

PIF 12/15/20

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY LOCATION

City, Town, or Plantation: Augusta

Street or Road: 75 Stony Brook Road

Subdivision, Lot #: SA/37

OWNER/APPLICANT INFORMATION

Name (last, first, MI): Willmann, Cindy Owner Applicant

Mailing Address of Owner/Applicant: 75 Stony Brook Road
Augusta, Maine

Daytime Tel. #: 207-441-2086

AUGUSTA PERMIT #7932 TOWN COPY
Date Permit Issued: 12/15/20 \$ 200.00 fee
[Signature] LPI # 1241

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] 12-15-2020
Signature of Owner or 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.

Local Plumbing Inspector Signature (1st) date approved

(2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

1. First Time System
 2. Replacement System
Type replaced: Stone Trench
Year installed: Unknown

3. Expanded System
 a. <25% Expansion
 b. >25% 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. Primitive 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

SQ. FT.
 ACRES

SHORELAND ZONING

Yes No

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: 2
 2. Multiple Family Dwelling, No. of Units: _____
 3. Other: In-Law Apt
(specify)
Current Use Seasonal Year Round Undeveloped

TYPE OF WATER SUPPLY

1. Drilled Well 2. Dug Well 3. Private
 4. Public 5. Other

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: 1344 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

407 _____ gallons per day
BASED ON:
 1. Table 4A (dwelling unit(s))
 2. Table 4C (other facilities)
SHOW CALCULATIONS for other facilities

SOIL DATA & DESIGN CLASS

PROFILE CONDITION: 2 / C
at Observation Hole # 1
Depth 33"
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

1. Medium—2.6 sq. ft. / gpd
 2. Medium—Large 3.3 sq. ft. / gpd
 3. Large—4.1 sq. ft. / gpd
 4. Extra Large—5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

Not Required
 May Be Required
 Required
Specify only for engineered systems:
DOSE: _____ gallons

3. Section 4G (meter readings)
ATTACH WATER METER DATA

LATITUDE AND LONGITUDE
at center of disposal area
Lat. N44 d 20 m 43.27 S
Lon. W69 d 48 m 09.53 S
if g.p.s., state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on December 12, 2020 (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).

[Signature] 392 December 14, 2020
Site Evaluator Signature SE # Date
Edward Green 207-975-2033 homeschl@midcoast.com
Site Evaluator Name Printed Telephone Number E-mail Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

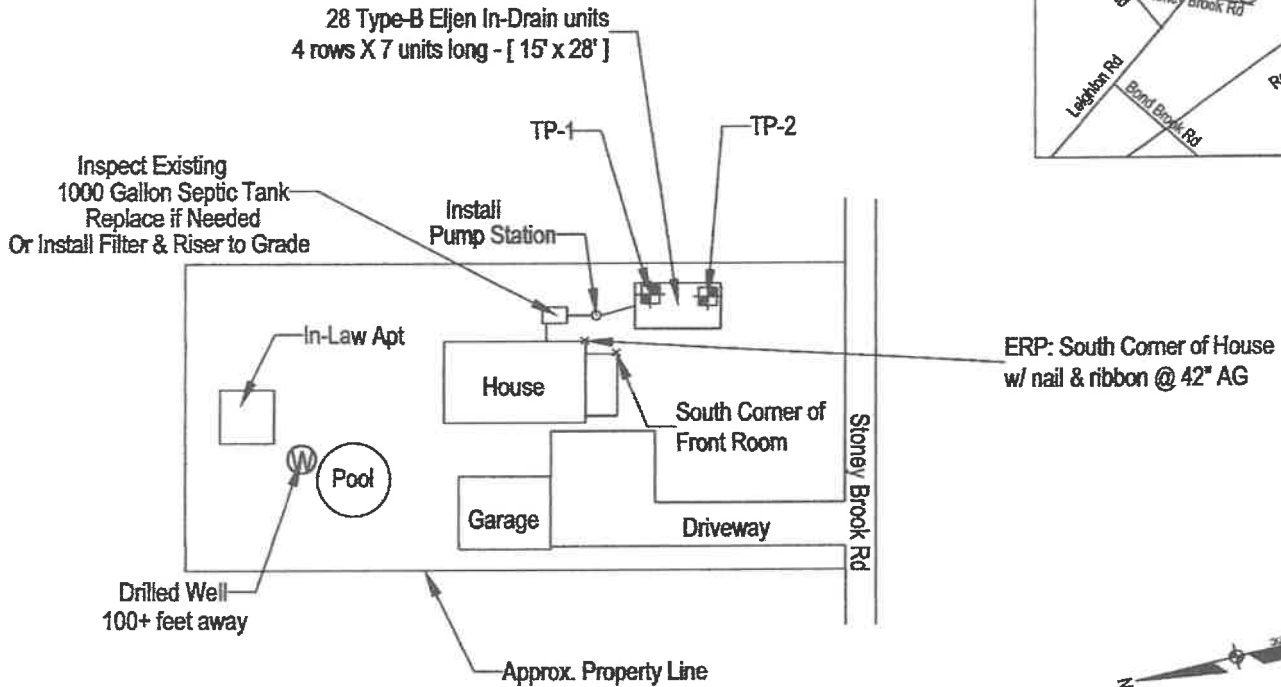
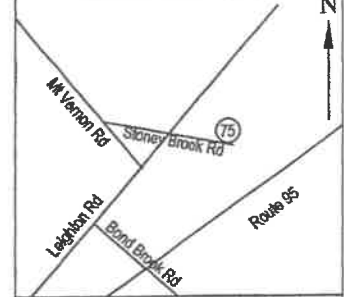
Town, City, Plantation
 Augusta

