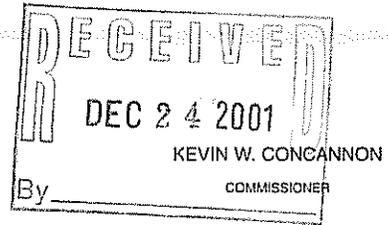




STATE OF MAINE
 DEPARTMENT OF HUMAN SERVICES
 DIVISION OF HEALTH ENGINEERING
 10 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0010

Gary

ANGUS S. KING, JR.
 GOVERNOR



December 19, 2001

to wn copy

Terry St Peter
 1 Parkside Lane
 Belfast ME 04915

SUBJECT: Approval, Replacement System Variance Request, St Peter property, Tasker Road, Augusta

Dear Mr. St Peter:

The Division has reviewed a replacement system variance request for the subject property. The state variances requested are to allow the installation of a replacement subsurface wastewater disposal system with a design flow reduction of approximately 29% and a setback distance reduction from the owner's well from the disposal field of 29 feet. Other variances required are reduction in setback distances to the owner's well from the septic tank of 95 feet; a major watercourse from the septic tank of 60 feet; and a fill extension grade to 3:1 where necessary. The system design, prepared by William Brown, SE, dated 10-27-01, replaces the two individual septic tanks serving two separate dwellings with a single 2000-gallon septic tank to be shared by the dwellings. The design is found to be in compliance with the Maine Subsurface Wastewater Disposal Rules.

Your property has some very limiting site conditions, as noted above. The Division generally does not favor extreme setback reductions to drinking water wells. However, given that your property historically has been developed with a year-round dwelling and your options are limited by the site conditions, the Division finds the proposed system a reasonable solution for your property, albeit possibly temporary. We approve the requested variances with the following requirements:

1. A permit for system installation is to be obtained from the Local Plumbing Inspector in advance of the start of system construction.
2. The system is to be installed in accordance with the submitted and approved system design. Should alterations be required at the time of system installation, the system designer must be notified prior to making any changes.
3. The variance approval is based only on the rules administered by this department. The approval of the variance request does not relieve the property owner from compliance with all other state and local requirements pertaining to the installation, use, and operation of the wastewater disposal system.

By accepting this approval and the associated plumbing permit, the owner agrees to comply fully with the conditions of approval and the Subsurface Wastewater Disposal Rules.

Because installation and owner maintenance has a significant effect on the working order of onsite sewage disposal systems, including their components, the Division makes no representation or guarantee as to the efficiency and/or operation of the system. Please note that should this system fail, you may have no alternative but to install a holding tank.

Should you or others have any questions, please feel free to contact me at 287-5687.

Sincerely,

Linda S. Robinson

Linda S. Robinson
 Wastewater & Plumbing Control Program
 Division of Health Engineering
 E-mail: linda.robinson@state.me.us

/lsr
 cc: Gary Fuller, LPI
 William Brown, SE



PRINTED ON RECYCLED PAPER

REPLACEMENT SYSTEM VARIANCE REQUEST

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 and 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 the 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.

Guid # 120.00 am
12-7

GENERAL INFORMATION		Town of <u>AUGUSTA</u>
Permit No. <u>4799</u>		Date Permit Issued <u>12/24/01</u>
Property Owner's Name: <u>TERRY ST PETER</u>		Tel. No.: <u>338-0471</u>
System's Location: <u>TASKER ROAD AUGUSTA</u>		
Property Owner's Address: <u>1 PARKSIDE LANE</u>		
(if different from above) <u>BELFAST, ME 04915</u>		

SPECIFIC INSTRUCTIONS TO THE:
LOCAL PLUMBING INSPECTOR (LPI):
If any of the variances exceed your approval authority and/or do not meet all 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 System 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.

