

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 S.H.S.
(207) 287-5672 Fax (207) 287-3165

PROPERTY LOCATION

>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

City, Town, or Plantation: **AUGUSTA**
 St or Road: **87 OUTLET ROAD**
 Subdivision, Lot #: _____

AUGUSTA PERMIT # 5453 TOWN COPY
 Date Permit Issued: **11/21/04**
 Local Plumbing Inspector Signature: *Gayle E. Jupp*
 FEE: \$ **120.00** Double Fee Charged
 L.P.I. # **850**

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **CHADBOURNE, ALFRED** Owner Applicant
 Mailing Address of Owner/Applicant: **51 ALISON WAY LYNN, MA 01904**
 Daytime Tel. #: **781-595-4348**

Municipal Tax Map # _____ Lot # _____

OWNER OR APPLICANT STATEMENT

I state and acknowledge 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.
 Signature of Owner or Applicant: *Alfred Chadbourne* Date: **11/21/04**

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
 Local Plumbing Inspector Signature: *Gayle E. Jupp* Date: **6/3/06** (1st date approved)
 Date: **6/6/05** (2nd date approved)

PERMIT INFORMATION

TYPE OF APPLICATION
 1. First Time System
 2. Replacement System
 Type replaced: **CESSEX POOL**
 Year installed: **?**
 3. Expanded System
 a. Minor Expansion
 b. Major Expansion
 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 Permit

DISPOSAL SYSTEM COMPONENTS
 1. Complete Non-engineered System
 2. Pilmilive System (graywater & alt. toilet)
 3. Alternative Toilet, specify: _____
 4. Non-engineered Treatment Tank (only)
 5. Holding Tank, _____ gallons
 6. Non-engineered Disposal Field (only)
 7. Separated Laundry System
 8. Complete Engineered System (2000 gpd or more)
 9. Engineered Treatment Tank (only)
 10. Engineered Disposal Field (only)
 11. Pre-treatment, specify: _____
 12. Miscellaneous Components

SIZE OF PROPERTY
0.57 SQ. FT. ACRES

DISPOSAL SYSTEM TO SERVE
 1. Single Family Dwelling Unit, No. of Bedrooms: **2**
 2. Multiple Family Dwelling, No. of Units: _____
 3. Other: _____ (specify)

PROPOSED TYPE OF WATER SUPPLY
 1. Drilled Well 2. Dug Well 3. Private **EXISTING**
 4. Public 5. Other

SHORELAND ZONING
 Yes No

Current Use Seasonal Year Round Undeveloped

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
 1. Concrete
 a. Regular
 b. Low Profile
 2. Plastic
 3. Other: _____
 CAPACITY: **1000** GAL.

DISPOSAL FIELD TYPE & SIZE
 1. Stone Bed 2. Stone Trench
 3. Proprietary Device
 a. cluster array c. Linear
 b. regular load d. H-20 load
 4. Other: _____
 SIZE: **800** sq. ft. sq. ft. lin. ft.

GARBAGE DISPOSAL UNIT
 1. No 2. Yes 3. Maybe
 If Yes or Maybe, specify one below:
 a. multi-compartment tank
 b. _____ tanks in series
 c. Increase in tank capacity
 d. Filter on Tank Outlet

DESIGN FLOW
180 gallons per day
 BASED ON:
 1. Table 501.1 (dwelling unit(s))
 2. Table 501.2 (other facilities)
 SHOW CALCULATIONS
 --- for other facilities ---

SOIL DATA & DESIGN CLASS
 PROFILE: **8, D, 1**
 CONDITION: _____
 DESIGN: _____
 at Observation Hole # **2**
 Depth: **6**
 of Most Limiting Soil Factor

DISPOSAL FIELD SIZING
 1. Small--2.0 sq. ft. / gpd
 2. Medium--2.6 sq. ft. / gpd
 3. Medium--Large 3.3 sq. ft. / gpd
 4. Large--4.1 sq. ft. / gpd
 5. Extra Large--5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP
 1. Not Required
 2. May Be Required
 3. Required
 Specify only for engineered systems:
 DOSE: _____ gallons

3. Section 503.0 (meter readings)
 ATTACH WATER METER DATA

SITE EVALUATOR STATEMENT

I certify that on **11/07/04** (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).
 Site Evaluator Signature: *Vaughn L. Smith*
 Site Evaluator Name Printed: **VAUGHN L. SMITH**
 Telephone Number: **724-5635**
 Date: **11/14/04**
 E-mail Address: _____

