

JUL 23 1986

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

### SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

#### PROPERTY ADDRESS

Town Or Plantation	Augusta
Street	Route #3
Subdivision Lot #	
<b>PROPERTY OWNERS NAME</b>	
Lee's Trailer Park	
Last:	First:
Applicant Name:	
Mailing Address of Owner/Applicant (if Different)	
R# 7, Box 311 Augusta, Maine 04330	

AUGUSTA	PERMIT #	809	TOWN COPY
Date Permit Issued:	03/06	\$	30.00
Local Plumbing Inspector Signature		L.P.I. #	POP
			<input type="checkbox"/> Double Fee Charged

#### 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.

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.

Local Plumbing Inspector Signature

Date Approved

#### PERMIT INFORMATION

##### THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

##### THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE  
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE  
Attach Replacement System Variance Form
- Requiring Local Plumbing Inspector Approval
- Requires State and Local Plumbing Inspector Approval

##### INSTALLATION IS:

COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM  
(Includes Alternative Toilet)
- ENGINEERED (+ 2000 gpd)

##### INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET-(ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

##### IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED \_\_\_\_\_

##### THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: \_\_\_\_\_

##### DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER Trailer Park  
SPECIFY \_\_\_\_\_

##### TYPE OF WATER SUPPLY

Drilled

##### SIZE OF PROPERTY

25 Acres

##### ZONING

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

##### TREATMENT TANK

- SEPTIC:  Regular  Low Profile
- AEROBIC

SIZE: 1.750 TANK GALS.  
Per Trailer Man

##### WATER CONSERVATION

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: \_\_\_\_\_

##### PUMPING

- NOT REQUIRED
- MAY BE REQUIRED  
(DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: \_\_\_\_\_ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

3 - 2 Bedroom  
Trailer Sites

##### SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 3      CONDITION: C

DEPTH TO LIMITING FACTOR: 26

##### SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

##### DISPOSAL AREA TYPE/SIZE

- BED 2250 Sq. Ft.
- CHAMBER \_\_\_\_\_ Sq. Ft.  
 REGULAR  H-20
- TRENCH \_\_\_\_\_ Linear Ft.
- OTHER: \_\_\_\_\_

DESIGN FLOW:

(GALLONS/DAY)

#### SITE EVALUATOR STATEMENT

On 05-19-86 (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.

