Sylvester, RN

Bob St. Pierre.

1981 Permit

R.N. Sylvester

Summer Haven Road

1981 Sept 28

#4499 AP

HHE-200 form

Call:
622-3041

AUGUSTA, ME 04330

YELLOW BUILDING

RT 27

N

3 1/2

Location of Organization Index (Sheet 1)

24-30

FASS 42"

DISPOSAL SYSTEM CONSISTS (Location of System and Details on Proposed Plan on page 1)

USE EXISTING
TANK
TANK BODY
WITH 1000 BASED

2500

EAST TO 0.2125

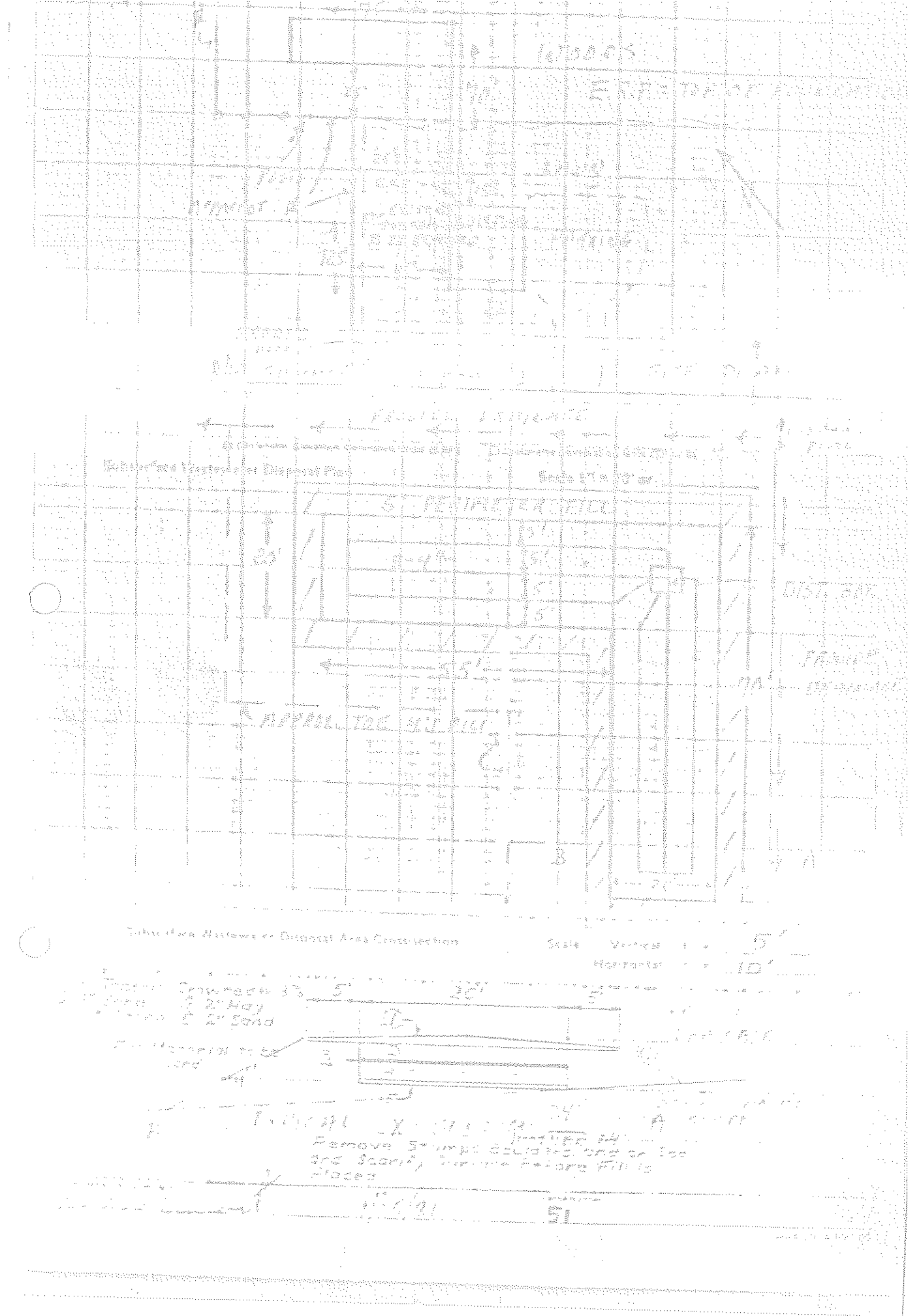
24
36±
0
48"
16"