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

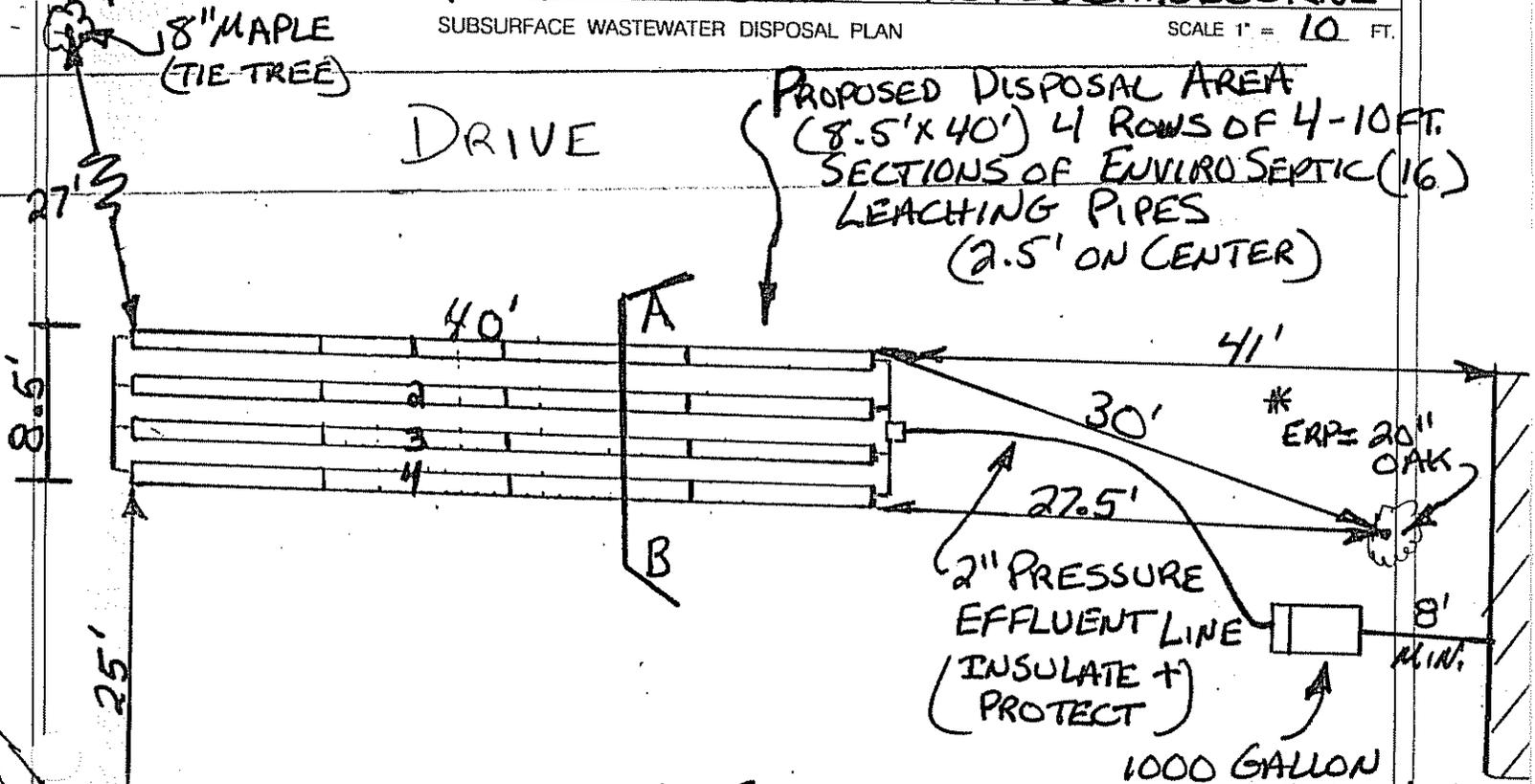
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

