



DAVID E. SMITH
COMMISSIONER

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

*Small, Raymond
2-0042*

October 27, 1975

Mr. Raymond Small
R.F.D. 5
Augusta, ME 04330

Subject: Waiver to Maine Plumbing Code, Part II, Small Property,
Leighton Road, Augusta

Dear Sir:

This will acknowledge receipt of a plan plus soils information by William Rideout, Registered Geologist, showing the proposed sewage disposal system for the subject project. It appears to be in compliance with the Maine Plumbing Code, Part II except for (1) location of a replacement disposal field on a non-discharge soil and (2) distance from disposal field to a building, the reasons for your waiver request.

In consideration of the plan dated August 21, 1975, and recommendations by Mr. Rideout, this office will grant the responsible Local Plumbing Inspector the right to waive certain provisions of the Maine Plumbing Code for the following disposal system under authority of Section 3.14:

1. The installation of a 1000 gallon septic tank to be followed by a 20' X 50' raised disposal bed. The installation is to follow the plan submitted with this proposal.
2. The disposal bed shall be located at least 10 feet from the existing mobile home.
3. A loamy type fill shall be applied and extended as indicated on page 2 of the submitted HHE-200 form.
4. In all other respects the installation is to comply with the Maine Plumbing Code, Part II, Private Sewage Disposal Regulations.

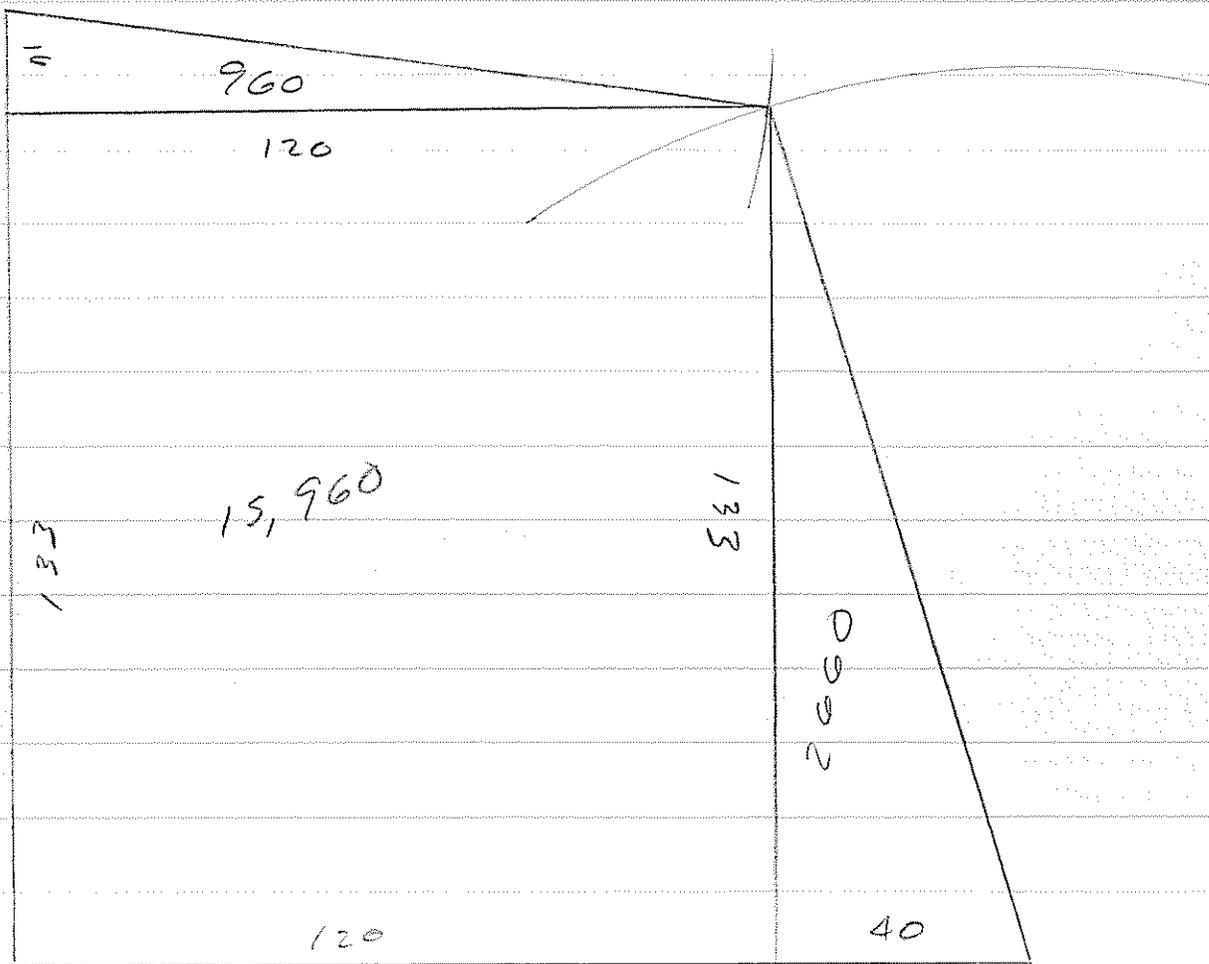
We would like to note that given the reported site conditions; prudent water use and proper maintenance of the allowed sewage disposal system will be extremely important for its proper operation.

