

Gagne, Doris

This Application Is For: New System Conversion Permit Replacement Of Entire System Disposal Area Only
 Expanded System Experimental System

An Application For Subsurface Wastewater Disposal Permit. This Is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

Town: **AUGUSTA** Street, Road, Etc.: _____ Plumbing Permit No.: **23962 EP** Date Of Plumbing Permit: **8-31-79**

If On Water Body, Give Name: _____

Owner Of Property: **DORIS GAGNE** Tel. No.: **622-0104** Name Of Applicant Owner's Agent: _____ Tel. No.: _____

Street: **RFD # 7**

Town: **AUGUSTA** State: **Me.** Zip Code: **04330**

Owner's Signature: *Doris L. Gagne* Date: **8-31-79** Applicants Signature: _____ Date: _____

Size Of Lot: **7100 ±** Sq. Feet Acres Yes No No Is Lot Zoned? Type Of Zoning: _____ Subdivision Name: _____ Lot No.: _____

The Water Supply For This Property Is: Dug Well, depth _____; Drilled Well, depth _____; Spring, depth _____
 Surface water Body Course— with disinfection, without disinfection. Public Utility, name: **AUGUSTA WATER DIST.**

SITE INVESTIGATION Show Location Of Pits on Site Plan on Page 2

Thickness and Description of each soil stratum encountered	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	<input type="checkbox"/> Pit <input type="checkbox"/> Boring
Organic Strata	Organic Strata	Organic Strata	Organic Strata	Organic Strata
1st Strata 0" D.B. F.S.L.	1st Strata	1st Strata	1st Strata	1st Strata
Inches 7" ML	Inches	Inches	Inches	Inches
2nd Strata OLIVE SILTY CLAY FILL	2nd Strata	2nd Strata	2nd Strata	2nd Strata
Inches 15" ML-CH	Inches	Inches	Inches	Inches
3rd Strata BROWN-OLIVE GRAVEL FILL	3rd Strata	3rd Strata	3rd Strata	3rd Strata
Inches 13" SP	Inches	Inches	Inches	Inches
4th Strata	4th Strata	4th Strata	4th Strata	4th Strata
Inches	Inches	Inches	Inches	Inches
Depth from bottom of organic horizon to:	Total Depth of Observation Hole Inches 35	Total Depth of Observation Hole Inches	Total Depth of Observation Hole Inches	Total Depth of Observation Hole Inches
	Max. Seasonal Water Table Mottling MOTTLED FILL 9" STANDING WATER 30 Inches	Max. Seasonal Water Table Mottling	Max. Seasonal Water Table Mottling	Max. Seasonal Water Table Mottling
	Impervious Layer Clay, Etc. 7" IN FILL Inches	Impervious Layer Clay, Etc.	Impervious Layer Clay, Etc.	Impervious Layer Clay, Etc.
	Bedrock <input checked="" type="radio"/> None Evident Type of Bedrock	Bedrock <input type="radio"/> None Evident Type of Bedrock	Bedrock <input type="radio"/> None Evident Type of Bedrock	Bedrock <input type="radio"/> None Evident Type of Bedrock
Surface Slope 0 %	Surface Slope %	Surface Slope %	Surface Slope %	
Soil Group 3 Soil Condition C-0000 Per Table 9-1 Code II 7D	Soil Group _____ Soil Condition _____ Per Table 9-1 Code II	Soil Group _____ Soil Condition _____ Per Table 9-1 Code II	Soil Group _____ Soil Condition _____ Per Table 9-1 Code II	

On **6-19-79** (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 C. Pouchi* Site Evaluator License Number: **79**

Date Signed: **6-20-79**

DISPOSAL SYSTEM PROPOSED Show Location of System and Details on Disposal Plan on Page 2

SYSTEM: Combined System Separated System

If separated system—type of human waste disposal system to be used:
 Sealed Vault Privy Open Pit Privy Compost Toilet Chemical Toilet Incinerator Toilet