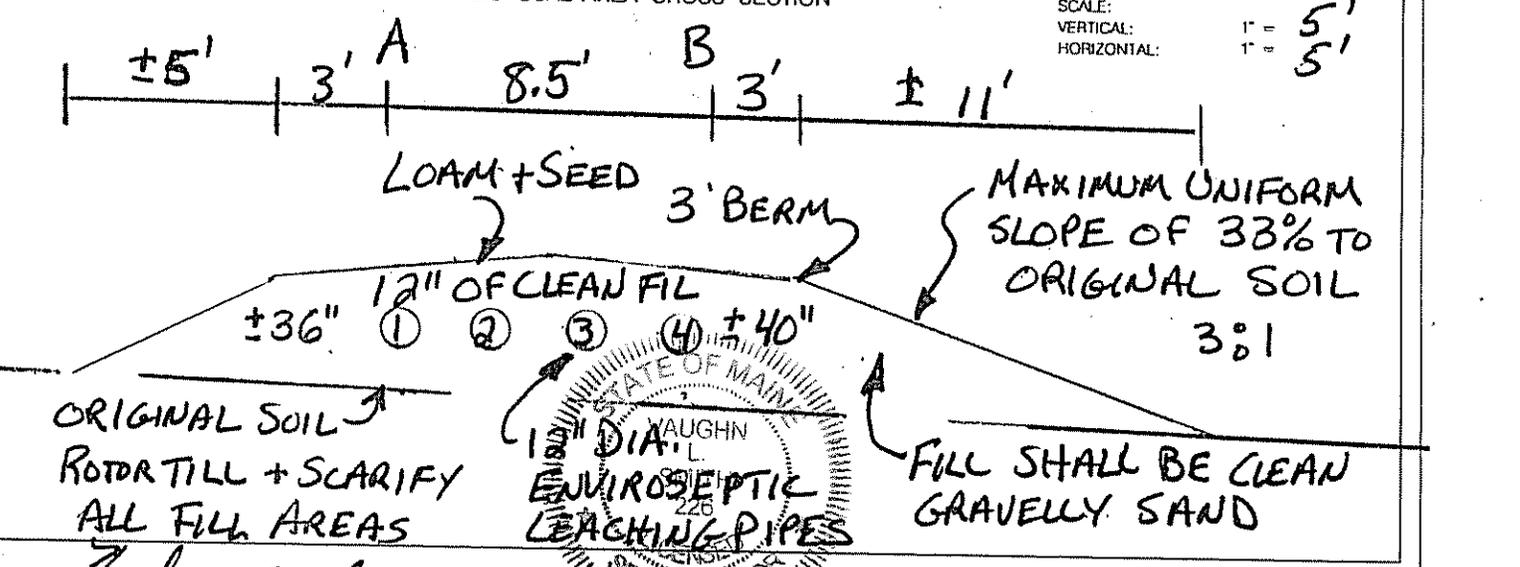
Town, City, Plantation: **AUGUSTA** Street, Road, Subdivision: **87 OUTLET ROAD** Owner's Name: **ALFRED CHADBOURNE**

SUBSURFACE WASTEWATER DISPOSAL PLAN

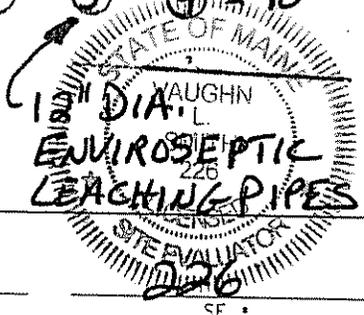
SCALE 1" = 10' FT.



| FILL REQUIREMENTS | | CONSTRUCTION ELEVATIONS | | ELEVATION REFERENCE POINT | |
|---------------------------|-----|--|------|---------------------------|--------------------------|
| Depth of Fill (Upslope) | 36" | Finished Grade Elevation | -24" | Location & Description | 20" OAK |
| Depth of Fill (Downslope) | 40" | Top of Distribution Pipe or Proprietary Device | -36" | Reference Elevation | W/ NAIL 50" ABOVE GROUND |
| FILL DEPTHS WILL VARY | | Bottom of Disposal Area | -48" | | |



Vaughn L. Vaughn
Site Evaluator Signature



11/14/04
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation: **AUGUSTA** City, Road, Subdivision: **87 OUTLET ROAD** Owner or Applicant Name: **ALFRED CHADBOURNE**

