

APPLICATION AND AGREEMENT

TO WAIVE CERTAIN PROVISIONS OF THE PLUMBING CODE

I, Carol Clements, (owner) hereby apply to the Maine State Department of Human Services for permission authorizing the responsible Plumbing Inspector to waive certain provisions of the Plumbing Code for an installation in connection with a dwelling or building at Maribel ST, Augusta. (street) (city or town)

This may include materials, methods, dimensions or conditions not specifically approved by the Plumbing Code. Please draw a brief sketch of the property's location on the back of this form so an inspector can find it. Include landmarks, route numbers and street names.

Section of Code to be waived,	Description of specific waiver
1. <u>Sec 9.7</u>	<u>Set bed 24" into mottled soil</u>
2. <u>" 4.3</u>	<u>Mottling is 5" below grade</u>
3. <u>" 9.7</u>	<u>Bed to be 30" deep</u>

(If additional space is needed, attach a list)

In all other respects, the installation will comply with the Code. The installation will be made in accordance with the ATTACHED PLAN. A permit is to be issued by the Plumbing Inspector if he is in agreement. The undersigned stipulates that he is the owner and occupant of the building involved and that the building is not for sale in the foreseeable future. The installation will be made by: _____, License No. _____.

If any defects or inadequacies appear, I will promptly notify the State Department of Human Services and subsequently make such corrections as the Department shall find necessary

Owner's signature Carol P. Clements

NOTE: A PLAN TO SCALE Winter address _____
MUST BE ATTACHED Summer address _____
Telephone _____ Date 5-24-78

THE FOLLOWING TO BE FILLED IN BY THE PLUMBING INSPECTOR

I am (Local), (~~Alternate~~) Plumbing Inspector for the town of AUGUSTA. I have examined the plans for the installation described above and I find the building to be in my jurisdiction.

I (do), (~~do not~~) recommend the issuance of a special permit for the installation as described above.

Signed Richard B. Baker
Date 5-23-78

Return this form to the Division of Health Engineering, Department of Human Services, Augusta, Maine. NO permit shall be issued for this waiver until the Local Plumbing Inspector receives notification from this office.

MAINE DEPARTMENT OF HUMAN SERVICES APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT		This is NOT a permit; this form when completed must be presented to the Local Plumbing Inspector to obtain a permit.		Page 1 of 2
Town Augusta	Street, Road, etc. MURIAL ST <small>If on water body, give name</small>	Plumbing Permit No.	Date of Plumbing Permit 5-24-78	
Owner of property Carol Clements		Owner's address	Size of lot 20,000 ±	<input checked="" type="radio"/> Sq. feet <input type="radio"/> Acres
Name & type of establishment if other than private home _____ gpd		Is lot Zoned? <input type="radio"/> Yes <input checked="" type="radio"/> No	Type of Zoning N 10R	<input type="radio"/> Shoreland <input type="radio"/> Resource Protection
Name of applicant Owner's agent Carol Clements		If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following: <input type="radio"/> Deed restriction regarding sewage disposal <input type="radio"/> Copy of the subdivision's soils report <input type="radio"/> Soils report from a State Agency		
Applicant's address Street, Box, etc. MURIAL ST		Tel. No. 622-9198		Subdivision name n/p
Town Augusta	Zip Code 04330	Lot No. n/p		
Applicant's signature Carol P. Clements		Date 5-23-78		
This application is for: <input type="radio"/> New System <input type="radio"/> Expanded System <input checked="" type="radio"/> Replacement System <input type="radio"/> Treatment Tank Only <input type="radio"/> Disposal Area Only				
The water supply for this property is: <input type="radio"/> Dug well, depth _____, lining _____; <input checked="" type="radio"/> Drilled well, depth _____, lining _____; <input type="radio"/> Spring <input type="radio"/> depth _____, lining _____; Surface water <input type="radio"/> Body, <input type="radio"/> Course— <input type="radio"/> with disinfection, <input type="radio"/> without disinfection. <input type="radio"/> Public Utility, name _____				

