

Town Copy



KATHLEEN M. REDMOND
NATURAL RESOURCE CONSULTANT
LICENSED SITE EVALUATOR

SITE EVALUATION
SUBSURFACE DISPOSAL DESIGN
PROFESSIONAL LAND USE OPINIONS

May 7, 1990

Mr. Lawrence Laliberty
RFD 3
Box 1266
Augusta, Maine 04330

Dear Mr. Laliberty,

Please find enclosed three copies of the design of your proposed replacement disposal system and a replacement system variance request form.

You will find that your proposed disposal system consists of twelve concrete chamber units in a trench surrounded with 12" of crushed stone. Of all of the options for subsurface disposal this design requires the least amount of space. Because the major concern on your property is limited space this is by-far your best option.

I understand that you would have liked to go with an infiltrator system, however, an infiltrator system would have required 22 units that are approx. 3' x 6.25'. This system would require considerably more space and would mean excavating almost all of your existing lawn.

Please notice that I have indicated that low volume fixtures be installed on your shower head and sink fixtures. It is important that you treat your system with care, the soil conditions on your site are marginal and your system is small.

If you have any questions feel free to call me at 829-4155 (generally I am home after 7 pm or you can leave a message on my machine)

Sincerely,

Kathleen M. Redmond
Kathleen M. Redmond
Licensed Site Evaluator

Heath Engineering → 289-3826

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street or Lot #	Old Belgrade Road
PROPERTY OWNERS NAME	
Last:	LaLiberte
First:	Lawrence
Applicant Name:	same
Mailing Address of Owner/Applicant (if Different)	RFD 3 Box 1266 Augusta, Maine 04330

AUGUSTA **Caution Permit** 1874 TOWN COPY

Date Permit Issued: May 15 1990 Fee: \$301.00 Double Fee Charged

Ray R. Fuller L.P.I. # 1850
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.

* Samuel R. LaLiberte 5-9-90
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.

[Signature]
Local Plumbing Inspector Signature Date Approved 7-11-90

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>SEASONAL CONVERSION</p> <p>to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p><input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____</p> <p style="text-align: center;">SPECIFY</p>	<p>TYPE OF WATER SUPPLY</p> <p>Town Water</p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED ___ ±</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input checked="" type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____</p>	<p>SIZE OF PROPERTY <u>9,000 ft²</u></p> <p>ZONING <u>local</u></p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>existing TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> <u>more low volume fixtures</u> <u>sinks & shower</u></p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>3 bedroom home</u></p> <p><u>ref. State code Table 7-1</u></p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td><u>8</u></td> <td><u>D including fill</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>original soil 6 - 18"</u></p>	PROFILE	CONDITION	<u>8</u>	<u>D including fill</u>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input checked="" type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>500</u> . Ft.</p> <p><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	<p>DESIGN FLOW: <u>270</u> (GALLONS/DAY)</p>
PROFILE	CONDITION						
<u>8</u>	<u>D including fill</u>						

