

# 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 does not comply 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 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 from the rules.
2. A 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 is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

## GENERAL INFORMATION

Permit No. # 1523 E 11-57 Town of Augusta  
Date Permit Issued 2-7-89  
MONTH/DAY/YEAR  
Property Owner's Name: Tom Beeckel Tel. No. 623-9246  
System's Location: Bolton Hill Road  
STREET  
Augusta Maine 04330  
TOWN ZIP  
Property Owner's Address: Rt 7 Box 1915  
(if different from above) STREET  
Augusta Maine 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, they 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.

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.

\_\_\_\_\_  
PROPERTY OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		13	inches
	Restrictive Layer	to 6"			inches
	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 <sup>a</sup>	300 <sup>a</sup>		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50 <sup>b</sup>	60 <sup>b</sup>		
	b. Property Owner's	25'	50'	~30'	98'
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5' <sup>c</sup>	10' <sup>c</sup>		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

**OTHER**

1. Fill extension Grade—to 3:1

2.

3.

**Footnotes:**

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but 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.

*William P Brown*  
SITE EVALUATOR'S SIGNATURE

2/6/91  
DATE

**LPI STATEMENT**

I, \_\_\_\_\_, LPI for the Town of \_\_\_\_\_ 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 Wastewater Disposal 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,  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, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: \_\_\_\_\_

\_\_\_\_\_  
LPI'S 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



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Augusta

Street, Road, Subdivision

Bolton Hill Road

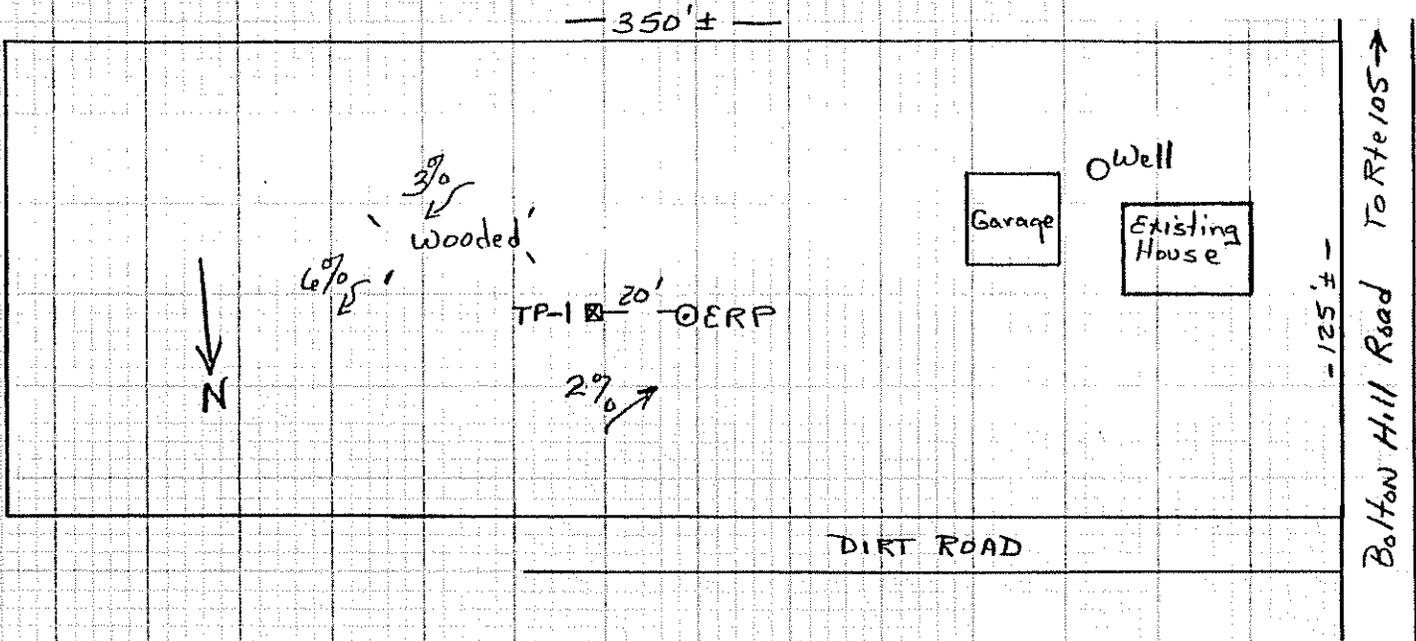
Owners Name

Tom Beeckel

## SITE PLAN

Scale 1" = 50 Ft.