Final approval is subject to submission of a complete HHE-200 form and permit by the Local Plumbing Inspector before the construction of this system. The inspector is to be notified before covering the work, and the work is to be left uncovered until his inspection. He shall be supplied with copies of approved plans for his reference at inspection. Approval is also subject to any local ordinances.

Yours very truly,

for Russell S. Hart
W. Clough Toppan, Sanitary Engineer
Plans and Standards Review
Division of Health Engineering

RGM/mm
cc: Richard Baker, LPI
Freeman Eugley
enc.



19,580?

DUPLICATE — To be retained by the Plumbing Inspector

MAINE DEPARTMENT OF HEALTH AND WELFARE APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT		(For systems disposing of less than 2000 gallons per day)	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. LEITCHTON ROAD		Permit No. 8843 22618	Date 1-28-76	
Owner of property RAYMOND SMALL, R.F.D. # 5, LEITCHTON, ROAD, AUGUSTA, MAINE		Owner's address		Size of lot 19,580?	<input checked="" type="checkbox"/> Sq. feet <input type="checkbox"/> Acres
Name & type of establishment if other than private home		Is lot Zoned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Type of Zoning <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Resource Protection	
Name of applicant Owner's agent <i>[Signature]</i>		Tel. No. 622-0042		If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following: <input type="checkbox"/> Deed restriction re. private sewage disposal <input type="checkbox"/> Copy of the subdivision's soils report <input type="checkbox"/> Soils report from a State Agency	
Applicant's address Street, Box, etc. <i>[Address]</i>		Town Maine		Subdivision name	
Applicant's signature <i>[Signature]</i>		Date 1/27/76		Lot No.	
Owner's signature <i>[Signature]</i>		Date			

This application is for: New System Expanded System Replacement System Replacement of Treatment Tank Only Disposal Area Only

The water supply for this property is: Dig well, depth _____, lining _____; Drilled well, depth _____, lining _____; Spring depth _____, lining _____; Surface water Body, Course— with disinfection. without disinfection. Public Utility, name **AUGUSTA W.P.**

