

LOCAL WAIVER FORM

Leavitt, Jackie

ORIGINAL To be sent to Division of Health Engineering, Augusta, Maine 04333 by the LPI

THE PURPOSE OF THIS AGREEMENT IS TO ASSIST INDIVIDUALS IN REPLACING EXISTING MALFUNCTIONING SEWAGE SYSTEMS OR CORRECTING EXISTING DIRECT OVERBOARD DISCHARGE SYSTEMS

Town <i>Augusta</i>	Street, Road, etc. <i>Mt Vernon Road</i>	Plumbing Permit No. <i>14912EP</i>
------------------------	---	---------------------------------------

Owner of property <i>Jackie Leavitt</i>	Telephone No. <i>623-3681</i>
Owner's address Street, Box, etc. <i>Rte 4</i>	
Town <i>Augusta</i>	State <i>Maine</i>
	Zip code <i>04330</i>

LOCAL WAIVER
FOR CORRECTING
EXISTING MALFUNCTIONING
OR OVERBOARD
DISCHARGE SYSTEMS

OWNER PROPOSES: to repair, expand, or ^{Privy} replace an existing malfunctioning sewage disposal system, or replace an overboard discharge system which has been in existence since _____ and serves a seasonal or year-round single family dwelling on a _____ sq. ft. lot with category _____ soils (per table 9-1 Maine State Plumbing Code).

THE OWNER'S PROPOSAL MEETS THE CODE EXCEPT FOR SECTIONS NOTED BELOW

SECTION 4.3 SOILS

MOTTILING: To reduce the 15 inches below the organic layer requirement to _____ inches. (Nothing closer than ~~10~~ ⁶ inches is to be allowed)

IMPERVIOUS LAYER: To reduce the 15 inches below the organic layer requirement to _____ inches. (Nothing closer than 10 inches is to be allowed)

SECTION 4.7 DISTANCES - DISPOSAL AREA FROM -

SURFACE WATER: Normal high water mark of any tidal water, swamp, bog, marsh, lake, pond, river, stream, or similar watercourse. To reduce the 100 foot requirements to _____ feet. (Nothing closer than 60 feet is to be allowed)

OWNER'S WELL: To reduce the 100 foot requirement to _____ feet. (Nothing closer than 75 feet is to be allowed, and no waiver is allowed on neighbor's well)

BUILDINGS: To reduce the 20 foot requirement to _____ feet. (Nothing closer than 15 feet in the case of full basement and 10 feet in the case of slab construction is to be allowed)

PROPERTY LINE: To reduce the 10 foot requirement to _____ feet. (Nothing closer than 5 feet is to be allowed) This is applicable only if soil conditions are in category "B".

SECTION 4.7 DISTANCES - TREATMENT TANK FROM -

OWNER'S WELL: To reduce the 100 foot requirement to 65 feet. (Nothing closer than 50 feet is to be allowed) (No waiver allowed on distances to a neighbor's well)

SECTION 9.1

HOLDING TANK FOR SEASONAL DWELLINGS Requesting permission to install a 1500 gallon holding tank. The tank is to be constructed in a manner specified in Section 7.6 with the associated alarms accompanied by flow reducing valves for shower and sinks, and low volume toilets.

STATEMENTS

STATEMENT OF OWNER

I, _____, the undersigned, am the owner of the property indicated in the application. I understand that the installation explained above and illustrated on the HHE-200 Form accompanying this request is not in total compliance with the Maine State Plumbing Code. This system is to replace an existing direct discharge or malfunctioning disposal system. Should the proposed replacement system malfunction or create any nuisance or environmental problems or affect my water supply, I release all concerned with this waiver provided they have performed their duties in a reasonable and proper manner. Further, should a malfunction occur, I will take every step possible to correct it.

Signature of Owner

7-10-78
Date

STATEMENT OF SITE EVALUATOR

I, Roger J Weber, the undersigned certify that the information I have submitted on the HHE-200 Form accurately represents the conditions that exist on the applicant's property. A waiver to the Maine State Plumbing Code is necessary since no system can be installed which will completely satisfy all Code provisions

Signature of Site Evaluator

Roger J Weber 00106
19 June 1978
Date

Municipality's Findings

The proposed system (~~does~~) (does not) conflict with any municipal or shoreland zoning ordinances, and has been shown to the Code enforcement Officer.

CONCLUSIONS:

I, Richard B. Baker, the undersigned, have visited the above property and find that it is not possible to conform to certain provisions of the Plumbing Code. The waiver request submitted by the applicant is the best alternative for a replacement subsurface sewage disposal system on this property.

