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

ANGUS S. KING, JR.
GOVERNOR

KEVIN W. CONCANNON
COMMISSIONER

SEP 18 1998

Town Copy

September 16, 1998

William Rocque
RR 7 Box 2087
Augusta ME 04330

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

Dear Mr. Rocque:

The Division has reviewed a replacement system variance request for the subject property. The state variance requested is to allow the installation of a subsurface wastewater disposal system with a reduced setback distance of 48 feet (disposal field) to a major water course. The system designed by David Rocque, SE, dated 10-31-97, is found to be in compliance with the Maine Subsurface Wastewater Disposal Rules.

We approve the variance request 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 to the design be required at the time of construction, the system designer is to be notified prior to making any changes.

3. The variance approval does not relieve the property owner from compliance with all other state and local requirements regarding the permitting, installing, and utilizing of the septic system.

Should you or others have any questions regarding this review and/or approval, 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
David Rocque, SE

Colin Giandrea
H# 582-5273
Cell# 242-5372

-287-5697-

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 ules. 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 BOD_5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

GENERAL INFORMATION

Town of _____

Permit No. L1024

Date Permit Issued 9/18/98

Property Owner's Name: William Rocque Tel. No.: _____

System's Location: Tasker Rd. AUGUSTA, Me. 04330

Property Owner's Address: RR7, Box 2087

(if different from above) AUGUSTA, MAINE 04330

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 eplacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

If 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.

William Rocque 10-31-97

SIGNATURE OF OWNER DATE

LOCAL PLUMBING INSPECTOR

I, Gary R. Littlefield, 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, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: _____

Gary R. Littlefield 9/18/98

LPI SIGNATURE DATE

HHE-204 Rev 3/97

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"			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		
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	48	75
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	12	
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		
roperty lines	10 down to 5[c] ft	18 ft down to 9[c] ft	10 ft down to 4[c] ft	15 ft down to 7[c] ft		
Burial sites or graveyards, measured from the down toe of the fill extension	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 (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.

David P. Rocque — SITE EVALUATOR'S SIGNATURE

10/3/97 — 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

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

PROPERTY LOCATION

Tax Map or Parcel Location	AUGUSTA
Street Subdivision Lot #	Tasker Rd.

AUGUSTA 4024 TOWN COPY
Date Permit Issued: 9/18/97 $ 120 FEE ☐ If Double Fee Charged
Local Plumbing Inspector Signature: Mary R. Tasker L.P.I. # 550

PROPERTY OWNERS NAME

Last: ROCQUE First: William

Mailing Address of Owner: RR7, Box 2087, Augusta, Me. 04330

Daytime Tel. #: 623-6202

Municipal Tax Map # 68 Page # 6

Owner 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.

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 Application.

Local Plumbing Inspector Signature _____ Date Approved _____

PERMIT INFORMATION

THIS APPLICATION IS FOR:
1. ☐ First Time System
2. ☐ Multi-User System
3. ☒ Replacement System
4. ☐ Expanded System
   a. ☐ One-time exempted
   ☐ Non-exempted
5. ☐ Experimental System
6. ☐ Seasonal Conversion

THIS APPLICATION REQUIRES:
1. ☐ No Rule Variance
2. ☐ First Time System Variance (Municipal)
3. ☐ First Time System Variance (State)
4. ☒ Replacement System Variance
   a. ☐ Local Plumbing Inspector approval
   b. ☒ State & Local Plumbing Inspector approval
5. ☐ Minimum Lot Size Variance
6. ☐ Seasonal Conversion Variance

DISPOSAL SYSTEM COMPONENT(S)
1. ☒ Non-Engineered System
2. ☐ Primitive System
3. ☐ Alternative Toilet
   Specify _____
4. ☐ Non-Engineered Treatment Tank
5. ☐ Holding Tank _____ Gallons
6. ☐ Non-Engineered Disposal Area (only)
7. ☐ Separated Laundry System
8. ☐ Engineered System (+2000 gpd)
9. ☐ Engineered Treatment Tank (only)
10. ☐ Engineered Disposal Area (only)

SIZE OF PROPERTY
18,450 ☐' ☐

SHORELAND ZONING
☒ Yes ☐ No

DISPOSAL SYSTEM TO SERVE:
1. ☒ Single Family Dwelling Unit
2. ☐ Multiple Family Dwelling Unit
   Number of Units _____
3. ☐ Other _____
   SPECIFY

TYPE OF WATER SUPPLY
Drilled (Prop.)

