

Thibeau, Simon

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

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

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

HHE-200

Page 1 of 2

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

Variants: None Required Replacement System Variance With:
 New System Variance LPI Approval Dept. Review

PROPERTY LOCATION
 AUGUSTA Town, Plantation RT 27 Street, Road
 SIMON THIBEAU PROPERTY OWNER or APPLICANT
 300 CIVIC CTR. DR. AUGUSTA, ME 04330 Mailing Address
 622-0970 Tel. No.

TYPE OF STRUCTURE, DESIGN FLOW
 Single Family Dwelling Number of Bedrooms 2 Design Flow 240 GPD
 Design Flow based on: Minimum Moderate Conservative
 Reduction in Design Flow due to Water Conservation
 If so, specify type (s) _____
 Other Establishment, Specify _____ Type of Facility _____
 (Number of Employees, Seating Capacity, Building Size, etc.) _____
 Design Flow _____ GPD If greater than 2000 GPD, Specify Professional Engineer _____

LOCATION PLAN OF PROPERTY
 AUGUSTA INDUSTRIAL PARK RD
 RT 27 (CIVIC CTR. RD)

PROPERTY INFORMATION
 Area of Property 150x400 Sq. Ft. Acres Zoned Not Zoned
 If zoned, type of zoning _____
 Property on Water Body, if so, Name of Water Body _____
 Water Supply is: Public Utility, Drilled Well _____ depth
 Dug Well _____ depth Well Point Spring Surface Water

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2

TEXTURAL DESCRIPTION OF EACH SOIL STRATA ENCOUNTERED	Observation Hole No. <input type="radio"/> Test Pit <input checked="" type="radio"/> Boring	Observation Hole No. <input type="radio"/> Test Pit <input type="radio"/> Boring	Observation Hole No. <input type="radio"/> Test Pit <input type="radio"/> Boring
	Organic Strata or (Existing Fill) Thickness _____	Organic Strata or (Existing Fill) Thickness _____	Organic Strata or (Existing Fill) Thickness _____
1st Original Mineral Soil Strata Depth from 0 " to 42 " Thickness 42 "	1st Original Mineral Soil Strata Depth from 0 " to _____ " Thickness _____ "	1st Original Mineral Soil Strata Depth from 0 " to _____ " Thickness _____ "	1st Original Mineral Soil Strata Depth from 0 " to _____ " Thickness _____ "
2nd Depth from 42 " to 48 " Thickness 6 "	2nd Depth from _____ " to _____ " Thickness _____ "	2nd Depth from _____ " to _____ " Thickness _____ "	2nd Depth from _____ " to _____ " Thickness _____ "
3rd Depth from _____ " to _____ " Thickness _____ "	3rd Depth from _____ " to _____ " Thickness _____ "	3rd Depth from _____ " to _____ " Thickness _____ "	3rd Depth from _____ " to _____ " Thickness _____ "
4th Depth from _____ " to _____ " Thickness _____ "	4th Depth from _____ " to _____ " Thickness _____ "	4th Depth from _____ " to _____ " Thickness _____ "	4th Depth from _____ " to _____ " Thickness _____ "
Total Depth of Observation Hole 48 "	Total Depth of Observation Hole _____ "	Total Depth of Observation Hole _____ "	Total Depth of Observation Hole _____ "
Maximum Seasonal High Ground <input type="radio"/> None evident Water Table Depth 42 "	Maximum Seasonal High Ground <input type="radio"/> None Evident Water Table Depth _____ "	Maximum Seasonal High Ground <input type="radio"/> None evident Water Table Depth _____ "	Maximum Seasonal High Ground <input type="radio"/> None evident Water Table Depth _____ "
Depth to Restrictive Layer <input type="radio"/> None evident 42 "	Depth to Restrictive Layer <input type="radio"/> None evident	Depth to Restrictive Layer <input type="radio"/> None evident	Depth to Restrictive Layer <input type="radio"/> None evident
Depth to Bedrock <input checked="" type="radio"/> None evident	Depth to Bedrock <input type="radio"/> None evident	Depth to Bedrock <input type="radio"/> None evident	Depth to Bedrock <input type="radio"/> None evident

PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE
S	B	6%			0%			0%

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

TYPE OF SYSTEM
 Combined System
 Separated System
 If separated system, type of black waste disposal system to be used:
 Compost
 Pit Privy
 Sealed Vault Privy
 Other: _____
 Separated Laundry System
 Primitive System
 Holding Tank

