

H-#622-2647  
W-#624-5108

Call vol 7-14-98 9:00

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 287-5672 FAX (207) 287-4172

**PROPERTY LOCATION**

Town or Plantation: AUGUSTA

Street Subdivision Lot: OLD MIDDLE RD.

**PROPERTY OWNER'S NAME**

Last: PEARY First: BETHANY

Applicant's Name: SAME

Mailing Address of Owner: RR #5 BOX 7550 AUGUSTA, ME. 04330

Daytime Tel.:

AUGUSTA 3979 3979 TOWN COPY

Date Permit Issued: 7/10/98 \$ 120.00  Double Fee Charged

Local Plumbing Inspector Signature: Nancy R. Sullivan L.P.I. # 850

**Owner Statement**

I state 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

Bethany Peary 7/9/98  
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 Application

Nancy R. Sullivan 7/15/98  
Local Plumbing Inspector Signature Date Approved

**PERMIT INFORMATION**

**TYPE OF APPLICATION:**

1.  First Time System  
2.  Replacement System  
Type Replaced: ?  
Year Installed: ?  
3.  Expanded System  
 a. one time exempted  
 b. non exempted  
4.  Experimental System  
5.  Seasonal Conversion

**THIS APPLICATION REQUIRES:**

1.  No Rule Variance  
2.  First Time System Variance  
 a. Local Plumbing Inspector approval  
 b. State & Local Plumbing Inspector approval  
3.  Replacement System Variance  
 a. Local Plumbing Inspector approval  
 b. State & Local Plumbing Inspector approval  
4.  Minimum Lot Size Variance  
5.  Seasonal Conversion Approval

**DISPOSAL SYSTEM COMPONENT(S)**

1.  Non-Engineered System  
2.  Primitive System (graywater & all toilet)  
3.  Alternative Toilet \_\_\_\_\_  
4.  Non-Engineered Treatment Tank  
5.  Holding Tank \_\_\_\_\_ Gallons  
6.  Non-Engineered Disposal Area (only)  
7.  Separated Laundry System  
8.  Engineered System (+2000 gpd)  
9.  Engineered Treatment Tank (only)  
10.  Engineered Disposal Area (only)  
11.  Pretreatment

**SIZE OF PROPERTY**

100±' x 100±'

**SHORELAND ZONING**

Yes  No

**DISPOSAL SYSTEM TO SERVE:**

1.  Single Family Dwelling Unit  
2.  Multiple Family Dwelling: Number of Units \_\_\_\_\_  
3.  Other \_\_\_\_\_

**TYPE OF WATER SUPPLY**

PRIVATE

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

**TREATMENT TANK**

1.  Concrete  
 a. Regular  
 b. Low Profile  
2.  Plastic  
3.  Other \_\_\_\_\_

SIZE: 1,000 Gallons

**DISPOSAL AREA TYPE / SIZE**

1.  Bed \_\_\_\_\_ Sq. Ft.  
2.  Proprietary Device 450 Sq. Ft.  
 Cluster  Linear  
 Regular  H-20  
3.  Trench  
4.  Other \_\_\_\_\_

**GARBAGE DISPOSAL UNIT**

1.  No  
2.  Yes  
 Multi-compartment tank  
 Tank in series  
 Increase in tank capacity  
 Filter on tank outlet

**CRITERIA USED FOR DESIGN FLOW (Show Calculations)**

3 BEDROOM

DESIGN FLOW: 270 GPD  
(Gallons/Day)

**PROFILE & DESIGN CLASS**

PROFILE: 3 DESIGN: 0

DEPTH TO MOST LIMITING FACTOR: 10 "

**DISPOSAL AREA SIZING**

1.  Small - 2.00  
2.  Medium - 2.60  
3.  Medium-Large - 3.30  
4.  Large - 4.10  
5.  Extra-Large - 5.20

**PUMPING**

1.  Not required  
2.  May be required  
3.  Required

DOSE: \_\_\_\_\_ Gallons

**SITE EVALUATOR'S STATEMENT**

On 6/11/98 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules.