Based upon my conclusions, I permit the installation of the sewage disposal system as proposed and shown on the HHE-200 Form.

Signature of Local Plumbing Inspector

Richard B. Baker
7-10-78
Date

WAIVER CONDITIONS

- A. **APPLICABILITY.** These variances relate to existing single family dwellings only. Any variances or waiver requests not covered in this agreement involving other types of structures or other conditions require submission to the Division for review. All local ordinances must be complied with.
- B. **SITE EVALUATOR'S RESPONSIBILITIES.** The property shall be visited by a qualified site investigator who shall investigate the site and complete the HHE-200 Form recommending a sewage disposal system which can best conform with the requirements of the Code. The investigator shall inform his client that a waiver is required and indicate so on the HHE-200 FORM. He should then refer his client to the local Plumbing Inspector.
- C. **LOCAL PLUMBING INSPECTOR'S RESPONSIBILITIES.** The Local Plumbing Inspector shall review the site evaluation FORM HHE-200 and complete the waiver request form attached. Once it is determined that the waiver request is the most practical approach to correcting the applicant's problem, the Local Plumbing Inspector shall see that the statement portions of the waiver form are completed by the homeowner and the site evaluator before giving final approval.
- D. **RECORDS.** A copy of the waiver request forms and the associated HHE-200 FORMS shall be provided to the homeowner, the site evaluator, for the municipal files, and other copies determined to be necessary, with the original copy forwarded to the Division with a copy of the plumbing permit.
- E. **LOG OF WAIVERS ISSUED.** The plumbing inspector shall maintain a chronological log of all waivers granted. The total of the waivers granted for each calendar year shall be noted in the annual report which is submitted to the town and to the Division.
- F. **SECTION OF THE CODE WHICH CAN BE WAIVED.** The authority of issuing waivers at the municipal level is restricted to those sections specifically identified on the check-off portion of the waiver request form.
- G. **RESCINDING OF WAIVER RIGHTS.** If the Division, in its review of these waivers, finds that a local plumbing inspector or site evaluator exceeds the limits and limitations spelled out in this agreement, the Division will remove this privilege from that individual.
- H. **HOLDING TANKS.** The Local plumbing inspector is authorized to permit the use of holding tanks in replacement situations (not to include privies) where this is the most practical alternative to serve an EXISTING SEASONAL, SINGLE FAMILY DWELLING. A minimum of 1500 gallon holding tank, along with associated alarms, may be permitted by the local 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. Mt Vernon Road		Permit No. 14912 EP	Date 7-10-78	
Owner of property Leavitt, Jackie		Owner's address Rte 4 Augusta, Maine		Size of lot 1 1/2	<input type="checkbox"/> Sq. feet <input checked="" type="checkbox"/> Acres
Name & type of establishment if other than private home		Is lot Zoned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Type of Zoning <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Resource Protection		
Name of applicant Owner's agent as above		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 soils report <input type="checkbox"/> Soils report from a State Agency			
Applicant's address Street, Box, etc.		Tel. No. 623-3681	Subdivision name NA		
Town	zip code 04330	Date 7-10-78		Lot No. NA	
Applicant's signature <i>Jackie Leavitt</i>		Date 7-10-78			
This application is for: <input type="checkbox"/> New System <input type="checkbox"/> Expanded System <input type="checkbox"/> Replacement System <input type="checkbox"/> Replacement of <input type="checkbox"/> Treatment Tank Only <input type="checkbox"/> Disposal Area Only					
The water supply for this property is: <input checked="" type="checkbox"/> Dug well, depth 24' , lining _____; <input type="checkbox"/> Drilled well, depth _____, lining _____; <input type="checkbox"/> Spring <input type="checkbox"/> Surface water <input type="checkbox"/> Body, <input type="checkbox"/> Course— <input type="checkbox"/> with disinfection, <input type="checkbox"/> without disinfection. <input type="checkbox"/> 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. 1	Soil Profile No.	Soil Profile No. 2	Soil Profile No.	Soil Profile No.	Soil Profile No.
Organic strata SOD	Organic strata	Organic strata SOD	Organic strata	Organic strata	Organic strata
Inches 1 1/2-0	Inches	Inches 1-0	Inches	Inches	Inches
1st strata SL Dark Brown	1st strata	1st strata SL OK BR	1st strata	1st strata	1st strata
Inches 0-7	Inches	Inches 0-10	Inches	Inches	Inches
2nd strata SL Orange	2nd strata	2nd strata SL Orange	2nd strata	2nd strata	2nd strata
Inches 7-16	Inches	Inches 10-17	Inches	Inches	Inches
3rd strata Medium Sand	3rd strata 4th silts	3rd strata Medium Sand	3rd strata 4th silts	3rd strata	3rd strata
Inches 16-37	Inches 37+	Inches 17-44	Inches 44+	Inches	Inches
Total Depth of observation hole Inches	Total Depth of 40 Inches	Total Depth of observation hole Inches	Total Depth of 48 Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches
Max. Ground water table—mottling <input type="checkbox"/> None Evident	Max. Ground water table—mottling 32 Inches <input type="checkbox"/> None Evident	Max. Ground water table—mottling <input type="checkbox"/> None Evident	Max. Ground water table—mottling 35 Inches <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 checked="" type="checkbox"/> None Evident	Impervious layer, clay, etc. <input type="checkbox"/> None Evident	Impervious layer, clay, etc. <input checked="" 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 checked="" type="checkbox"/> None Evident	Bedrock <input type="checkbox"/> None Evident	Bedrock <input checked="" 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
Surface slope %	Surface slope 3-4 %	Surface slope %	Surface slope 3 %	Surface slope %	Surface slope %
Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II 7-C	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II 7-C	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II