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



### SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP-1  Test Pit  Boring  
1/2 " 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			Orange BROWN	
0-6	Sandy	Friable		
6-10	Loam		Yellow BROWN	None
10-15				Common
15-20	Bedrock			
20-30				
30-40				
40-50				

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Profile Z Classification A-III Slope 2-3 % Limiting Factor 15  
 Ground Water  
 Restrictive Layer  
 Bedrock

Soil Profile \_\_\_\_\_ Classification \_\_\_\_\_ Slope \_\_\_\_\_ % Limiting Factor \_\_\_\_\_  
 Ground Water  
 Restrictive Layer  
 Bedrock

William P Brown  
Site Evaluator Signature

188  
SE#

12/10/88  
Date  
revised 2/6/91

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

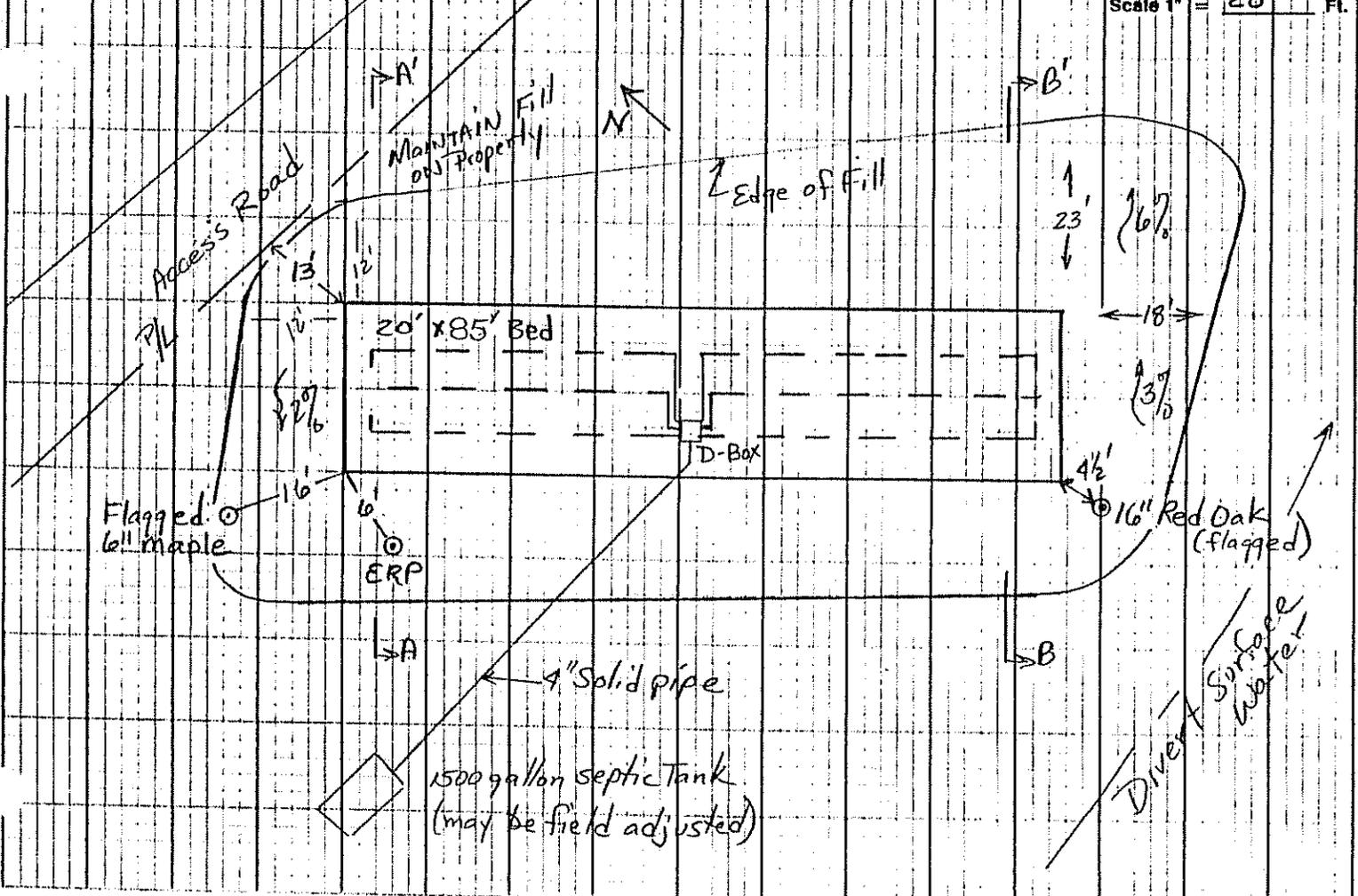
Augusta