John Philbrick 256 6/12/98  
Site Evaluator Signature SE Date  
JOHN PHILBRICK 547-3732  
Site Evaluator Name Printed Telephone

Page 1 of 3  
HHE-200 Rev. 7/97

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

06138701

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

AUGUSTA

OLD MIDDLE RD.

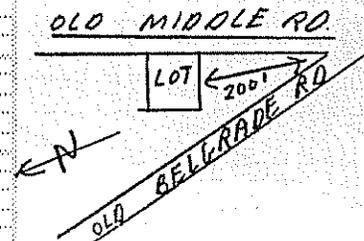
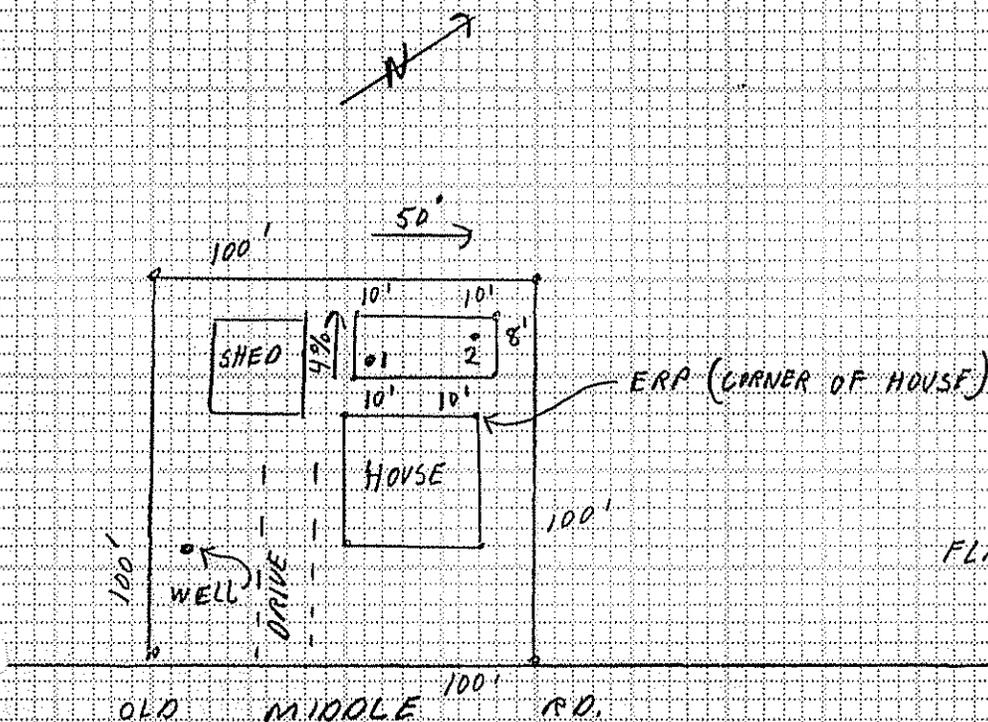
BETHANY PEARY

## SITE PLAN

Scale: 1" = 50 Ft.  
or as shown

## SITE LOCATION PLAN

(Attach Map from Maine Atlas for New System Variance)



18 INFILTRATORS  
3 ROWS OF 6 EACH  
FLAGS MARK CORNERS

SOIL DESCRIPTION AND CLASSIFICATION					(Location of Observation Holes Shown Above)				
Observation Hole <u>1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring					Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring				
0" Depth of Organic Horizon Above Mineral Soil					0" Depth of Organic Horizon Above Mineral Soil				
Inches	Texture	Consistency	Color	Mottling	Inches	Texture	Consistency	Color	Mottling
0	MIKED	FRIABLE	TAN	NONE	0	SANDY LOAM	FRIABLE	DARK BR.	NONE
6	SANDY LOAM				6	LOAMY SAND		TAN	
10	TD				10	SAND	FIRM	GRAY	COMMON
15	LOAM				15				DISTINCT
20	FILL				20				
30	SANDY LOAM		DARK BR.		30				
40	LOAMY SAND		YELLOW BR.		40				
50		FIRM	GRAY	COMMON	50				
				DISTINCT					
Soil Classification Profile <u>3</u> Condition <u>C</u> Slope <u>4</u> % Limiting Factor <u>4.0</u> <input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restr. Layer <input type="checkbox"/> Bedrock					Soil Classification Profile <u>3</u> Condition <u>D</u> Slope <u>4</u> % Limiting Factor <u>10</u> <input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restr. Layer <input type="checkbox"/> Bedrock				

