

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS	
Town Or Plantation	AUGUSTA
Street Division Lot #	CAMP RD - 3 CORNERS FOND
PROPERTY OWNERS NAME	
Last: GUILDROY	First: JACK & MARIAM
Applicant Name:	SAME
Mailing Address of Owner/Applicant (if Different)	7 PINE ST PORT WASHINGTON, N.Y. 11050

AUGUSTA PERMIT # 1,634 TOWN COPY

Date Permit Issued: 6-9-89 \$ 140.00  Double Fee Charged

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # 1005

**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.

*Jack Guildroy* 6-5-89  
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.

*[Signature]* 2-13-89  
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: 1. <input type="checkbox"/> BED      3. <input checked="" type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER      4. <input type="checkbox"/> OTHER: _____</p>	<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 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> PROPOSED DRILLED WELL</p>
<p>SIZE OF PROPERTY: 30,500± A2      ZONING: SHORELAND</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: 1,000 GALS.</p>	<p><b>WATER CONSERVATION</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NONE</li> <li><input checked="" 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: _____ GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p style="text-align: center;">1 BEDROOM</p> <p style="text-align: center;">360 - 36 10% LOW VOL FEWS</p>		
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table style="width: 100%;"> <tr> <td>PROFILE: 3</td> <td>CONDITION: B</td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: 32.</p>	PROFILE: 3	CONDITION: B		<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 576 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>
PROFILE: 3	CONDITION: B				

**SITE EVALUATOR STATEMENT**

On 5-1-89 (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.