SITE EVALUATOR STATEMENT

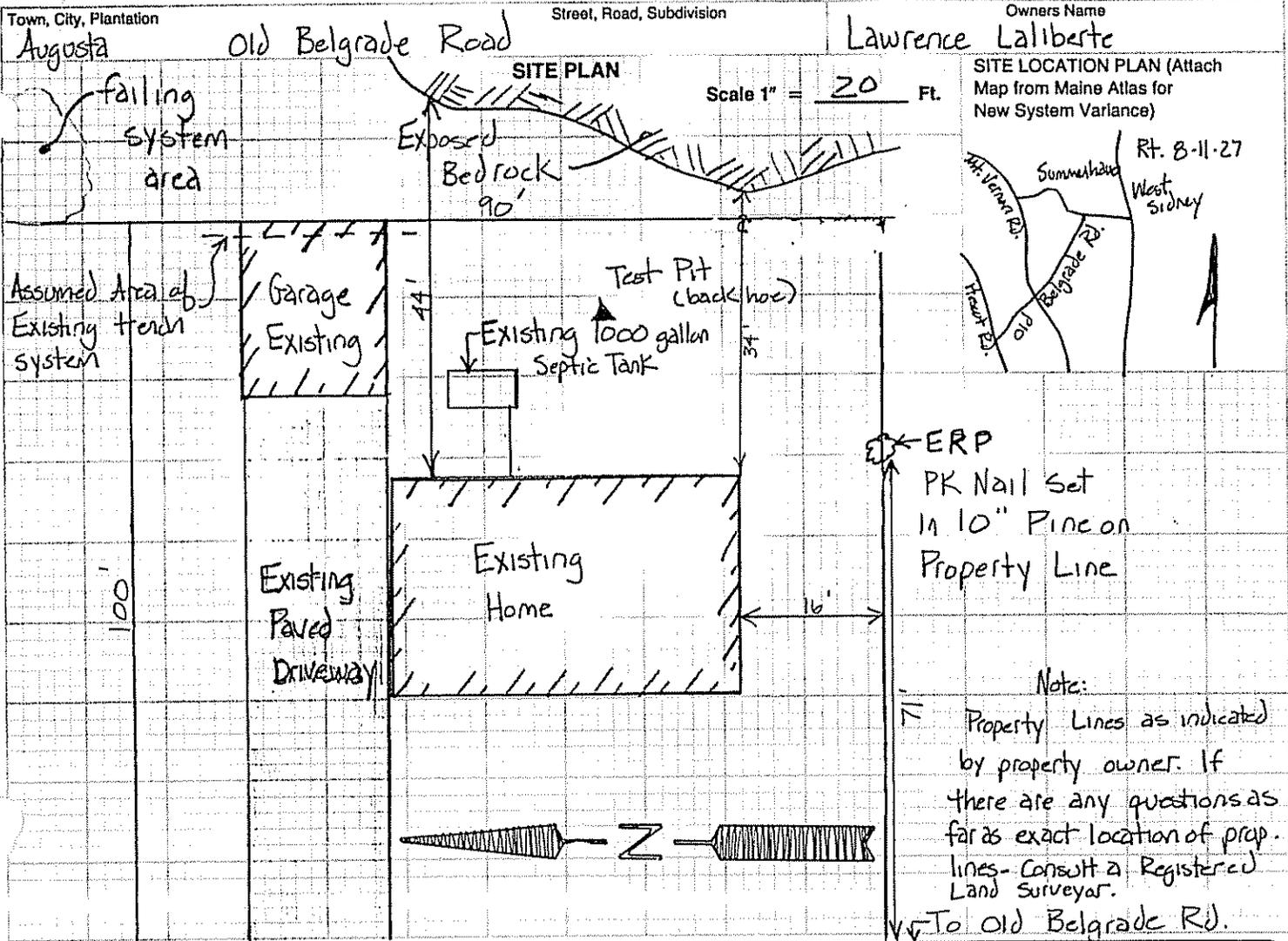
_____ (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Kathleen M. Redman 229 May 7, 1990
Site Evaluator Signature SE# Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole Test Pit 1 Test Pit Boring
lawn area " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0		Loam	Light Brown	
6	Medium Loam	friable	yellow	frable
10	Sand	fill		Many light nodules
15	fill			
20	silt loam		dk. olive	
30	Very fine sand mixed w silty clay	firm to		Common distinct
40	blocky silty clay	very firm	olive gray	
50				

Soil Profile <u>8</u>	Classification Condition <u>D</u>	Slope <u>0-2</u> %	Limiting Factor <u>6</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Observation Hole _____ Test Pit Boring
_____ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Profile _____	Classification Condition _____	Slope _____ %	Limiting Factor _____	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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22" with exist. fill material

Kathleen M Redmond
Site Evaluator Signature

229
SE#

May 7, 1990
Date

Change made 7-10-90. This sheet replaces original in period
 Number 1874 issued 5-25-90. Approved by SCS

Department of Human Services
 Division of Health Engineering

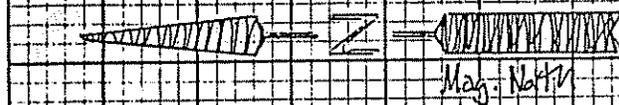
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation: **Augusta** Street, Road, Subdivision: **Old Belgrade Road** Owners Name: **Lawrence Laliberte**

