

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

1745411

01010814

PROPERTY ADDRESS	
Town Or Plantation	Augusta
Street	255 Cony Street Ext.
PROPERTY OWNER'S NAME	
Divisor Lot #	
Last: Murphy	First: Mike
Applicant Name:	Mike Murphy
Mailing Address of Owner/Applicant (if Different)	255 Cony Street Ext. Augusta ME 04330

AUGUSTA	3367	TOWN COPY
Date Permit Issued: <u>11/17/95</u>	FEE: <u>\$ 100.00</u>	<input type="checkbox"/> If Double Fee Charged
Local Plumbing Inspector Signature: <i>[Signature]</i>		L.P.I. # <u>1000</u>

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: _____

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: 12/6/95

PERMIT INFORMATION

THIS APPLICATION IS FOR: 1. <input type="checkbox"/> NEW SYSTEM 2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM SEASONAL CONVERSION to be completed by the LPI 5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____ 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED <u>?</u> THE FAILING SYSTEM IS 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input checked="" type="checkbox"/> OTHER <u>Cesspool</u>	THIS APPLICATION REQUIRES: 1. <input type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input type="checkbox"/> Requires Local Plumbing Inspector Approval b. <input checked="" type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____	INSTALLATION IS: COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL. 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM TYPE OF WATER SUPPLY Drilled well
SIZE OF PROPERTY 10,000'+	ZONING _____	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE <u>1000</u> GALS.	WATER CONSERVATION 1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____	PUMPING 1. <input type="checkbox"/> NOT REQUIRED 2. <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION & ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: <u>69</u> GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.) 3 bedrooms
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE <u>3</u> CONDITION <u>C</u> DEPTH TO LIMITING FACTOR: <u>30</u> "	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA-LARGE	DISPOSAL AREA TYPE/SIZE 1. <input checked="" type="checkbox"/> BED <u>1000</u> Sq. Ft. 2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	DESIGN FLOW: <u>300</u> (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 11/8/95 (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 11/9/95

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

01010814

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

255 Cony Street Ext.

Murphy, Mike

SITE PLAN

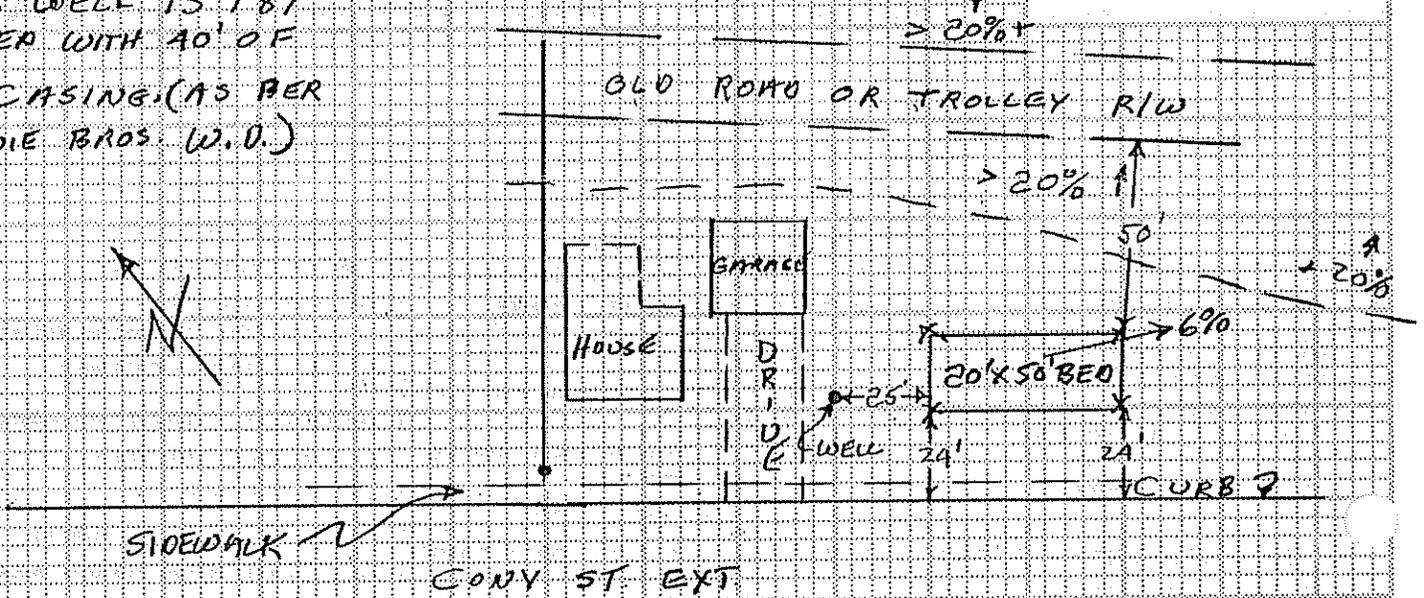
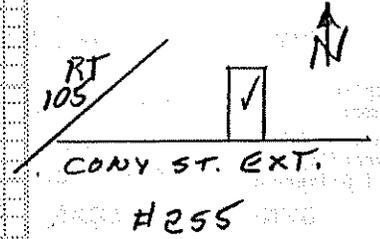
Scale: 1" = 50 Ft.
or as shown