TREATMENT TANK
 Septic Tank
 Aerobic Tank
 Size 1000 Gals.
 (BUILDING DRAIN DOSAGE MAY NEED TO BE RAISED)
 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 _____ ft.
 Length of each trench line _____ ft.
 Depth of Stone _____ inches.
 Reduction on trench length due to stone depth _____ %
 Bed Disposal Area
 Total bed area 700 sq. ft.
 Number of beds 1
 Width 20 ft. Length 35 ft.
 Chamber Disposal Area
 Total chamber area _____ sq. ft.
 Number of clusters _____
 Width _____ ft. Length _____ ft.
 H-20 required

SYSTEM SIZE RATING
 Small Medium Medium Large Large Extra Large

DISPOSAL AREA ELEVATION
 Depth of Upslope Fill required 6 inches.
 Depth of Downslope Fill required _____ inches.
 Reference Elevation Point established at 0 Elevation.
 Disposal Area Bottom to be established at -78" Elevation.
 Top of Distribution Lines or Top of Chambers -66" Elevation.

Yes No: The proposed subsurface disposal area will be located at least 100 feet from any and all walls, springs, surface water bodies and courses (lake, pond, ocean, brook stream, river), swamps, marshes, and bogs.
 Yes No: The proposed subsurface disposal area will be located at least 300 feet from any and all walls and springs producing 2000 gallons or more of water per day and any public water supplies.

FOR USE BY SITE EVALUATOR VALID COPY ONLY WITH EMBOSSED SEAL
 On 4/14/83 (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: [Signature]
 Date signed: 4/14/83
 Site Evaluator License Number: 51

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: Simon Thibeau
 Date Signed: 4/15/83

