

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

M 71 L/5  
 Division of Health Engineering  
 (207)289-3826

**PROPERTY ADDRESS**

Town Or Plantation: AUGUSTA

Street Subdivision Lot #: ALBEE RD

**PROPERTY OWNERS NAME**

Last: PUCCIARELLI First: JOHN

Applicant Name: \_\_\_\_\_

Mailing Address of Owner/Applicant (If Different): R-6 B-1246 AUGUSTA, ME 04330

AUGUSTA PERMIT # 1,140 TOWN COPY

Date Permit Issued: 8/18/87 \$ \$40.00 FEE  If Double Fee Charged

L.P.I. # 850

John R. Fuller  
 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 Pucciarelli 8.11.87  
 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
- EXPERIMENTAL SYSTEM

**SEASONAL CONVERSION**  
 to be completed by the LPI

- SYSTEM COMPLIES WITH RULES
- CONNECTED TO SANITARY SEWER
- SYSTEM INSTALLED - P# \_\_\_\_\_
- SYSTEM DESIGN RECORDED AND ATTACHED

**IF REPLACEMENT SYSTEM:**  
 YEAR FAILING SYSTEM INSTALLED 3

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: \_\_\_\_\_

SIZE OF PROPERTY 9000<sup>sq</sup>+ ZONING RES

**THIS APPLICATION REQUIRES:**

- NO RULE VARIANCE
- NEW SYSTEM VARIANCE  
 Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE  
 Attach Replacement System Variance Form
  - Requiring Local Plumbing Inspector Approval
  - Requires State and Local Plumbing Inspector Approval
- MINIMUM LOT SIZE VARIANCE

**DISPOSAL SYSTEM TO SERVE:**

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER \_\_\_\_\_ SPECIFY \_\_\_\_\_

**INSTALLATION IS:**

COMPLETE SYSTEM

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

INDIVIDUALLY INSTALLED COMPONENTS:

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

**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  
 (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED  
 DOSE: 50 GALS.

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

2 BEDROOMS

DESIGN FLOW: 240  
 (GALLONS/DAY)

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE	CONDITION
<u>1</u>	<u>0</u>

DEPTH TO LIMITING FACTOR: 10"

**SIZE RATINGS USED FOR DESIGN PURPOSES**

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

*Self-Review Attached*

**DISPOSAL AREA TYPE/SIZE**

- BED \_\_\_\_\_ Sq. Ft.
- CHAMBER 480 Sq. Ft.
- TRENCH \_\_\_\_\_ Linear Ft.
- OTHER: \_\_\_\_\_

**SITE EVALUATOR STATEMENT**

On 5/20/87 (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.

