True, Weston

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

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

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

HHE-200

This Application Is For: ○ New System ○ Replacement Of Entire System ○ Expanded System ○ Replacement Of Disposal Area Only ○ Conversion Permit

Variance: ○ None Required ○ New System Variance X Replacement System Variance With X LPI Approval ○ Dept Review

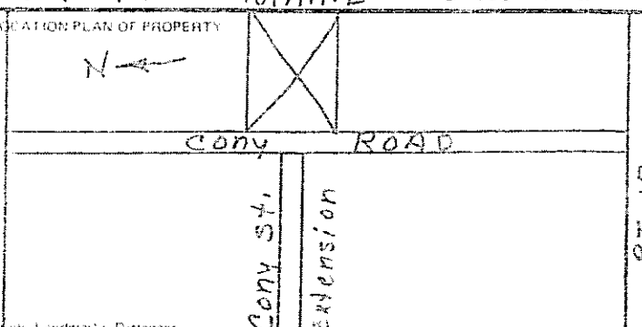
PROPERTY LOCATION: Cony Road — Town, Plantation: AUGUSTA — Street, Road: Cony ROAD — Subdivision Name: N/A — Lot No.: N/A

PROPERTY OWNER or APPLICANT: Weston TRUE

Mailing Address: R.F.D. #2 — Street: BOX 1037 — Tel. No.: 622-4112

AUGUSTA Town — MAINE State — 04330 Zip Code

LOCATION PLAN OF PROPERTY



Roads, Landmarks, Distances

TYPE OF STRUCTURE, DESIGN FLOW

X Single Family Dwelling — Number of Bedrooms 3 — Design Flow 320 GPD

Design Flow based on X Minimum ○ Moderate ○ Conservative

○ Reduction in Design Flow due to Water Conservation

If so, specify type(s) _____

X Other Establishment, Specify: Semi Retired Doctor — Type of Facility

No employees only works 3 day per wk.

(Number of Employees, Seating Capacity, Building Size, etc.)

Design Flow 320 GPD

If greater than 2000 GPD, Specify Professional Engineer

PROPERTY INFORMATION

Area of Property _____ ○ Sq. Ft. ○ Acres ○ Zoned ○ Not Zoned

If zoned, type of zoning None

Property on Water Body, If so, Name of Water Body No

Water Supply is ○ Public Utility, X Drilled Well 70 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. P1	Observation Hole No. P2	Observation Hole No. P3
	X Test Pit ○ Boring	X Test Pit ○ Boring	X Test Pit ○ Boring
Organic Strata or (Existing Fill)	Thickness 0	Thickness 0	Thickness 0
1st Original Mineral Soil Strata	Silty Clay Loam Fill — Depth from 0 to 6 — Thickness 6	Brown Sandy Loam Fill — Depth from 0 to 18 — Thickness 18	Brown Sandy Loam Fill — Depth from 0 to 28 — Thickness 28
2nd	Brown Sandy Loam Fill — Depth from 6 to 31 — Thickness 25	Dull Brown Sandy Loam Fill — Depth from 18 to 28 — Thickness 10	Very Firm Sandy Loam — Depth from 28 to 30 — Thickness 2
3rd	Very Firm Sandy Loam — Depth from 31 to 33 — Thickness 2	Apparent Ledge — Depth from 28 to ____ — Thickness ____	Ledg Probably exists Below Firm layer. — Depth from ____ to ____ — Thickness ____
4th	Ledge — Depth from 33 to ____ — Thickness ____	Depth from ____ to ____ — Thickness ____	Depth from ____ to ____ — Thickness ____
Total Depth of Observation Hole	33	28	
Maximum Seasonal High Ground Water Table Depth (depth from top of original mineral soil) ○ None evident	31	28	○ None evident
Depth to Restrictive Layer ○ None evident	31	28	○ None evident
Depth to Bedrock ○ None evident	33	28	○ None evident
PROFILE / CONDITION / SLOPE	2 / A / %	2 / A / %	2 / A / %

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

TYPE OF SYSTEM

X Conventional System
Separated System
If separated system, type of black waste disposal system to be used:
○ Compost
○ Pit Privy
○ Sealed Vault Privy
○ Other
Specify _____
Separated Laundry System
Preserve 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 shall 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 _____ ft.
Depth of Stone _____ inches.
Reduction on trench length due to stone depth _____ %

○ Bed Disposal Area
Total bed area _____ sq. ft.
Number of beds _____
Width _____ ft. Length _____ ft.