Terrance St. Peter
SIGNATURE OF OWNER

12/7/01
DATE

LOCAL PLUMBING INSPECTOR:
I, Stanley R. Sullivan, 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. 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/she shall state his/her reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments _____

Stanley R. Sullivan
LPI SIGNATURE

12/24/01
DATE

Replacement System Variance Request

VARIANCE CATEGORY	VARIANCE REQUESTED		LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS						
Soil Profile	Ground Water Table		to 7"		8 inches	
Soil Condition	Restrictive Layer		to 7"		inches	
from HHE-200	Bedrock		to 12"		inches	
SETBACK DISTANCES (in feet)	Disposal Fields		Septic Tanks		Disposal Fields	Septic Tanks
from	Less than 1000 gpd	1000 to 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd	To	To
Wells with water usage of 2000 or more gpd	300 ^a ft	300 ^a ft	100 ^a ft	100 ^a ft		
Owner's wells	100 down to 50 ft	200 down to 100 ft	100 ^b down to 50 ft	100 down to 50 ft	29'	95'
Neighbor's wells:	100 ^b down to 60 ft	200 ^b down to 120 ft	100 ^b down to 50 ft	100 ^b down to 75 ft		
Water supply line	10 ft ^a	20 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	100 down to 50 ft	100 down to 50 ft		60'
Water course, minor	50 down to 25 ft	100 down to 50 ft	50 down to 25 ft	50 down to 25 ft		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	25 down to 12 ft	25 down to 12 ft		
Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams (edge of fill extension)	25 ft ^d	25 ft ^d	25 ft ^d	25 ft ^d		
Slopes greater than 3:1	10 ft	18 ft	N/A	N/A		
No full basement (e.g. slab, frost wall, columns)	15 down to 7 ft	30 down to 15 ft	8 down to 5 ft	14 down to 7 ft		
Full basement (below grade foundation)	20 down to 10 ft	30 down to 15 ft	8 down to 5 ft	14 down to 7 ft		
Property lines	10 down to 5 ^c ft	18 ft down to 9 ^c ft	10 ft down to 4 ^c ft	10 ft down to 7 ^c ft		
Burial sites or graveyards, measured from the downhill toe of the fill extension	25 ft	25 ft	25 ft	25 ft		

OTHER

1. **REDUCE SLOPE TO LESS THAN 4 TO 1 TO AVOID BUILDING AND ON SIDE TO AVOID DRIVEWAY**
2. **REDUCE 3 BDRM DESIGN FLOW FROM 270 GPD TO 192 GPD IN ORDER TO FIT SYSTEM ON LOT**
- 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 (or 200 ft. for 1000-2000 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.

WILLIAM P BROWN

William P Brown

SITE EVALUATOR'S SIGNATURE

10/27/2001

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

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

City, Town, or Plantation	AUGUSTA
Street or Road	TASKER ROAD
Subdivision, Lot #	
OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	ST. PETER, TERRY <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	1 PARKSIDE LANE BELFAST, ME 04915
Daytime Tel. #	338-0417

AUGUSTA 4799 TOWN COPY

Date Permit Issued: 12/24/01

Local Plumbing Inspector Signature: [Signature]

FEE: \$ 120.00 Double Fee Charged

L.P.I. # 850

Municipal Tax Map # 66 Lot # 25

OWNER OR APPLICANT STATEMENT

I state 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.

CAUTION: INSPECTION REQUIRED

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

[Signature] 12/27/01
Signature of Owner/Applicant Date

Local Plumbing Inspector Signature (1st) Date Approved
Local Plumbing Inspector Signature (2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced <u>BED</u> Year installed <u>UNKNOWN</u> <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input checked="" type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input checked="" type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify _____ <input type="checkbox"/> 4. Non-Engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pretreatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY 10,000 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE: <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____ <input type="checkbox"/> 3. Other _____ (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other <u>ONE-PIECE</u> CAPACITY <u>2000</u> GAL.	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input checked="" type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other _____ SIZE <u>960</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <u>192</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS -for other facilities-
SOIL DATA & DESIGN CLASS PROFILE <u>9</u> / CONDITION <u>D</u> / DESIGN <u>3</u> at Observation Hole # <u>N/A</u> Depth <u>8</u> " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq. ft./gpd 3. <input type="checkbox"/> Medium-Large - 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq. ft./gpd 5. <input checked="" type="checkbox"/> Extra-Large - 5.0 sq. ft./gpd	EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input checked="" type="checkbox"/> Required >> Specify only for engineered or experimental systems DOSE _____ gallons	<input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA

SITE EVALUATOR'S STATEMENT

I certify that on 10/25/2001 (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).

