

Turcotte, Arthur



STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

DAVID E. SMITH
COMMISSIONER

November 5, 1975

Arthur Turcotte
5 Leighton Road
Augusta, ME 04330

Subject: Replacement sewage disposal system, Leighton Road, Augusta

Dear Sir:

This will acknowledge receipt of a plan plus soils information by Gerald Poulin, P.E., 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 the placement of a system in fill, and setback required, the reasons for your waiver request.

In consideration of the circumstances and the plan dated November 1, 1975, and recommendations by Mr. Poulin and Mr. Toppan, 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:

The installation of a new 1000 gallon septic tank to be followed by a shallow bed 20' X 40'. The installation is to follow the plan submitted with this proposal.

The system is to be at least 30 feet from the top of the fill (as now exists), and at least 10 feet from the house. In all other respects the installation is to comply with the Maine Plumbing Code, Part II, Private Sewage Disposal Regulations. An area is to be made available for expansion should this be necessary.

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,

Handwritten signature of W. Clough Toppan in cursive.

W. Clough Toppan, Sanitary Engineer
Plans and Standards Review
Division of Health Engineering

WCT/mm

cc: Richard Baker, LPI
Freeman Eugley

APPLICATION AND AGREEMENT

TO WAIVE CERTAIN PROVISIONS OF THE PLUMBING CODE

I, Arthur Turcott, hereby apply to the Maine State Department of Health and Welfare 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 Leighton Road, Augusta.
(owner)
(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>4-1</u>	<u>Soil Comp does not recognize mixed Fill</u>
2. <u>4-2</u>	<u>Distance to edge of 33 1/2% slope</u>
3.	

(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:

Conrad Townsend, License No. _____

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

Owner's signature Arthur Turcott R.T.

NOTE: A PLAN TO SCALE

Winter address Leighton Rd. Augusta Me.

MUST BE ATTACHED

Summer address _____

Telephone _____ Date _____

THE FOLLOWING TO BE FILLED IN BY THE PLUMBING INSPECTOR

I am (Local), (Alternate) Plumbing Inspector for the town of _____
 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 _____

Date _____

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

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 <i>Augusta</i>	Street, Road, etc. <i>Leighton Road</i>		Permit No. <i>16218</i>	Date <i>11-5-75</i>	
Owner of property <i>Arthur Tuncott</i>			Size of lot <i>3A±</i>	<input type="checkbox"/> Sq. feet <input checked="" 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>Arthur Tuncott</i>			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>Leighton Road</i>		Tel. No.	Subdivision name <i>N/A</i>		
Town <i>Augusta</i>	Maine <i>04330</i>		Lot No. <i>N/A</i>		
Applicant's signature		Date			
Owner's signature		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: Dug well, depth _____, lining _____; Drilled well, depth _____, lining _____; Spring Surface water Body, Course— with disinfection, without disinfection. Public Utility, name *Augusta*

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 <i>0"</i>	Inches	Inches	Inches	Inches	Inches	Inches
1st strata <i>1st strata gray clay</i>	1st strata <i>1st strata clay</i>	1st strata				
Inches <i>52"</i>	Inches	Inches	Inches	Inches	Inches	Inches
2nd strata	2nd strata	2nd strata	2nd strata	2nd strata	2nd strata	2nd strata
Inches	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	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches
Max. Ground water table—mottling <input checked="" 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
Inches	Inches	Inches	Inches	Inches	Inches	Inches
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	Impervious layer, clay, etc. <input type="checkbox"/> None Evident	Impervious layer, clay, etc. <input type="checkbox"/> None Evident
Inches	Inches	Inches	Inches	Inches	Inches	Inches
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 <i>1</i> %	Surface slope %	Surface slope %	Surface slope %	Surface slope %	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	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 *10-31-75* (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 *Gerald C. Powell* and Registration/Certification Number *2909* Date signed *11-1-75*