John W. Radwin  
 Site Evaluator Signature

51  
 SE#

8/16/87  
 Date

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



**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

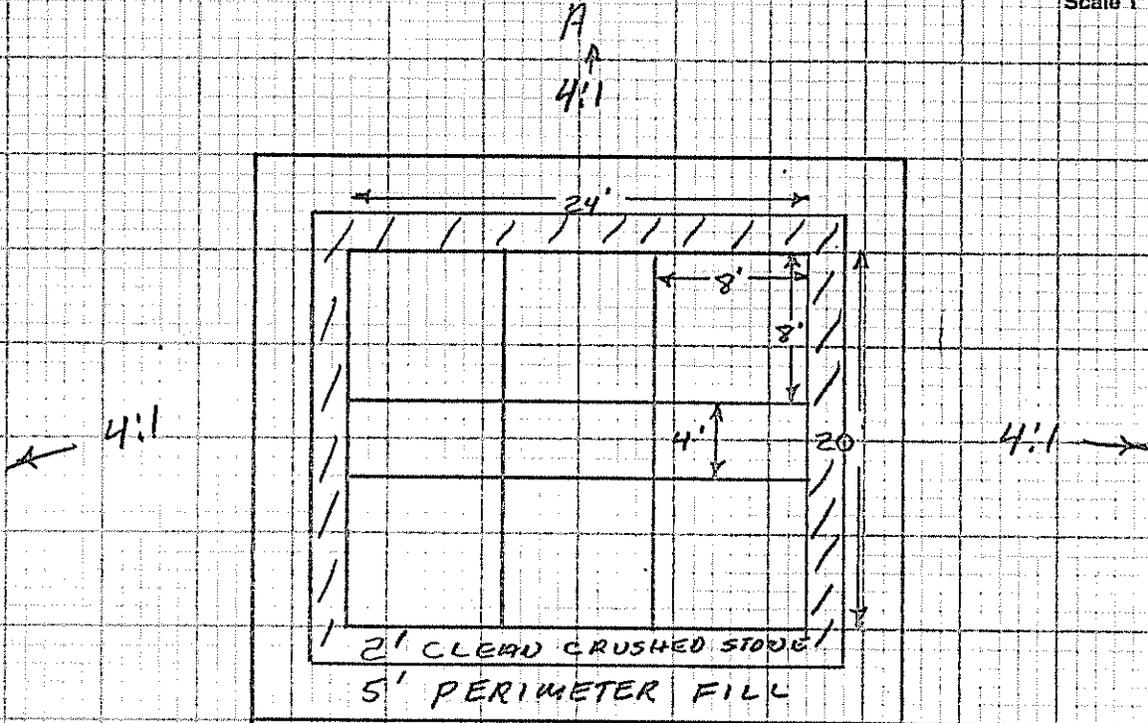
**AUGUSTA**

**ALBEE RD**

**PUCCIARELLI**

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

Scale 1" = 10 Ft.



EXTEND FILL ON  
4:1 SLOPE

B

**FILL REQUIREMENTS**

Depth of Fill (Upslope)  
Depth of Fill (Downslope)

21"  
26 1/2"

**CONSTRUCTION ELEVATIONS**

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

0  
-58"  
-45"

**ELEVATION REFERENCE POINT  
LOCATION & DESCRIPTION**

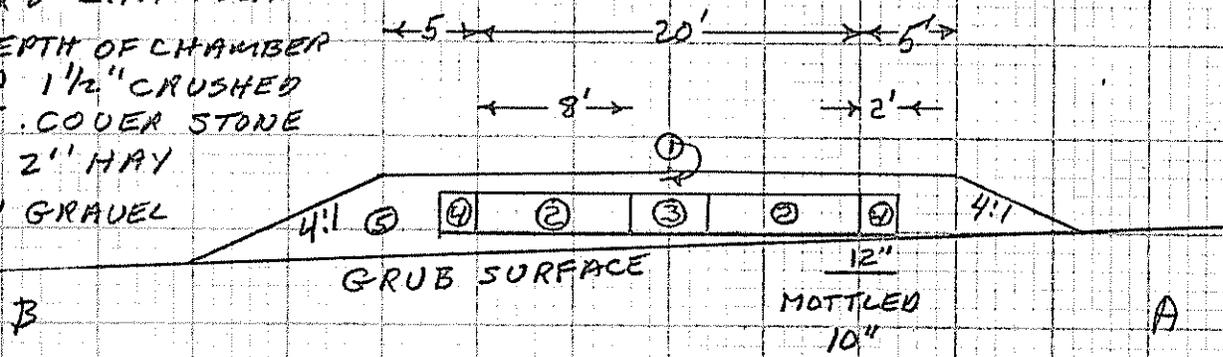
**NAIL IN 26" PINE**

**DISPOSAL AREA CROSS SECTION**

- ① 6" TOPSOIL CROWNEY @ 3%
- ② 6 - 8' X 8' CHAMBERS
- ③ 3 - 4' X 8' CHAMBERS
- ④ 2' X DEPTH OF CHAMBER  
CLEAR 1 1/2" CRUSHED  
STONE COVER STONE  
WITH 2" HAY
- ⑤ SANDY GRAVEL  
FILL

Scale:

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



*Site Evaluator Signature*  
Site Evaluator Signature

51  
SE#

8/6/87  
Date

# 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: John Pucciarelli Tel. No. 622-6601

System's Location: RFD#6 Box 1246 ALBEE RD.  
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 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.

