

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

<b>PROPERTY ADDRESS</b>	
Town Or Plantation	AUGUSTA
Street	HAYDEN RD
Subdivision Lot #	
<b>PROPERTY OWNERS NAME</b>	
Last: CHUBBUCK	First: CRAIG
Applicant Name:	R.F.D.#6 Box 1362
Mailing Address of Owner/Applicant (If Different)	Augusta, Me 04330

0141 AUGUSTA MTSL7

AUGUSTA PERMIT # 591  TOWN COPY

Date Permit Issued: 10/8/85 \$ 1410.00 FEE  Double Fee Charged

Robert St Pierre L.P.I. # 1667  
Local Plumbing Inspector Signature

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER SIX MONTHS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

**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.

Craig Chubbuck  
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.

Robert St Pierre 11/18/85  
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 checked="" type="checkbox"/> EXPANDED SYSTEM</li> <li><input type="checkbox"/> SEASONAL CONVERSION</li> <li><input type="checkbox"/> EXPERIMENTAL SYSTEM</li> </ol>	<p><b>THIS APPLICATION REQUIRES:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NO RULE VARIANCE REQUIRED</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</li> <li><input checked="" type="checkbox"/> Requires only Local Plumbing Inspector Approval</li> <li><input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</li> </ol>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></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</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>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED <u>1940'S</u></p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> BED</li> <li><input type="checkbox"/> CHAMBER</li> <li><input type="checkbox"/> TRENCH</li> <li><input checked="" type="checkbox"/> OTHER: <u>DRY WELL</u></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 _____ <small>SPECIFY</small></li> </ol>	<p><b>TYPE OF WATER SUPPLY</b></p> <p style="font-size: 1.5em; text-align: center;">DUG WELL</p>
<p><b>SIZE OF PROPERTY</b></p> <p style="font-size: 1.5em;">2 1/2 AC.</p>	<p><b>ZONING</b></p> <p style="font-size: 1.5em;">N/A</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 checked="" type="checkbox"/> NOT REQUIRED</li> <li><input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)</li> <li><input type="checkbox"/> REQUIRED</li> </ol> <p>DOSE: _____ GALS.</p>	<p style="text-align: center;"><small>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</small></p> <p style="font-size: 1.5em; text-align: center;">2-Bedroom</p>				
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table style="width: 100%;"> <tr> <td>PROFILE</td> <td>CONDITION</td> </tr> <tr> <td style="text-align: center;">B</td> <td style="text-align: center;">C/D</td> </tr> </table> <p>DEPTH LIMITING FACTOR: <u>18-12.</u></p>	PROFILE	CONDITION	B	C/D	<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 type="checkbox"/> MEDIUM-LARGE</li> <li><input checked="" 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 checked="" type="checkbox"/> BED <u>738</u> Sq. Ft.</li> <li><input type="checkbox"/> CHAMBER _____ Sq. Ft.</li> <li><input type="checkbox"/> TRENCH _____ Linear Ft.</li> <li><input type="checkbox"/> OTHER: _____</li> </ol>	<p>DESIGN FLOW: <u>180</u> (GALLONS/DAY)</p>
PROFILE	CONDITION						
B	C/D						

## SITE EVALUATOR STATEMENT

SITE EVALUATION WAIVED BY LOCAL OPTION

On Sept. 1, 1983 (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.

Stephen E. Goodwin 65 9/24/83  
Site Evaluator or Professional Engineer's Signature SE# / PE# Date

15x50'