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 Fax: (207) 287-3165

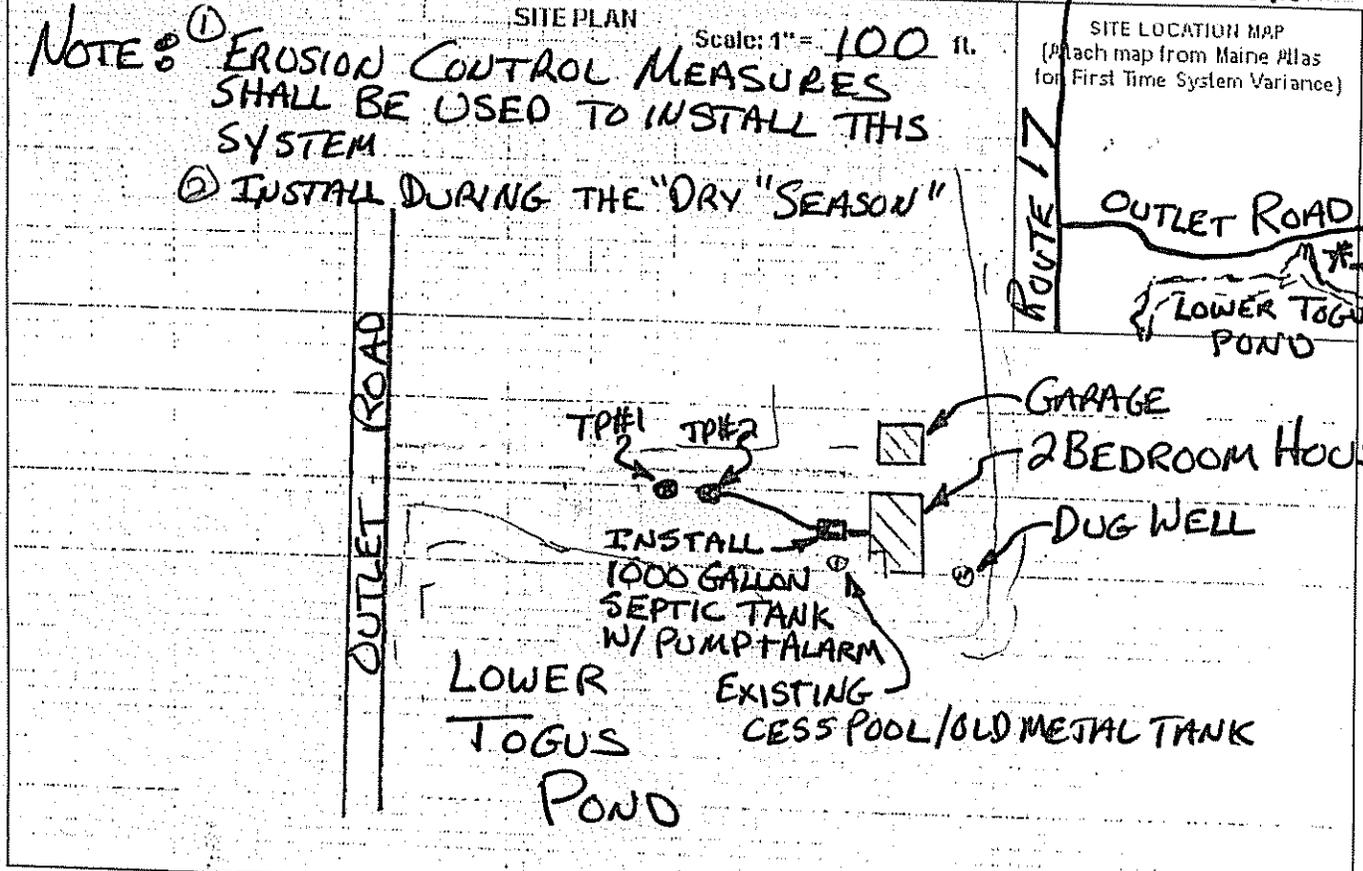
NOTE:

① **EROSION CONTROL MEASURES SHALL BE USED TO INSTALL THIS SYSTEM**

② **INSTALL DURING THE "DRY" SEASON"**

SITE PLAN Scale: 1" = 100 ft.

