

Page - 750-5801
Office - 623-9246

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION

City or Location: AUGUSTA

Street Subdivision Lot: PULLEN RD.

PROPERTY OWNER'S NAME

Last: LISOI First: ERNIE

Applicant's Name: SAME

Mailing Address of Owner: RT. 7 BOX 1915
AUGUSTA ME 04330

Daytime Tel.: ?

AUGUSTA 4718 TOWN CODE

Date Permit Issued: 7/26/01 \$ 120.00 Double Fee Charged

Walter R. Lullo Local Plumbing Inspector Signature L.P.I. # 850

Municipal Tax Map: 74 Lot: 13

Owner 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.

Walter R. Lullo Signature of Owner/Applicant 7-26-01 Date

Caution: Inspection Required

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

Walter R. Lullo Local Plumbing Inspector Signature 8/2/01 Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION:

- First Time System
- Replacement System
Type Replaced ?
Year Installed ?
- Expanded System
 - a. one time exempted
 - b. non exempted
- Experimental System
- Seasonal Conversion

THIS APPLICATION REQUIRES:

- No Rule Variance
- First Time System Variance
 - a. Local Plumbing Inspector approval
 - b. State & Local Plumbing Inspector approval
- Replacement System Variance
 - a. Local Plumbing Inspector approval
 - b. State & Local Plumbing Inspector approval
- Minimum Lot Size Variance
- Seasonal Conversion Approval

DISPOSAL SYSTEM COMPONENT(S)

- Non-Engineered System
- Primitive System (graywater & alt toilet)
- Alternative Toilet
- Non-Engineered Treatment Tank
- Holding Tank _____ Gallons
- Non-Engineered Disposal Area (only)
- Separated Laundry System
- Engineered System (+2000 gpd)
- Engineered Treatment Tank (only)
- Engineered Disposal Area (only)
- Pretreatment

SIZE OF PROPERTY

1 ± AC

DISPOSAL SYSTEM TO SERVE:

- Single Family Dwelling Unit
- Multiple Family Dwelling: Number of Units _____
- Other CAMP

TYPE OF WATER SUPPLY

PRIVATE

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- Concrete
 - a. Regular
 - b. Low Profile
- Plastic
- Other _____

SIZE 1000 Gallons

DISPOSAL AREA TYPE / SIZE

- Bed 600 Sq. Ft.
- Proprietary Device _____ Sq. Ft.
 - Cluster Linear
 - Regular H-20
- Trench
- Other _____

GARBAGE DISPOSAL UNIT

- No
- Yes
 - Multi-compartment tank
 - Tank in series
 - Increase in tank capacity
 - Filter on tank outlet

CRITERIA USED FOR DESIGN FLOW (Show Calculations)

2 BEDROOM

DESIGN FLOW: 180 G.P.D.
(Gallons/Day)

PROFILE & DESIGN CLASS

PROFILE	DESIGN
<u>3</u>	<u>0</u>

DEPTH TO MOST LIMITING FACTOR 10 "

DISPOSAL AREA SIZING

- Small - 2.00
- Medium - 2.60
- Medium-Large - 3.30
- Large - 4.10
- Extra-Large - 5.20

PUMPING

- Not required
- May be required
- Required

DOSE 50 Gallons

SITE EVALUATOR'S STATEMENT

On 10/12/97 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules.

