

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. Oakland Rd If on water body, give name		Permit No. Q 1492021	Date 8-3-78	
Owner of property Wanda J Penney	Owner's address RFD #4 Bond Brook Rd, Augusta, Me		Size of lot 2±	<input type="checkbox"/> Sq. feet <input checked="" type="checkbox"/> Acres	
Name & type of establishment Other than private home 1266 P.O.		Is lot Zoned? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Type of Zoning <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Flood Protection	
Name of applicant Owner's agent as above		Tel. No. Linda Penney 622-3362		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.		zip code 04330	Subdivision name NA	Lot No. NA	
Applicant's signature <i>Wanda J. Penney</i>		Date 7-31-78			
This application is for: <input checked="" 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 30' , lining brick ; <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. 2		Soil Profile No. 3		Soil Profile No. 4		Soil Profile No. 5	
	<input type="checkbox"/> Pit	<input checked="" type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring
Thickness of strata encountered	Organic strata	SOD	Organic strata		Organic strata		Organic strata		Organic strata	
	Inches	2-0	Inches		Inches		Inches		Inches	
	1st strata	SL DK Br	1st strata		1st strata		1st strata		1st strata	
	Inches	0-9	Inches		Inches		Inches		Inches	
Depth from surface of ground to:	2nd strata	SL ORANGE	2nd strata		2nd strata		2nd strata		2nd strata	
	Inches	9-16	Inches		Inches		Inches		Inches	
	3rd strata	Med sand	3rd strata		3rd strata		3rd strata		3rd strata	
	Inches	16+	Inches		Inches		Inches		Inches	
Total Depth of observation hole	Inches		Inches		Inches		Inches		Inches	
	Max. Ground water table—mottling	39 Inches	Max. Ground water table—mottling		Max. Ground water table—mottling		Max. Ground water table—mottling		Max. Ground water table—mottling	
	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	Impervious layer, clay, etc.	<input type="checkbox"/> None Evident	Impervious layer, clay, etc.	<input type="checkbox"/> None Evident
	Bedrock	<input checked="" 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									
Surface slope	2 %	Surface slope		Surface slope		Surface slope		Surface slope		
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		Soil Group & Condition per Table 9-1 of the Code, II		Soil Group & Condition per Table 9-1 of the Code, II		

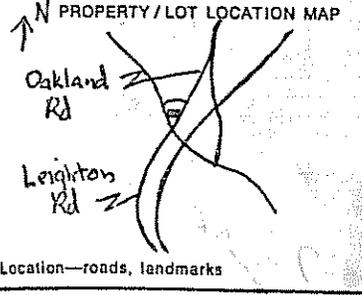
On **17 June 78** (date), a site investigation for this project was completed. I supervised this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the following type and size of private sewage disposal system. I also recommend the proposed private sewage disposal system layout and location shown on page 2.

Signature and Registration/Certification Number: *Roger J. Miller* **00106433**
Date signed: **18 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 <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	TREATMENT TANK: <input checked="" 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 checked="" type="checkbox"/> not required Fill will be 0-0 inches deep DETAILS unless insufficient <input type="checkbox"/> A Distribution Box is required Pumping is— <input type="checkbox"/> required, <input checked="" type="checkbox"/> is not required. The Dose will be _____ gallons
		Type <input type="checkbox"/> Trench System: Total trench length NA <input type="checkbox"/> Bed System Length 44 Width 20 <input type="checkbox"/> Chamber System Number <input type="checkbox"/> Type A NA <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

