

William T. Noble  
Licensed Site Evaluator  
15 Parkwood Drive  
Augusta, Maine 04330

17 May 1977

Re: Replacement Sewage Disposal  
System for the Gary Chatto  
Property, Eastern Avenue,  
Augusta, Maine.

Dear Reader:

The following pages provide details concerning a replacement sewage disposal system for the subject property. The previous disposal system consisted of a 55 gallon drum (to the best of my knowlege) followed by a man-made open ditch. Presently, raw sewage is discharging into a hole left by the removal of the drum.

Due to limited available area imposed by existing structures, trees, an intermittent stream and silt/clay soil with a high seasonal water table, it is not possible to construct a sewage disposal system in full conformance with the Maine Plumbing Code, Part II.

Accordingly, a sewage disposal system has been designed to maximize the use of the only area available.

If properly constructed and maintained, the proposed sewage disposal system should provide good service and a reasonable service life for the subject property.

Sincerely,

*William T. Noble*

William T. Noble

## APPLICATION AND AGREEMENT

## TO WAIVE CERTAIN PROVISIONS OF THE PLUMBING CODE

I, Gary Chatto, hereby apply to the Maine State Department  
(owner)  
of Human Services 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 Eastern Avenue, Augusta.  
(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>Table 9-1</u>	<u>Allow installation of disposal bed on 9-D type soil.</u>
2. <u>Sec. 4.3</u>	<u>Allow 12" reduction in separation between bed bottom and mottling to make bed installation more feasible.</u>
(If additional space is needed, attach a list)	

In all other respects, the installation will comply with the Code. The installa-  
tion 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:  
\_\_\_\_\_, License No. \_\_\_\_\_.

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

Owner's signature Gary Chatto

NOTE: A PLAN TO SCALE

Winter address 438 Eastern Ave

MUST BE ATTACHED

Summer address \_\_\_\_\_

Telephone 62-20122

Date 5-12-76

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THE FOLLOWING TO BE FILLED IN BY THE PLUMBING INSPECTOR

I am (Local), (~~Alternate~~) Plumbing Inspector for the town of AUGUSTA.  
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 Richard P. Baker

Date 5-20-77

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

10/1/75

Chatto, Gary 87006

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 3

Town: **AUGUSTA** Street, Road, etc.: **EASTERN AVENUE** Plumbing Permit No.: **22163M** Date of Plumbing Permit: **5-20-77**

If on water body, give name: \_\_\_\_\_

Owner of property: **Gary Chatto** Owner's address: **638 Eastern Ave. Augusta, Me. 04330** Size of lot: **2±** Acres

Name & type of establishment: \_\_\_\_\_ gpd Is lot Zoned?  Yes  No Type of Zoning:  Shoreland  Resource Protection

Name of applicant: \_\_\_\_\_ If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following:  
 Deed restriction re. private sewage disposal  
 Copy of the subdivision's soils report  
 Soils report from a State Agency

Applicant's address: \_\_\_\_\_ Tel. No.: **622-0122**

Town: \_\_\_\_\_ Zip Code: **04330** Subdivision name: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Applicant's signature: *[Signature]* Date: **5-20-77**

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 Water Dist.**

**SITE INVESTIGATION** Show location of pits and/or borings on sketch on page 2, and refer to completed sample form and Chapter 4

Soil Profile No.	Soil Profile No. 1		Soil Profile No. 2		Soil Profile No.		Soil Profile No.	
	<input checked="" type="checkbox"/> Pit	<input type="checkbox"/> Boring	<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
Organic strata	Grass		Similar to test pit #1		Organic strata		Organic strata	
Inches	1-0				Inches		Inches	
1st strata	Olive brown sil				1st strata		1st strata	
Inches	0-11				Inches		Inches	
2nd strata	Dark gray sil		2nd strata		2nd strata		2nd strata	
Inches	11-19		Inches		Inches		Inches	
3rd strata	Olive gray sicl		3rd strata		3rd strata		3rd strata	
Inches	19-30		Inches		Inches		Inches	
Depth from bottom of organic horizon to:	Total Depth of observation hole	Inches	30	Total Depth of observation hole	Inches		Total Depth of observation hole	Inches
	Max. Ground water table—mottling	Inches	at surface	Max. Ground water table—mottling	Inches		Max. Ground water table—mottling	Inches
	Impervious layer, clay, etc.	Inches	<input checked="" type="checkbox"/> None Evident	Impervious layer, clay, etc.	Inches	<input type="checkbox"/> None Evident	Impervious layer, clay, etc.	Inches
	Bedrock	Inches	<input checked="" type="checkbox"/> None Evident	Bedrock	Inches	<input type="checkbox"/> None Evident	Bedrock	Inches
Surface slope	%	3	Surface slope	%		Surface slope	%	
Soil Group & Condition per Table 9-1 of the Code, II		9.0	Soil Group & Condition per Table 9-1 of the Code, II			Soil Group & Condition per Table 9-1 of the Code, II		