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☒ Concrete
   ☒ Regular
   ☐ Low Profile
2. ☐ Plastic

Note: Maybe able to use existing

SIZE 1000 Gallons

DISPOSAL AREA TYPE/SIZE
1. ☐ Stone Bed _____ Sq.Ft.
2. ☒ Proprietary Device 1350 Sq.Ft.
   ☐ Clustered ☒ Linear
   ☐ Regular ☐ H-20
3. ☐ Trench _____ Lin. Ft.
4. ☐ Other _____

GARBAGE DISPOSAL UNIT
1. ☒ No
2. ☐ Yes
   ☐ Multi-compartment tank
   ☐ Tank in series
   ☐ Increase in tank capacity
   ☐ Filter on tank outlet

CRITERIA USED FOR DESIGN FLOW
(Show Calculations)
Three bedroom Dwelling - Conservative Design flow

DESIGN FLOW: 360 (Gallons/Day)

PROFILE & DESIGN CLASS

PROFILE	DESIGN
2	B

DEPTH TO MOST LIMITING FACTOR 36 "

DISPOSAL AREA SIZING
1. ☐ Small 2.0
2. ☐ Medium 2.60
3. ☒ Medium-Large 3.30
4. ☐ Large 4.10
5. ☐ Extra-Large 5.00

PUMPING
1. ☐ Not Required
2. ☒ May Be Required
3. ☐ Required

DOSE 20-40 Gallons

SITE EVALUATOR'S STATEMENT

On 10, 31, 97 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules.

David P. Rocque
Site Evaluator Signature

154
SE #

10/31/97
Date

DAVID P. ROCQUE
Print Name

(207) 622-7487
Telephone

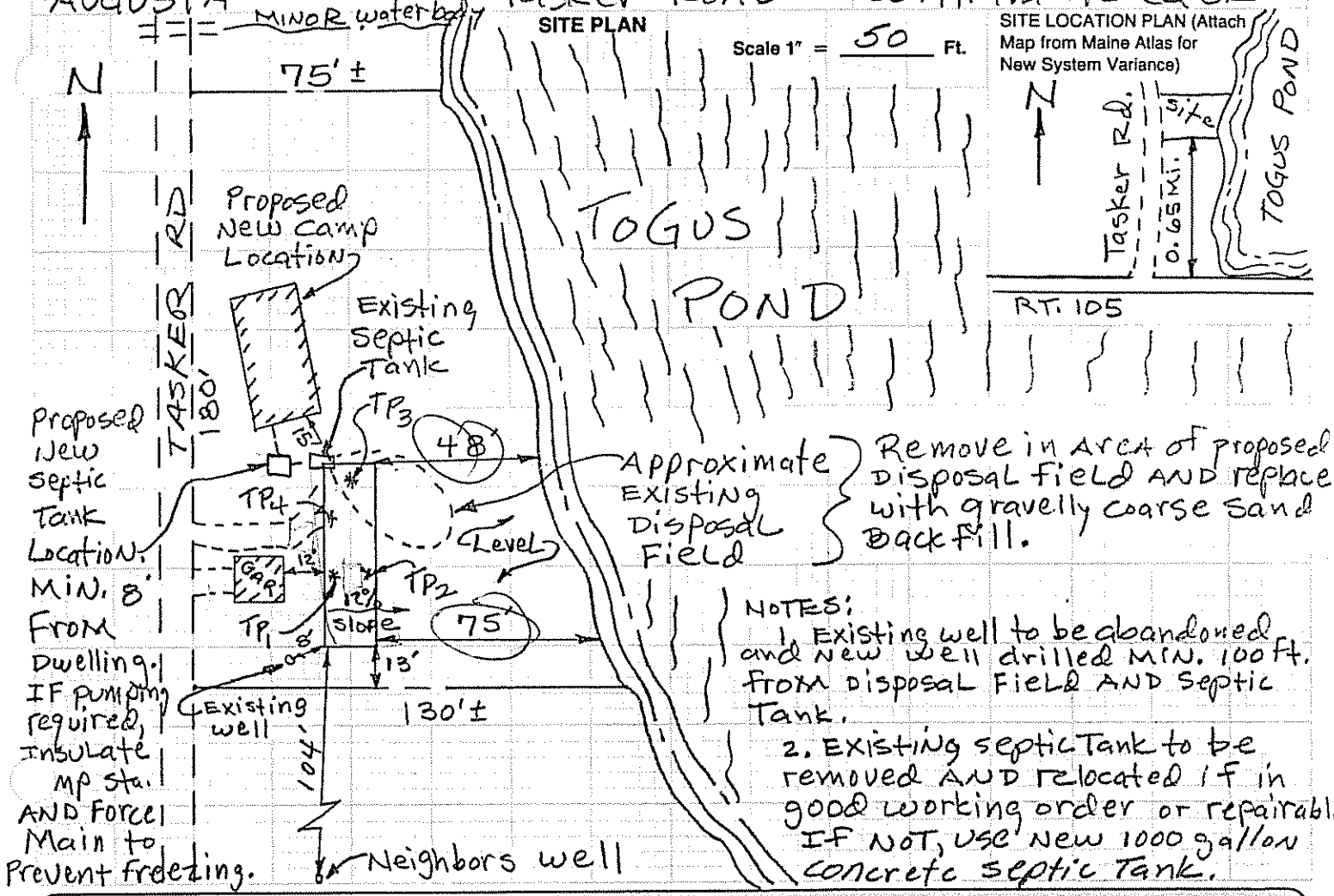
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: AUGUSTA | Street, Road, Subdivision: Tasker ROAD | Owners Name: William ROCQUE

SITE PLAN

Scale 1" = 50 Ft.