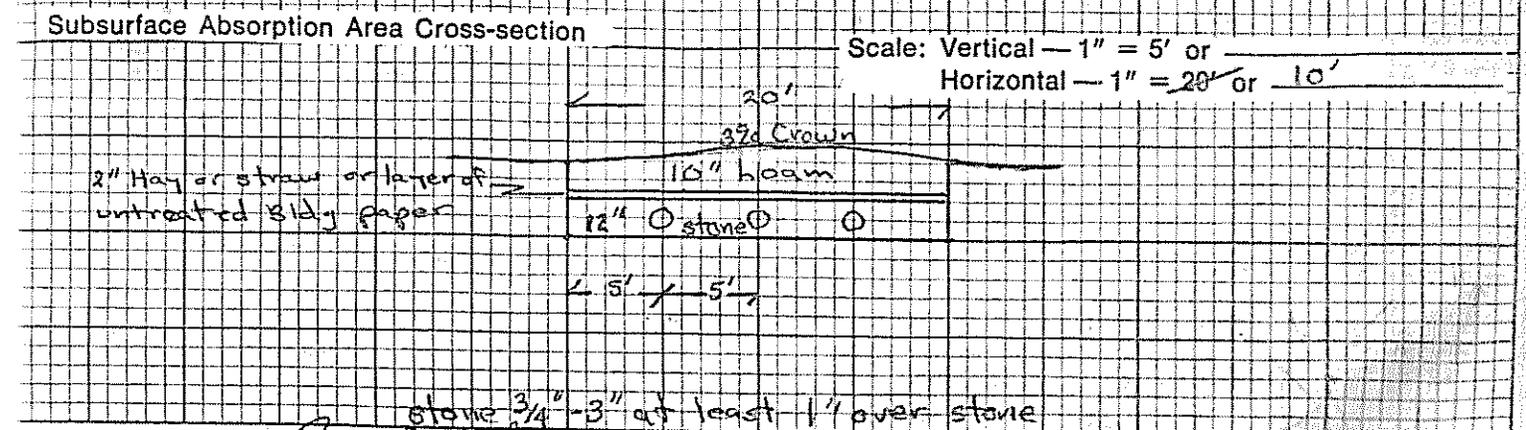
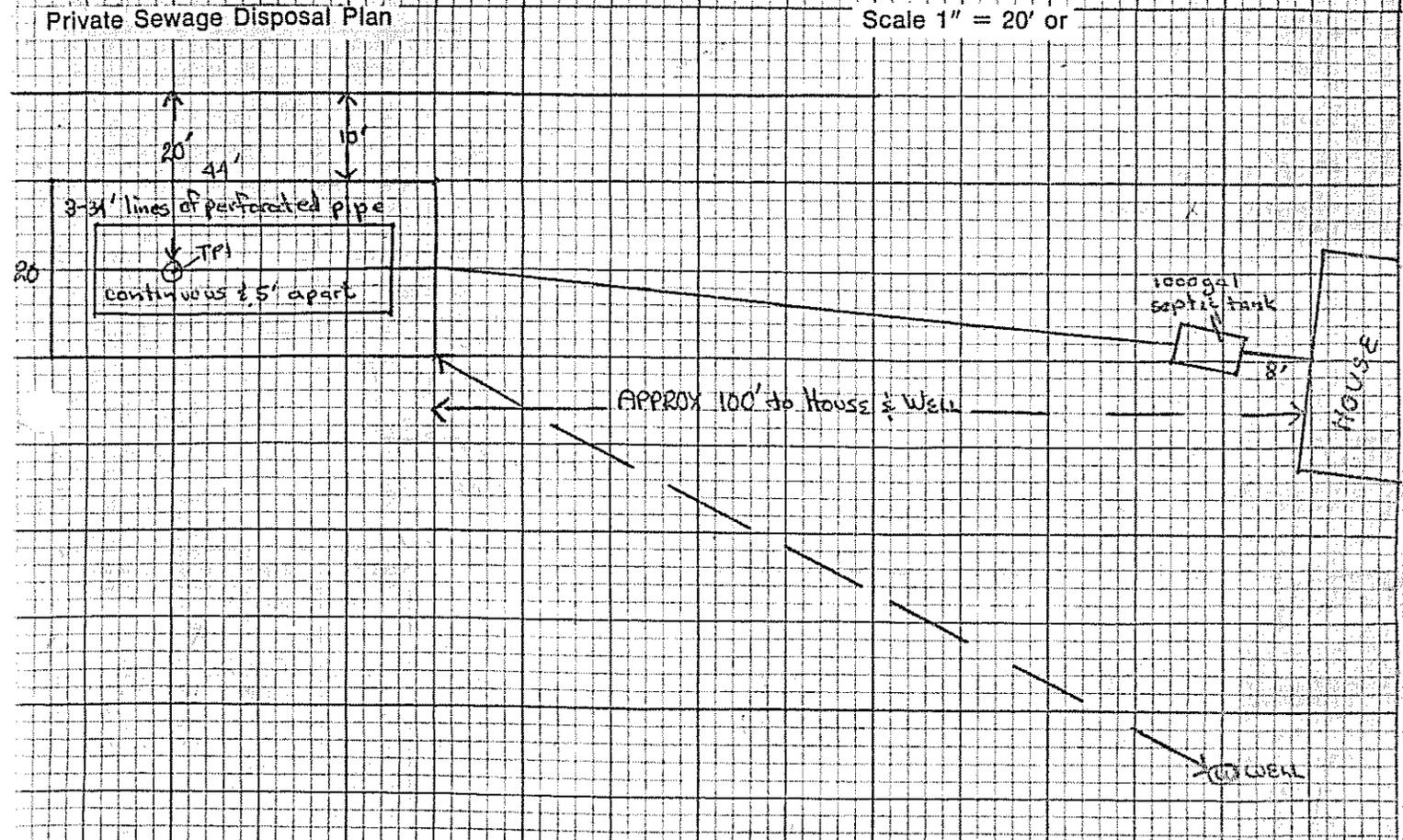