On **5-16-77** (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: *William J. Noble* Health Engineering License No. **75**

Date signed: **MAY 17 1977**

**PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED** Show location of system and details on sketches on page 2, and refer to completed sample form

<p><b>SYSTEM:</b></p> <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 _____	<p><b>TREATMENT TANK:</b></p> <input checked="" type="checkbox"/> Septic Tank <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Size in gallons: <b>1000</b> <b>(low boy, if necessary)</b> <input type="checkbox"/> Aerobic Tank Manufacturer: _____ Model No.: _____ Size in gallons: _____	<p><b>SUBSURFACE ABSORPTION AREA</b></p> <p>Type: <input type="checkbox"/> Trench System: Total trench length _____</p> <p><input checked="" type="checkbox"/> Bed System          Length <b>60'</b> Width <b>20'</b></p> <p><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</p> <p><input type="checkbox"/> Mound System Length _____ Width _____ at base</p> <p><input type="checkbox"/> Special System Length _____ Width _____</p> <p><b>WAIVER</b>  <input checked="" type="checkbox"/> Required  <input type="checkbox"/> Not Required</p>		<p><b>SITE MODIFICATION</b></p> <p>Fill will be: <b>35±</b> in. uphill; <b>53±</b> in. downhill</p> <p><b>DETAILS</b></p> <input checked="" type="checkbox"/> A Distribution Box is required Pumping <b>may be required</b> The Dose will be <b>100</b> gallons <p><b>DISTANCES (subject to final grade)</b></p> <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.	
		<p><b>PROPERTY / LOT LOCATION MAP</b></p> <p>To URBAN AUGUSTA ← 0.9 mi. →</p> <p>← EASTERN AVENUE →</p> <p>← LOT →</p> <p>← UTILITY POLE #108 →</p> <p>← ENTRANCE →</p> <p>← TO VA HOSPITAL →</p>		<p><b>FOR THE USE OF LPI ONLY</b></p> <input type="checkbox"/> Denial: Application is denied for following reasons; portions of the Code II are cited. Form is incomplete (____ pg.) as to <input type="checkbox"/> General info, <input type="checkbox"/> Site Investigation, <input type="checkbox"/> System Proposed. <input type="checkbox"/> Site Plan, <input type="checkbox"/> Disposal System Plan, <input type="checkbox"/> Cross-Section, <input type="checkbox"/> Statement. See Section 2.3. <input type="checkbox"/> Site Investigation indicates site is <input type="checkbox"/> totally unsuitable for disposal system; Sections 4.5 and 9.5, Table 9-1 Group 9 and 10. <input type="checkbox"/> Unsuitable for system proposed; Sections 4.3, 4.6, 9.5, Table 9-1. <input type="checkbox"/> System Proposed does not conform to Code; See Sections 9. <input type="checkbox"/> Site Investigation indicates site modifications are necessary; See Sections <input type="checkbox"/> 4.3, <input type="checkbox"/> 4.4, <input type="checkbox"/> 4.6, <input type="checkbox"/> 8.7. <input type="checkbox"/> Miscellaneous _____ See Section _____ <input checked="" type="checkbox"/> Acceptance: Application for permit is approved with condition specified, comply with Section <b>SEE WAIVER</b> <input type="checkbox"/> without condition.	
		<p>See Chapter 9 of the Code, II.</p>		<p>Signed LPI: <i>Richard C. Baker</i> Date: <b>5-20-77</b> HHE-200 1/77</p>	
		<p>SPRING RA.</p>		<p>See Page 3</p>	

PROPERTY / LOT LOCATION MAP

To URBAN AUGUSTA ← 0.9 mi. →

← EASTERN AVENUE →

← LOT →

← UTILITY POLE #108 →

← ENTRANCE →

← TO VA HOSPITAL →

SPRING RA.

