profile
- AEROBIC

SIZE: 1000 GALS

WATER CONSERVATION

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

- NOT REQUIRED
- MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: 30 GALS

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS ETC.):

3 BEDROOM
(3 PEOPLE)

DESIGN FLOW: 200 (GALLONS DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 9 | CONDITION: D

DEPTH TO LIMITING FACTOR: 8"

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq Ft
- CHAMBER 480 Sq Ft
 - REGULAR H-20
- TRENCH _____ Linear Ft
- OTHER _____

SITE EVALUATOR STATEMENT

On 7/5/84 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Wastewater Disposal Rules.

William W. Redmond
Site Evaluator or Professional Engineer's Signature

#51
SE - PE #

7/5/84
Date

* Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver under a Local Option

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

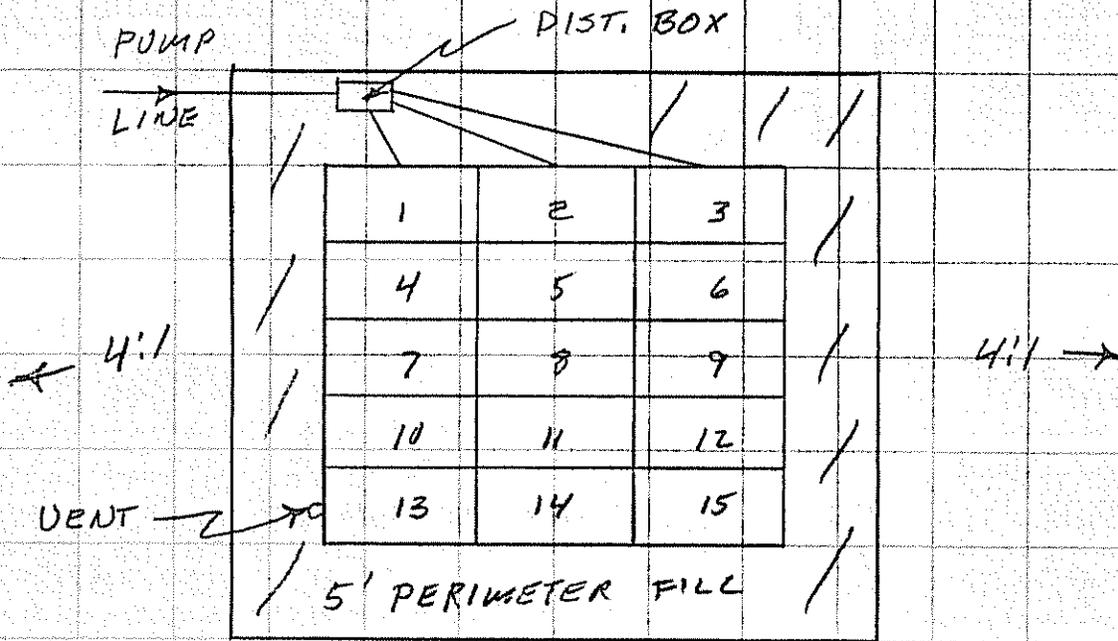
AUGUSTA

TASKER ROAD

BUXTON

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 10 Ft.

