

MDL6 H W 3321

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: AUGUSTA

Street: YOUNG ROAD

Subdivision Lot #:

PROPERTY OWNERS NAME

Last: ELLIS First: TIMOTHY

Applicant Name: P.O. BOX 533

Mailing Address of Owner/Applicant (If Different): AUGUSTA, ME. 04330

Wall to still be installed at Garage w side

AUGUSTA PERMIT # 552 TOWN COPY

Date Permit Issued: 8/29/85 \$ 140 FEE Double Fee Charged

Local Plumbing Inspector Signature: Robert Sturro L.P.I. # 16617

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: Timothy Ellis Date: 8/29/85

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: Robert Sturro Date Approve: 9/10/85

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1 <input type="checkbox"/> NEW SYSTEM</p> <p>2 <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3 <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4 <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5 <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1 <input type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2 <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3 <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>4 <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>5 <input checked="" type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS COMPLETE SYSTEM</p> <p>1 <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2 <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3 <input type="checkbox"/> ENGINEERED (> 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS</p> <p>4 <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5 <input type="checkbox"/> HOLDING TANK</p> <p>6 <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7 <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8 <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1 <input type="checkbox"/> BED 2 <input type="checkbox"/> TRENCH</p> <p>3 <input type="checkbox"/> CHAMBER 4 <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1 <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2 <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4 <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p><u>LAKE</u></p>
<p>SIZE OF PROPERTY: <u>7000 ±</u></p> <p>ZONING: <u>RESIDENTIAL</u></p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1 <input checked="" type="checkbox"/> SEPTIC <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2 <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS</p>	<p>WATER CONSERVATION</p> <p>1 <input type="checkbox"/> NONE</p> <p>2 <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4 <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY _____</p>	<p>PUMPING</p> <p>1 <input type="checkbox"/> NOT REQUIRED</p> <p>2 <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3 <input checked="" type="checkbox"/> REQUIRED</p> <p>DOSE: <u>40</u> GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS ETC.)</p> <p><u>2 BEDROOM</u></p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>9</u> CONDITION: <u>D</u></p> <p>DEPTH TO LIMITING FACTOR: <u>10"</u></p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1 <input type="checkbox"/> SMALL</p> <p>2 <input type="checkbox"/> MEDIUM</p> <p>3 <input type="checkbox"/> MEDIUM-LARGE</p> <p>4 <input type="checkbox"/> LARGE</p> <p>5 <input checked="" type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1 <input type="checkbox"/> BED _____ Sq Ft</p> <p>2 <input checked="" type="checkbox"/> CHAMBER <u>44P</u> Sq Ft</p> <p>3 <input type="checkbox"/> TRENCH _____ Linear Ft</p> <p>4 <input type="checkbox"/> OTHER _____</p>	<p>DESIGN FLOW <u>180</u> (GALLONS DAY)</p>