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

NOTES:
1. Existing well to be abandoned and New well drilled MIN. 100 ft. from disposal Field AND Septic Tank.
2. EXISTING septic Tank to be removed AND relocated if in good working order or repairable IF NOT, use New 1000 gallon concrete septic Tank.

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

Observation Hole: Tp 1, 2 & 4 ☒ Test Pit ☐ Boring

SOD " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	gravelly Loamy Sand FILL	Friable	DARK BROWN	NONE
6			DARK yellow BROWN	Observed
10				
15	gravelly Sandy Loam (original)		olive BROWN	
20				
30				
40	ROCKS	Limit OF EXCAVATION		
50				

Soil Profile	Classification Condition	Slope	Limiting Factor	Ground Water / Restrictive Layer / Bedrock
2	B	12 %	36 inch	

Observation Hole: TP 3 ☒ Test Pit ☐ Boring

NONE " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	gravelly Sandy Loam fill	Somewhat firm to friable	DARK Brown to Brown	NONE observed
6				
10				
15				
20				
30	Stone & pipe from original DISPOSAL Field			
40				
50				

Soil Profile	Classification Condition	Slope	Limiting Factor	Ground Water / Restrictive Layer / Bedrock
N/A	N/A	8 %	N/A	

David P. Rocque
Site Evaluator Signature

154
SE#

10/31/97
Date

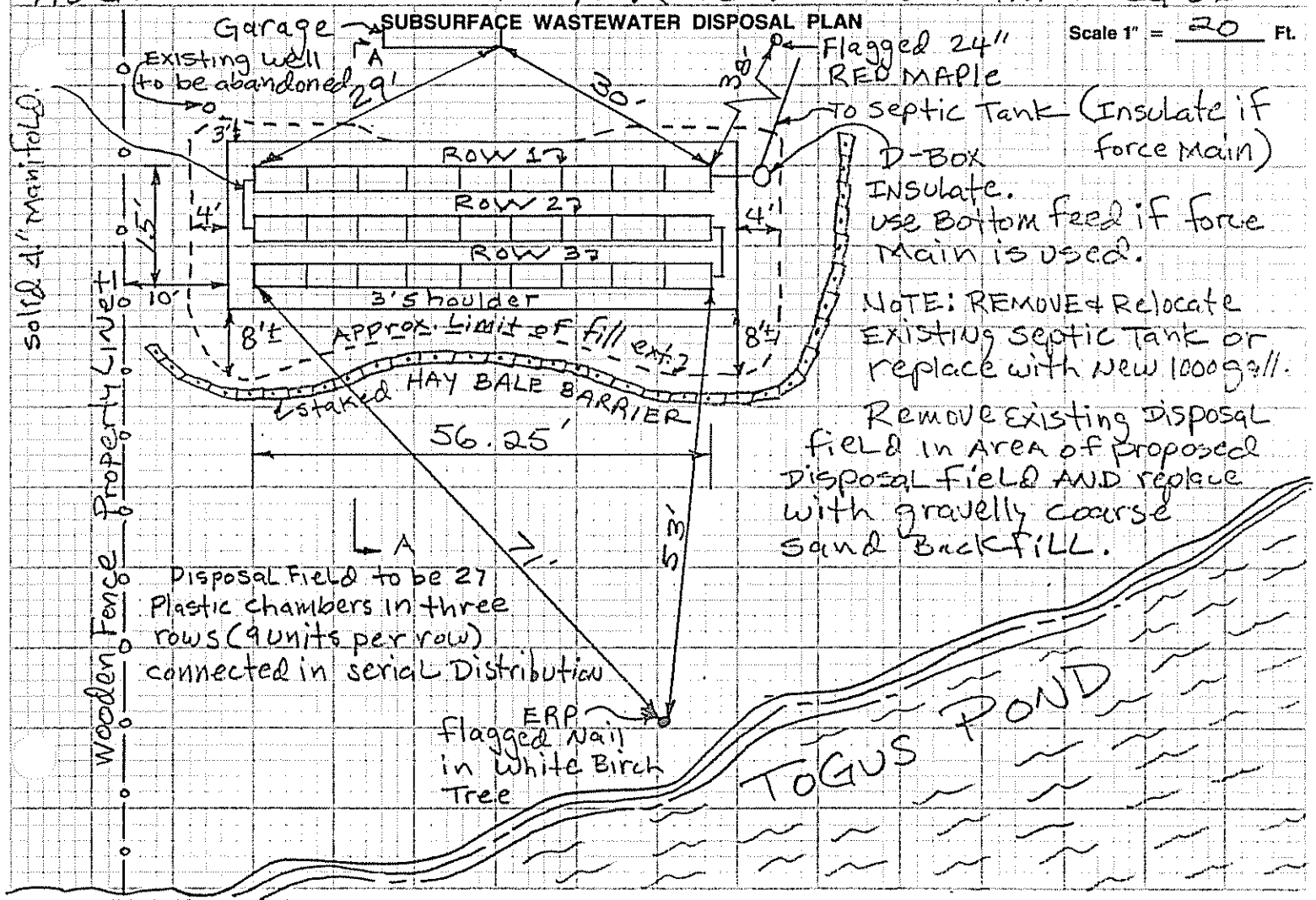
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	TASKER RD.	William Roque