TREATMENT TANK: Aerobic Tank Septic Tank

Concrete Fiberglass Metal

Size In Gallons: **1000 Gal.**

Number of Bedrooms: **2**

SUBSURFACE ABSORPTION AREA/TYPE: Bed System No. of Beds **1** Length **40** ft Width **18** ft

Chamber System Number _____
 Type A Single File Type B Cluster

Special System Length _____ ft Width _____ ft

Laundry System Type A _____ Type B _____
 No. of Chambers: _____

SIZE: Small Medium Med.-Large Large Extra-Large

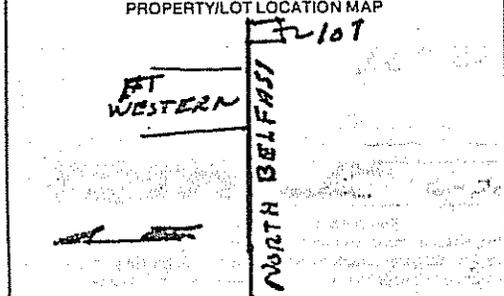
Design Flow: **211** GPD

SITE MODIFICATION: Fill will be: **0** in. uphill **0** in. downhill

DETAILS: A Distribution Box is required Pumping is— required is not required The dose will be _____ Gallons

DISTANCES: Yes 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.

Yes 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.



WAIVER State Variance Required Replacement Variance Required None Required

FOR THE USE OF LPI ONLY

Denial: Application is denied for the 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 4.1

Site Investigation indicates site is unsuitable for disposal system. Unsuitable for system proposed.

System Proposed does not conform to Code.

Site Investigation indicates site modifications are necessary.

Acceptance: Application for permit is approved with condition specified, comply with Section **9-1 4.3 4.7** without condition.

R. L. P. Baker **8-17-79**

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

Town: **AUGUSTA** Street, Road, etc.: **NORTH BELFAST AVE** Owner of Property: **DORIS GAGNE**
If on water body, give name: _____

Scale 1" = 50' ft.

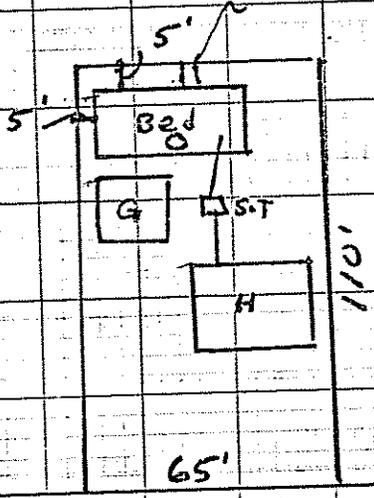
Site Plan

Line old TRECH
with CLAY to plug
discharge

Called NORTH

NOTE

1. All silty-clay fill in BED AREA MUST BE EXCAVATED AND BED PLACED ON GRAVEL FILL
2. There are no Laundry Facilities in Dwellings