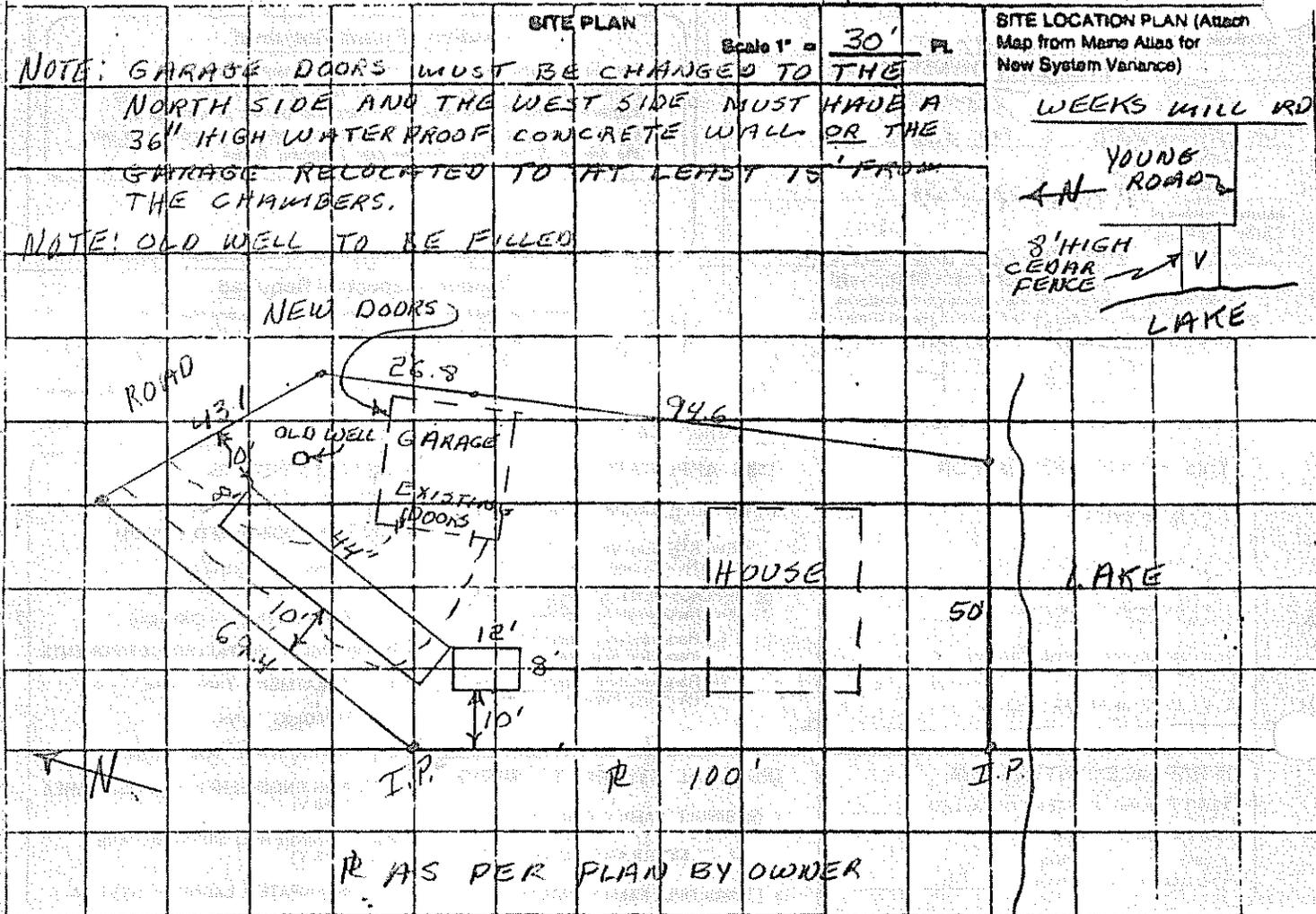
SITE EVALUATOR STATEMENT

On 5/22/85 (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

Local Plumbing Inspector's Signature & Local Site Evaluation Waiver under a Local Order: _____ Date: 5/23/85

SE PE



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring

* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	SILT FILL OVER C/S			10
6				
12				
18				
24				
30				
36				
42				
48				
54				
60				

Soil 9 Type	Classification D Condition	Slope 2 %	Limiting Factor 10	<input type="checkbox"/> Ground Water <input type="checkbox"/> Rooting Layer <input type="checkbox"/> Surface
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Observation Hole Test Pit Boring

* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
12				
18				
24				
30				
36				
42				
48				
54				
60				

Soil Type	Classification Condition	Slope %	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Rooting Layer <input type="checkbox"/> Surface
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Michael W. Deland

