P/F 11/19/14

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept.Health & Human Services
Div of Environmental Health , 11 SHS
(207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation	AUGUSTA
Street or Road	16 STEVENS ROAD
Subdivision, Lot #	1155/L-20

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	FARMER, THURLOW ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant	72 STEVENS ROAD AUGUSTA, ME 04330
Daytime Tel. #	207 779 7252

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 — Date 19/NOV/14

>> CAUTION: LPI APPROVAL REQUIRED <<

AUGUSTA PERMIT #7008 TOWN COPY

Date Permit Issued: 11/19/14

$250.00 fee
15.00
LPI # 850

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 11/25/14 — (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

- ☐ 1. First Time System
- ☒ 2. Replacement System
  - Type replaced: ASBS TANK + TRENCH
  - Year installed: 1960±
- ☐ 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

7,500± ☒ SQ. FT. ☐ ACRES

SHORELAND ZONING

☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE

- ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 1
- ☐ 2. Multiple Family Dwelling, No. of Units: ____
- ☐ 3. Other: ____ (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
  - OR ☒ b. Low Profile
- ☐ 2. Plastic
- ☐ 3. Other: ____

CAPACITY: 750 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: 594 ☒ 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

180 gallons per day

BASED ON:

- ☒ 1. Table 4A (dwelling unit(s))
- ☐ 2. Table 4C(other facilities)

SHOW CALCULATIONS for other facilites

2-BEDROOM MINIMUM DESIGN FLOW

- ☐ 3. Section 4G (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION 1

3 / C

at Observation Hole # TP1

Depth 28"

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

- ☐ 1. Not Required
- ☒ 2. May Be Required
- ☐ 3. Required

RECOMMEND TO RAISE INTERNAL PUMP UP TO HIGH PUMP

Specify only for engineered systems:

DOSE: ____ gallons

LATITUDE AND LONGITUDE

at center of disposal area

Lat. N 44 d 22 m 07.6 s
Lon. W 69 d 45 m 32.1 s
If g.p.s, state margin of error: 17'

SITE EVALUATOR STATEMENT

I certify that on 10/30/14 (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 PER VARIANCE.

Site Evaluator Signature — SE # 168 — Date 11/4/14

John W. Lord, Jr.
Site Evaluator Name Printed — Telephone Number 207 445 3402 — E-mail Address JWLORDJR@GMAIL.COM

Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.
DESIGN SUBJECT TO LOCAL, STATE & FEDERAL ORDINANCES.

Maine Center for Disease Control and Prevention
Department of Health and Human Services

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 AUGUSTA

Property Owner's Name: THURLOW FARMER Tel. No.: 2077797252

System's Location: 16 STEVENS ROAD

Property Owner's Address: 72 STEVENS ROAD, AUGUSTA Zip Code 04330

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. ALLOW DISPOSAL BED 11.5 FEET FROM BUILDING (NO BASEMENT)	TABLE 8A
2. ALLOW SEPTIC TANK 5 FEET OR MORE FROM BUILDINGS.	TABLE 8A
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.

SMALL LOT SIZE DOES NOT ALLOW FULL SETBACK REQUIREMENTS FOR CONVENTIONAL INSTALLATION OF SEPTIC TANK AND DISPOSAL BED.

I, TOM W CORD JR, 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 OF SITE EVALUATOR — DATE 11/4/2014

PROPERTY OWNER

I, THURLOW FARMER, 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 perfomed 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.

