Knowlton, Muriel

Division of Health Engineering
Station No. 10
State House
Augusta, Maine 04333

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

HHE-200

This Is NOT A Permit: This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

Page 1 of 2

This Application Is For: ◯ New System ◯ Replacement Of Entire System X Expanded System ◯ Replacement Of Disposal Area Only ◯ Conversion Permit

Variance: ◯ Name Required ◯ New System Variance X Replacement System Variance With X LPI Approval ◯ Dept. Review

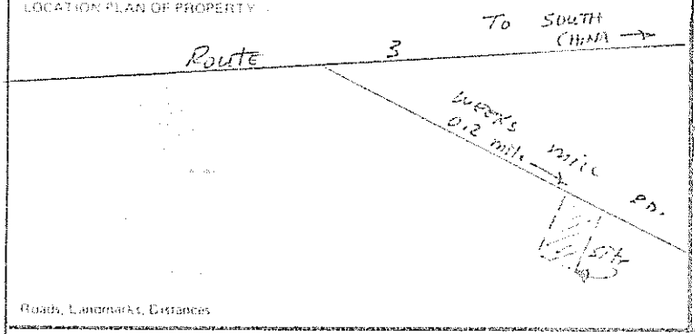
PROPERTY LOCATION: AUGUSTA (Town, Plantation) — WEEKS MILL ROAD (Street, Road) — N/A (Subdivision Name) — N/A (Lot No.)

PROPERTY OWNER (S) APPLICANT: Mrs. Muriel Knowlton

Mailing Address: 39 North Belfast Avenue — 622-0204 (Tel. No.)

Augusta (Town), Maine (State) 04330 (Zip Code)

LOCATION PLAN OF PROPERTY



Roads, Landmarks, Distances

TYPE OF STRUCTURE, DESIGN FLOW

X Single Family Dwelling — Number of Bedrooms 2 — Design Flow 240 GPD

Design Flow based on ◯ Minimum X Moderate ◯ Conservative

◯ Reduction in Design Flow due to Water Conservation

If so, specify type(s) _____

◯ Other Establishment — Specify _____ Type of Facility

N/A (Number of Employees, Seating Capacity, Building Size, etc.)

Design Flow _____ GPD

If greater than 2000 GPD, Specify Professional Engineer

PROPERTY INFORMATION

Area of Property 22,000 ± X Sq. Ft. ◯ Acres ◯ Zoned X Not Zoned

If zoned, type of zoning N/A

Property on Water Body, If so, Name of Water Body N/A

Water Supply is ◯ Public Utility X Drilled Well _____ depth ◯ Dug Well _____ depth ◯ Well Point ◯ Spring ◯ Surface Water

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2

TEXTURAL DESCRIPTION - EACH SOIL STRATA ENCOUNTERED

	Observation Hole No. _____ X Test Pit ◯ Boring	Observation Hole No. _____ ◯ Test Pit ◯ Boring	Observation Hole No. _____ ◯ Test Pit ◯ Boring
Organic Strata or If Existing Fill	Thickness 0"	Thickness	Thickness
1st Original Mineral Soil Strata	Depth from 0" to ___" Thickness 8" Brown Loam	Depth from 0" to ___" Thickness	Depth from 0" to ___" Thickness
2nd	Depth from ___" to ___" Thickness 40" Reddish Brown	Depth from ___" to ___" Thickness	Depth from ___" to ___" Thickness
3rd	Depth from ___" to ___" Thickness to Yellowish Brown	Depth from ___" to ___" Thickness	Depth from ___" to ___" Thickness
4th	Depth from ___" to ___" Thickness C.S.L. to L.S.	Depth from ___" to ___" Thickness	Depth from ___" to ___" Thickness
Total Depth of Observation Hole	48	Total Depth of Observation Hole	Total Depth of Observation Hole

APPLICATION OF ORIGINAL MINERAL SOIL

Maximum Seasonal High Ground Water Table Depth	X None evident	◯ None evident	◯ None evident
Depth to Restrictive Layer	X None evident	◯ None evident	◯ None evident
Depth to Bedrock	X None evident	◯ None evident	◯ None evident

PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE
4	B	2-4%			%			%

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2

TYPE OF SYSTEM

X Combined System

◯ Separated System

If separated system, type of black waste disposal system to be used

◯ Compost

◯ Pit Privy

◯ Sealed Vault Privy

◯ Other

Specify _____

◯ Separated Laundry System

◯ Primitive System

◯ Holding Tank

TREATMENT TANK

X Septic Tank

◯ Aerobic Tank

Size 1000 Gals

DOSAGE

X Pumping is not required

◯ Pumping is required

The dose should be _____ Gals.