Street, Road, Subdivision  
Bottom Hill Road

Owners Name  
Tom Beckel

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



### FILL REQUIREMENTS

Depth of Fill (Upslope) 37-39"  
Depth of Fill (Downslope) 33-45"

### CONSTRUCTION ELEVATIONS

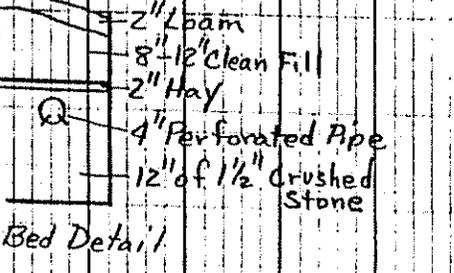
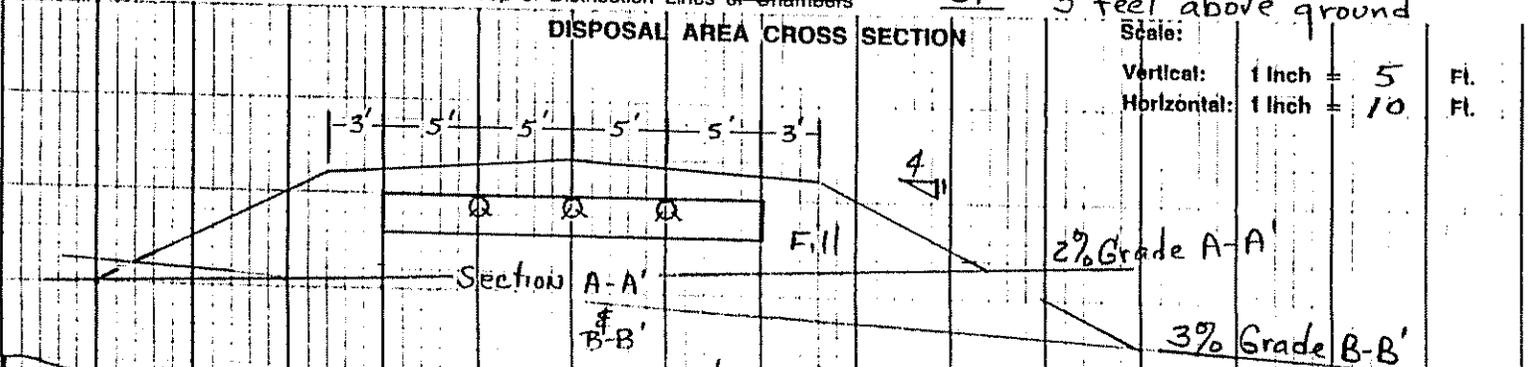
Reference Elevation Is 00"  
Bottom of Disposal Area -32"  
Top of Distribution Lines or Chambers -21"

### ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

Flagged nail in 10 inch white pine, 3 feet above ground

### DISPOSAL AREA CROSS SECTION

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



- Remove stumps in disposal area
- Scarify entire fill area
- All fill shall be sandy loam or coarser
- Crown finish grade from center at 3%
- Divert surface water as shown
- Loam, seed, mulch