SITE INVESTIGATION						
Show location of pits and/or borings on sketch on page 2, and refer to completed sample form and Chapter 4 of the Code, II.						
Soil Profile No.	Soil Profile No.		Soil Profile No.		Soil Profile No.	
	<input checked="" type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring
Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata
Inches 0	Inches	Inches	Inches	Inches	Inches	Inches
1st strata Dark Brown F.S.L.	1st strata					
Inches 4" ML	Inches	Inches	Inches	Inches	Inches	Inches
2nd strata Stratified Silts & clay	2nd strata					
Inches 14" CL-ML	Inches	Inches	Inches	Inches	Inches	Inches
3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata
Inches	Inches	Inches	Inches	Inches	Inches	Inches
Total Depth of observation hole Inches 18	Total Depth of observation hole Inches					
Max. Ground water table—mottling <input type="radio"/> None Evident 5 inches	Max. Ground water table—mottling <input type="radio"/> None Evident _____ inches	Max. Ground water table—mottling <input type="radio"/> None Evident _____ inches	Max. Ground water table—mottling <input type="radio"/> None Evident _____ inches	Max. Ground water table—mottling <input type="radio"/> None Evident _____ inches	Max. Ground water table—mottling <input type="radio"/> None Evident _____ inches	Max. Ground water table—mottling <input type="radio"/> None Evident _____ inches
Impervious layer, clay, etc. <input type="radio"/> None Evident 4 inches	Impervious layer, clay, etc. <input type="radio"/> None Evident _____ inches	Impervious layer, clay, etc. <input type="radio"/> None Evident _____ inches	Impervious layer, clay, etc. <input type="radio"/> None Evident _____ inches	Impervious layer, clay, etc. <input type="radio"/> None Evident _____ inches	Impervious layer, clay, etc. <input type="radio"/> None Evident _____ inches	Impervious layer, clay, etc. <input type="radio"/> None Evident _____ inches
Bedrock <input checked="" type="radio"/> None Evident _____ inches	Bedrock <input type="radio"/> None Evident _____ inches	Bedrock <input type="radio"/> None Evident _____ inches	Bedrock <input type="radio"/> None Evident _____ inches	Bedrock <input type="radio"/> None Evident _____ inches	Bedrock <input type="radio"/> None Evident _____ inches	Bedrock <input type="radio"/> None Evident _____ inches
Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock
Surface slope 0 %	Surface slope _____ %	Surface slope _____ %	Surface slope _____ %	Surface slope _____ %	Surface slope _____ %	Surface slope _____ %
Soil Group & Condition per Table 9-1 of the Code, II 9D	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II

On **5-9-78** (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 following type and size of private sewage disposal system. I also recommend the proposed private sewage disposal system layout and location shown on page 2.

Signature **Gerald Chasler** Health Engineering License No. **79**

Date signed **5-12-78**

PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED Show location of system and details on sketches on page 2, and refer to completed sample form

SYSTEM: <input checked="" type="radio"/> COMBINED SYSTEM <input type="radio"/> SEPARATED SYSTEM <small>If separated system—type of human waste disposal system to be used:</small> <input type="radio"/> Sealed Vault Privy <input type="radio"/> Open Pit Privy <input type="radio"/> Compost Toilet <input type="radio"/> Incinerator Toilet <input type="radio"/> Chemical Toilet <input type="radio"/> Other, describe _____ <small>See Chapter 9 of the Code, II.</small>	TREATMENT TANK: <input checked="" type="radio"/> Septic Tank <input type="radio"/> Concrete <input type="radio"/> Fiberglass <input type="radio"/> Metal Size in gallons EXISTING 1000 G#1 <input type="radio"/> Aerobic Tank Manufacturer _____ Model No. _____ Size in gallons _____	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION Fill will be: 3 <input checked="" type="radio"/> in. uphill; <input type="radio"/> in. downhill
		Type _____ SIZE _____ <input type="radio"/> Trench System: Total trench length N/A <input type="radio"/> Bed System Length 20 Width 70 <input type="radio"/> Chamber System Number _____ <input type="radio"/> Type A <input checked="" type="radio"/> Single File <input type="radio"/> Cluster <input type="radio"/> Type B <input type="radio"/> Cluster <input type="radio"/> Mound System Length _____ Width N/A at base <input type="radio"/> Special System Length _____ Width N/A WAIVER <input checked="" type="radio"/> Required <input type="radio"/> Not Required		DETAILS <input type="radio"/> A Distribution Box is required Pumping is— <input type="radio"/> required, <input checked="" type="radio"/> not required. The Dose will be _____ gallons DISTANCES <input checked="" type="radio"/> Yes <input type="radio"/> No: The proposed subsurface absorption 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. <input checked="" type="radio"/> Yes <input type="radio"/> No: The proposed subsurface absorption 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.