William P Brown
Site Evaluator Signature

188
SE#

10/27/2001
Date

WILLIAM P BROWN
Site Evaluator Name Printed

293-2110
Telephone #

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) 287-5372 FAX 207 287-4172

Town, City, Plantation

Street, Road, Subdivision

Owners Name

AUGUSTA

TASKER ROAD

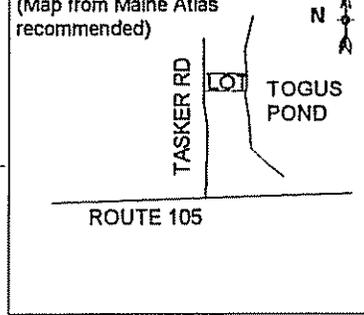
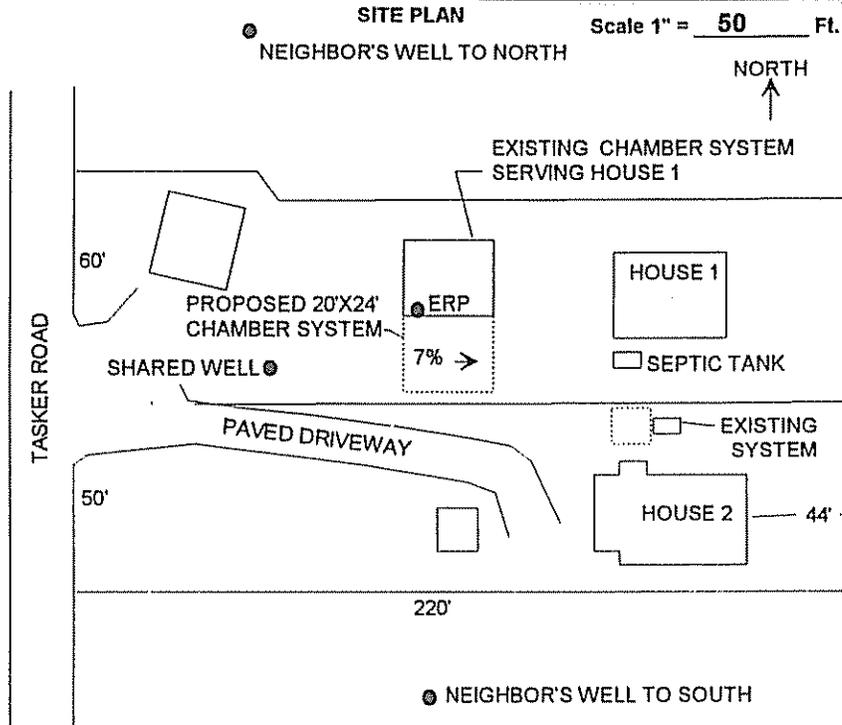
TERRY ST PETER

SITE PLAN

Scale 1" = 50 Ft.

SITE LOCATION PLAN

(Map from Maine Atlas recommended)



