

OK

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street	Civic Center Drive
Section Lot #	

PROPERTY OWNERS NAME

Last: Bolduc First: Donald

Applicant Name: 314 Civic Center Drive

Mailing Address of Owner/Applicant (if Different): Augusta, Maine 04330

M79 L13A

AUGUSTA PERMIT # 325 TOWN COPY

Date Permit Issued: 110, 184 \$ 136.00 FEE Double Fee Charged

Robert St Pierre L.P.I. # 1667

Local Plumbing Inspector Signature

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.

Donald Bolduc
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.

Randall St Pierre
Local Plumbing Inspector Signature Date Approved 10/25/84

PERMIT INFORMATION

THIS APPLICATION IS FOR: 1. <input type="checkbox"/> NEW SYSTEM 2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 4. <input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval 5. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval	INSTALLATION IS: COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED <u>1969</u> THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 3. <input checked="" type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER:	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER SPECIFY:	TYPE OF WATER SUPPLY <u>City water</u>
SIZE OF PROPERTY <u>30,000 ft²</u>	ZONING <u>yes</u>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: <u>1000 existing</u> GALS.	WATER CONSERVATION 1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY:	PUMPING 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) <u>3-Bedroom</u> DESIGN FLOW: <u>270</u> (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE <u>5</u> CONDITION <u>D</u> DEPTH TO LIMITING FACTOR: <u>12-14" in. original soil</u>	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. <input checked="" type="checkbox"/> BED <u>800</u> Sq. Ft. 2. <input type="checkbox"/> CHAMBER Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH Linear Ft. 4. <input type="checkbox"/> OTHER:	

20'x45'

E EVALUATOR STATEMENT

SITE EVALUATION WAIVED BY LOCAL OPTION

On Oct. 19, 1984 (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
Site Evaluator Signature

65
SE#

10/19/84
Date

* Local Plumbing Inspectors Signature if a Local Site Evaluation Waiver under a Local Option

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

Augusta

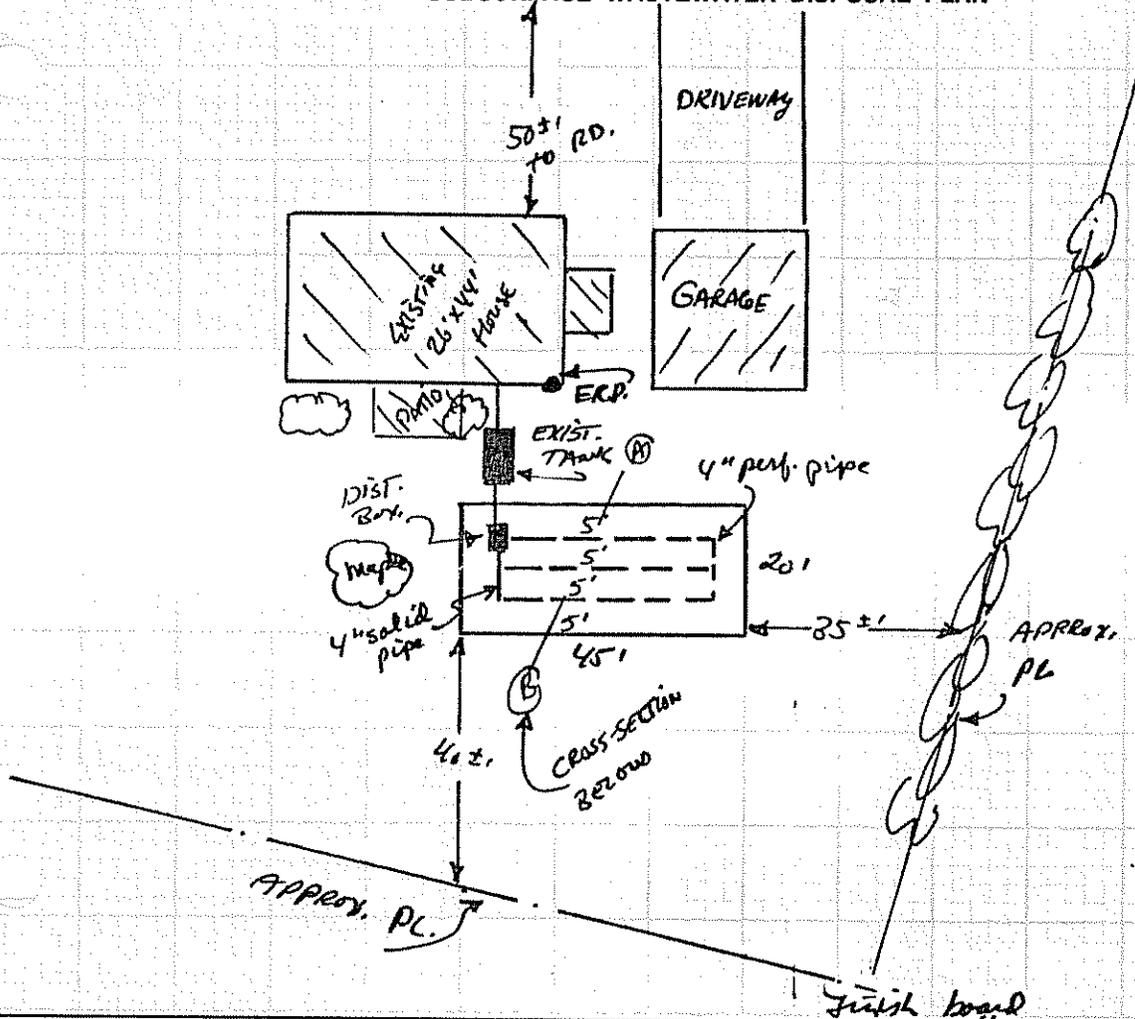
Civic Center Drive

Donald

Baldue

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 30 Ft.