Dosage chamber capacity shall be _____ gals.

◯ System should be vented

SUBSURFACE DISPOSAL AREA/TYPE

◯ Trench Disposal Area

Total linear feet of trench _____ ft.

Number of trench lines N/A _____ ft.

Length of each trench line _____ ft.

Depth of Stone _____ inches.

Reduction on trench length due to stone depth _____ %

X Bed Disposal Area

Total bed area 624 sq. ft.

Number of beds 1

Width 20 ft. Length 32 ft.

◯ Chamber Disposal Area

Total chamber area _____ sq. ft.

Number of clusters _____

Width _____ ft. Length _____ ft.

◯ H-20 required

SYSTEM SIZE RATING

◯ Small X Medium ◯ Medium Large ◯ Large ◯ Extra Large

DISPOSAL AREA ELEVATION

Depth of Upslope Fill required 0 inches

Depth of Downslope Fill required 12-14 inches

Reference Elevation Point established at Bottom of house on Porch Elevation

Disposal Area Bottom to be established at 60" Below this mark

Top of Distribution Lines or Top of Chamber 48" Below this mark

◯ Yes X No: The proposed subsurface disposal area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook stream, river), swamps, marshes, and bogs.

X Yes ◯ No: The proposed subsurface disposal area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.

FOR USE BY SITE EVALUATOR

On Sept 11, 1981 (date), a site investigation for this project was completed. I conducted this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.

Signature of Site Evaluator: Stephen F. Hodgkins

Date signed October 5, 1981

Site Evaluator License Number 65

FOR USE BY OWNER/APPLICANT

I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.

Signature of Owner/Applicant: Muriel G. Knowlton

Date Signed Oct. 16, 1981

FOR USE BY LPI: ◯ This Application is approved. If conditions, specify: _____

◯ This Application is Denied due to: ◯ System is not in accordance with Rules ◯ Application is incomplete. ◯ Application is unclear ◯ Development is in violation of other Regulations. Specify _____

Signature of LPI: Richard B. Baker

Date 4-16-81

PERMIT NO. 4 8 5 0 7 E P

Date Issued / /

HHE 200 REV 7/80

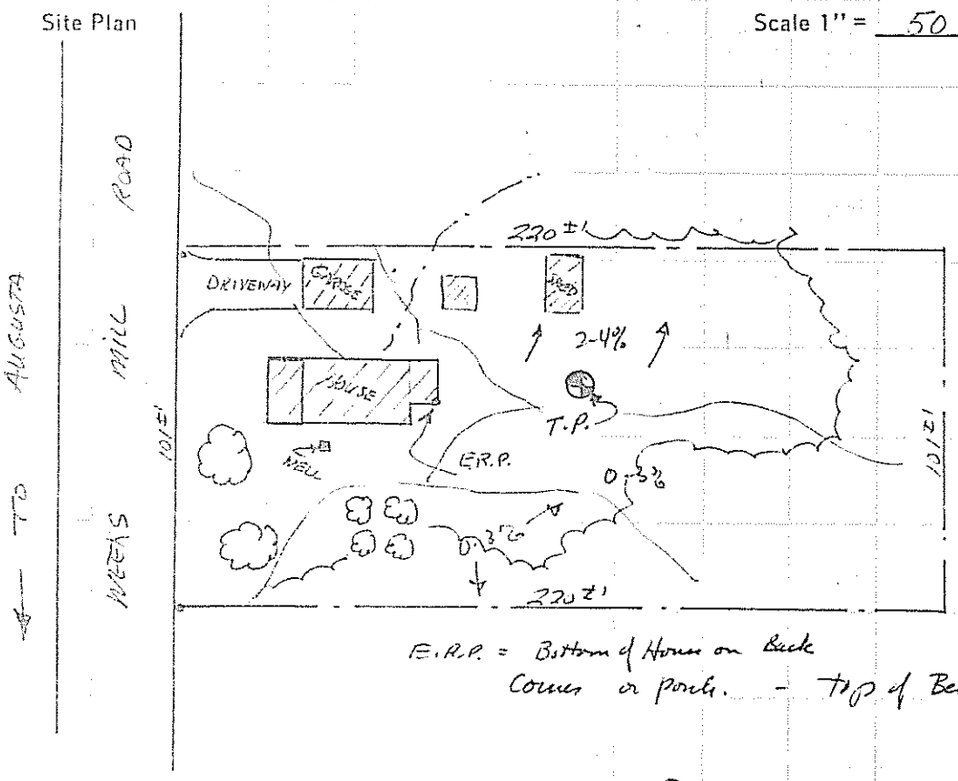
APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