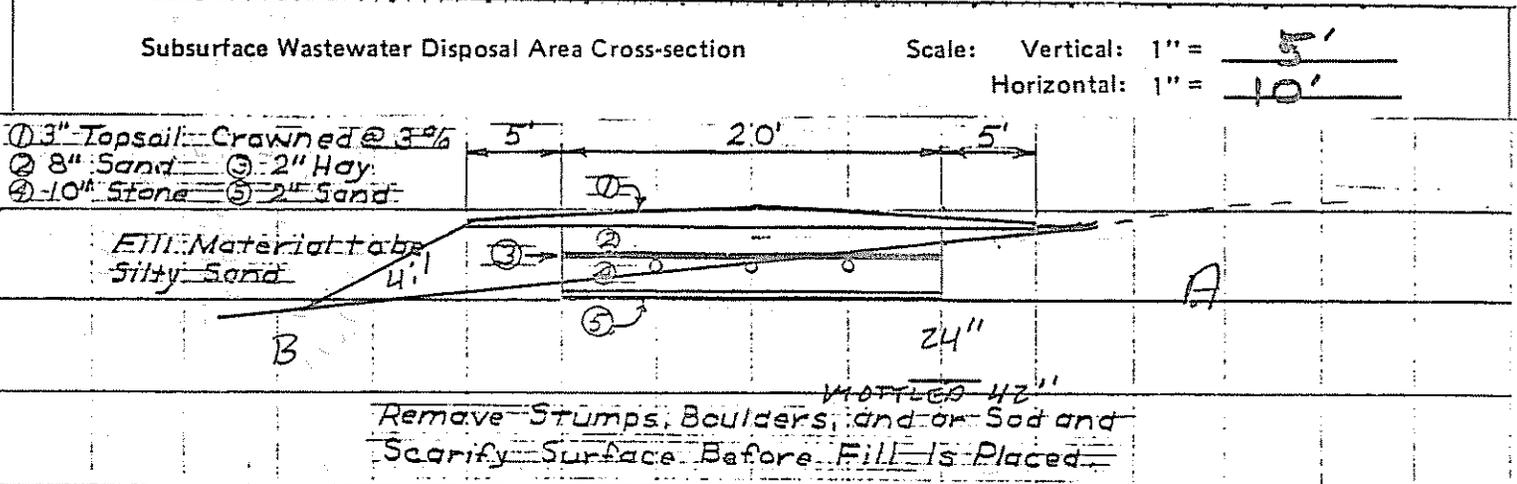
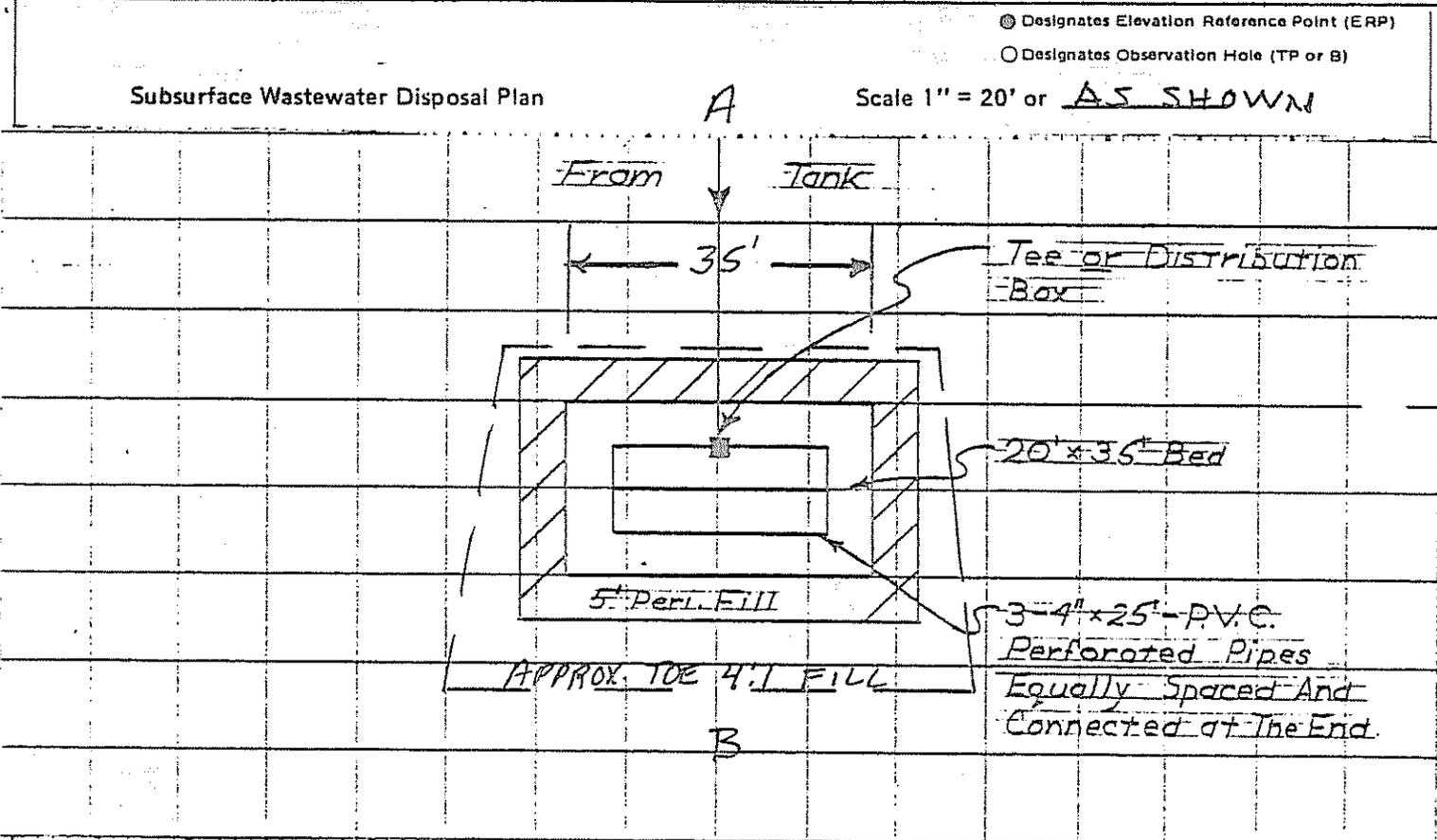
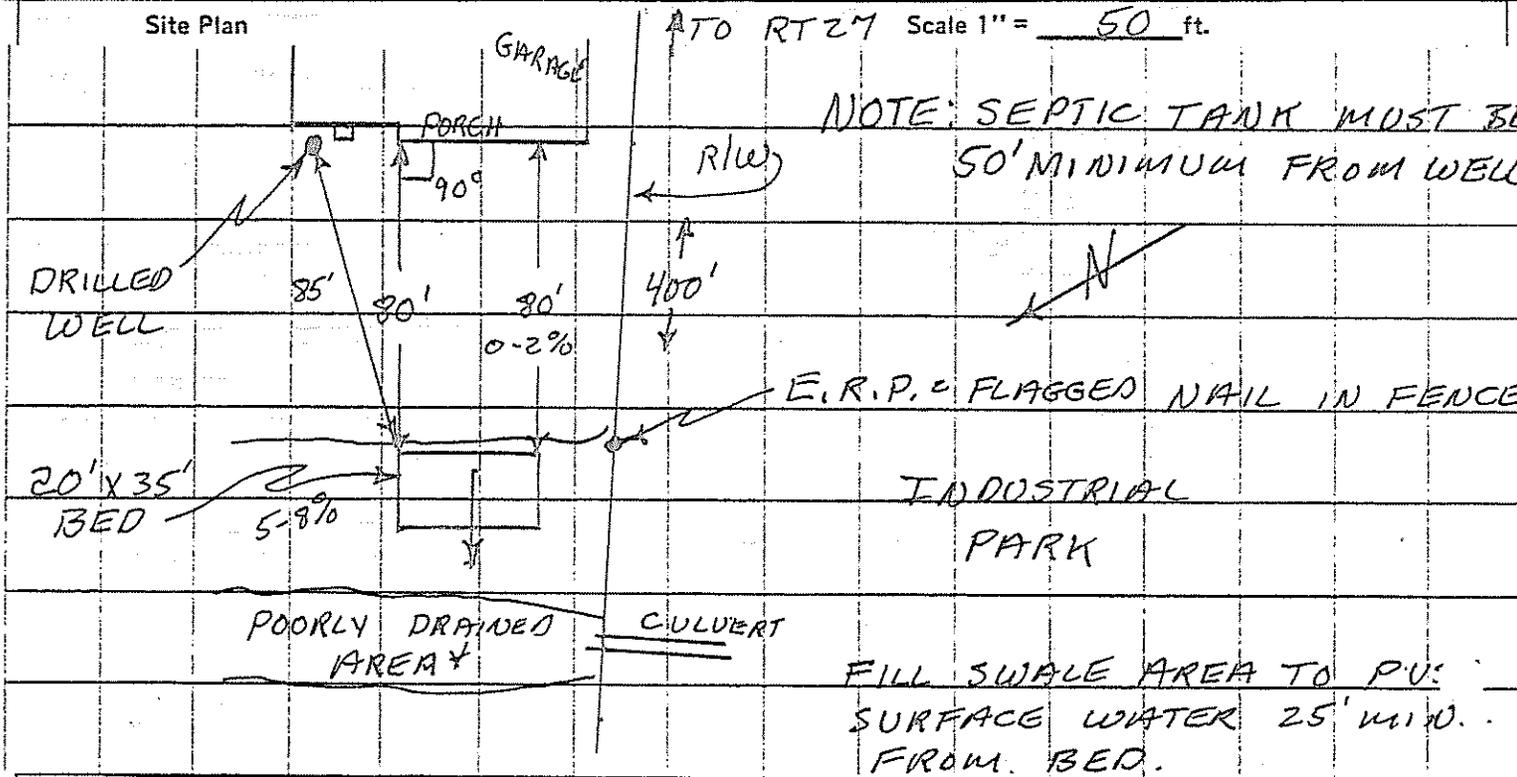
FOR USE BY LPI: This Application is approved. If conditions, specify:
 This Application is Denied due to: System is not in accordance with Rules.
 Application is incomplete. Application is unclear. Development is in violation of other Regulations. Specify _____

