

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS	
Town or Plantation	Augusta
Street Subdivision Lot #	Albee Rd. (Toqus Rd.)
PROPERTY OWNERS NAME	
Last: <u>Durrell</u>	First: <u>Harold</u>
Applicant Name:	<u>Same</u>
Mailing Address of Owner/Applicant (If Different)	RPO C Box 1262 Augusta, Me. 04330

M69216

AUGUSTA	PERMIT # 1,128	TOWN COPY
Date Permit Issued: <u>8/4/87</u>	FEE: <u>\$140.00</u>	<input type="checkbox"/> Double Fee Charged
Local Plumbing Inspector Signature: <u>Ray F. Fuller</u>		L.P.I. # <u>1050</u>

**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.

Harold E. Durrell 8/4/87  
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.

Ray F. Fuller 10/6/87  
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION		
<p><b>THIS APPLICATION IS FOR:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NEW SYSTEM</li> <li><input checked="" type="checkbox"/> REPLACEMENT SYSTEM</li> <li><input type="checkbox"/> EXPANDED SYSTEM</li> <li><input type="checkbox"/> EXPERIMENTAL SYSTEM</li> </ol> <p><b>SEASONAL CONVERSION</b> to be completed by the LPI</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SYSTEM COMPLIES WITH RULES</li> <li><input type="checkbox"/> CONNECTED TO SANITARY SEWER</li> <li><input type="checkbox"/> SYSTEM INSTALLED - P# _____</li> <li><input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</li> </ol> <p><b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: <u>unknown</u></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> BED</li> <li><input type="checkbox"/> CHAMBER</li> <li><input type="checkbox"/> TRENCH</li> <li><input type="checkbox"/> OTHER: _____</li> </ol>	<p><b>THIS APPLICATION REQUIRES:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NO RULE VARIANCE</li> <li><input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</li> <li><input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form                     <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval</li> <li><input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</li> </ol> </li> <li><input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</li> </ol> <p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</li> <li><input type="checkbox"/> MODULAR OR MOBILE HOME</li> <li><input type="checkbox"/> MULTIPLE FAMILY DWELLING</li> <li><input type="checkbox"/> OTHER _____ SPECIFY</li> </ol>	<p><b>INSTALLATION IS:</b> COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</li> <li><input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</li> <li><input type="checkbox"/> ENGINEERED (+2000 gpd)</li> </ol> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> TREATMENT TANK (ONLY)</li> <li><input type="checkbox"/> HOLDING TANK _____ GAL</li> <li><input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</li> <li><input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> </ol> <p><b>TYPE OF WATER SUPPLY</b> <u>Drilled Well</u></p>
<p>SIZE OF PROPERTY: <u>2 1/3 ac</u></p>	<p>ZONING: <u>Shoreland</u></p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)					
<p><b>TREATMENT TANK</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</li> <li><input type="checkbox"/> AEROBIC</li> </ol> <p>SIZE: <u>1000</u> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NONE</li> <li><input type="checkbox"/> LOW VOLUME TOILET</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> <li><input type="checkbox"/> ALTERNATIVE TOILET</li> </ol> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NOT REQUIRED</li> <li><input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)</li> <li><input checked="" type="checkbox"/> REQUIRED</li> </ol> <p>DOSE: <u>50</u> GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p><u>5 Bedroom minimum flow</u></p>		
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table style="width: 100%;"> <tr> <td>PROFILE: <u>2</u></td> <td>CONDITION: <u>A III</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>24.</u></p>	PROFILE: <u>2</u>	CONDITION: <u>A III</u>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SMALL</li> <li><input type="checkbox"/> MEDIUM</li> <li><input checked="" type="checkbox"/> MEDIUM-LARGE</li> <li><input type="checkbox"/> LARGE</li> <li><input type="checkbox"/> EXTRA LARGE</li> </ol>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> BED _____ Sq. Ft.</li> <li><input checked="" type="checkbox"/> CHAMBER <u>Infiltrators</u> _____ Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</li> <li><input type="checkbox"/> TRENCH _____ Linear Ft.</li> <li><input type="checkbox"/> OTHER: _____</li> </ol>	<p><b>DESIGN FLOW:</b> <u>450</u> (GALLONS/DAY)</p>
PROFILE: <u>2</u>	CONDITION: <u>A III</u>				

**SITE EVALUATOR STATEMENT**

On 7/23/87 (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.