9/22/81

Richard B. Baker
9-28-81

4/4/81
9-31-81

51



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 of 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 11020 Permit No. 4499401 Date Permit Issued 9-25-81

Property Owner's Name R. N. SYLVESTER Tel. No. 623 [illegible]

System's Location SUMMER HAVEN RD
Street

AUGUSTA MAINE ME [illegible]
Town State Zip

Property Owner's Address (if different from above) R. R. # 6
Street

AUGUSTA ME [illegible]
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 [illegible] concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

[illegible]

Setback Distances (in feet)	From	Treatment Tank	Disposal Area	Treatment Tank	Disposal Area
Potable Water Supplies	1. Well > 2000 gal/day	100a	100a	—	—
	2. Well < 2000 gal/day				
	a. Neighbor's	100b	100b	—	—
	b. Property Owner's	50	50	—	—
	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'	—	15
	2. Without basement	a	10'	—	—
Property Line		5'	5'	—	—

Other Specify

Comments:

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 60 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.

[signature] 9/26/81

Site Evaluator's Signature Date

LPI Statement

I, Richard G. Baker, LPI for the Town of Avon, 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 Mountain 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

Richard G. Baker 9-28-81

LPI's Signature Date

FOR USE BY THE DEPARTMENT ONLY:

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

Sylvester, R.N

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 11026 Permit No. 44994 E-8 Date Permit Issued 9-28-81 (month/day/yr.)

Property Owner's Name: R. N. SYLVESTER Tel. No. 622-6651

System's Location: SUMMER HAVEN RD (Street)

AUGUSTA (Town) MAINE ME 04330 (Zip)

Property Owner's Address: (if different from above) R.F.D #6 (Street)

AUGUSTA (Town) ME (State) 04330 (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.

R. N. Sylvester — Property Owner's Signature

9-27-81 — 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'	—	—
	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'	—	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.

Site Evaluator's Signature — Date: 9/25/81

LPI Statement

I, Richard G. Baker, 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:

LPI's Signature — Date: 9-28-81

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

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

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

HHE-200

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

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 ☒ Replacement System Variance With ☒ LPI Approval ○ Dept Review

PROPERTY LOCATION: AUGUSTA (Town, Plantation) — SUMMER HAVEN RD (Street, Road) — Subdivision Name — Lot No

PROPERTY OWNER or APPLICANT: R.N. SYLVESTER

Mailing Address: RFO 6 (Street) — 622-4651 (Tel. No.)

AUGUSTA, ME 04330 (Town, State, Zip Code)

TYPE OF STRUCTURE, DESIGN FLOW

○ Single Family Dwelling — Number of Bedrooms ____ Design Flow ____ GPD

Design Flow based on ○ Minimum ○ Moderate ○ Conservative

○ Reduction in Design Flow due to Water Conservation

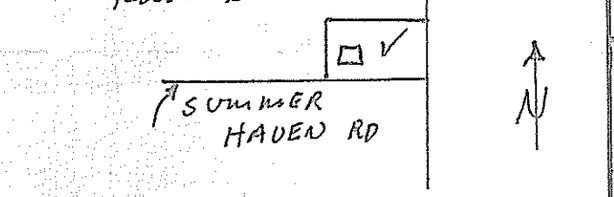
If so, specify type (s) ____

☒ Other Establishment — Specify 4 - 2 BEDROOM APTS (Type of Facility)

