

Lind, Anne or Christopher

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

MAINE DEPARTMENT OF HUMAN SERVICES APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT		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. Spring Road	Plumbing Permit No. 42519EP	Date of Plumbing Permit 4-8-81	
Owner of property Anne or Christopher Lind		Owner's address Spring Road	Size of lot 3.8	<input type="checkbox"/> Sq. feet <input checked="" type="checkbox"/> Acres
Name & type of establishment if other than private home 3 bedroom Home		270 gpd	Is lot Zoned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Type of Zoning N/A <input type="checkbox"/> Shoreland <input type="checkbox"/> Resource Protection
Name of applicant Owner's agent Anne or Christopher Lind		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 N/A		
Applicant's address Street, Box, etc. Spring Road		Tel. No. 622-4361		
Town Augusta, Me.	Zip Code 04330	Subdivision name N/A		Lot No. N/A
Applicant's signature Anne E. Lind		Date 2/1/80		
Owner's signature Anne E. Lind		Date 2/1/80		

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 **60**, lining **steel**; Spring depth _____, lining _____; Surface water Body, Course— with disinfection, without disinfection. 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.

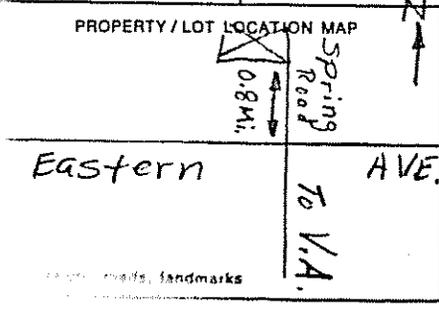
Soil Profile No.	Soil Profile No.	Soil Profile No.	Soil Profile No.	Soil Profile No.
B1	B2	B3		
Organic strata Lawn	Organic strata Lawn	Organic strata Field	Organic strata	Organic strata
Inches	Inches	Inches	Inches	Inches
1st strata Brown Sandy Loam	1st strata Brown Sandy Loam	1st strata Brown Sandy Loam	1st strata	1st strata
Inches 0" Loam 30"	Inches 0" - 15"	Inches 0" - 12"	Inches	Inches
2nd strata Mottled Dense Sandy Loam	2nd strata Dense Mottled sandy Loam	2nd strata Dense Mottled Sandy Loam	2nd strata	2nd strata
Inches 30" - 36"	Inches 15" - 24"	Inches 12" - 24"	Inches	Inches
3rd strata	3rd strata	3rd strata	3rd strata	3rd strata
Inches	Inches	Inches	Inches	Inches
Total Depth of observation hole Inches 36	Total Depth of observation hole Inches 24	Total Depth of observation hole Inches 24	Total Depth of observation hole Inches	Total Depth of observation hole Inches
Max. Ground water table—mottling 32 Inches	Max. Ground water table—mottling 15 Inches	Max. Ground water table—mottling Inches	Max. Ground water table—mottling Inches	Max. Ground water table—mottling Inches
Impervious layer, clay, etc. 32 Inches	Impervious layer, clay, etc. 15 Inches	Impervious layer, clay, etc. Inches	Impervious layer, clay, etc. Inches	Impervious layer, clay, etc. Inches
Bedrock <input checked="" 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
Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock
Surface slope 6 %	Surface slope 6 %	Surface slope 1 %	Surface slope %	Surface slope %
Soil Group & Condition per Table 9-1 of the Code, II 3C	Soil Group & Condition per Table 9-1 of the Code, II 3C	Soil Group & Condition per Table 9-1 of the Code, II 3D	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II

On **Nov. 26, 1980** (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 **David P. Regue** Health Engineering License No. **#154**
Date signed **Nov. 28, 1980**