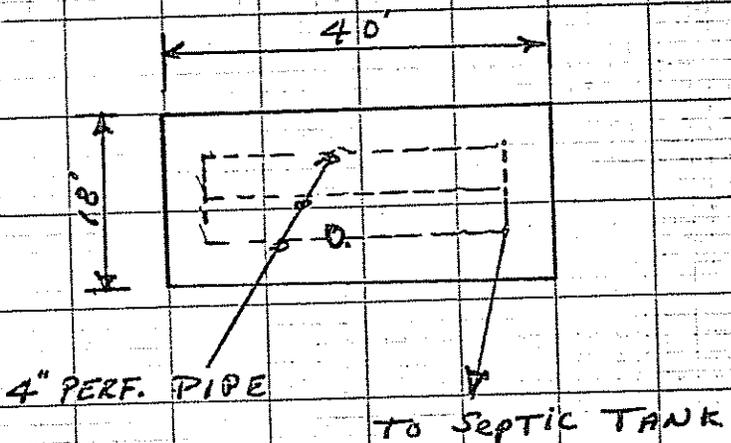


NORTH BELFAST AVE

● Designates Elevation Reference Point ○ Designates Test Pit

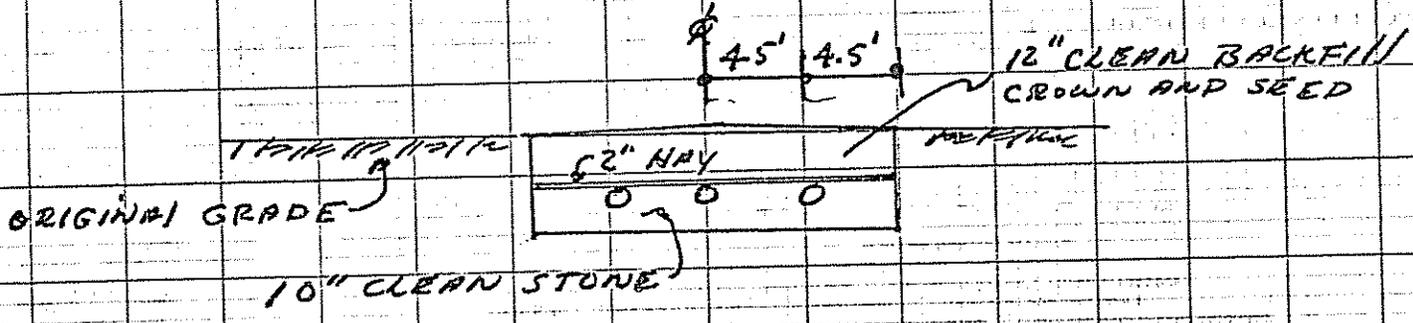
Private Sewage Disposal Plan

Scale 1" = 20' or _____



Subsurface Absorption Area Cross-section

Scale: Vertical - 1" = 3' or 4'
Horizontal - 1" = 20' or 10'



Site Evaluator's Signature: **Gene C. Paulin** Date: **6-20-79** License Number: **79**

Signature Required: _____
Date: **8-31-79**
Applicant: _____
Owner: **x Doris L. Gagne**

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.

STATE VARIANCE FORM

The purpose of this agreement is to waive certain provisions of the MAINE STATE PLUMBING CODE, PART II on subsurface wastewater disposal systems.

TOWN/CITY CODE	LPI NUMBER	DATE PERMIT ISSUED	EVALUATOR NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">2</td> <td style="padding: 2px;">9</td> <td style="padding: 2px;">9</td> <td style="padding: 2px;">6</td> <td style="padding: 2px;">2</td> <td style="padding: 2px;">ES</td> </tr> </table>	2	9	9	6	2	ES
2	9	9	6	2	ES					
<u>Augusta</u>	<u>360</u>	<u>8 31 79</u> <small>MONTH DAY YEAR</small>	<u>79</u>	<small>PERMIT NUMBER</small>						
ADDRESS OF SYSTEM'S LOCATION										
<u>North Belfast Ave</u>		<u>Augusta Me</u>		<u>04330</u>						
<small>ST/LOT NUMBER</small>		<small>STREET, ROAD NAME/SUBDIVISION</small>		<small>ZIP CODE</small>						
<u>Doris Gagne RFD #7 Augusta</u>										
<small>NAME OF OWNER</small>		<small>MAILING ADDRESS</small>		<small>ZIP CODE</small>						

DESCRIPTION OF SPECIFIC WAIVER	SECTION OF CODE
1. <u>Table 9-1 NOTE 2 SEPERATION To be Allowed AT 6"</u>	<input type="checkbox"/> 9:1
2. <u>System Allowed on Fill And sized by soil in Fill</u>	<input type="checkbox"/> 4:3
3. <u>System To be Allowed 5 feet from GARAGE</u>	<input type="checkbox"/> 4:7