See Page 3

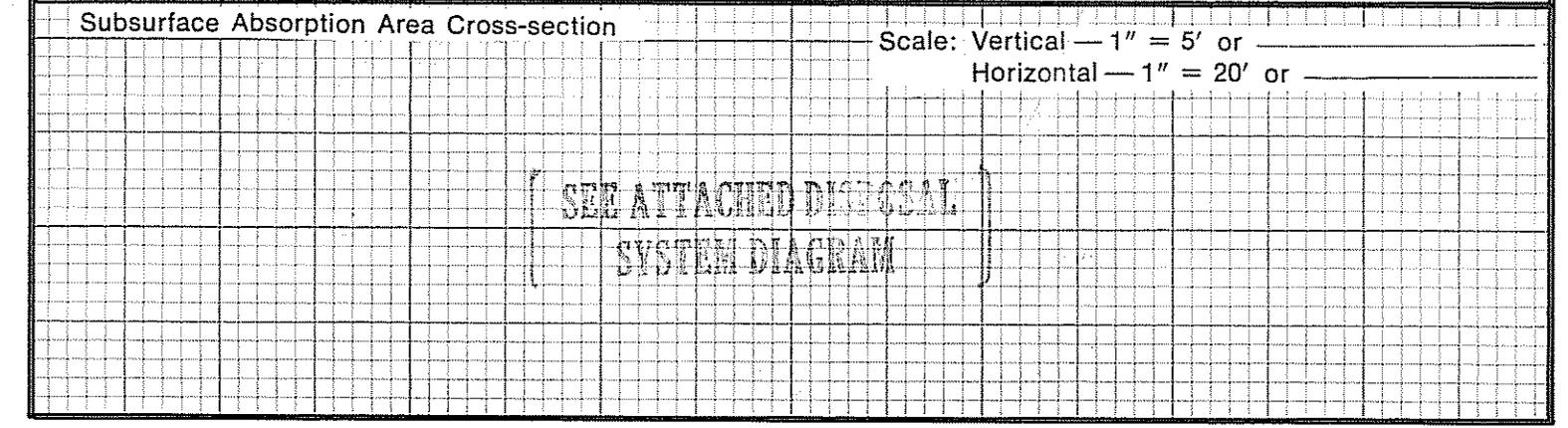
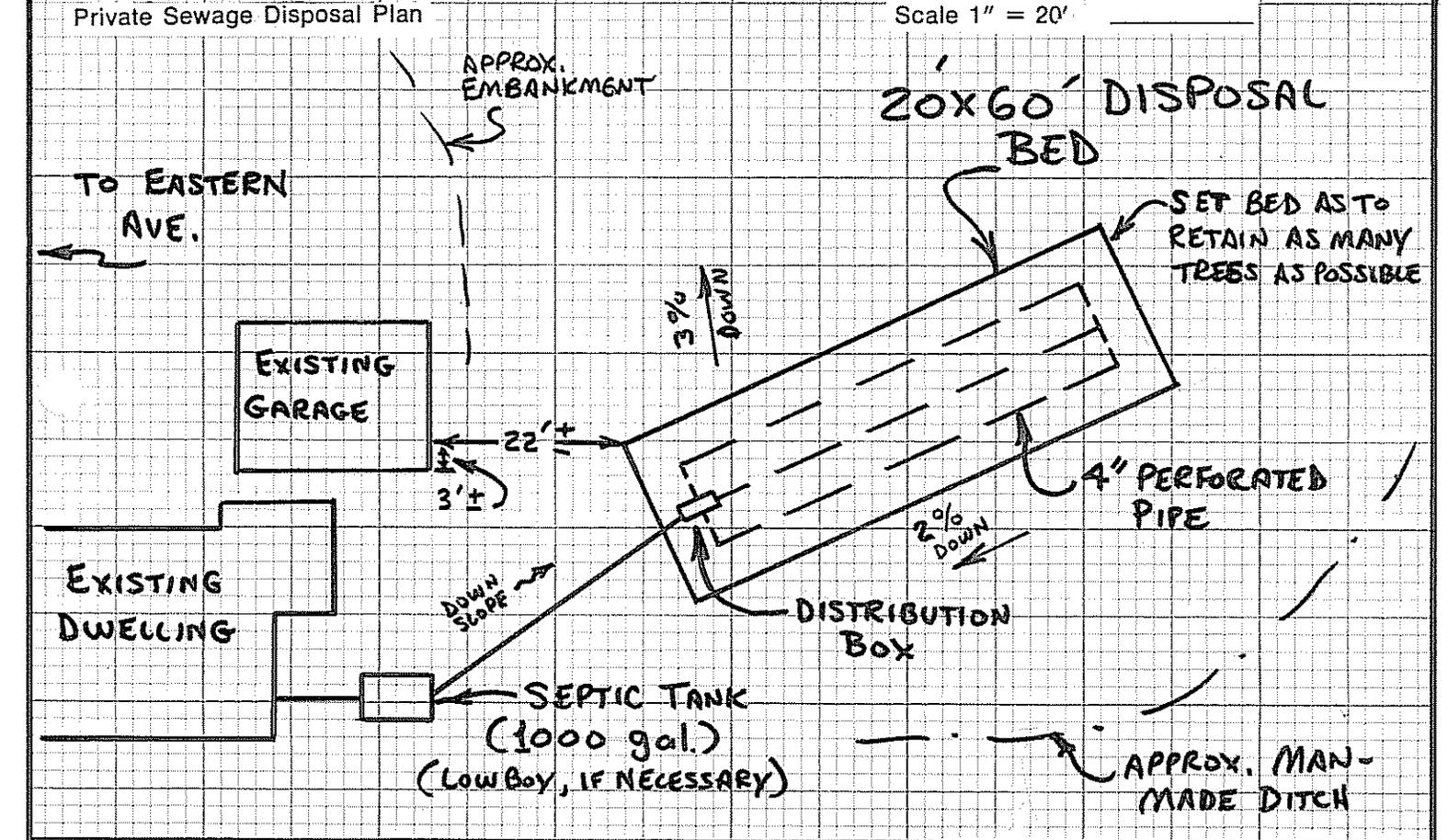