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HHE-200 Rev. 4/83

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

own, City, Plantation  
**AUGUSTA**

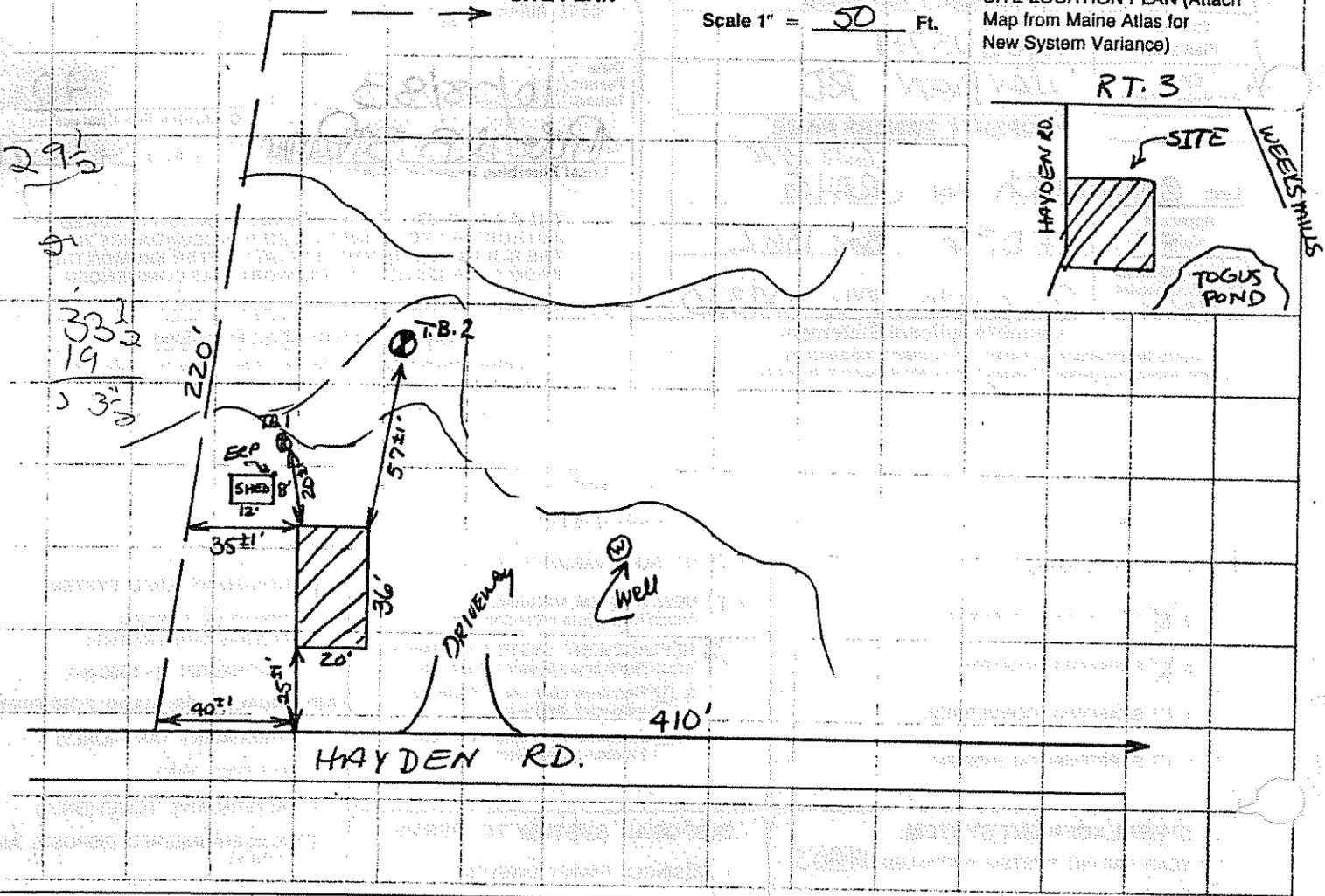
Street, Road, Subdivision  
**HAYDEN RD.**

Owners Name  
**CRAIG CHUBBUCK**

## 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 1  Test Pit  Boring  
0" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0 - 6	LOAM		BROWN	
6 - 15	SANDY LOAM		BRIGHT REDDISH BROWN	
15 - 20			YELLOWISH BROWN	MOTTLING
20 - 50	SANDY LOAM		GRAY	

Soil Profile <b>B</b>	Classification Condition <b>C</b>	Slope <b>4-6%</b>	Limiting Factor <b>1B20</b>	<input checked="" type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Observation Hole 2  Test Pit  Boring  
0" Depth of Organic Horizon Above Mineral Soil