○ Chamber Disposal Area
Total chamber area 320 sq. ft.
Number of clusters 2
Width 16 ft. Length 20 ft.
○ H-20 required

SYSTEM SIZE RATING

○ Small ○ Medium X Medium Large ○ Large ○ Extra Large

DISPOSAL AREA ELEVATION

Depth of Upslope Fill required 22" inches
Depth of Downslope Fill required 36" inches
Reference Elevation Point established at 100.0 Elevation
Disposal Area Bottom to be established at 94.9 Elevation
Top of Distribution Lines or Top of Chambers 96.0 Elevation

○ Yes X 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 10/23/82 (date), a site investigation for this project was completed. I conducted this 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: David P. Rocque — Date signed — Site Evaluator License Number: 154

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 a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.

Signature of Owner/Applicant: Weston True — Date Signed 10/23/82

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: Archie R. Bickford — Date 11/2/82

PERMIT NO. _____

Date Issued 11/2/82

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

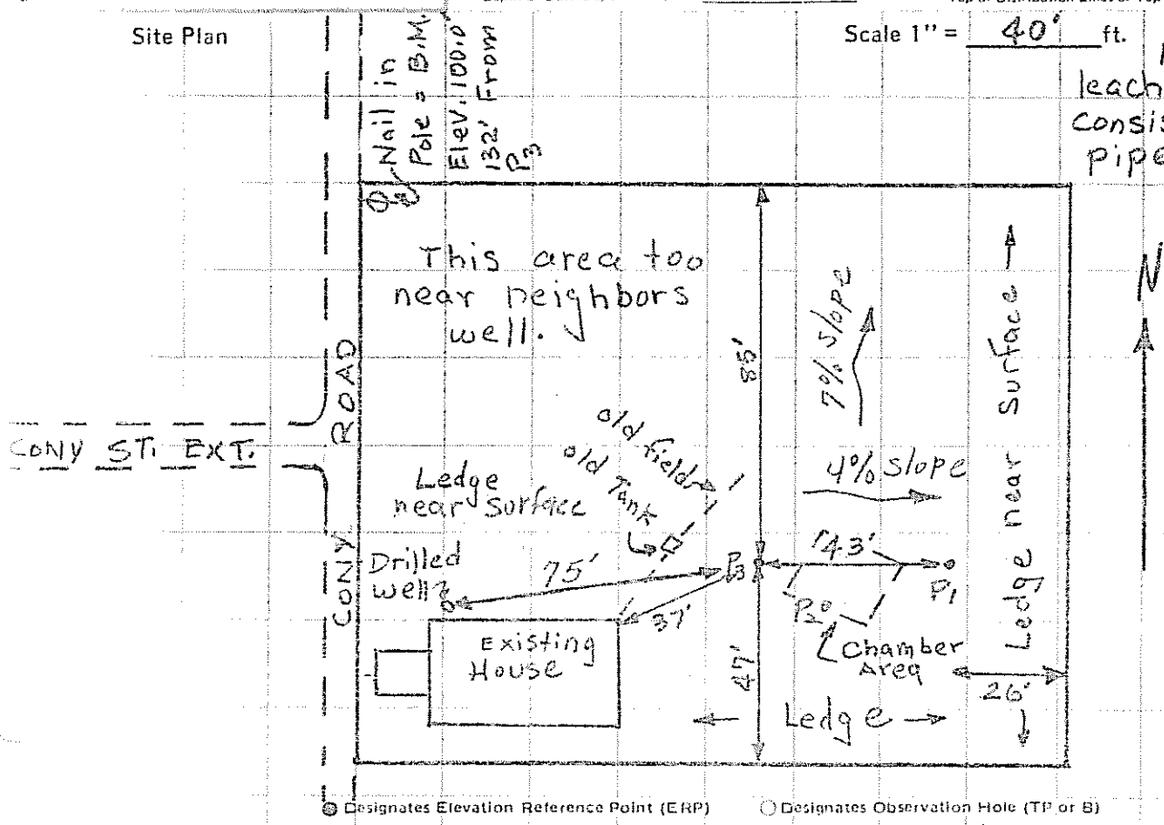
PROPERTY LOCATION: AUGUSTA (Town, Plantation) | Cony ROAD (Street, Road) | N/A (Subdivision Name) | N/A (Lot No.)

PROPERTY OWNER or APPLICANT: Weston True

DISPOSAL AREA ELEVATION
- Depth of Upslope Fill required 22" inches.
- Depth of Downslope Fill required 36" inches.
- Reference Elevation Point established at 100.0 Elevation.
- Disposal Area Bottom to be established at 94.9 Elevation.
- Top of Distribution Lines or Top of Chambers 96.0 Elevation.

Site Plan — Scale 1" = 40' ft.

NoTE: Existing leach field probably consists of just a pipe with holes.



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

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

NoTE: Owner has stated that the site will be landscaped beyond fill lines. line are minimum amount required.