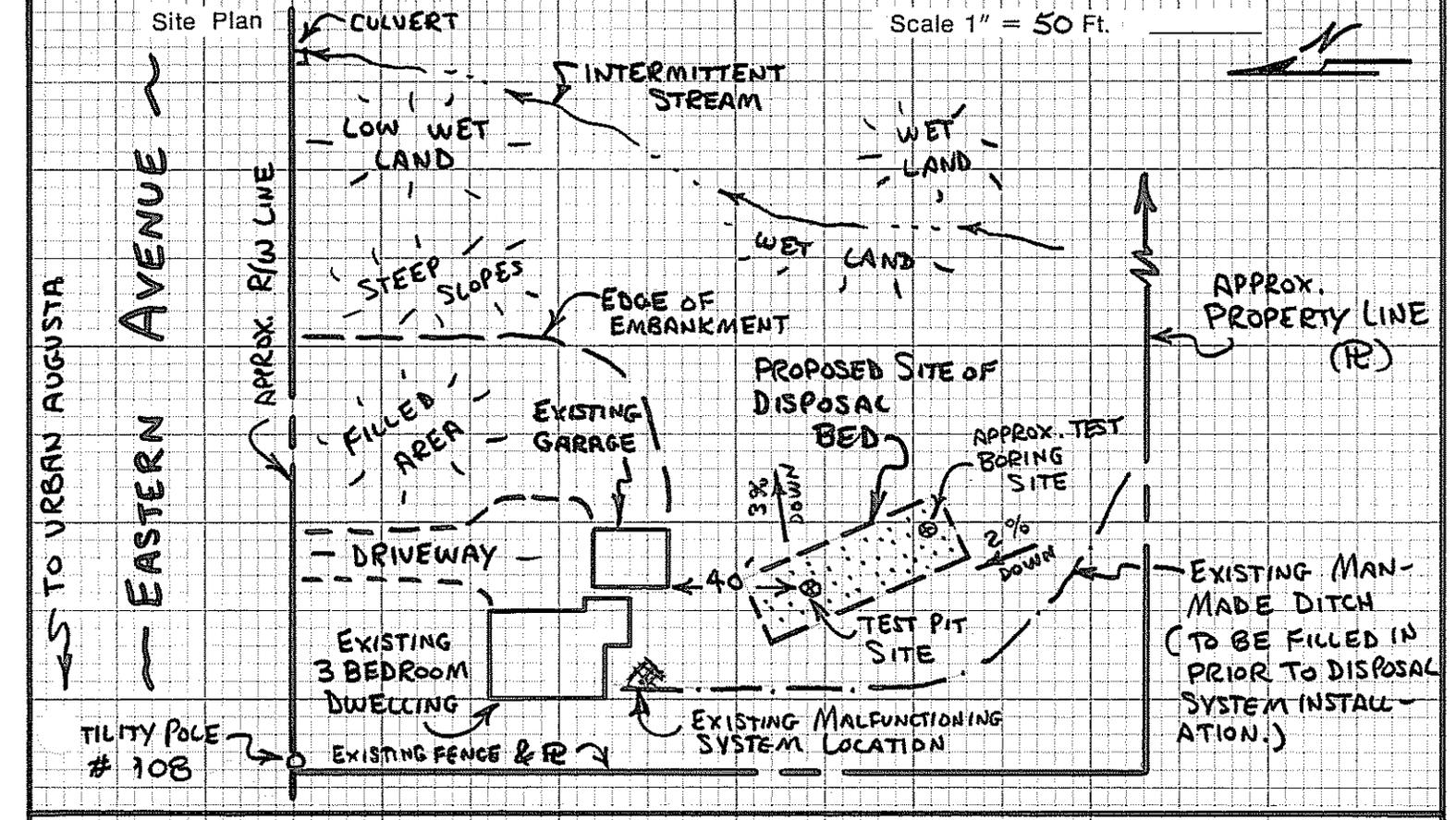
See Chapter 9 of the Code, II.

