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 and 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 the 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 AUGUSTA

Permit No. 4319

Date Permit Issued 12/28/99

Property Owner's Name: ROBERT ROULEAU

Tel. No.: 623-8293

System's Location: WEEKS MILL S ROAD AUGUSTA

Property Owner's Address: R 1 BOX 7015

(if different from above) AUGUSTA, ME 0433 0

SPECIFIC INSTRUCTIONS TO THE:

LOCAL PLUMBING INSPECTOR (LPI):

If any of the variances exceed your approval authority and/or do not meet all 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 tha a variance for the proposed replacement system is needed, complete the Replacement System 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.

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.

[signature] SIGNATURE OF OWNER _____ DATE

LOCAL PLUMBING INSPECTOR:

I, George A. Soucy Jr., 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/she shall state his/her reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments _____

[signature] LPI SIGNATURE 12/28/99 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	**67'**	**+50'**
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		
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		
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		
Property lines	10 down to 5[c] ft	18 ft down to 9[c] ft	10 ft down to 4[c] ft	10 ft down to 7[c] ft		
Burial sites or graveyards, measured from the downhill 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.

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

12/8/99 — 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

Maine Department of Human Services
Division of Health Engineering, Station 10
(207)287-5672 FAX (207)287-4172

PROPERTY LOCATION

City, Town, or Plantation	AUGUSTA
Street or Road	WEEKS MILLS ROAD
Subdivision, Lot #	

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	ROULEAU, ROBERT (Owner / Applicant)
Mailing Address of ■ Owner ☐ Applicant	R 1 BOX 7015
	AUGUSTA, ME 04330
Daytime Tel. #	623-8293

Owner or Applicant 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: Permit Required -- Attach in Space Below <<

AUGUSTA 4319 TOWN COPY

Date Permit Issued: 12/28/99 $ 210.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 1884

5/3/2000 This set void, amended by set attached.

Municipal Tax Map # 74 Lot # 3

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 — (1st) Date Approved — (2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION:
1. ☐ First Time System
2. ■ Replacement System
   Type Replaced TRENCH
   Year Installed 70'S
3. ☐ Expanded System
   a. ☐ One-time exempted
   b. ☐ Non-exempted
4. ☐ Experimental System
5. ☐ Seasonal Conversion

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

DISPOSAL SYSTEM COMPONENT(S)
1. ■ Complete Non-engineered System
2. ☐ Primitive System (graywater & alt. toilet)
3. ☐ Alternative Toilet, specify
4. ☐ Non-Engineered Treatment Tank (only)
5. ☐ Holding Tank ____ gallons
6. ☐ Non-engineered Disposal Field (only)
7. ☐ Separated Laundry System
8. ☐ Complete Engineered System (+2000 gpd)
9. ☐ Engineered Treatment Tank (only)
10. ☐ Engineered Disposal Field (only)
11. ☐ Pretreatment, specify:
12. ☐ Miscellaneous components

SIZE OF PROPERTY
2+ ☐ sq. ft. ■ acres

SHORELAND ZONING
☐ Yes ■ No

DISPOSAL SYSTEM TO SERVE:
1. ☐ Single Family Dwelling Unit, No. of Bedrooms:
2. ■ Multiple Family Dwelling Unit, No. of Units 2-2 BDRM
3. ☐ Other ____ SPECIFY

TYPE OF WATER SUPPLY
1. ■ Drilled Well 2. ☐ Dug Well 3. ☐ Private
4. ☐ Public 5. ☐ Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ■ Concrete
   a. ☐ Regular
   b. ■ Low Profile
2. ☐ Plastic
3. ☐ Other
CAPACITY 1000 gallons

DISPOSAL FIELD TYPE & SIZE
1. ■ Stone Bed 2. ☐ Stone Trench
3. ☐ Proprietary Device
   a. ☐ Cluster Array c. ☐ Linear
   b. ☐ Regular load d. ☐ H-20 load
4. ☐ Other
SIZE 1200 ■ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT
1. ■ No 3. ☐ Maybe
2. ☐ Yes >> Specify one below:
   a. ☐ Multi-compartment Tank
   b. ☐ Tanks in Series
   c. ☐ Increase in Tank Capacity
   d. ☐ Filter on Tank Outlet

DESIGN FLOW
360 gallons per day
BASED ON:
1. ■ Table 501.1 (dwelling unit(s)
2. ☐ Table 501.2 (other facilities)
SHOW CALCULATIONS -for other facilities-