SITE EVALUATION WAIVED BY LOCAL OPTION

Signature of Site Evaluator

#51

SE#

05-24-86

Date

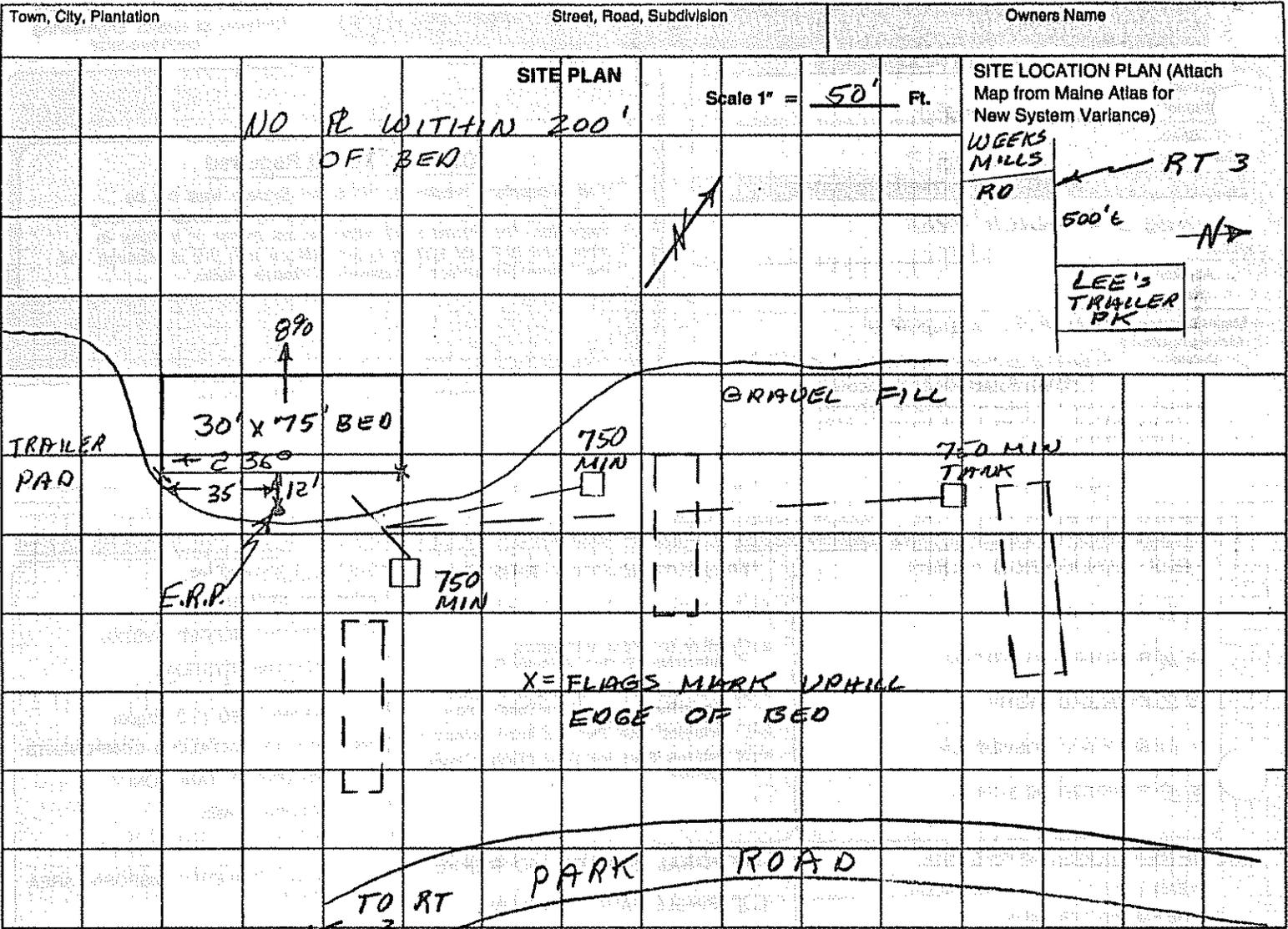
Page 1 of 3

HHE-200 Rev.1/84

\* Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver under a Local Option

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering



## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1  Test Pit  Boring  
+ 2 " Depth of Organic Horizon Above Mineral Soil

Observation Hole \_\_\_\_\_  Test Pit  Boring  
\_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0 - 6	S.L.	Fr.able	B	
6 - 26"				
26" - 30	G.T.	Fin. m.	G.B.	
30 - 50				

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0 - 6				
6 - 15				
15 - 20				
20 - 30				
30 - 40				
40 - 50				

Soil Profile <u>3</u>	Classification Condition <u>C</u>	Slope <u>8</u> %	Limiting Factor <u>26</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Soil Profile _____	Classification Condition _____	Slope _____ %	Limiting Factor _____	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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*[Signature]*  
Site Evaluator or Professional Engineer's Signature