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 type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal 500 Size in gallons Existing (May be replaced) with 1000 gal. <input type="checkbox"/> Aerobic Tank Manufacturer— Model No. Size in gallons	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION Fill will be: 24 in. uphill; 39 in. downhill
		Type <input type="checkbox"/> Trench System: Total trench length N/A <input checked="" type="checkbox"/> Bed System Length 45 Width 20 <input type="checkbox"/> Chamber System Number _____ <input type="checkbox"/> Type A <input type="checkbox"/> Single File <input type="checkbox"/> Type B <input type="checkbox"/> Cluster <input type="checkbox"/> Mound System Length _____ Width at base N/A <input type="checkbox"/> Special System Length _____ Width N/A WAIVER <input checked="" type="checkbox"/> Required <input type="checkbox"/> Not Required	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	DETAILS <input checked="" type="checkbox"/> A Distribution Box is required Pumping is— <input type="checkbox"/> required, <input checked="" type="checkbox"/> is not required. The Dose will be N/A gallons
		DISTANCES <input type="checkbox"/> Yes <input checked="" 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, 4.6, 6.7, Miscellaneous

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

Signed LPI **Richard P. Baker** Date **12-1-80** HHE-200 1/77

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

Town Augusta	Street, Road, etc. If on water body, give name Spring Rd.	Owner of property ANNE or Christopher Lind
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Site Plan

Scale 1" = 100 Ft. or _____

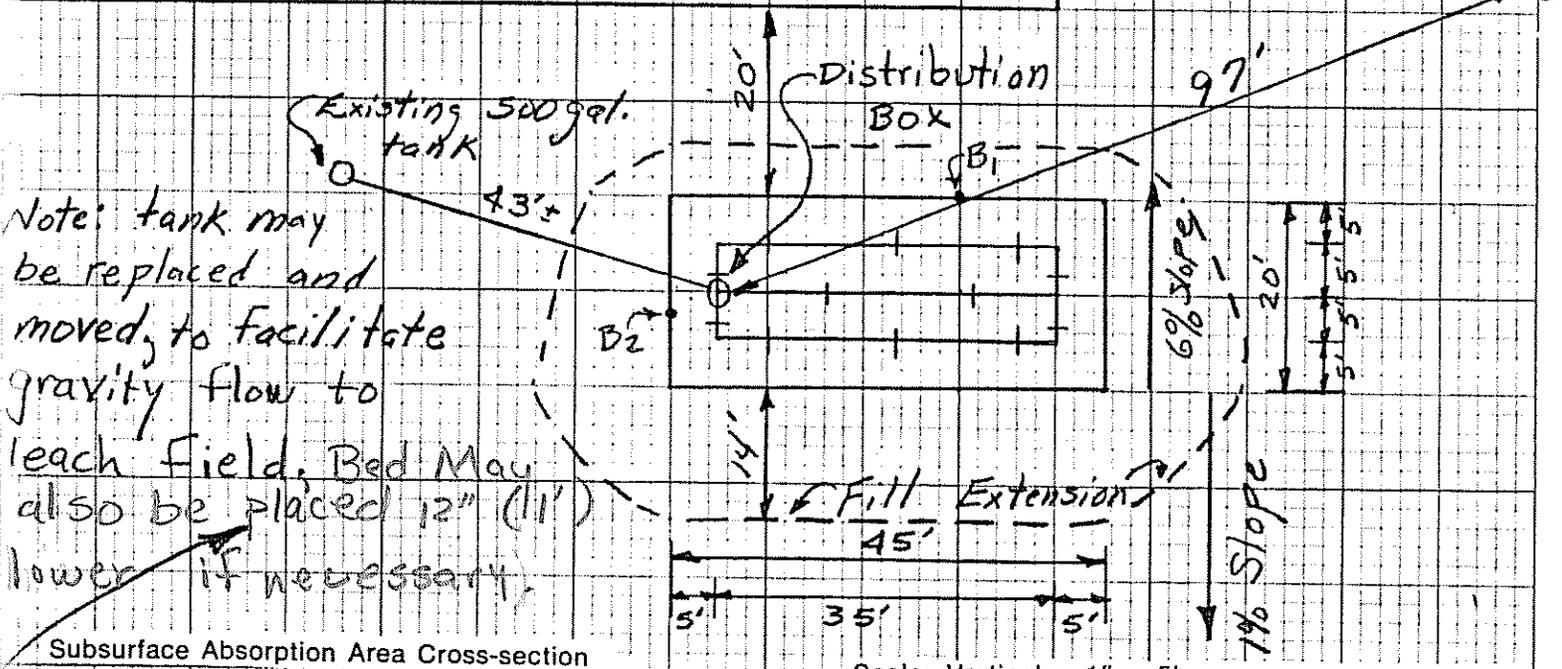
See Sheet 2A

Private Sewage Disposal Plan

Scale 1" = 20' or _____

House

12" Elm with yellow and orange flagged nail = B.M.
100.00'