2- 2 BEDROOM APTS @ 180 GPD EACH

3. ☐ Section 503.0 (meter readings)
ATTACH WATER-METER DATA

SOIL DATA & DESIGN CLASS
PROFILE 3 / CONDITION C / DESIGN 1
at Observation Hole # TP-1
Depth 16 " Elevation ____ "
OF MOST LIMITING SOIL FACTOR

DISPOSAL FIELD SIZING
1. ☐ Small - 2.0 sq. ft./gpd
2. ☐ Medium - 2.6 sq. ft./gpd
3. ■ Medium-Large - 3.3 sq. ft./gpd
4. ☐ Large - 4.1 sq. ft./gpd
5. ☐ Extra-Large - 5.0 sq. ft./gpd

PUMPING
1. ☐ Not Required
2. ■ May Be Required
3. ☐ Required>> Specify only for engineered or experimental systems
DOSE ____ gallons

SITE EVALUATOR'S STATEMENT

I certify that on 12/8/99 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

William P Brown	188	12/8/99
Site Evaluator Signature	SE#	Date
WILLIAM P BROWN	293-2110	
Site Evaluator Name Printed	Telephone #	

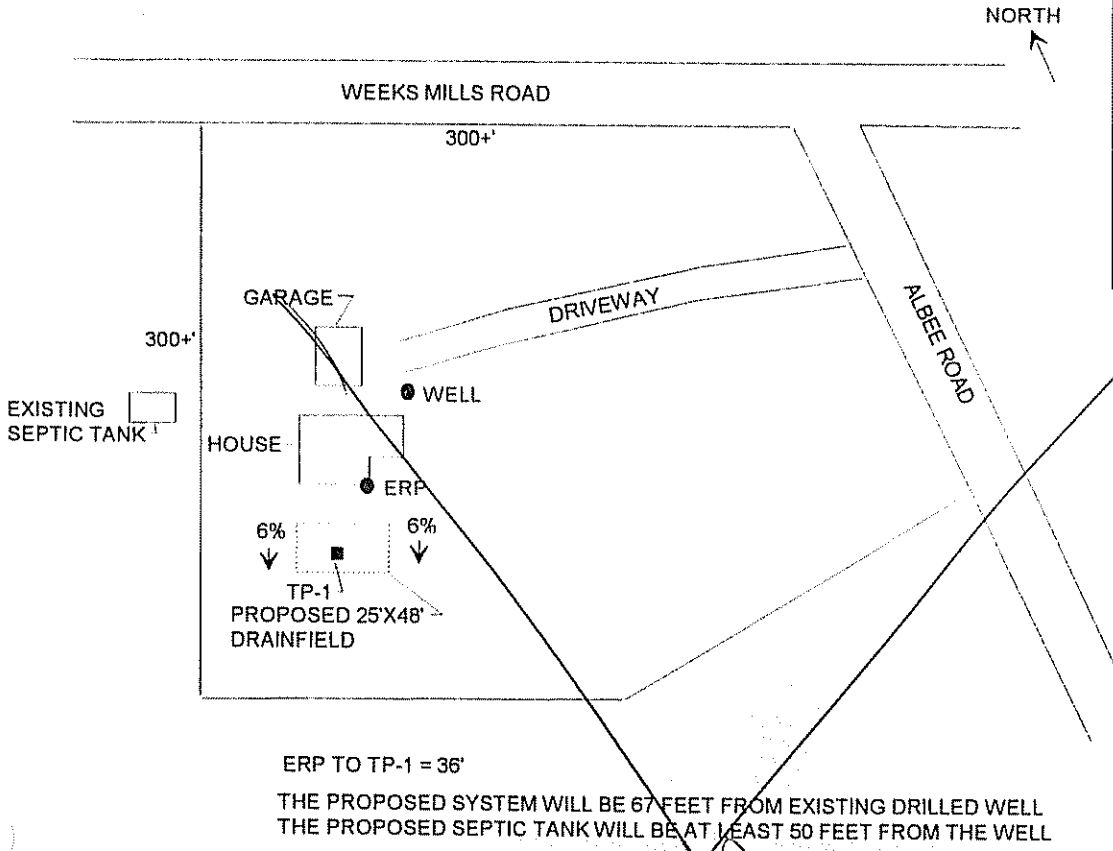
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

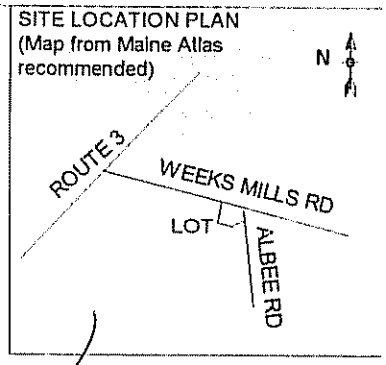
Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	WEEKS MILLS ROAD	ROBERT ROULEAU

SITE PLAN

Scale 1" = 100 Ft.