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

Design Flow 960 GPD — If greater than 2000 GPD, Specify Professional Engineer

LOCATION PLAN OF PROPERTY



Roads, Landmarks, Distances

PROPERTY INFORMATION

Area of Property 3 1/2 ○ Sq. Ft. ☒ Acres ○ Zoned ☒ Not Zoned

If zoned, type of zoning ____

Property on Water Body. If so, Name of Water Body ____

Water Supply is ○ Public Utility, ○ Drilled Well ____ depth ○ Dug Well ____ depth ○ Well Point ○ Spring ○ Surface Water

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2

TEXTURAL DESCRIPTION EACH SOIL STRATA ENCOUNTERED	Observation Hole No. 1 (○ Test Pit ☒ Boring)	Observation Hole No. ____ (○ Test Pit ○ Boring)	Observation Hole No. ____ (○ Test Pit ○ Boring)
Organic Strata or (Existing Fill)	Thickness —	Thickness ____	Thickness ____
1st Original Mineral Soil Strata	LOAMY SAND Depth from 0 to 42" Thickness 42	Depth from 0 to ____ Thickness ____	Depth from 0 to ____ Thickness ____
2nd	Depth from ____ to ____ Thickness ____	Depth from ____ to ____ Thickness ____	Depth from ____ to ____ Thickness ____
3rd	Depth from ____ to ____ Thickness ____	Depth from ____ to ____ Thickness ____	Depth from ____ to ____ Thickness ____
4th	Depth from ____ to ____ Thickness ____	Depth from ____ to ____ Thickness ____	Depth from ____ to ____ Thickness ____
Total Depth of Observation Hole	42	____	____
Depth from top of ORIGINAL MINERAL SOIL: Maximum Seasonal High Ground Water Table Depth (○ None evident)	24-30	____ (○ None Evident)	____ (○ None evident)
Depth to Restrictive Layer (☒ None evident)	____	____ (○ None evident)	____ (○ None evident)
Depth to Bedrock (○ None evident)	POSS 42"	____ (○ None evident)	____ (○ None evident)

PROFILE	CONDITION	SLOPE
5	C	3-6 %
		%
		%

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

TYPE OF SYSTEM

☒ Combined 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
○ Primitive System
○ Holding Tank

TREATMENT TANK

☒ Septic Tank
○ Aerobic Tank
Size USE EXISTING 1500 G TANK
DOSAGE TANK MAY HAVE TO BE RAISED
○ 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 2500 sq. ft.
Number of beds 1
Width ____ ft. Length ____ ft
EQUIV. TO 20X125

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

SYSTEM SIZE RATING

○ Small ☒ Medium ○ Medium Large ○ Large ○ Extra Large

DISPOSAL AREA ELEVATION

Depth of Upslope Fill required 24 inches
Depth of Downslope Fill required 36± inches
Reference Elevation Point established at 0 Elevation
Disposal Area Bottom to be established at -48" Elevation
Top of Distribution Lines or Top of Chambers -36" Elevation

☒ Yes ○ 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.

☒ 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 9/22/81 (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: [signature] — Date signed 9/25/81 — Site Evaluator License Number 51

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: R.N. Sylvester — Date Signed 9-27-8

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: Richard P. Baker — Date 9-28-81

