

242-2817

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION

City, Town, or Plantation: AUGUSTA
Street or Road: 291 CHURCH HILL RD
Subdivision, Lot #: _____

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

OWNER/APPLICANT INFORMATION

Name (last, first, MI): BROCKH, AL
 Owner
 Applicant
Mailing Address of Owner/Applicant: 291 CHURCH HILL RD
AUGUSTA ME 04330
Daytime Tel. #: 623-2886

AUGUSTA PERMIT # 5869 TOWN COPY
Date Permit Issued: 9/7/06
Local Plumbing Inspector Signature: [Signature]
L.P.I. #: 8001
 Double Fee Charged
Municipal Tax Map # 7 Lot # 37

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: [Signature] Date: 9-7-06

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: [Signature] (1st) date approved: 9/12/06
(2nd) date approved: _____

PERMIT INFORMATION

TYPE OF APPLICATION
 1. First Time System
 2. Replacement System
Type replaced: OLD TRENCH
Year installed: 1950's
 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. 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
3.74 ± SQ. FT.
 ACRES

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

TYPE OF WATER SUPPLY
EXISTING
 1. Drilled Well 2. Dug Well 3. Private
 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: 1350 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
270 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: 9, D, 1, 3
CONDITION: _____ DESIGN: _____
at Observation Hole # TPL
Depth 13"
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 **MUST RAISE + CHANGE**
 2. May Be Required **INTERVAL**
 3. Required **PLUMBING TO AVOID PUMPING**
Specify only for engineered systems:
DOSE: _____ gallons

3. Section 503.0 (meter readings)
ATTACH WATER METER DATA
LATITUDE AND LONGITUDE
at center of disposal area
Lat. N 44 d 20 m 14.7 s
Lon. W 69 d 43 m 41.6 s
if g.p.s., state margin of error: 17 ±

SITE EVALUATOR STATEMENT

I certify that on 8-18-06 (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), as

Site Evaluator Signature: [Signature]
Site Evaluator Name Printed: JOHN W. LORD JR

SE #: 168
Telephone Number: 445-3402

Date: 8-24-06 **per variance.**
E-mail Address: _____

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.
DESIGN SUBJECT TO LOCAL, STATE + FEDERAL ORDINANCES.
HHE-200 Rev. 4/05