SITE LOCATION PLAN
(Map from Maine Atlas recommended)



ERP TO TP-1 = 36'

THE PROPOSED SYSTEM WILL BE 67 FEET FROM EXISTING DRILLED WELL
THE PROPOSED SEPTIC TANK WILL BE AT LEAST 50 FEET FROM THE WELL

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

Observation Hole TP-1 ■ Test Pit ☐ Boring

0 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches): 0, 10, 20, 30, 40, 50

Texture	Consistancy	Color	Mottling
FINE SANDY LOAM WITH BOULDERS	FRIABLE	MEDIUM BROWN	
		YELLOW BROWN	NONE
		LIGHT BRN	COMMON
	FIRM	OLIVE BRN	

Soil Classification		Slope	Limiting Factor	
3 Profile	C Condition	6 %	16 "	■ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole _____ ☐ Test Pit ☐ Boring

" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches): 0, 10, 20, 30, 40, 50

Texture	Consistancy	Color	Mottling

Soil Classification		Slope	Limiting Factor	
Profile	Condition	%	"	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

WILLIAM P BROWN — Site Evaluator Signature

188 — SE #

12/8/99 — Date

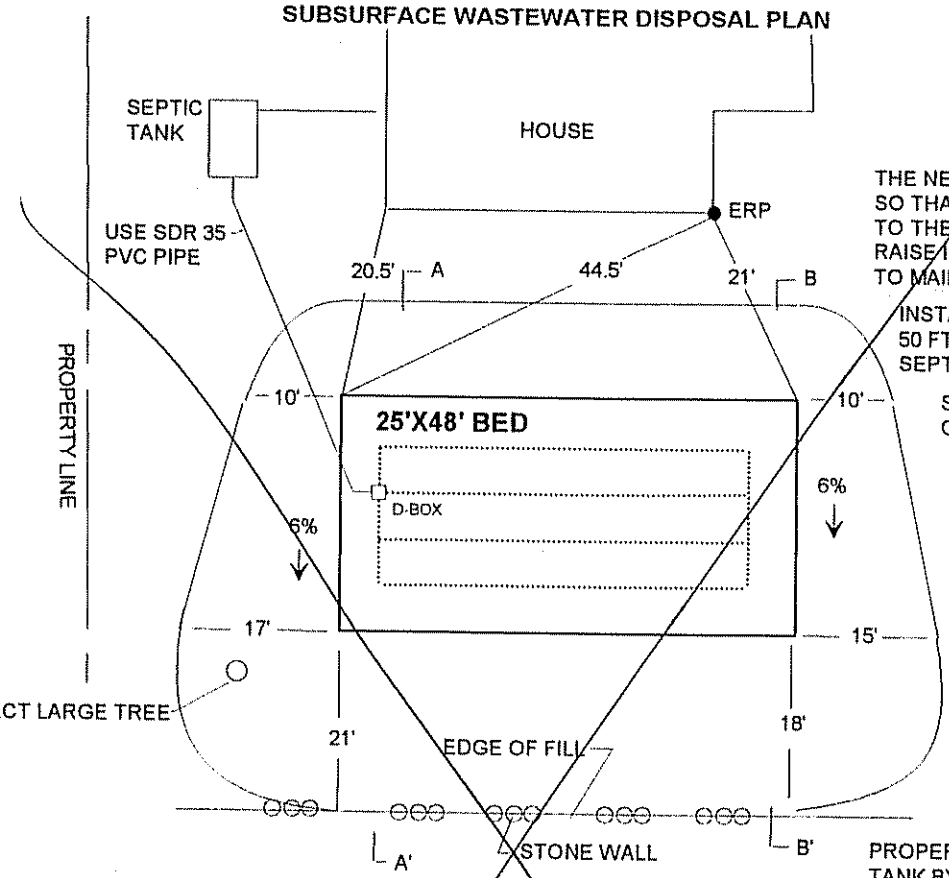
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	WEEKS MILLS ROAD	ROBERT ROULEAU

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" 20' Ft.