PROPERTY LOCATION
Town, Plantation: Augusta
Street, Road: Weeks Mill Road
Subdivision Name: N/A
Lot No.: N/A

PROPERTY OWNER or APPLICANT
Mrs. Muriel Knowlton

DISPOSAL AREA ELEVATION
Depth of Upslope Fill required: 0 inches.
Depth of Downslope Fill required: 12-14 inches.
Reference Elevation Point Established at: Bottom of Porch Elevation
Disposal Area Bottom to be established at: 60" Below Elevation
Top of Distribution Lines or Top of Chamber: 48" Below Elevation

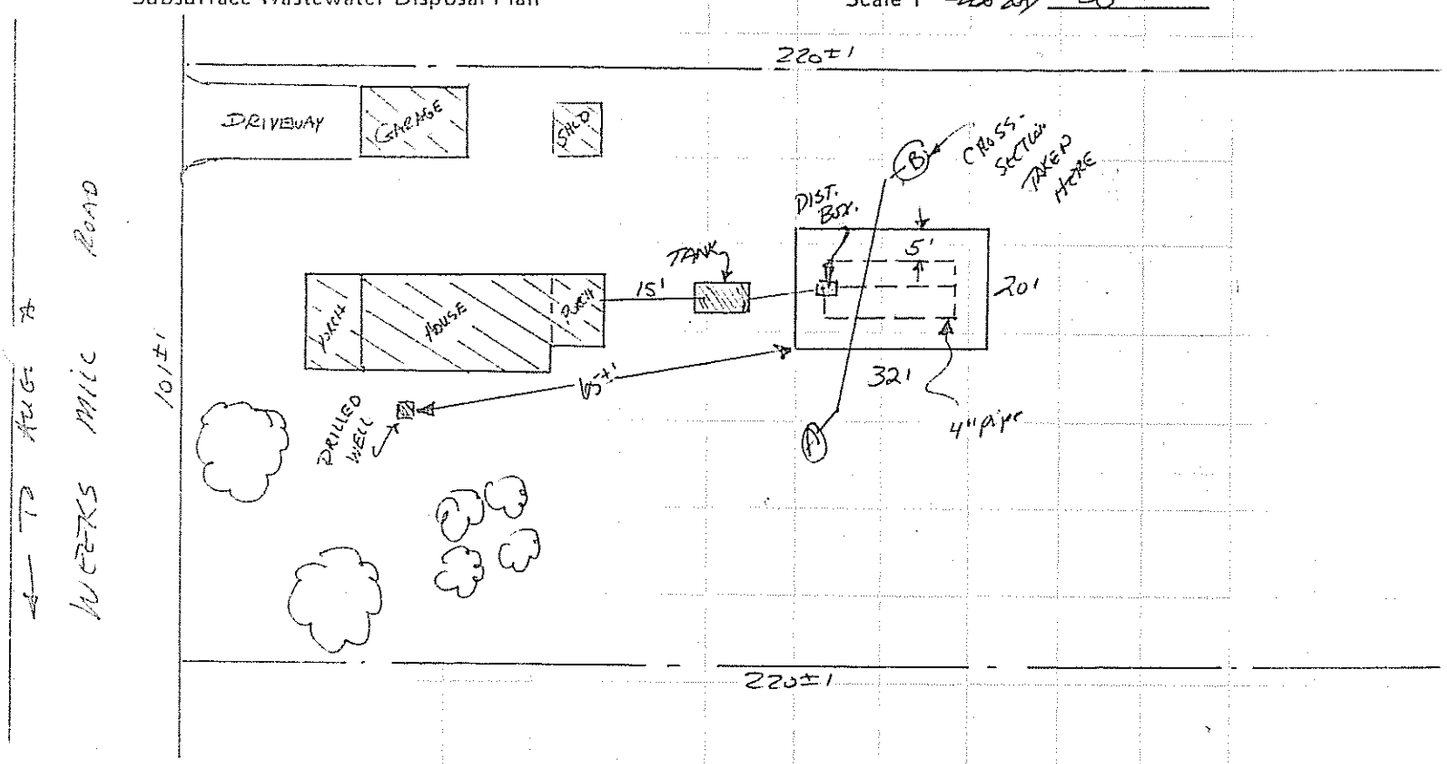
Site Plan — Scale 1" = 50 ft.



