Sanborn Motor Express Inc

Division of Health Engineering
Station No. 10
State House
Augusta, Maine 04333

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

HHE-200

This Is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

Page 1 of 2

This Application Is For: ( ) New System (X) Replacement of Entire System ( ) Expanded System ( ) Replacement of Disposal Area Only ( ) Conversion Permit

Variance: (X) None Required ( ) New System Variance ( ) Replacement System Variance With LPI Approval ( ) Dept. Review

PROPERTY LOCATION: Town, Plantation: Augusta | Street, Road: Riverside Drive | Subdivision Name: N/A | Lot No.: N/A

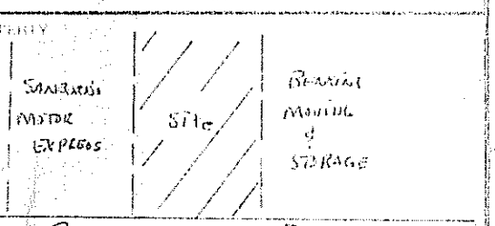
PROPERTY OWNER or APPLICANT: Sanborn Motor Express Inc. c/o Gil Jane

Mailing Address: 685 Riverside Drive | Tel. No.: 623-6317
Augusta, Maine 04330

TYPE OF STRUCTURE, DESIGN FLOW: ( ) Single Family Dwelling; Number of Bedrooms ____ Design Flow ____ GPD; Design Flow based on N/A ( ) Minimum ( ) Moderate ( ) Conservative; ( ) Reduction of Design Flow due to Water Conservation; If so, specify type fix.

(X) Other Establishment: Specify Type of Facility: FACTORY & office personnel; 15 employees with showers @ 25 gpd (Number of Employees, Seating Capacity, Building Size etc.); Design Flow: 375 GPD; ( ) If greater than 2000 GPD, Specify Professional Engineer

LOCATION PLAN OF PROPERTY



Houses, Landmarks, Distances

PROPERTY INFORMATION: Area of Property: 4+ Sq. Ft. (X) Acres (X) Owned ( ) Leased Area; If leased, type of tenancy: Commercial; Property on Water Body: If so, Name of Water Body: N/A; Water Supply is: (X) Public Utility, ( ) Drilled Well ____ depth, ( ) Dug Well ____ depth, ( ) Well Point, ( ) Spring, ( ) Surface Water

SOIL PROFILE DESCRIPTION, Location of Observation Holes shown on page 2

TEXTURAL DESCRIPTION OF EACH SOIL STRATA ENCOUNTERED

	Observation Hole No. 1	Observation Hole No. 2	Observation Hole No. 3
	(X) Test Pit ( ) Boring	(X) Test Pit ( ) Boring	(X) Test Pit ( ) Boring
Organic Strata or (if existing Fill)	Thickness 10" fill	8-10" fill	Thickness 26" fill
1st Original Mineral Soil Strata	Depth from 0" to ____ Thickness 42" Reddish Brown to yellowish brown s.l.	28" Mod. Reddish Brown s.l.	Depth from 0" to ____ Thickness 32" Mod. Reddish Brown to yellowish brown s.l.
2nd	Depth from ____ to ____ Thickness ____	Depth from ____ to ____ Thickness ____	Depth from ____ to ____ Thickness ____
3rd	Depth from ____ to ____ Thickness ____	Depth from ____ to ____ Thickness ____	Depth from ____ to ____ Thickness ____
4th	Depth from ____ to ____ Thickness ____	Depth from ____ to ____ Thickness ____	Depth from ____ to ____ Thickness ____
Total Depth of Observation Hole	52	36-38	58
Depth from top of ORIGINAL MINERAL SOIL: Maximum Seasonal High Ground Water Table Depth ( ) None evident	38	( ) None evident	32
Depth to Restrictive Layer ( ) None evident	42	(X) None evident	(X) None evident
Depth to Bedrock (X) None evident		(X) None evident	(X) None evident
PROFILE	2	2	2
CONDITION	C	C	C
SLOPE	0-3%	0-3%	0-3%

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2

TYPE OF SYSTEM: (X) Combined System; ( ) Separated System; If separated system, type of black waste disposal system to be served: ( ) Compost; ( ) Pit Privy; ( ) Sealed Vault Privy; ( ) Other; Specify ____; ( ) Separated Laundry System; ( ) Alternative System; ( ) Holding Tank

TREATMENT TANK: (X) Septic Tank; ( ) Aerobic Tank; Size 1000 Gals.