SITE LOCATION MAP
 (Attach map from Maine Atlas for First Time System Variance)



SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole # 1 Test Pit Boring

Depth of organic horizon above mineral soil _____

| Texture | Consistency | Color | Mottling |
|---------|-------------|------------|----------|
| LOAM | FRIABLE | DARK BROWN | NONE |
| FILL | | | |
| | | OLIVE | FEW |
| | | | DISTINCT |
| | FIRM | | |

Soil Profile: **8 D 1 6**

Classification: **D 1 7**

Groundwater: Present

Observation Hole # 2 Test Pit Boring

Depth of organic horizon above mineral soil _____

| Texture | Consistency | Color | Mottling |
|---------|-------------|------------|----------|
| LOAM | FRIABLE | DARK BROWN | NONE |
| | | | |
| | | OLIVE | FEW |
| | | | DISTINCT |
| | FIRM | | |

Soil Profile: **8 D 1 7**

Classification: **D 1 7**

Groundwater: Present

Alfred Chadbourne
 Site Evaluator Signature

226
 SE #

11/14/04
 Date

RECEIVED

DEC 01 2004



STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
161 CAPITOL STREET
11 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0011

JOHN ELIAS BALDACCI
GOVERNOR

JOHN R. NICHOLAS
COMMISSIONER

November 23, 2004

Alfred Chadbourne
51 Alison Way
Lynn, MA 01904

SUBJECT: Approval, Replacement System Variance Request, Chadbourne property, Augusta

Dear Mr. Chadbourne:

The Division has reviewed a replacement system variance request for the subject property. The state variance requested is to install the system with a setback distance reduction from your well to the disposal field of 50 feet and to the septic tank of 40 feet, a setback distance reduction from a major watercourse to the disposal field of 25 feet and to the septic tank of 25 feet, a reduction in depth to the seasonal high ground water table from 15 inches to 6 inches, and a fill extension grade to 3:1 as needed. As we understand the situation, the variance request has been submitted because topography and existing development limit the potential system location. The system design prepared by Vaughn Smith, SE, dated 11/14/2004 is otherwise found to be in compliance with the Maine Subsurface Wastewater Disposal Rules.

We approve the requested variance with the following requirements:

1. A permit for system installation is to be obtained from the Local Plumbing Inspector in advance of the start of system construction.
2. The system is to be installed in accordance with the submitted and approved system design. Should alterations to the design be required at the time of construction, the site evaluator is to be notified prior to making any changes.
3. The contractor is to scarify the soils under the fill extensions to create a transitional zone more compatible with the disposal field area.

By accepting this approval and the associated plumbing permit, the owner agrees to comply fully with the conditions of approval and the Subsurface Wastewater Rules.

Because installation and owner maintenance has a significant effect on the working order of onsite sewage disposal systems, including their components, the Division makes no representation or guarantee as to the efficiency and/or operation of the system.

Should you or others have any questions, please feel free to contact me at 287-5687.

Sincerely,

Jennifer E. Sanborn, Environmental Specialist II
Wastewater and Plumbing Control Program
Division of Health Engineering
e-mail: Jennifer.E.Sanborn@maine.gov

/jes
xc: File
Gary Fuller, LPI
Vaughn Smith, SE

REPLACEMENT SYSTEM VARIANCE REQUEST

FORMS

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request an HHE-200 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 as defined in the Rules (Sec. 2006)
2. There will be no change in use of the structure except as authorized for one-time exempted expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

| | | |
|---|-----------------------------------|------------------------|
| GENERAL INFORMATION | | Town of <u>AUGUSTA</u> |
| Permit No. <u>5453</u> | Date Permit Issued <u>12-6-04</u> | |
| Property Owner's Name: <u>ALFRED CHADBOURNE</u> | Tel. No.: <u>781-595-4348</u> | |
| System's Location: <u>87 OUTLET ROAD</u> | | |
| Property Owner's Address: <u>51 ALSON WAY</u> | | |
| (if different from above) <u>LYNN, MA 01904</u> | | |

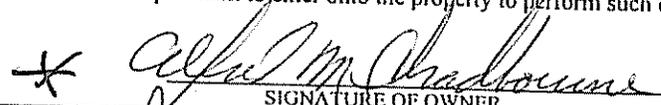
SPECIFIC INSTRUCTIONS TO THE:
LOCAL PLUMBING INSPECTOR (LPI):
 If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the 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, complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:
 If 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.

PROPERTY OWNER

I understand that the proposed system requires a variance to the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.