51

5/23/85

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road, Subdivision

Department of Human Services
Division of Health Engineering

Owners Name

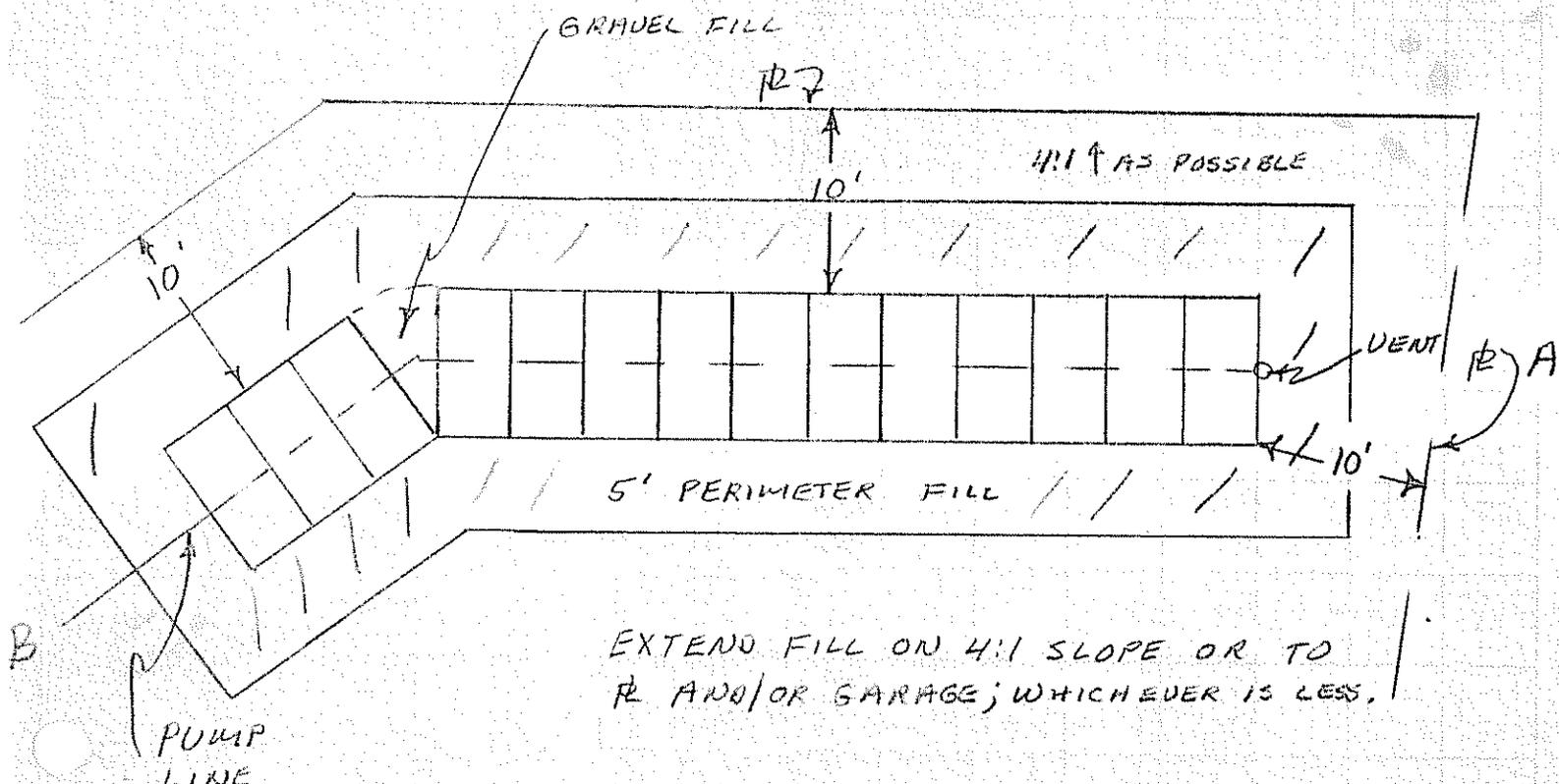
AUGUSTA

YOUNG ROAD

PUSHARD

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 10' Ft.

