

622 2505
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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 FAX (207) 287-4172

| | | | |
|--|--------------------------------------|--|------------|
| PROPERTY LOCATION | | >> Caution: Permit Required – Attach In Space Below << | |
| Town, or Plantation | AUGUSTA | The Subsurface Wastewater Disposal System shall not be installed until a permit is issued by the State of Maine Department of Health Engineering. <input type="checkbox"/> If Double Fee Charged | |
| Street or Road | RT # 3 No. Belfast Ave | | |
| Subdivision, Lot # | | | |
| OWNER/APPLICANT INFORMATION | | Date Permit Issued: 5/7/01 | \$ 1200.00 |
| Name (last, first, MI) McNALLY, HEATHER (Owner) Applicant | | Local Plumbing Inspector Signature: <i>[Signature]</i> 4661.P.I. # <i>[Number]</i> | |
| Mailing Address of <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant | RR # 7 Box 375 AUGUSTA, ME, 04330 | | |
| Daytime Tel. # | | Municipal Tax Map # <u>7</u> Lot # <u>62</u> | |
| Owner or Applicant Statement I state 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. <i>[Signature]</i> 5/1/01 Signature of Owner or Applicant Date | | Caution: Inspections Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. <i>[Signature]</i> 5/21/01 Local Plumbing Inspector Signature (1st) Date Approved | |
| | | (2nd) Date Approved | |

| PERMIT INFORMATION | | |
|---|--|---|
| TYPE OF APPLICATION <input type="checkbox"/> First Time System <input checked="" type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion <input type="checkbox"/> Experimental System <input type="checkbox"/> Seasonal Conversion | THIS APPLICATION REQUIRES 1. <input type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input checked="" type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval | DISPOSAL SYSTEM COMPONENT(S) 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & att toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd or more) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: 12. <input type="checkbox"/> Miscellaneous components |
| SIZE OF PROPERTY 8± <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres | DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY _____ | TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____ |

| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | | | |
|---|--|---|--|
| TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY: <u>1000</u> gallons | DISPOSAL FIELD TYPE & SIZE 1. <input checked="" type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input type="checkbox"/> Linear b. <input type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE: <u>900</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. | GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment Tank b. <input type="checkbox"/> Tanks in Series c. <input type="checkbox"/> Increase in Tank Capacity d. <input type="checkbox"/> Filter on Tank Outlet | DESIGN FLOW <u>270</u> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS – for other facilities – |
| SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>3 1 C 1 1</u> at Observation Hole # <u>1</u> Depth <u>16</u> • Elevation <u>66</u> OF MOST LIMITING SOIL FACTOR | DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small – 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium – 2.6 sq. ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large – 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large – 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra Large – 5.0 sq. ft./gpd | PUMPING 1. <input checked="" type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ gallons | |

SITE EVALUATOR STATEMENT

I Certify that on 4/26/01 (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: *[Signature]* SE # 256 Date: 4/27/01
JOHN PHILBRICK 547-3732