On **17 June 78** (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.

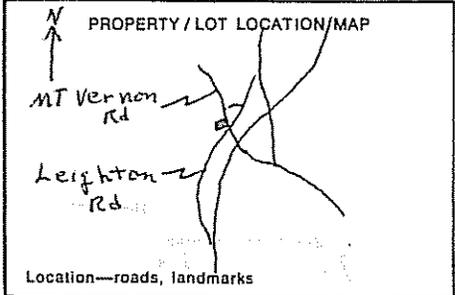
Signature *Roger Gilleker* and Registration/Certification Number **00106-433**

Date signed **19 June 1978**

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 checked="" 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 checked="" type="checkbox"/> Septic Tank <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Manufacturer— Size in gallons 1000 <input type="checkbox"/> Aerobic Tank Manufacturer— <i>Model #</i> Size in gallons	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION Fill is— <input checked="" type="checkbox"/> required, <input type="checkbox"/> not required Fill will be 0-10 inches deep
		Type <input type="checkbox"/> Trench System: Total trench length NA <input checked="" type="checkbox"/> Bed System 871.2 Length 44 Width 20 <input type="checkbox"/> Chamber System Number <input type="checkbox"/> Type A <input type="checkbox"/> Single File <input type="checkbox"/> Type F NA <input type="checkbox"/> Cluster <input type="checkbox"/> Mound System Length Width NA at base <input type="checkbox"/> Special System Length Width NA <input type="checkbox"/> Non-discharge System Bed-Length NA 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 checked="" type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large
DISTANCES <input checked="" 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 checked="" 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.				



