

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

M6 660E

04050837

PROPERTY ADDRESS

Town Or Plantation: Augusta

Section Vision Lot #: Route 3

PROPERTY OWNER'S NAME

Last: Fort Western First: Tire Inc.

Applicant Name: Fort Western Tire Inc.

Mailing Address of Owner/Applicant (If Different): R-7 B-77
Augusta ME 04330

AUGUSTA CAUTION! PERMIT REQUIRED

2545 TOWN COPY

Date Permit Issued: 9/14/92

Local Plumbing Inspector Signature: [Signature]

L.P.I. #: SEP

FEE: 100.00 Double Fee Charged

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.

Signature of Owner/Applicant: [Signature] Date: 9/22/92

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

<p>THIS APPLICATION IS FOR:</p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requires Local Plumbing Inspector Approval</p> <p>b. <input checked="" type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input checked="" type="checkbox"/> HOLDING TANK <u>1500 mi</u> GAL.</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>SEASONAL CONVERSION to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p><input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED <u>?</u></p> <p>THE FAILING SYSTEM IS</p> <p>1. <input type="checkbox"/> BED 3. <input checked="" type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input checked="" type="checkbox"/> OTHER <u>Tire service</u> SPECIFY _____</p>
<p>SIZE OF PROPERTY: <u>2ac+</u></p> <p>ZONING: _____</p>	<p>TYPE OF WATER SUPPLY</p> <p><u>Augusta W.D.</u></p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE _____ GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION & ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING) EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>Tire service retail waiting area.</u></p> <p>DESIGN FLOW: <u>100</u> (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>9</u> CONDITION: <u>E</u></p> <p>DEPTH TO LIMITING FACTOR: <u>6</u> "</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input checked="" type="checkbox"/> EXTRA-LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input checked="" type="checkbox"/> OTHER: <u>H.T.</u></p>	

E EVALUATOR STATEMENT

On 9/14/92 (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.

Site Evaluator Signature: [Signature] SE#: 51 Date: 9/14/92

Approved for use as HHE 200 by Division of Health Engineering 9/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

04050837

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

Route 3

Fort Western, Tire Inc.

SITE PLAN

Scale: 1" = 50 Ft.
or as shown

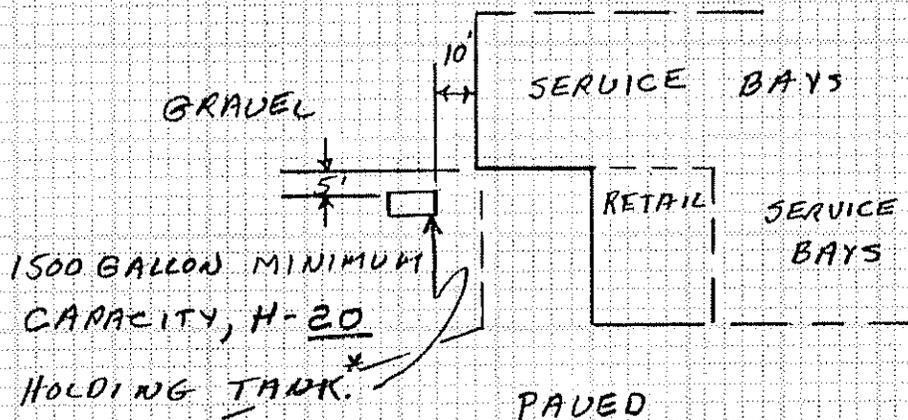
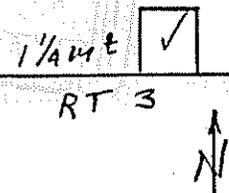
SITE LOCATION PLAN

(Attach Map from Maine Atlas for New System Variance)

*** PROTECT TANK AGAINST
MOVEMENT DUE TO
SEASONAL GROUND WATER
ELEVATION.**



BAUGOR STREET



RT 3

R/W

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring
" Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0				
6	VARIOUS FILL MATERIALS.			
10	SHOWS EVIDENCE OF ROCK			
15	DRAINAGE.			
20	UNDERLYING SOIL IS 7-D/E			
30				
40				
50				