Hammond Bepler 201 7/23/87  
Site Evaluator Signature SE# Date

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



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

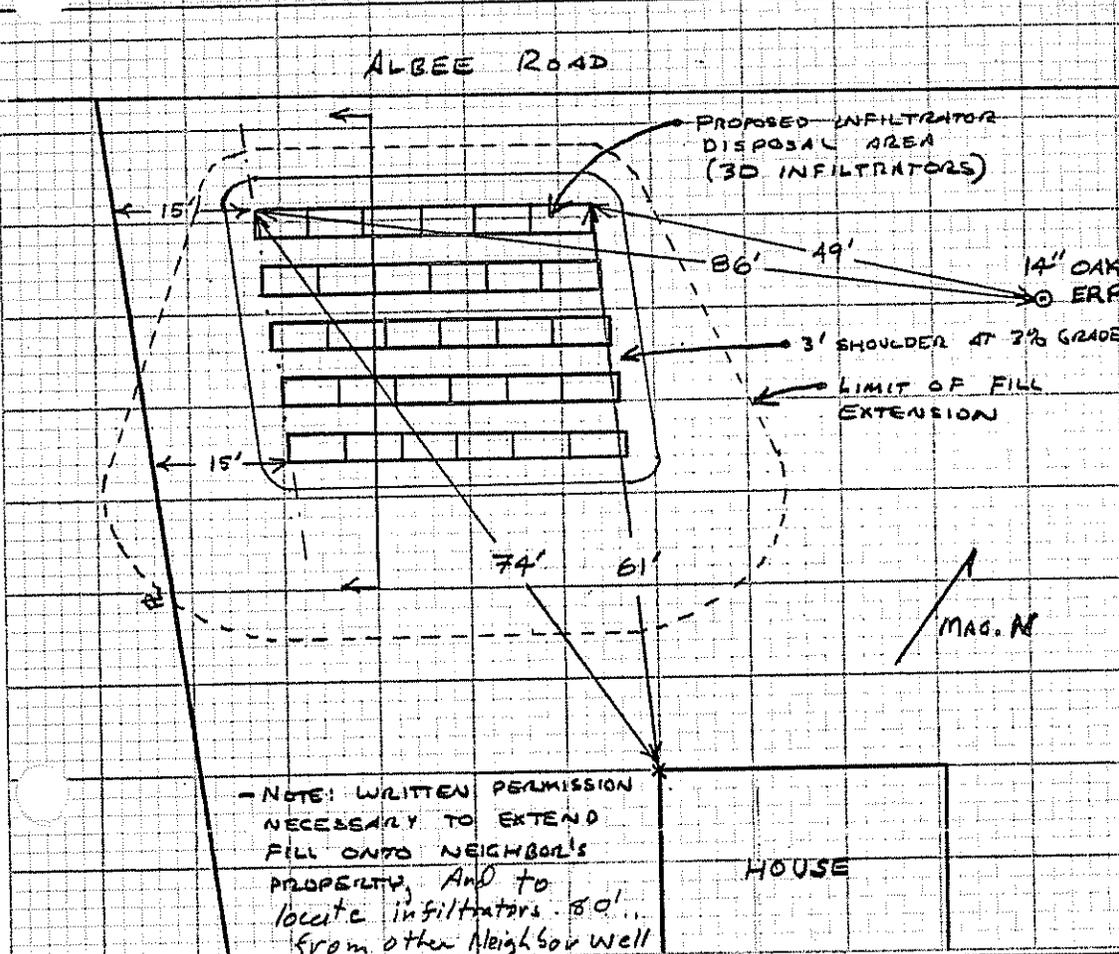
Town, City, Plantation:  
**AUGUSTA**

Street, Road, Subdivision:  
**ALBEE ROAD**

Owners Name:  
**HAROLD DURRELL**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



- ALL CONSTRUCTION TO BE IN COMPLIANCE WITH STATE PLUMBING CODE.
- SEPTIC TANK TO BE MIN. 8' FROM HOUSE AND 90' FROM WELLS
- INFILTRATORS TO BE MIN. 20' FROM HOUSE, 60' FROM OWNER'S WELL AND 80' FROM NEIGHBOR'S WELL.
- FINAL GRADE TO PREVENT PONDING.
- USE D-BOX DISTRIBUTION, SEE DETAIL ATTACHED.