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

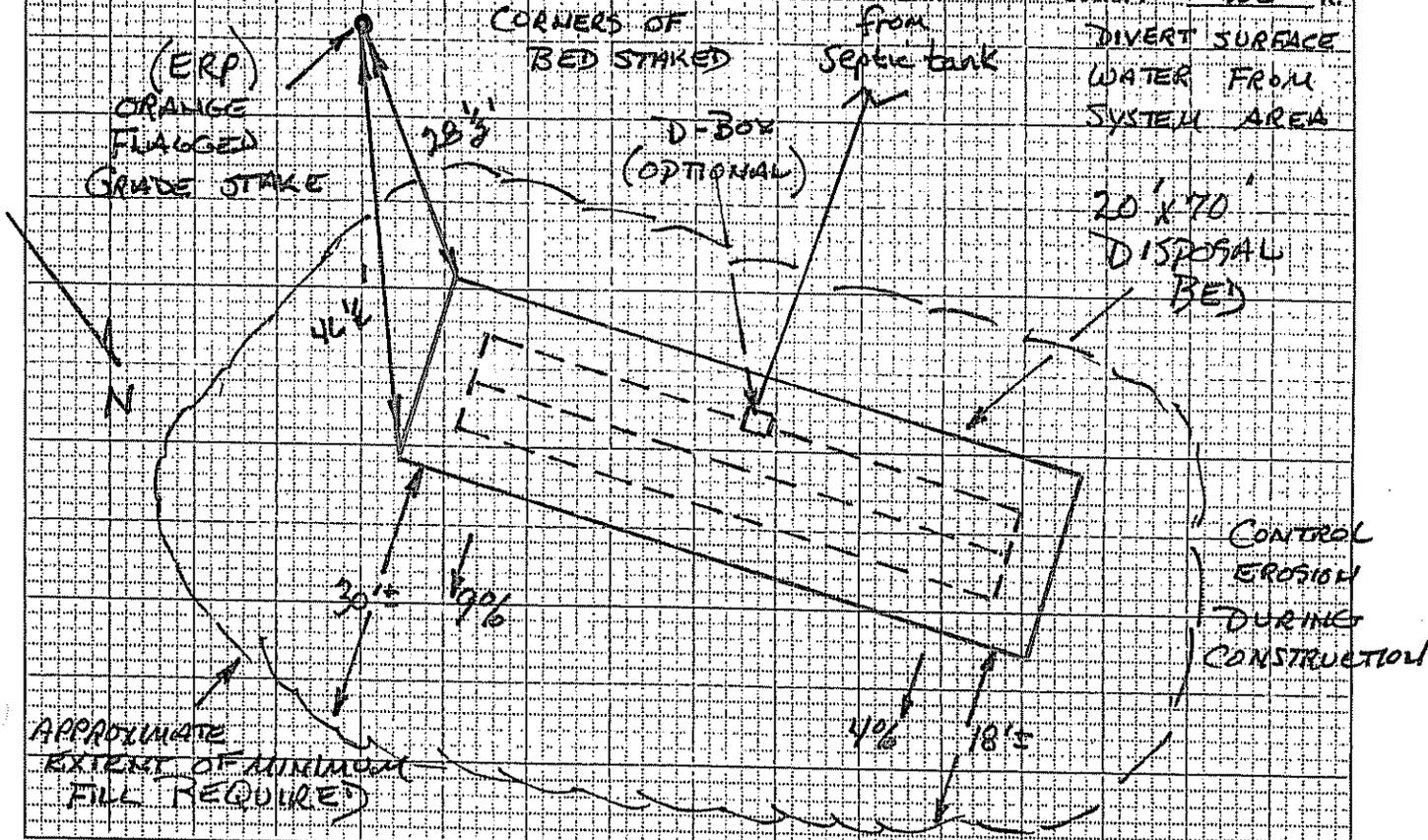
CHURCH HILL RD

Owner or Applicant Name

AL BROCHU

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' n.



BACKFILL REQUIREMENTS

Depth of Backfill (upslope)

29"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation

-18"

ELEVATION REFERENCE POINT (ERP)

Depth of Backfill (downslope)

39" ± 20 51" ±

Top of Distribution Pipe of Pumping Device

-31"

Location & Description: FLAGGED NAIL IN TOP OF ORANGE FLAGGED GRADE STAKE 29" ABOVE EXISTING

DEPTHS AT CROSS-SECTION (shown below)

Bottom of Disposal Field

-42"

Reference Elevation is: 0.0" or GRADE AT STAKE

DISPOSAL FIELD CROSS-SECTION

Scales:

Vertical: 1" = 1' ft.

Horizontal: 1" = 1' ft.

(SEE ATTACHED BED DIAGRAM)

