

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

City M7142
 Department of Human Services
 Division of Health Engineering
 (207)289-3826

PROPERTY ADDRESS	
Town or Plantation	AUGUSTA
Street Jbdivision Lot #	ALBEE ROAD
PROPERTY OWNERS NAME	
Last: FARRIN	First: BRYON
Applicant Name:	RFD # 7 BOX 1135
Mailing Address of Owner/Applicant (if Different)	AUGUSTA, ME 04330

Caution: Permit Required

AUGUSTA	Date Permit Issued: <u>6/23/95</u>	3256	TOWN COPY
	<i>[Signature]</i>	\$ <u>600.00</u>	<input type="checkbox"/> Double Fee Charged
	Local Plumbing Inspector Signature	L.P.I. # <u>808</u>	

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] 6/14/95
 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.

[Signature] 7/14/95
 Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NEW SYSTEM <input checked="" type="checkbox"/> REPLACEMENT SYSTEM <input type="checkbox"/> EXPANDED SYSTEM <input type="checkbox"/> EXPERIMENTAL SYSTEM <p>SEASONAL CONVERSION to be completed by LPI</p> <ol style="list-style-type: none"> <input type="checkbox"/> SYSTEM COMPLIES WITH RULES <input type="checkbox"/> CONNECTED TO SANITARY SEWER <input type="checkbox"/> SYSTEM INSTALLED - P# _____ <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED <p>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED <u>60'S</u></p> <p>THE FAILING SYSTEM IS:</p> <table style="width: 100%;"> <tr> <td>1. <input type="checkbox"/> BED</td> <td>3. <input checked="" type="checkbox"/> TRENCH</td> </tr> <tr> <td>2. <input type="checkbox"/> CHAMBER</td> <td>4. <input type="checkbox"/> OTHER: _____</td> </tr> </table> <p>SIZE OF PROPERTY: 0.5 ACRES</p> <p>ZONING: SHORELAND</p>	1. <input type="checkbox"/> BED	3. <input checked="" type="checkbox"/> TRENCH	2. <input type="checkbox"/> CHAMBER	4. <input type="checkbox"/> OTHER: _____	<p>THIS APPLICATION REQUIRES:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NO RULE VARIANCE <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form <ol style="list-style-type: none"> <input type="checkbox"/> Requiring Local Plumbing Inspector Approval <input checked="" type="checkbox"/> Requires State and Local Plumbing Inspector Approval <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE <p>DISPOSAL SYSTEM TO SERVE:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER _____ SPECIFY _____ 	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) <input type="checkbox"/> ENGINEERED (+2000 gpd) <p>INDIVIDUALLY INSTALLED COMPONENTS</p> <ol style="list-style-type: none"> <input type="checkbox"/> TREATMENT TANK (ONLY) <input type="checkbox"/> HOLDING TANK _____ GAL <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM <p>TYPE OF WATER SUPPLY EXISTING DRILLED WELL</p>
1. <input type="checkbox"/> BED	3. <input checked="" type="checkbox"/> TRENCH					
2. <input type="checkbox"/> CHAMBER	4. <input type="checkbox"/> OTHER: _____					

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC <p>SIZE: 1000 GALS.</p>	<p>WATER CONSERVATION</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> LOW VOLUME TOILET <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____ 	<p>PUMPING</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NOT REQUIRED <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) <input type="checkbox"/> REQUIRED DOSE _____ GALS. 	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>2 BEDROOM</p> <p>DESIGN FLOW: 220 GALLONS/DAY</p>		
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table style="width: 100%;"> <tr> <td>PROFILE: 8</td> <td>CONDITION: D</td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: 12 "</p>	PROFILE: 8	CONDITION: D		<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> MEDIUM-LARGE <input checked="" type="checkbox"/> LARGE <input type="checkbox"/> EXTRA-LARGE 	<p>DISPOSAL AREA TYPE/SIZE EFFECTIVE SIZE</p> <ol style="list-style-type: none"> <input type="checkbox"/> BED _____ Sq. Ft. <input checked="" type="checkbox"/> CHAMBER 900 Sq. Ft. <ul style="list-style-type: none"> <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20 <input type="checkbox"/> TRENCH _____ Linear Ft. <input type="checkbox"/> OTHER: _____
PROFILE: 8	CONDITION: D				

SITE EVALUATOR STATEMENT

On JUNE 7, 1995 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system that I propose is in accordance with the Subsurface Wastewater Disposal Rules.