Signature of LPI: Archie R. Beal
 Date: _____

PERMIT NO. 55613
 Date Issued 4/21/83

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

PROPERTY LOCATION		Town, Plantation		Street, Road		Subdivision Name		Lot No.	
PROPERTY OWNER or APPLICANT			DISPOSAL AREA ELEVATION			Reference Elevation Point established at <u>0</u> Elevation.			
			Depth of Upslope Fill required <u>6</u> inches.			Disposal Area Bottom to be established at <u>-78"</u> Elevation.			
			Depth of Downslope Fill required _____ inches.			Top of Distribution Lines or Top of Chambers <u>-66"</u> Elevation.			



Site Evaluators Signature: [Signature] Date: 4/14/83 License Number: 51

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

Town Code 11020 Permit No. 55613E Date Permit Issued 4/21/83
month/day/yr.

Property Owner's Name: Simon Thibeau Tel. No. 622-0870

System's Location: 300 Civic Center
Street

Augusta MAINE 04330
Town Zip

Property Owner's Address:
(if different from above) _____
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, 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.

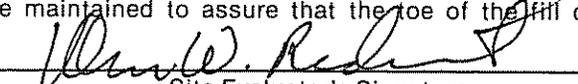
The Owner shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

Simon Thibeau 4/15/83
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"		_____	inches
	Restrictive Layer	to 6"		_____	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'	<u>50</u>	<u>85</u>
	3. Water Supply Line	See Note 'a'		_____	_____
Waterbodies	1. Perennial	60'	60'	_____	_____
	2. Intermittent	25'	25'	_____	<u>25</u>
	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.


Site Evaluator's Signature

4/14/83
Date

LPI Statement

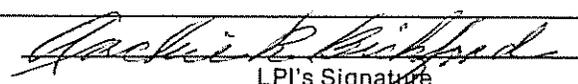
I, _____, LPI for the Town of _____, have conducted an on-site inspection for the proposed replacement system and have determined, to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Ordinances, or the Local Shoreland Zoning Ordinance. As 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: _____


LPI's Signature

7/20/83
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