THE NEW SEPTIC TANK IS TO BE LOCATED SO THAT GRAVITY FLOW IS MAINTAINED TO THE NEW DISPOSAL SYSTEM
RAISE INTERNAL PLUMBING IF NECESSARY TO MAINTAIN GRAVITY FLOW

INSTALL NEW SEPTIC TANK AT LEAST 50 FT FROM WELL
SEPTIC TANK MAY BE FIELD ADJUSTED

SLOPE FINISH GRADE ALL ONE-WAY FROM HOUSE

MAINTAIN FILL ON PROPERTY

FILL MAY BE PLACED AGAINST STONE WALL

PROPERLY ABANDON EXISTING SEPTIC TANK BY REMOVING OR BY PUMPING OUT AND BACKFILLING WITH SAND

FILL REQUIREMENTS

Depth of Fill (Upslope)	20-25"
Depth of Fill (Downslope)	38-43"

CONSTRUCTION ELEVATIONS

Reference Elevation is	00"
Bottom of Disposal Area	-40"
Top of distribution Lines or Chambers	-29"

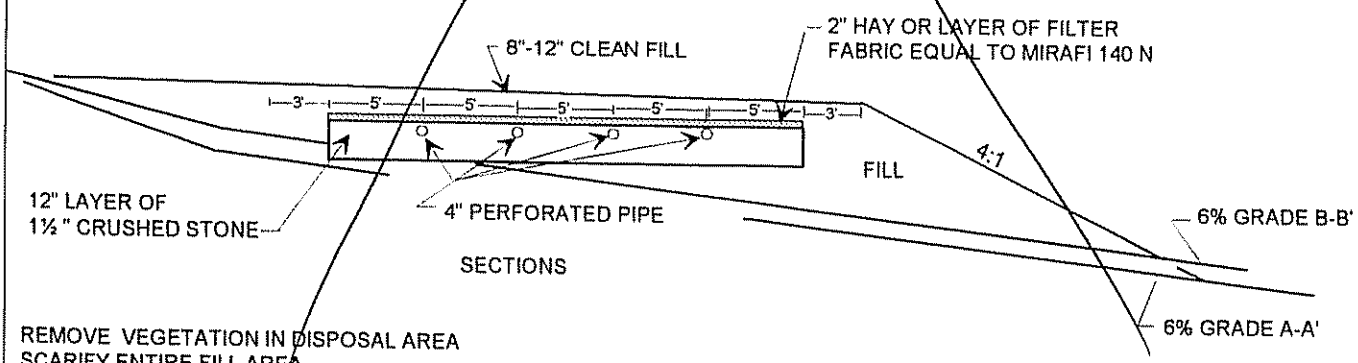
ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

BOTTOM OF SIDING AT CORNER OF HOUSE

DISPOSAL AREA CROSS SECTION

Scale:

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



REMOVE VEGETATION IN DISPOSAL AREA
SCARIFY ENTIRE FILL AREA
ALL FILL SHALL BE GRAVELLY COARSE SAND
MIX 4 INCHES OF FILL MATERIAL THOROUGHLY WITH ORIGINAL SOIL TO FORM A TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE)
SLOPE FINISH GRADE ALL ONE-WAY (AS SHOWN)
LOAM, SEED, MULCH DISTURBED AREAS

WILLIAM P BROWN	188	12/8/99
Site Evaluator Signature	SE #	Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION

C... Town, o... ...ntation	AUGUSTA
Street or Road	ALBEE ROAD
Subdivision, Lot #	

>> Caution: Permit Required -- Attach In Space Below <<

5/3/2000 - This was a 1970's 1st to Amend permit #43/19

at ... ice
with this ... ules.

Issued 12-28-99

Municipal Tax Map # 74 Lot # 3

OWNER/APPLICANT INFORMATION

Name (last, first, MI): ROULEAU ROBERT (Owner / Applicant)

Mailing Address of (☒ Owner ☐ Applicant): R1 Box 7015, AUGUSTA ME 04330

Daytime Tel. #: (207) 623-8293

Owner or Applicant 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.

Bob Rouleau — Signature of Owner or Applicant — Date 4/19

Caution: Inspections Required

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

George A. Lowe — Local Plumbing Inspector Signature — (1st) Date Approved 7/6/2000 — (2nd) Date Approved 8/26/2000

PERMIT INFORMATION

TYPE OF APPLICATION

1. ☐ First Time System
2. ☒ Replacement System
   Type Replaced: METAL TANK + TRENCH
   Installed: 1970's
3. ☐ Expanded System
   a. ☐ One-time exempted
   b. ☐ Non-exempted
4. ☐ Experimental System
5. ☐ Seasonal Conversion

THIS APPLICATION REQUIRES

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

DISPOSAL SYSTEM COMPONENT(S)

