

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: AUGUSTA

Street: PULLEN ROAD

Subdivision Lot #: _____

PROPERTY OWNERS NAME

Last: BARTER JR First: CHARLES

Applicant Name: _____

Mailing Address of Owner/Applicant (If Different): R-6 B-1214
AUGUSTA ME 04330

M74 L8

AUGUSTA PERMIT # 241 TOWN COPY

Date Permit Issued: 6/14/84 \$ 142.00 FEE Double Fee Charged

Robert St. Pierre L.P.I. # 1667

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

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

Robert St. Pierre Date Approve: 6/19/84

Local Plumbing Inspector Signature

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

80' TO LAKE

INSTALLATION IS COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE 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
- CHAMBER
- TRENCH
- OTHER _____

DISPOSAL SYSTEM TO SERVE:

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

SIZE OF PROPERTY
1/3 ± AC

ZONING
RES

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 (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE _____ GALS

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

2 BEDROOM

DESIGN FLOW: 192 (GALLONS DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE 3 | CONDITION C

DEPTH TO LIMITING FACTOR 20"

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq Ft
- CHAMBER 384 Sq Ft
 REGULAR H-20
- TRENCH _____ Linear Ft
- OTHER _____

SITE EVALUATOR STATEMENT

On 6/11/84 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system propose is in accordance with the Subsurface Wastewater Disposal Rules.

William W. Redmond Site Evaluator or Professional Engineer's Signature

51 SE # PL#

6/11/84 Date

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HHE-200 Rev. 4-83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

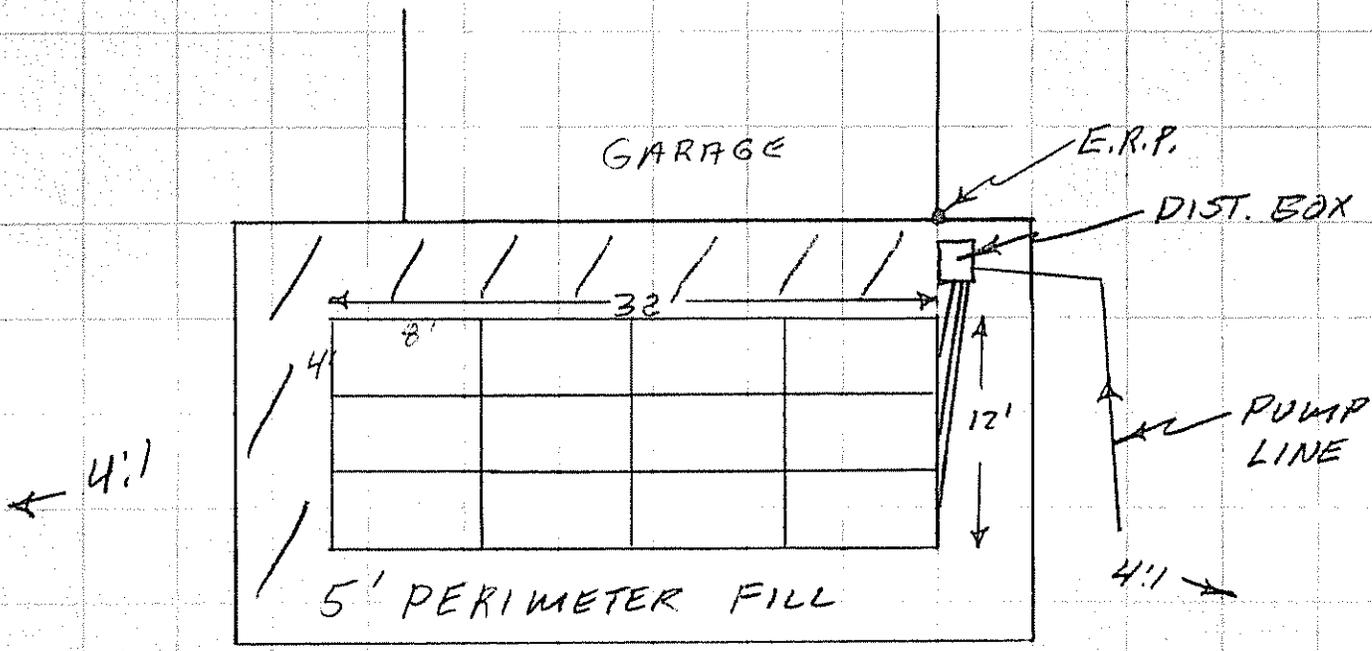
AUGUSTA

PULLEN RD

BARTER

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 10 Ft.



