

SEASONAL conversion

Duplessis, Marion
This is to be retained for New Syst

Department of Human Services
Division of Health Engineering
(207) 289-3828

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: AUGUSTA

Street: HAYES LANDING ROAD

Subdivision Lot #: _____

PROPERTY OWNER NAME

Last: DUPLESSIS First: MARION

Applicant Name: SAME

Mailing Address of Owner/Applicant (If Different): RR #1 Box 2909 WINDSOR, ME 04363

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.

Marion Duplessis
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.

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 1965

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 1Ac⁺

ZONING SHORELAND

TYPE OF WATER SUPPLY
LAKE

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 (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: 60 GALS.

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

2 BEDROOM

DESIGN FLOW: 180 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 1 | CONDITION: C

DEPTH TO LIMITING FACTOR: 15

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq. Ft.
- CHAMBER 384 Sq. Ft.
 REGULAR H-20
- TRENCH _____ Linear Ft.
- OTHER: _____

SITE EVALUATOR STATEMENT

On 9/5/85 (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.

Greg S. Park
Site Evaluator or Professional Engineer's Signature

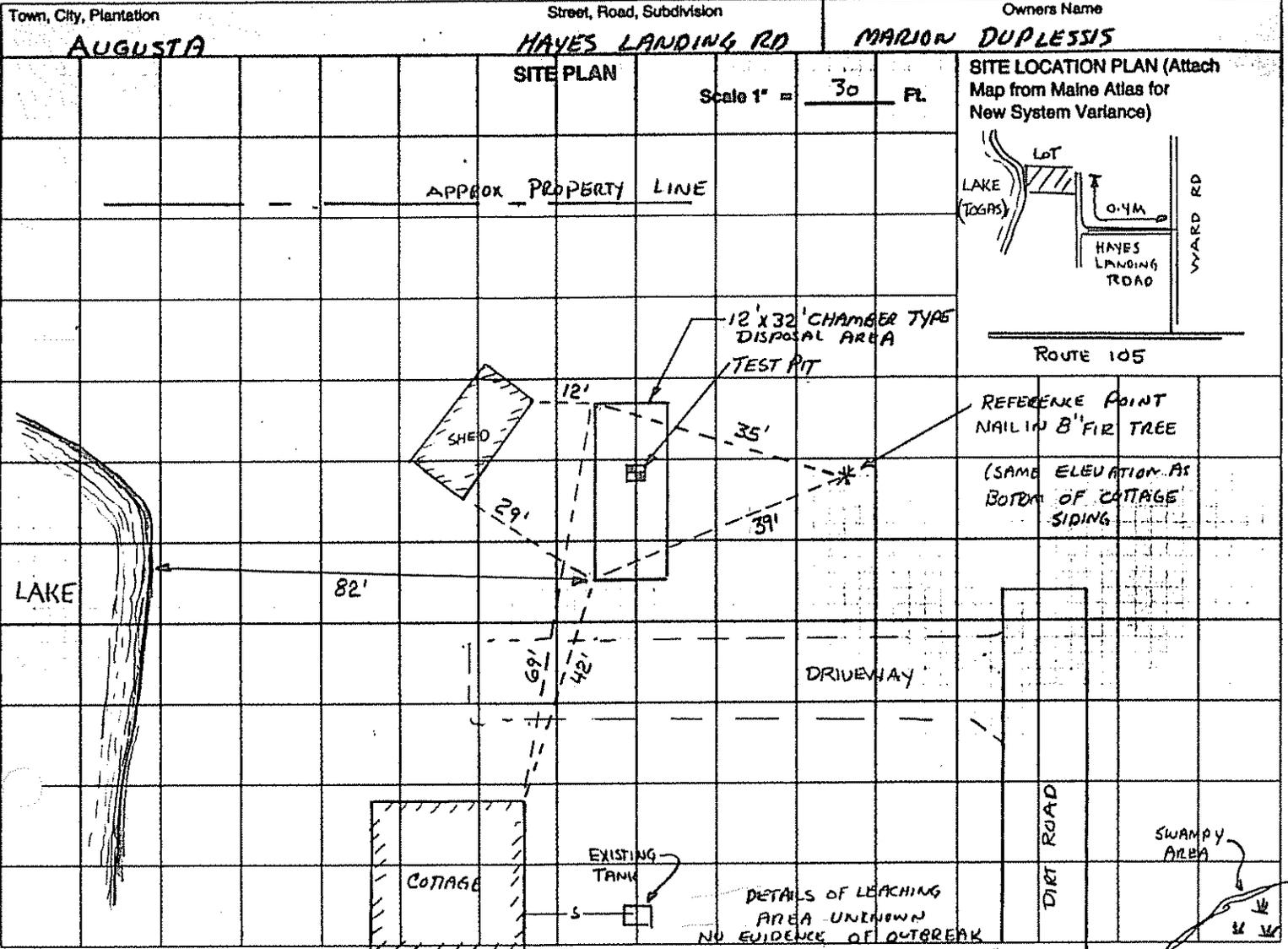
#180
SE# / PE#

9/9/85
Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole _____ Test Pit Boring