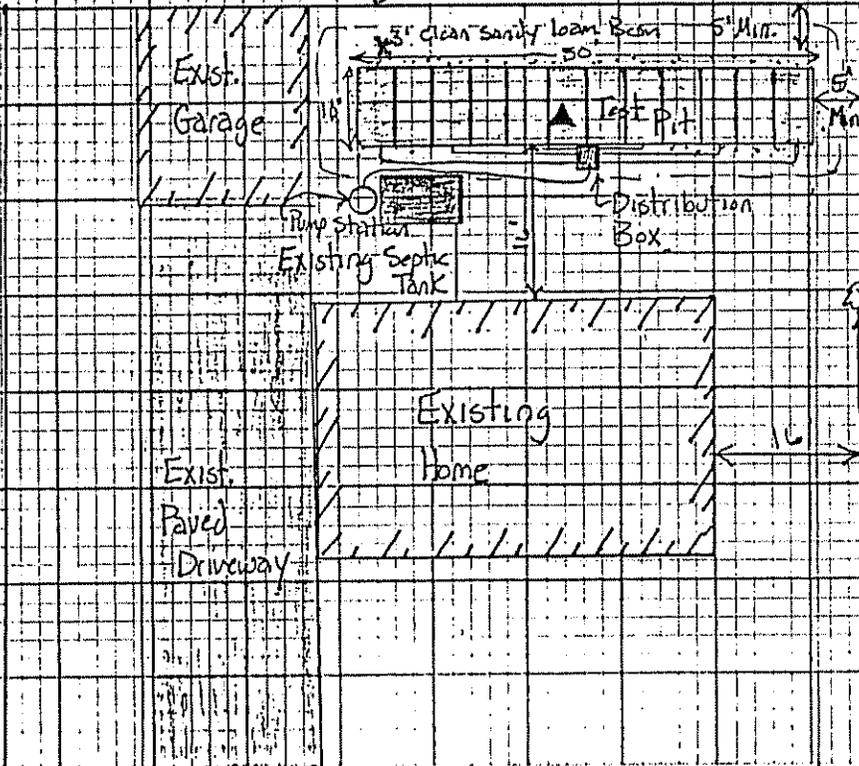
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL

Note:
 If there is any question as to actual location of property lines a Land Surveyor shall be consulted.



Note:
 All efforts must be used to keep water use down - low volume shower heads & sink washers.
 System is designed on minimum criteria based on site limitations.
 Existing septic tank may be used if determined by contractor & LPI to be in perfect working order - pump before use of disposal area.



12-4' x 8' Chamber Units in trench with 1' of stone around entire perimeter.
 ERP 10" Pipe on property line

Old Belgrade Rd.

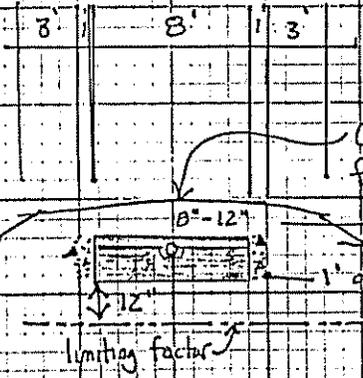
FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	Reference Elevation is	PK Nail Set & Flagged in
Depth of Fill (Downslope)	Bottom of Disposal Area	10" Pipe on Southern Property Line
at low spot by garage	Top of Distribution Lines or Chambers	

12"
20"

00
- 65"
- 52"

Directions from Bottom Up:
 - Scarify all ground under system and fill extensions.
 - Cut bottom of bed - dead level to elevation noted.
 - Place concrete chamber units - dead level as indicated on site plan.
 - Place a Min. of 1 foot of crushed stone 3/4"-3" washed free of fines around entire perimeter of system.
 - Place 2" of clean sandy loam fill over system - crown at 3% from center.

DISPOSAL AREA CROSS SECTION



Scale:
 Vertical: 1 inch = 5' FL
 Horizontal: 1 inch = 10' FL

* Loam & Seed all disturbed soil immediately after construction.