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road, Subdivision

08137224

AUGUSTA

RT # 3

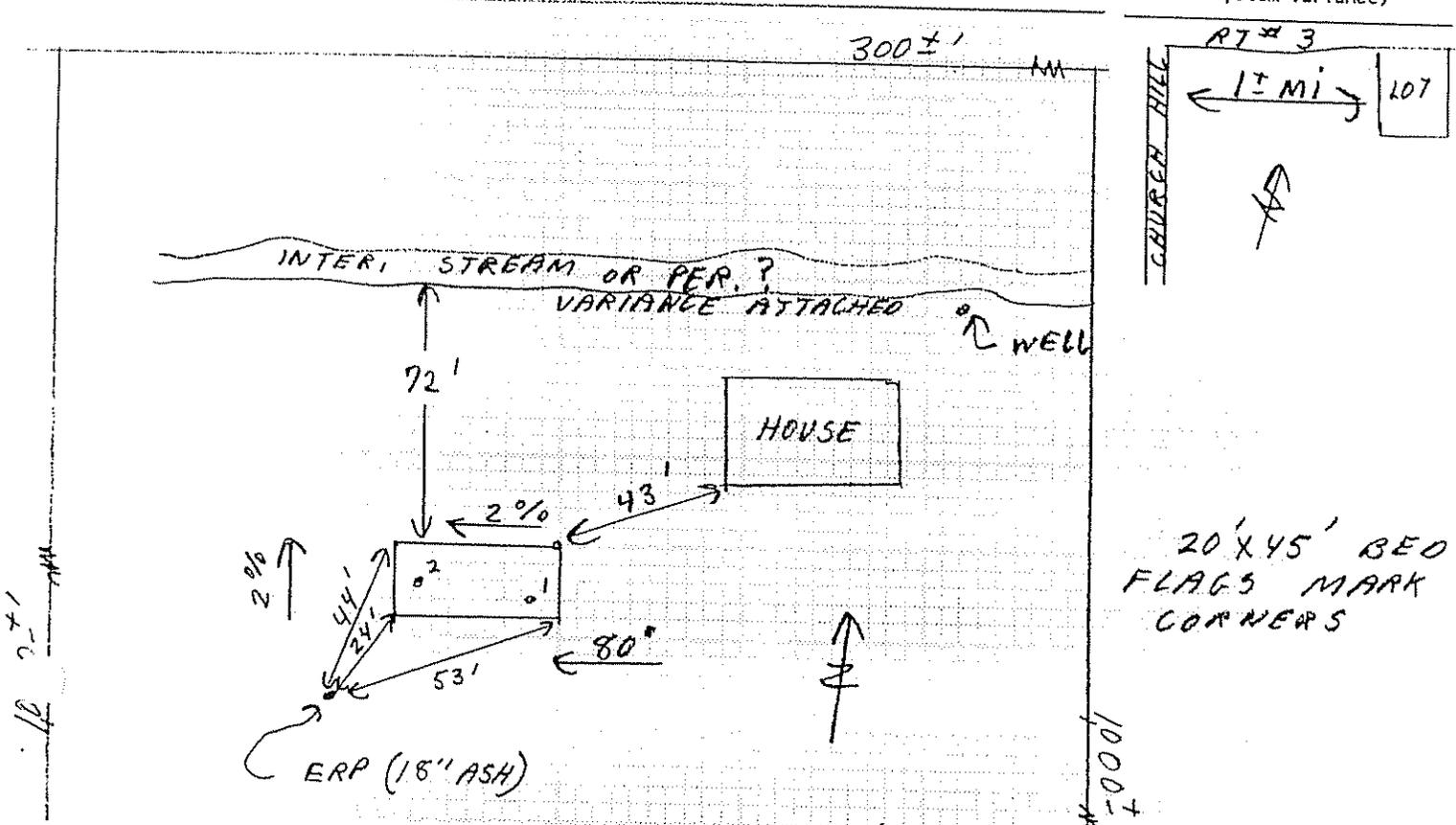
Owner's Name

HEATHER McNALLY

SITE PLAN

Scale: 1" = 50 Ft.
or as shown

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



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

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

| Inches | Texture | Consistency | Color | Mottling |
|--------|---------|-------------|------------|----------|
| 0 | SANDY | FRIABLE | DARK BR. | NONE |
| 6 | LOAMY | | YELLOW BR. | |
| 10 | | | | |
| 15 | LOAMY | | BR. | |
| 20 | SAND | FIRM | GRAY | COMMON |
| 30 | | | | DISTINCT |
| 40 | | | | |
| 50 | | | | |

Soil Classification: 3C Slope: 2% Limiting Factor: 16" Ground Water Restr. Layer Bedrock

Profile Condition: 2

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

| Inches | Texture | Consistency | Color | Mottling |
|--------|------------|-------------|-------|----------|
| 0 | | | | |
| 6 | | | | |
| 10 | | | | |
| 15 | | | | |
| 20 | SAME AS #1 | | | |
| 30 | | | | |
| 40 | | | | |
| 50 | | | | |

Soil Classification: 3C Slope: 2% Limiting Factor: 16" Ground Water Restr. Layer Bedrock

Profile Condition: 2

Site Evaluator Signature

256
SE#

Date

Approved for use as
HHE 200 by Division of
Health Engineering 9/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation
AUGUSTA

