

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
(207) 289-3828

PROPERTY ADDRESS

Town Or Plantation: AUGUSTA

Street: HAYDEN ROAD

Subdivision Lot #: _____

PROPERTY OWNERS NAME

Last: EMANUEL First: MEYER

Applicant Name: 1343 HAYDEN ROAD

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

M73 L16

AUGUSTA PERMIT # 537 TOWN COPY If Double Fee Charged

Date Permit Issued: 8, 12, 85 \$ 1140 FEE

Robert St Pierre L.P.I. # 16617

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

Charles Emanuel
Signature of Owner/Applicant

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules

Robert St Pierre 8/14/85
Local Plumbing Inspector Signature Date Approve

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1 NEW SYSTEM

2 REPLACEMENT SYSTEM

3 EXPANDED SYSTEM

4 SEASONAL CONVERSION

5 EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1 NO RULE VARIANCE REQUIRED

2 NEW SYSTEM VARIANCE
Attach New System Variance Form

3 REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form

4 Requires only Local Plumbing Inspector Approval

5 Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS COMPLETE SYSTEM

1 NON-ENGINEERED SYSTEM

2 PRIMITIVE SYSTEM (Includes Alternative Toilet)

3 ENGINEERED (> 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

4 TREATMENT TANK (ONLY)

5 HOLDING TANK

6 ALTERNATIVE TOILET (ONLY)

7 NON-ENGINEERED DISPOSAL AREA (ONLY)

8 ENGINEERED DISPOSAL AREA (ONLY)

9 SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS:

1 BED 3 TRENCH

2 CHAMBER 4 OTHER _____

DISPOSAL SYSTEM TO SERVE:

1 SINGLE FAMILY DWELLING

2 MODULAR OR MOBILE HOME

3 MULTIPLE FAMILY DWELLING

4 OTHER SUMMER COTTAGE
SPECIFY _____

SIZE OF PROPERTY 20,000 **ZONING** RESIDENTIAL

TYPE OF WATER SUPPLY
LAKE AND DUG WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1 SEPTIC Regular Low Profile

2 AEROBIC

SIZE 750 GALS

WATER CONSERVATION

1 NONE

2 LOW VOLUME TOILET

3 SEPARATED LAUNDRY SYSTEM

4 ALTERNATIVE TOILET

SPECIFY 1 GAL PRESSURE TOILET

PUMPING

1 NOT REQUIRED

2 MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)

3 REQUIRED

DOSE 20 GALS

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

2 BEDROOM

DESIGN FLOW: 60 (GALLONS DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE 2 CONDITION B

DEPTH TO LIMITING FACTOR 40

SIZE RATINGS USED FOR DESIGN PURPOSES

1 SMALL

2 MEDIUM

3 MEDIUM-LARGE

4 LARGE

5 EXTRALARGE

DISPOSAL AREA TYPE/SIZE

1 BED _____ Sq Ft

2 CHAMBER 96 Sq Ft

3 TRENCH _____ Linear Ft

4 OTHER _____

SITE EVALUATOR STATEMENT AREA CONSTRUCTED WITH WOOD AND CEMENT BLOCKS

On 7/9/85 (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. Redmont # 51 7/10/85
Site Evaluator or Professional Engineer's Signature SE - PE # Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road, Subdivision

Department of Human Services
Division of Health Engineering

Owners Name

AUGUSTA

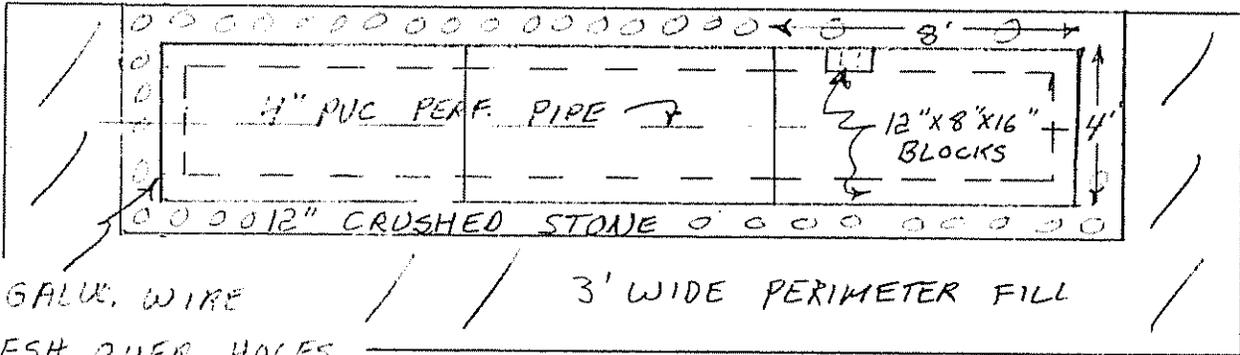
HAYDEN RD

MEYER

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 5 Ft.