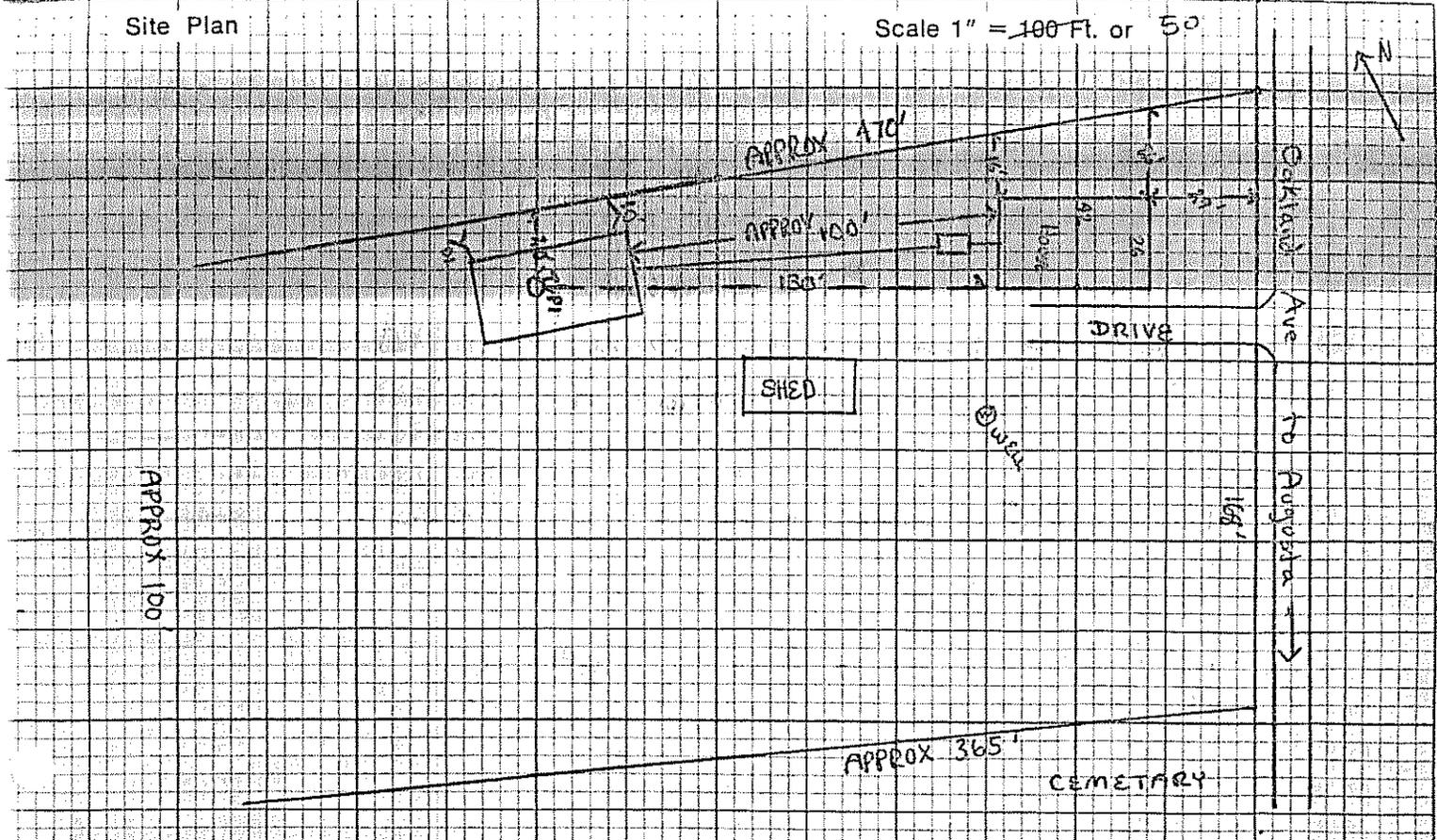