John Philbrick Site Evaluator Signature 256 SE • 10/15/97 Date

JOHN PHILBRICK Site Evaluator Name Printed 547-3732 Telephone 7/23/01

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road, Subdivision

10157531

AUGUSTA

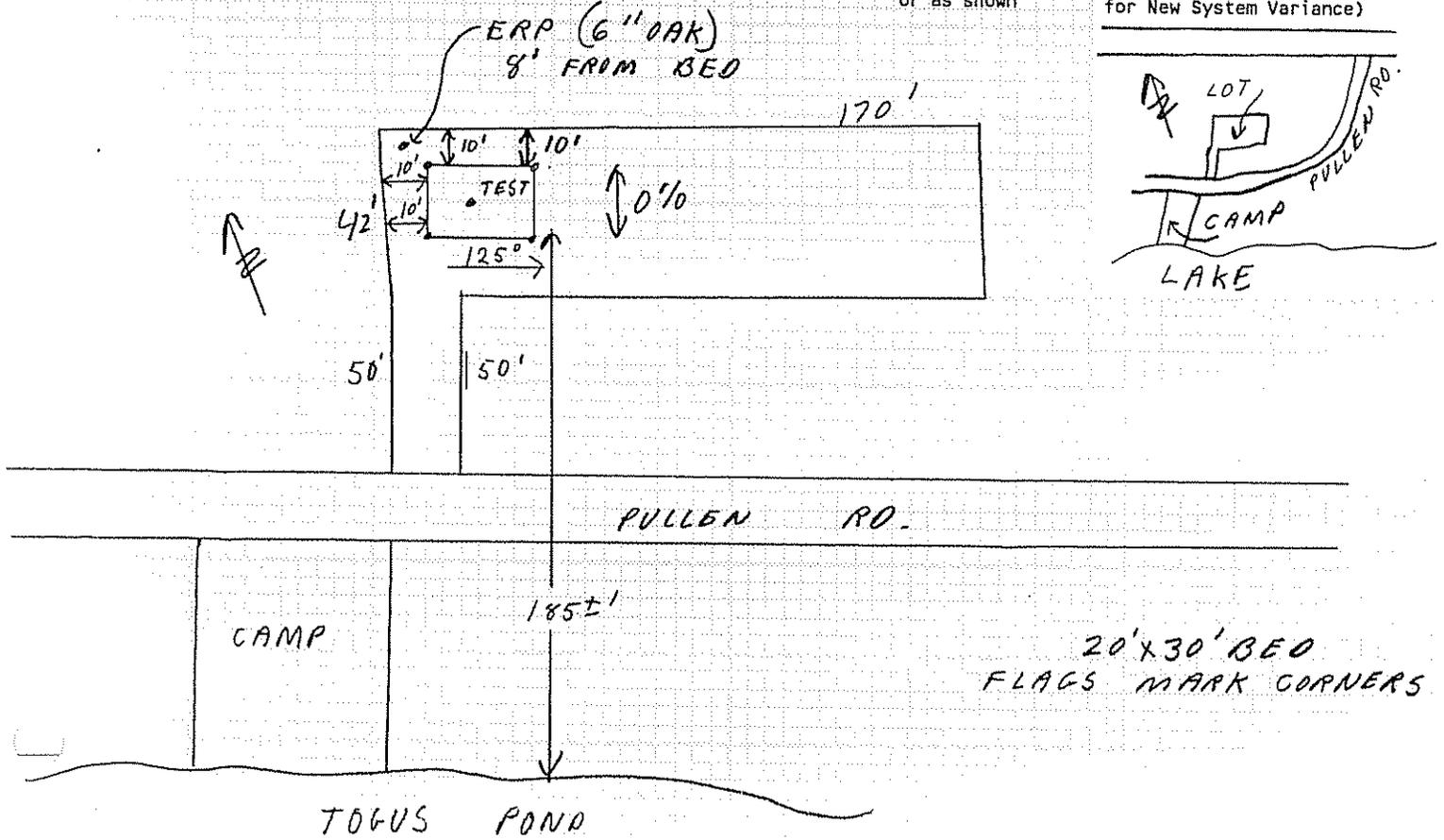
PULLEN RD.

Owner's Name
ERNIE LIJOI

SITE PLAN

Scale: 1" = 50 Ft.
or as shown

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



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring
2 1/2 " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0	FINE	FRIABLE	DARK GR	NONE
6	SANDY			
10	LOAM		TAN	COMMON
15		FIRM	GRAY	
20	FINE			DISTINCT
30	LOAMY SAND			
40				
50				

Soil Classification: 3 Profile, 0 Condition
 Slope: 0 %
 Limiting Factor: 10"
 Ground Water
 Restr. Layer
 Bedrock

Observation Hole _____ Test Pit Boring
 _____ " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Classification: _____ Profile, _____ Condition
 Slope: _____ %
 Limiting Factor: _____
 Ground Water
 Restr. Layer
 Bedrock