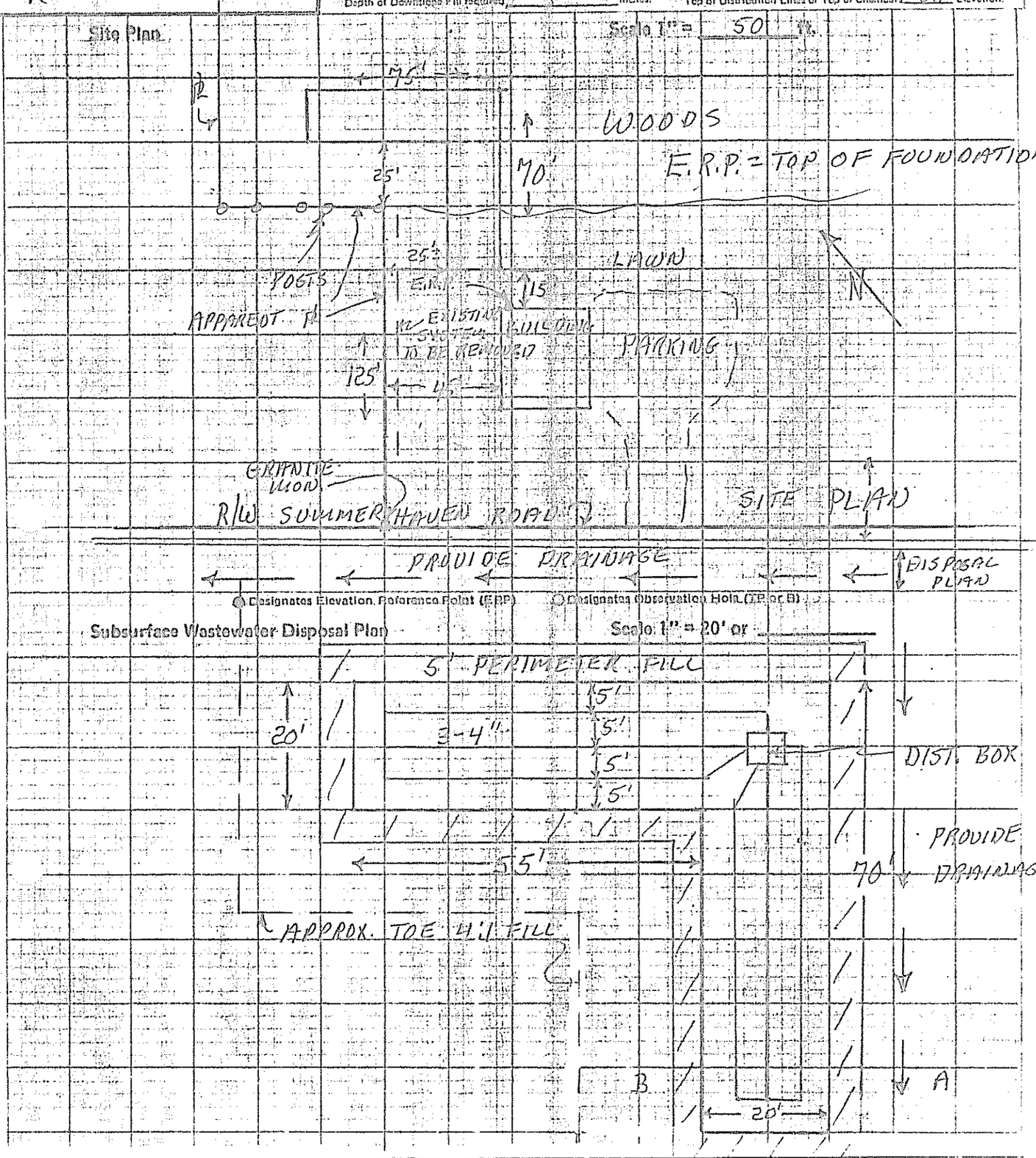
PERMIT NO 4 4 9 7 8 — Date Issued 9-28-81

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

PROPERTY LOCATION: AUGUSTA Town, Plantation	SUMMER HAVEN RD. Street, Road	Subdivision Name	Lot No.
PROPERTY OWNER or APPLICANT: R. N. SYLVESTER	DISPOSAL AREA ELEVATION: Depth of Upslope Fill required 24 inches. Depth of Downslope Fill required ____ inches.	Reference Elevation Point established at 0 Elevation. Disposal Area Bottom to be established at -48" Elevation. Top of Distribution Lines or Top of Chambers -36" Elevation.	

