

6330966 Mr. Smart 622-4991

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: Augusta

Street: Leighton Road

Subdivision Lot #: _____

PROPERTY OWNERS NAME

Last: Auto-guard, Inc. First: _____

Applicant Name: 40 Jack Smart

Mailing Address of Owner/Applicant (If Different): Leighton Rd. Road

Augusta, Me 04330

9-17

AUGUSTA **Caution: PERMIT #** 887 TOWN COPY Double Fee Charged

Date Permit Issued: 10/2/86 \$ 170.00 FEE

George Smart L.P.I. # 100

Local Plumbing Inspector Signature

The State Subsurface Wastewater Disposal Rules.

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 Smart 10/2/86

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.

George Smart 11/4/86

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
- Requires only Local Plumbing Inspector Approval
- Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS COMPLETE SYSTEM

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

INDIVIDUALLY INSTALLED COMPONENTS:

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

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: _____

N/A

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER Auto-guard business (washing only)

SIZE OF PROPERTY

9 1/2 ac.

ZONING

Commercial

TYPE OF WATER SUPPLY

city water

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: 1000 GALS.

WATER CONSERVATION

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

SPECIFY: _____

PUMPING

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

DOSE: _____ GALS.

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

black waste on existing chamber system washing only

DESIGN FLOW: 300 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 8 CONDITION: D

DEPTH TO LIMITING FACTOR: 6-8

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

- BED 1200 Sq. Ft.
- CHAMBER existing Sq. Ft.
- TRENCH _____ Linear Ft.
- OTHER: _____

REGULAR H-20

20' x 60'

SITE EVALUATOR STATEMENT

On May 17, 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 65 5/23/84

Site Evaluator or Professional Engineer's Signature SE# / PE# Date

() SITE EVALUATION WAIVED BY LOCAL OPTION

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
Owners Name

Town, City, Plantation

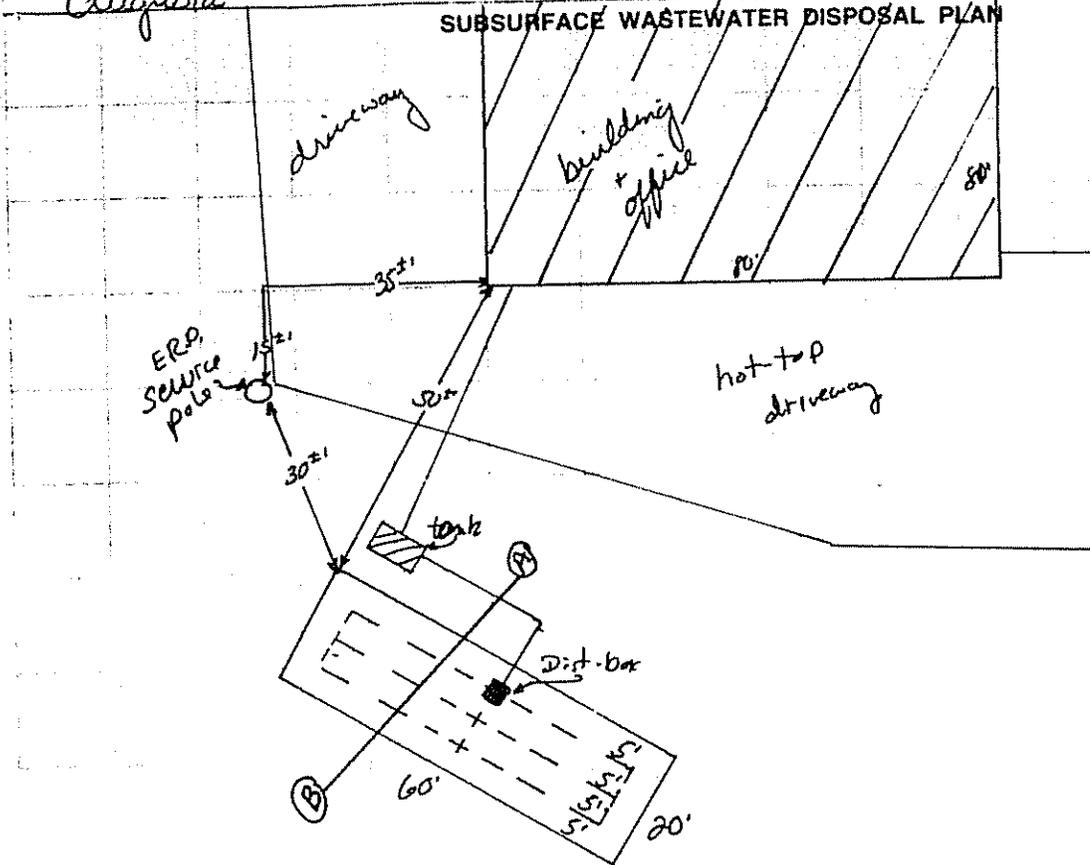
Street, Road, Subdivision

Augusta

Leighton Rd

Auto Guard, Inc

Scale 1" = 30 Ft.

