

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
(207)289-3826

PROPERTY ADDRESS

Town Or Planitation: AUGUSTA

Subdivision Lot #: BT 3

PROPERTY OWNERS NAME

Last: VARNEY First: AUTO SALES

Applicant Name: DAVID - Anne VARNEY

Mailing Address of Owner/Applicant (If Different): R-1 B-2750 WINSOR, ME 04363

M. J. L. 48C

AUGUSTA PERMIT # 1,175 TOWN COPY

Date Permit Issued: 9/29/87 \$ 40.00 FEE Double Fee Charged

Jay R. Tully L.P.I. # 1850
Local Plumbing Inspector Signature

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.

David W. Varney 9/29/87
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.

Jay R. Tully
Local Plumbing Inspector Signature

10-23-87
Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- EXPERIMENTAL SYSTEM

SEASONAL CONVERSION
to be completed by the LPI

- SYSTEM COMPLIES WITH RULES
- CONNECTED TO SANITARY SEWER
- SYSTEM INSTALLED - P# _____
- SYSTEM DESIGN RECORDED AND ATTACHED

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
- Requiring Local Plumbing Inspector Approval
- Requires State and Local Plumbing Inspector Approval
- MINIMUM LOT SIZE VARIANCE

INSTALLATION IS:

COMPLETE SYSTEM

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

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK _____ GAL
- 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: _____

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER AUTO DEALER
SPECIFY _____

SIZE OF PROPERTY _____ ZONING _____

TYPE OF WATER SUPPLY

DRILLED

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
(DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: _____ GALS.

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

4 EMPLOYEES

DESIGN FLOW: 64
(GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
<u>FILL</u>	<u>OVER</u>
<u>9</u>	<u>D</u>

DEPTH TO LIMITING FACTOR: 6-9

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq. Ft.
- CHAMBER 160 Sq. Ft.
 REGULAR H-20
- TRENCH _____ Linear Ft.
- OTHER: _____

SITE EVALUATOR STATEMENT

On 9/18/87 (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.

Allen W. Redmond # 51 9/18/87
Site Evaluator Signature SE# Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