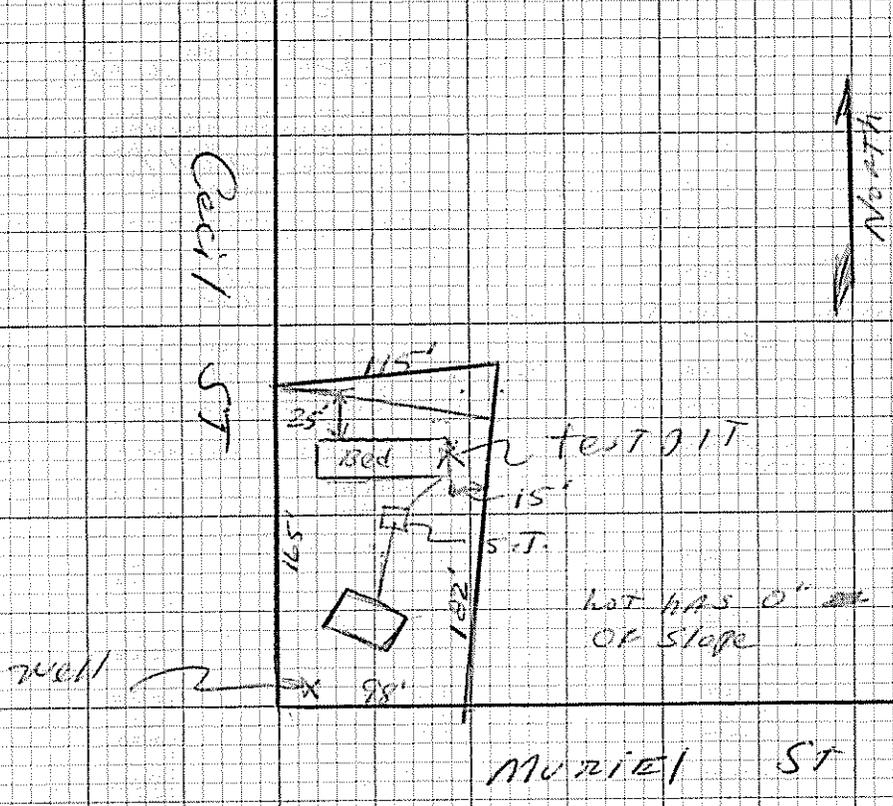
PROPERTY / LOT LOCATION MAP <p>Location—roads, landmarks</p>	FOR THE USE OF LPI ONLY <input type="radio"/> Denial: Application is denied for following reasons; portions of the Code II are cited. Form is incomplete (_____ pg.) as to <input type="radio"/> General info, <input type="radio"/> Site investigation, <input type="radio"/> System Proposed, <input type="radio"/> Site Plan, <input type="radio"/> Disposal System Plan, <input type="radio"/> Cross-Section, <input type="radio"/> Statement. See Section 2.3. <input type="radio"/> Site investigation indicates site is <input type="radio"/> totally unsuitable for disposal system; Sections 4.5 and 9.5, Table 9-1 Group 9 and 10. <input type="radio"/> Unsuitable for system proposed; Sections 4.3, 4.6, 9.5, Table 9-1. <input type="radio"/> System Proposed does not conform to Code; See Sections 9. <input type="radio"/> Site investigation indicates site modifications are necessary; See Sections <input type="radio"/> 4.3, <input type="radio"/> 4.4, <input type="radio"/> 4.6, <input type="radio"/> 8.7. <input type="radio"/> Miscellaneous _____ See Section _____ <input checked="" type="radio"/> Acceptance: Application for permit is approved <input type="radio"/> with condition specified, comply with Section 9.7 <input type="radio"/> without condition. Signed LPI Richard P. Baber Date 5-23-78 HHE - 200 1/77
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APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
(For systems disposing of less than 2000 gallons per day)

Town Augusta Street, Road, etc. Muriel St Owner of property Carol Clements
If on water body, give name