Site Plan

Scale 1" = 50 ft.

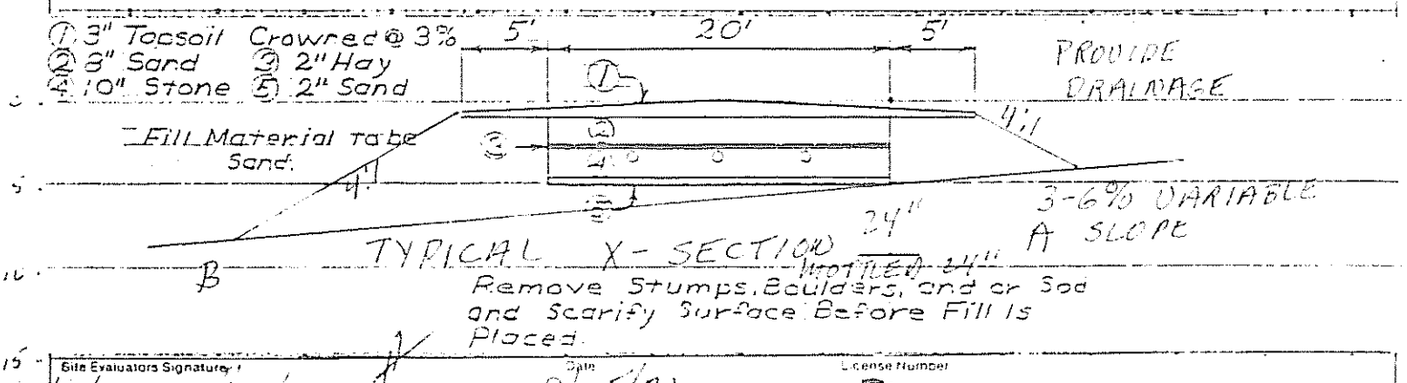


Subsurface Wastewater Disposal Plan

Scale: 1" = 20' or ____

Subsurface Wastewater Disposal Area Cross-section

Scale: Vertical: 1" = 5'
Horizontal: 1" = 10'