FOR THE USE OF LPI ONLY

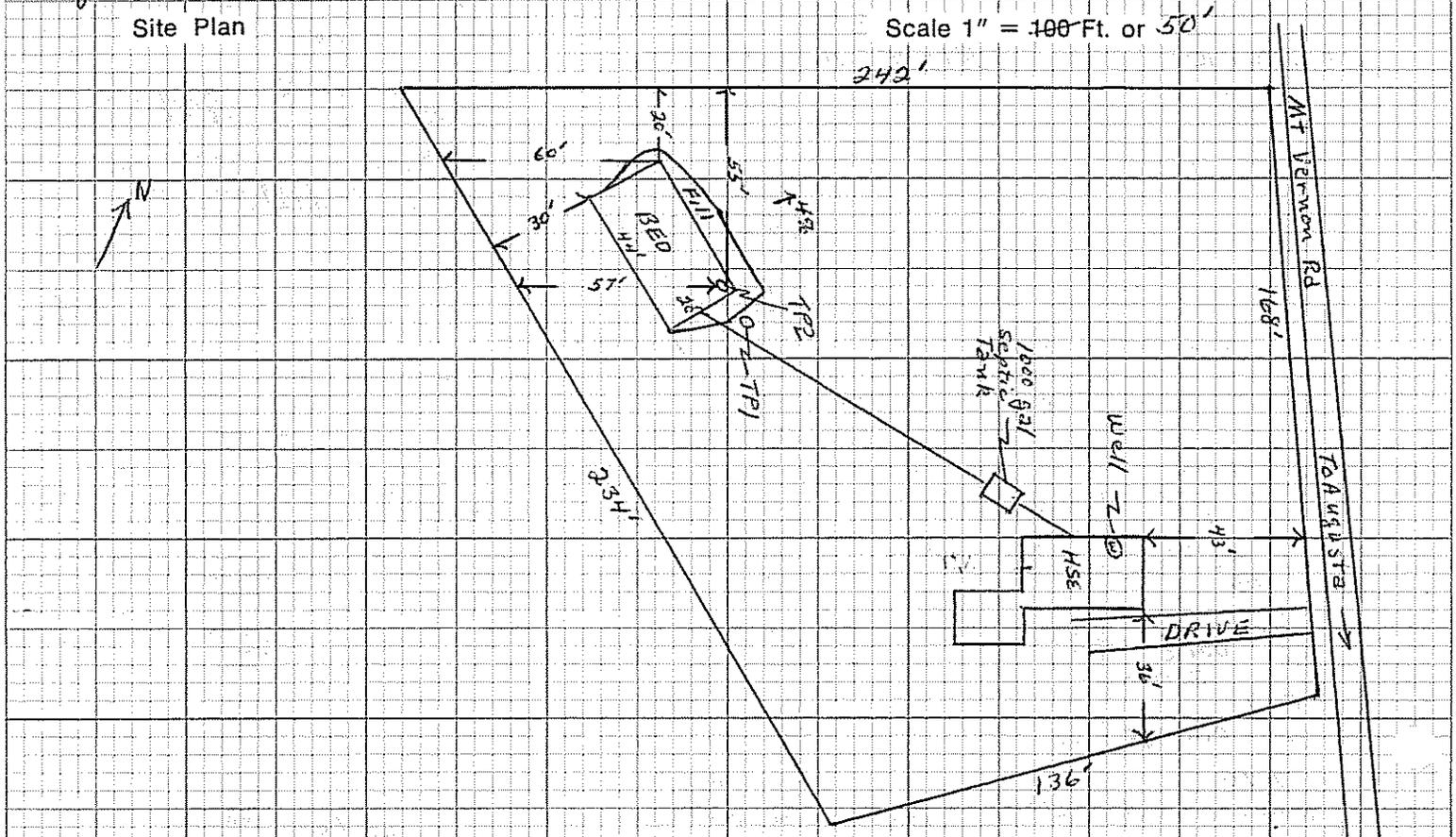
Denial: Application is denied for following reasons; portions of the Code II are cited.
 Form is incomplete (_____ pg.) as to General info, Site Investigation, System Proposed, Site Plan, Disposal System Plan, Cross-Section, Statement. See Section 2.3.
 Site Investigation indicates site is totally unsuitable 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, 4.5, 8.7.
 Miscellaneous _____ See Section _____
 Acceptance: Application for permit is approved with condition specified; comply with Section _____
 without condition.
 Signed LPI *Richard P. Baber* Date **7-10-78** HHE-200 5/75

APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
(For systems disposing of less than 2000 gallons per day)

Town Augusta	Street, Road, etc. Mt. Vernon Road If on water body, give name	Owner of property Jackie Leavitt
------------------------	--	--

