

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
207-4172

PROPERTY LOCATION

City, Town, or Plantation: AUGUSTA

Street or Road: 45 HAYDEN ROAD

Subdivision, Lot #

OWNER/APPLICANT INFORMATION

Name (last, first, MI): PEASE, ANGELA Owner Applicant

Mailing Address of Owner/Applicant: 45 HAYDEN ROAD
AUGUSTA, ME 04330

Daytime Tel. #: 207 649 3256

AUGUSTA PERMIT #6803
Date Permit Issued: 6/12/13

15.00
TOWN COPY \$ 250.00 fee
LPI # 850

Gay R. Yule

OWNER OR APPLICANT STATEMENT

I state and acknowledge 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.

Angela Pease 6/17/13
Signature of Owner or 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 Application.

(1st) date approved _____
Local Plumbing Inspector Signature (2nd) date approved _____

PERMIT INFORMATION

<p>TYPE OF APPLICATION</p> <p><input type="checkbox"/> 1. First Time System</p> <p><input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>WOODEN TREATMENT</u> Year installed: <u>1960</u></p> <p><input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion</p> <p><input type="checkbox"/> 4. Experimental System</p> <p><input type="checkbox"/> 5. Seasonal Conversion</p>	<p>THIS APPLICATION REQUIRES</p> <p><input type="checkbox"/> 1. No Rule Variance</p> <p><input type="checkbox"/> 2. First Time System Variance</p> <p><input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval</p> <p><input checked="" type="checkbox"/> 3. Replacement System Variance</p> <p><input type="checkbox"/> a. Local Plumbing Inspector Approval <input checked="" type="checkbox"/> b. State & Local Plumbing Inspector Approval</p> <p><input type="checkbox"/> 4. Minimum Lot Size Variance</p> <p><input type="checkbox"/> 5. Seasonal Conversion Permit</p>	<p>DISPOSAL SYSTEM COMPONENTS</p> <p><input checked="" type="checkbox"/> 1. Complete Non-engineered System</p> <p><input type="checkbox"/> 2. Primitive System (graywater & alt. toilet)</p> <p><input type="checkbox"/> 3. Alternative Toilet, specify: _____</p> <p><input type="checkbox"/> 4. Non-engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 5. Holding Tank, _____ gallons</p> <p><input type="checkbox"/> 6. Non-engineered Disposal Field (only)</p> <p><input type="checkbox"/> 7. Separated Laundry System</p> <p><input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more)</p> <p><input type="checkbox"/> 9. Engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 10. Engineered Disposal Field (only)</p> <p><input type="checkbox"/> 11. Pre-treatment, specify: _____</p> <p><input type="checkbox"/> 12. Miscellaneous Components</p>
<p>SIZE OF PROPERTY</p> <p><u>13,800</u> SQ. FT. <input checked="" type="checkbox"/> ACRES</p>	<p>DISPOSAL SYSTEM TO SERVE</p> <p><input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u></p> <p><input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____</p> <p><input type="checkbox"/> 3. Other: _____ (specify)</p> <p>Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	<p>EXISTING TYPE OF WATER SUPPLY</p> <p><input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private</p> <p><input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other</p>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p><input checked="" type="checkbox"/> 1. Concrete</p> <p><input checked="" type="checkbox"/> a. Regular</p> <p><input type="checkbox"/> b. Low Profile</p> <p><input type="checkbox"/> 2. Plastic</p> <p><input type="checkbox"/> 3. Other: _____</p> <p>CAPACITY: <u>1000</u> GAL.</p>	<p>DISPOSAL FIELD TYPE & SIZE</p> <p><input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench</p> <p><input checked="" type="checkbox"/> 3. Proprietary Device</p> <p><input checked="" type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear</p> <p><input type="checkbox"/> b. regular load <input checked="" type="checkbox"/> d. H-20 load</p> <p><input type="checkbox"/> 4. Other: _____</p> <p>SIZE: <u>738</u> sq. ft. <input type="checkbox"/> lin. ft.</p>	<p>GARBAGE DISPOSAL UNIT</p> <p><input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe</p> <p>If Yes or Maybe, specify one below:</p> <p><input type="checkbox"/> a. multi-compartment tank</p> <p><input type="checkbox"/> b. _____ tanks in series</p> <p><input type="checkbox"/> c. increase in tank capacity</p> <p><input type="checkbox"/> d. Filter on Tank Outlet</p>	<p>DESIGN FLOW</p> <p><u>180</u> gallons per day</p> <p>BASED ON:</p> <p><input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s))</p> <p><input type="checkbox"/> 2. Table 4C (other facilities)</p> <p>SHOW CALCULATIONS for other facilities</p>
<p>SOIL DATA & DESIGN CLASS</p> <p>PROFILE CONDITION <u>2</u></p> <p><u>B1C</u></p> <p>at Observation Hole # <u>T01</u></p> <p>Depth <u>24</u>"</p> <p>of Most Limiting Soil Factor</p>	<p>DISPOSAL FIELD SIZING</p> <p><input type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd</p> <p><input type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd</p> <p><input checked="" type="checkbox"/> 3. Large---4.1 sq. ft. / gpd</p> <p><input type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd</p>	<p>EFFLUENT/EJECTOR PUMP</p> <p><input type="checkbox"/> 1. Not Required</p> <p><input type="checkbox"/> 2. May Be Required</p> <p><input checked="" type="checkbox"/> 3. Required</p> <p>Specify only for engineered systems:</p> <p>DOSE: _____ gallons</p>	<p>LATITUDE AND LONGITUDE</p> <p>at center of disposal area</p> <p>Lat. <u>N44</u> d <u>20</u> m <u>09.6</u> s</p> <p>Lon. <u>W69</u> d <u>40</u> m <u>09.2</u> s</p> <p>if g.p.s, state margin of error: <u>9'</u></p>