*[Signature]* 181 5-30-89  
Site Evaluator Signature SE# Date

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

Page 1 of 3  
HHE-200 Rev. 11/86

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Augusta

Street, Road, Subdivision

CAMP Rd. 3 CORNERED POND LOTS 150-151-152

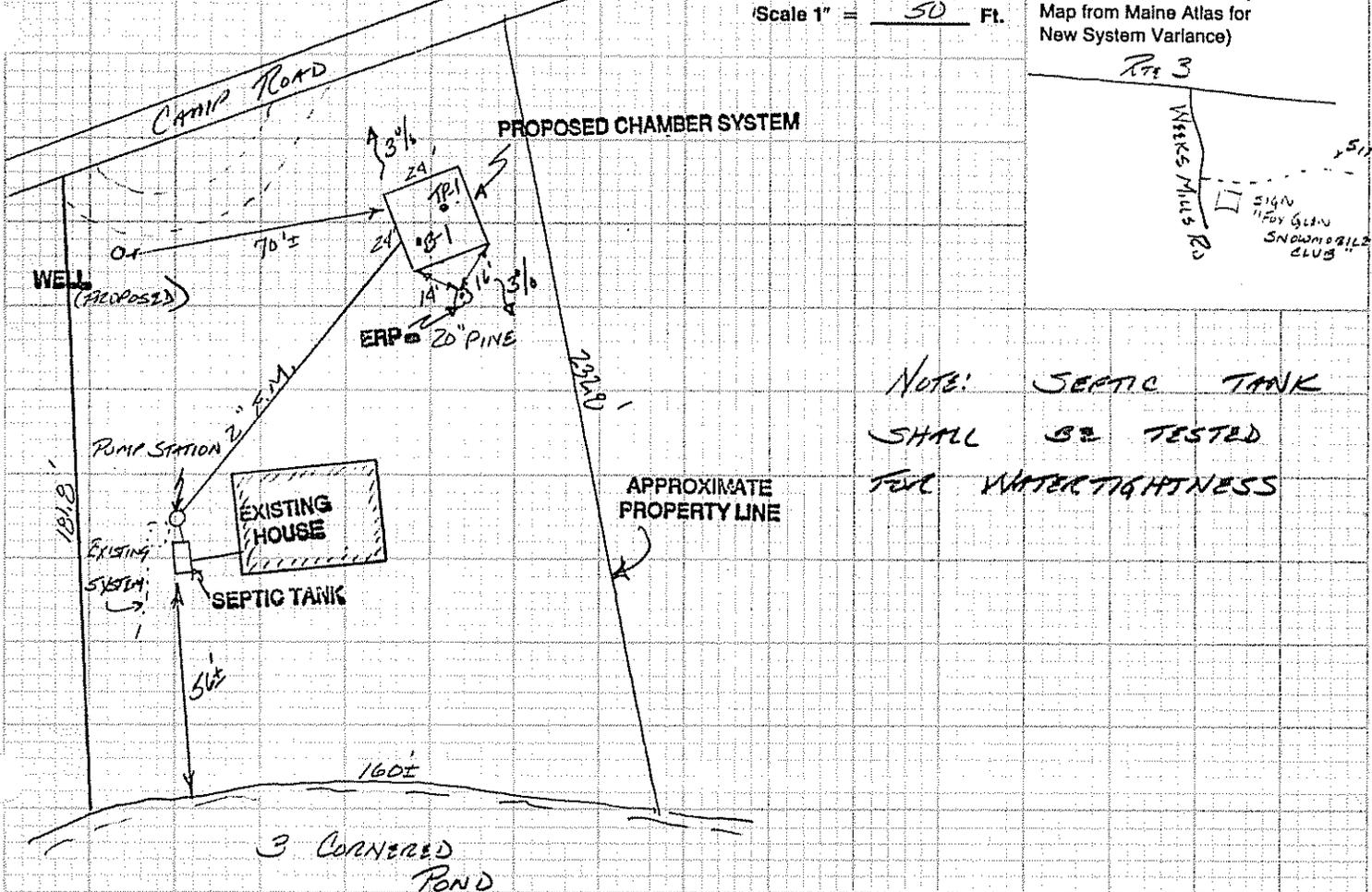
Owners Name

Guilford

## 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 TP-1  Test Pit  Boring

N/A " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	REDDISH BROWN	NONE EVIDENT
6				
10				
15				
20			OLIVE BROWN	
30		FIRM		
40				
50				

Soil 3 Classification B Slope 3 % Limiting Factor 30  
 Profile Condition

Ground Water  
 Restrictive Layer  
 Bedrock

Observation Hole B-1  Test Pit  Boring

N/A " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	REDDISH BROWN	NONE EVIDENT
6				
10				
15				
20			OLIVE BROWN	
30		FIRM		
40				
50				