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	0"-14"	Reference Elevation is	0	Flagged Nail 15" white Birch Tree
Depth of Fill (Downslope)	0"-10"	Bottom of Disposal Area	See Below	
		Top of Distribution Lines or Chambers		

NOTE: USE HIGH CAPACITY CHAMBERS.

DISPOSAL AREA CROSS SECTION

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

Row #	Bottom Trench	Top of Chambers
1	-61"	-45"
2	-67"	-51"
3	-73"	-57"

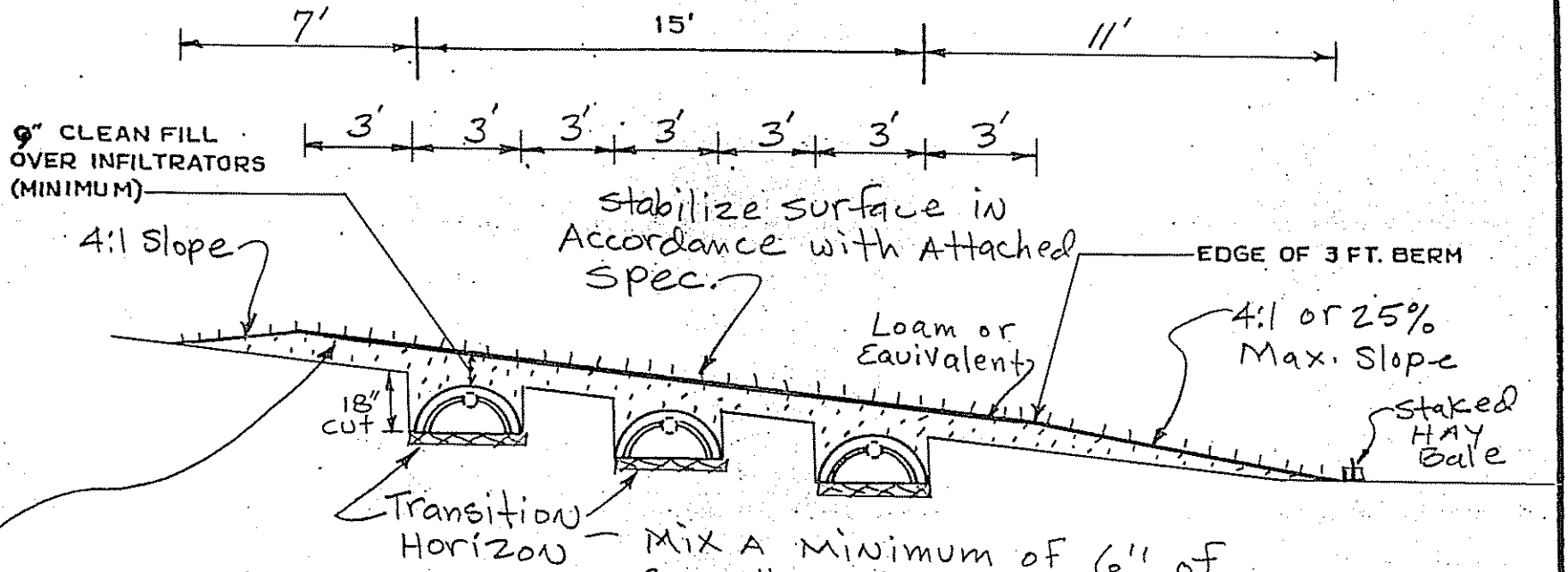
David P. Roque
Site Evaluator Signature

154
SE#

10/31/97
Date

HHE-200 Rev. 1/84

INFILTRATOR CROSS SECTION 11-12%



NOTES:

1. REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER INFILTRATORS AND FILL EXTENSION AREAS.
2. BOTTOM OF INFILTRATORS TO BE LEVEL WITH A MAXIMUM GRADE TOLERANCE OF 1" PER 100'.
3. PROVIDE FOR SURFACE DRAINAGE AWAY FROM INFILTRATOR AREA.
4. FINISHED GRADE SHALL BE SEEDED AND MULCHED TO PREVENT EROSION.

ORIGINAL GRADE 8%-12%

FILL UNDER INFILTRATORS TO BE Gravelly Coarse Sand TEXTURE.

