

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 289-3826

<b>PROPERTY ADDRESS</b>	
Town Or Plantation	Augusta
Street or Vision Lot #	Old Belgrade Road
<b>PROPERTY OWNERS NAME</b>	
Last: N.R.F. DISTRIBUTORS INC.	
Applicant Name:	% Dave White
Mailing Address of Owner/Applicant (if Different)	P.O. Box 2967 Old Belgrade Rd. Augusta, Me

M80218

AUGUSTA PERMIT # 304 TOWN COPY

Date Permit Issued: 8 23 84 \$ 40 FEE  Double Fee Charged

Robert St Pierre L.P.I. # 1667

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.*

*David London*  
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.*

*Robert St Pierre*  
Local Plumbing Inspector Signature

8/24/84  
Date Approved

## PERMIT INFORMATION

<p><b>THIS APPLICATION IS FOR:</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> NEW SYSTEM</li> <li>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</li> <li>3. <input checked="" type="checkbox"/> EXPANDED SYSTEM</li> <li>4. <input type="checkbox"/> SEASONAL CONVERSION</li> <li>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</li> </ol>	<p><b>THIS APPLICATION REQUIRES:</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> NO RULE VARIANCE REQUIRED</li> <li>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</li> <li>3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</li> <li>4. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</li> <li>5. <input checked="" type="checkbox"/> Requires State and Local Plumbing Inspector Approval</li> </ol>	<p><b>INSTALLATION IS:</b></p> <p>COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</li> <li>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</li> <li>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</li> </ol> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <ol style="list-style-type: none"> <li>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</li> <li>5. <input type="checkbox"/> HOLDING TANK</li> <li>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</li> <li>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</li> <li>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</li> <li>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> </ol>
<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED 1980</p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> BED</li> <li>2. <input type="checkbox"/> CHAMBER</li> <li>3. <input type="checkbox"/> TRENCH</li> <li>4. <input type="checkbox"/> OTHER: _____</li> </ol>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</li> <li>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</li> <li>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</li> <li>4. <input checked="" type="checkbox"/> OTHER Warehouse &amp; Office <small>SPECIFY</small></li> </ol>	<p><b>TYPE OF WATER SUPPLY</b></p> <p>Drilled well</p>
<p><b>SIZE OF PROPERTY</b></p> <p>30+ Ac.</p>	<p><b>ZONING</b></p> <p>Commercial</p>	

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p><b>TREATMENT TANK</b></p> <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</li> <li>2. <input type="checkbox"/> AEROBIC</li> </ol> <p>SIZE: 2250 GALS.</p>	<p><b>WATER CONSERVATION</b></p> <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> NONE</li> <li>2. <input type="checkbox"/> LOW VOLUME TOILET</li> <li>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> <li>4. <input type="checkbox"/> ALTERNATIVE TOILET</li> </ol> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> NOT REQUIRED</li> <li>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</li> <li>3. <input checked="" type="checkbox"/> REQUIRED</li> </ol> <p>DOSE: 670 (max) 500 (min) GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>100 employees (75 @ present) @ 15 gpd/employee</p>				
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PROFILE</td> <td style="width: 50%;">CONDITION</td> </tr> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">C/D</td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: 10-16</p>	PROFILE	CONDITION	8	C/D	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> SMALL</li> <li>2. <input type="checkbox"/> MEDIUM</li> <li>3. <input type="checkbox"/> MEDIUM-LARGE</li> <li>4. <input checked="" type="checkbox"/> LARGE</li> <li>5. <input type="checkbox"/> EXTRA LARGE</li> </ol>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> BED _____ Sq. Ft.</li> <li>2. <input checked="" type="checkbox"/> CHAMBER 3015 Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</li> <li>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</li> <li>4. <input type="checkbox"/> OTHER: _____</li> </ol>	<p>DESIGN FLOW: 1500 (GALLONS/DAY)</p>
PROFILE	CONDITION						
8	C/D						

67 T/A - A's

**SITE EVALUATOR STATEMENT**  SITE EVALUATION WAIVED BY LOCAL OPTION

On May 31, 1984 (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.