Note: tank may be replaced and moved, to facilitate gravity flow to leach field. Bed may also be placed 12" (11") lower if necessary.

Subsurface Absorption Area Cross-section

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

Bed is to have 3 pipes, 4" in diameter, perforated and 35' long, connected by 10' sections at each end. 5' to edge of bed from all pipes and pipes are 5' apart.

See Sheet #3

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 1/77

Signature Required

Date: 12/1/50
Applicant: Anne E. Lind

2A

← 400' →

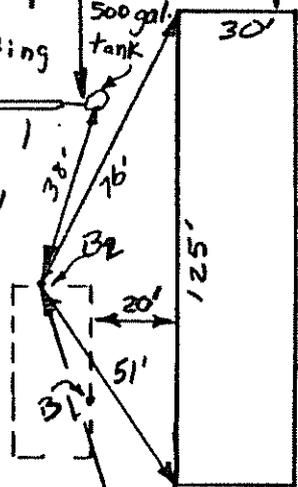
SPRING Road

385'

Low and Wet
0" to 10" to Soupy
Wet Soil.

Approx. Existing field?

Existing 500 gal. tank



well; ground between well and leach field is higher.

Large hole with water

Shed

12" EIM Tree with yellow and Orange flagged Nail = B.M. = 100.00'

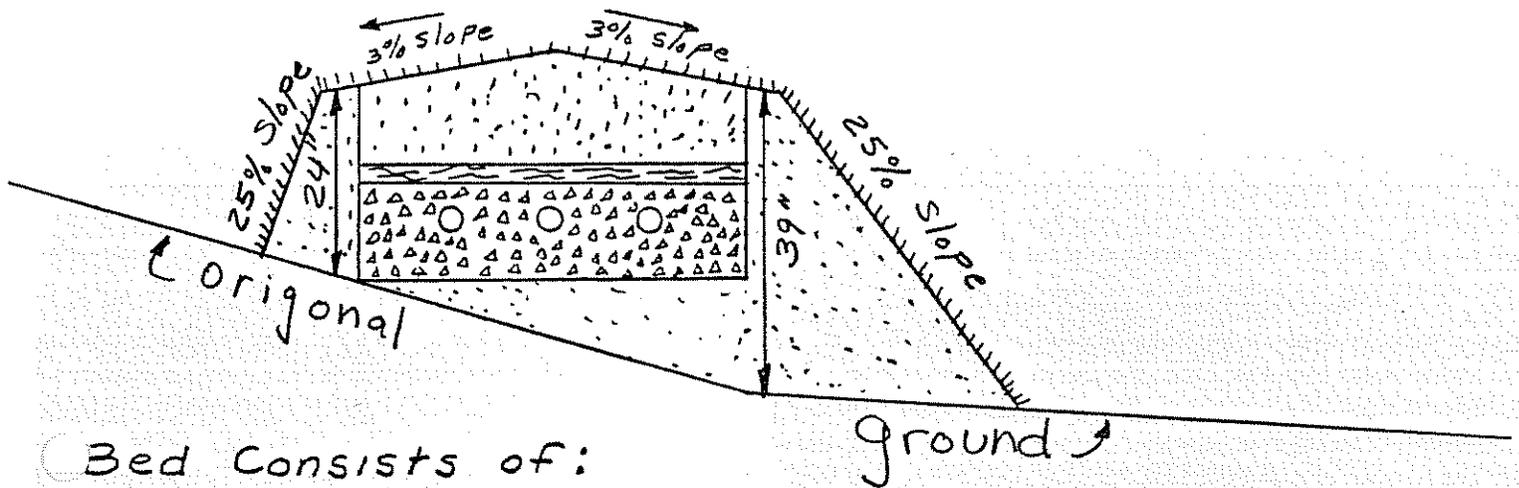
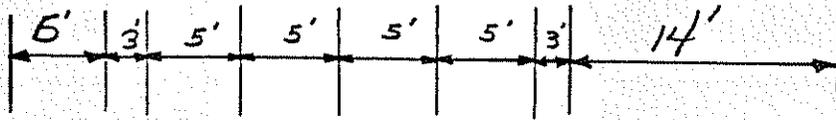