FILL REQUIREMENTS. Depth of Fill (Upslope) <i>Cut 30" fill 30"</i> Depth of Fill (Downslope) <i>fill 20"</i>	CONSTRUCTION ELEVATIONS. Reference Elevation is <i>Bottom of Tank</i> Bottom of Disposal Area <i>30" Below "</i> Top of Distribution Lines or Chambers <i>26" Below "</i>	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION <i>Bottom of Finish on Corner of House = Finished grade 14" Below</i>
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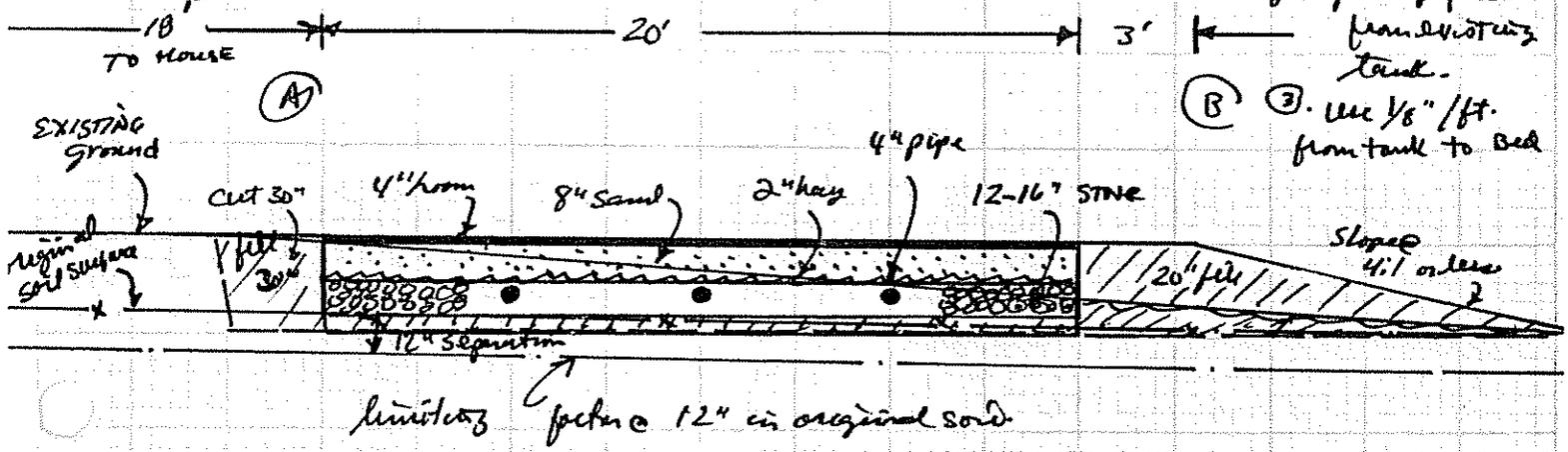
DISPOSAL AREA CROSS SECTION

Scale:
 Vertical: 1 Inch = 5' Ft.
 Horizontal: 1 Inch = 5' Ft.

NOTE 1. CUT existing material fill & replace with good clean gravel & leachbed.

2. might have to put pipe 1-2" lower into stone in order to get gravity feed from existing tank.

3. Use 1/8" /ft. from tank to bed



Stephen E. Gordoni
 Site Evaluator Signature

65
SE#

10/19/84
Date

Replacement System Variance Request

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.
7. Soil and setback distances are within approval authority of the LPI.

GENERAL INFORMATION

Town of Augusta, Maine

Permit No.

Date Permit Issued / /
month/day/year

Property Owner's Name: Donald Balduc Tel. No. _____

System's Location: 314 Civic Center Drive
Street

Augusta, MAINE 04330
Town Zip

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

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.

FOR USE BY THE DEPARTMENT ONLY:

The Department has reviewed the variance(s) and (does, does not) give its approval. Any additional requirements, commendations, or reasons for the Variance denial, are given in the attached letter.

Signature of the Department

Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils					
Soil Profile	Ground Water Table	to 6"		5-D Soil ^{original site} inches	
Soil Condition	Restrictive Layer	to 6"		inches	
from HHE-200	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	300		
	2. Well: <2000 gal/day				
	a. Neighbor's	100 ^(a)	100 ^(a)		
	b. Property Owner's	50'	60'		
	3. Water Supply Line	10'	10'		
Waterbodies	1. Perennial	60' ^(c)	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10' ^(b)		
Buildings	1. With basement	8'	15'		18'
	2. Without basement	8'	10'		
Property Line		5'	5' ^(d)		

Other Specify:

existing
 putting system into filled land over original 5-D soil type.

Footnotes:

- a. 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.
- b. Sufficient distance shall be maintained to assure that the toe of the fill does not extend beyond the 3:1 slope or property line.
- c. May be reduced to 25' provided treatment tank is tested to be water tight in the presence of the Local Plumbing Inspector.

Stephen E. Godwin
 Site Evaluator's Signature

10/17/84
 Date

LPI Statement

I, Randall D. Gray, LPI for Town of Augusta Maine 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. (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:

Randall D. Gray
 LPI's Signature

10/22/84
 Date

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.

Donald J. Kalden
 Property Owner's Signature

_____ Date