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 type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Manufacturer— <i>Unknown</i> Size in gallons <i>1000</i> <input type="checkbox"/> Aerobic Tank Manufacturer— <i>N/A</i> Model No. Size in gallons	SUBSURFACE ABSORPTION AREA			
		Type <input type="checkbox"/> Trench System: Total trench length <i>N/A</i> <input checked="" type="checkbox"/> Bed System Length <i>40</i> Width <i>20</i> <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 <i>N/A</i> at base <input type="checkbox"/> Special System Length Width <i>N/A</i> <input type="checkbox"/> Non-discharge System Bed-Length <i>10</i> Width Holding Tank Size Gal. Manufacturer <input type="checkbox"/> Alarm device provided, type		SITE MODIFICATION Fill is— <input type="checkbox"/> required, <input checked="" type="checkbox"/> not required Fill will be _____ inches deep DETAILS <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 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 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.	
		See Chapter 9 of the Code, II.		See Chapter 9 of the Code, II.	
		See Chapter 9 of the Code, II.		See Chapter 9 of the Code, II.	

PROPERTY / LOT LOCATION MAP

Leighton Rd
Leighton Rd

Location—roads, landmarks

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.

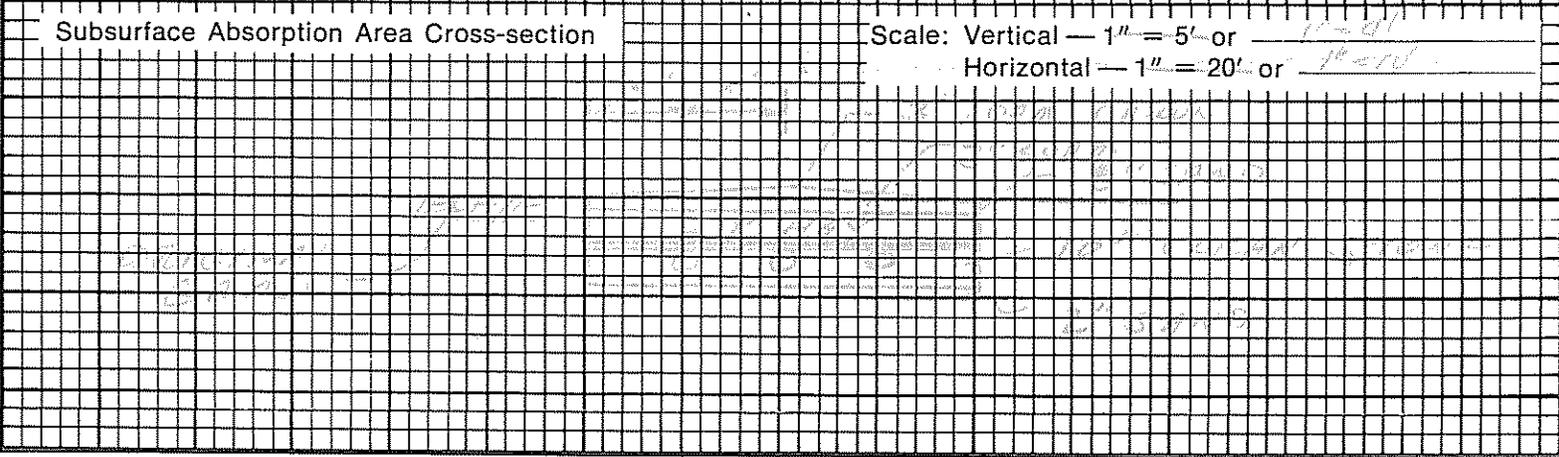
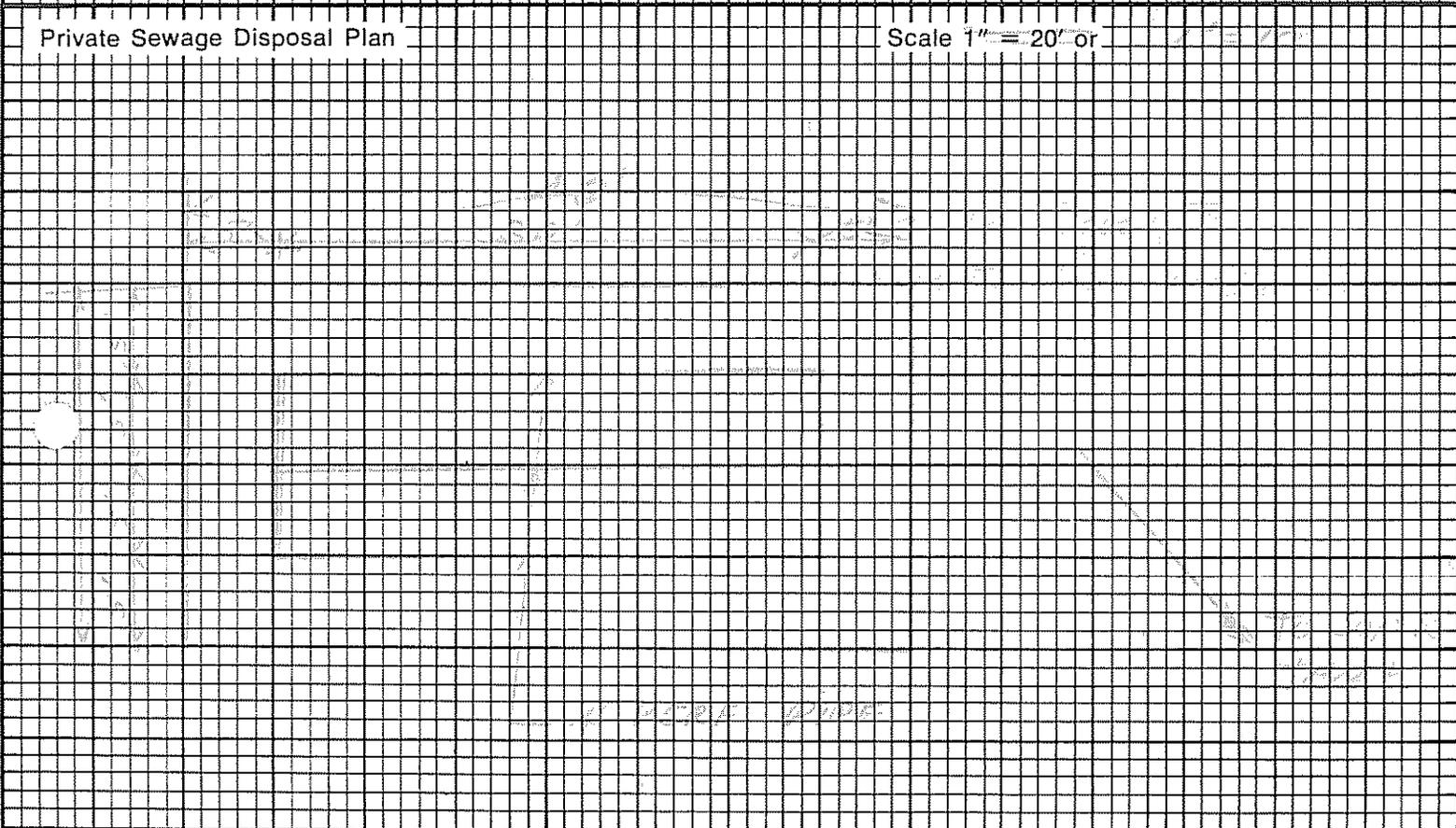
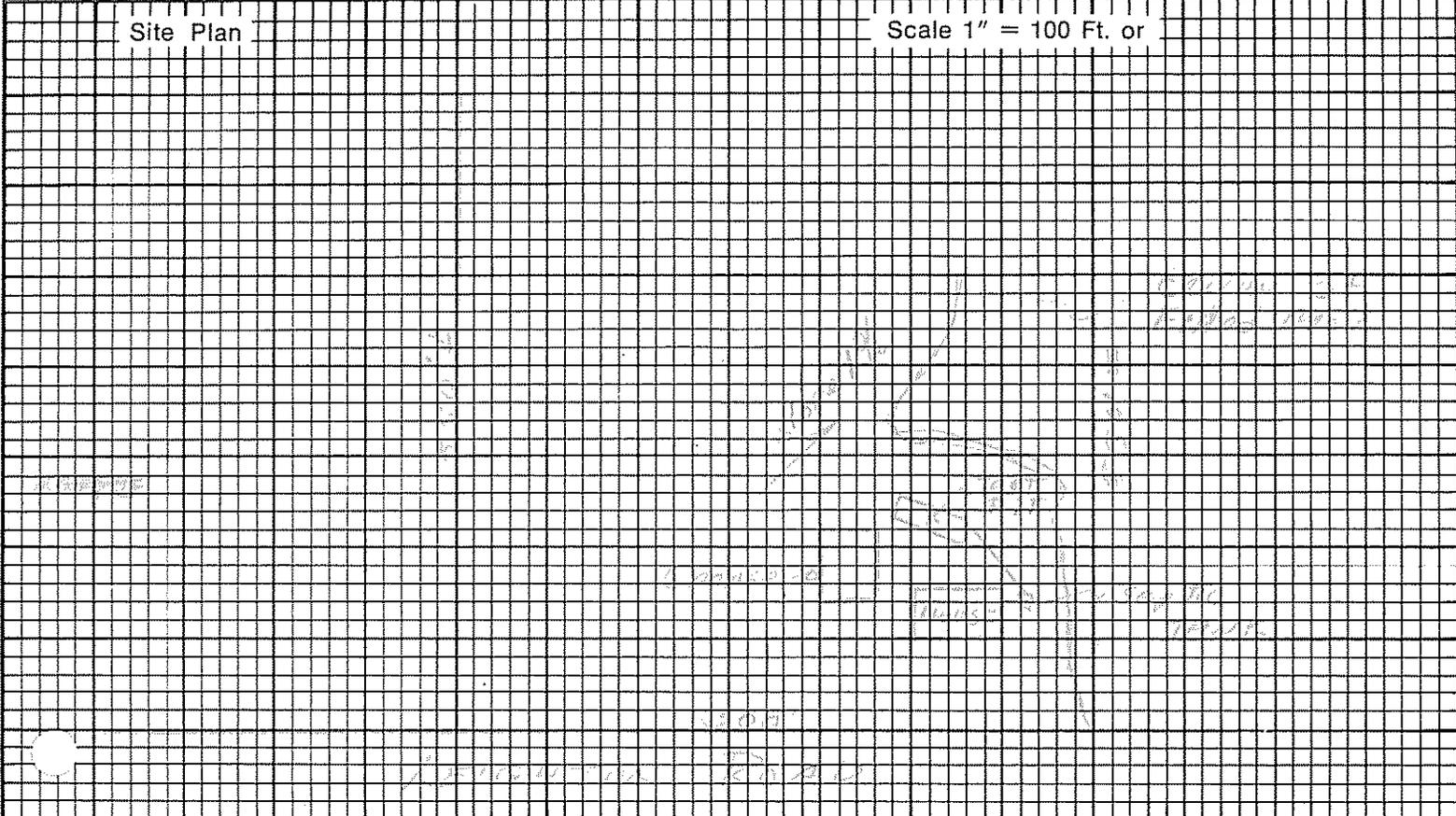
Miscellaneous _____ See Section _____

Acceptance: Application for permit is approved with condition specified, comply with Section _____ without condition.

Signed LPI _____ Date _____ 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 <i>Augusta</i>	Street, Road, etc. <i>Leighton Road</i> If on water body, give name	Owner of property <i>Wether</i>
------------------------	--	------------------------------------



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: _____
 Applicant: _____
 Owner: _____