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	<u>23"</u>	Reference Elevation is	<u>SEC</u>	ERP 15 RED FLAGGED NAIL IN 14" OAK TREE	Scale: Vertical: 1 Inch = 1 Ft. Horizontal: 1 Inch = 1 Ft.
Depth of Fill (Downslope)	<u>23"</u>	Bottom of Disposal Area	<u>ATTACHED</u>		
		Top of Distribution Lines or Chambers	<u>_____</u>		

### DISPOSAL AREA CROSS SECTION

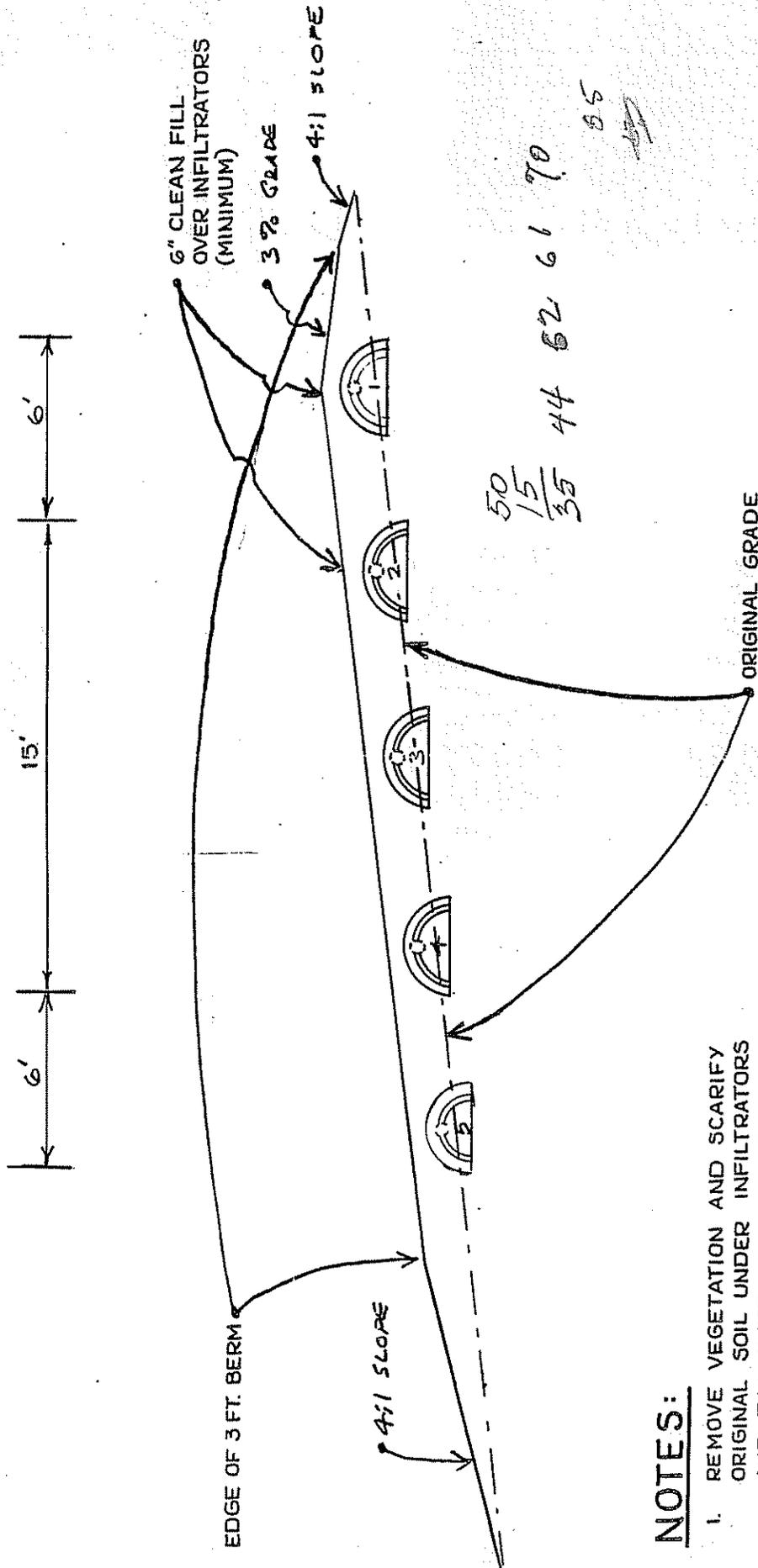
SEE ATTACHED

*[Signature]*  
Site Evaluator Signature

201  
SE#

7/30/97  
Date