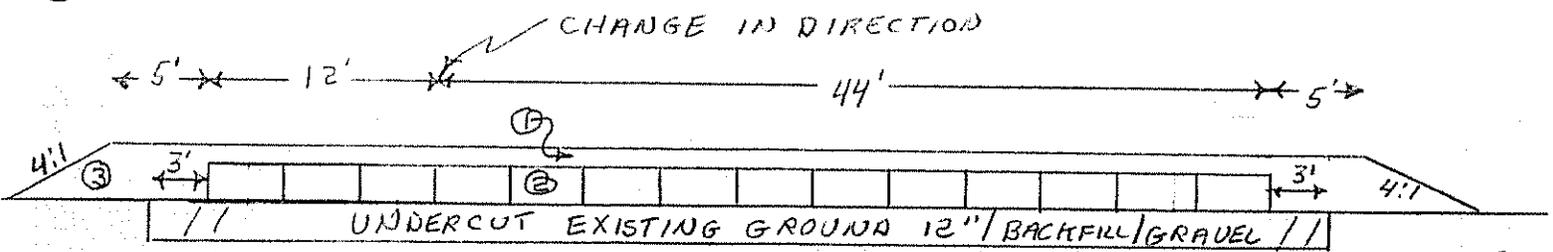


FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	19"	Reference Elevation is	-	TO BE SET AT CONST.	
Depth of Fill (Downslope)	22 1/2"	Bottom of Disposal Area	-		
		Top of Distribution Lines or Chambers	-		

- ① 6" TOPSOIL CROWNED
- ② 3%
- ② 14-4'x8'x5" CHAMBERS
- ③ SANDY GRAVEL FILL

DISPOSAL AREA CROSS SECTION

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



William W. Redmond
Site Evaluator Signature

51
SE#

5/23/85
Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils					
Soil Profile	Ground Water Table	to 6"		10	inches
Soil Condition	Restrictive Layer	to 6"		—	inches
Soil 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	100	300	—	—
	2. Well: <2000 gal/day				
	a. Neighbor's	100 ^(B)	100 ^(B)	—	—
	b. Property Owner's	50'	60'	—	—
	3. Water Supply Line	10'	10'	—	—
Waterbodies	1. Perennial	60' ^(C)	60'	50	80
	2. Intermittent	25'	25'	25	20 *
	3. Manmade drainage ditch	15'	15'	—	—
Downhill Slope	Greater than 3:1 (33%)	5'	10' ^(B)	—	—
Buildings	1. With basement	8'	15'	—	—
	2. Without basement	8'	10'	—	* 8' (GARAGE)
Property Line		5'	5' ^(B)	—	—

Other Specify:

* NOT REQUIRED IF GARAGE IS MOVED

Footnotes:

- 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 beyond the 3:1 slope or property line.
- May be reduced to 25' provided treatment tank is tested to be water tight in the presence of the Local Plumbing Inspector.

William W. Redent
Site Evaluator's Signature

5/23/85
Date

LPI Statement

I, Robert St Pierre, LPI for 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):

- (If I approve, I 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:
- find that one or more of the requested Variances exceeds my approval authority as LPI. (I recommend, I 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:

Robert St Pierre
LPI's Signature

8/29/85
Date

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.

Timothy Oll
Property Owner's Signature

8/26/85
Date

70-9

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town or Plantation: AUGUSTA

Street: YOUNG ROAD

Subdivision Lot #: _____

PROPERTY OWNERS NAME

Last: ELLIS First: Timothy

Last: PUSHARD First: PAUL

Applicant Name: P.O. BOX 533

Mailing Address of Owner/Applicant (if Different): AUGUSTA, ME. 04330

Filed 9/12 P.M.

AUGUSTA PERMIT # 552 TOWN DUES

Date Permit Issued: 8, 29, 85 \$ 140 FEE Double Fee Charged

Robert St Pierre L.P.I. # 667

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.

Timothy Ellis 8/29/85

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
- ENGINEERED 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 _____

THE FAILING SYSTEM IS

- BED
- TRENCH
- CHAMBER
- OTHER _____

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER _____ SPECIFY _____

TYPE OF WATER SUPPLY

LAKE

SIZE OF PROPERTY: 7000 ±

ZONING: RESIDENTIAL

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: 40 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: 9 | CONDITION: D

DEPTH TO LEAKING CAPTOP: 10"

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE SIZE

- BED _____ Sq Ft
- CHAMBER 448 Sq Ft
- TRENCH _____ Linear Ft
- OTHER _____

SITE EVALUATOR STATEMENT

On 5/22/85 (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.