FILL AROUND INFILTRATORS TO BE Gravelly Coarse Sand TEXTURE.

Gravelly Coarse Sand = 4%-8% fines (max. 2% clay) 15%-30% Gravel

SITE EVALUATOR: DAVID P. ROCQUE			
OWNER: William Rocque		NUMBER OF INFILTRATORS: 27	PERCENT SLOPE: 8%-12%
LOCATION: AUGUSTA TASKER R.D.		ELEVATIONS: REFERENCE PT. 0	BOTTOM TRENCH #1 -61"
DATE: 10/30/97	SCALE: 1 INCH = 5 FEET	BOTTOM TRENCH #2 -67"	BOTTOM TRENCH #3 -73"

This Design replaces Permit number 4024 issued 9/16/98

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 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 BOD_5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

GENERAL INFORMATION

Town of _____

Permit No. _____ Date Permit Issued _____

Property Owner's Name: William Rocque Tel. No.: _____

System's Location: Tasker Rd. AUGUSTA, Me. 04330

Property Owner's Address: RR7, Box 2087

(if different from above) AUGUSTA, MAINE 04330

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:

If 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.

William Rocque 10-31-97

SIGNATURE OF OWNER DATE

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. 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 SIGNATURE 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"			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		
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	48	75
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	12	2'
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	12	
Property lines	10 down to 5[c] ft	18 ft down to 9[c] ft	10 ft down to 4[c] ft	15 ft down to 7[c] ft		
Burial sites or graveyards, measured from the down toe of the fill extension	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 (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.

Revised 4/26/00

David P. Roque — SITE EVALUATOR'S SIGNATURE

10/31/97 — 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

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

PROPERTY LOCATION

Town or Location	AUGUSTA
Street Subdivision Lot #	Tasker Rd.

PROPERTY OWNERS NAME

Last: ROCQUE First: William

Mailing Address of Owner	RR7, Box 2087
	Augusta, Me. 04330
Daytime Tel. #	626-0000

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.

Municipal Tax Map # _____ Page # _____

Owner 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.

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 Application.

Local Plumbing Inspector Signature _____ Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. ☐ First Time System
2. ☐ Multi-User System
3. ☒ Replacement System
4. ☐ Expanded System
   a. ☐ One-time exempted
   ☐ Non-exempted
   ☐ Experimental System
6. ☐ Seasonal Conversion

THIS APPLICATION REQUIRES:

1. ☐ No Rule Variance
2. ☐ First Time System Variance (Municipal)
3. ☐ First Time System Variance (State)
4. ☒ Replacement System Variance
   a. ☐ Local Plumbing Inspector approval
   b. ☒ State & Local Plumbing Inspector approval
5. ☐ Minimum Lot Size Variance
6. ☐ Seasonal Conversion Variance

DISPOSAL SYSTEM COMPONENT(S)

1. ☒ Non-Engineered System
2. ☐ Primitive System
3. ☐ Alternative Toilet
   Specify _____
4. ☐ Non-Engineered Treatment Tank
5. ☐ Holding Tank _____ Gallons
6. ☐ Non-Engineered Disposal Area (only)
7. ☐ Separated Laundry System
8. ☐ Engineered System (+2000 gpd)
9. ☐ Engineered Treatment Tank (only)
10. ☐ Engineered Disposal Area (only)

SIZE OF PROPERTY

18,450 ☐'±

SHORELAND ZONING

☒ Yes ☐ No

DISPOSAL SYSTEM TO SERVE:

1. ☒ Single Family Dwelling Unit
2. ☐ Multiple Family Dwelling Unit
   Number of Units _____
3. ☐ Other _____ SPECIFY

TYPE OF WATER SUPPLY

Drilled (Prop.)

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ☒ Concrete
   ☒ Regular
   ☐ Low Profile
2. ☐ Plastic

SIZE 1000 Gallons

DISPOSAL AREA TYPE/SIZE

1. ☐ Stone Bed _____ Sq.Ft.
2. ☒ Proprietary Device 1050 Sq.Ft.
   ☐ Clustered ☒ Linear
   ☐ Regular ☐ H-20
3. ☐ Trench _____ Lin. Ft.
4. ☐ Other _____

GARBAGE DISPOSAL UNIT

1. ☒ No
2. ☐ Yes
   ☐ Multi-compartment tank
   ☐ Tank in series
   ☐ Increase in tank capacity
   ☐ Filter on tank outlet

CRITERIA USED FOR DESIGN FLOW
(Show Calculations)

Three bedroom Dwelling

PROFILE & DESIGN CLASS

PROFILE	DESIGN
2	B

DEPTH TO MOST LIMITING FACTOR 36"

DISPOSAL AREA SIZING

1. ☐ Small 2.0
2. ☐ Medium 2.60
3. ☒ Medium-Large 3.30
4. ☐ Large 4.10
5. ☐ Extra-Large 5.00

PUMPING

1. ☐ Not Required
2. ☒ May Be Required
3. ☐ Required

DOSE 20-40 Gallons

DESIGN FLOW: 300 (Gallons/Day)

SITE EVALUATOR'S STATEMENT

On 10/31/97 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules.