Kathleen M. Redmond

229

May

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

Augusta

Old Belgrade Road

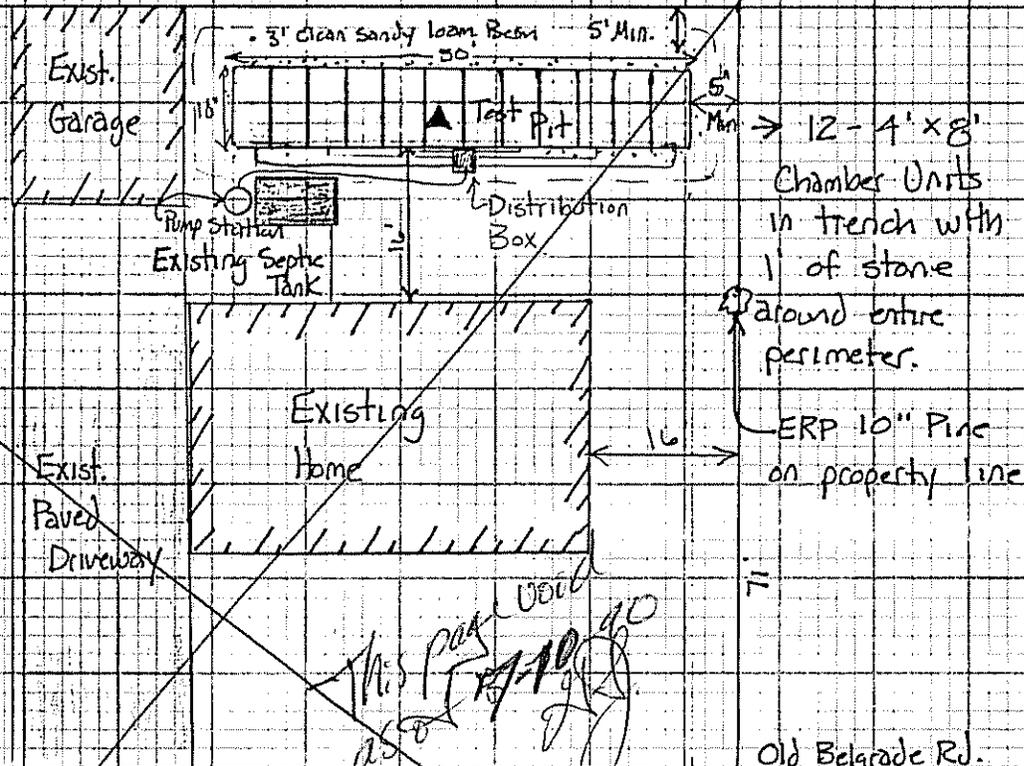
Lawrence Laliberte

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

Note:
If there is any question as to actual location of property lines a Land Surveyor shall be consulted.

Note:
All efforts must be used to keep water use down - low volume shower heads & sink washers.
System is designed on Minimum criteria based of site limitations.
Existing septic tank may be used if determined by contractor & LPI to be in perfect working order - pump before use of new disposal area.



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 Angwata

Permit No. _____ E

Date Permit Issued _____
MONTH/DAY/YEAR

Property Owner's Name: Lawrence Laliberte Tel. No. 626-3500

System's Location: Old Belgrade Rd
STREET
Angwata
TOWN
Maine 04330
ZIP

Property Owner's Address: Same
STREET
TOWN STATE 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.

Lawrence R Laliberte 5-22-90
PROPERTY OWNER'S SIGNATURE DATE

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"		6" original fill	
	Restrictive Layer	to 6"		22" from surface inches	
	Bedrock	to 10"		see profile 2 & 3 inches	
SETBACK DISTANCES (IN FEET)	FROM:	TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
Potable Water Supplies	1. Well: > 2000 gal/day	100 ^a	300 ^a		
	2. Well: < 2000 gal/day a. Neighbor's	50 ^b	60 ^b		
	b. Property Owner's	25'	50'		
	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 ^c	10 ^c		
Buildings	1. With Basement	5'	10'		16'
	2. Without Basement <i>garage</i>	5'	10'		5'
Property Line		4'	5'		5'

OTHER

1. Fill extension Grade—to 3:1 *grade on fill extensions may have to be increased to*
2. *Keep fill on property - Actual location of property lines to*
3. *be determined by land surveyor*

Footnotes:

- This setback distance cannot be reduced by variance. See Table 6-2.
- 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.
- Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

Kathleen M. Redmond # 229

 SITE EVALUATOR'S SIGNATURE

5.7.90

 DATE

LPI STATEMENT

I, *Jay R. Lullie*, 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 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: _____

Jay R. Lullie

 LPI'S SIGNATURE

May 23, 1990

 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.

My Handcastle

 SIGNATURE OF THE DEPARTMENT

5/22/90

 DATE