SITE EVALUATOR STATEMENT

I certify that on 5/28/13 (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). AS PER VARIANCES.

John W. Lord Jr
Site Evaluator Signature

168 SE # 5/30/13 Date

JOHN W LORD JR Site Evaluator Name Printed 207 445 3402 Telephone Number JWL@MAXCFAIRPOINT.NET E-mail Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
 Division of Environmental Health, STS 11
 (207) 287-5338 FAX (207) 287-3165

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

45 HAYDEN ROAD

Owner or Applicant Name

ANGELA PEASE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' ft.

**FOLLOW EROSION AND SEDIMENT CONTROL
 BEST MANAGEMENT PRACTICES.**

**UTILITY POLE #7
 (ERP)**

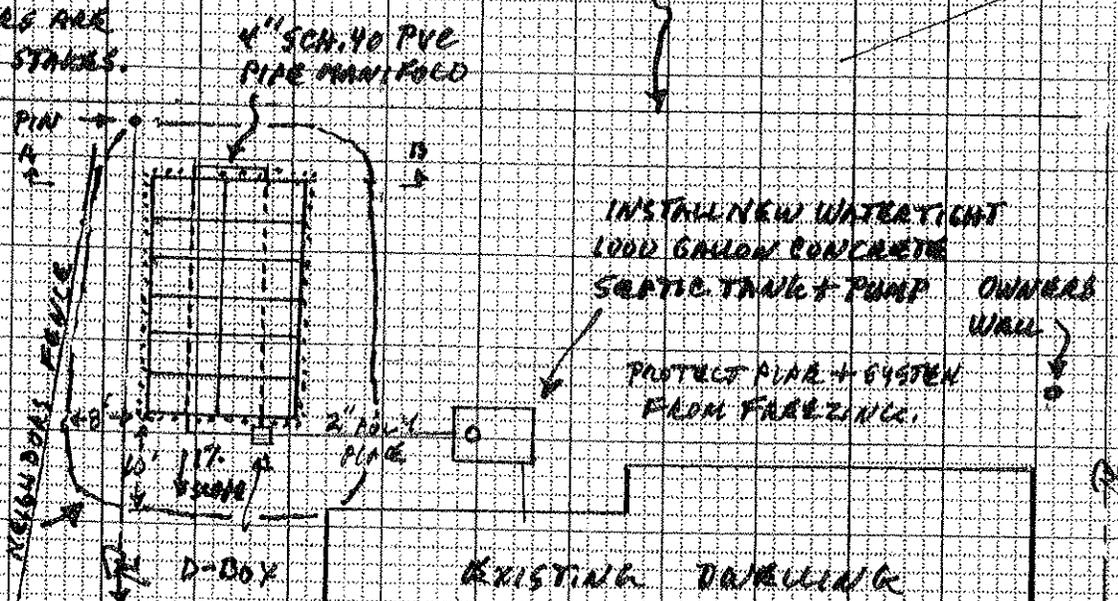
NO VEGETATION IS REQUIRED.