John Pucciarelli  
Property Owner's Signature

8-11-87  
Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
<b>Soils</b> Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		10	inches
	Restrictive Layer	to 6"			inches
	Bedrock	to 10"			inches
<b>Setback Distances</b> (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 <sup>POORLY DRAINAGE AREAS</sup>	60'	60'	}	80
	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:

*\* SYSTEM 100' + FROM LAKE*

**Footnotes:**

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. A variance to reduce the 100 foot setback distance to a minimum of 80 feet may be granted only with the neighbor written permission.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

*Walter W. [Signature]*  
Site Evaluator's Signature

*8/6/87*  
Date

**LPI Statement**

I, *Gary R. Fuller*, 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 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:

*Gary R. Fuller*  
LPI's Signature

*August 18, 1987*  
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 Public Health Engineering (207) 289-3826

**PROPERTY ADDRESS**

Town Or Plantation: AUGUSTA

Street Subdivision Lot #: ALBEE RD

Last: PUCCIARELLI First: JOHN

Applicant Name: \_\_\_\_\_

Mailing Address of Owner/Applicant (if Different): R-6 B-1246 AUGUSTA, ME 04330

**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.

John Pucciarelli 8-11-87

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
- EXPERIMENTAL SYSTEM

**THIS APPLICATION REQUIRES:**

- NO RULE VARIANCE
- NEW SYSTEM VARIANCE  
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE  
Attach Replacement System Variance Form
  - Requiring Local Plumbing Inspector Approval
  - Requiring State and Local Plumbing Inspector Approval
- MINIMUM LOT SIZE VARIANCE

**INSTALLATION IS:**

COMPLETE SYSTEM

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

INDIVIDUALLY INSTALLED COMPONENTS:

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

**SEASONAL CONVERSION**

to be completed by the LPI

- SYSTEM COMPLIES WITH RULES
- CONNECTED TO SANITARY SEWER
- SYSTEM INSTALLED - P# \_\_\_\_\_
- SYSTEM DESIGN RECORDED AND ATTACHED

**IF REPLACEMENT SYSTEM:**

YEAR FAILING SYSTEM INSTALLED P

THE FAILING SYSTEM IS:

- BED
- TRENCH
- CHAMBER
- OTHER: \_\_\_\_\_

**DISPOSAL SYSTEM TO SERVE:**

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER \_\_\_\_\_ SPECIFY

**SIZE OF PROPERTY** 9000<sup>sq</sup>+

**ZONING** RES

**TYPE OF WATER SUPPLY**

LAKE

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

**TREATMENT TANK**

- SEPTIC:  Regular  Low Profile
- ASPHOBIC

SIZE: 1000 GALB.

**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: 50 GALB.

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

2 BEDROOMS

DESIGN FLOW: 240 (GALLONS/DAY)

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE: 1 CONDITION: D

DEPTH TO LIMITING FACTOR: 10"

**SIZE RATINGS USED FOR DESIGN PURPOSES**

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

**DISPOSAL AREA TYPE/SIZE**

- BED \_\_\_\_\_ Sq. Ft.
- CHAMBER 120 Sq. Ft. 504<sup>sq</sup>
- REGULAR  H-20
- TRENCH \_\_\_\_\_ Linear Ft.
- OTHER: \_\_\_\_\_

**SITE EVALUATOR STATEMENT**

On 5/20/87 (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.