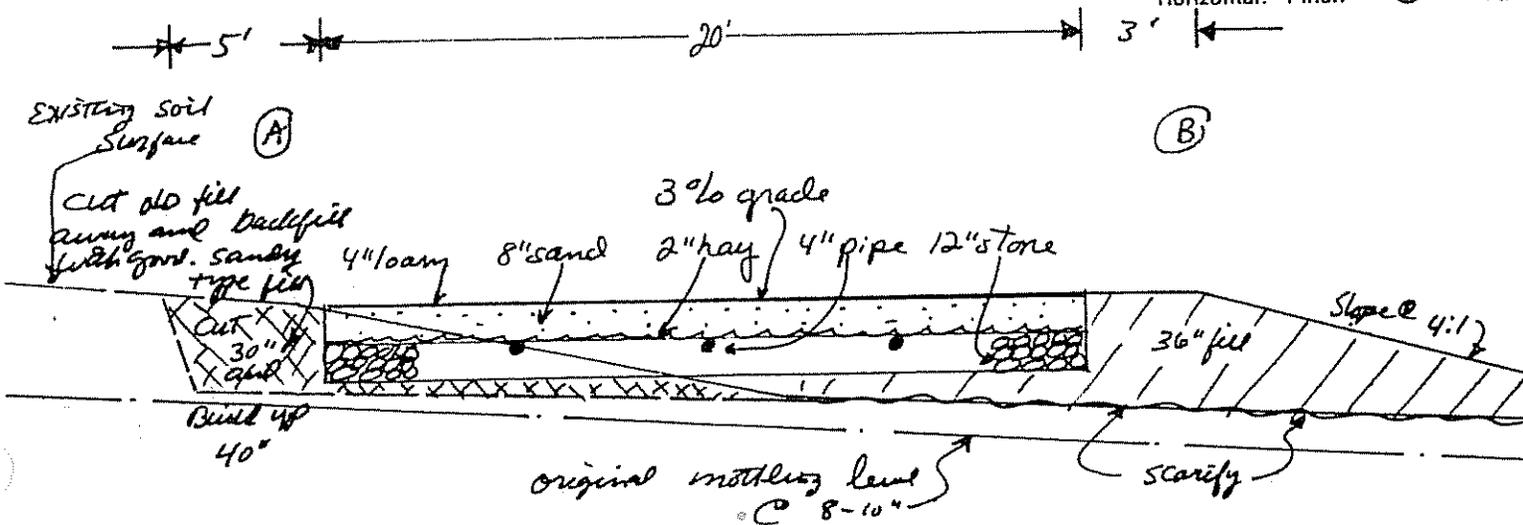


- (1) NOTE: System design is based upon water records.
- (2) system is for gray water washings only and black waste is by separate system already in use.

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	10"	Reference Elevation is	38" ↓ nail	Finish grade of back is 38" below nail in base of pole
Depth of Fill (Downslope)	36"	Bottom of Disposal Area	62" below	
		Top of Distribution Lines or Chambers	50" below	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 5 Ft.