William P Brown  
Site Evaluator Signature

188  
SE#

2/6/91  
Date

# REPLACEMENT SYSTEM VARIANCE REQUEST

## THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

Town Copy

This form shall be attached to an application for the proposed replacement system which does not comply 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 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 from the rules.
2. A 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 is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

### GENERAL INFORMATION

11-57

Permit No. 1523 E Becker Date Permit Issued 2-7-89  
Town of Augusta  
Property Owner's Name: Tom ~~Burke~~ Tel. No. 623-9246  
System's Location: Bolton Hill Road  
Augusta STREET  
TOWN Maine 04330 ZIP  
Property Owner's Address: Rt 7 Box 459  
(if different from above) Augusta STREET  
TOWN Maine 04330 STATE ZIP

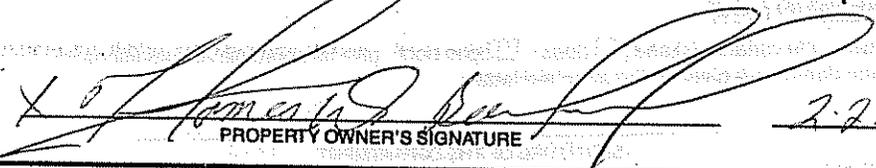
### SPECIFIC INSTRUCTIONS TO THE:

**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, they 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.

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.

  
PROPERTY OWNER'S SIGNATURE 2-22-89  
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		Inches	
	Restrictive Layer	to 6"		Inches	
	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 <sup>a</sup>	300 <sup>a</sup>		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50 <sup>b</sup>	60 <sup>b</sup>		
	b. Property Owner's	25'	50'	~ 30'	98'
Waterbodies	3. Water Supply Line	See note 'a'			
	1. Perennial	50'	60'		
	2. Intermittent	15'	20'		
Downhill Slope	3. Manmade drainage ditch	10'	15'		
	Greater than 3:1 (33%)	5 <sup>c</sup>	10 <sup>c</sup>		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

**OTHER**

1. Fill extension Grade—to 3:1

2.

3.

**Footnotes:**

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but 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.

*William P Brown*  
SITE EVALUATOR'S SIGNATURE

12/10/88  
DATE

**LPI STATEMENT**

I, *Nancy R. Tucker*, LPI for the 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 Wastewater Disposal 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,  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, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: \_\_\_\_\_

*Nancy R. Tucker*  
LPI'S SIGNATURE

2-7-89  
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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS	
Town Or Plantation	Augusta
Street or Division Lot #	Bolton Hill Road
PROPERTY OWNERS NAME	
Last: <u>Borkel</u>	First: <u>Thomas</u>
Applicant Name:	<u>Rt 7 Box 459</u>
Mailing Address of Owner/Applicant (If Different)	<u>Augusta, Maine 04330</u>