Observation Hole _____ Test Pit Boring
" Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Classification 9 E Slope 2% Limiting Factor WITHIN FILL Ground Water Restr. Layer Bedrock

Soil Classification _____ Slope _____% Limiting Factor _____ Ground Water Restr. Layer Bedrock

Wm. W. Rilkant
Site Evaluator Signature

51
SE#

9/14/92
Date

Approved for use as
HHE 200 by Division of
Health Engineering 9/87

HOLDING TANK APPLICATION

This form along with a completed HHE-200 form constitutes an application for installation of a holding tank to receive sanitary wastewater. Holding tanks are permitted only for:

- a) the replacement of a malfunctioning subsurface disposal system, surface discharge, or overboard discharge when no other alternative is available and no change in usage is proposed;
- b) for new commercial or industrial facilities generating less than 500 GPD of wastewater when no other alternative is available;
- c) for temporary use by a new single family dwelling when a public sewer will be available within 18 months.

Applications not meeting one of the above criteria will be immediately rejected. Incomplete applications will be returned. Applications for new commercial or industrial facilities require the submission of a \$20.00 review fee. The Department reserves the right to require attachment of deed covenants restricting the use of the property as a condition of approval of any holding tank application.

All appropriate blanks must be completed and all signatures obtained prior to submission for approval.

APPLICANT

First Name: John Last Name: Loiko

Address: R 7 Box 77

City/Town: Augusta State: GA Zip: 04330

PROPERTY

Address: R 7 Box 77 N. Beckett Ave

City/Town: Augusta Zip: 04330

Replacement New Commercial Installation (\$20 Review Fee)
Age of old System: 25 Type of Old System: Trench

PUMPER

Business Name: Pat Jackson Septic Tank Service

Address: RFD 4 Box 137

City: Augusta Zip: 04330

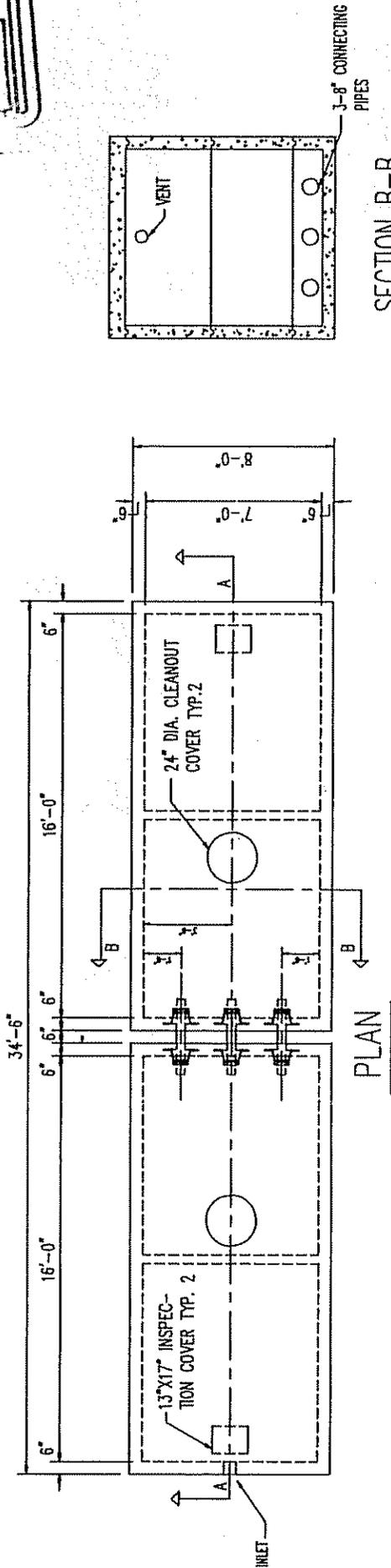
Truck Capacity: 3000 Can Pump From 9/92 to 9/93