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

Soil Profile <b>B</b>	Classification Condition <b>D</b>	Slope <b>0.3%</b>	Limiting Factor <b>12</b>	<input checked="" type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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*Stephen E. Hooden*  
Site Evaluator or Professional Engineer's Signature

**65**  
SE or PE #

**9/24/83**  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation  
**AUGUSTA**

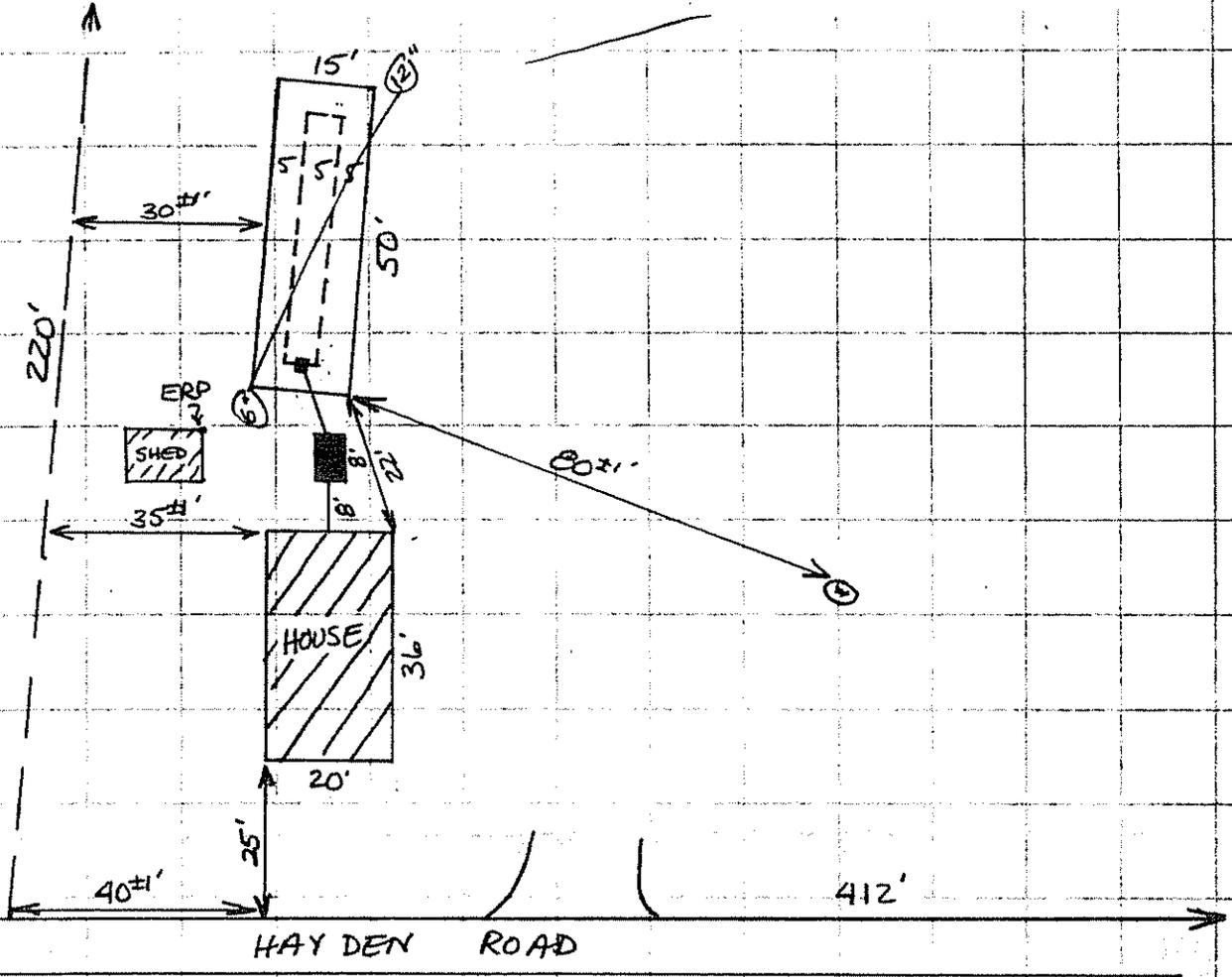
Street, Road, Subdivision  
**HAYDEN ROAD**