[Handwritten Signature]
 Site Evaluator Signature

168
 SE #

8-24-06
 Date

FOR: AL BROCHU

DATE: 8-24-06

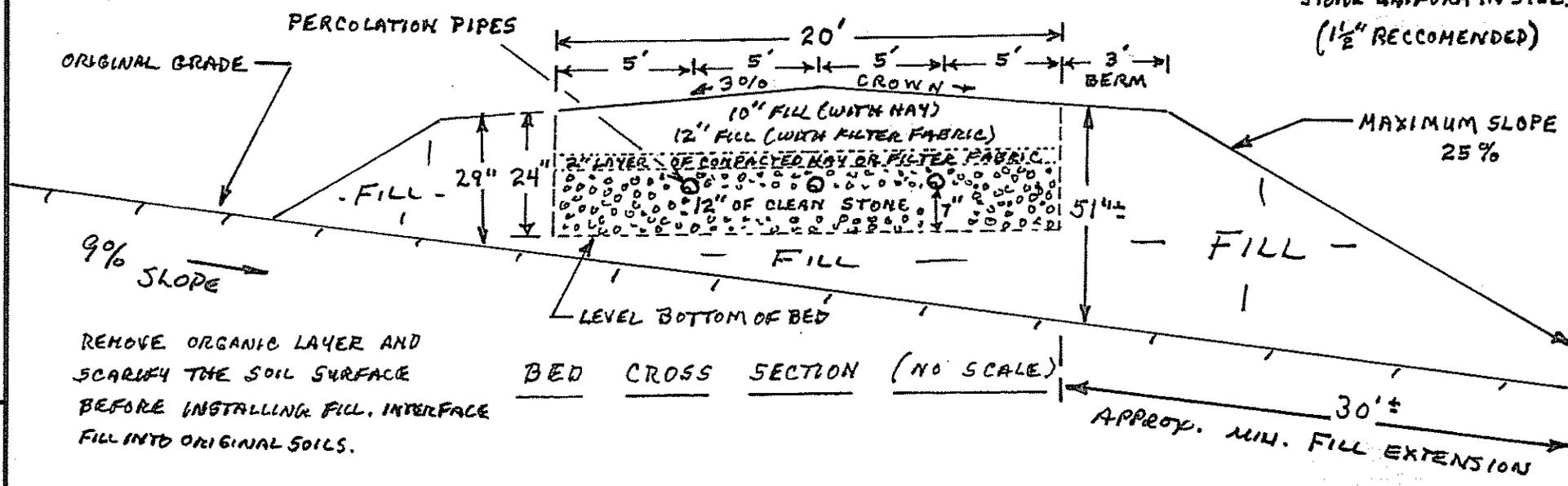
BY: JOHN W. LOEB, JR. S.E.#168

3/00

4" JAM + MULCH TO COVER.

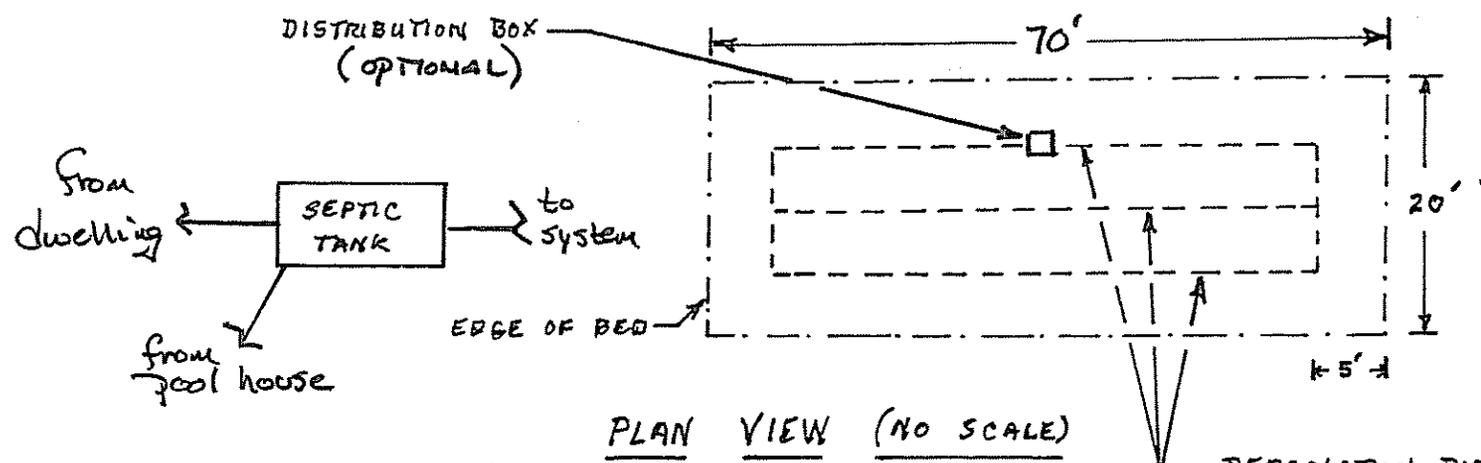
SEWAGE DISPOSAL BED DETAILS

BED REQUIRES CLEAN STONE UNIFORM IN SIZE. (1 1/2" RECOMMENDED)



REMOVE ORGANIC LAYER AND SCARIFY THE SOIL SURFACE BEFORE INSTALLING FILL. INTERFACE FILL INTO ORIGINAL SOILS.