HOUSE 1 AND HOUSE 2 ARE CURRENTLY UNDER THE SAME OWNERSHIP. THE ATTACHED SITE EVALUATION DONE IN 1984 BY WILLIAM RIDEOUT PROVIDED A 20'X24' CONCRETE CHAMBER SYSTEM FOR HOUSE 1. THIS SYSTEM WAS DESIGNED AT A FLOW OF 200 GPD FOR THE 3 BEDROOM HOUSE. AN INSPECTION OF THIS SYSTEM SHOWS THAT THE SYSTEM DOES NOT HAVE STANDING WATER INSIDE AND APPEARS TO BE FUNCTIONING PROPERLY. THE SET-BACKS FROM THE LAKE, NEIGHBORING WELLS, AND THE OWNER'S WELL LEAVE THE AREA BESIDE THE EXISTING SYSTEM SERVING HOUSE 1 AS THE MOST FEASIBLE SITE FOR A REPLACEMENT SYSTEM. THE PROPOSED SYSTEM WILL BE 117 FT FROM THE WELL TO THE NORTH, 104 FT FROM THE WELL TO THE SOUTH, 112 FT FROM THE LAKE, AND 29 FT FROM THE OWNER'S WELL. THE PROPOSAL IS TO REPLACE BOTH SEPTIC TANKS WITH ONE 2000 GALLON ONE-PIECE COMBINATION SEPTIC TANK / LIFT STATION SERVING BOTH HOUSES AND TO DOUBLE THE SIZE OF THE EXISTING CHAMBER SYSTEM PROVIDING A DESIGN FLOW OF 192 GPD FOR HOUSE 2 ADDED TO THE ORIGINAL DESIGN OF 200 GPD FOR HOUSE 1.

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole FROM RIDEOUT DESIGN Test Pit Boring
0 " Depth of Organic Horizon Above Mineral Soil

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

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	SILT LOAM	FRIABLE	BROWN	NONE
10				COMMON
20		FIRM	GRAY BRN	
30				
40				
50				

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification 9 D Slope 7 % Limiting Factor 8 " Ground Water Restrictive Layer Bedrock Pit Depth

Soil Classification _____ Slope _____ % Limiting Factor _____ " Ground Water Restrictive Layer Bedrock Pit Depth