A



1/2" GALV. WIRE

MESH OVER HOLES

AND SPACES

B

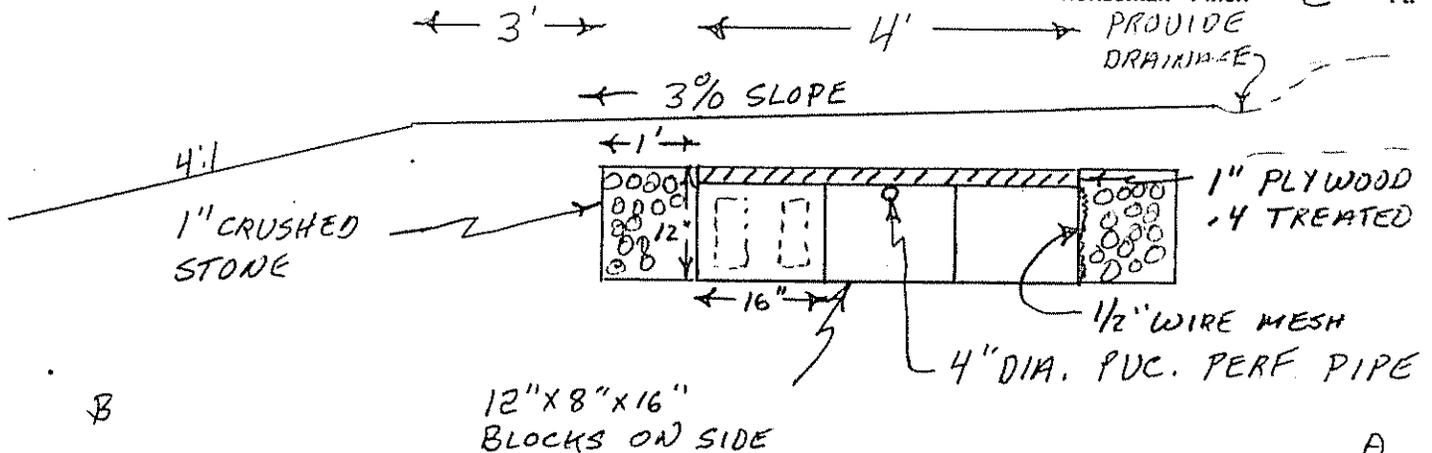
FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	Reference Elevation is	BOTTOM OF SIDING AT CORNER OF HOUSE
Depth of Fill (Downslope)	Bottom of Disposal Area	
	Top of Distribution Lines or Chambers	

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 2' Ft.

Horizontal: 1 inch = 2' Ft.



B

A

William W. Anderson
Site Evaluator Signature

#51

SE#

7/10/85

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	100	300	_____	_____
	2. Well: <2000 gal/day				
	a. Neighbor's	100 ^(a)	100 ^(a)	_____	_____
	b. Property Owner's	50'	60'	60'	75'
	3. Water Supply Line	10'	10'	_____	_____
Waterbodies	1. Perennial	60' ^(c)	60'	40'	40'
	2. Intermittent	25'	25'	_____	_____
	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'	_____	10'
Property Line		5'	5' ^(d)	_____	_____

Other Specify:

4' X 24' CHAMBER AREA CONSTRUCTED OF .4 PRESSURE TREATED PLYWOOD TOP AND CEMENT BLOCK SIDES

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. Redmont
Site Evaluator's Signature

7/10/85
Date

LPI Statement

I, Mandall D. Gray, LPI for ^{City} Town of Augusta Maine 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):

- 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:
- find that one or more of the requested Variances exceeds my approval authority as LPI. (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: _____

Mandall D. Gray
LPI's Signature

7-27-85
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.

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.
7. Soil and setback distances are within approval authority of the LPI.

GENERAL INFORMATION

Town of

Augusta, Maine

Permit No.

Date Permit Issued

/ /
month/day/year

Property Owner's Name:

Meyer Emanuel

Tel. No.

System's Location:

Box 1343 Hayden Road
Street

Augusta, Maine
Town

MAINE

04330
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.

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.

James A. Jacobsen
Signature of the Department

8/8/85
Date