Signed LPI: *Richard C. Baker* Date: **5-20-77** HHE-200 1/77

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

77006

Town <b>AUGUSTA</b>	Street, Road, etc. <b>EASTERN AVE.</b> If on water body, give name	Owner of property <b>GARY CHATTO</b>
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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: 5-20-77  
Applicant: \_\_\_\_\_  
Owner: X Gary D Chatto

# • SEWAGE DISPOSAL BED DETAILS •

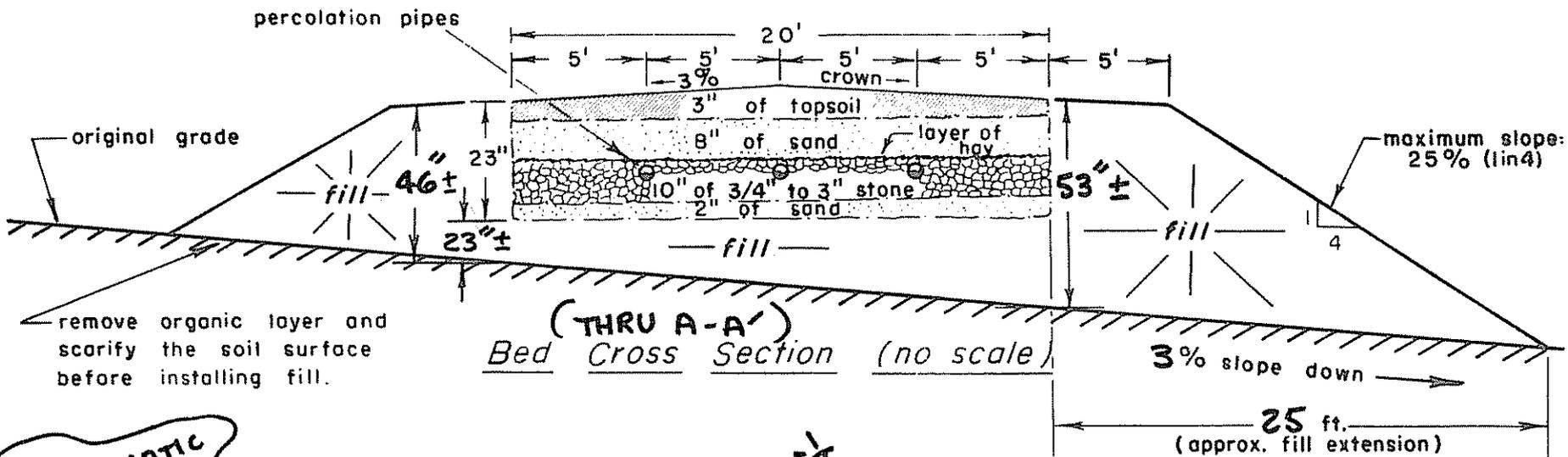
FOR: GARY CHATTD

JOB NO. 77006

BY: WTN

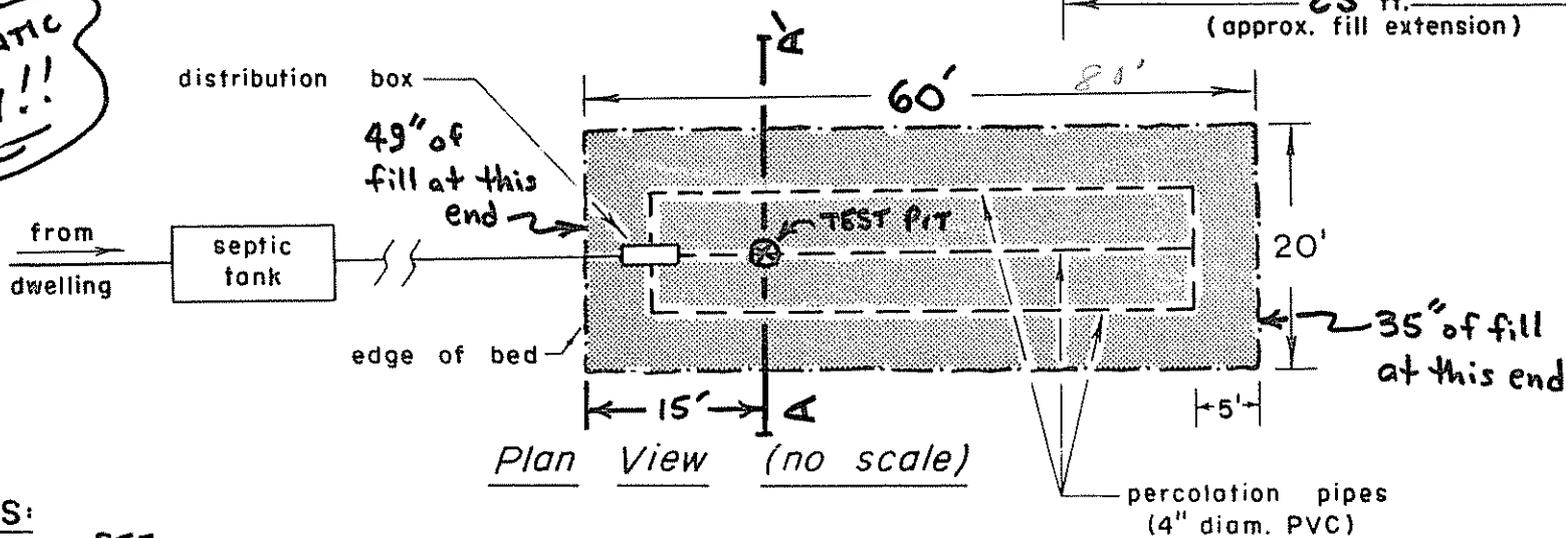
DATE: MAY 17 1977

WILLIAM T. NOBLE  
Registered Professional Engineer



remove organic layer and scarify the soil surface before installing fill.

SCHEMATIC ONLY!!



**\* NOTES:**

- 1.) SEE ABOVE inches of fill is required at uphill side of bed.
- 2.) Texture of fill shall be similar to original soil.
- 3.) Refer to Sections 8.7 and 9.7 of the Maine State Plumbing Code, Part II for further details regarding installation procedures.
- 4.) Pumping may be required. Subject to final bed elevation and elevation of existing sewer outlet pipe!