# 51

05-24-86

JUL 23 1986

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

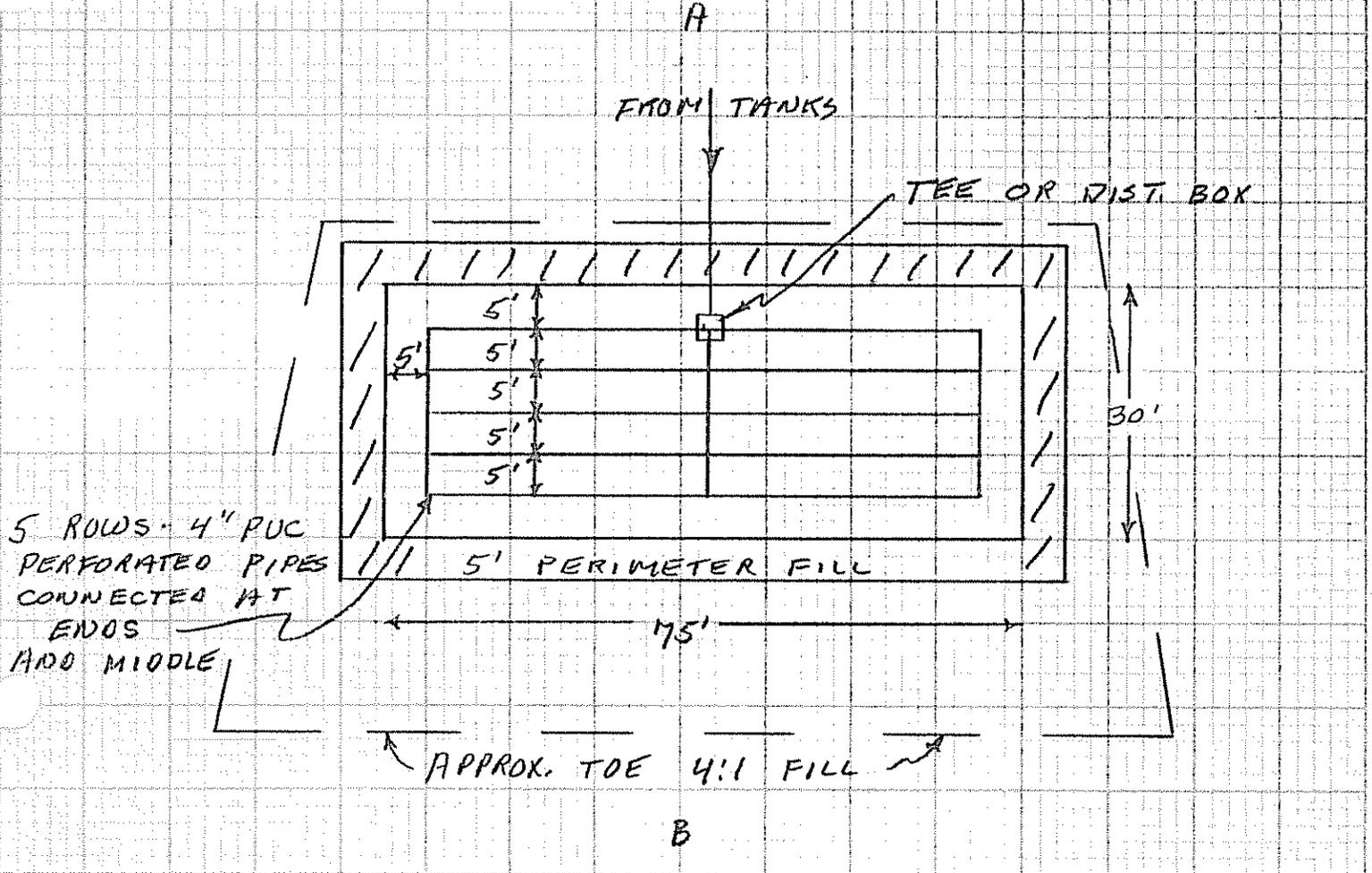
Town, City, Plantation

Street, Road, Subdivision

Owners Name

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

Scale 1" = 20 Ft.



**FILL REQUIREMENTS**

Depth of Fill (Upslope) 10"  
Depth of Fill (Downslope) 40"

**CONSTRUCTION ELEVATIONS**

Reference Elevation is 0  
Bottom of Disposal Area -74"  
Top of Distribution Lines or Chambers -63"

**ELEVATION REFERENCE POINT LOCATION & DESCRIPTION**

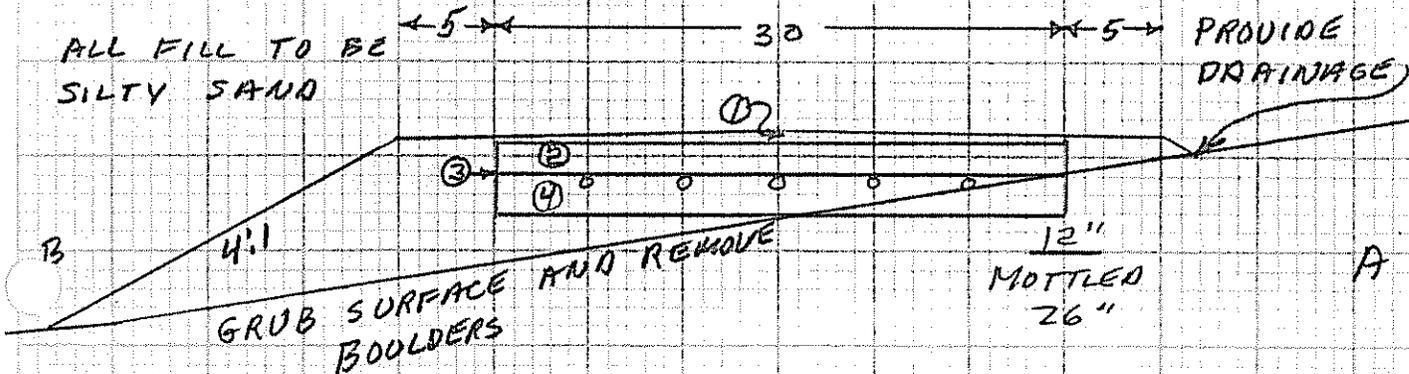
NAIL IN 6" MAPLE

**DISPOSAL AREA CROSS SECTION**

Scale:

Vertical: 1 Inch = 5 Ft.  
Horizontal: 1 Inch = 10 Ft.