SITE LOCATION PLAN

(Attach Map from Maine Atlas for New System Variance)

X = FLAGS MARK APPROX CORNERS OF BEO

NOTE: WELL IS 189' DEEP WITH 40' OF 6" CASING. (AS PER BOWIE BROS. W.D.)



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole		□ Test Pit		☑ Boring	
" Depth of Organic Horizon Above Mineral Soil					
Inches	Texture	Consistency	Color	Mottling	
0	S.L.	LOOSE	B		
6	FILL				
10					
15	OLD TOPSOIL	FRIABLE	DK.B	14"	
20					
30	S.L.		Y.B.	30"	
40	G.T.	FIRM	G.B		
50					
Soil Classification Profile 3		Slope 6%	Limiting Factor 30	☑ Ground Water ☐ Restr. Layer ☐ Bedrock	

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 Profile		Slope %	Limiting Factor	☐ Ground Water ☐ Restr. Layer ☐ Bedrock	

Don W. Pickett
Site Evaluator Signature

51
SE#

11/9/95
Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

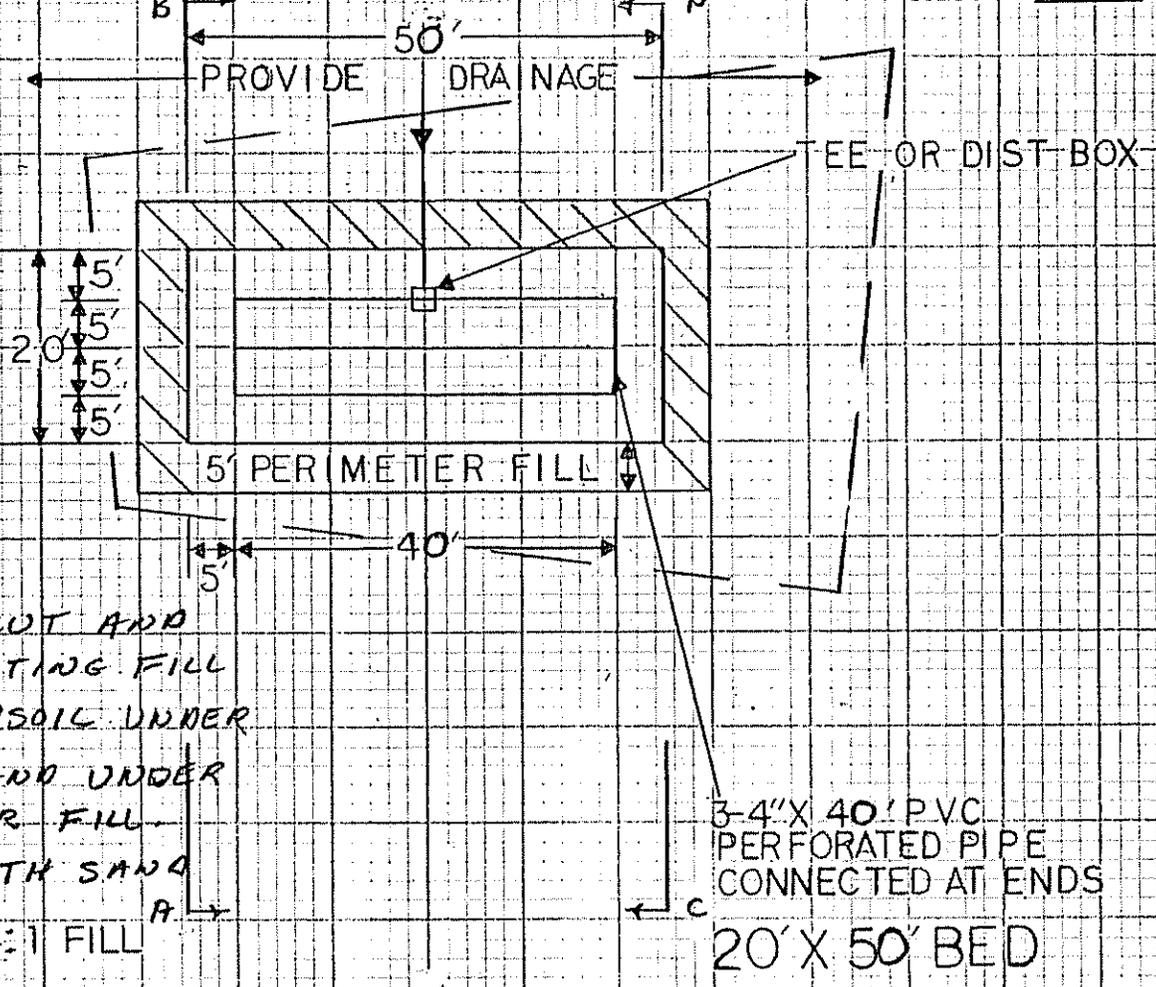
AUGUSTA

255 CONY ST. EXT.

MURPHY

SUBSURFACE WASTEWATER DISPOSAL PLAN

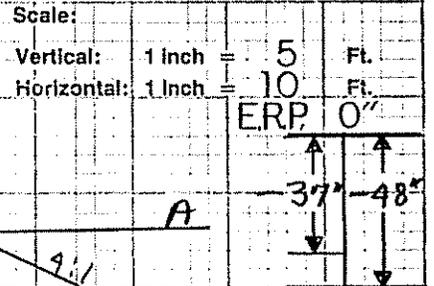
Scale 1" = 20' FL



NOTE: UNDERCUT AND REMOVE EXISTING FILL AND OLD TOPSOIL UNDER 20 X 50 BED AND UNDER 5' PERIMETER FILL. BACKFILL WITH SAND APPROX. TOE 4:1 FILL

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	6-9"	Reference Elevation Is	0	TOPO OF WELL CAP.	
Depth of Fill (Downslope)	30-36"	Bottom of Disposal Area	-48"		
		Top of Distribution Lines or Chambers	-37"		

- ① 3" TOPSOIL CROWNED 3% DISPOSAL AREA CROSS SECTION
 ② 8" CLEAN SAND ③ 2 COMPACTED HAY
 ④ 12" CLEAN STONE 1-1/2" REC



FILL MATERIAL TO BE LOAMY SAND GRUB SURFACE - REMOVE ORGANICS

Donald W. Rider
Site Evaluator Signature

51
SE#

11/9/95
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 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

Town of AUGUSTA

Permit No. _____ E

Date Permit Issued _____
MONTH/DAY/YEAR

Property Owner's Name: MIKE MURPHY

Tel. No. 633-5726
8311

System's Location: 255 CONY ST EXT.
STREET

AUGUSTA

TOWN

Maine 04330

ZIP

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

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, 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.