WAIVER CONDITIONS

- A. **APPLICABILITY.** The Department has authority to waive requirements as stated in Section 3 of the Maine State Plumbing Code, Part II. Submission of this waiver application is to be in no way construed as an automatic approval of the waiver(s) requested. All local ordinances must be complied with. In all other respects, the installation will comply with the Part II, Code and in accordance to the attached HHE-200 FORM.
 - B. **SOIL EVALUATOR'S RESPONSIBILITIES.** When an undeveloped property is found to be unsuitable for subsurface wastewater disposal by a licensed soil evaluator, the evaluator shall inform the property owner of such. If the property owner wishes to request a variance to the requirements of applicable rules, and the evaluator in his professional opinion feels the variance request is justified and that the site limitations can be overcome, he shall document the soil and site conditions on a HHE-200 FORM. The evaluator shall list the specific variances necessary plus describe on the back of the State Variance Form, in detail, the proposed system design and location. The evaluator shall further describe in detail how the specific site limitations are to be overcome, and provide any support documentation necessary prior to consideration by the Division of Health Engineering.
 - C. **LOCAL PLUMBING INSPECTOR'S RESPONSIBILITIES.** The Local Plumbing Inspector shall review all state variance requests prior to their submission to the Division of Health Engineering. The LPI shall indicate the municipality's position in regards to the variance request. The LPI shall also inform the Division of Health Engineering of any facts relative to the variance request not specifically noted by the property owner or the soil evaluator.
 - D. **PROPERTY OWNER'S RESPONSIBILITIES.** The owner of any undeveloped property found unsuitable for subsurface wastewater disposal by a licensed soil evaluator may apply to the Division of Health Engineering for a variance under the requirements of appropriate rules. The property owner is advised that decisions on variance requests are based on a complete review of all pertinent facts by the Division of Health Engineering and that an approval is by no means certain. The property owner shall provide factual information to the soil evaluator, the LPI, and the Division in regards to his past actions and proposed future use of the property.
 - E. **RECORDS.** A copy of the waiver request forms and the associated HHE-200 FORMS shall be provided to the homeowner, the soil 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.
- 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.
- G. Any request for a variance to replace an existing system in excess of specified Replacement Variance tolerance shall be completed on the State Variance Form accompanied by a completed HHE-200 FORM.

STATEMENTS

STATEMENT OF OWNER

I, Doris L. Gagne, the undersigned, am the owner of the property indicated in the application and state that the property is not for sale in the foreseeable future. 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. I have completed the back side of this form, elaborating on my reasons for requesting said waiver(s). Should the proposed 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. If any defects or inadequacies appear, I will promptly notify the Department of Human Services and subsequently make such corrections as the Department shall find necessary.

Doris L. Gagne 8-31-79
Signature of Owner Date

STATEMENT OF SOIL EVALUATOR

I, Gerald C. Poehlin, 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. In my judgement as a licensed evaluator I certify that the proposed system design on my HHE-200 form is the best alternative available and that the system will function properly as per the justifications outlined on the back side of this waiver application.

Gerald C. Poehlin 8-15-79
Signature of Soil 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 subsurface wastewater disposal system on this property.

Based upon my conclusions, I (do), (do not) recommend the issuance of a special permit for the installation as proposed and as shown on the HHE-200 Form.

Richard B. Baber 8-17-79
Signature of Local Plumbing Inspector Date

JUSTIFICATIONS

OWNER:

The owner must elaborate below the reasons for requesting the waiver(s) on the front side of this form.

NOTE: Please attach another sheet of paper if additional space is required.

SOIL EVALUATOR:

The soil evaluator must state the reasons why the waiver request should be granted and according to professional judgment why the proposed subsurface system design will function properly.

The dwelling is located on an extremely small lot with a level yard. The system cannot be built up because of compactness of area and distance from grade to building sill. The 2nd strata soil is of a high porosity fill and will not pond water. It appears the original soil is a tight silty material. A system placed in the fill will react to the fill material instead of the parent material hence the system should be sized in accordance to fill material. The mottles in the 1st strata appears to have been touched in and the true high water level for the in-situ fill is approximately 30 inches. Considering the lot size location and proximity to private well water supplies a bed as recommended on form 200 should have a good chance of working.

NOTE: Please attach another sheet of paper if additional space is required.