Site Evaluator Signature

256 SE#

10/15/97 Date

Approved for use as HHE 200 by Division of Health Engineering 9/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road, Subdivision

08116004

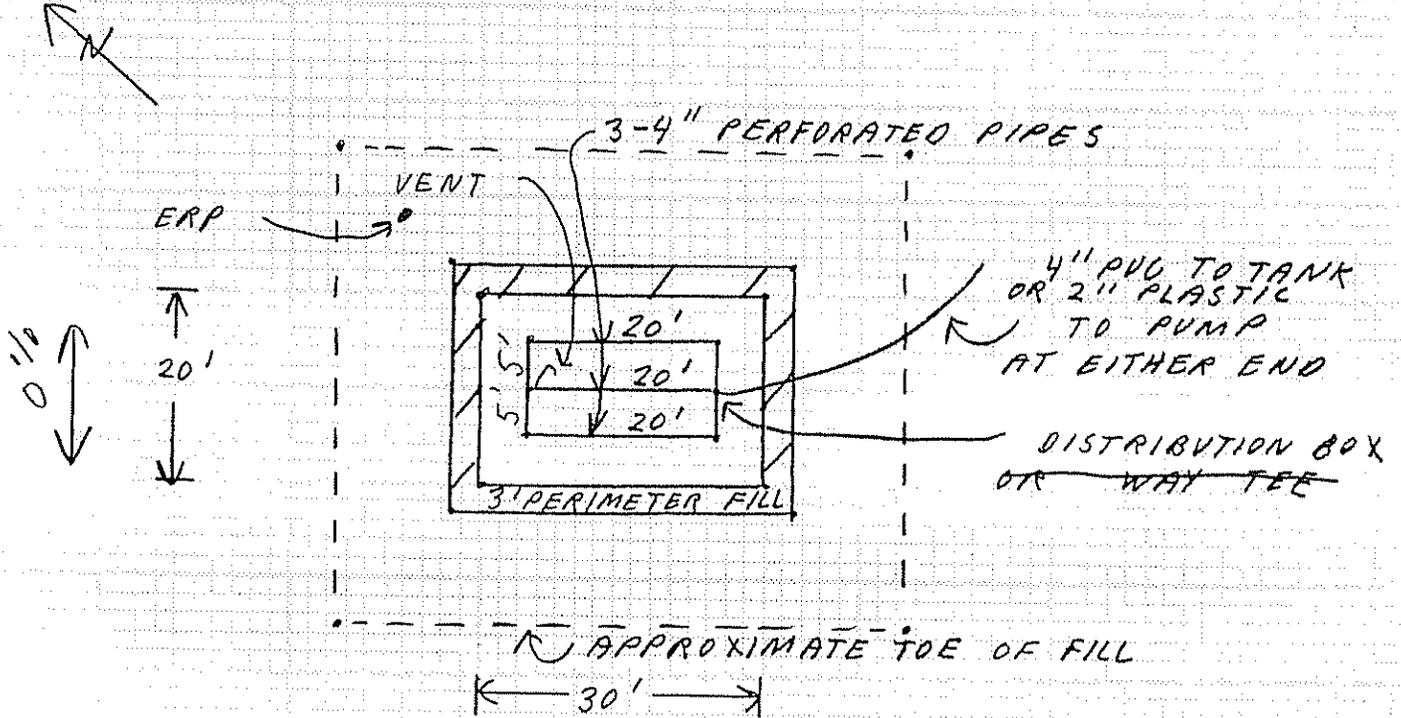
AUGUSTA

PULLEN RD.

Owner's Name
ERNE LIJOI

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft.
or as shown



20'x30' BED
FLAGS MARK
CORNERS

FILL REQUIREMENTS
Depth of Fill (Upslope)
Depth of Fill (Downslope)