FOR THE USE OF LPI ONLY

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 **4.7**
 Acceptance: Application for permit is approved with condition specified; comply with Section _____
 without condition.
 Signed LPI *Richard P. Baker* Date **7-31-78** 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. Oakland Rd If on water body, give name	Owner of property Wanda J Penney
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Roger Dilleber

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 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 as a result of any advice or approval given by the Administrative Authority or its agent.

Signature Required: _____
Date: 7-31-75
Applicant: _____
Owner: Wanda J Penney

LOCAL WAIVER FORM

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>Oakland Road</i>	Plumbing Permit No.
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Owner of property <i>Wanda J Penney</i>		Telephone No.
Owner's address Street, Box, etc. <i>RFD 4 Bond Brook Road</i>		
Town <i>Augusta, Maine</i>	State	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 *2 1/2 acres* sq. ft. lot with category *7-C* 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	
<input type="checkbox"/> MOTTLING:	To reduce the 15 inches below the organic layer requirement to _____ inches. (Nothing closer than 10 inches is to be allowed)
<input type="checkbox"/> 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 -	
<input type="checkbox"/> SURFACE WATER:	Normal high water mark of any <input type="checkbox"/> tidal water, <input type="checkbox"/> swamp, <input type="checkbox"/> bog, <input type="checkbox"/> marsh, <input type="checkbox"/> lake, <input type="checkbox"/> pond, <input type="checkbox"/> river, <input type="checkbox"/> stream, or <input type="checkbox"/> similar watercourse. To reduce the 100 foot requirements to _____ feet. (Nothing closer than 60 feet is to be allowed)
<input type="checkbox"/> 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)
<input type="checkbox"/> 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)
<input type="checkbox"/> 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 <u><i>50'</i></u> 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.

x *Shanda J. Penney* 7-31-78
Signature of Owner 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

Roger J Weber 18 June 1978
Signature of Site Evaluator 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. Baber*, 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.

Richard B. Baber 7-31-78
Signature of Local Plumbing Inspector 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.