*Stephen E. Goodwin* 65 7/3/84  
Site Evaluator Signature SE# Date

own, City, Plantation

Street, Road, Subdivision

Owners Name

Augusta

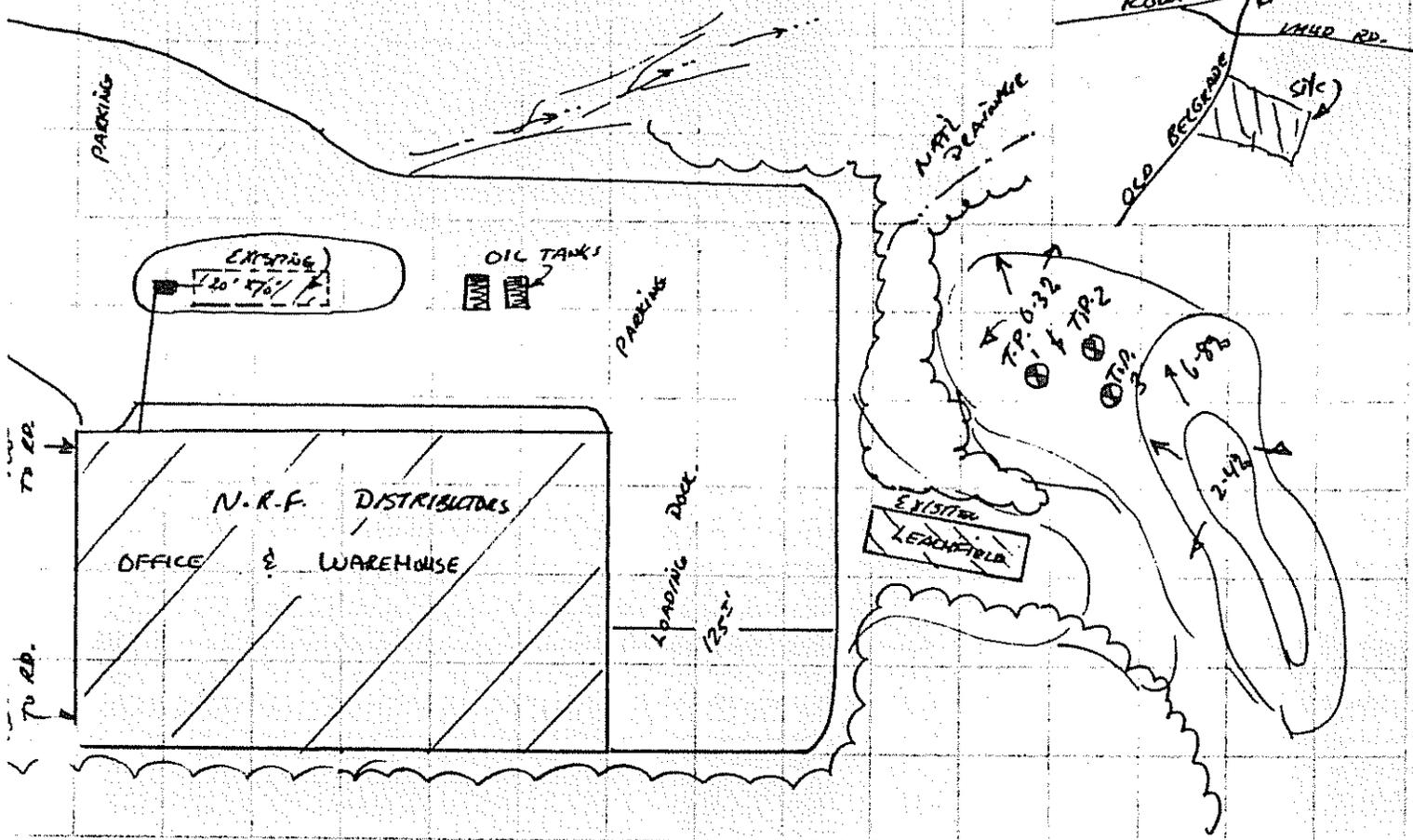
Old Belgrade Road

N.R.F. DISTRIBUTORS INC.