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 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 _____	Inches _____	Inches _____	Inches _____	Inches _____	Inches _____	Inches _____
1st strata	1st strata	1st strata	1st strata	1st strata	1st strata	1st strata
Inches BROWN SLT	Inches	Inches	Inches	Inches	Inches	Inches
2nd strata	2nd strata	2nd strata	2nd strata	2nd strata	2nd strata	2nd strata
Inches GRAY SATURATED CLAY ST	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 21	Total Depth of observation hole Inches					
Max. Ground water table—mottling <input type="checkbox"/> None Evident	Max. Ground water table—mottling <input type="checkbox"/> None Evident	Max. Ground water table—mottling <input type="checkbox"/> None Evident	Max. Ground water table—mottling <input type="checkbox"/> None Evident	Max. Ground water table—mottling <input type="checkbox"/> None Evident	Max. Ground water table—mottling <input type="checkbox"/> None Evident	Max. Ground water table—mottling <input type="checkbox"/> None Evident
Impervious layer, clay, etc. <input type="checkbox"/> None Evident	Impervious layer, clay, etc. <input type="checkbox"/> None Evident	Impervious layer, clay, etc. <input type="checkbox"/> None Evident	Impervious layer, clay, etc. <input type="checkbox"/> None Evident	Impervious layer, clay, etc. <input type="checkbox"/> None Evident	Impervious layer, clay, etc. <input type="checkbox"/> None Evident	Impervious layer, clay, etc. <input type="checkbox"/> None Evident
Bedrock <input type="checkbox"/> None Evident	Bedrock <input type="checkbox"/> None Evident	Bedrock <input type="checkbox"/> None Evident	Bedrock <input type="checkbox"/> None Evident	Bedrock <input type="checkbox"/> None Evident	Bedrock <input type="checkbox"/> None Evident	Bedrock <input type="checkbox"/> None Evident
Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock
Surface slope 13%	Surface slope %					
Soil Group & Condition per Table 9-1 of the Code, II 9-D	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

WILLIAM W. RIDGOUT
CONSULTING GEOLOGIST
RD #5
GARDINER, MAINE 04345
PHONE (207) 582-4161

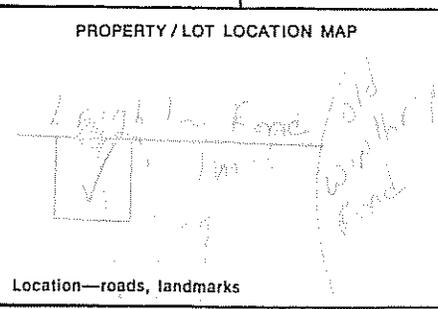
On **1/27/76** (date), a site investigation for this project was completed. I supervised this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the following type and size of private sewage disposal system. I also recommend the proposed private sewage disposal system layout and location shown on page 2.

Signature and Registration/Certification Number
[Signature]
Date signed **1/27/76**

Soil Scientist
 Geologist
 Soil Engineer
 Other, must show current letter of certification to LPI

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

SYSTEM: <input type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM If separated system—type of human waste disposal system to be used: <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Open Pit Privy <input type="checkbox"/> Compost Toilet <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Other, describe See Chapter 9 of the Code, II.	TREATMENT TANK: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Manufacturer— Size in gallons 1000 <input type="checkbox"/> Aerobic Tank Manufacturer— Model No. Size in gallons	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION Fill is— <input type="checkbox"/> required, <input type="checkbox"/> not required Fill will be 37 inches deep DETAILS <input type="checkbox"/> A Distribution Box is required Pumping is— <input type="checkbox"/> required, <input type="checkbox"/> is not required. The Dose will be _____ gallons DISTANCES <input type="checkbox"/> Yes <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> 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.
		Type <input type="checkbox"/> Trench System: Total trench length _____ <input type="checkbox"/> Bed System SEP WATER Length _____ Width _____ <input type="checkbox"/> Chamber System Number _____ <input type="checkbox"/> Type A <input type="checkbox"/> Single File <input type="checkbox"/> Type F <input type="checkbox"/> Cluster <input type="checkbox"/> Mound System Length _____ Width _____ at base <input type="checkbox"/> Special System Length _____ Width _____ <input type="checkbox"/> Non-discharge System Bed-Length _____ Width _____ Holding Tank Size _____ Gal. Manufacturer _____ <input type="checkbox"/> Alarm device provided, type _____		SIZE <input type="checkbox"/> Very Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large



FOR THE USE OF LPI ONLY

Denial: Application is denied for following reasons; portions of the Code II are cited. Form is incomplete (_____ pg.) as to General info, Site Investigation, System Proposed, Site Plan, Disposal System Plan, Cross-Section, Statement. See Section 2.3.