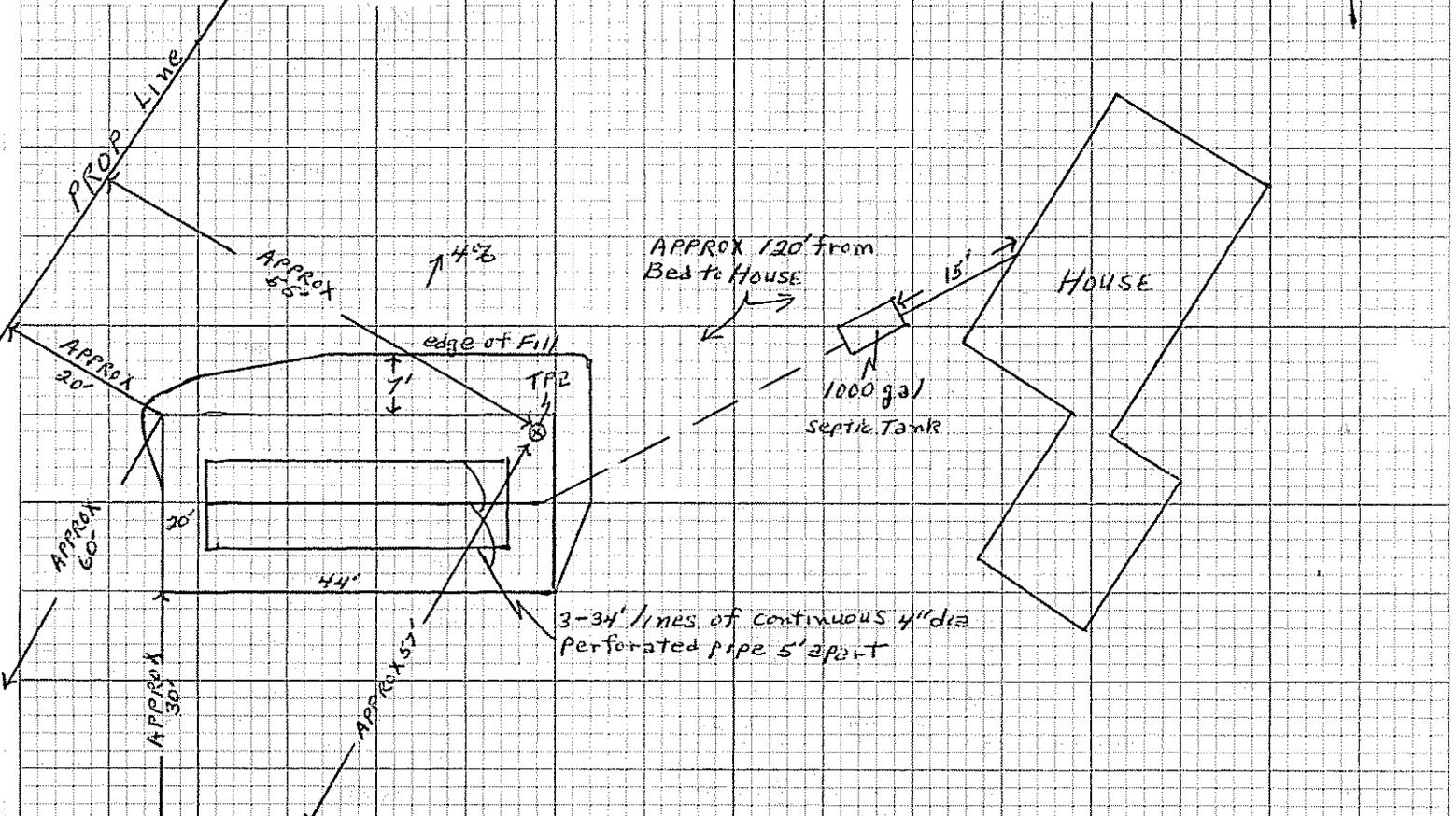
Site Plan

Scale 1" = 100 Ft. or 50'



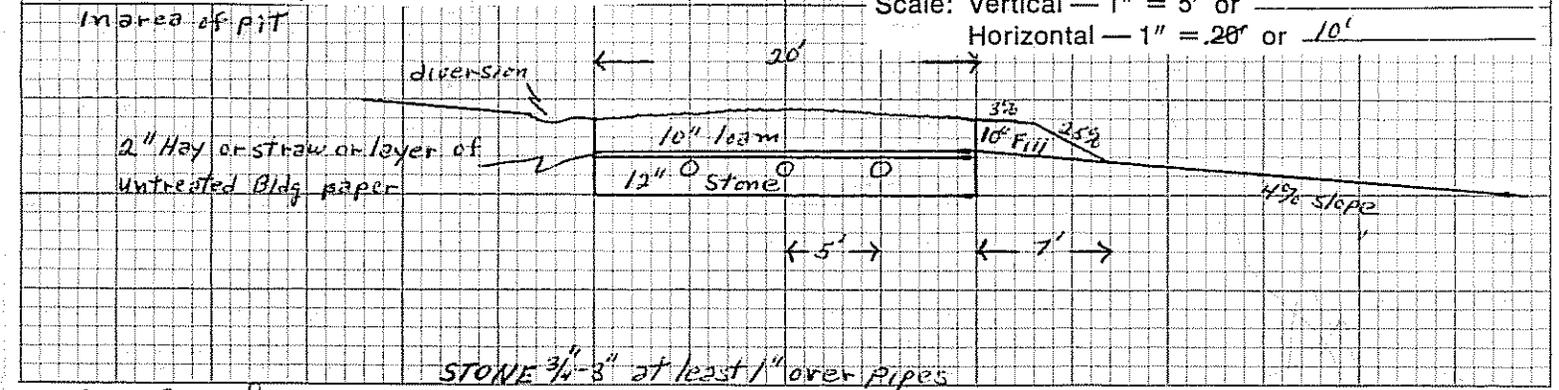
Private Sewage Disposal Plan

Scale 1" = 20' or



Subsurface Absorption Area Cross-section

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



Roger Juleber 00106

HHE - 200 5/75

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: **7-10-78**
Applicant:
Owner: **Jackie Leavitt**