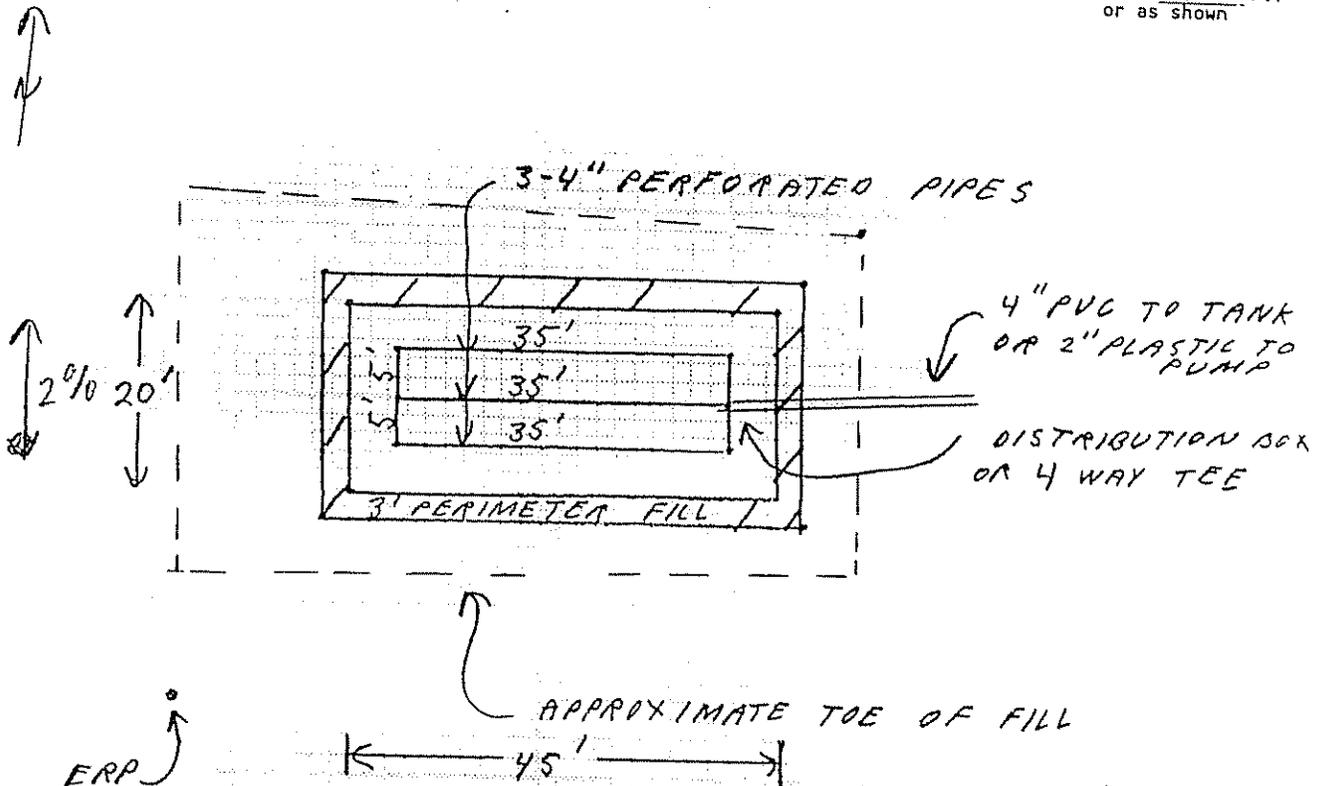
Street, Road, Subdivision
PT # 3

SUBSURFACE WASTEWATER DISPOSAL PLAN

08246445

Owner's Name
HEATHER McNALLY

Scale: 1" = $\frac{20}{10}$ Ft.
 or as shown



20' x 45' BED
 FLAGS MARK CORNERS

FILL REQUIREMENTS
 Depth of Fill (Upslope)
 Depth of Fill (Downslope)

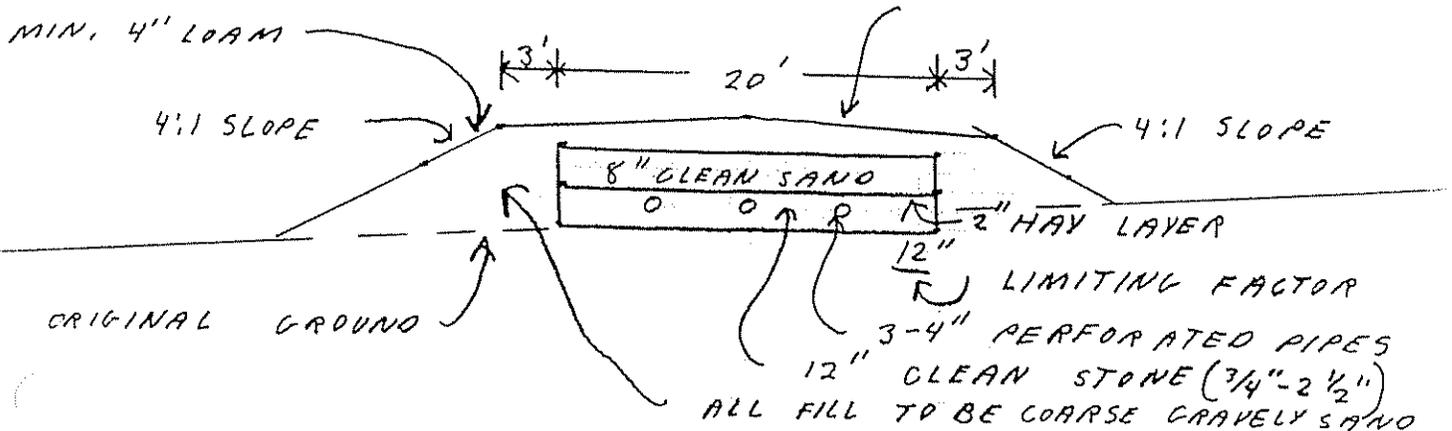
CONSTRUCTION ELEVATION
20" Reference Elevation is
29" Bottom of Disposal Area
 Top of Distribution Lines or Chambers

