

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 257-5672 FAX: (207) 257-4172

PROPERTY LOCATION		>> Caution: Permit Required – Attach In Space Below <<	
City, Town, or Plantation	AUGUSTA	AUGUSTA Date Permit Issued: <u>12/10/01</u> \$ <u>100.00</u> TOWN COPY \$ <u>50.00</u> FEE Double Fee Charged L.P.I. # <u>17820</u>	
Street Road	DHD BERGRADE ROAD		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	MATTSON, KEVIN		
Mailing Address of	P.O. BOX 206		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	HALLOWELL, ME 04347		
Daytime Tel. #	622-1406	Municipal Tax Map # <u>19</u> Lot # <u>80</u>	

Owner or Applicant Statement I state that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit. Signature of Owner or Applicant: <u>[Signature]</u> Date: <u>11/7/01</u>	Caution: Inspections Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. Local Plumbing Inspector Signature: <u>[Signature]</u> (1st) Date Approved: <u>12/15/01</u> (2nd) Date Approved: _____
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PERMIT INFORMATION

TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input checked="" type="checkbox"/> Expanded System One-time exempted Non-exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 1. <input type="checkbox"/> No Rule Variance 2. <input checked="" type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input checked="" type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENT(S) 1. <input type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ gallons 6. <input checked="" type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd or more) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input checked="" type="checkbox"/> Pre-treatment, specify: <u>AEROBIC TANK</u> 12. Miscellaneous components
SIZE OF PROPERTY <u>32,549</u> sq. ft. <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____ 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input checked="" type="checkbox"/> Other: <u>GYM</u> SPECIFY _____	
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____	

EXISTING DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1,000</u> gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE <u>100</u> sq. ft. <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment Tank b. <input type="checkbox"/> Tanks in Series c. <input type="checkbox"/> Increase in Tank Capacity d. <input type="checkbox"/> Filter on Tank Outlet	DESIGN FLOW <u>4800</u> gallons per day BASED ON: 1. <input type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input checked="" type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS -- for other facilities -- <u>2 EMPLOYEES 30 GPD</u> <u>45 PARTICIPANTS 450 GPD</u> * SEE PAGE #2 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>5 1 C 1 2</u> at Observation Hole # <u>1</u> Depth <u>18</u> " Elevation <u>-59</u> " OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small -- 2.0 sq. ft./gpd 2. <input checked="" type="checkbox"/> Medium -- 2.6 sq. ft./gpd 3. <input type="checkbox"/> Medium-Large -- 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large -- 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra Large -- 5.0 sq. ft./gpd	PUMPING 1. <input type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input checked="" type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ gallons	

SITE EVALUATOR STATEMENT

I Certify that on 11 DEC 00 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Signature: [Signature] SE # 301 Date: 4 JAN 00
STEPHEN P. ROBBINS
 BOX 271 EAST WINTHROP, ME 04343 Telephone # 377-6707

Page 1 of 5
HHE-200 Rev. 1/99

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Frontation
AUGUSTA

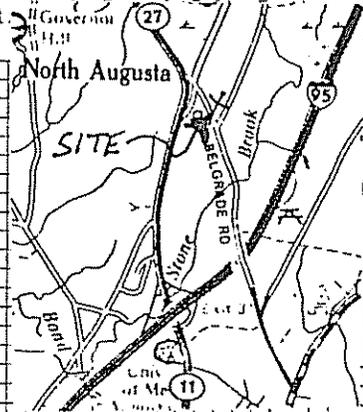
Street, Road Subdivision
OLD BELGRADE ROAD

Owner's Name
KEVIN MATSON

SITE PLAN

Scale 1" = _____ Ft.
or as shown

SEE PAGE #3



Notes:

System design is slightly oversized, but maximum waste-water generated is to be under 488 GPD to conform with minimum lot size rule.

Design flow and disposal area sizing is partially based on existing disposal area rated for 196 GPD with added aerobic pretreatment.

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole _____ Test Pit Boring
_____ " Depth of Organic Horizon Above Mineral Soil

Observation Hole _____ Test Pit Boring
_____ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW AMBIAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	LOAMY SAND	LOOSE	BROWN	NONE
5	FINE SAND		YELLOW BROWN	EVIDENT
10				
20	BEDROCK			
30				
40				
50				

DEPTH BELOW AMBIAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification: **S** Profile, **A III** Condition, Slope: **7-10%**, Limiting Factor: **18"**
 Ground Water Restrictive Layer
 Bedrock
 Pit Depth

Soil Classification: _____ Profile, Condition: _____, Slope: _____, Limiting Factor: _____
 Ground Water Restrictive Layer
 Bedrock
 Pit Depth