# INFILTRATOR CROSS SECTION 11-12%



## NOTES:

1. REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER INFILTRATORS AND FILL EXTENSION AREAS.
2. BOTTOM OF INFILTRATORS TO BE LEVEL WITH A MAXIMUM GRADE TOLERANCE OF 1" PER 100'.
3. PROVIDE FOR SURFACE DRAINAGE AWAY FROM INFILTRATOR AREA.
4. FINISHED GRADE SHALL BE SEEDED AND MULCHED TO PREVENT EROSION.

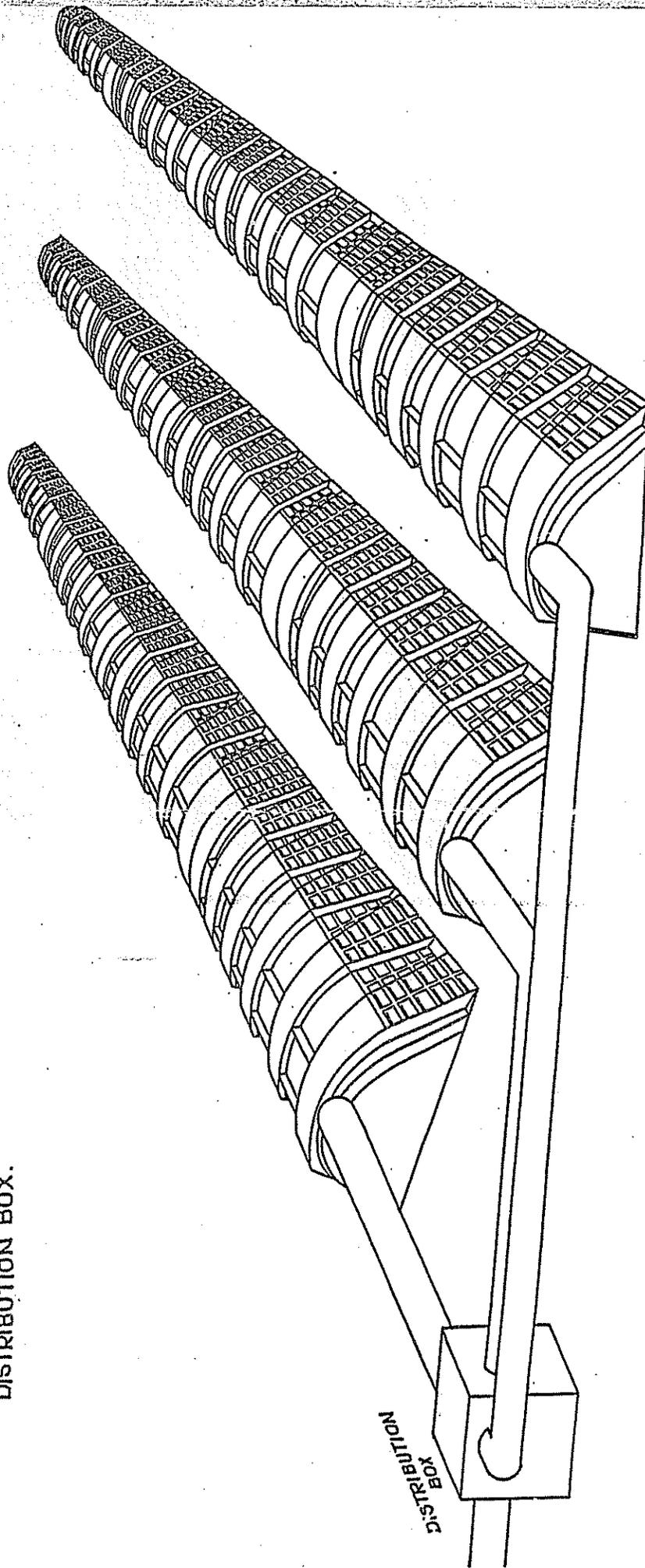
FILL UNDER INFILTRATORS TO BE SANDY LOAM TO LOAMY SANDY TEXTURE.  
 FILL AROUND INFILTRATORS TO BE SANDY LOAM TO LOAMY SANDY TEXTURE.