ELEVATION REFERENCE POINT
0" ERP IS IN 18" ASH, 24'
-54" SOUTH OF SYSTEM, 54" ABOVE
-43" GROUND

DISPOSAL AREA CROSS SECTION

Scale:
 Vertical: 1 inch = 5 Ft.
 Horizontal: 1 inch = 10 Ft.

CROWN WITH 3% GRADE + SEED + MULCH



Site Evaluator Signature

256
 SE#

4/27/01
 Date

Approved for use as
 HHE 200 by Division of
 Health Engineering 9/87

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. 1903)
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>41061</u> | | Date Permit Issued <u>5/7/01</u> |
| Property Owner's Name: <u>HEATHER McNALLY</u> | | Tel. No.: _____ |
| System's Location: <u>R# 3 AUGUSTA, ME. 04330</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.

Heather J. McNally
SIGNATURE OF OWNER

5/1/01
DATE

LOCAL PLUMBING INSPECTOR

May R. Sullivan, 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 (I 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, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

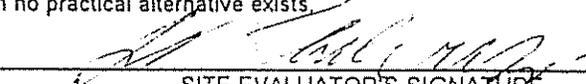
Comments _____

May R. Sullivan
LPI SIGNATURE

5/7/01
DATE

HHE-204 Rev 3-97

Replacement System Variance Request

| VARIANCE CATEGORY | LIMIT OF LPI'S APPROVAL AUTHORITY | | | | | | VARIANCE REQUESTED TO: | |
|---|-----------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------|------------------------|--------------|
| | SOILS | | | | | | | |
| Soil Profile | Ground Water Table | | | to 7" | | | Inches | |
| Soil Condition | Restrictive Layer | | | to 7" | | | Inches | |
| from HHE-200 | Bedrock | | | to 12" | | | Inches | |
| SETBACK DISTANCES (In feet) | 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 |
| Wells with water usage of 2000 or more gpd or public water supply wells | 300 ^a ft | 300 ^a ft | 300 ^a ft | 100 ^a ft | 100 ^a ft | 100 ^a ft | | |
| Owner's wells | 100 down to 50 ft | 200 down to 100 ft | 300 down to 150 ft | 100 ^b down to 50 ft | 100 down to 50 ft | 100 down to 50 ft | | |
| Neighbor's wells | 100 ^b down to 60 ft | 200 ^b down to 120 ft | 300 ^b down to 180 ft | 100 ^b down to 50 ft | 100 ^b down to 75 ft | 100 ^b down to 75 ft | | |
| 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 exempted 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 | 72 | 50 |
| 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 ^c ft | 18 down to 9 ^c ft | 20 down to 10 ^c ft | 10 down to 4 ^c ft | 15 down to 7 ^c ft | 20 down to 10 ^c ft | | |
| 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. This setback distance cannot be reduced by the LPI, but may be considered for reduction by State variance. b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 (200 ft. for 1000-2000 gpd or 300 ft. for over 2000 gpd) feet and closer to that well than the system it is replacing. 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. | | | | | | | | |
|  _____ SITE EVALUATOR'S SIGNATURE | | | | | | 4/27/01 _____ DATE | | |
| FOR USE BY THE DEPARTMENT ONLY | | | | | | | | |
| The Department has reviewed the variance(s) and <input type="checkbox"/> does <input type="checkbox"/> 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 | | |