AUGUSTA PERMIT # 1,523 TOWN COPY

Date Permit Issued: 2-17-89 \$ \$410.00 FEE  If Double Fee Charged

*Stan R. Tubbs*  
Local Plumbing Inspector Signature

L.P.I. # 1850

**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.

*Thomas Borkel* 2-22-89

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		
<p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" type="checkbox"/> <u>REPLACEMENT SYSTEM</u></p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input checked="" type="checkbox"/> <u>REPLACEMENT SYSTEM VARIANCE</u> Attach Replacement System Variance Form</p> <p>a. <input checked="" type="checkbox"/> <u>Requiring Local Plumbing Inspector Approval</u></p> <p>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p><b>INSTALLATION IS:</b></p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> <u>NON-ENGINEERED SYSTEM</u></p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>SEASONAL CONVERSION</b></p> <p>to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED <u>40's</u></p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED      3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER    4. <input checked="" type="checkbox"/> OTHER: <u>Cesspool</u></p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" type="checkbox"/> <u>SINGLE FAMILY DWELLING</u></p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____</p> <p style="text-align: center;">SPECIFY</p>
<p>SIZE OF PROPERTY <u>1 ac ±</u></p>	<p>ZONING <u>Residential</u></p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p><u>Drilled Well</u></p>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)							
<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input checked="" type="checkbox"/> <u>NONE</u></p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input checked="" type="checkbox"/> <u>MAY BE REQUIRED</u> (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: <u>50</u> GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p><u>3 bedroom minimum</u></p> <p>DESIGN FLOW: <u>270</u> (GALLONS/DAY)</p>				
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table style="width: 100%;"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td style="text-align: center;"><u>2</u></td> <td style="text-align: center;"><u>A-III</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>15</u></p>	PROFILE	CONDITION	<u>2</u>	<u>A-III</u>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> <u>MEDIUM-LARGE</u></p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input checked="" type="checkbox"/> BED <u>900</u> Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft.</p> <p><input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	
PROFILE	CONDITION						
<u>2</u>	<u>A-III</u>						

**SITE EVALUATOR STATEMENT**

On Dec 10, 1988 (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.

William P Brown 188 12/10/88

Site Evaluator Signature SE# Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

Page 1 of 3  
HHE-200 Rev. 11/86

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Augusta

Street, Road, Subdivision

Bolton Hill Road

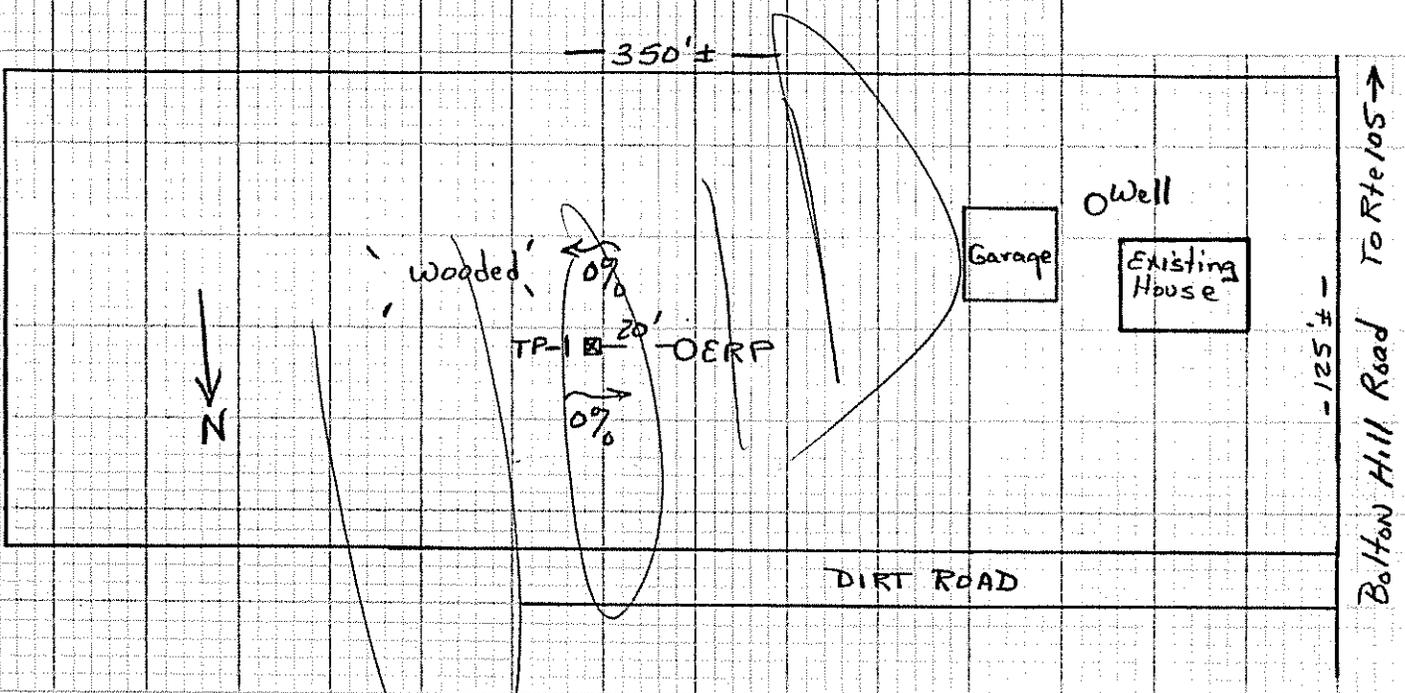
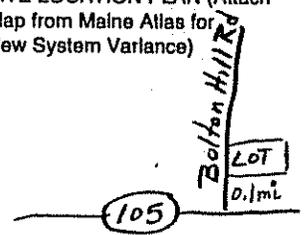
Owners Name