EXTEND FILL ON 4:1 SLOPE
OUTSIDE OF PERIMETER
FILL

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	19"	Reference Elevation is	0	BOTTOM OF CORNER BOARDS ON GARAGE	
Depth of Fill (Downslope)	20-30"	Bottom of Disposal Area	-28"		
		Top of Distribution Lines or Chambers	-15"		

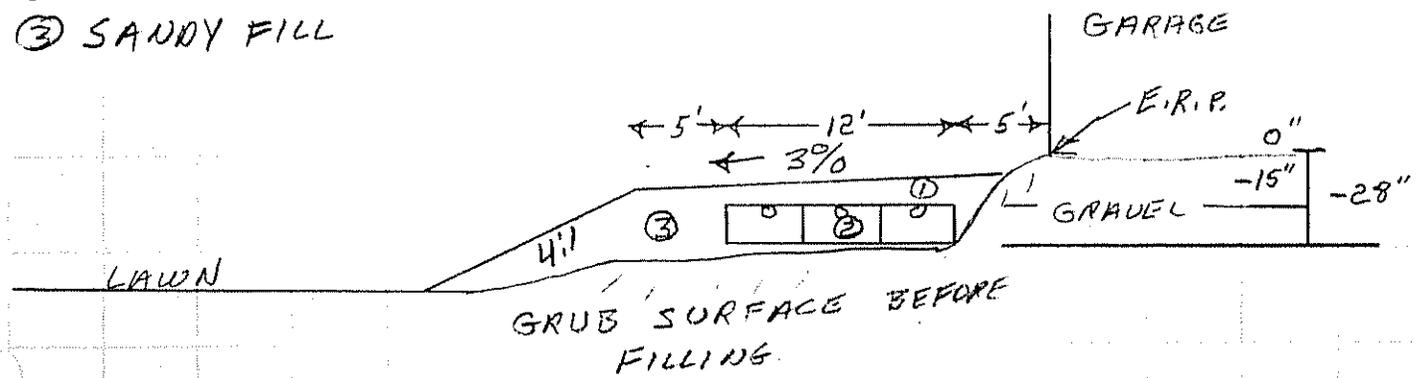
DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.

Horizontal: 1 inch = 10 Ft.

- ① 6" MIN. TOPSOIL SLOPED AWAY FROM GARAGE @ 3%
- ② 12- 4'x8' "L" CHAMBERS
- ③ SANDY FILL



Mark W. [Signature]
Site Evaluator or Professional Engineer's Signature

51
SE # / PE #

6/11/84
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
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 [ⓐ]	100 [ⓐ]	_____	_____
	b. Property Owner's	50'	60'	_____	_____
	3. Water Supply Line	10'	10'	_____	_____
Waterbodies	1. Perennial	60' [ⓐ]	60'	60	80
	2. Intermittent	25'	25'	_____	_____
	3. Manmade drainage ditch	15'	15'	_____	_____
Downhill Slope	Greater than 3:1 (33%)	5'	10' [ⓐ]	_____	_____
Buildings <i>GARAGE</i>	1. With basement	8'	15'	_____	_____
	2. Without basement	8'	10'	_____	5'
Property Line		5'	5' [ⓐ]	_____	_____

Other Specify:

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.

Alan W. [Signature]
Site Evaluator's Signature

6/14/84
Date

LPI Statement

I, Robert Stierro, LPI for 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):

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. 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: _____

Robert Stierro
LPI's Signature

June 14, 1984
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.

Charles H. [Signature]
Property Owner's Signature

_____ Date