David P. Rocque	154	10/31/97
Site Evaluator Signature	SE #	Date
DAVID P. ROCQUE	(207) 622-7487	Revised 4/26/00 D.P.I.R.
Print Name	Telephone	

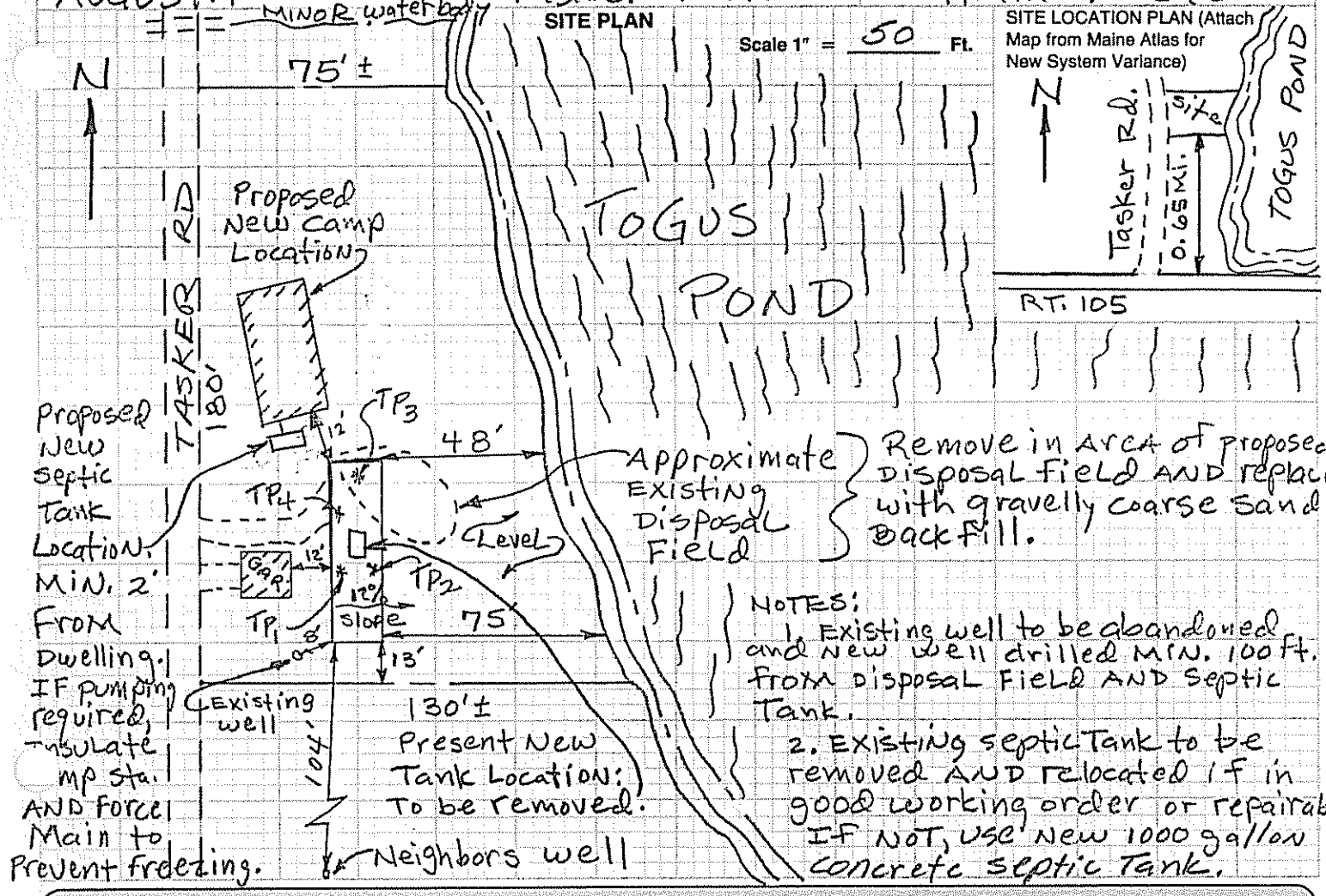
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: AUGUSTA | Street, Road, Subdivision: Tasker ROAD | Owners Name: William ROCQUE

SITE PLAN

Scale 1" = 50 Ft.



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

NOTES:
1. Existing well to be abandoned and new well drilled Min. 100 ft. from disposal Field AND Septic Tank.
2. Existing septic Tank to be removed AND relocated if in good working order or repairable. IF NOT, use new 1000 gallon concrete septic Tank.