Site Investigation indicates site is totally unsuitable for disposal system; Sections 4.5 and 9.5, Table 9-1 Group 9 and 10. Unsuitable for system proposed; Sections 4.3, 4.6, 9.5, Table 9-1.

System Proposed does not conform to Code; See Sections 9.

Site Investigation indicates site modifications are necessary; See Sections 4.3, 4.4, 4.6, 8.7, _____

Miscellaneous _____ See Section _____

Acceptance: Application for permit is approved with condition specified, comply with Section **SEE WAIVER**
 without condition.

Signed LPI **Richard P. Baber** Date **1-28-76** HHE-200 7/74

DUPLICATE — To be retained by the Plumbing Inspector
 MAINE DEPARTMENT OF HEALTH AND WELFARE
 APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
 (For systems disposing of less than 2000 gallons per day)

Town <u>AUGUSTA</u>	Street, Road, etc. <u>LEITCHMAN ROAD</u> If on water body, give name	Owner of property <u>J. SWANSON</u>
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Site Plan	Scale 1" = 100 Ft. or

Private Sewage Disposal Plan	Scale 1" = 20' or

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

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.

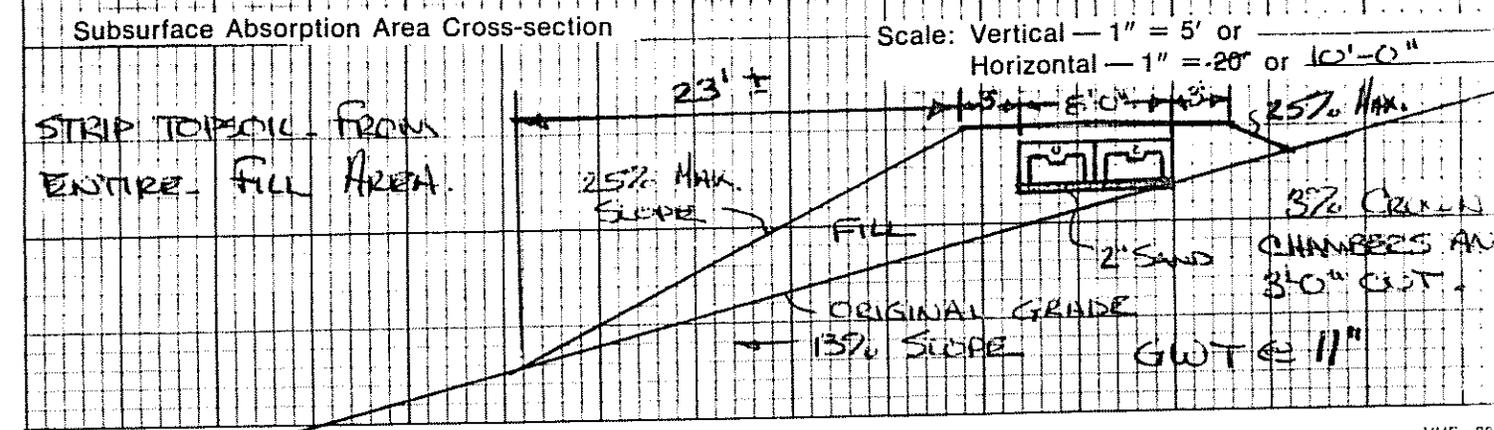
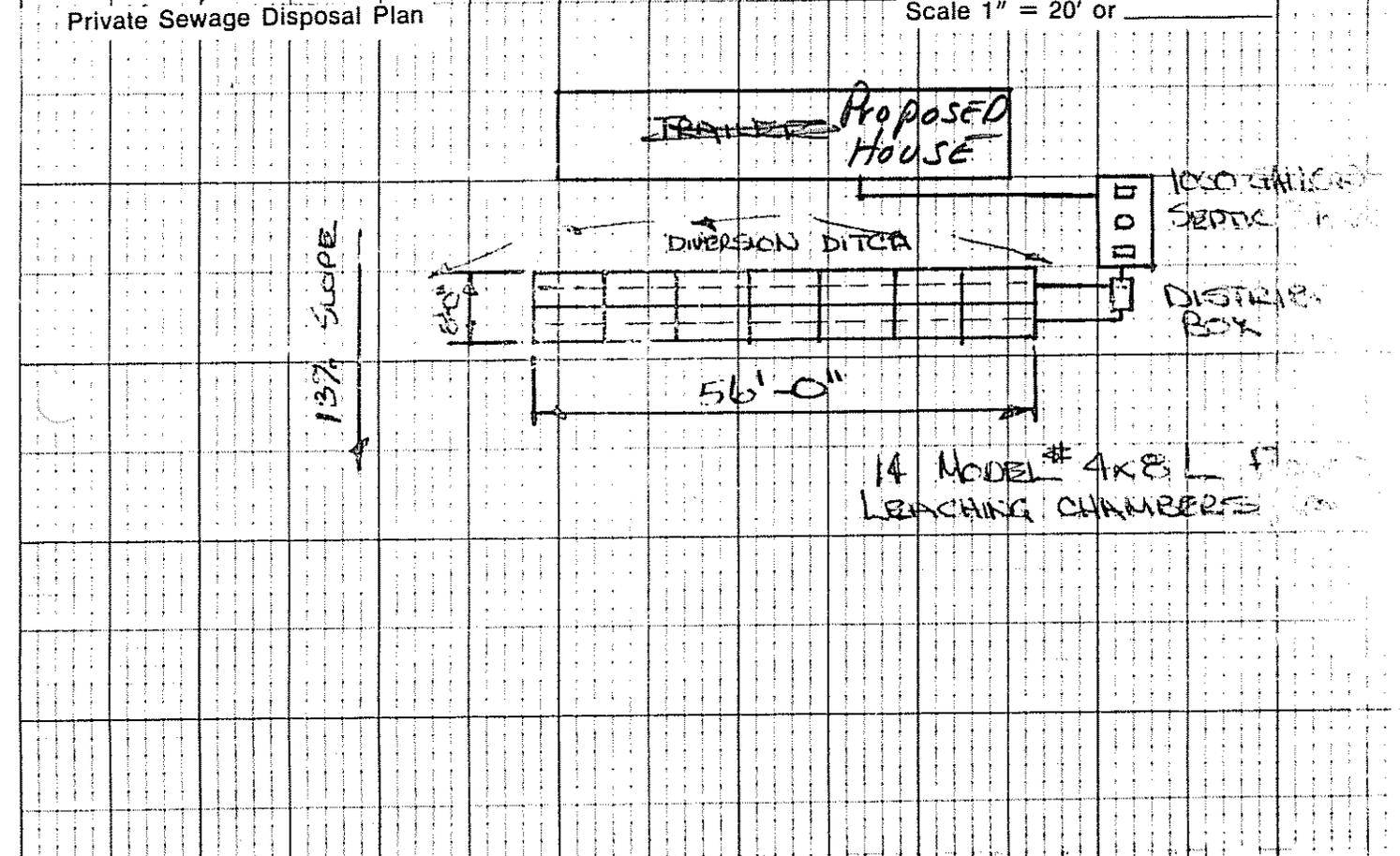