1. ☒ Complete Non-engineered System
2. ☐ Primitive System (graywater & alt toilet)
3. ☐ Alternative Toilet, specify:
4. ☐ Non-Engineered Treatment Tank (only)
5. ☐ Holding Tank, _____ gallons
6. ☐ Non-engineered Disposal Field (only)
7. ☐ Separated Laundry System
8. ☐ Complete Engineered System (2000 gpd or more)
9. ☐ Engineered Treatment Tank (only)
10. ☐ Engineered Disposal Field (only)
11. ☐ Pre-treatment, specify:
12. ☐ Miscellaneous components

SIZE OF PROPERTY

☐ sq. ft.
2+ ☒ acres

SHORELAND ZONING

☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE

1. ☐ Single Family Dwelling Unit, No. of Bedrooms:
2. ☒ Multiple Family Dwelling, No. of Units: 2; ONE 2BR UNIT, ONE 1BR UNIT
3. ☐ Other: _____ SPECIFY

TYPE OF WATER SUPPLY

EXISTING
1. ☒ Drilled Well 2. ☐ Dug Well 3. ☐ Private
4. ☐ Public 5. ☐ Other:

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

NEW / EXISTING TREATMENT TANK

1. ☒ Concrete
   a. ☐ Regular
   b. ☒ Low Profile
2. ☐ Plastic
3. ☐ Other:

CAPACITY 1000 gallons

DISPOSAL FIELD TYPE & SIZE

1. ☒ Stone Bed 2. ☐ Stone Trench
3. ☐ Proprietary Device
   a. ☐ Cluster array c. ☐ Linear
   b. ☐ Regular load d. ☐ H-20 load
4. ☐ Other:

SIZE 990 ☒ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT

1. ☒ No 3. ☐ Maybe
2. ☐ Yes >> Specify one below:
   a. ☐ Multi-compartment Tank
   b. ☐ Tanks in Series
   c. ☐ Increase in Tank Capacity
   d. ☐ Filter on Tank Outlet

DESIGN FLOW

300 gallons per day

BASED ON:
1. ☒ Table 501.1 (dwelling unit(s)
2. ☐ Table 501.2 (other facilities)

SHOW CALCULATIONS
-- for other facilities --

ONE 2BR UNIT @ 180 GPD
+
ONE 1BR UNIT @ 120 GPD
300 GPD

3. ☐ Section 503.0 (meter readings)
ATTACH WATER-METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN
3 / C / 1
at Observation Hole # TP1
Depth 16 " Elevation _____ "
OF MOST LIMITING SOIL FACTOR

DISPOSAL FIELD SIZING

1. ☐ Small -- 2.0 sq. ft./gpd
2. ☐ Medium -- 2.6 sq. ft./gpd
3. ☒ Medium-Large -- 3.3 sq. ft./gpd
4. ☐ Large -- 4.1 sq. ft./gpd
5. ☐ Extra Large -- 5.0 sq. ft./gpd

PUMPING

1. ☒ Not Required
2. ☐ May Be Required
3. ☐ Required >> Specify only for engineered or experimental systems:
   DOSE: gallons

SITE EVALUATOR STATEMENT

I certify that on 4-10-00 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241). "DESIGN SUBJECT TO LOCAL, STATE AND FEDERAL ORDINANCES.