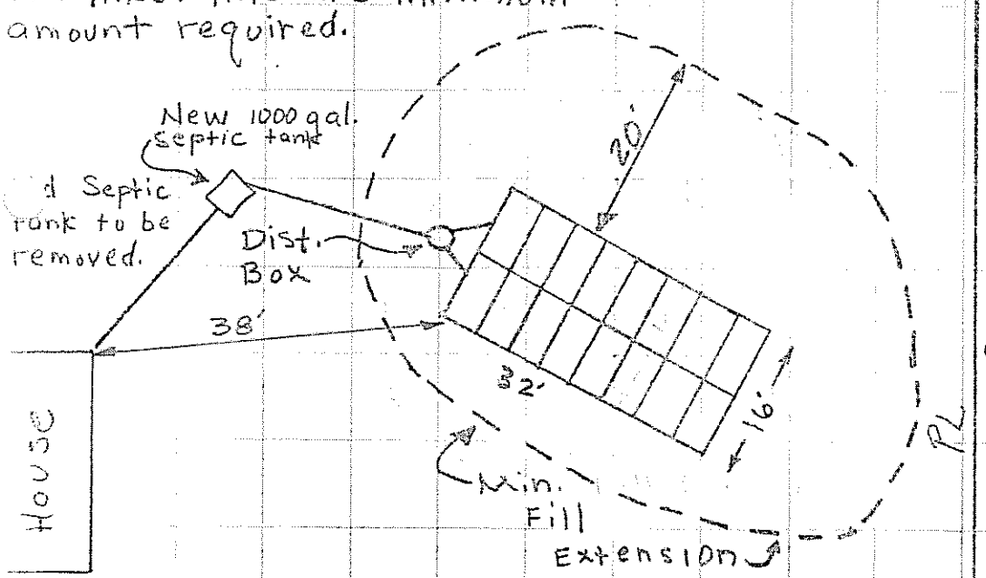
32 sq.' chambers = 4'x8'x13"

Install chambers to Manufacturers specifications.

Remove vegetation and Scarify soil under chamber area and fill.

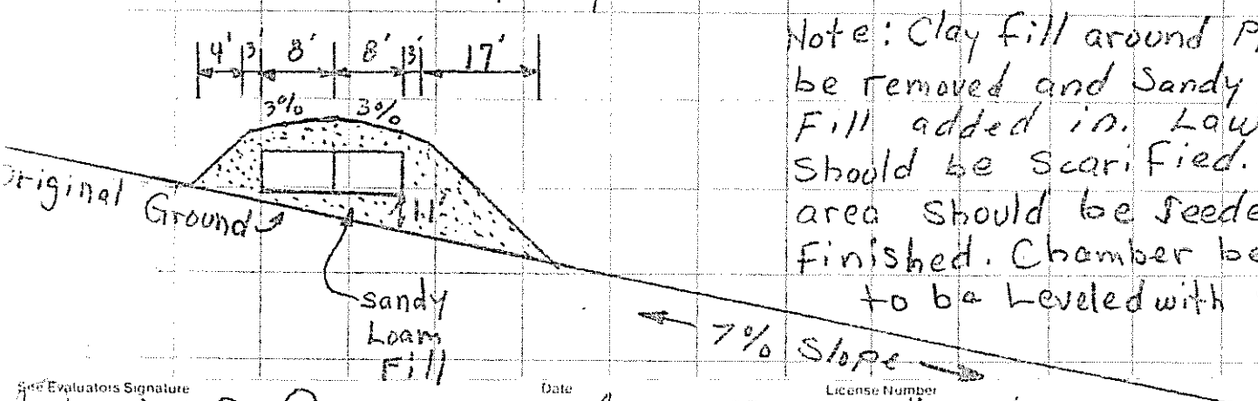
Provide uphill drainage around chamber fill area.

B.M. = Nail with yellow Ribbon in pole in North West corner of Property = Elev. 100.0'



Subsurface Wastewater Disposal Area Cross-section — Scale: Vertical: 1" = 5' Horizontal: 1" = 20'

Min. 8" fill over chambers, Sandy loam.



Note: Clay fill around P1 should be removed and Sandy Loam Fill added in. Lawn area Should be Scarified. Finished area Should be seeded when finished. Chamber bed area to be Leveled with Sandy Loam.

Site Evaluators Signature: David P. Roque — Date: Oct. 25, 1982 — License Number: #154

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

Town Code ☐☐☐☐☐ Permit No. ☐☐☐☐☐E Date Permit Issued _____ month/day/yr.

Property Owner's Name: WESTON TRUE Tel. No. 622-4112

System's Location: Cony 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.

Weston True 10-29-82
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"			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'		75'
	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:

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.

David P. Roque — Site Evaluator's Signature — Oct. 25, 1982 — Date

LPI Statement

I, Archie R Bickford, 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. (☑ 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:

Archie R Bickford — LPI's Signature — 11/1/82 — 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.

David P. Brown — Signature of the Department — 11/2/82 — Date