SITE PLAN

Scale 1" = \_\_\_\_\_ Ft.

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, 2  Test Pit  Boring

0 " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
Loam		Brown	
fine sand to	friable	Yellowish Brown	mottling
all sand & silts	Somewhat firm	olive gray	

Soil Profile <u>8</u>	Classification Condition <u>D</u>	Slope <u>0.3</u> %	Limiting Factor <u>10-12</u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Observation Hole 3  Test Pit  Boring

0 " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
Loam		Brown	
loamy fine sand to	friable	Yellowish Brown	
all sand & silts	Somewhat firm	olive gray	mottling

Soil Profile <u>8</u>	Classification Condition <u>D</u>	Slope <u>0.3</u> %	Limiting Factor <u>14</u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Stephen E. Goodwin  
Site Evaluator or Professional Engineer's Signat.

65  
SF # PE #

7/3/84  
Date

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

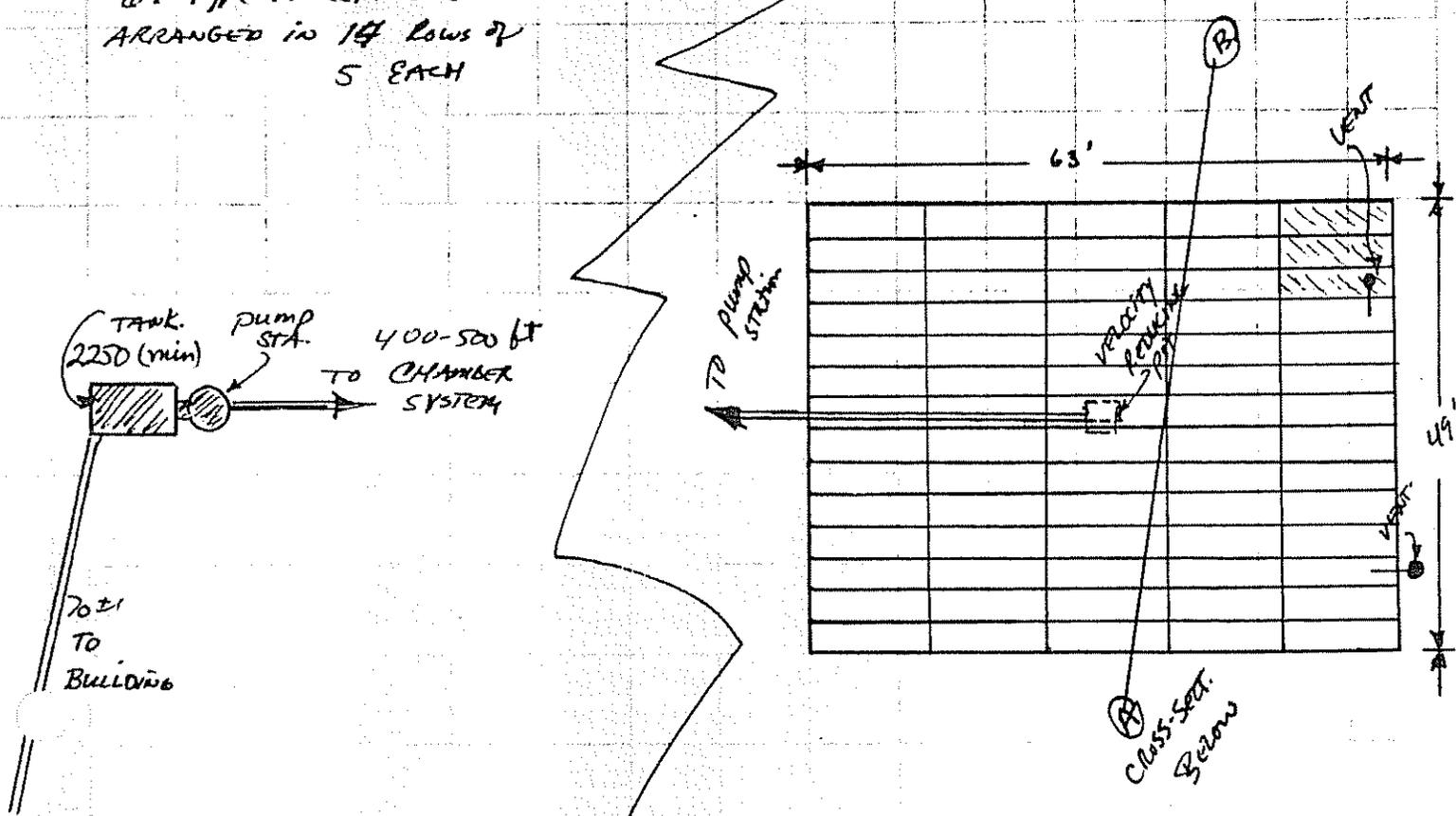
Town, City, Plantation  
*Augusta*

Street, Road, Subdivision  
*Old Belgrade Road N.R.F. DISTRIBUTORS INC.*

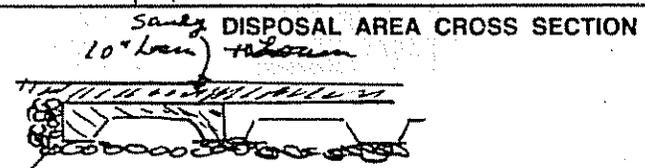
**SUBSURFACE WASTEWATER DISPOSAL PLAN**

Scale 1" = 20 Ft.

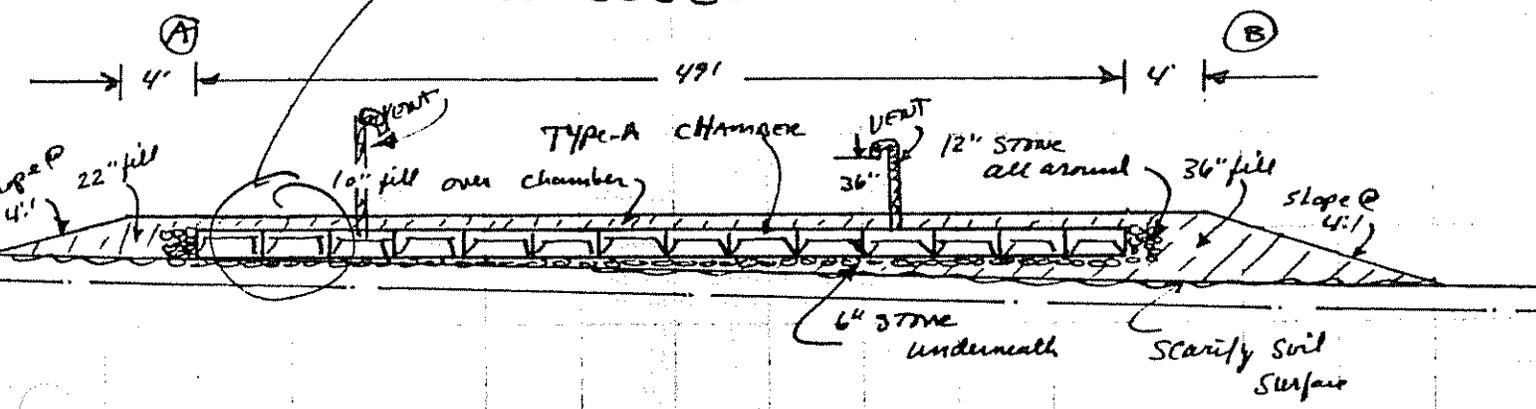
NOTE: SYSTEM DESIGN  
 IS BASED UPON  
 67 TYPE-A CHAMBER  
 ARRANGED IN 14 ROWS OF  
 5 EACH



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION TO BE ESTABLISHED.
Depth of Fill (Upslope)	<u>22"</u>	Reference Elevation is	_____	
Depth of Fill (Downslope)	<u>36"</u>	Bottom of Disposal Area	_____	
		Top of Distribution Lines or Chambers	_____	



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



*Stephen E. Goodwin*  
 Site Evaluator or Professional Engineer's Signature

65  
 SE # / PF #

7/3/84  
 Date

# 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

Permit No.  E

Date Permit Issued \_\_\_\_\_ month/day/yr.

