

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS	
Town Or Plantation	Albion
Street	Main Street
Subdivision Lot #	
PROPERTY OWNERS NAME	
Last: Fowler	First: Meta
Applicant Name:	Meta Fowler
Mailing Address of Owner/Applicant (if Different)	P.O. Box 25 Albion Me 04910

ALBION	PERMIT # 238	STATE COPY
Date Permit Issued: 4/24/91	\$ 410 FEE	<input type="checkbox"/> Double Fee Charged
148 Tracy Hudson Local Plumbing Inspector Signature		L.P.I. # 3173

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.

Meta Fowler 4/24/91
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

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
 - Requiring Local Plumbing Inspector Approval
 - Requires State and Local Plumbing Inspector Approval
- MINIMUM LOT SIZE VARIANCE

INSTALLATION IS:

COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM
(includes Alternative Toilet)
- ENGINEERED (+ 2000 gpd)

SEASONAL CONVERSION
to be completed by the LPI

- SYSTEM COMPLIES WITH RULES
- CONNECTED TO SANITARY SEWER
- SYSTEM INSTALLED - P# _____
- SYSTEM DESIGN RECORDED AND ATTACHED

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER _____
SPECIFY _____

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK _____ GAL
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED 1957

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER _____

SIZE OF PROPERTY 15,000 sq ft

ZONING None

TYPE OF WATER SUPPLY
Drilled Well

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC
 - Regular
 - Low Profile
- AEROBIC

SIZE: 1,000 GALS

WATER CONSERVATION

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY _____

PUMPING

- NOT REQUIRED
- MAY BE REQUIRED
(DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: _____ GALS

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

Single Family Dwelling
3 Bedroom
Minimum Flow

DESIGN FLOW: 270 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	B

DEPTH TO LIMITING FACTOR: _____

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

- BED 900 Sq Ft
- CHAMBER _____ Sq Ft
 - REGULAR
 - H-20
- TRENCH _____ Linear Ft
- OTHER _____

SITE EVALUATOR STATEMENT

On April 15, 1991 (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.

Ernest Drake 86 4-22-91
Site Evaluator Signature SE# Date

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

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Albion

Street, Road, Subdivision

Main Street
SITE PLAN

Owners Name

Meta Fowler

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

Scale 1" = 40' Ft.

Property Owner has been Given Plumbing Code Distance of Construction Requirements

Grown Top of Drainage Bed



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
0-8	Loom	Loose	Dark Brown	
8-36	Gravelly Sand	Loose	Brown	
36-50	Sandy loam	Friable	Yellow Brown	

Soil	Classification	Slope	Limiting Factor	<input type="checkbox"/> Groundwater
3	B	4%	-	<input type="checkbox"/> Near-surface
				<input type="checkbox"/> Surface

Observation Hole Test Pit Boring

Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-8				
8-10				
10-15				
15-20				
20-25				
25-30				
30-35				
35-40				
40-45				
45-50				

Soil	Classification	Slope	Limiting Factor	<input type="checkbox"/> Groundwater
				<input type="checkbox"/> Near-surface
				<input type="checkbox"/> Surface

Ernest Drake
Site Evaluator Signature

86
SE#

4-22-91
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Albion

Main Street

Meta Fowler

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' PL

Both Porches Do Not
Have Basements

3 lines 4" P.V.C. or Equal
Installed in Closed System

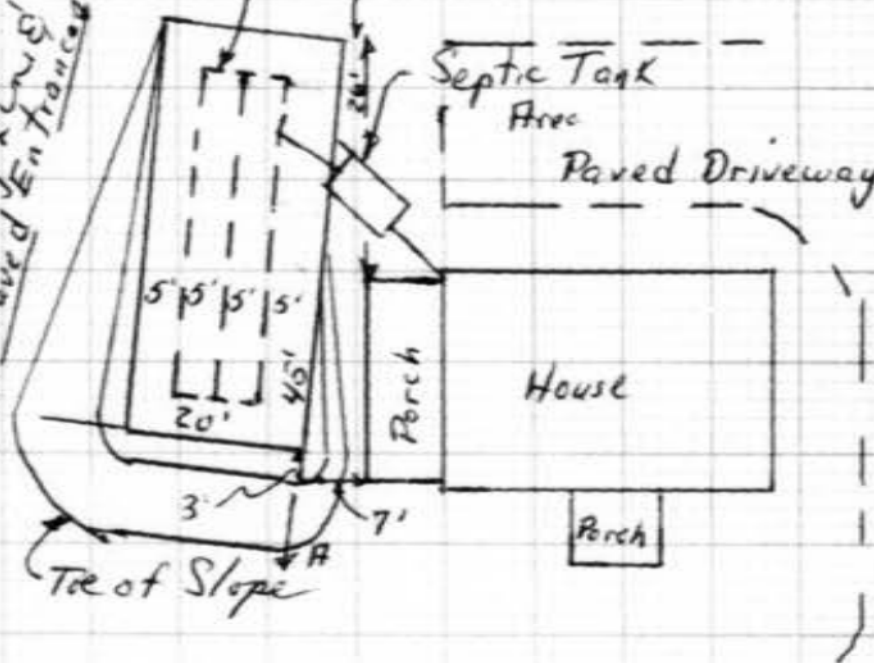
Corners Drainage
Bed Flagged

Approximate
Property Line
Edge Paved Entrance

Septic Tank
Area
Paved Driveway



Cross-Section



Rte 202

Main Street
22' Pavement

FILL REQUIREMENTS

Depth of Fill (Upslope)
Depth of Fill (Downslope)

12"
22"

Reference Elevation is
Bottom of Disposal Area
Top of Distribution Lines or Chambers

CONSTRUCTION ELEVATIONS

100.0
95.6"
96.3"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

Assumed Top of
House Foundation 100.0

Scale:

Vertical: 1 inch = 5' FL
Horizontal: 1 inch = 10' FL

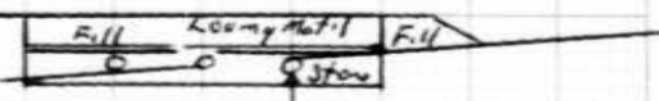
DISPOSAL AREA CROSS SECTION

Drainage Bed Construction

- 3" Loamy Material
- 7" Fill (Existing Mat'l)
- 2" Hay
- 12" Stone (3/4" to 3")

Original Ground

4' 10" Flatted
Fill



3 lines 4" P.V.C. or Equal
Installed in Closed System

E. Brent Drake
Site Evaluator Signature

86
SE#

4-22-91
Date

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. 238 E Date Permit Issued 4/24/91
Town of Albion
MONTH/DAY/YEAR
Property Owner's Name: Marta Fowler Tel. No. 437-4643
System's Location: Main Street STREET
Albion TOWN Maine 04910 ZIP
Property Owner's Address: P.O. Box 25 STREET
(if different from above) Albion TOWN Maine STATE 04910 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.

Marta Fowler

PROPERTY OWNER'S SIGNATURE

4/23/91

DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table		to 6"		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	50'	60'		
	b. Property Owner's	25'	50'		
	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"	10"		
Buildings	1. With Basement	5'	10'		14
	2. Without Basement	5'	10'	5	9
Property Line		4'	5'		

Note - Drilled well located on separate lot approximately 168 feet from Drainage Bed

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.

E. J. Drake
SITE EVALUATOR'S SIGNATURE

April 22, 1991
DATE

LPI STATEMENT

I, Terry Hodges, LPI for the Town of Albion 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: _____

Terry Hodges
LPI'S SIGNATURE

4/24/91
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