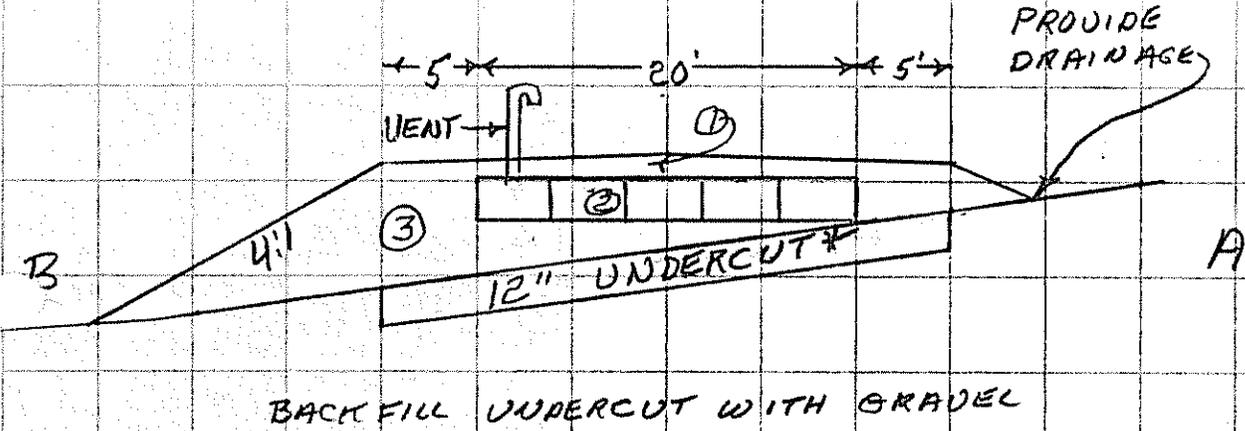


EXTEND FILL ON 4:1 SLOPE
OUTSIDE OF PERIMETER
FILL
B

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	19"	Reference Elevation is	0	NAIL IN CORNER OF GARAGE	
Depth of Fill (Downslope)	36"	Bottom of Disposal Area	-60"		
		Top of Distribution Lines or Chambers	-47"		