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

Observation Hole: Tp 1, 2 + 4 ☒ Test Pit ☐ Boring

SOD " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

	Texture	Consistency	Color	Mottling
0	gravelly Loamy Sand FILL	Friable	DARK BROWN	NONE
6			DARK yellow BROWN	Observed
10				
15	gravelly Sandy Loam (original)		olive BROWN	
20				
30				
40	ROCKS	Limit OF EXCAVATION		
50				

Soil	Classification	Slope	Limiting Factor	
2 (Profile)	B (Condition)	12 %	36 LDE	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole: TP 3 ☒ Test Pit ☐ Boring

NONE " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

	Texture	Consistency	Color	Mottling
0	gravelly Sandy Loam FILL	Somewhat Firm to Friable	DARK Brown to Brown	NONE observed
6				
10				
15				
20				
30	Stone & pipe from original Disposal Field			
40				
50				

Soil	Classification	Slope	Limiting Factor	
N/A (Profile)	N/A (Condition)	8 %	N/A	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

David P. Rocque
Site Evaluator Signature

154
SE#

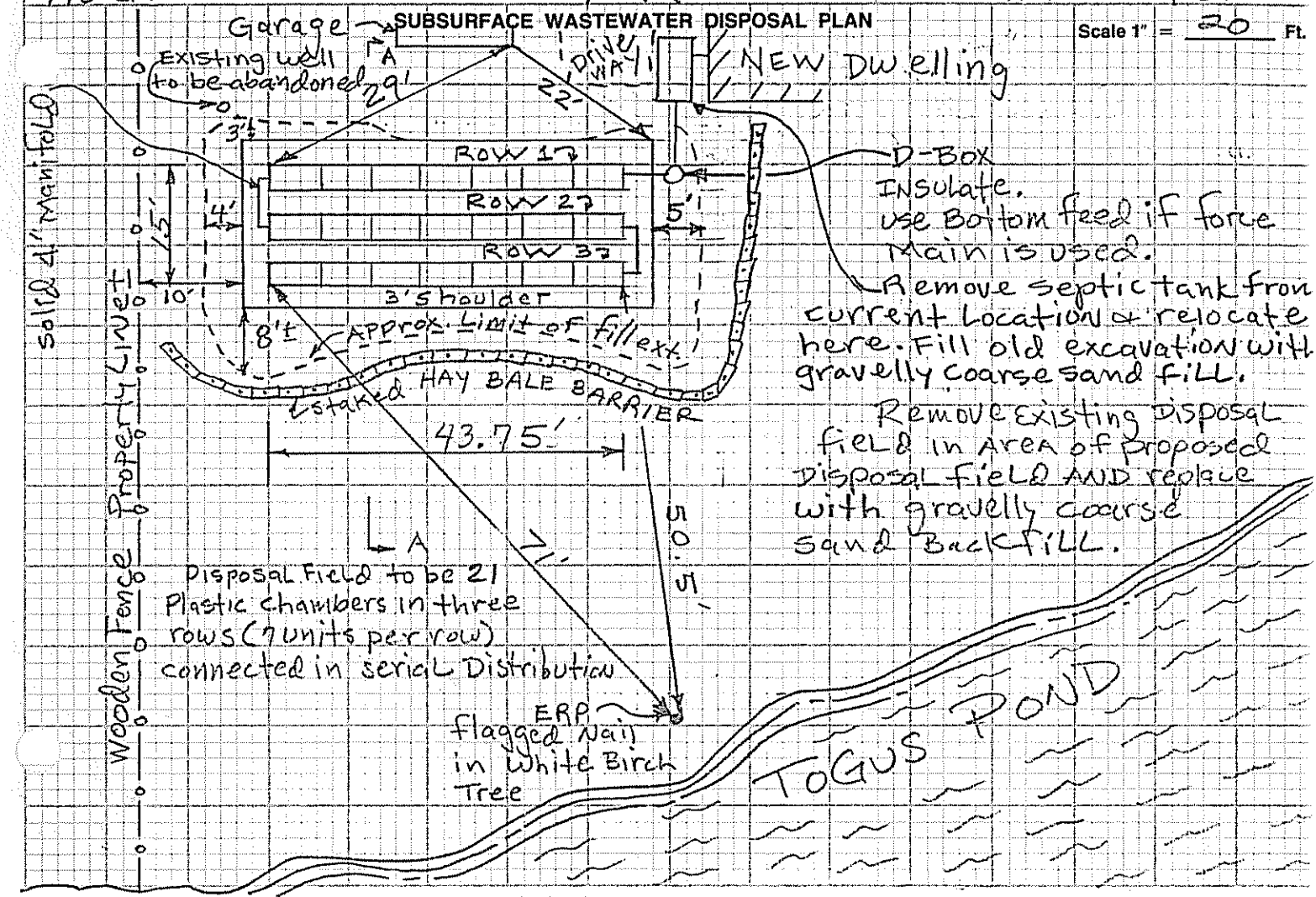
10/31/97
Date

Revised 4/26/00

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	TASKER RD.	William Roque



FILL REQUIREMENTS

Depth of Fill (Upslope) 0"-14"
Depth of Fill (Downslope) 0"-10"

CONSTRUCTION ELEVATIONS

Reference Elevation is 0
Bottom of Disposal Area See Below
Top of Distribution Lines or Chambers

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

Flagged Nail 15" White Birch Tree

NOTE: USE HIGH CAPACITY CHAMBERS.