 SIGNATURE OF OWNER

11/21/04
 DATE

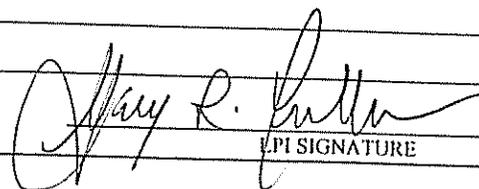
LOCAL PLUMBING INSPECTOR

I, Mary R. Butler, the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

a (approve, I 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, I do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, the reasons shall be stated in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: _____


 LPI SIGNATURE

12/6/04
 DATE

HHE-204 Rev 6/00

FORMS

Replacement System Variance Request

| VARIANCE CATEGORY | LIMIT OF LPI'S APPROVAL AUTHORITY | | | | | | VARIANCE REQUESTED TO: | |
|--|-----------------------------------|------------------------|------------------------|-----------------------|-----------------------|-----------------------|------------------------|--------------|
| | Disposal Fields | | | Septic Tanks | | | Disposal Fields | Septic Tanks |
| From | Less than 1000 gpd | 1000 to 2000 gpd | Over 2000 gpd | Less than 1000 gpd | 1000 to 2000 gpd | Over 2000 gpd | To | To |
| SOILS | | | | | | | | |
| Soil Profile | Ground Water Table | | | to 7" | | | 6" inches | |
| Soil Condition from IIHE-200 | Restrictive Layer | | | to 7" | | | 1" inches | |
| | Bedrock | | | to 12" | | | 1" inches | |
| Wells with water usage of 2000 or more gpd or public water supply wells | 300 ft [a] | 300 ft [a] | 300 ft [a] | 100 ft [a] | 100 ft [a] | 100 ft [a] | — | — |
| Owner's wells | 100 down to 60 ft | 200 down to 100 ft | 300 down to 150 ft | 100 down to 50 ft [b] | 100 down to 50 ft | 100 down to 50 ft | * 50' | * 40' |
| Neighbor's wells | 100 down to 60 ft [b] | 200 down to 120 ft [b] | 300 down to 180 ft [b] | 100 down to 50 ft [b] | 100 down to 75 ft [b] | 100 down to 75 ft [b] | — | — |
| Water supply line | 10 ft [a] | 20 ft [a] | 25 ft [a] | 10 ft [a] | 10 ft [a] | 10 ft [a] | — | — |
| Water course, major - for replacements only, see Table 400.4 for major expansions | 100 down to 60 ft | 200 down to 120 ft | 300 down to 180 ft | 100 down to 50 ft | 100 down to 50 ft | 100 down to 50 ft | * 25' | * 25' ** |
| Water course, minor | 50 down to 25 ft | 100 down to 50 ft | 150 down to 75 ft | 50 down to 25 ft | 50 down to 25 ft | 50 down to 25 ft | — | — |
| Drainage ditches | 25 down to 12 ft | 50 down to 25 ft | 75 down to 35 ft | 25 down to 12 ft | 25 down to 12 ft | 25 down to 12 ft | — | — |
| Edge of fill extension - Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams | 25 ft [d] | 25 ft [d] | 25 ft [d] | 25 ft [d] | 25 ft [d] | 25 ft [d] | — | — |
| Slopes greater than 3:1 | 10 ft | 18 ft | 25 ft | N/A | N/A | N/A | — | — |
| No full basement [e.g. slab, frost wall, columns] | 15 down to 7 ft | 30 down to 15 ft | 40 down to 20 ft | 8 down to 5 ft | 14 down to 7 ft | 20 down to 10 ft | — | — |
| Full basement [below grade foundation] | 20 down to 10 ft | 30 down to 15 ft | 40 down to 20 ft | 8 down to 5 ft | 14 down to 7 ft | 20 down to 10 ft | — | — |
| Property lines | 10 down to 5 ft [c] | 18 down to 9 ft [c] | 20 down to 10 ft [c] | 10 down to 4 ft [c] | 15 down to 7 ft [c] | 20 down to 10 ft [c] | — | — |
| Burial sites or graveyards, measured from the down toe of the fill extension | 25 ft | 25 ft | 25 ft | 25 ft | 25 ft | 25 ft | — | — |

OTHER

1. Fill extension Grade - to 3:1

2. TO PROPOSED WELL LOCATION (REPLACEMENT WELL)

3. REQUIRES STATE APPROVAL

- Footnotes:
- a. This setback distance cannot be reduced by the LPI, but may be considered for reduction by State variance.
 - b. May not be any closer to neighbor's well than the existing disposal field or septic tank unless written permission is granted by the neighbor.
 - c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope or property line.
 - d. Natural Resources Protection Act requires a 25 foot setback on slopes with less than 20% from the edge of disturbance and 100 feet on slopes greater than 20% except for the repair or installation of a replacement system when no practical alternative exists.

[Signature]
 STATE EVALUATOR'S SIGNATURE

11/14/04
 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