William R. [Signature]  
Site Evaluator Signature

51 BE# 8/6/87 Date

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

REVISED TO INFILTRATORS BY ECO-TEC OWNER

1140



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

Augusta

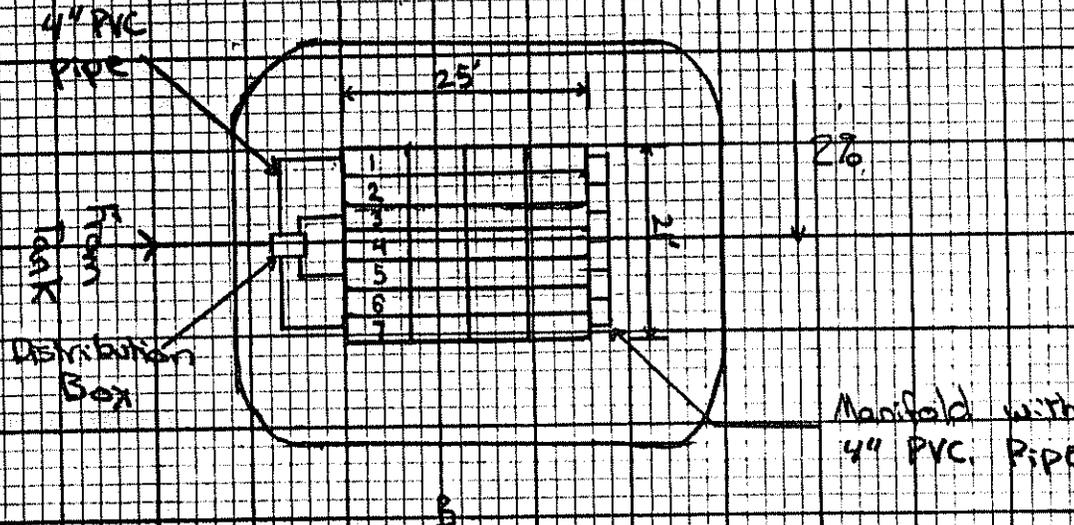
Albee Rd

Pucciarelli

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

28 Infiltrators  
7 rows of 4



NOTE: (CLUSTER)

- 28 - Infiltrators
- 7 - Rows
- 4 - EA. Row

Extend fill on 4:1 slope

### FILL REQUIREMENTS

Depth of Fill (Upslope) 23"  
Depth of Fill (Downslope) 28"

### CONSTRUCTION ELEVATIONS

Reference Elevation is 0"  
Bottom of Disposal Area -58"  
Top of Distribution Lines or Chambers -43"

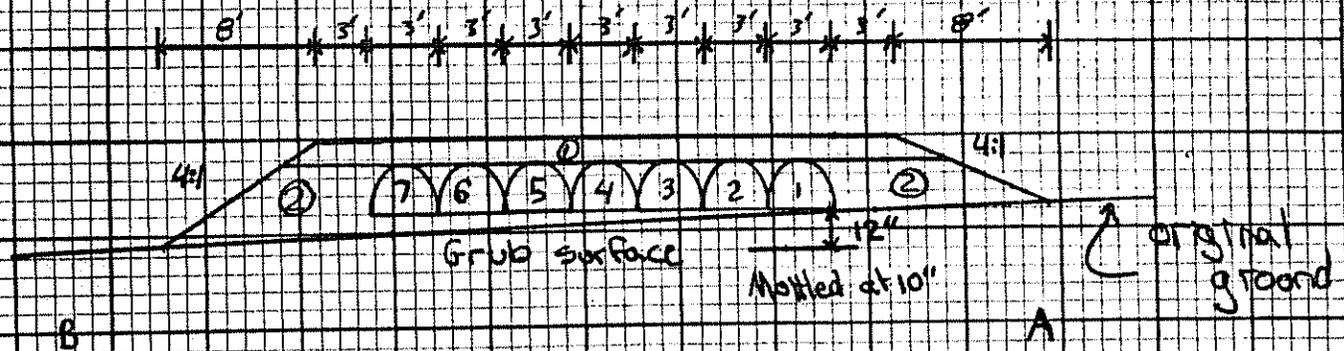
### ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

Nail in 26" Pine

### DISPOSAL AREA CROSS SECTION

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

- ① 8" Topsoil Crowned at 3%
- ② Sandy Gravel Fill



*[Signature]*  
Site Evaluator Signature

51  
SE#

6/15/89  
Date

2nd revision  
Page 3 of 3  
Eco-Tec HHE-200 Rev. 1/84  
6/5/89

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"		10	inches
	Restrictive Layer	to 6"			
	Bedrock	to 10"			
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 <i>POORLY DRAINAGE AREAS</i>	80'	80'	}	80
	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:

*\* SYSTEM 100' + FROM LAKE*

Footnotes:

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

*Walter W. [Signature]*  
Site Evaluator's Signature

*8/16/87*  
Date

LPI Statement

I, *Gary R. Tulber*, 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 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:

*Gary R. Tulber*  
LPI's Signature

*August 13, 1987*  
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