WILLIAM P BROWN

Site Evaluator Signature

William P Brown

188 SE #

10/27/2001

Date

Page 2 of 3
HHE-200 Rev. 7/97

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

AUGUSTA

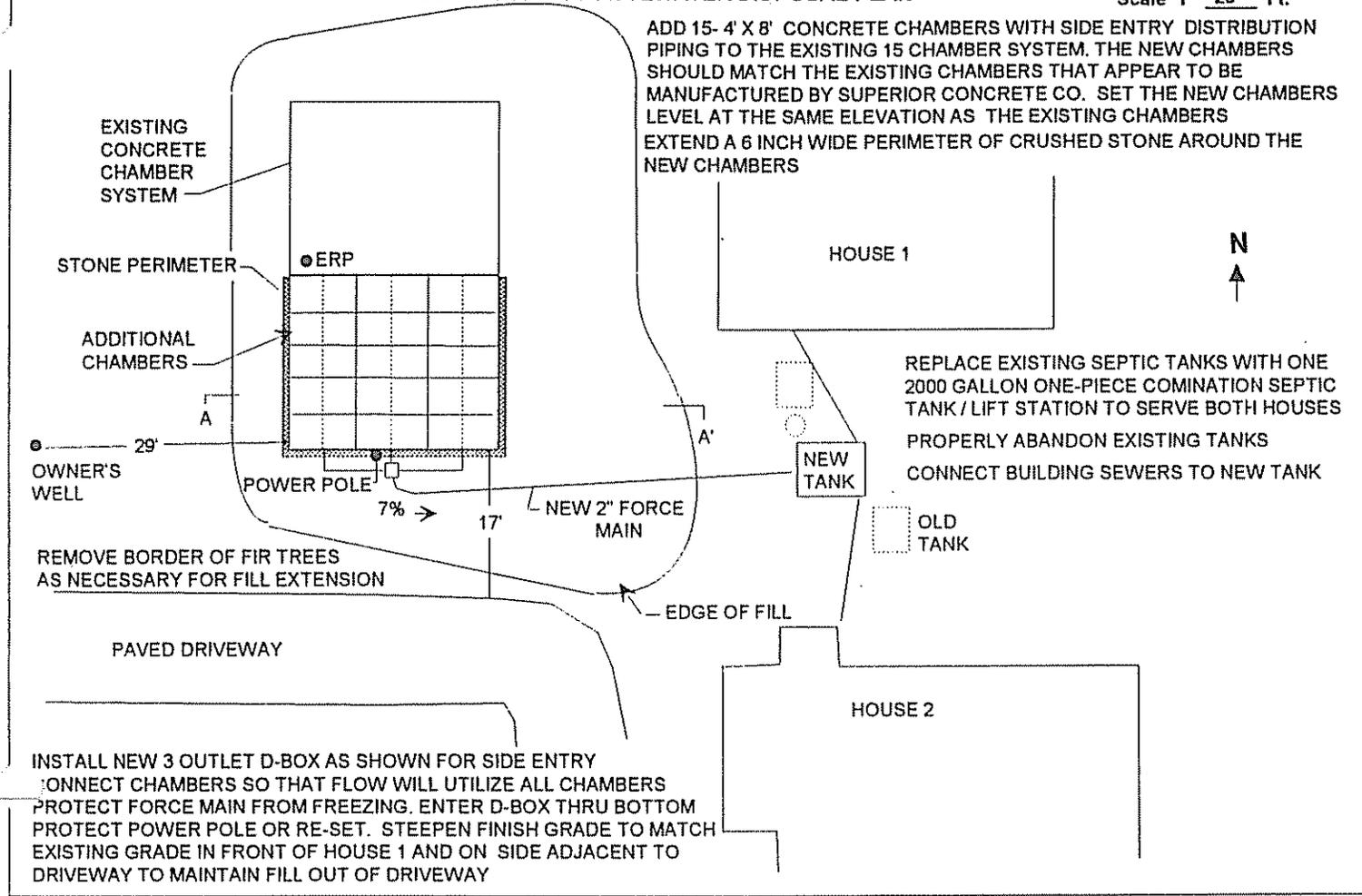
TASKER ROAD

TERRY ST. PETER

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

ADD 15- 4' X 8' CONCRETE CHAMBERS WITH SIDE ENTRY DISTRIBUTION PIPING TO THE EXISTING 15 CHAMBER SYSTEM. THE NEW CHAMBERS SHOULD MATCH THE EXISTING CHAMBERS THAT APPEAR TO BE MANUFACTURED BY SUPERIOR CONCRETE CO. SET THE NEW CHAMBERS LEVEL AT THE SAME ELEVATION AS THE EXISTING CHAMBERS EXTEND A 6 INCH WIDE PERIMETER OF CRUSHED STONE AROUND THE NEW CHAMBERS



FILL REQUIREMENTS

Depth of Fill (Upslope)	24"
Depth of Fill (Downslope)	40"

CONSTRUCTION ELEVATIONS

Reference Elevation is	00"
Bottom of Disposal Area	-13"
Top of distribution Lines or Chambers	-00"

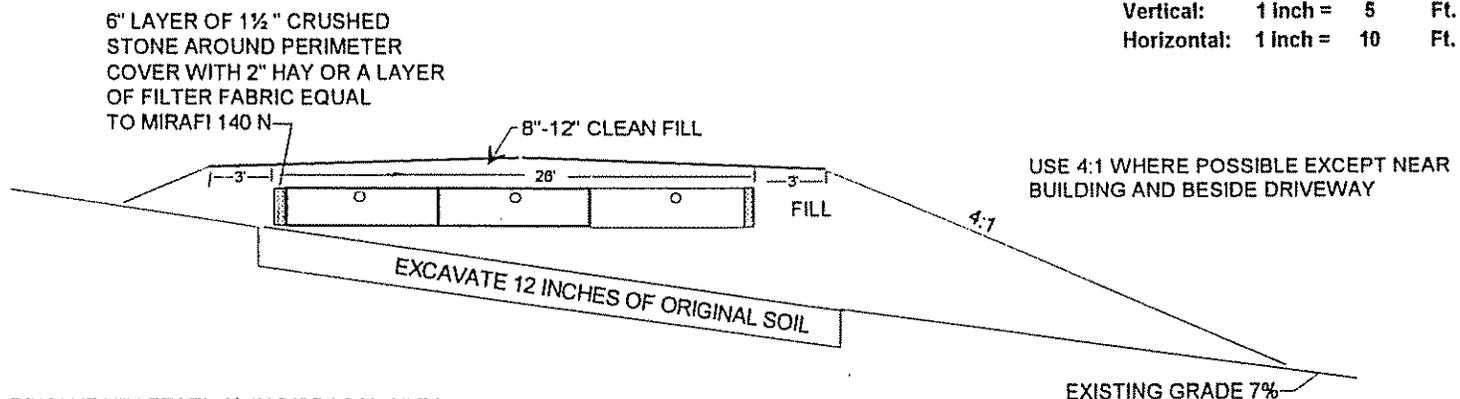
ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