SITE EVALUATOR:		NUMBER OF INFILTRATORS:	PERCENT SLOPE:
OWNER:	MAROLD DURRELL	30	12%
LOCATION:	AUGUSTA	ELEVATIONS:	
DATE:		REFERENCE PT.	BOTTOM TRENCH #1 - 4'2"
		BOTTOM TRENCH #2	-4'11"
		BOTTOM TRENCH #3	-5'7"
		BOTTOM TRENCH #4 - 6'4" BOTTOM TRENCH #5 - 7'1"	

SCALE:  
1 INCH = 5 FEET

NOTE:

NEED END PLATES AT  
OPPOSITE END FROM  
DISTRIBUTION BOX.



INFILTRATOR TRENCH SYSTEM  
D-BOX DISTRIBUTION

GRANT of PERMISSION

I, Bryon Farrin, here-by give my neighbor, Harold Durrell, permission to extend fill onto my property as a result of the construction of a replacement septic system as described by the "Subsurface Wastewater Disposal System Application" per site evaluation conducted by Harrison Bispham on 7/23/87 (copy attached).

Date: 8-3-87

Signature: Bryon M Farrin  
Bryon Farrin

Address: RFD #6 Box 1261  
Augusta, Me 04331

GRANT of PERMISSION

I, Carl Pillsbury, here-by give my neighbor, Harold Durrell, permission to locate septic replacement system infiltrators at a minimum distance of 80 ft. from my well as described by the "Subsurface Wastewater Disposal System Application" per site evaluation conducted by Harrison Bispham on 7/23/87 (copy attached).

Date: 8/3/87

Signature: *Carl Pillsbury*  
Carl Pillsbury

Address: R#6 Albee Rd Box 1263  
Augusta, Maine 04330

*Harold Durrell*  
*8/23/87*

# 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.

### GENERAL INFORMATION

Town of AUGUSTA

Town Code

Permit No. 1128 E

Date Permit Issued \_\_\_\_\_ month/day/yr.

Property Owner's Name: HAROLD DURRELL Tel. No. 623-2219

System's Location: ALBEE ROAD  
Street  
AUGUSTA MAINE 04330  
Town Zip

Property Owner's Address:  
(if different from above) RFD 6 BOX 1262  
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, 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.

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.

Harold C. Durrell  
Property Owner's Signature

8/4/87  
Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
<b>Soils</b> Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		inches	
	Restrictive Layer	to 6"		inches	
	Bedrock	to 10"		inches	
<b>Setback Distances</b> (In feet)	From:	Treatment Tank	Disposal Area	Treatment Tank	Disposal Area
Potable Water Supplies	1. Well: > 2000 gal/day	100a	300a		
	2. Well: < 2000 gal/day				
	a. Neighbor's	100b	100b	45'	80'
	b. Property Owner's	50'	60'	90'	60'
	3. Water Supply Line	See Note 'a'			
Waterbodies	1. Perennial	60'	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With basement	See Note	15'		
	2. Without basement	'a'	10'		
Property Line		5'	5'		

Other Specify:

*Drainage area location is not possible location with regard to setbacks limitations*

Footnotes:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. 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.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

*Hamilton Thompson*  
Site Evaluator's Signature

*7/30/87*  
Date

**LPI Statement**

I, *Gary R. Fuller*, 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 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,  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,  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:

*Gary R. Fuller*  
LPI's Signature

*8-4-87*  
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