John W. Lord — Site Evaluator Signature — SE # 168 — Date 4-17-00

JOHN W. LORD JR — Site Evaluator Name Printed — (207) 445-3402 Telephone #

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

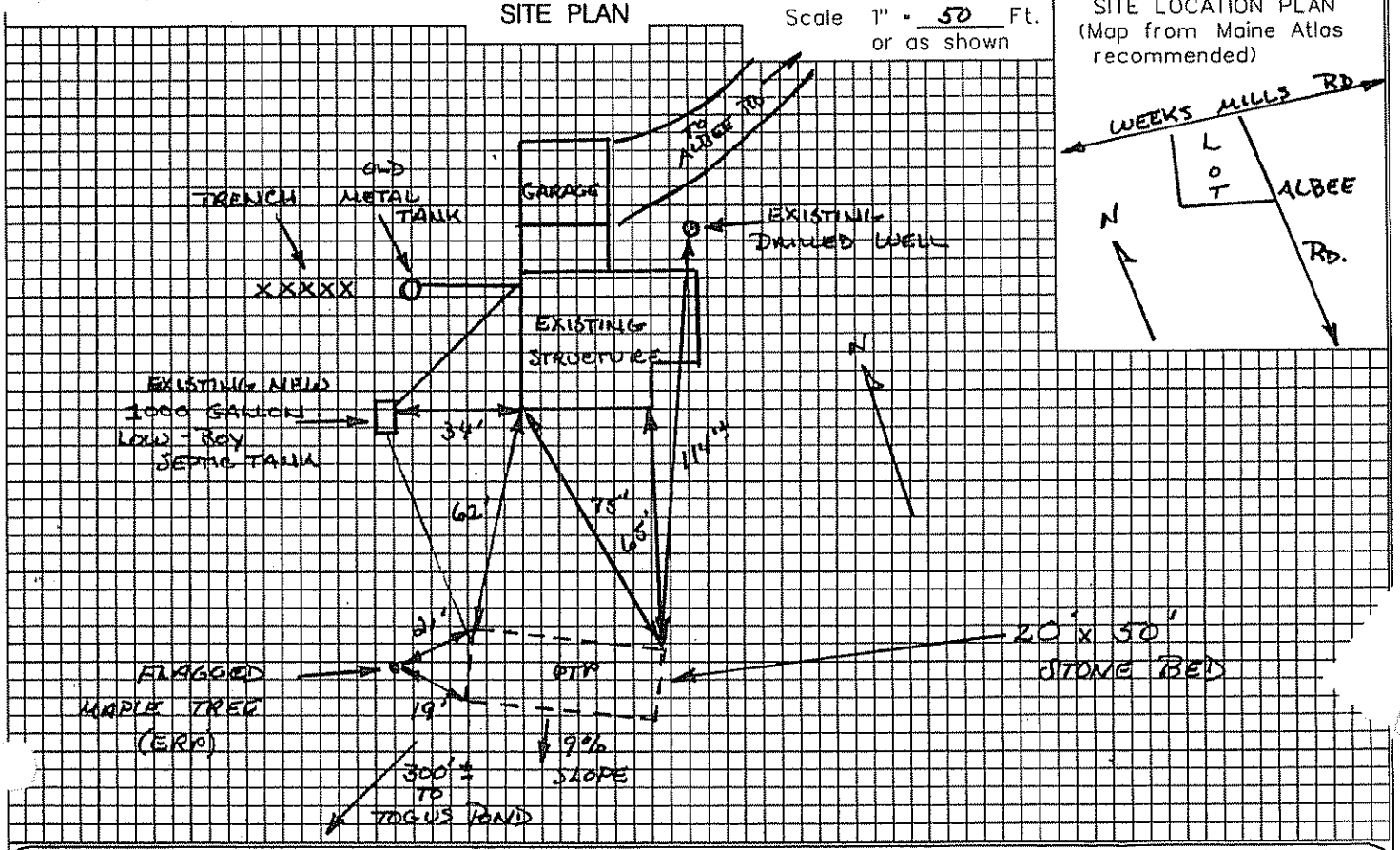
Town, City, Plantation: AUGUSTA

Street, Road Subdivision: ALBEE ROAD

Owner's Name: ROBERT ROULEAU

SITE PLAN

Scale 1" = 50 Ft. or as shown



SITE LOCATION PLAN (Map from Maine Atlas recommended)

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

Observation Hole TP 1 ☒ Test Pit ☐ Boring

ONE " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10			BROWN / YELLOW	
10–20	SANDY	FRIABLE	BROWN	
20–30	LOAM	FIRM	OLIVE BROWN	COMMON DISTINCT
30–40				
40–50				

Soil Classification: Profile	Condition	Slope	Limiting Factor	
3	C	9 %	16"	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10				
10–20				
20–30				
30–40				
40–50				

Soil Classification: Profile	Condition	Slope	Limiting Factor	
		%	"	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Site Evaluator Signature: [signature]