Tom Burkel

## SITE PLAN

Scale 1" = 50 Ft.

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



## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP-1  Test Pit  Boring  
1/2 " 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	Sandy	Friable	Orange Brown	
6	Loam		Yellow Brown	None
10				
15				Common
20	Bedrock			
30				
40				
50				

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Profile Z Classification A-III Slope 0 % Limiting Factor 15  Ground Water  Restrictive Layer  Bedrock

Soil Profile \_\_\_\_\_ Classification \_\_\_\_\_ Slope \_\_\_\_\_ % Limiting Factor \_\_\_\_\_  Ground Water  Restrictive Layer  Bedrock

William P Brown  
Site Evaluator Signature

188  
SE#

12/10/88  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Augusta

Street, Road, Subdivision

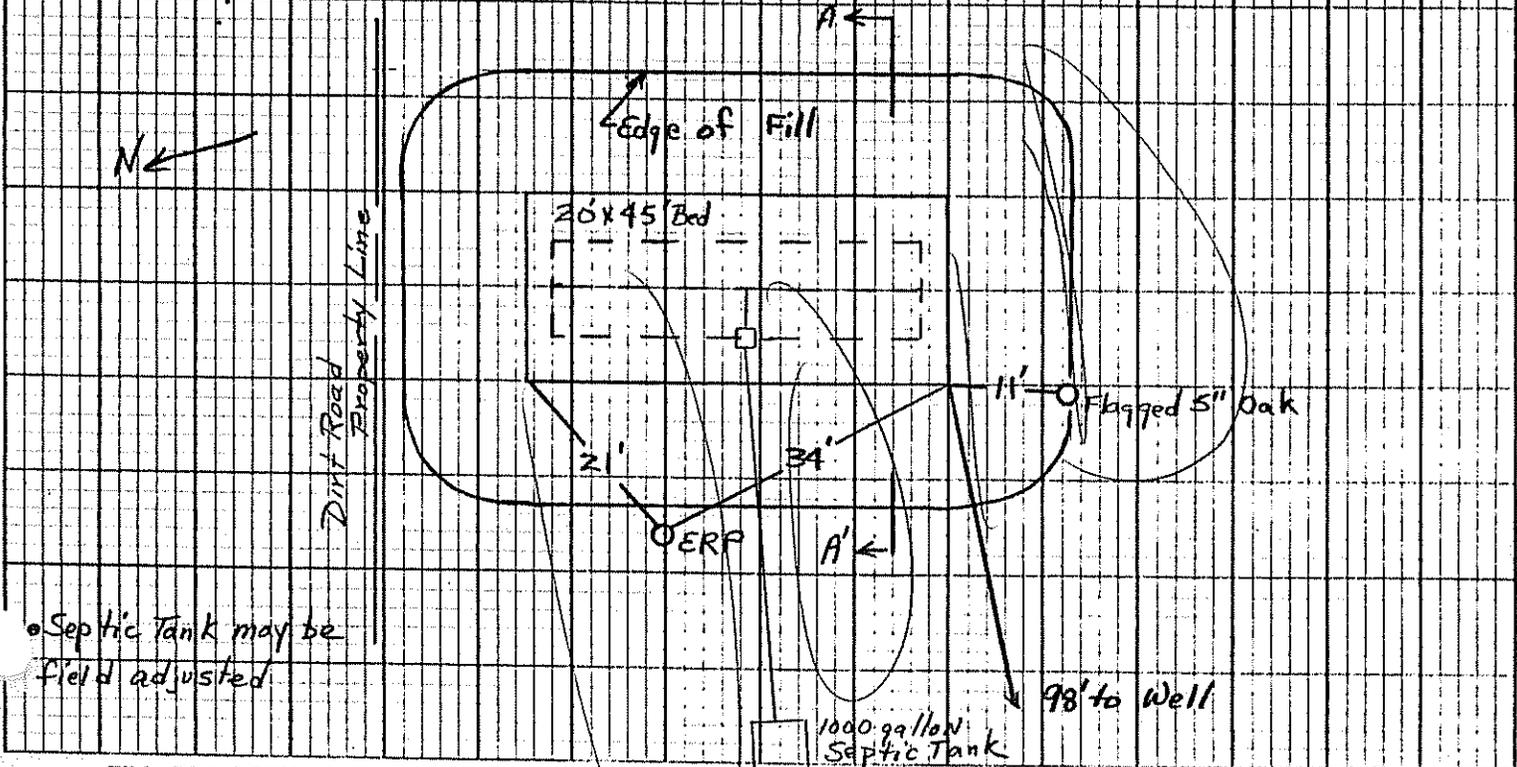
Bolton Hill Road

Owners Name

Tom Burkel