Site Evaluator Signature

256 SE#

Date

6/12/98

Approved for use as HHE 200 by Division of Health Engineering 9/87

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06138701

Town, City, Plantation

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Owner's Name

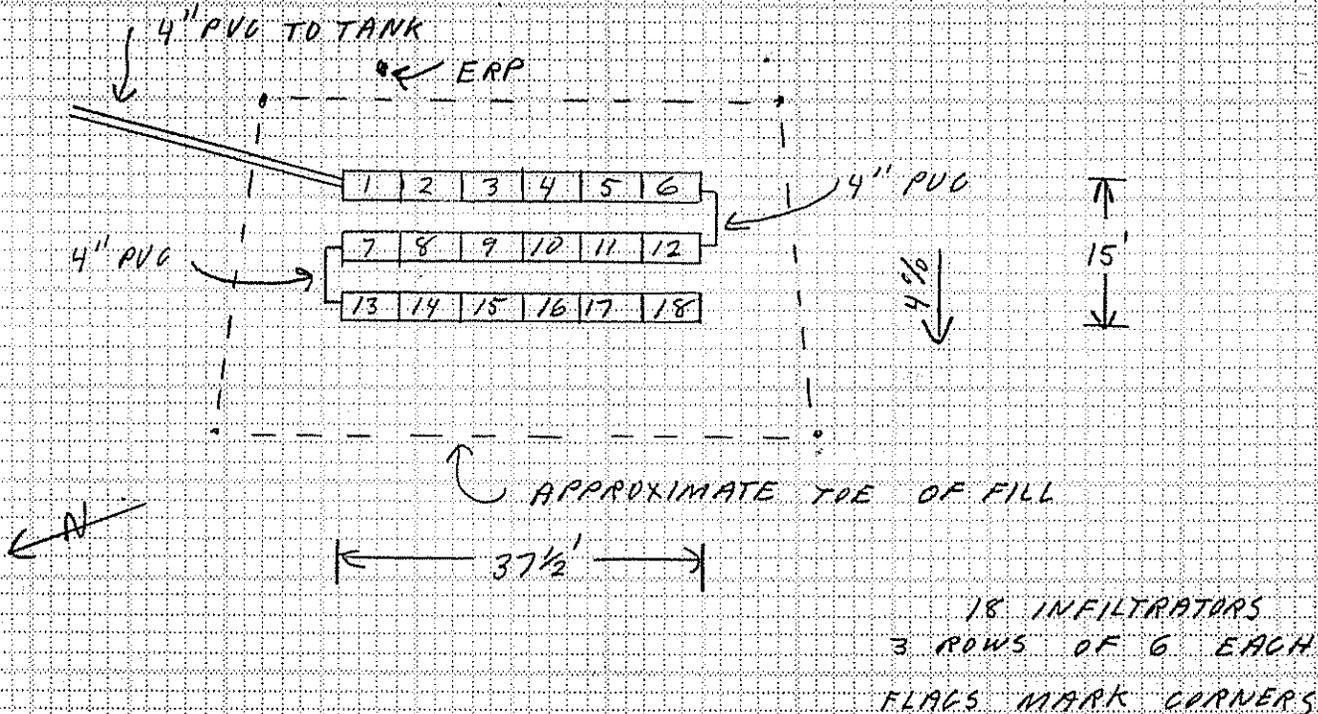
AVGUSTA

OLD MIDDLE RD.