DOSAGE: (X) Pumping is not required; ( ) Pumping is required; The dose should be ____ Gals.; Dosage chamber capacity should be ____ gals.; ( ) System should be vented

SUBSURFACE DISPOSAL AREA/TYPE: ( ) Trench Disposal Area: Total linear feet of trench ____ ft.; Number of trench lines ____ ft.; Length of each trench line N/A ft.; Depth of Stone ____ inches; Trench lines are trench length due to slope depth ____ %; ( ) Bed Disposal Area: Total bed area N/A sq. ft.; Number of beds ____; Width ____ ft. Length ____ ft.; (X) Chamber Disposal Area: Total chamber area 608 sq. ft.; Number of chambers 17 - Type - D; Width 12 ft. Length 56 ft.; ( ) If Presented

SYSTEM SIZE RATING: ( ) Small ( ) Medium (X) Medium Large ( ) Large ( ) Extra Large

DISPOSAL AREA ELEVATION: Depth of Unbalanced Fill required 0 inches; Depth of Excavation Fill required 0 inches; Reference Elevation Point Indicated at Bottom of Window Casing Elevation; Disposal Area Bottom to be Established at approx. depth of 78" Below " Elevation; Top of Distribution Lines or Top of Chamber 64" Below " Elevation

(X) Yes ( ) No: The proposed subsurface disposal area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook, stream, river), swamps, marshes, and bogs.

(X) Yes ( ) No: The proposed subsurface disposal area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.

FOR USE BY SITE EVALUATOR: On Sept. 14/81 (date), site investigation for this project was completed. I conducted the soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.

Signature of Site Evaluator: Stephen E. Goodwin
Date Signed: Sept 17, 1981
Site Evaluator License Number: 65

FOR USE BY OWNER/APPLICANT: I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install the proposed system and that the permit is valid for one (6) month period from the date of permit issuance. I also understand that no work is authorized or implied by issuance of any advice or approval given.

Signature of Owner/Applicant: (X) Linda Barden
Date Signed: 4-13-82

FOR USE BY LPI: ( ) This Application is approved. If conditions, specify: ( ) This Application is Denied due to: ( ) System is not in accordance with Rules; ( ) Application is incomplete; ( ) Application is unclear; ( ) Development is in violation of other Regulations. Specify: ____

Signature of LPI: Richard P. Baker
Date: 4-13-82
PERMIT NO. 4 8 5 1 1
Date Issued: 4-13-82

