

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Augusta
 Street: Storey Street
 Subdivision Lot #: _____
 PROPERTY OWNERS NAME:
 Last: Greenman First: Richard
 Applicant Name: 22 Storey Street
 Mailing Address of Owner/Applicant (if Different): Augusta, Maine

M 84 L 58
 AUGUSTA PERMIT # 558 TOWN COPY
 Date Permit Issued: 11, 15, 84 \$ 300.00 FEE Double Fee Charged
Robert Sperry L.P.I. # 1759
 Local Plumbing Inspector Signature

Owner/Applicant Statement 09330

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.

Sonya Greenman
 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 Sperry
 Local Plumbing Inspector Signature Date Approved 11/28/84

PERMIT INFORMATION

THIS APPLICATION IS FOR: 1. <input type="checkbox"/> NEW SYSTEM 2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 4. <input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval 5. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval	INSTALLATION IS: COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
REPLACEMENT SYSTEM: EAR FAILING SYSTEM INSTALLED <u>1950's</u> THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 3. <input checked="" type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____	TYPE OF WATER SUPPLY <u>City Water</u>
SIZE OF PROPERTY <u>12,000 sq ft</u> ZONING <u>Yes</u>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: <u>1000</u> GALS.	WATER CONSERVATION 1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) <u>3-Bedroom</u>
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE <u>2</u> CONDITION <u>C</u> DEPTH TO LIMITING FACTOR: <u>18-24 in original</u>	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER <u>460</u> Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	DESIGN FLOW: <u>270</u> (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On Oct. 24, 1984 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Stephen E. Goodwin
 Site Evaluator Signature

66
 SE#

10/29/84
 Date

* Local Plumbing Inspectors Signature if a Local Site Evaluation Waiver under a Local Option

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Augusta

Street, Road, Subdivision

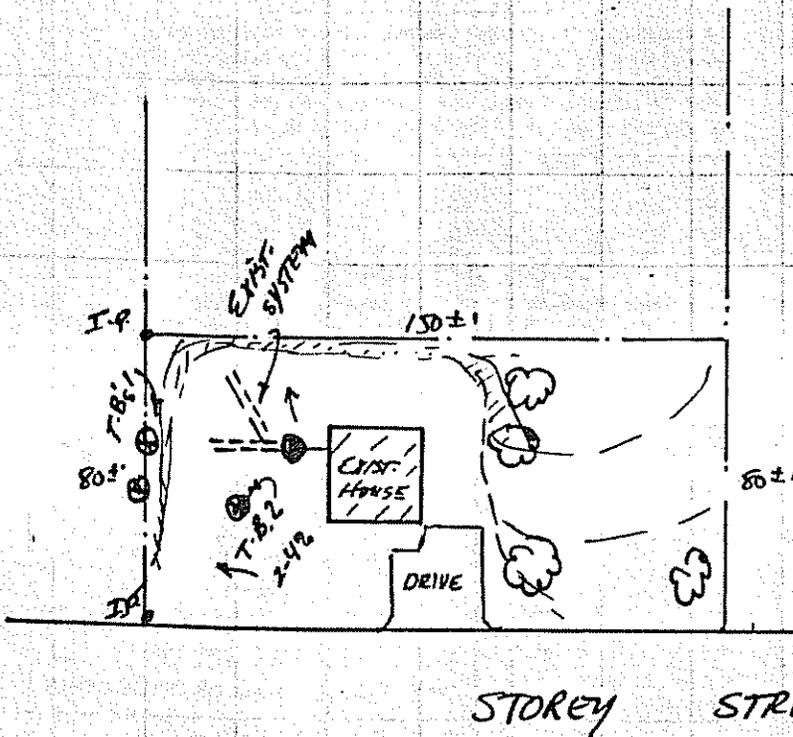
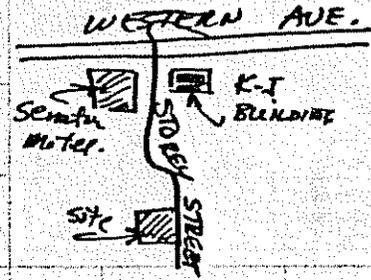
Storey Street
SITE PLAN

Owners Name

Richard Freeman

SITE LOCATION PLAN (Attach
Map from Maine Atlas for
New System Variance)

Scale 1" = 50 FL



STOREY STREET

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	Loam		DR. Brown	
6			Reddish	
10	Sandy		Brown	
15	Loam	frable	to	Range of Mottling
20			Yellowish grey	
30		S.W. fin		
40				
50				

Soil 2 Classification C Slope 4-6 % Limiting Factor 1B-24
Profile Condition

Ground Water
 Restrictive Layer
 Bedrock

Observation Hole 2 Test Pit Boring
0" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20	Mixed	Sandy-clayey		
30	type	fill		
40		over 2-C		
50		oin		

Soil filled land Classification Slope % Limiting Factor
Profile Condition

Ground Water
 Restrictive Layer
 Bedrock

Stephen E Goodwin
Site Evaluator Signature

65
SE#

10/28/84
Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils					
Soil Profile	Ground Water Table	to 6"		Inches	
Soil Condition	Restrictive Layer	to 6"		Inches	
HHE-200	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	100 ^(B)	100 ^(B)		
	b. Property Owner's	50'	60'		
	3. Water Supply Line	10'	10'		
Waterbodies	1. Perennial	60' ^(C)	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10' ^(B)		
Buildings	1. With basement	8'	15'		15'
	2. Without basement	8'	10'		
Property Line		5'	5' ^(B)		

Other Specify:

System installed in mined filled land. re-excavated and replaced with good clean sandy clay fill on coarse.

Footnotes:

- a. 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.
- b. Sufficient distance shall be maintained to assure that the toe of the fill does not extend beyond the 3:1 slope or property line. May be reduced to 25' provided treatment tank is tested to be water tight in the presence of the Local Plumbing Inspector.

Stephen E. Goodwin
Site Evaluator's Signature

10/28/84
Date

LPI Statement

I, Randall D. Long, LPI for Town of Augusta Me. 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. (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: _____

Randall D. Long
LPI's Signature

11/15/84
Date

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.

Property Owner's Signature

Date