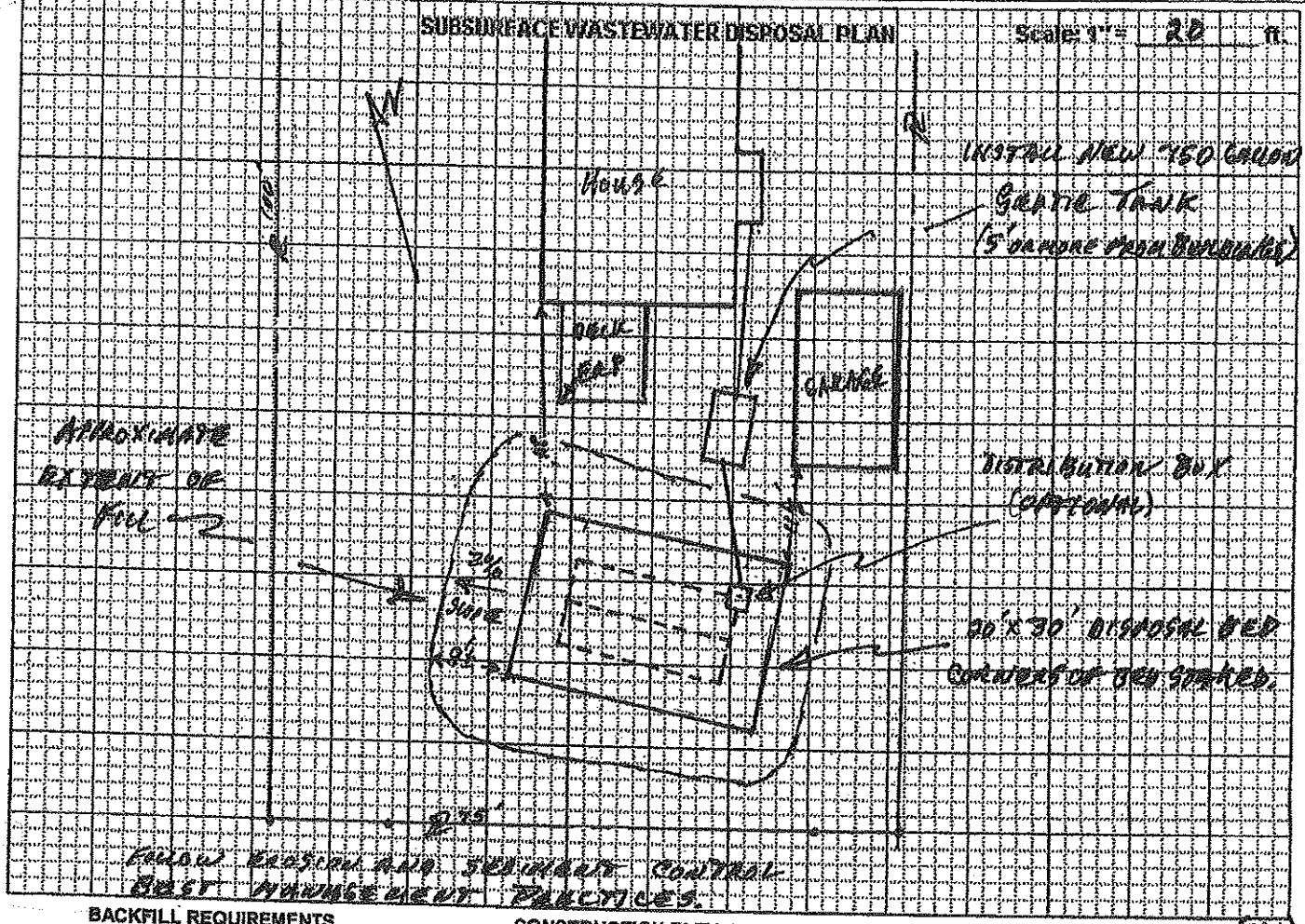
☒ SIGNATURE OF OWNER
☐ AGENT FOR THE OWNER — DATE 19 Nov. 14

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, STS 11
(207) 287-5338 FAX (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
AUGUSTA	16 STEVENS ROAD	THURLOW FARMER

SUBSURFACE WASTEWATER DISPOSAL PLAN — Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 8 "
Depth of Backfill (downslope) 16+ "
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -36 "
Top of Distribution Pipe ~~or Proprietary Device~~ -49 "
Bottom of Disposal Field -60 "

ELEVATION REFERENCE POINT (BM)

Location & Description: FLAGGED NAIL IN CORNER OF DECK 46" ABOVE GRADE AT DECK.
Reference Elevation is: 0.0" at DECK.

DISPOSAL FIELD CROSS-SECTION

Scales:
Vertical: 1" = N/A ft.
Horizontal: 1" = N/A ft.

(SEE ATTACHED BED DIAGRAM)