Stephen E. Goodwin

65

5/23/84

Town, City, Plantation

Augusta

Street, Road, Subdivision

Leighton Road

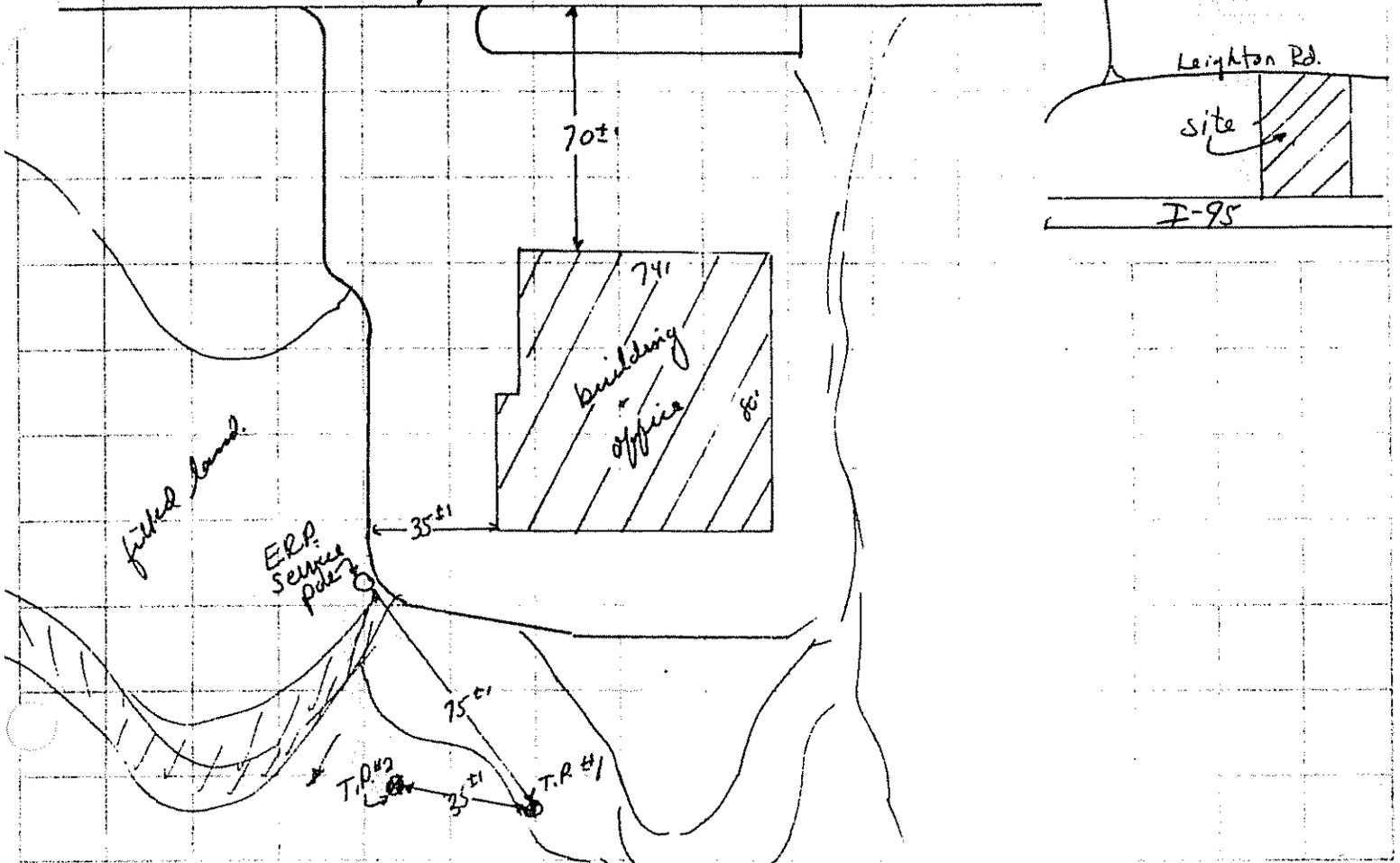
Owners Name

Autoguard, Inc

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

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	mixed	clay fill over		
6-15	loam silt + loam to fine sandy loam	friable	brown yellowish brown	
15-30	act. mixed sand + silts	firm	olive gray	mottling
30-50				

Soil Profile <u>8</u>	Classification Condition <u>D</u>	Slope <u>46</u> %	Limiting Factor <u>10</u>	<input checked="" type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Observation Hole 2 Test Pit Boring
 0" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	loam		brown	
6-15	fine sandy loam		reddish	mottling
15-20	loam		reddish gray	
20-30	mix sand-silts			
30-50				

Soil Profile <u>8</u>	Classification Condition <u>D</u>	Slope <u>0.3</u> %	Limiting Factor <u>8</u>	<input checked="" type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Stephen E. Goodwin
Site Evaluator or Professional Engineer's Signature

65
SE# PE#

5/23/84
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 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: Autoguard Inc. Tel. No. _____

System's Location: Leighton Road
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.

[Signature] Property Owner's Signature X 10/2/86 Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested	
Soils Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		8-10 in one sec	
	Restrictive Layer	to 6"			
	Bedrock	to 10"			
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'		
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:
request 20' x 60' Bed on 8-D soil type for washing only.

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. Hoodman Site Evaluator's Signature *5/23/84* Date

LPI Statement

I, *George Soucy 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 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. (I do approve, I 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 (I recommend, I 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 Soucy Jr. LPI's Signature *10-5-86* Date

FOR USE BY THE DEPARTMENT ONLY:

The Department has reviewed the variance(s) and (I does, I 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