Street, Road, Subdivision
 75 Stoney Brook Road

Owner or Applicant Name
 Cindy Willman

SITE PLAN Scale 1" = 60 ft.

SITE LOCATION PLAN



SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # TP-1 ■ Test Pit □ Boring

1 " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6	Sandy Loam	Friable	Brown	
12				
18				
24	Sandy Loam	Friable	Reddish Brown	
30				
36	Sandy Loam	Friable	Olive Brown	Common and Distinct
42				
48	Refusal (Stony) at 44 inches			
	Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth
	<u>2</u>	<u>C</u>	<u>2</u>	<u>33"</u>

Groundwater
 Restrictive Layer
 Bedrock

Observation Hole # TP-2 □ Test Pit ■ Boring

1 " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6	Sandy Loam	Friable	Brown	
12				
18				
24	Sandy Loam	Friable	Reddish Brown	
30				
36	Sandy Loam	Friable	Olive Brown	Common and Distinct
42				
48	Refusal (Stony) at 46 inches			
	Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth
	<u>2</u>	<u>C</u>	<u>2</u>	<u>32"</u>

Groundwater
 Restrictive Layer
 Bedrock

[Signature]
 Site Evaluator Signature

392
 SE #

12/14/2020
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

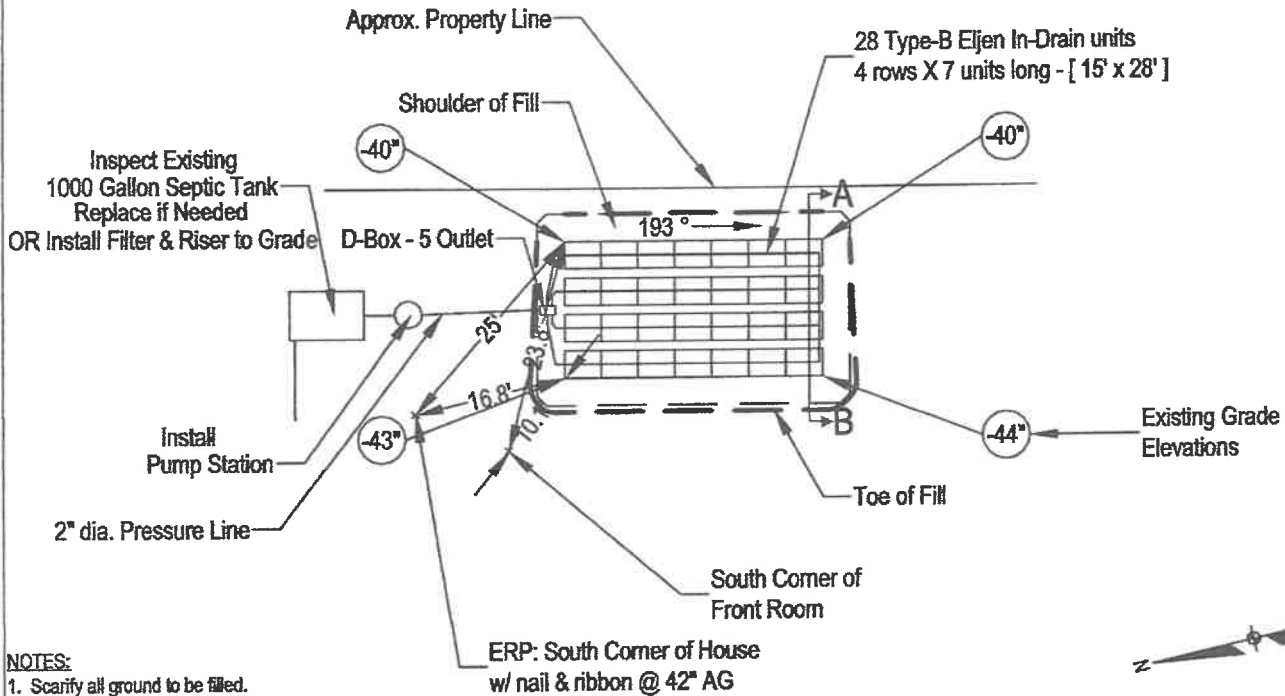
Town, City, Plantation
Augusta

Street, Road, Subdivision
75 Stoney Brook Road

Owner or Applicant Name
Cindy Willman

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' ft



NOTES:

1. Scarify all ground to be filled.
2. Min. 1/4"ft slope of pipe from building to septic tank.
3. If a pump station is required then a 2" dia. pressure line shall connect the distribution box and the septic tank.

BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 0-0"
Depth of Backfill (downslope) 1-2"

NOTE: SCARIFY ALL GROUND SURFACE TO BE FILLED. GRAVELLY COARSE SAND WITHIN 3 FT OF IN-DRAINS. REMAINING FILL LOAMY SAND.

CONSTRUCTION ELEVATIONS

Finished Grade Elevation (at Row 1) -42"
Top of Proprietary **PIPE** (at Row 1) -50"
Bottom of Disposal Field (at Row 1) -67"

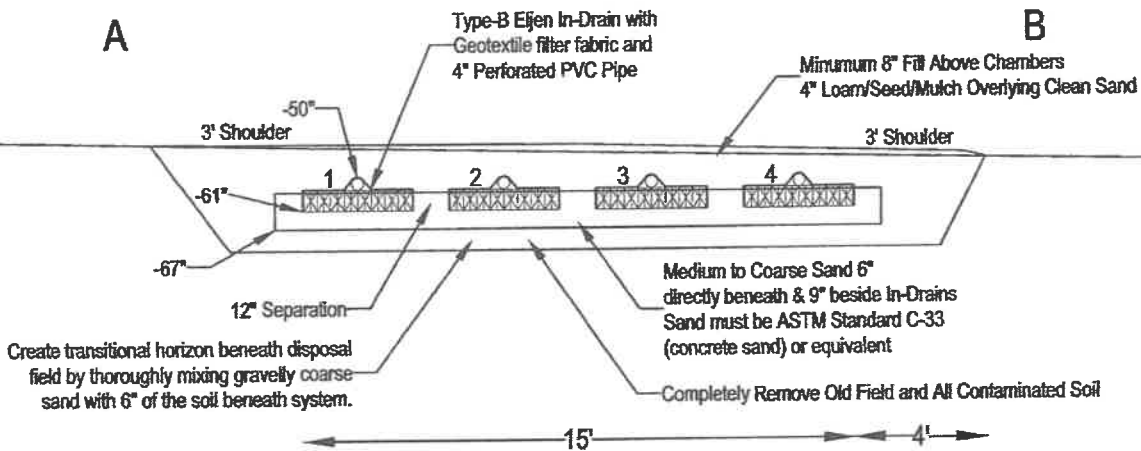
ELEVATION REFERENCE POINT

Location & Description: South Corner of House w/ nail & ribbon @ 42" AG
Reference Elevation is 0.0" or: _____

DISPOSAL FIELD CROSS SECTION

ROW #	1	2	3	4
Top of Pipe	-50"	-50"	-50"	-50"
Bottom of Sand	-67"	-67"	-67"	-67"

Scales:
Verticle: 1" = 5'
Horizontal: 1" = 5'

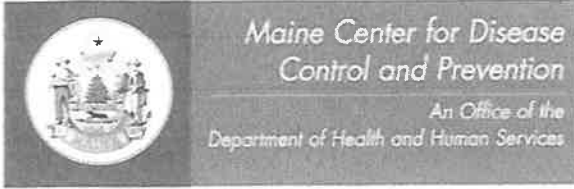


[Signature]
Site Evaluator Signature

392
SE #

12/14/2020
Date

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Department of Health and Human Services
 Maine Center for Disease Control and Prevention
 286 Water Street
 # 11 State House Station
 Augusta, Maine 04333-0011
 Tel: (207) 287-5672
 Fax: (207) 287-4172; TTY: 1-800-606-0215

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION		Town of <u>AUGUSTA</u>
Property Owner's Name:	<u>CINDY WILLMAN</u>	Tel. No.: <u>207-441-2086</u>
System's Location:	<u>75 STONEY BROOK ROAD</u>	
Property Owner's Address:	<u>SAME</u>	Zip Code _____
e-mail address: _____		

The subsurface wastewater disposal system design for the subject property requires a replacement system variance first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires local approval local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)	SECTION OF RULE
1. <u>SEPTIC FIELD 10 FEET FROM FOUNDATION</u>	<u>TABLE 8A</u>
2. <u>SEPTIC FIELD 5 FEET FROM PROPERTY LINE</u>	<u>TABLE 8A</u>
3. _____	_____

SITE EVALUATOR

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

THIS DESIGN IS REPLACING OLD FIELD IN SAME LOCATION, ONLY LOCATION ON PROPERTY THAT IS 100' FROM WELL.

I, EDWARD GREEN, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

[Signature] 12/14/2020

SIGNATURE OF SITE EVALUATOR DATE

PROPERTY OWNER

I, Cindy Willman, am the owner agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with 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] 12-15-2020

SIGNATURE OF OWNER
 AGENT FOR THE OWNER DATE

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, Keegen Ballard, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) approve the requested variance. I (will will not) issue a permit for the system's installation as proposed by the application.

Keegen Ballard
LPI Signature

12-15-20
Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) recommend the issuance of a permit for the system's installation as proposed by the application.

LPI 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

- Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)
2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One): Outside Shoreland Zone-50 Inside Shoreland Zone-65 Subdivision-65