Disposal Site: Licensed Disposal Site or Augusta Sanitary District

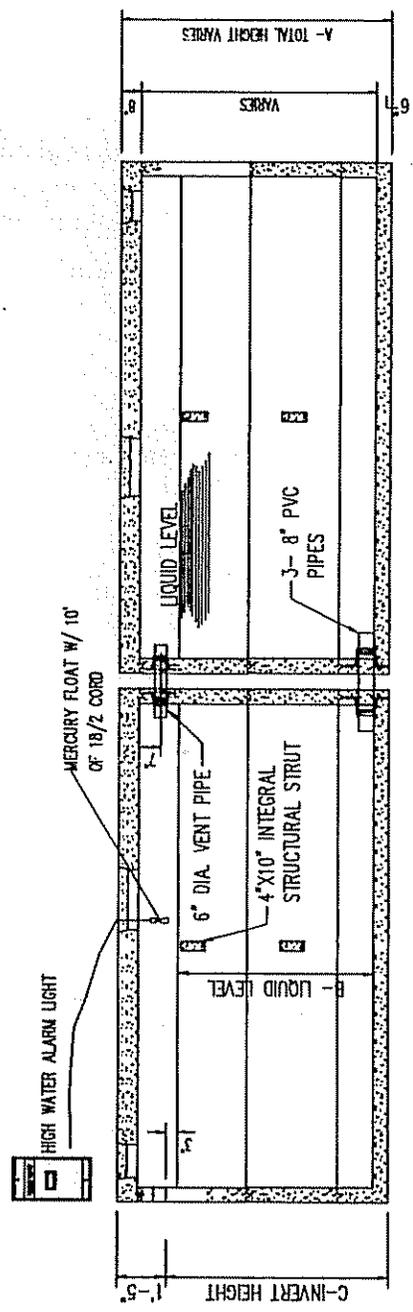
RECEIVED
SEP 22 1992

NOTES AND REINFORCING
SCHEDULE IN SECTION
PAGE I C2

ITEM NO.	GALLONS	A	B	C
1220	5,000	5'-4 3/4"	3'-2 3/4"	3'-11 3/4"
1221	6,000	6'-0"	3'-10"	4'-7"
1222	8,000	7'-2 1/2"	5'-0 1/2"	5'-9 1/2"
1223	9,000	7'-9 3/4"	5'-7 3/4"	6'-4 3/4"
1224	10,000	8'-5"	6'-3"	7'-0"
1225	11,000	9'-0 1/4"	6'-10 1/4"	7'-7 1/4"
1226	12,000	9'-7 1/2"	7'-5 1/2"	8'-2 1/2"
1227	13,000	10'-2 3/4"	8'-0 3/4"	8'-9 3/4"
1228	14,000	10'-10"	8'-8"	9'-5"
1229	15,000	11'-5 1/4"	9'-3 1/4"	10'-0 1/4"
1229A	16,000	12'-0 1/2"	9'-10 1/2"	10'-7 1/2"



SECTION B-B

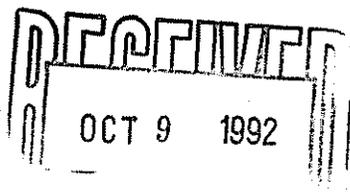


SECTION AA

SUPERIOR
CONCRETE CO, INC.
AUBURN, ME.

PRECAST CONCRETE

200 SERIES HOLDING TANK



John R. McKernan, Jr.
Governor

Jane Sheehan
Commissioner

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

October 7, 1992

John Loiko
Fort Western Tire Co
R 7 Box 77
Augusta, ME 04330

SUBJECT: Replacement System Variance for Holding Tank
installation, Fort Western Tire Inc. property,
North Belfast Avenue, Augusta

Dear Mr. Loiko:

We have reviewed your HHE-200 form by William Rideout,
SE, HHE-233 form, and supplemental information.

After review of the information submitted, we approve
the proposed installation with the following conditions:

1. The installation of a 1500 gallon holding tank
with suitable float alarm meeting the construction
standards of CMR 241, Section 17.F.1.
2. The holding tank is to be used only for a
commercial structure generating less than 500
gallons per day. No residential use is
permitted..

George Soucy, the Local Plumbing Inspector still has to
issue a permit prior to the system's installation. The
system needs to be constructed in compliance with the
approved application. This approval does not release you
from having to comply with more stringent local ordinances
and other state laws. The owner shall on an annual basis,
provide the municipal officers or LURC with copies of their
pumping records.

Yours very truly,

Rick Smith
Wastewater & Plumbing Control
Division of Health Engineering

RS/sw
cc: George Soucy, LPI
William Rideout, SE