Property Owner's Name: N.R.F. Distributors Inc. Tel. No. \_\_\_\_\_  
of Dave White

System's Location: OLD BELGRADE ROAD  
Street

AUGUSTA MAINE 04330  
Town Zip

Property Owner's Address: P.O. Box 2467  
(if different from above) Street

Augusta Maine 04330  
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.

X \_\_\_\_\_  
Property Owner's Signature

X \_\_\_\_\_  
Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
<b>Soils</b> Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		<i>8-D soil type</i> <i>mostly</i>	inches
	Restrictive Layer	to 6"			inches
	Bedrock	to 10"			inches
<b>Setback Distances</b> (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'		
	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: *Proposed site contains mostly 8-D soil type with some 8-C*  
*System is for replacement and expansion of existing malfunctioning*  
*20'x70' Bed*

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

*July 1, 1984*  
Date

**LPI Statement**  
I, *Robert St Pierre*, 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: \_\_\_\_\_

*Robert St Pierre*  
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



STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333



MICHAEL R. PETIT  
COMMISSIONER

July 31, 1984

JOSEPH E. BRENNAN  
GOVERNOR

N.R.F. Distributors, Inc.  
c/o Dave White  
PO Box 2467  
Augusta, ME 04330

Subject: Replacement System Variance to the Maine Subsurface Wastewater Disposal Rules, N.R.F. Distributors property, Old Belgrade Road, Augusta

Dear Mr. White:

This is to acknowledge receipt of the following items:

A completed HHE-200 Form by Stephen Goodwin SE.; a completed HHE-204 Form signed by Stephen Goodwin, SE., and Robert St. Pierre, LPI. The above is accepted as a complete application for variance to the Subsurface Wastewater Disposal Rules. A replacement subsurface disposal system cannot be installed on the subject property in full compliance with the Rules because of the installation of a cluster of 67 type 'A' chamber units with a total bottom area of at least 3000 square feet on category 8D soils with a seasonal high water table at 10-14 inches, the reasons for the variance request.

In consideration of the HHE-200 Form dated July 3, 1984, along with the recommendations and justifications noted on the HHE-215 Form, this office hereby grants the responsible local plumbing inspector the authority to waive certain provisions of the Subsurface Wastewater Disposal Rules, for the following replacement disposal system under the authority of Section 15.B of the Rules.

The installation of a 2250 gallon septic tank followed by a lift station pumping to a cluster of 67 type 'A' chamber units with a total bottom area of at least 3000 square feet at a dose of at least 500 gallons.

At least 22 inches and 36 inches of fill shall be applied on the uphill and downhill sides of the disposal field, respectively. The fill shall be of a texture similar to the original soil and will provide a 12 inch separation between the bottom of the disposal bed and the seasonal high water table and impervious layer. The fill must be extended in all directions as required by Section 11.D of the Subsurface Wastewater Disposal Rules.

In all other respects the installation is to comply with the Subsurface Wastewater Disposal Rules and follow the plan submitted with this proposal.

N.R.F. Distributors, Inc.

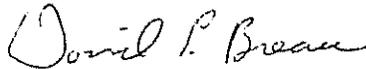
July 31, 1984

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Please be advised that this approval is in no way to be construed as a guarantee of the system's performance. You are reminded that the correction of any future nuisance conditions is the responsibility of the property owner.

Final approval of the sewage portion is subject to permit by the Local Plumbing Inspector before the construction of this system. A completed HHE-200 Form must be submitted to him for processing. The inspector is to be notified before covering the work, and the work is to be left uncovered until his inspection. He shall be supplied with copies of approved plans for his reference at inspection. Approval is also subject to any local ordinances and state laws.

Very truly yours,



David P. Breau  
Plans & Standards Review  
Division of Health Engineering

DPB/lb

cc: Stephen Goodwin, SE

Robert St. Pierre, LPT