Site Plan

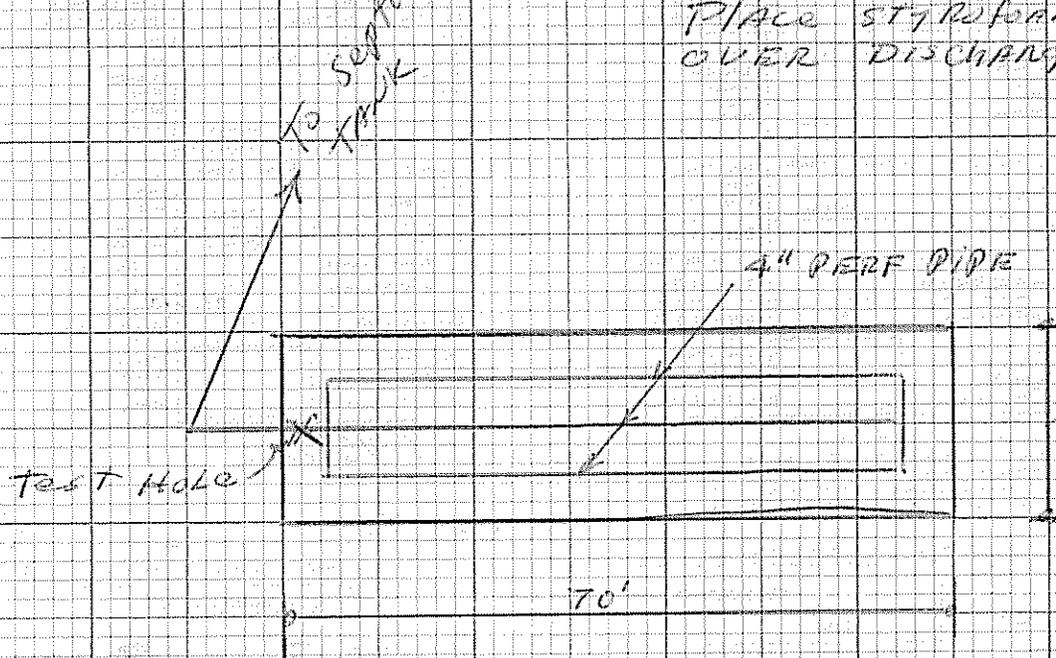
Scale 1" = 100 Ft. or _____



Note
RAISE SEWER LINE IN HOUSE TO MAXIMUM ELEVATION AS PERMISSIBLE TO KEEP PIPE IN GROUND.
RAISE SEPTIC TANK TO 6" Below Ground Level.

Private Sewage Disposal Plan

Note Scale 1" = 20' or _____

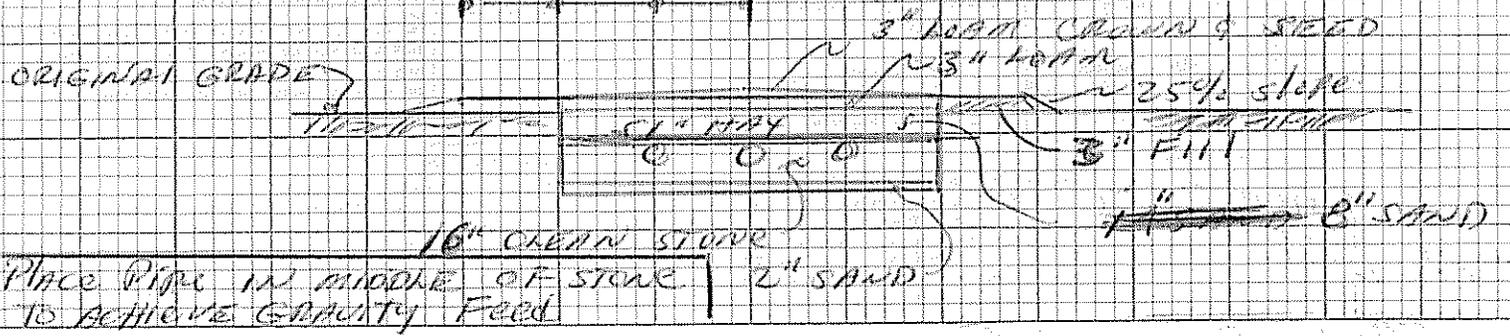


PLACE STYROFOAM INSULATION OVER DISCHARGE LINES

NOTE (Existing System)
THE SYSTEM IS TOO DEEP IN THE GROUND AND BACKS UP INTO HOUSE

Subsurface Absorption Area Cross-section

Scale: Vertical — 1" = 5' or 1" = 4'
Horizontal — 1" = 20' or 1" = 10'



Statement: (no permit may be issued unless signed)

I certify that all the information submitted to be true and correct; and I understand that issuance of a permit is based upon the information and plans submitted by the applicant. I also understand that any falsification of this application is reason to deny a permit to install a private sewage disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I understand that no guarantee is intended or implied by reason of any advice or approval given by the Administrative Authority or its agent.

Signature Required 5-23-78
Date: _____
Applicant: _____
Owner: Carol Clements