**16'x34' CONCRETE CHAMBER SYSTEM
 THRU 4'x8' 11:20 HUBBLE ENTRY UNITS
 LEVEL CLUSTER LAYOUT
 CORNERS OF CHAMBERS ARE
 MARKED WITH WOODEN STAKES.**

HAYDEN ROAD

**FILL TO EXTEND
 OVER PROPERTY
 LINE WITH
 NEIGHBORS
 PERMISSION.**

**EXTENT OF
 NEW FILL**



**INSTALL NEW WATERTIGHT
 1000 GALLON CONCRETE
 SEPTIC TANK + PUMP OWNERS
 WALL**

**PROTECT PUMP + SYSTEM
 FROM FREEZING.**

BACKFILL REQUIREMENTS

Depth of Backfill (upslope) **12"**
 Depth of Backfill (downslope) **16"**
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

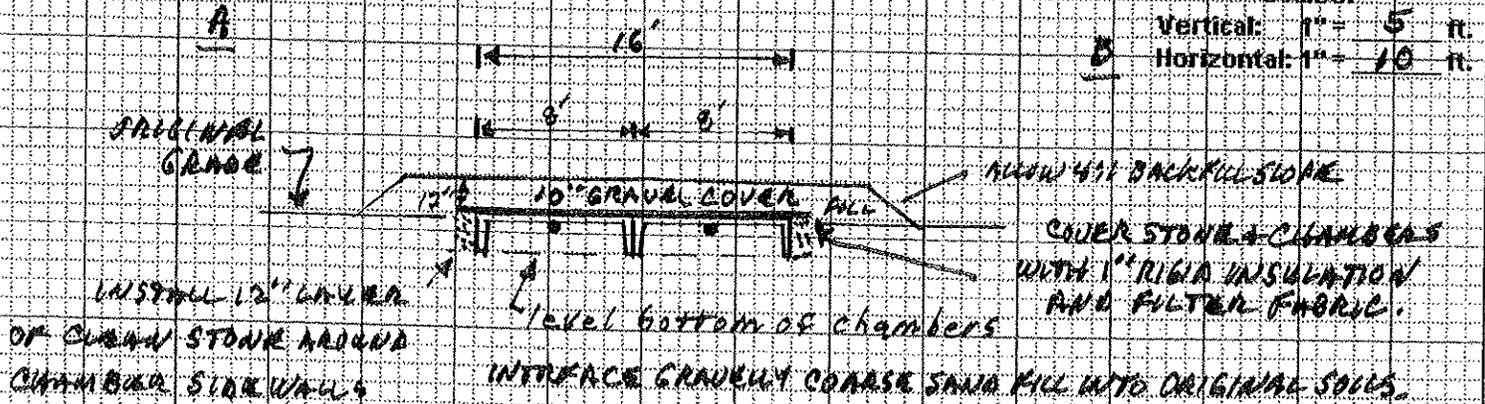
Finished Grade Elevation **-36"**
 Top of ~~Disposal Field~~ Proprietary Device **-47"**
 Bottom of Disposal Field **-60"**

ELEVATION REFERENCE POINT (ERP)

Location & Description: **FLAG POLE IN
 UTILITY POLE 57' ABOVE GRADE AT POLE.**
 Reference Elevation is: **0.0'**

DISPOSAL FIELD CROSS SECTION

Scales:
 Vertical: 1" = 5'
 Horizontal: 1" = 10'

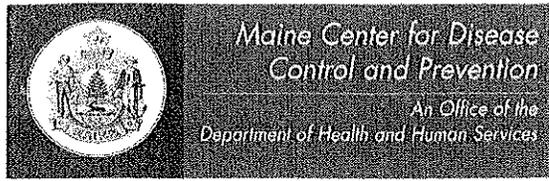


REMOVE ORGANIC LAYER AND SHARPS BEFORE INSTALLING SYSTEM.
TEXTURE OF BACKFILL TO BE GRAVELLY COARSE SAND.
REFER TO MAINE STATE PLUMBING CODE AND MANUFACTURERS SPECIFICATIONS.

[Signature]
 Site Evaluator Signature

168
 SE #

5/30/13
 Date



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel. (207) 287-8016
Fax (207) 287-9058; TTY (800) 606-0215

Tel. (207) 287-2070

Subsurface Wastewater Unit

Fax (207) 287-5672

June 10, 2013

Town of Augusta
Gary Fuller
16 Cony Street
Augusta, Maine 04330

Subject: Approval, Replacement System Variance Request, Angela Pease Property, 45 Hayden Road, Augusta, Maine. Mailing Address Owner/Applicant: Same.

Gary;

We have completed our review of an HHE-200 Form dated 05-30-2013 for the property at 45 Hayden Road, Augusta, Maine.

The variance request that is not within the LPI's authority is from the disposal field to the property line of 1 foot, no fill shall go over the property line without the proper easements, and to the full basement of 8 feet.