BED CROSS SECTION (NO SCALE)



PLAN VIEW (NO SCALE)

PERCOLATION PIPES (4" DIA. PVC)

NOTES

- 1.) 29 INCHES OF FILL IS REQUIRED AT UPHILL SIDE OF BED.
- 2.) TEXTURE OF FILL SHALL BE GRAVELLY COARSE SAND.
- 3.) REFER TO MAINE SUBSURFACE WASTE WATER DISPOSAL RULES FOR FURTHER DETAILS REGARDING INSTALLATION PROCEDURES.

REPLACEMENT SYSTEM VARIANCE REQUEST

242-2817
Town 120.03 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. 1906.0)
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	
Permit No. <u>869</u>	Town of <u>AUGUSTA</u>
Property Owner's Name: <u>AL BROCHU</u>	Date Permit Issued <u>9/7/06</u>
System's Location: <u>291 CHURCH HILL RD AUGUSTA ME 04330</u>	Tel. No.: <u>623-2886</u>
Property Owner's Address: _____	
(if different from above) _____	

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.

Rosa Brochu
SIGNATURE OF OWNER

9-7-06
DATE

LOCAL PLUMBING INSPECTOR

I, Wayne J. Kelly, 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, 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, the reasons shall be stated in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: _____

Wayne J. Kelly
LPI SIGNATURE

9/7/06
DATE

HHE-204 Rev 08/05

FORMS

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPT'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"				inches
Soil Condition	Restrictive Layer			to 7"				inches
from HHE-200	Bedrock			to 12"				inches
Wells with water usage of 2000 or more gpd or public water system wells	300 ft	300 ft	300 ft	150 ft	150 ft	150 ft		
Owner's wells	100 down to 60 ft [a]	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		
Neighbor's wells	100 down to 60 ft [f]	200 down to 120 ft [f]	300 down to 180 ft [f]	100 down to 50 ft [f]	100 down to 75 ft [f]	100 down to 75 ft [f]		
Water supply line	10 ft	20 ft	25 ft [-h]	10 ft	10 ft	10 ft [h]		
Water course, major -	100 down to 60 ft [d]	200 down to 120 ft [d]	300 down to 180 ft [d]	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft	86'	
Water course, minor	50 down to 25 ft [e]	100 down to 50 ft [e]	150 down to 75 ft [e]	50 down to 25 ft [e]	50 down to 25 ft [e]	50 down to 25 ft [e]		
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 [e]	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]		
Slopes greater than 3:1	10 ft [g]	18 ft [g]	25 ft [g]	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.

3.

- Footnotes: [a.] Single-family well setbacks may be reduced as prescribed in Section 701.2.
 [b.] This distance may be reduced to 25 feet, if the septic or holding tank is tested in the plumbing inspector's presence and shown to be watertight or of monolithic construction.
 [c.] Additional setbacks may be needed to prevent fill material extensions from encroaching onto abutting property.
 [d.] Additional setbacks may be required by local Shoreland zoning.
 [e.] Natural Resource Protection Act requires a 25 feet setback, on slopes of less than 20%, from the edge of soil disturbance and 100 feet on slopes greater than 20%. See Chapter 15.
 [f.] May not be any closer to neighbors well than the existing disposal field or septic tank unless written permission is granted by the neighbor. This setback may be reduced for single family houses with Department approval. See Section 702.3.
 [g.] The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.
 [h.] See Section 1402.8 for special procedures when these minimum setbacks cannot be achieved.


 SITE EVALUATOR'S SIGNATURE

8/24/06
 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