Walter W. Redmond # 51 5/23/85

Site Evaluator or Professional Engineer's Signature SE # PE # Date

SITE PLAN

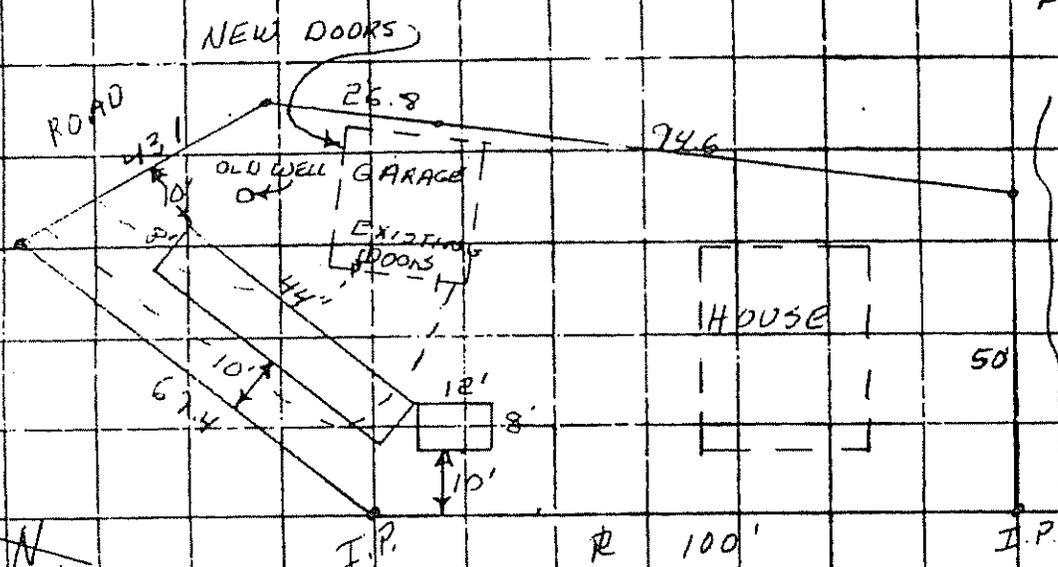
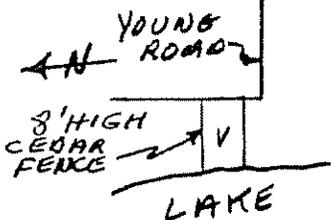
Scale 1" = 30' PL

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

NOTE: GARAGE DOORS MUST BE CHANGED TO THE NORTH SIDE AND THE WEST SIDE MUST HAVE A 36" HIGH WATERPROOF CONCRETE WALL OR THE GARAGE RELOCATED TO AT LEAST 15' FROM THE CHAMBERS.

NOTE: OLD WELL TO BE FILLED

WEEKS MILL RD



R AS PER PLAN BY OWNER

SOIL DESCRIPTION AND CLASSIFICATION

(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	SILT FILL OVER C/S			10
6				
12				
18				
24				
30				
36				
42				
48				
54				
60				
66				
72				
78				
84				
90				
96				
102				

Soil	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
9	D	2	10	<input type="checkbox"/> Rooting Layer
				<input type="checkbox"/> Other

Observation Hole _____ Test Pit Boring

_____ * Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
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12				
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84				
90				
96				
102				

Soil	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Rooting Layer
				<input type="checkbox"/> Other

100-47 A. [Signature]

51

5/27/85

Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Profile	Ground Water Table	to 6"		10 inches	
Condition	Restrictive Layer	to 6"		inches	
in HHE-200	Bedrock	to 10"		inches	
Setback Distances (in feet)	From:	Treatment Tank	Disposal Area	Treatment Tank	Disposal Area
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	b. Property Owner's	50'	60'	—	—
	3. Water Supply Line	10'	10'	—	—
Waterbodies	1. Perennial	60' ^(C)	60'	50	80
	2. Intermittent	25'	25'	25	20 *
	3. Manmade drainage ditch	15'	15'	—	—
Downhill Slope	Greater than 3:1 (33%)	5'	10' ^(B)	—	—
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William W. Rudant
Site Evaluator's Signature

5/23/85
Date

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Property Owner's Signature

8/26/85
Date