The variance request that is within the LPI's authority is the fill extensions of 3:1 slope, from the disposal field to a potable water supply of 76 feet, from the septic tank to a full basement of 5 feet, from the disposal field to a major water course of 88 feet and from the septic tank to a major water course of 80 feet.

The variance request has been submitted because topography and existing development limit the potential of the system location and the system design prepared by John Lord Jr., SE #168 on 05-30-2013 is otherwise found to be in compliance with the Maine Subsurface Wastewater Disposal Rules.

A permit for system installation is to be obtained from the Local Plumbing Inspector in advance of the start of system construction .

The system is to be installed in accordance with the submitted and approved system design. Should alterations to the design be required at the time of construction, the site evaluator is to be notified prior to making any changes.

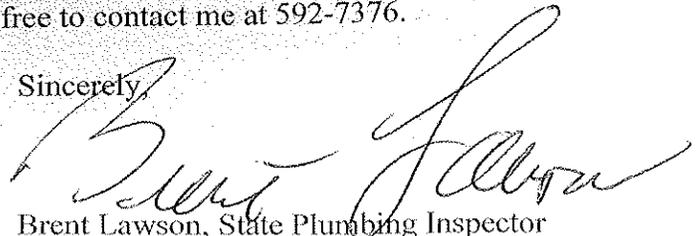
The contractor is to scarify the soils under the fill extensions to create a transitional zone more compatible with the disposal field area.

By accepting this approval and the associated plumbing permit, the owner agrees to comply fully with the conditions of approval and the Subsurface Wastewater Rules.

Because installation and owner maintenance has a significant effect on the working order of onsite sewage disposal systems, including their components, the Division makes no representation or guarantee as to the efficiency and/or operation of the system.

Should you or others have any questions, please feel free to contact me at 592-7376.

Sincerely,

A handwritten signature in cursive script that reads "Brent Lawson". The signature is written in black ink and is positioned above the typed name and title.

Brent Lawson, State Plumbing Inspector
Subsurface Wastewater Program
Division of Environmental Health
e-mail: brent.lawson@maine.gov

/BML

xc: File

Angela Pease, Owner/Applicant.

John Lord Jr., SE



Maine Center for Disease Control and Prevention
 Department of Health and Human Services
 Augusta, Maine

Department of Health and Human Services
 Maine Center for Disease Control and Prevention
 286 Water Street
 # 11 State House Station
 Augusta, Maine 04333-0011
 Tel: (207) 287-5672
 Fax: (207) 287-4172; TTY: 1-800-606-0275

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION Town of AUGUSTA

Property Owner's Name: ANGELA PEASE Tel. No.: 2076493256

System's Location: 45 HAYDEN ROAD - TAX MAP 75 LOT 9

Property Owner's Address: SAME Zip Code 04330

e-mail address: _____

The subsurface wastewater disposal system design for the subject property requires a replacement system variance first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires local approval local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)

1. ALLOW BACKFILL IN YARD DOWN SLOPE OF 33% SECTION OF RULE SECTION 8 B 5

2. ALLOW 76' SETBACK DISPOSAL FIELD TO OWNERS WELL, ALLOW 1' SETBACK DISPOSAL FIELD TO PROPERTY LINE, ALLOW 8' SETBACK FIELD TO 0-106 WITH BASEMENT AND 5' SETBACK TANK TO BUILDING / TABLE 8 A

SITE EVALUATOR ALLOW 88' SETBACK FIELD TO ADJACENT 80' SETBACK TANK TO POND

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

LOT SIZE DOES NOT ALLOW REPLACEMENT SYSTEM WITHOUT VARIANCES. NO ADJUTING LAND IS AVAILABLE FOR SYSTEM ALIGNMENT.

I, John W. Warrick, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

[Signature] SIGNATURE OF SITE EVALUATOR 5/30/2013 DATE

PROPERTY OWNER

I, ANGELA PEASE, am the owner agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with 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 OF OWNER _____ DATE _____
 AGENT FOR THE OWNER _____

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) approve the requested variance. I (will will not) issue a permit for the system's installation as proposed by the application.

LPI Signature

Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, Wayne R. Fuller, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) recommend the issuance of a permit for the system's installation as proposed by the application.

Wayne R. Fuller
LPI Signature

6/3/13
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.

Benjamin Sauer
SIGNATURE OF THE DEPARTMENT

6/10/13
DATE

- Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)
2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One): Outside Shoreland Zone-50 Inside Shoreland Zone-65 Subdivision-65