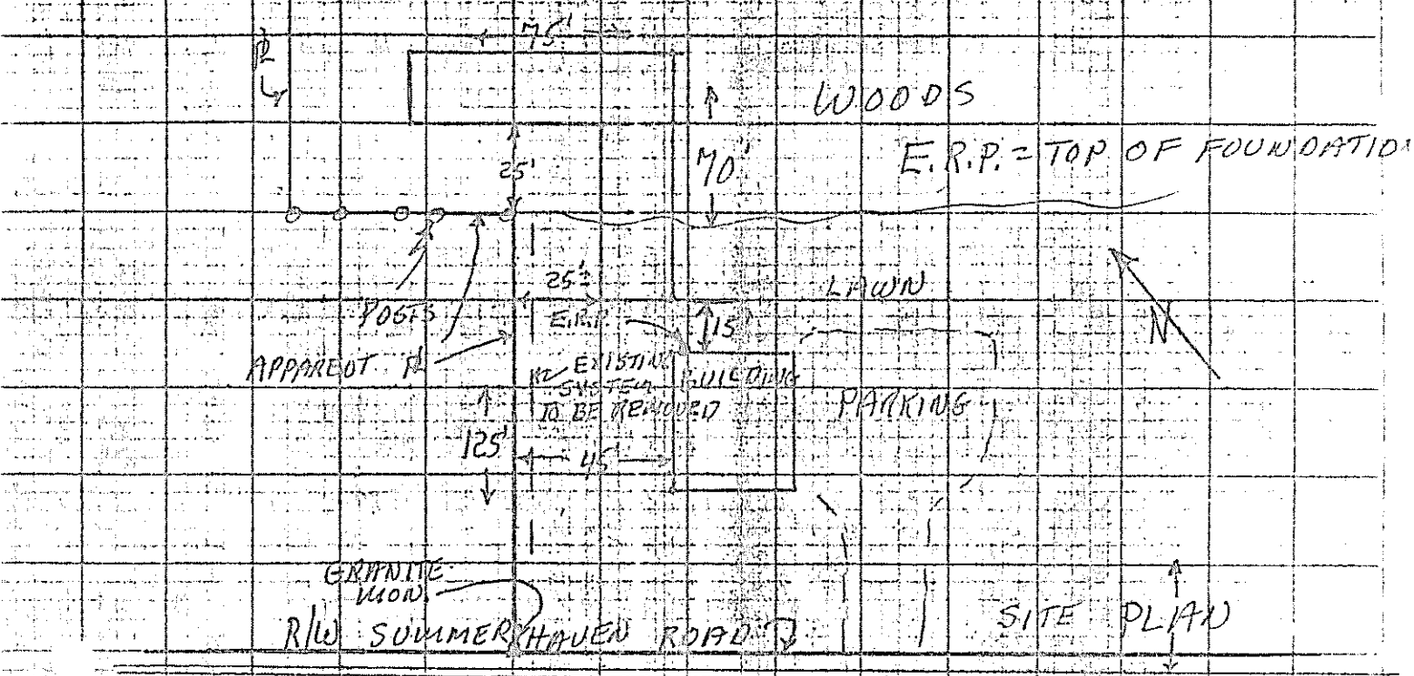
Remove Stumps, Boulders, and or Sod and Scarify Surface Before Fill is Placed.

Site Evaluators Signature	Date	License Number
[signature]	9/25/81	51

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

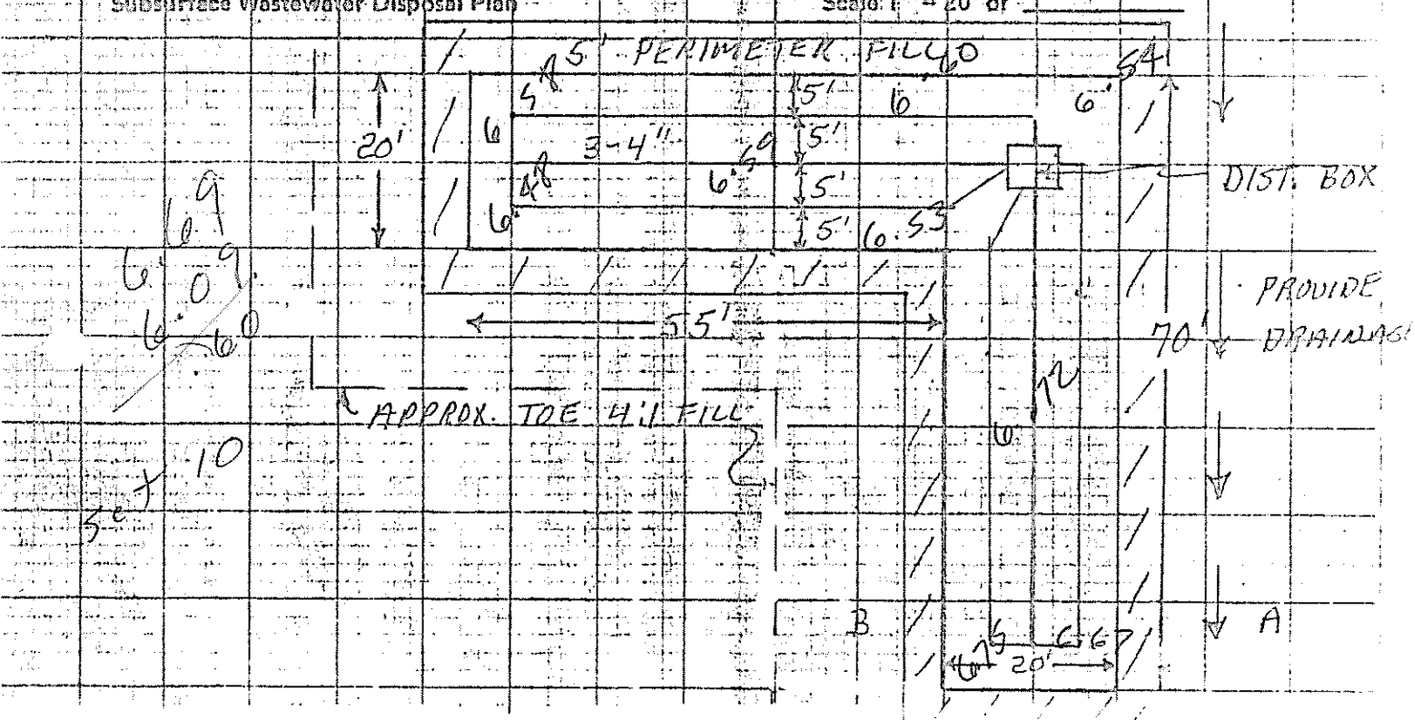
...ATION: ...USTA Mount... Town, Plantation	SUMMER HAVEN RD. Street, Road	Subdivision Name	Lot No.
...PERTY OWNER or APPLICANT: R. N. SYLVESTER	DISPOSAL AREA ELEVATION: Depth of Upslope Fill required 24 inches. Depth of Downslope Fill required ___ inches.	Reference Elevation Point established at 0 Elevation. Disposal Area Bottom to be established at -48" Elevation. Top of Distribution Lines or Top of Chambers -36" Elevation	