Site Evaluator Signature

168
SE #

11/4/14
Date

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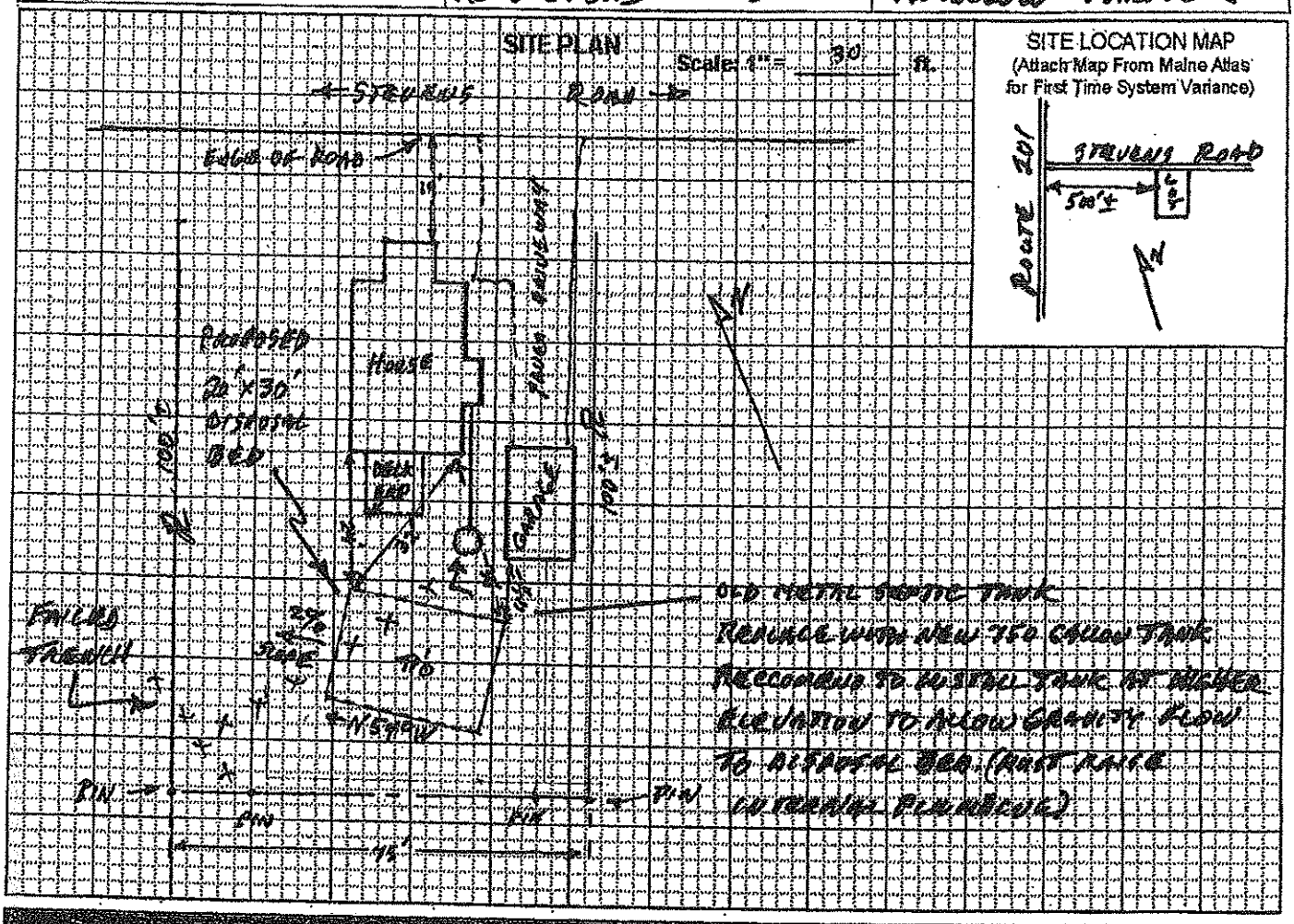
Division of Environmental Health, STS 11
(207) 287-5338 FAX (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
AUGUSTA	16 STEVENS ROAD	THURLOW FORMER

SITE PLAN Scale: 1" = 30 ft.



SITE LOCATION MAP
(Attach Map From Maine Atlas for First Time System Variance)

Observation Hole # TP1 ☒ Test Pit ☐ Boring

1" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	LOAM		10YR 3/4	
6–12			10YR 5/6	
12–18	FINE	FRIABLE		
18–24	SANDY		2.5Y 4/4	
24–30	LOAM			
30–36	LOAMY	SOMEWHAT		COMMON
36–42	MEDIUM	FIRM	2.5Y 3/4	FAINT
42–48	SAND			

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth
3	C	1	28" ☒ Groundwater ☒ Restrictive Layer ☐ Bedrock