Small hill that would require pumping

Low and Wet

Approx. Scale: 1" = 50'

Subsurface Absorption Area Cross - Section
(Not to Scale)



Bed Consists of:

1. 12" of $\frac{3}{4}$ " - 1" stone; 10" under pipe and 2" over pipe.
2. 2" of compressed hay over stone.
3. 8" of sandy loam to sand fill, over hay.
4. Top of bed to be stabilized with loam if necessary, and grass seed.

Note:

Remove organic matter and scarify soil before installing bed and fill.

B.M. = yellow and Orange flagged nail in 12" x elm tree = Elev. 100.0'

Original ground and bottom of bed = Elev. 97.7'

Top of Bed at edge = Elev. 99.7'

Top of Bed at center = Elev. 99.9'

Replacement System Variance Request

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an Application for the proposed replacement system which is in noncompliance with the Rules. The LPI shall review the Replacement System Variance Request and Application and may approve the Request if all of the following requirements with LPI approval limitations can be met.

1. The replacement system is correcting a malfunction or an unlicensed wastewater discharge system.
2. A replacement system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system does not conflict with Seasonal Conversion Permit (30 MRSA § 3223) or with Mandatory Shoreland Zoning (12 MRSA § 4811).
6. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

GENERAL INFORMATION

Town of Augusta

Town Code 11020

Permit No. 42519 E

Date Permit Issued 4-8-81
month/day/yr.

Property Owner's Name: ANNE and Christopher Lind Tel. No. 622-4361

System's Location: Spring Road
Street
Augusta
Town MAINE 04330
Zip

Property Owner's Address:
(if different from above) Same
Street
Town State Zip

Specific Instructions to the:

LPI: If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature)

Site Evaluator: If after completing the Application, you find that a variance for the proposed replacement system is needed, then complete the Replacement Variance Request with your signature on reverse side of form.

Property Owner: It has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

The Owner shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

Anne E. Lind
Property Owner's Signature

12/1/80
Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		inches	
	Restrictive Layer	to 6"		inches	
	Bedrock	to 10"		inches	
Setback Distances (in feet)	From:	Treatment Tank	Disposal Area	Treatment Tank	Disposal Area
	Potable Water Supplies	1. Well: > 2000 gal/day	100a	300a	
	2. Well: < 2000 gal/day				
	a. Neighbor's	100b	100b		
	b. Property Owner's	50'	60'	50'	60'
	3. Water Supply Line	See Note 'a'			
Waterbodies	1. Perennial	60'	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With basement	See Note	15'		
	2. Without basement	'a'	10'		
Property Line		5'	5'		

Other Specify:

Footnotes:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. A variance to reduce the 100 foot setback distance to a minimum of 80 feet may be granted only with the neighbor's written permission.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

David P. Roque
Site Evaluator's Signature

Nov. 28, 1980
Date

LPI Statement

I, _____, LPI for the Town of _____, have conducted an on-site inspection for the proposed replacement system and have determined, to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

- a. (approve, do not approve) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in **Comments** Section below and return to the applicant.
- or:
- b. find that one or more of the requested Variances exceeds my approval authority as LPI. I (recommend, do not recommend) the Department's approval of the variances. Note: If the LPI does **not** recommend the Department's approval, he shall state his reasons in **Comments** Section below as to why the proposed replacement system is not being recommended.

Comments:

Richard P. Babu
LPI's Signature

12-1-80
Date

FOR USE BY THE DEPARTMENT ONLY:

The Department has reviewed the variance(s) and (does, does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

Signature of the Department

Date