Site Plan — Scale 1" = 50 ft.

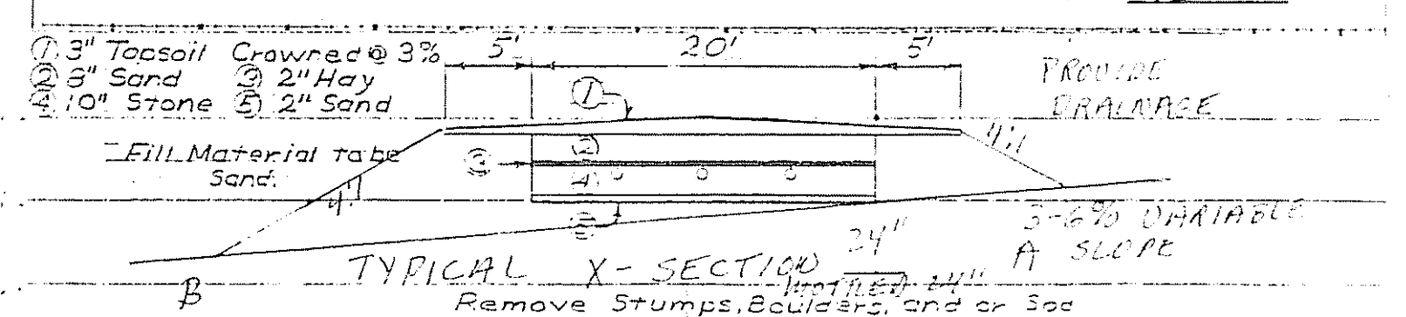


○ Designates Elevation Reference Point (ERP) ○ Designates Observation Hole (TP or B)

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



Subsurface Wastewater Disposal Area Cross-section — Scale: Vertical: 1" = 5'; Horizontal: 1" = 10'



TYPICAL X-SECTION

Remove Stumps, Boulders, and or Sod and Scarify Surface Before Fill is Placed.

Site Evaluators Signature	Date	License Number
[signature]	9/25/81	51

HHE-200-A RV7/80