DISPOSAL AREA CROSS SECTION

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

Row #	Bottom Trench	Top of Chambers
1	-61"	-45"
2	-67"	-51"
3	-73"	-57"

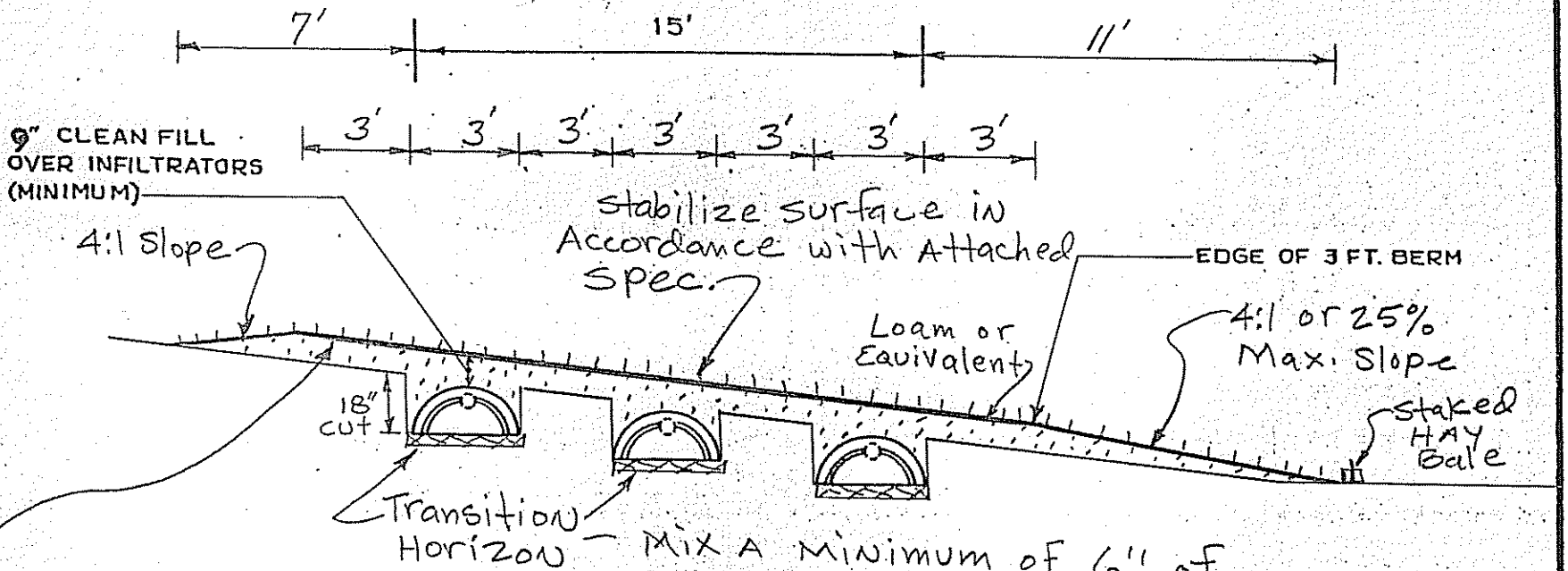
David P. Roque
Site Evaluator Signature

154
SE#

10/3/97
Date
Revised 4/26/00

HHE-200 Rev.1/84

INFILTRATOR CROSS SECTION 11-12%



NOTES:

1. REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER INFILTRATORS AND FILL EXTENSION AREAS.
2. BOTTOM OF INFILTRATORS TO BE LEVEL WITH A MAXIMUM GRADE TOLERANCE OF 1" PER 100'.
3. PROVIDE FOR SURFACE DRAINAGE AWAY FROM INFILTRATOR AREA.
4. FINISHED GRADE SHALL BE SEEDED AND MULCHED TO PREVENT EROSION.

ORIGINAL GRADE 8%-12%

FILL UNDER INFILTRATORS TO BE Gravelly Coarse Sand TEXTURE.

FILL AROUND INFILTRATORS TO BE Gravelly Coarse Sand TEXTURE.

Gravelly Coarse Sand = 4%-8% fines (max. 2% clay) 15%-30% Gravel

SITE EVALUATOR: DAVID P. ROCQUE

OWNER: William Rocque

LOCATION: AUGUSTA TASKER R.D.

DATE: 10/30/97

SCALE: 1 INCH = 5 FEET

NUMBER OF INFILTRATORS: 27

PERCENT SLOPE: 8%-12%

ELEVATIONS:

REFERENCE PT. 0 BOTTOM TRENCH #1 -61"

BOTTOM TRENCH #2 -67" BOTTOM TRENCH #3 -73"