Observation Hole # _____ ☐ Test Pit ☐ Boring

_____" Depth of organic horizon above mineral soil

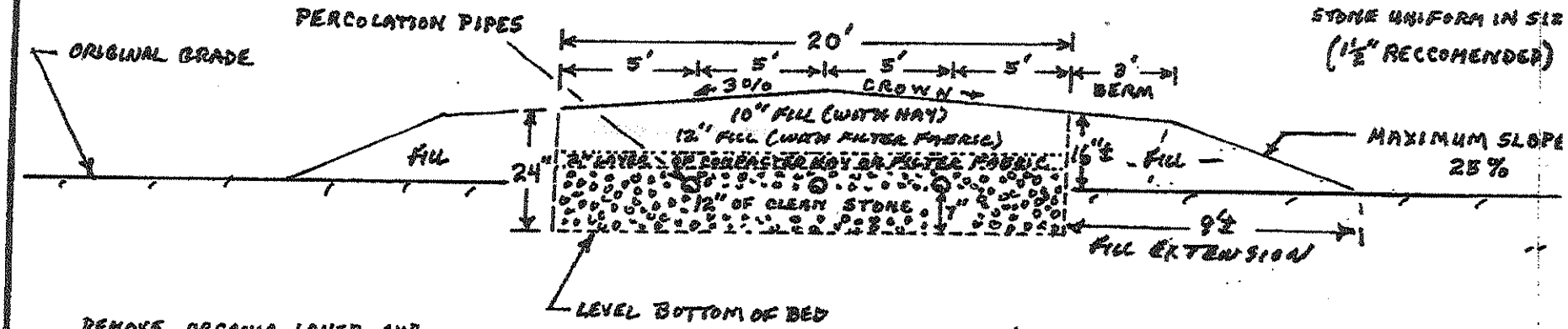
Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6				
6–12				
12–18				
18–24				
24–30				
30–36				
36–42				
42–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth
			☐ Groundwater ☐ Restrictive Layer ☐ Bedrock

Site Evaluator Signature _____ SE # 168 Date 11/4/14

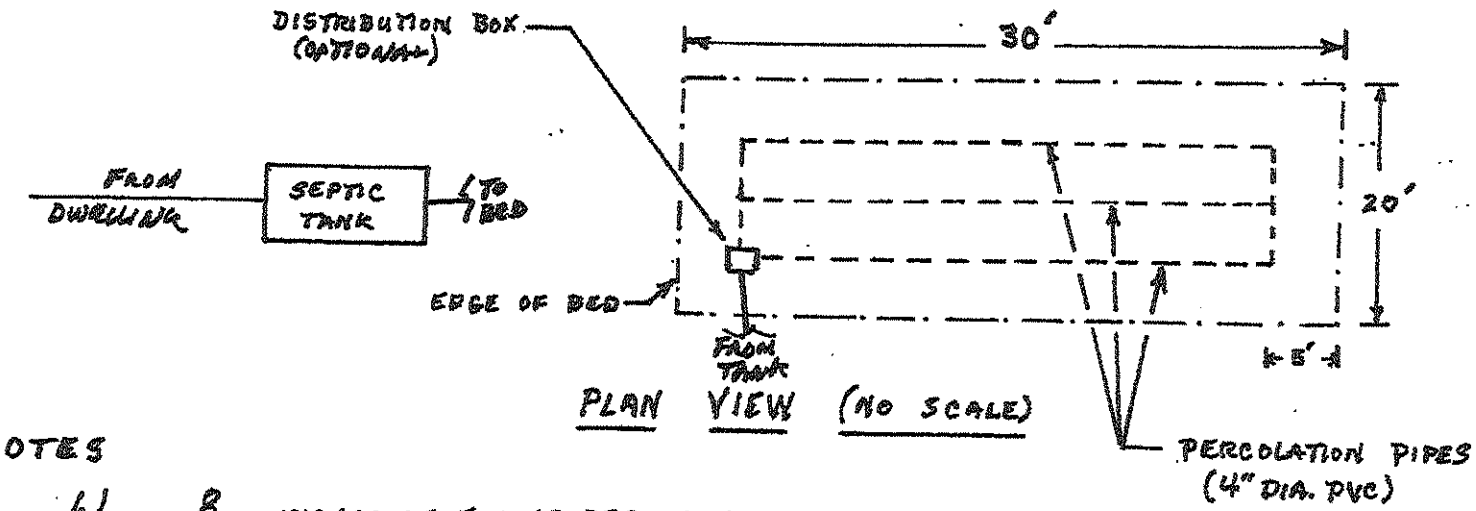
• SEWAGE DISPOSAL BED DETAILS •

BED REQUIRES CLEAN STONE UNIFORM IN SIZE ($1\frac{1}{2}$" RECCOMENDED)



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

BED CROSS SECTION (NO SCALE)
LOWER END OF BED



PLAN VIEW (NO SCALE)

NOTES

1.) 8 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.

FOR: TAHALOW FARMER

DATE: 11/4/94

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

3/00