_____ " Depth of Organic Horizon Above Mineral Soil

| Texture | Consistency | Color | Mottling |
|---------|-------------|-----------------|----------|
| 0 | FRIABLE | BROWN | |
| 6 | FIRM | YELLOWISH BROWN | |
| 10 | | OLIVE | |
| 15 | V. FIRM | OLIVE GRAY | SOME |
| 20 | | | |
| 30 | REFUSAL | | |
| 40 | | | |
| 50 | | | |

| | | | | |
|-----------------|-------------------|-----------|---------------------|--|
| Soil Profile: 1 | Classification: C | Slope: 5% | Limiting Factor: 15 | <input type="checkbox"/> Ground Water |
| | | | | <input type="checkbox"/> Restrictive Layer |
| | | | | <input type="checkbox"/> Bedrock |

Observation Hole _____ Test Pit Boring

_____ " Depth of Organic Horizon Above Mineral Soil

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

| | | | | |
|---------------|-----------------|----------|------------------|--|
| Soil Profile: | Classification: | Slope: % | Limiting Factor: | <input type="checkbox"/> Ground Water |
| | | | | <input type="checkbox"/> Restrictive Layer |
| | | | | <input type="checkbox"/> Bedrock |

George S. Park

#180

9/9/85

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.

GENERAL INFORMATION

Town of _____

Town Code

Permit No. E

Date Permit Issued _____
month/day/yr.

Property Owner's Name: MARION DUPLESSIS Tel. No. _____

System's Location: HAYES LANDING ROAD
Street

AUGUSTA MAINE _____
Town Zip

Property Owner's Address:
(if different from above) RR #1 Box 2909
Street

WINDSOR MAINE 04363
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, 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.

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.

Marion Duplessis 9/11/85
Property Owner's Signature Date

| Variance Category | Variance Requested | Limit of LPI's Approval Authority | | Variance Requested to: | |
|---|---------------------------|-----------------------------------|---------------|------------------------|---------------|
| Soils Soil Profile Soil Condition from HHE-200 | Ground Water Table | to 6" | | Inches | |
| | Restrictive Layer | to 6" | | inches | |
| | 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 | 100a | 300a | | |
| | 2. Well: < 2000 gal/day | | | | |
| | a. Neighbor's | 100b | 100b | | |
| | b. Property Owner's | 50' | 60' | | |
| | 3. Water Supply Line | See Note 'a' | | | |
| Waterbodies | 1. Perennial | 60' | 60' | | 82 |
| | 2. Intermittent | 25' | 25' | | |
| | 3. Manmade drainage ditch | 15' | 15' | | |
| Downhill Slope | Greater than 3:1 (33%) | 5' | 10' | | |
| Buildings | 1. With basement | See Note | 15' | | |
| | 2. Without basement | 'a' | 10' | | |
| Property Line | | 5' | 5' | | |

Other Specify:

Footnotes:

- This setback distance cannot be reduced by variance. See Table 6-2.
- 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.
- Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

George S. Park
Site Evaluator's Signature

9/9/85
Date

LPI Statement

I, _____, LPI for the Town of _____ 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. 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: _____

LPI's Signature

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

Division of Health Engineering

| | | |
|--|--|--|
| Town, City, Plantation AUGUSTA | Street, Road, Subdivision HAYES LANDING RD | Owners Name MARION DUPLESSIS |
|--|--|--|

| | |
|--|--|
| <p>GENERAL NOTES:</p> <ol style="list-style-type: none"> PROPERTY INFORMATION SUPPLIED BY APPLICANT ALL AREAS OVER DISPOSAL AREA AND FILL SLOPES TO BE SEEDED FILL TO BE FREE OF FOREIGN DEBRIS AND SANDY LOAM OR COARSE TEXTURE ALL WORK TO BE IN ACCORD WITH APPLICABLE MAINE STATE PLUMBING CODES SEPARATION DISTANCES (MINIMUM) WELL TO DISPOSAL AREA - 100 FT WELL TO SEPTIC TANK - 75 FT HOUSE TO SEPTIC TANK - 8 FT LAKE TO SEPTIC TANK 75 FT | <p>SUBSURFACE WASTEWATER DISPOSAL PLAN</p> <p>Scale 1" = 20' PL</p> |
|--|--|

| | | |
|--------------------------------------|--|---|
| FILL REQUIREMENTS | CONSTRUCTION ELEVATIONS | ELEVATION REFERENCE POINT LOCATION & DESCRIPTION |
| Depth of Fill (Upslope) <u>21'</u> | Reference Elevation is <u>10.0</u> | NAIL IN 8" FIR TREE AND BOTTOM COTTAGE SIDING |
| Depth of Fill (Downslope) <u>27'</u> | Bottom of Disposal Area <u>6.2</u> | |
| | Top of Distribution Lines or Chambers <u>7.3</u> | |

| | |
|--|--|
| DISPOSAL AREA CROSS SECTION | <p>Scale:</p> <p>Vertical: 1 Inch = 5' PL</p> <p>Horizontal: 1 Inch = 10' PL</p> |
| | |
| <p>REMOVE ALL VEGETATION AND SCARIFY UNDER CHAMBERS AND FILL</p> | |