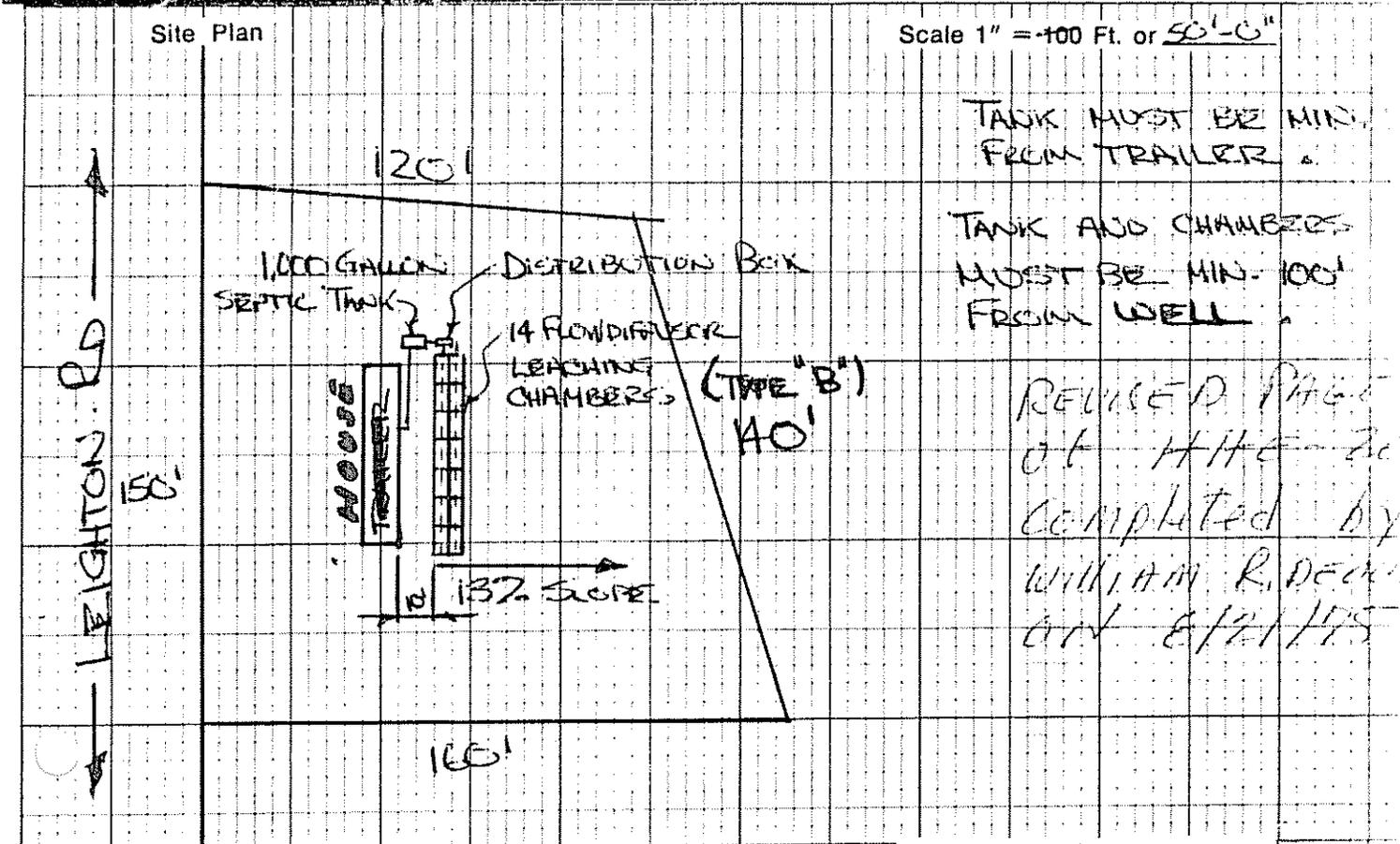
HHE-200 7/74

Date: <u>4/21/46</u>	Signature Required
Applicant: _____	_____
Owner: _____	_____

REVISION TO ORIGINAL PLAN
 Richard P. Baber
 APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
 (For systems disposing of less than 2000 gallons per day)

Smelly Raymond
 Permit No 8543
 DATED 4/5/78
 Page

Town AGRESTA	Street, Road, etc. LEIGHTON RD. If on water body, give name	Owner of property RAYMOND SMALL
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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
 Date: 5/17/78
 Applicant: Raymond Small
 Owner: Raymond Small