SE # 168

Date 4-17-00

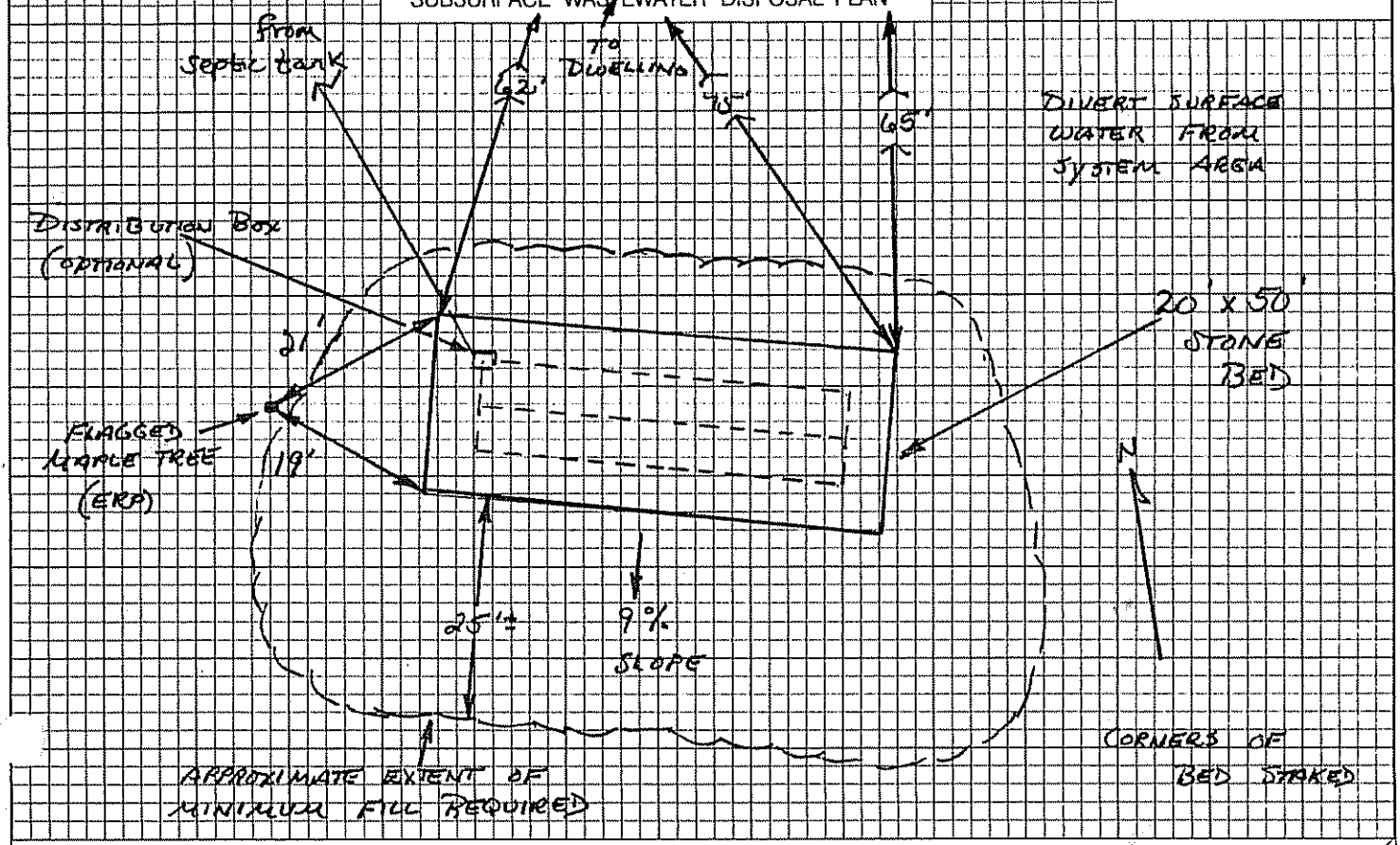
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
AUGUSTA	ALBEE ROAD	ROBERT ROULEAU

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT (ERP)
Depth of Fill (Upslope)	20"	Finished Grade Elevation	-34"	Location & Description: FLAGGED NAIL IN FLAGGED MAPLE TREE 66" ABOVE EXISTING GRADE AT TREE
Depth of Fill (Downslope)	42" ±	Top of Distribution Pipe ~~or Proprietary Device~~	-47"	
		Bottom of Disposal Area	-58"	Reference Elevation: ERP IS AT +0"

DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" =
HORIZONTAL: 1" =

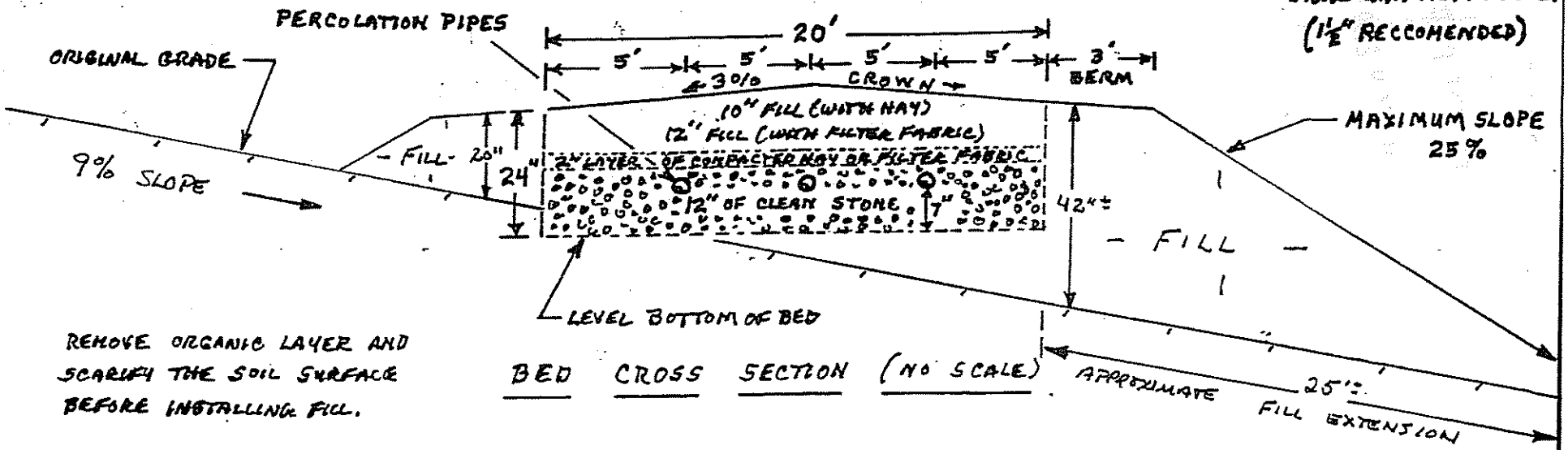
(SEE ATTACHED BED DIAGRAM)