Soil 3 Classification B Slope 3 % Limiting Factor 30  
 Profile Condition

Ground Water  
 Restrictive Layer  
 Bedrock

*Richard*  
Site Evaluator Signature

181  
SE#

5-30-89  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

AVGUSTA

Street, Road, Subdivision

CAMP RD - 3 CORNERED POND

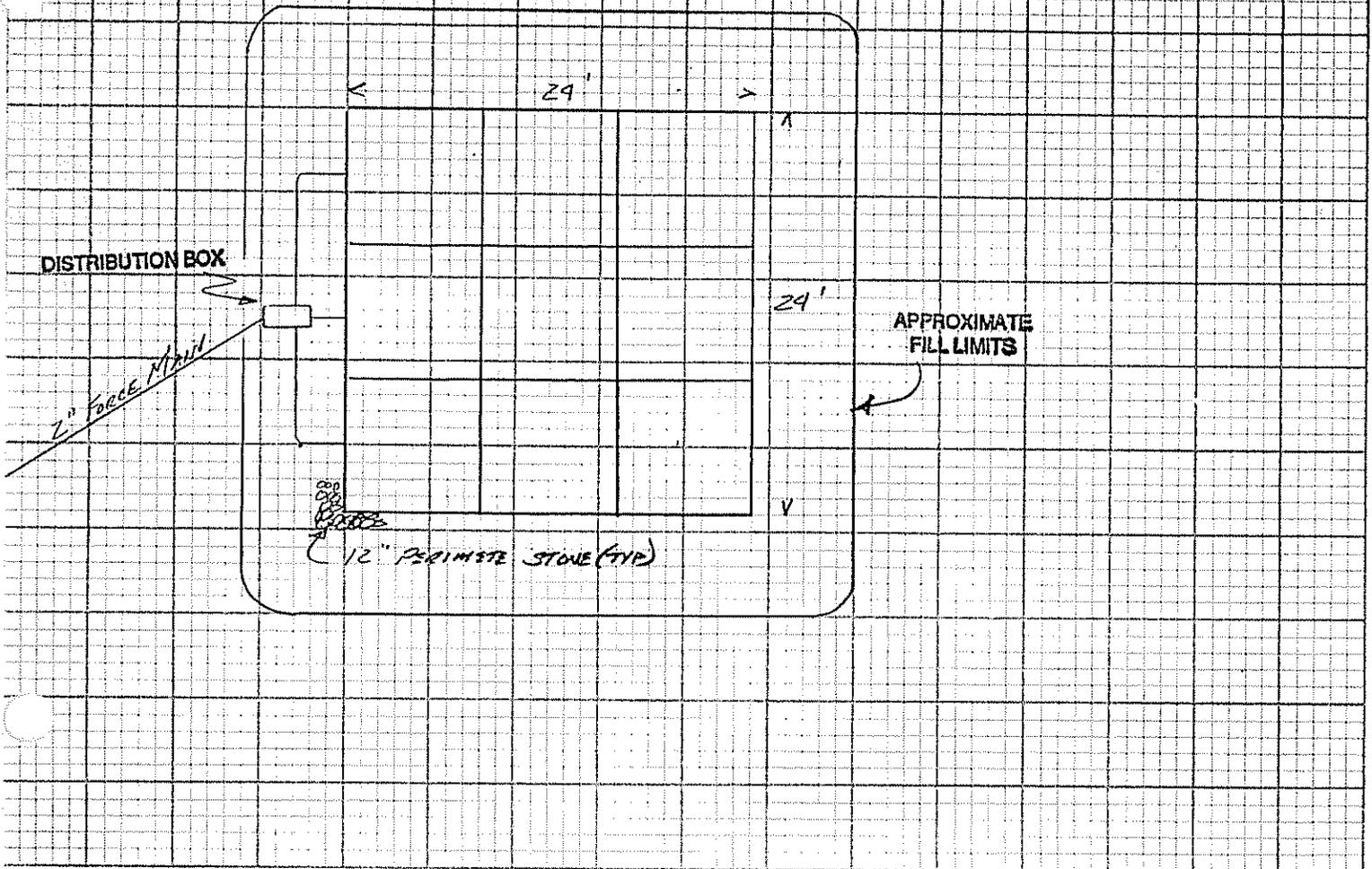
LOTS 150, 151, 152

Owners Name

GUILDROY

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 10' FL.



### FILL REQUIREMENTS

Depth of Fill (Upslope)

00"

Depth of Fill (Downslope)

08"

### CONSTRUCTION ELEVATIONS

Reference Elevation is

00"

Bottom of Disposal Area

-42"

Top of Distribution Lines or Chambers

-29"

### ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

FLAGGED NAIL IN 2" PINE

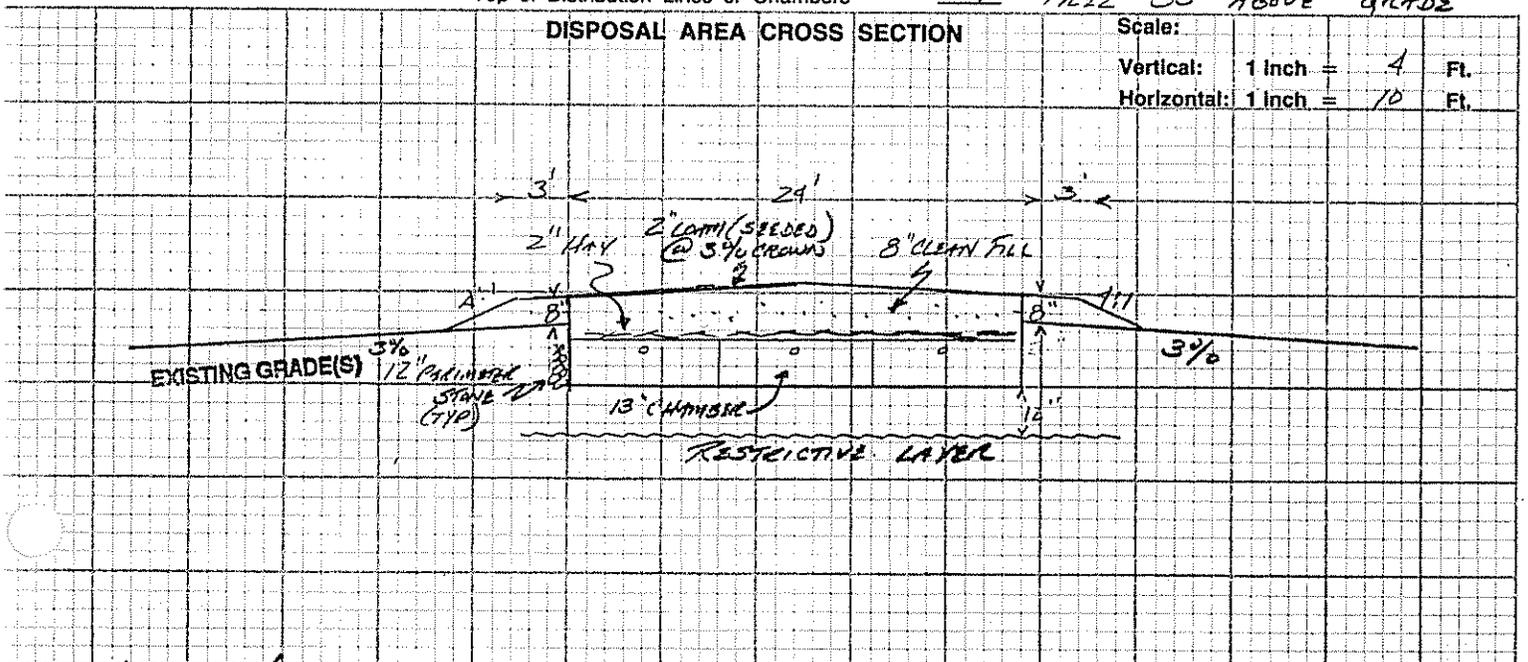
TRIEZ 33" ABOVE GRADE

### DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 4' FL.

Horizontal: 1 inch = 10' FL.



*John Hubbard*  
Site Evaluator Signature

101

SE#

5-30-89

Date

JACK GILDROY  
7 PINE STREET  
PORT WASHINGTON, NEW YORK 11050  
(516) 767-0659

June 5, 1989

Mr. George Soucy  
Plumbing Inspector  
City of Augusta  
16 Cony Street  
Augusta, Maine 04330

Dear Mr. Soucy:

Thanks again for our phone conversation today.

I attach three signed copies of the Variance Request and a check for \$40.00.

I intend to phone you again before you receive this correspondence and after I've talked to Raymond Rolfe. I will ask you to do one of the following: (1) phone Mr. Rolfe (582 4324) as soon as the permit is ready, so that he can pick it up, or (2) keep it in your office, for us to pick up on either June 21 or 22.

I am sending this communication by Federal Express because Mr. Rolfe may advise the first alternative.

Sincerely,

*Jack Guildroy*

*Per phone conversation 6-6-89.*

*Mr. Guildroy wants me to call him back once I receive the application with regard to conversion criteria.*

*Mr. Rolfe's business No.*

*622-4018*

**FEDERAL EXPRESS**

**AIRBILL**

USE THIS AIRBILL FOR DOMESTIC SHIPMENTS WITHIN THE CONTINENTAL U.S.A., ALASKA AND HAWAII.  
USE THE INTERNATIONAL AIRWAYBILL FOR SHIPMENTS TO PUERTO RICO.  
QUESTIONS? CALL 800-238-5335 TOLL FREE.

PACKAGE TRACKING NUMBER

2979071745

2979071745

**RECEIVED**  
JUN 6 1989

**RECIPIENT'S COPY**

Date 6-5-89		To (Recipient's Name) Please Print Federal Society		Recipient's Phone Number (Very Important) (207) 626-236
From (Your Name) Please Print Jack Sweeney		Your Phone Number (Very Important) (571) 455-1234		
Company		Department/Floor No.		Company City of Augusta Planning Inspector
Street Address 7 Pine Street		Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.) 16 CONY STREET		Department/Floor No.
City Port Washington	State NY	ZIP Required 11050	City Augusta	State ME
			ZIP Required 04330	

**YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE.)**

**IF HOLD FOR PICK-UP, Print FEDEX Address Here**

**PAYMENT**  Bill Sender  Bill Recipient's FedEx Acct. No.  Bill 3rd Party FedEx Acct. No.  Bill Credit Card

Cash

Street Address

City

State

ZIP Required

SERVICES		DELIVERY AND SPECIAL HANDLING				PACKAGES	WEIGHT IN POUNDS ONLY	YOUR DECLARED VALUE	OVER SIZE	Emp. No.	Date	Federal Express Use	
1	<input type="checkbox"/> PRIORITY 1 Overnight Delivery	6	<input checked="" type="checkbox"/> OVERNIGHT LETTER*	1	<input type="checkbox"/> HOLD FOR PICK-UP (Fill in Box 1)							Base Charges	
2	<input type="checkbox"/> COURIER-PAK OVERNIGHT ENVELOPE*	7	<input type="checkbox"/>	2	<input checked="" type="checkbox"/> DELIVER WEEKDAY							Declared Value Charge	
3	<input type="checkbox"/> OVERNIGHT BOX	8	<input type="checkbox"/>	3	<input type="checkbox"/> DELIVER SATURDAY (Extra charge)							Other 1	
				4	<input type="checkbox"/> DANGEROUS GOODS (Extra charge)							Other 2	
				5	<input type="checkbox"/> CONSTANT SURVEILLANCE SERVICE (CSS) (Extra charge) (Release Signature Not Applicable)	Total	Total	Total		City	State	Zip	
										Street Address			
										City		State	Zip
										Emp. No.			
										Date			
										<input type="checkbox"/> Cash Received <input type="checkbox"/> Return Shipment <input type="checkbox"/> Third Party <input type="checkbox"/> Chg. To Del <input type="checkbox"/> Chg. To Hold			

NOTES

1. All constructions shall conform to "State of Maine - Subsurface Wastewater Disposal Rules-Chapter 241" latest revision.
2. All fill shall be sandy loam or coarser, with sufficient fines for adequate compaction.
3. Wells shall be located a minimum of 100' from subsurface disposal systems. Systems shall be a minimum of 20' from any structure.
4. Property lines shown are as provided by owner and no guarantee of accuracy is implied. Actual property lines must be confirmed by survey.
5. A septic tank outlet filter is recommended when installing a mechanical garbage disposal.
6. Pump stations, when required, shall be installed watertight to prevent the infiltration of ground and/or surface water. Pumps shall be installed to manufacturers recommendations and sized for actual installed T.D.H.. For uninterrupted service during maintenance or repair, duplex pump systems are required.
7. Force mains and pressure lines shall be flushed of foreign material and pumps shall be checked for proper on/off cycle before being put into service.
8. Applicability of design must be re-evaluated when location of structures are substantially different than those shown on the site plan, or when other structures, additions or appurtenances (I.E. Swimming pools) are considered.
9. Systems put into service prior to establishing proper cover shall be provided with adequate erosion control to prevent damage to the system.
10. Provide low profile septic tank when determined as necessary in the field. Septic tanks may be field located a minimum of 8' from any buildings.
11. A "Minimum Lot Size Variance" is required for any lot less than 20,000 square feet in area (unless grandfathered).
12. Force Mains, Pump Stations, and/or gravity piping subject to freezing shall be adequately insulated.
13. The LPI shall inform the owner and designer of any local ordinance exceeding the rules (Chapt-241) prior to issuing a permit, so that the application may be properly amended to conform to such ordinance.
14. All designs are subject to review by local, State, or Federal authority. Designers liability shall be limited to revisions required by regulatory agency.

# 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. 1634 E Town of AUGUSTA  
Date Permit Issued 6-9-89  
MONTH/DAY/YEAR  
Property Owner's Name: JACK & MARIAM GUILDROV Tel. No. 516-767-0659  
System's Location: 3 CORNERED POND CAMP RD LOTS 150-151-152  
STREET  
AUGUSTA TOWN Maine 04330 ZIP  
Property Owner's Address: 7 PINE ST.  
(if different from above) STREET  
PORT WASHINGTON TOWN STATE N.Y. ZIP 11050

## 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.

Jack Guildrov  
PROPERTY OWNER'S SIGNATURE

June 5, 1989  
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"		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	100'	300'	—	—
	2. Well: < 2000 gal/day				
	a. Neighbor's	50' <sup>b</sup>	60' <sup>b</sup>	—	—
	b. Property Owner's	25'	50'	50±	70±'
	3. Water Supply Line	See note 'a'		—	—
Waterbodies	1. Perennial	50'	60'	to 50'	—
	2. Intermittent	15'	20'	—	—
	3. Manmade drainage ditch	10'	15'	—	—
Downhill Slope	Greater than 3:1 (33%)	5" <sup>c</sup>	10" <sup>c</sup>	—	—
Buildings	1. With Basement	5'	10'	—	—
	2. Without Basement	5'	10'	—	—
Property Line		4'	5'	—	—

**OTHER**

1. Fill extension Grade—to 3:1 N/A

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.

John Richard  
SITE EVALUATOR'S SIGNATURE

5-30-89  
DATE

**LPI STATEMENT**

I, George A. Scurry Jr., 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 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:**

George A. Scurry Jr.  
LPI'S SIGNATURE

6-9-89  
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