- ① 3" TOPSOIL CROWNED @ 3%
- ② 8" SAND
- ③ 2" COMPACTED MAY
- ④ 12" CLEAN 3/4" TO 3" STONE



*W. W. [Signature]*  
Site Evaluator Signature

51  
SE#

5/24/86  
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
m FHE-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 <sup>Ⓞ</sup>	100 <sup>Ⓞ</sup>		
	b. Property Owner's	50'	60'		
	3. Water Supply Line	10'	10'		
Waterbodies	1. Perennial	60' <sup>Ⓞ</sup>	60'		
	2. Intermittent	25'	25'		
	3. Manmade: drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10' <sup>Ⓞ</sup>		
Buildings	1. With basement	8'	15'		
	2. Without basement	8'	10'		
Property Line		5'	5' <sup>Ⓞ</sup>		

Other Specify:

30' WIDE BED TABLE 11-1

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.
- c. May be reduced to 25' provided treatment tank is tested to be water tight in the presence of the Local Plumbing Inspector.

Wesley W. Radwin  
Site Evaluator's Signature

5/24/86  
Date

LPI Statement

I, Robert StPierre, LPI for 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) I 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, I 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 StPierre  
LPI's Signature

7/21/86  
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.

Walter E. Kistner  
Property Owner's Signature

7/21/86  
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.
7. Soil and setback distances are within approval authority of the LPI.

### GENERAL INFORMATION

Town of Augusta

Formal No. 00000000

Date Permit Issued 1/1  
month/day/year

Property Owner's Name Lee's Trailer Park Tel. No. \_\_\_\_\_

System's Location Route #3  
Street

Augusta  
Town MAINE 04330  
Zip

Property Owner's Address:  
(if different from above) R#3 Box 311  
Street

Augusta ME 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.

### 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.

James A. Jacobson WW&PC 8/5/06  
Signature of the Department Date



STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333



MICHAEL R. PETIT  
COMMISSIONER

JOSEPH E. BRENNAN  
GOVERNOR

October 22, 1986

Mr. Arthur Ritch  
RFD #3, Box 311  
Augusta, ME 04330

Subject: Replacement Disposal System, Lee's Trailer Park, Augusta.

Dear Mr. Ritch:

This letter is in response to my visit to the subject property on October 21, 1986, along with George Soucy. The purpose of my visit was to view the partially completed disposal bed and determine the suitability of the stone used in the bed.

It is the Department's opinion that the stone used in the subject disposal field does not meet the standards of Section 12.B.4 of the Subsurface Wastewater Disposal Rules. The majority of the stone is less than 3/4 inches in diameter and contains a significant amount of soil.

We would offer two solutions:

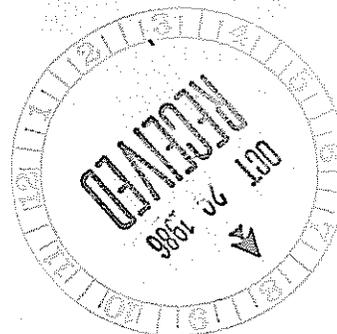
1. Remove the stone and replace it with clean stone greater than 3/4 inches in diameter.
2. Install eight inches of washed stone, greater than 3/4 inches in diameter above the existing stone, raising the distribution lines three inches above the present stone surface.

You should advise Mr. Soucy as to which option you will choose, and you may want to get his approval on a sample of the new stone prior to proceeding.

Yours very truly,

Russell G. Martin, P.E.  
Manager  
Wastewater & Plumbing Control  
Division of Health Engineering

RGM/js  
cc: George Soucy ✓



# Replacement System Variance Request *file*

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### GENERAL INFORMATION

Town of Augusta

Permit No. 1111111111

Date Permit Issued 1/1  
month/day/year

Property Owner's Name Lee's Trailer Park Tel. No. \_\_\_\_\_

System's Location Route #3  
Street  
Augusta MAINE 04330  
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Property Owner's Address:  
(if different from above) R#3 Box 311  
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James A. Jacobson M&EPC 8/15/86  
Signature of the Department Date

JUL 25 1986

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Soil Condition	Restrictive Layer	to 6"		inches	
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	2 Well <2000 gal/day				
	a Neighbor's	100 <sup>Ⓞ</sup>	100 <sup>Ⓞ</sup>		
	b Property Owner's	50'	60'		
	3 Water Supply Line	10'	10'		
Waterbodies	1 Perennial	60' <sup>Ⓞ</sup>	60'		
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Site Evaluator's Signature

5/24/86  
Date

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Property Owner's Signature

7/21/86  
Date