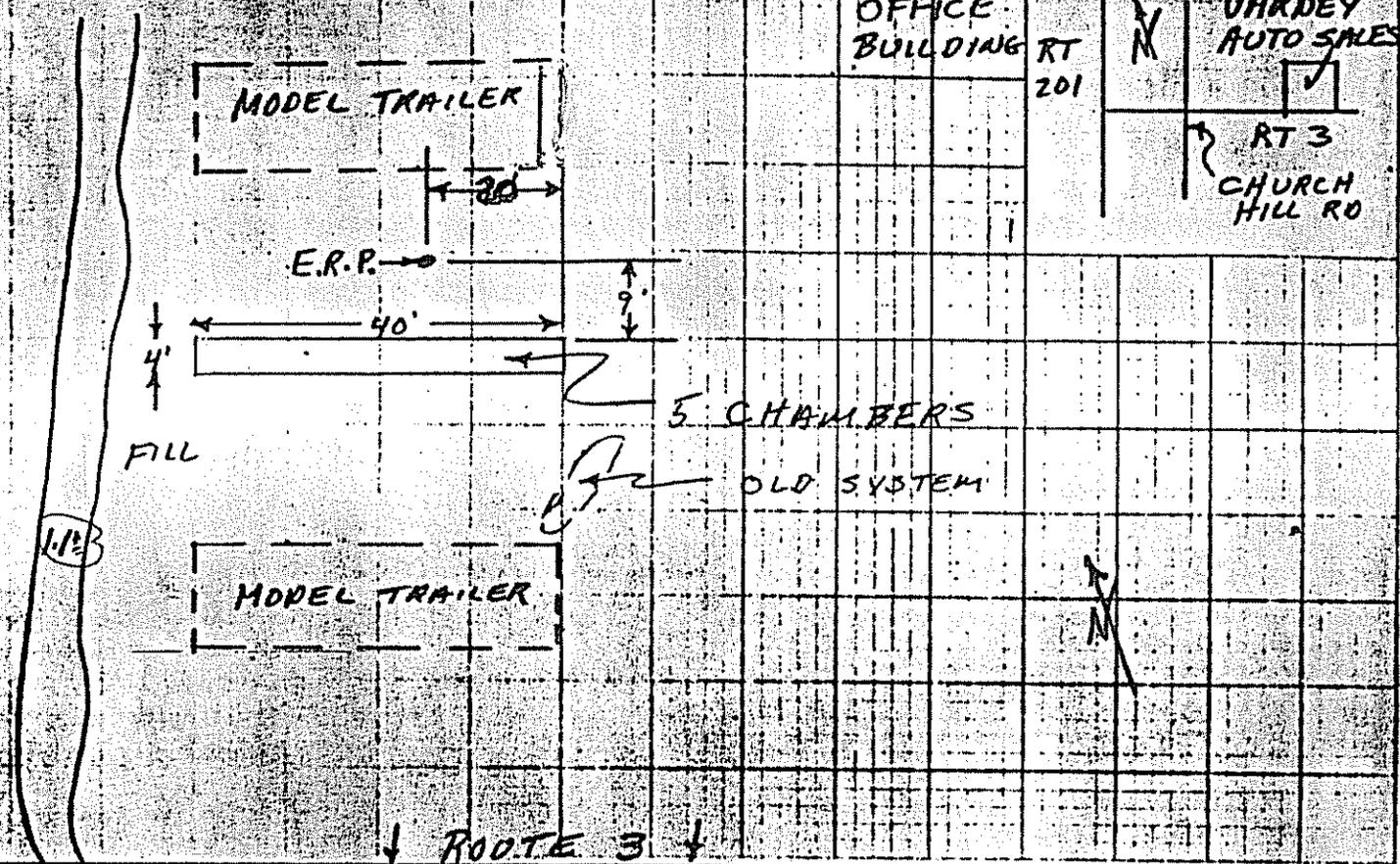
Street, Road, Subdivision

Owners Name

SITE PLAN

Scale 1" = 20'

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

* Depth of Organic Horizon Above Mineral Soil _____

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	SAND			
6	GRAVEL	LOOSE	B	
10	LOAM	TO		
15	FILL	MOD.		
20	CLAY	LOOSE		
38	OVER			
40	SOIL	FIRM	O.G.	31
50				

Soil Profile	Classification Condition	Slope %	Limiting Factor	<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

Observation Hole _____ Test Pit Boring

* Depth of Organic Horizon Above Mineral Soil _____

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
25				
30				
35				
40				
45				
50				

Soil Profile	Classification Condition	Slope %	Limiting Factor	<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

Alan W. Redmont
Site Signature

51
SE#

9/8/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health, Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