HHE-200 REV 7/79

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

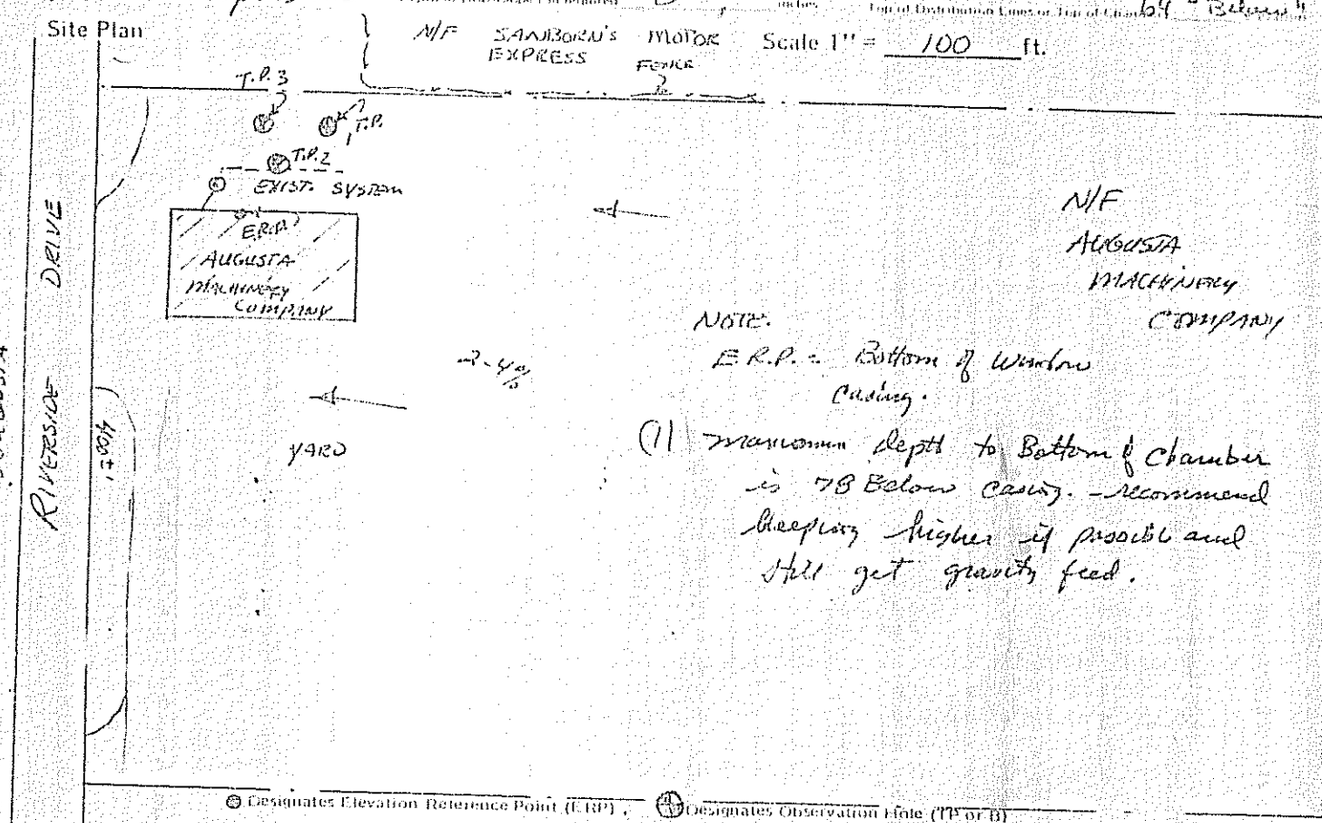
PROPERTY LOCATION: Augusta (Town, Plantation) — Riverside Drive (Street, Road) — N/A (Subdivision Name) — N/A (Lot No.)

PROPERTY OWNER or APPLICANT: Sanborn's Motor Express Inc

DISPOSAL AREA ELEVATION
Depth of Upslope Fill required: 0 inches
Depth of Downslope Fill required: 0 inches

Reference Elevation Point established at: Bottom of window casing. Elevation
Disposal Area Bottom to be established at: max. depth of 78" Below " Elevation
Top of Distribution Lines or Top of Chamber: 64" Below "

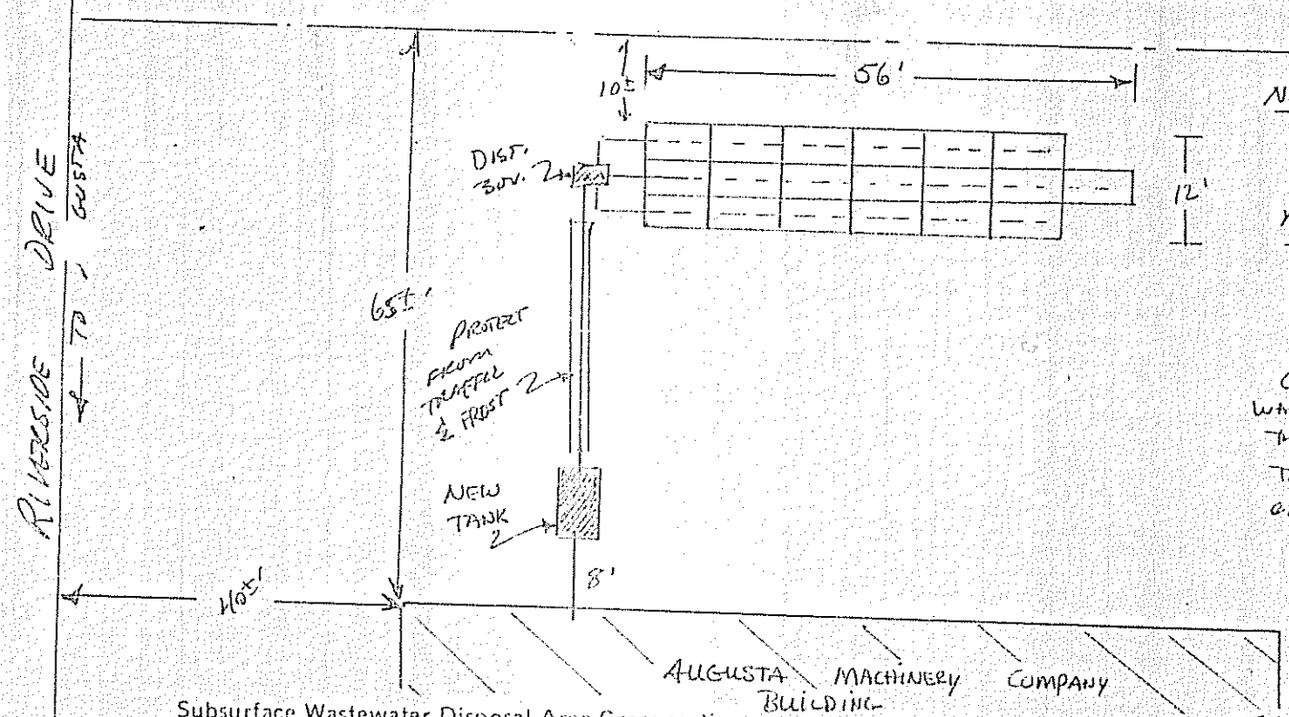
Site Plan — Scale 1" = 100 ft.