WILLIAM P BROWN *[Signature]* 188 6/7/95
 Site Evaluator Signature SE# Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation
AUGUSTA

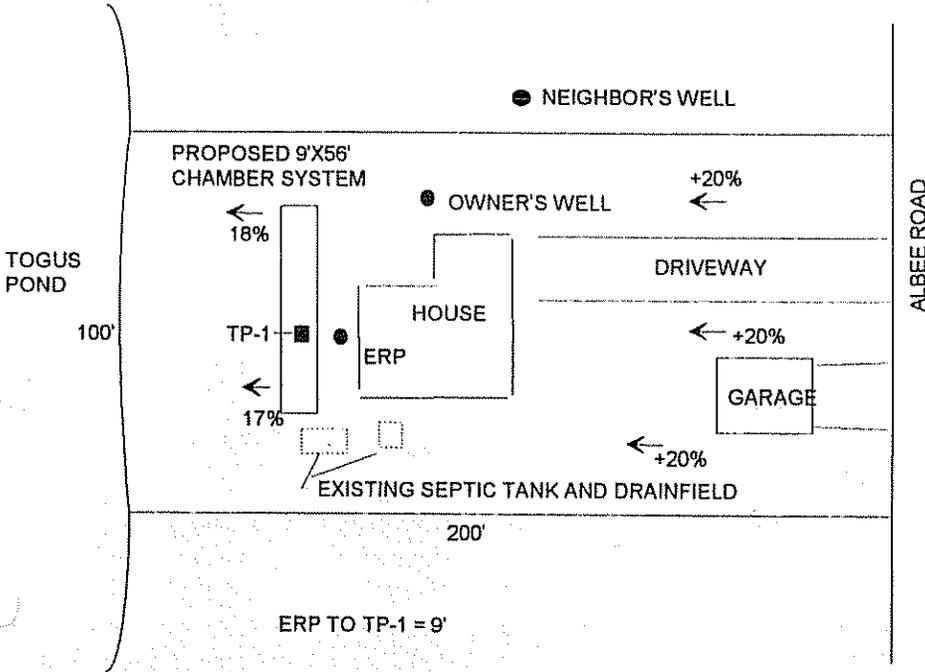
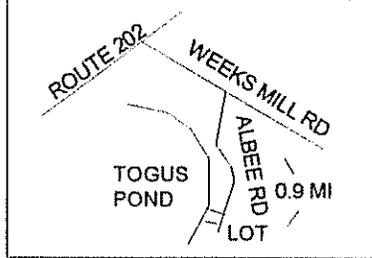
Street, Road, Subdivision
ALBEE ROAD

Owners Name
BRYON FARRIN

SITE PLAN

Scale 1" = 50 Ft.

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



THE NEW SYSTEM WILL BE 39' FROM THE LAKE, 23' FROM THE OWNER'S 80 FOOT DRILLED WELL AND 53' FROM THE NEIGHBOR'S DRILLED WELL

THE SYSTEM WILL BE CLOSER TO THE NEIGHBOR'S WELL THAN THE EXISTING SYSTEM

THERE DOES NOT APPEAR TO BE ANY PRACTICAL ALTERNATIVES TO THE SITUATION

BOTH WELLS HAVE APPROX. 20 FEET OF CASING

WRITTEN PERMISSION FROM THE NEIGHBOR IS REQUIRED TO INSTALL THE SYSTEM 53 FEET FROM THE WELL

THE NEW SYSTEM IS APPROXIMATELY THE SAME DISTANCE FROM THE LAKE

THE ORIGINAL SOIL APPEARS TO BE A SILT LOAM (8-D). THE FILL MATERIAL IN THE AREA APPEARS TO BE A FINE SAND WITH SILT

EITHER SOIL TYPE REQUIRES A LARGE SYSTEM

SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole TP-1 Test Pit Boring
1' Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	FINE SAND			
6	FILL WITH SILT	FRIABLE	LIGHT BRN	
20	SILT LOAM		MEDIUM BRN	NONE
30			YELLOW BROWN	COMMON
40		FIRM	OLIVE BRN	
50				

Soil Profile: **8**
Classification: **D**
Slope: **17-18%**
Limiting Factor: **12'**

Ground Water
 Restrictive Layer
 Bedrock

(Location of Observation Holes Shown Above)

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

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Profile:
Classification:
Slope: %
Limiting Factor:

Ground Water
 Restrictive Layer
 Bedrock

WILLIAM P BROWN *William P Brown*
Site Evaluator Signature

188
SE #

6/7/95
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road, Subdivision

Division of Health Engineering

Department of Human Services

Owners Name

AUGUSTA

ALBEE ROAD

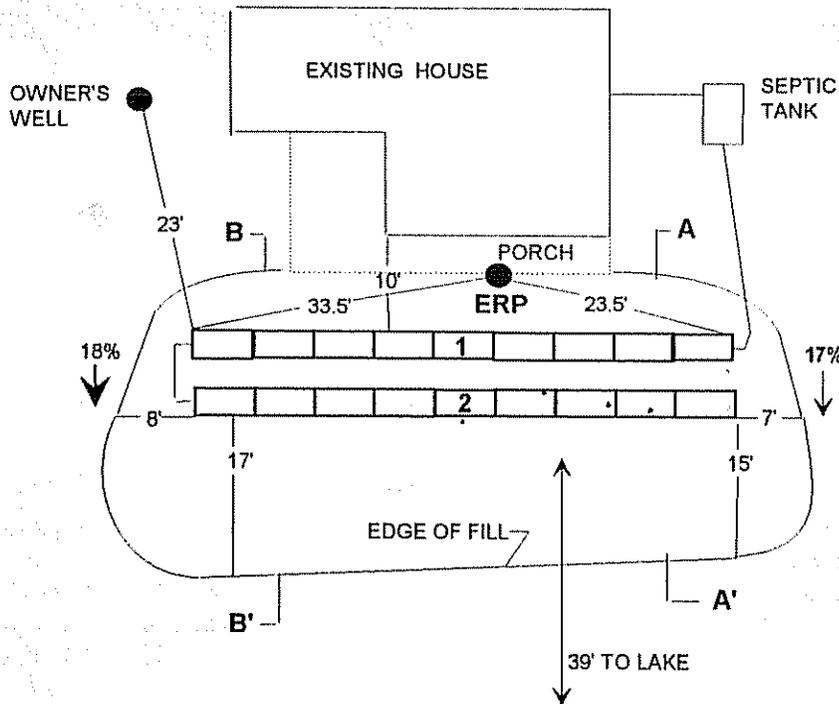
BRYON FARRIN

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

EXCAVATE 20 INCHES BELOW GROUND UNDER DISPOSAL SYSTEM AND IN A 5 FOOT PERIMETER OF THE SYSTEM TO REMOVE OLD FILL
REPLACE OLD FILL TO BOTTOM OF CHAMBERS WITH GRAVELLY COARSE SAND

NORTH ←



USE 2 ROWS OF INFILTRATORS OR BIODIFFUSORS WITH 9 UNITS IN EACH ROW

FLAGS MARK THE CORNERS OF THE SYSTEM

PUMP OUT OLD SEPTIC TANK, PROPERLY ABANDON, AND INSTALL NEW 1000 GALLON TANK

NEW SEPTIC TANK MAY BE FIELD ADJUSTED

FILL REQUIREMENTS

Depth of Fill (Upslope) **10-11"**
Depth of Fill (Downslope) **12-15"**

CONSTRUCTION ELEVATIONS

Reference Elevation is **00"**
Bottom of Disposal Area **SEE**
Top of distribution Lines or Chambers **BELOW**

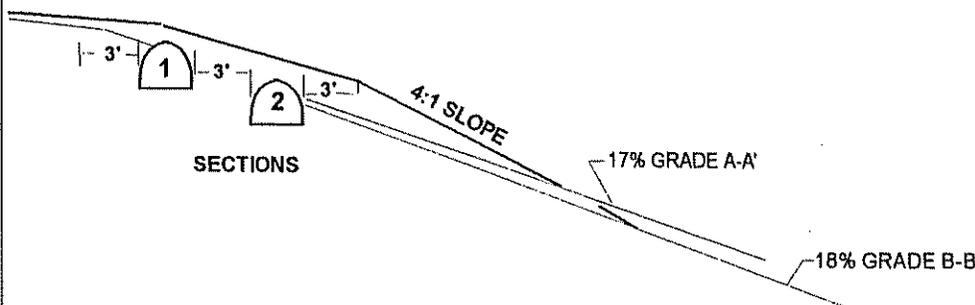
ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

FLAGGED NAIL IN 4 INCH POST, 2 FEET ABOVE GROUND

DISPOSAL AREA CROSS SECTION

Scale:

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



ROW	1	2
BOTTOM OF CHAMBER	-46"	-58"
TOP OF CHAMBER	-30"	-42"

IF BIODIFFUSORS ARE USED THE TOP OF THE CHAMBERS IS ONE INCH LOWER

INSTALL EROSION CONTROL MEASURES BEFORE CONSTRUCTION BEGINS
REMOVE ALL SOIL TO A DEPTH OF 20 INCHES BELOW GROUND
SCARIFY SOIL UNDER THE ENTIRE FILL AREA
FILL WITH GRAVELLY COARSE SAND
INSTALL PLASTIC CHAMBERS PER MANUFACTURER'S INSTRUCTIONS
ALL FILL SHALL BE GRAVELLY COARSE SAND
SLOPE FINISH GRADE AS SHOWN
LOAM, SEED, AND MULCH ALL DISTURBED AREAS AS SOON AS POSSIBLE

WILLIAM P BROWN *William P Brown*
Site Evaluator Signature

188
SE #

6/7/95
Date

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HHE-200 Rev. 1/84



Angus S. King, Jr.
Governor

Kevin W. Concannon
Commissioner

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

WELL SETBACK RELEASE FORM

I, Eugene A. Howard, permanent mailing address
(name of well owner)

RR #7 Box 1150, Albee Rd., Augusta, hereby give my approval to
(street, road, etc.) (town)

BRYON M. FARRIN, permanent mail address
(owner of system being installed)

RFD 7 Box 135, AUGUSTA, ME, for the purpose
(street, road, etc.) (town)

of locating and installing a wastewater disposal system (holding tank)
no less than 53 feet (horizontal distance) to my

DRILLED well located
(drilled, dug, etc., plus depth to well)

(well location and address, if different from the above address)

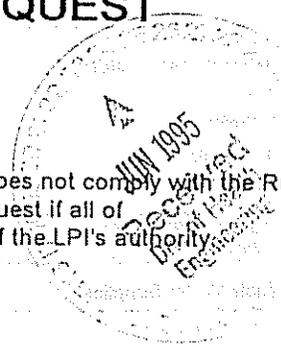
Eugene Howard 6/16/95
Signature - Owner of well Date

Bryon M. Farrin 6-16-95
Signature - Owner of Disposal Field Date

Beverly Howard 6/16/95
Signature - Witness Date

REPLACEMENT SYSTEM VARIANCE REQUEST

Pd
Cash
30



THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application for the proposed replacement system which does not comply with the Rules. The LPI shall review the Replacement System Variance Request 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 from the rules.
2. A 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 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 AUGUSTA

Permit No. 3286 E

Date Permit Issued 6/23/95
MONTH/DAY/YEAR

Property Owner's Name: BRYON FARRIN

Tel. No. 622-4334

System's Location: ALBEE ROAD RFD # 7 BOX 1135
STREET

AUGUSTA Maine 04330
TOWN ZIP

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

_____ TOWN STATE ZIP

SPECIFIC INSTRUCTIONS TO THE:

LPI:

If any of the variances exceed your 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 the 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.

Bryon Farrin
PROPERTY OWNER'S SIGNATURE

6-16-95
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table		to 6"		inches
Soil Condition	Restrictive Layer		to 6"		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	100a	300a		
	2. Well: < 2000 gal/day	50'b	60b		53'
	a. Neighbors				
	b. Property Owner's	25'	50'	+50'	23'
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'	75'	39'
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'c	10c		
Buildings	1. With Basement	5'	10'		10'
	2. Without Basement	5'	10'		
Property Line		4'	5'		

OTHER

- 1.
- 2.
- 3.

Footnotes:

- a. This setback cannot be reduced by variance. See Table 6 -2.
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but closer to that well than the system it is replacing.
- c. Sufficient distance shall be maintained to assure that the fill does not extend to the 3:1 slope.

WILLIAM P BROWN *William P Brown*
SITE EVALUATOR'S SIGNATURE

6/7/95

DATE

LPI STATEMENT

I, *George A. Searcy Jr.*, LPI for the Town of *Augusta* 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 Wastewater Disposal 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 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 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 the Comments Section below as to why the proposed replacement system is not being recommended.

Comments:

George A. Searcy Jr.
LPI'S SIGNATURE

6/14/95
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.

William P Brown
SIGNATURE OF THE DEPARTMENT

6-23-95
DATE