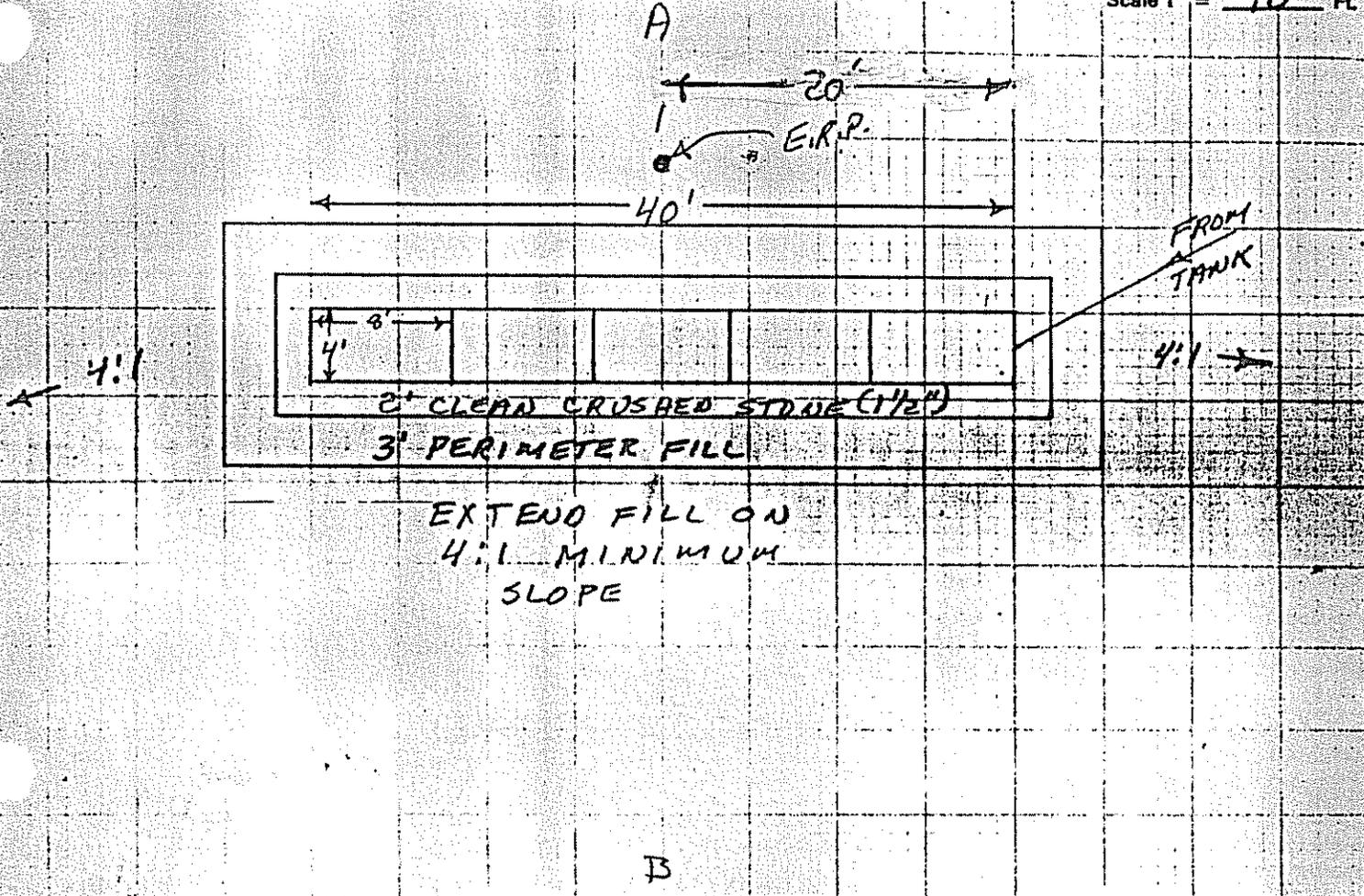
AUGUSTA

AT 3

WARNEY'S AUTO

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 10' Fl.



FILL REQUIREMENTS

Depth of Fill (Upslope) 12"
 Depth of Fill (Downslope) 12"

CONSTRUCTION ELEVATIONS

Reference Elevation is 0
 Bottom of Disposal Area -56"
 Top of Distribution Lines or Chambers -43"

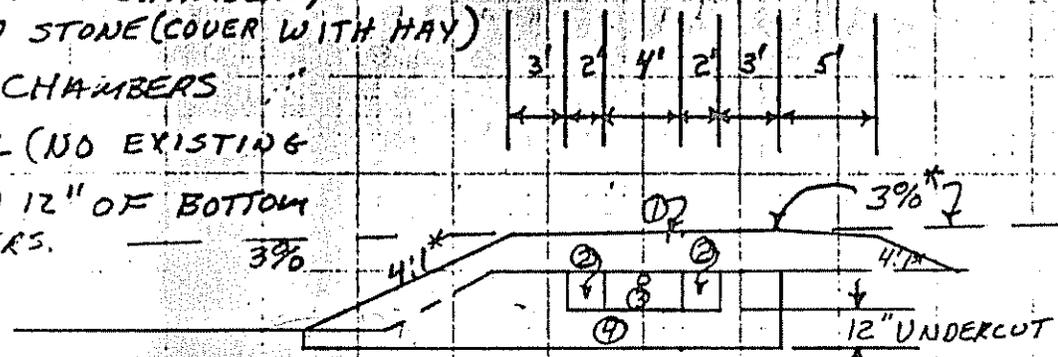
ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

NAIL IN WOOD STAKE 43" ABOVE GROUND AT SYSTEM

DISPOSAL AREA CROSS SECTION

- ① 12" FINE GRAVEL 100% PASSING 2" SIEVE
- ② 2" WIDE (X) DEPTH OF CHAMBERS, CLEAN 1 1/2" CRUSHED STONE (COVER WITH HAY)
- ③ 5- 4' X 8' "L" CHAMBERS
- ④ GRAVEL FILL (NO EXISTING FILL WITHIN 12" OF BOTTOM OF CHAMBERS.

Scale:
 Vertical: 1 inch = 5' Fl.
 Horizontal: 1 inch = 10' Fl.



B A

*4:1 SLOPE MINIMUM (MAY BE FILLED MORE)

Alan W. ...
 Site Evaluator Signature

51
 SE#

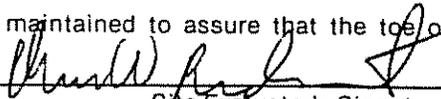
9/8/87
 Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested in	
Soils Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		6-9	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	100b	100b		
	a. Neighbor's				
	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:

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 top of the fill does not extend to the 3:1 slope.

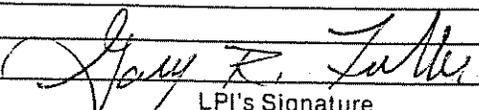

 Site Evaluator's Signature 9/8/87
Date

LPI Statement

I, Gary R. Tubbs, LPI for the Town of Angosta, 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:


 LPI's Signature 9-29-87
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