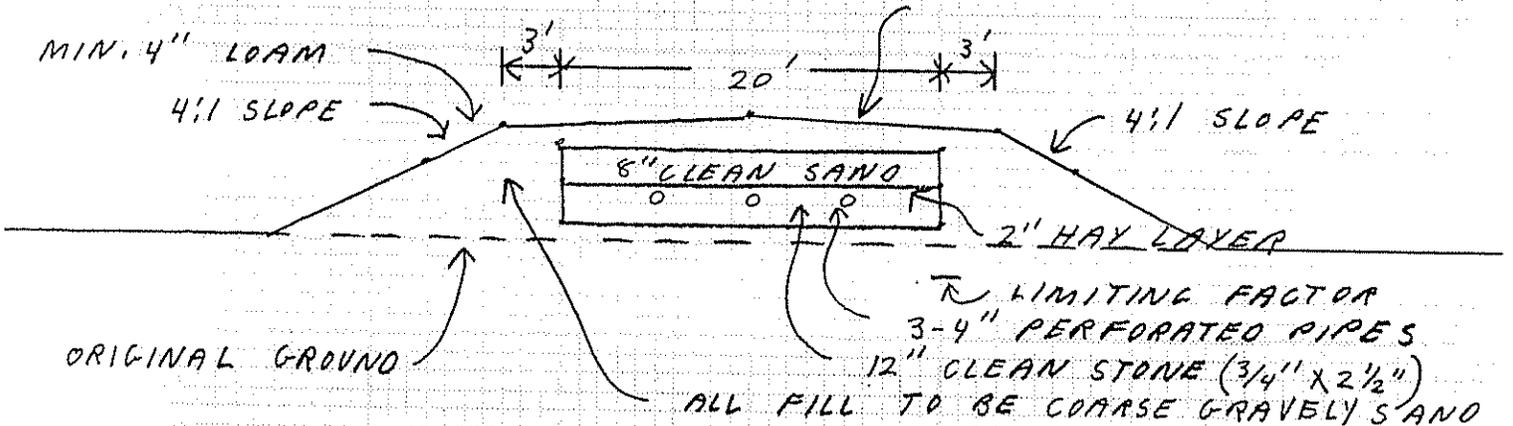
CONSTRUCTION ELEVATION
26" Reference Elevation is
26" Bottom of Disposal Area
Top of Distribution Lines or Chambers

ELEVATION REFERENCE POINT
0" ERP IN 6" OAK, 8'
-61" NW OF SYSTEM, 45"
-50" ABOVE GROUND

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

DISPOSAL AREA CROSS SECTION

CROWN WITH 3% GRADE + SEED
+ MULCH



MIN. 4" LOAM
4:1 SLOPE

4:1 SLOPE

ORIGINAL GROUND

LIMITING FACTOR
3-4" PERFORATED PIPES
12" CLEAN STONE (3/4" x 2 1/2")
ALL FILL TO BE COARSE GRAVELLY SAND

Site Evaluator Signature

256
SE#

10/15/97
Date

Approved for use as
HHE 200 by Division of
Health Engineering 9/87

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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 does not comply 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 can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System from the rules.
2. A 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 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 AUGUSTA

Permit No. _____ E

Date Permit Issued _____
MONTH/DAY/YEAR

Property Owner's Name: ERNIE LIJOI Tel. No. _____

System's Location: PULLEN RD.
STREET

AUGUSTA TOWN Maine 04330
ZIP

Property Owner's Address: RT # 7 BOX 1915
(if different from above) STREET

AUGUSTA TOWN ME. STATE 04330 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, they 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.)

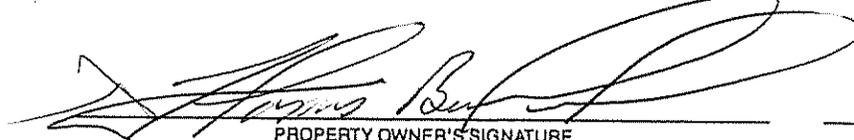
SITE EVALUATOR:

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.


PROPERTY OWNER'S SIGNATURE

7-26-01
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	3 0	Ground Water Table	to 6"	10"	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	50'	60'		
	b. Property Owner's	25'	50'		80'
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5"	10"		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

OTHER

1. Fill extension Grade—to 3:1

2.

3.

Footnotes:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but 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.

SITE EVALUATOR'S SIGNATURE

7/23/01
10/15/97

DATE

LPI STATEMENT

I, _____, LPI for the Town of _____ 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 Wastewater Disposal 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, 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 shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: _____

LPI'S SIGNATURE

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