- DISPOSAL AREA CROSS SECTION
- ① 6" TOPSOIL CROWNED @ 3%
 - ② 15 - 4' x 8' "5" CHAMBERS
 - ③ SANDY GRAVEL FILL

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



Wm. D. Redmond

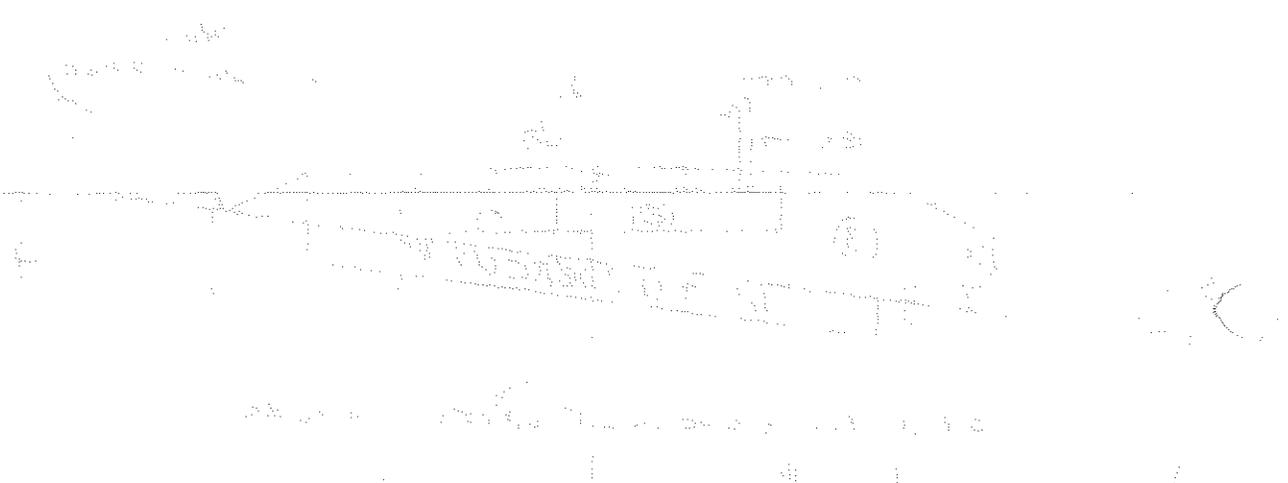
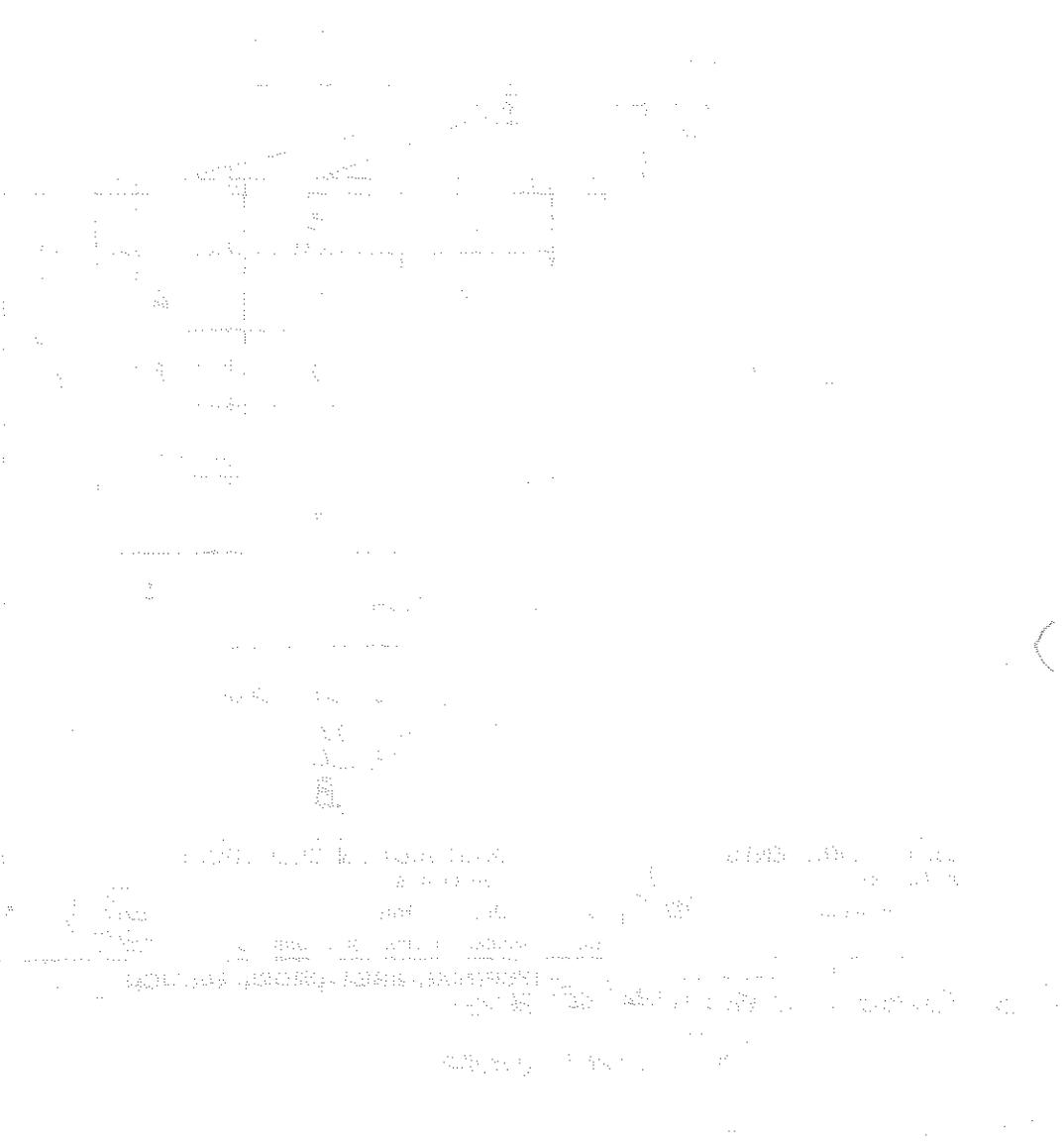
51

7/5/84

Walt 389-2753

THE UNIVERSITY OF MICHIGAN LIBRARY
ANN ARBOR, MICHIGAN 48106
SERIALS ACQUISITION
300 NORTH ZEEB ROAD
ANN ARBOR, MICHIGAN 48106-1500

Handwritten notes and scribbles on the left side of the page, including some illegible text and a vertical line of marks.





STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333



JOSEPH E. BRENNAN
GOVERNOR

MICHAEL R. PETIT
COMMISSIONER

WELL SETBACK RELEASE FORM

I, B. J. Beck, permanent mailing address RFD 7, BOX 299,
(name of well owner) (street, road, etc.)
AUGUSTA, hereby give my approval to JOHN BUXTON,
(town) (owner of system being installed).
permanent mailing address RFD 7, BOX, AUGUSTA,
(street, road, etc.) (town)

for the purpose of locating and installing a wastewater disposal system (holding tank) no
less than 35 feet (horizontal distance) to my DRILLED well
(drilled, dug, etc., plus depth to well)
located at PROPERTY LINE BETWEEN 2 ABOVE ADDRESSES
(RIGHTS IN COMMON)
(well location and address, if different from the above address)

WITH THE UNDERSTANDING THAT ANY EXPENSE
INCURRED TO MAINTAIN THE QUALITY OF THE WATER
FROM THE WELL AS ESTABLISHED BY YEARLY WATER
TESTS, WILL BE THE
RESPONSIBILITY OF JOHN
BUXTON, OR FUTURE
OWNERS OF HIS CURRENT
PROPERTY.

B. J. Beck Signature - Owner of well 6/15/85 Date

John E. Buxton Signature - Owner of disposal field 6/15/85 Date

James J. [Signature] Signature - Witness 6/15/85 Date

487

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 is in noncompliance 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 with LPI approval limitations can be met.

1. The replacement system is correcting a malfunction or an unlicensed wastewater discharge system.
2. A replacement 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 does not conflict with Seasonal Conversion Permit (30 MRSA § 3223) or with Mandatory Shoreland Zoning (12 MRSA § 4811).
6. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
7. Soil and setback distances are within approval authority of the LPI.

GENERAL INFORMATION

Town of AUGUSTA

Permit No.

Date Permit Issued 6/19/85
month/day/year

Property Owner's Name: John E. Buxton Tel. No. 623-1164

System's Location: RED # 7 TASKER RD Box 300
Street

AUGUSTA MAINE 04330
Town Zip

Property Owner's Address:
(if different from above) _____
Street

_____ 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, 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, 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.

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.

James A. Jacobsen WWS PC
Signature of the Department

6/18/85
Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils					
Soil Profile	Ground Water Table	to 6"		8"	inches
Soil Condition	Restrictive Layer	to 6"		14"	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	300	—	—
	2. Well:<2000 gal/day				
	a. Neighbor's	100 ^(a)	100 ^(a)	60	35
	b. Property Owner's	50'	60'	60	35
	3. Water Supply Line	10'	10'	10	10
Waterbodies	1. Perennial	60' ^(c)	60'	—	—
	2. Intermittent	25'	25'	—	—
	3. Manmade drainage ditch	15'	15'	—	—
Downhill Slope	Greater than 3:1 (33%)	5'	10' ^(b)	—	—
Buildings	1. With basement	8'	15'	—	—
	2. Without basement	8'	10'	—	—
Property Line		5'	5' ^(d)	—	—

Other Specify:

note: well is shared

Footnotes:

- a. A variance to reduce the 100 foot setback distance to a minimum of 80 feet may be granted only with the neighbor's written permission.
- b. Sufficient distance shall be maintained to assure that the toe of the fill does not extend beyond the 3:1 slope or property line.
- c. May be reduced to 25' provided treatment tank is tested to be water tight in the presence of the Local Plumbing Inspector.

William W. Redmont
Site Evaluator's Signature

7/5/84
Date

LPI Statement

I, *Randall D. Gray*, LPI for ^{CITY} *Augusta Maine* 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 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, do not approve) 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. 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: *System too close to homeowner well as well as neighbor's well. My Authority 66' For Homeowner 80' from neighbor's well*

Randall D. Gray
LPI's Signature

6-18-85
Date

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.

John E. Burton
Property Owner's Signature

6/18/85
Date