Department of Human Services  
 Division of Health Engineering

Owners Name  
**CRAIG CHOBBUCK**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 30 FL

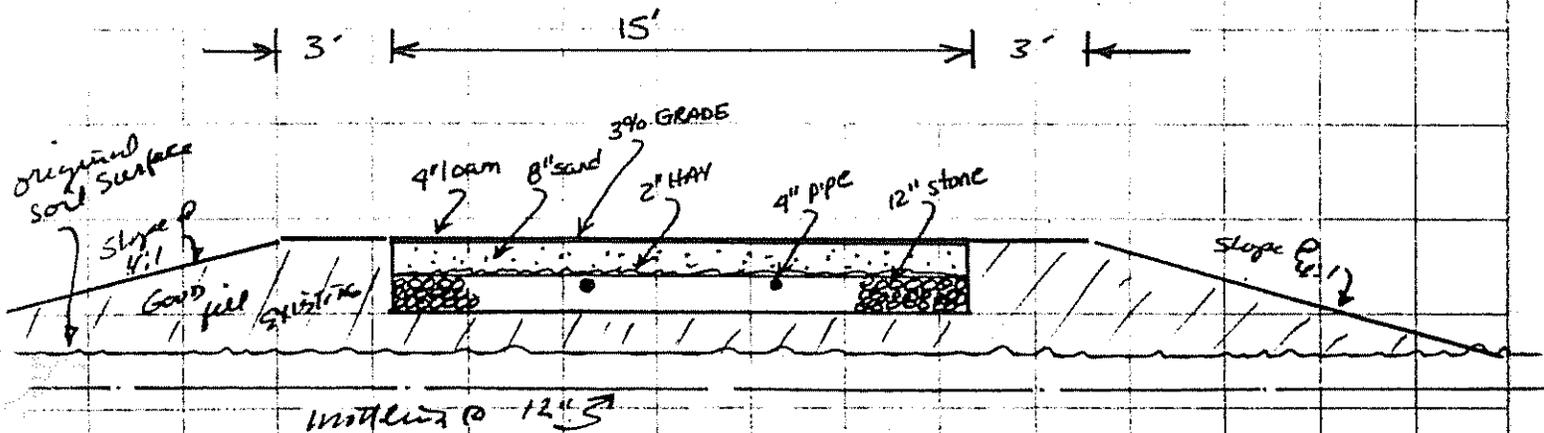


FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <i>see above</i> 6" _____"	Reference Elevation is <i>NAIL IN SHED</i> _____"	NAIL IN CORNER OF SHED
Depth of Fill (Downslope) 12" _____"	Bottom of Disposal Area <i>56"</i>	
	Top of Distribution Lines or Chambers <i>44"</i>	

### DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 FL  
 Horizontal: 1 inch = 5 FL



Stephen E. Jordan

65

9/24/83

# 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, Maine

Town Code

Permit No.  E

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

Property Owner's Name: Craig Chubbuck Tel. No. \_\_\_\_\_

System's Location: R.F.D. # 6 Box 1362 Hayden Rd.  
Street

Augusta MAINE \_\_\_\_\_ Zip  
Town

Property Owner's Address: \_\_\_\_\_  
(if different from above) Street

\_\_\_\_\_ State Zip  
Town

## 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.

Craig Chubbuck 2-10-28-83  
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"		Sum of Bed 12"	inches
	Restrictive Layer	to 6"			inches
	Bedrock	to 10"			inches
Setback Distances (in feet)	From:	Treatment Tank	Disposal Area	Treatment Tank	Disposal Area
	Available Water Supplies				
	1. Well: > 2000 gal/day	100a	300a		
	2. Well: < 2000 gal/day				
	a. Neighbor's	100b	100b		
	b. Property Owner's	50'	60'	75'	80±'
	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:

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.

Stephen E. Goodwin  
Site Evaluator's Signature

9/24/83  
Date

LPI Statement

I, Robert St Pierre, 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 Foreland 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:

Robert B St Pierre  
LPI's Signature

10/28/83  
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