NOTE:
E.R.P. = Bottom of Window Casing.
(1) maximum depth to Bottom of Chamber is 78 Below casing. - recommend keeping higher if possible and still get gravity feed.

Designates Elevation Reference Point (ERP) — Designates Observation Hole (TP or B)

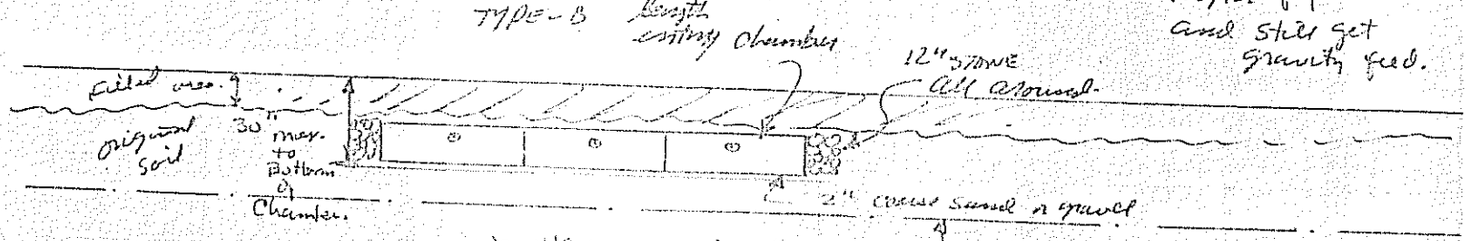
Subsurface Wastewater Disposal Plan — Scale 1" = 20' or 20'



NOTE:
19 TYPE-B & ENTRY CHAMBERS MAY WANT TO INSTALL H-20 LOAD FOR HEAVY TRAFFIC OTHERWISE WANT SOME TYPE OF BARRIER TO KEEP TRUCKS etc. OFF.

Subsurface Wastewater Disposal Area Cross-section — Scale: Vertical: 1" = 5'; Horizontal: 1" = 5'

Keep system Higher if possible and still get gravity feed.



Site Evaluators Signature: Stephen E. Goodwin — Date: Sept 18, 1981 — License Number: 65

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: Sanborn Motor Express Inc. Tel. No. 622-6327

System's Location: c/o Gil Lane 668 Riverside Drive
Street

Augusta MAINE 04330
Town Zip

Property Owner's Address:
(if different from above) SAME
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.

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.

Sanborn Motor Express
By E J Sullivan — X 5-24-82
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"		12	inches
	Restrictive Layer	to 6"			inches
	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	100a	300a		
	2. Well: < 2000 gal/day a. Neighbor's	100b	100b		
	b. Property Owner's	50'	60'		
	3. Water Supply Line	See Note 'a'			
Waterbodies	1. Perennial	60'	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	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: System installed in man-made fill (18-24") over original B-D soil with mottling (6-10" from surface.

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

April 28, 1992 — Date

LPI Statement

I, _____, LPI for the Town of _____ 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: _____

LPI's Signature _____ 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 _____