TOP OF EXISTING CHAMBER SYSTEM

DISPOSAL AREA CROSS SECTION

Scale:

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



REMOVE VEGETATION IN DISPOSAL AREA EXCAVATE 12 INCHES OF ORIGINAL SOIL UNDER NEW CHAMBERS AND 5 FT PERIMETER AROUND NEW CHAMBERS. SCARIFY SOIL AND REPLACE WITH SUITABLE FILL ALL FILL SHALL BE GRAVELLY COARSE SAND INSTALL 4-6 INCHES OF VERY COARSE GRAVEL UNDER THE ADDITIONAL CHAMBERS CROWN FINISH GRADE FROM CENTER AT 3% LOAM, SEED, MULCH

COVER TOP SEAMS BETWEEN CONCRETE CHAMBERS WITH HAY OR FABRIC

WILLIAM P BROWN

William P Brown

Site Evaluator Signature

188

SE #

10/27/2001

Date

Page 3 of 3
HHE-200 Rev. 1/84

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
(207) 289-3926

PROPERTY ADDRESS

Town Or Plantation: AUGUSTA

Street Subdivision Lot #: TIMBER ROAD

PROPERTY OWNERS NAME

Last: BUXTON First: JOHN

Applicant Name:

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

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 _____

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.

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:

- 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 (1-2000 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 (DEPENDS 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 _____

PERMIT 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.