J. Michael Murphy
PROPERTY OWNER'S SIGNATURE

11/13/95
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS	Soil Profile	Ground Water Table		to 6" inches	
	Soil Condition	Restrictive Layer		to 6" inches	
	from HHE-200	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 ^a	300 ^a	_____	_____
	2. Well: < 2000 gal/day				
	a. Neighbor's	50 ^b	60 ^b	_____	_____
	b. Property Owner's	25'	50'	20'	25'
	3. Water Supply Line	See note 'a'		_____	_____
Waterbodies	1. Perennial	50'	60'	_____	_____
	2. Intermittent	15'	20'	_____	_____
	3. Manmade drainage ditch	10'	15'	_____	_____
Downhill Slope	Greater than 3:1 (33%)	5 ^c	10 ^c	_____	_____
Buildings	1. With Basement	5'	10'	_____	_____
	2. Without Basement	5'	10'	_____	_____
Property Line		4'	5'	_____	_____

OTHER

1. Fill extension Grade—to 3:1 AS NEEDED AT NORTH EAST CORNER.
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.

Wm W. Redmond
SITE EVALUATOR'S SIGNATURE

11/9/95
DATE

LPI STATEMENT

I, George A. Sawyer 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. Sawyer Jr.
LPI'S SIGNATURE

11-14-95
DATE

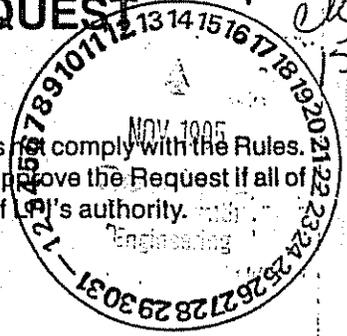
FOR USE BY THE DEPARTMENT ONLY

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

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GENERAL INFORMATION

Town of AUGUSTA

Permit No. 3367 E Date Permit Issued 11/17/95
MONTH/DAY/YEAR

Property Owner's Name: MIKE MURPHY Tel. No. 633-5730
8311

System's Location: 255 CONY ST EXT.
STREET

AUGUSTA Maine 04330
TOWN ZIP

Property Owner's Address: _____
(if different from above) STREET

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X [Signature] _____
PROPERTY OWNER'S SIGNATURE DATE 11/13/95

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
		TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
SOILS					
Soil Profile	Ground Water Table		to 6"	_____	_____ inches
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from HHE-200	Bedrock		to 10"	_____	_____ inches
SETBACK DISTANCES (IN FEET)	FROM:				
Potable Water Supplies	1. Well: > 2000 gal/day	100'	300'	_____	_____
	2. Well: < 2000 gal/day				
	a. Neighbor's	50'	60'	_____	_____
	b. Property Owner's	25'	50'	20'	25'
	3. Water Supply Line	See note 'a'		_____	_____
Waterbodies	1. Perennial	50'	60'	_____	_____
	2. Intermittent	15'	20'	_____	_____
	3. Manmade drainage ditch	10'	15'	_____	_____
Downhill Slope	Greater than 3:1 (33%)	5'	10'	_____	_____
Buildings	1. With Basement	5'	10'	_____	_____
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Footnotes:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
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Donald W. Redmond 11/9/95
 SITE EVALUATOR'S SIGNATURE DATE

LPI STATEMENT

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Comments:

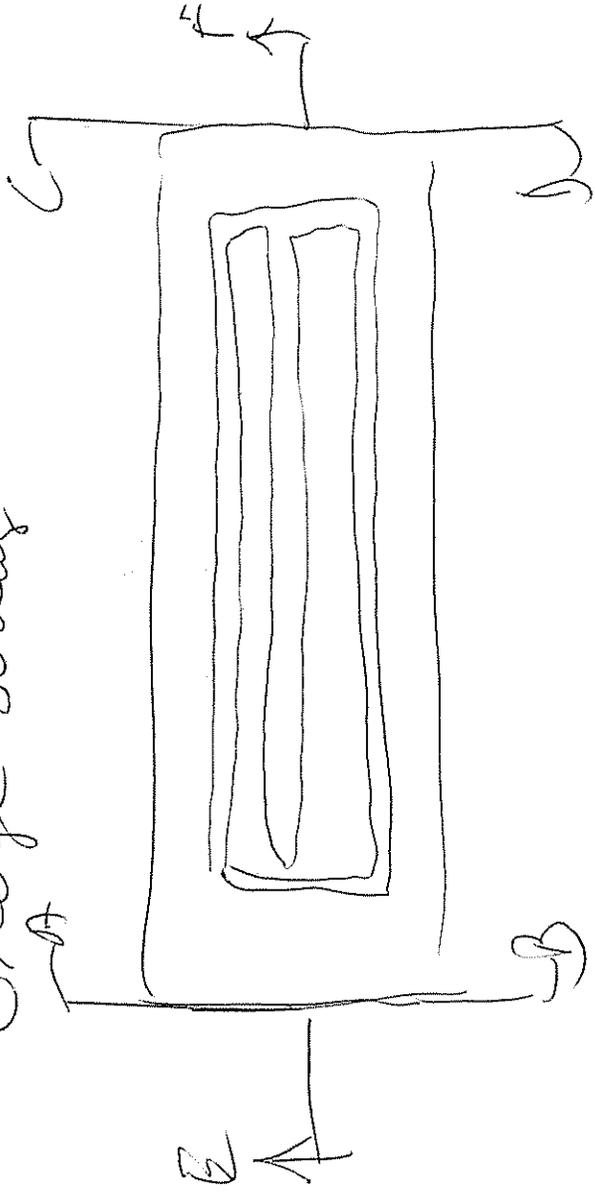
George A. Sawyer Jr. 11-14-95
 LPI'S SIGNATURE DATE

FOR USE BY THE DEPARTMENT ONLY

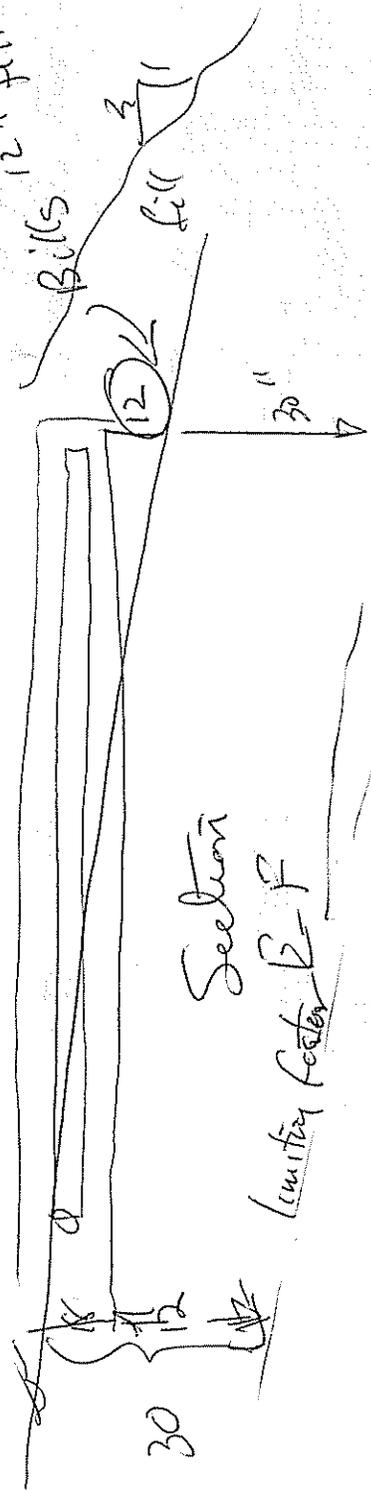
The Department has reviewed the variance(s) and (does does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

Wallace W. Deere 11-16-95
 SIGNATURE OF THE DEPARTMENT DATE

To: George Souney



12" fill shown



See Section A-B & C-D

Not clear to Contractor unless he sees

Section E-F