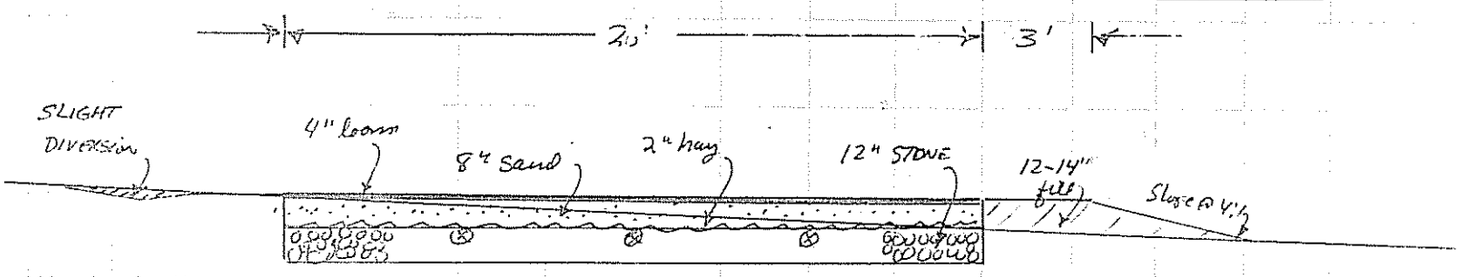
E.R.P. = Bottom of House on Back Corner or porch. - Top of Bed 35" Below Thermusk.

● Designates Elevation Reference Point (ERP) ⊕ Designates Observation Hole (TP or B)

Subsurface Wastewater Disposal Plan — Scale 1" = ~~20'~~ 30'



Subsurface Wastewater Disposal Area Cross-section — Scale: Vertical: 1" = 5' Horizontal: 1" = 5'



no limiting factor within 48"

Site Evaluator's Signature: Stephen E. Goodwin
Date: October 5, 1981
License Number: 65

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.

GENERAL INFORMATION

Town of Augusta, Maine

Town Code 1 1 0 2 0 Permit No. 4 8 5 0 7 E P Date Permit Issued 11-16-81 (month/day/yr.)

Property Owner's Name: Mrs. Muriel Knowlton Tel. No. 622-0204

System's Location: Weeks Mill Rd. (Street)

Augusta, Maine (Town) MAINE (Zip)

Property Owner's Address: (if different from above) 39 North Belfast Avenue (Street)

Augusta (Town) Maine (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, 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.

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.

X Muriel G. Knowlton (Property Owner's Signature) X Nov. 16 1981 (Date)

HHE-204 RV7/80

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"			inches
	Restrictive Layer	to 6"		N/A	inches
	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	100a	300a		
	2. Well: < 2000 gal/day a. Neighbor's	100b	100b		
	b. Property Owner's	50'	60'	50'	65'
	3. Water Supply Line	See Note 'a'			
Waterbodies	1. Perennial	60'	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With basement	See Note	15'		
	2. Without basement	'a'	10'		
Property Line		5'	5'		

Other Specify:

Footnotes:

a. This setback distance cannot be reduced by variance. See Table 6-2.

b. 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.

c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

Stephen E. Goodwin — Site Evaluator's Signature

Oct. 5, 1981 — Date

LPI Statement

I, Richard C. Baker, LPI for the 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):

☐ 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. 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:

Richard C. Baker — LPI's Signature

11-16-81 — 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