Site Evaluator Signature: [signature] SE # 168 Date: 4-17-00

SEWAGE DISPOSAL BED DETAILS

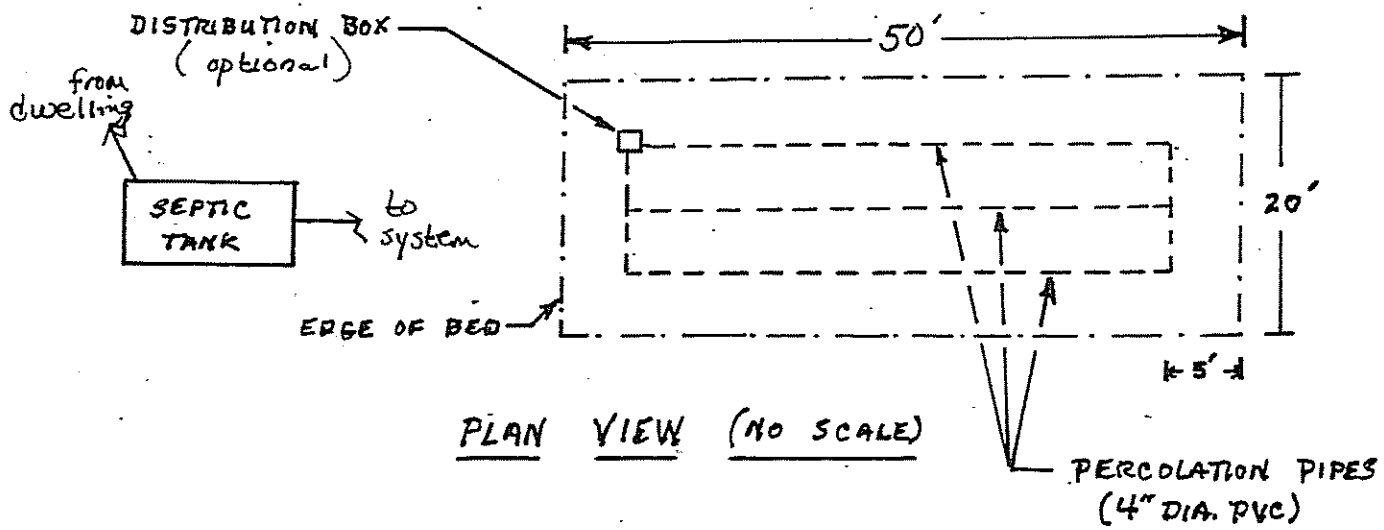
4" AM + MULCH TO COVER.

BED REQUIRES CLEAN STONE UNIFORM IN SIZE. (1½" RECCOMENDED)



REMOVE ORGANIC LAYER AND SCARIFY THE SOIL SURFACE BEFORE INSTALLING FILL.

BED CROSS SECTION (NO SCALE)



PLAN VIEW (NO SCALE)

NOTES

1.) 20 INCHES OF FILL IS REQUIRED AT UPHILL SIDE OF BED.
2.) TEXTURE OF FILL SHALL BE GRAVELLY COARSE SAND.
3.) REFER TO MAINE SUBSURFACE WASTE WATER DISPOSAL RULES FOR FURTHER DETAILS REGARDING INSTALLATION PROCEDURES.

FOR: ROBERT ROULEAU

DATE: 4-17-00

BY: JOHN W. LORD JR. S.E. #168

3/00