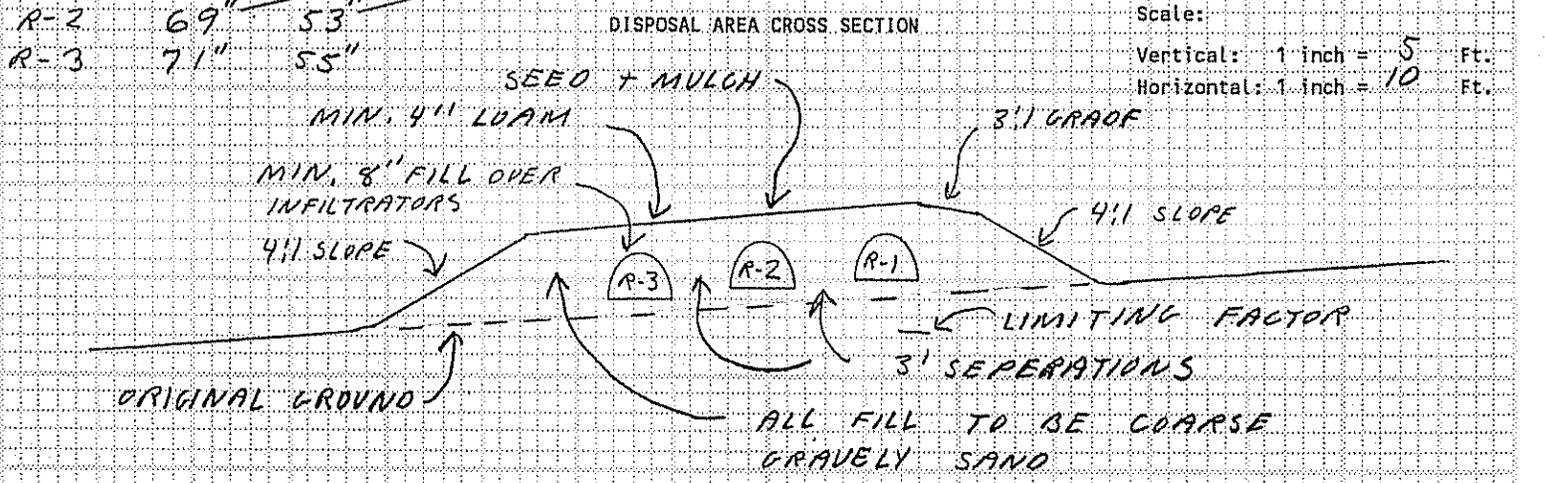
BETHANY PEARY

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft.  
or as shown



FILL REQUIREMENTS	CONSTRUCTION ELEVATION	ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	0" Reference Elevation is	0" ERP IN CORNER OF
Depth of Fill (Downslope)	26" Bottom of Disposal Area	R-1 -67" HOUSE, 32" ABOVE GROUND,
	Top of Distribution Lines or Chambers	R-1 -51" 10' EAST OF SYSTEM



*[Signature]*  
Site Evaluator Signature

256  
SE#

6/12/98  
Date

Approved for use as  
HHE 200 by Division of  
Health Engineering 9/87

# 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 AUGUSTA

Permit No. \_\_\_\_\_ E

Date Permit Issued \_\_\_\_\_  
MONTH/DAY/YEAR

Property Owner's Name: BETHANY PEARY

Tel. No. \_\_\_\_\_

System's Location: BOX 7550 OLD MIDDLE RD.  
STREET

AUGUSTA TOWN 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, 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.

Bethany Peary  
PROPERTY OWNER'S SIGNATURE

7/9/98  
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS Soil Profile 3 Soil Condition 0 from HHE-200	Ground Water Table	to 6"		10 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	100'	300'		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50'	60'		
	b. Property Owner's	25'	50'		70'
	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'	10'		
Buildings	1. With Basement	5'	10'	5'	10'
	2. Without Basement	5'	10'		
Property Line		4'	5'		5'

**OTHER**

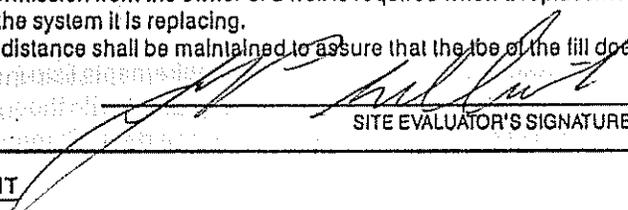
1. Fill extension Grade—to 3:1

2.

3.

**Footnotes:**

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

6/12/98  
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 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: \_\_\_\_\_

\_\_\_\_\_  
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.