Site Evaluator or Professional Engineer's Signature: Alan W. Redmond

51
SE # PE #

Date: 7/5/84

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

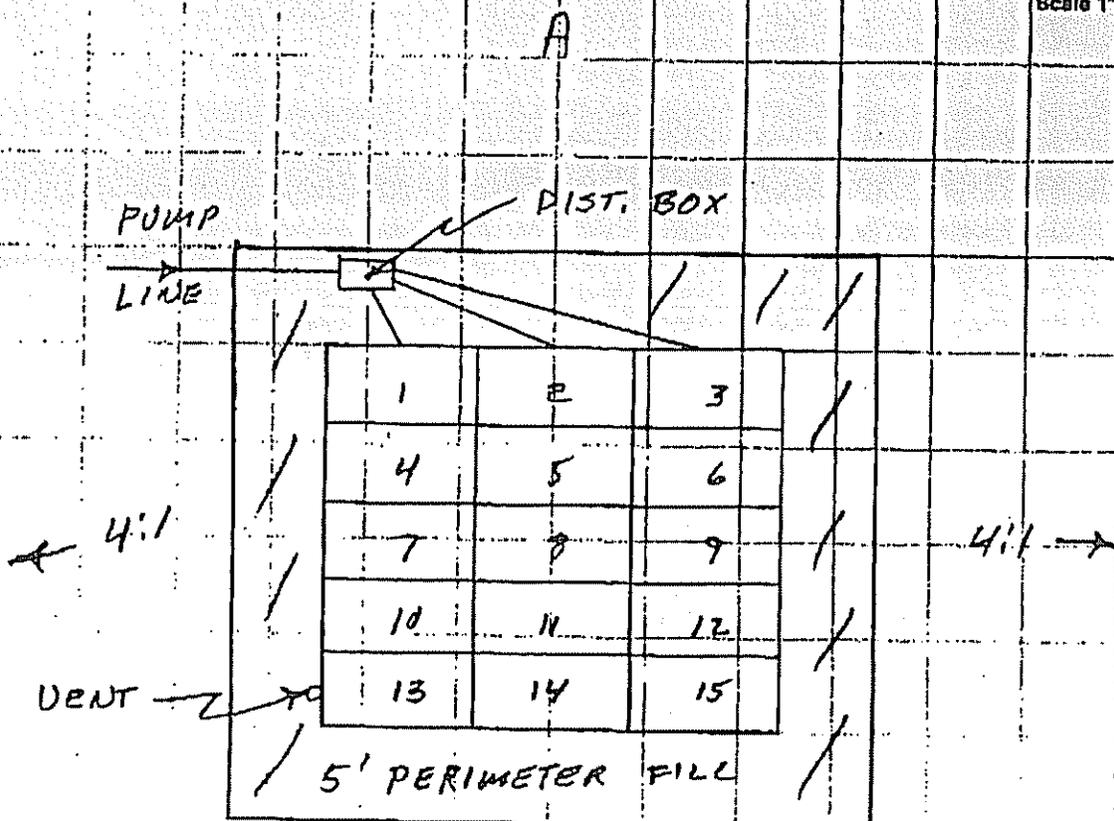
AUGUSTA

TASKER ROAD

BUXTON

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 10 Ft.

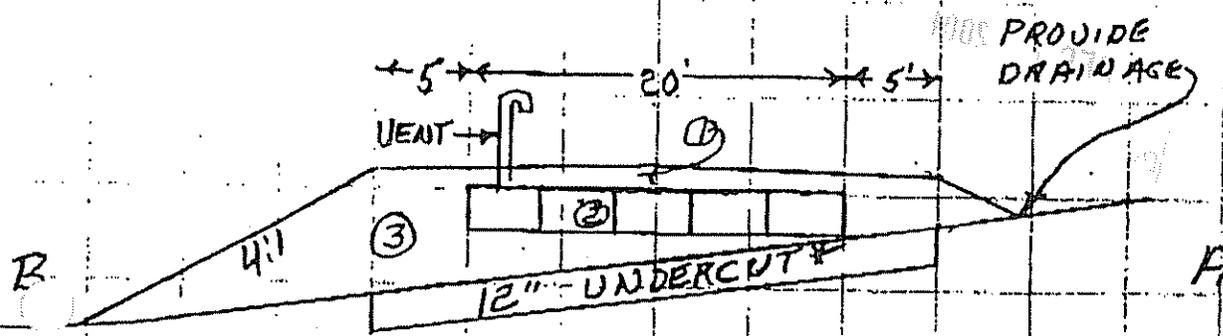


EXTEND FILL ON 4:1 SLOPE
OUTSIDE OF PERIMETER
FILL
B

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	19"	Reference Elevation to	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' 1/2" CHAMBERS
 - ③ SANDY GRAVEL FILL

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



BACK FILL UNDERCUT WITH GRAVEL

TERRENCE R. ST PETER 7/98
LINDA L. ST PETER
 PARKSIDE LANE
 BELFAST, ME 04915
 207-338-0571

Date 12/7/01 950
 52-138/112
 78

Pay to the Order of City of Augusta \$ 120.00
One hundred and twenty and 00/100 Dollars

UNION TRUST
 BELFAST, MAINE

For Terrence St Peter

⑆071207380⑆3000046430⑆ 0950

MARCOON SHEFFIELD WMSF

CITY OF AUGUSTA

RECEIPT # 20000295346

PAGE 1 OF 1

RECEIVED BY: AW
 MODIFIED DATE: 12/07/01
 TIME: 13:17:19

PAYOR: TERRY ST PETER
 REGISTER DATE: 12/07/01

PLUMBING PERMITS	TERRY ST PETER	\$120.00
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TOTAL PAID: \$120.00

CASH PAID	CHECK PAID CHECK NO	TENDERED	CHANGE
\$0.00	\$120.00 950 union	\$120.00	\$0.00