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



Septic Tank may be field adjusted

1000 gallon Septic Tank

98' to Well

### FILL REQUIREMENTS

Depth of Fill (Upslope) 35"  
Depth of Fill (Downslope) 35"

### CONSTRUCTION ELEVATIONS

Reference Elevation is 00"  
Bottom of Disposal Area -35"  
Top of Distribution Lines or Chambers -24"

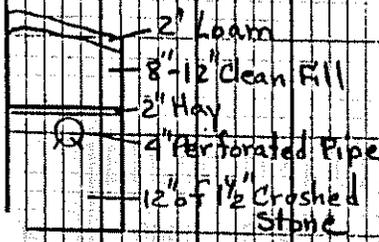
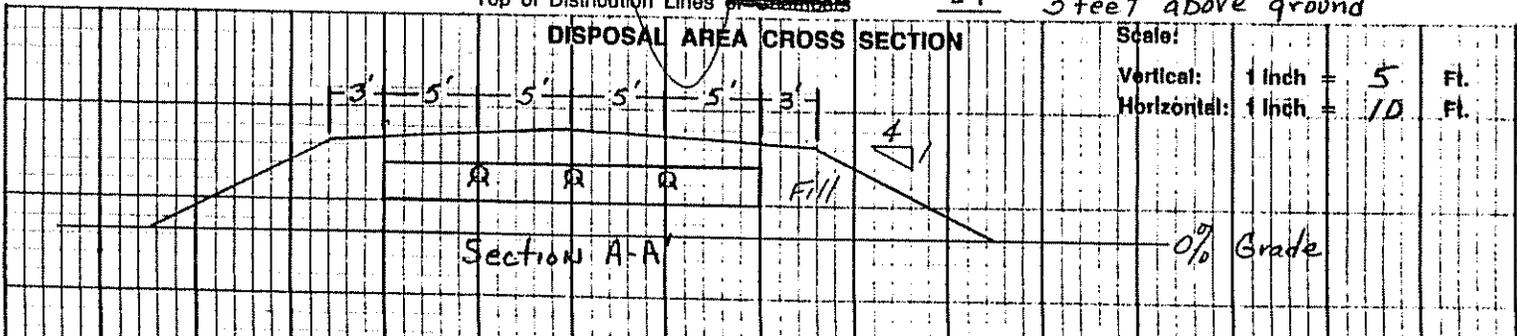
### ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

Flagged nail in 10 inch Pine, 3 feet above ground

### DISPOSAL AREA CROSS SECTION

Scale:

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



Bed Detail

- Remove stumps in disposal area
- Scarify entire fill area
- All fill shall be sandy loam or coarser
- Crown finish grade from center at 3%
- Loam, seed, mulch

William P Brown  
Site Evaluator Signature

188  
SE#

12/10/88  
Date