[Signature]
Site Evaluator Signature

301

SE *

4 JAN. 01

Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
 Division of Health Engineering
 (207) 287-5672 FAX (207) 287-4172

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

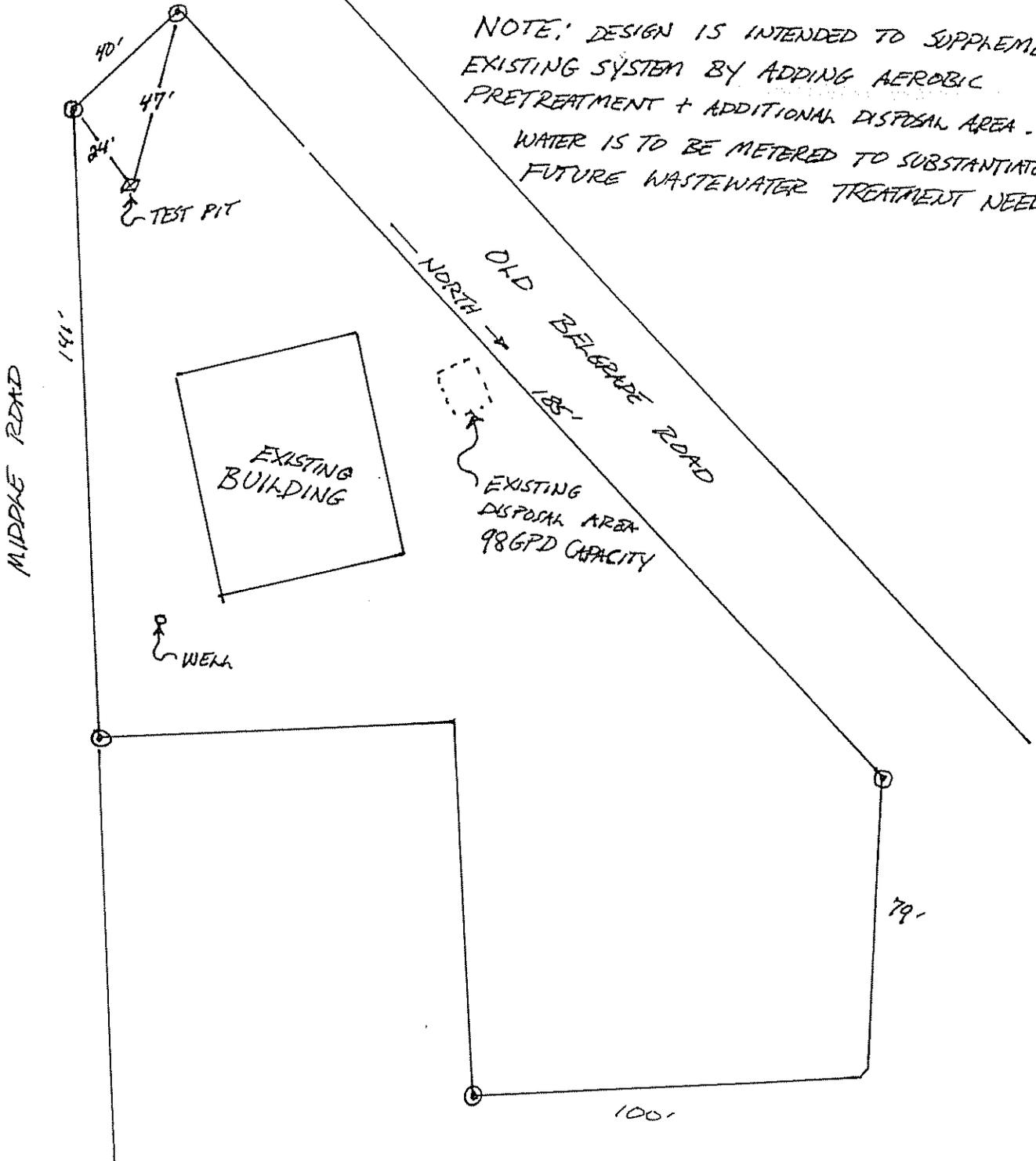
AUGUSTA

OLD BELGRADE ROAD

KEVIN MATTHEW

SCALE 1" = 40 FT.

NOTE: DESIGN IS INTENDED TO SUPPLEMENT EXISTING SYSTEM BY ADDING AEROBIC PRETREATMENT + ADDITIONAL DISPOSAL AREA. WATER IS TO BE METERED TO SUBSTANTIATE FUTURE WASTEWATER TREATMENT NEEDS.



Steph P. Robinson
 Site Evaluator Signature

301

4 JAN 01

Page 3 of 5

SE

Date

---2-100 Rev. 7-17

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(202) 287-5870 FAX (202) 287-4173

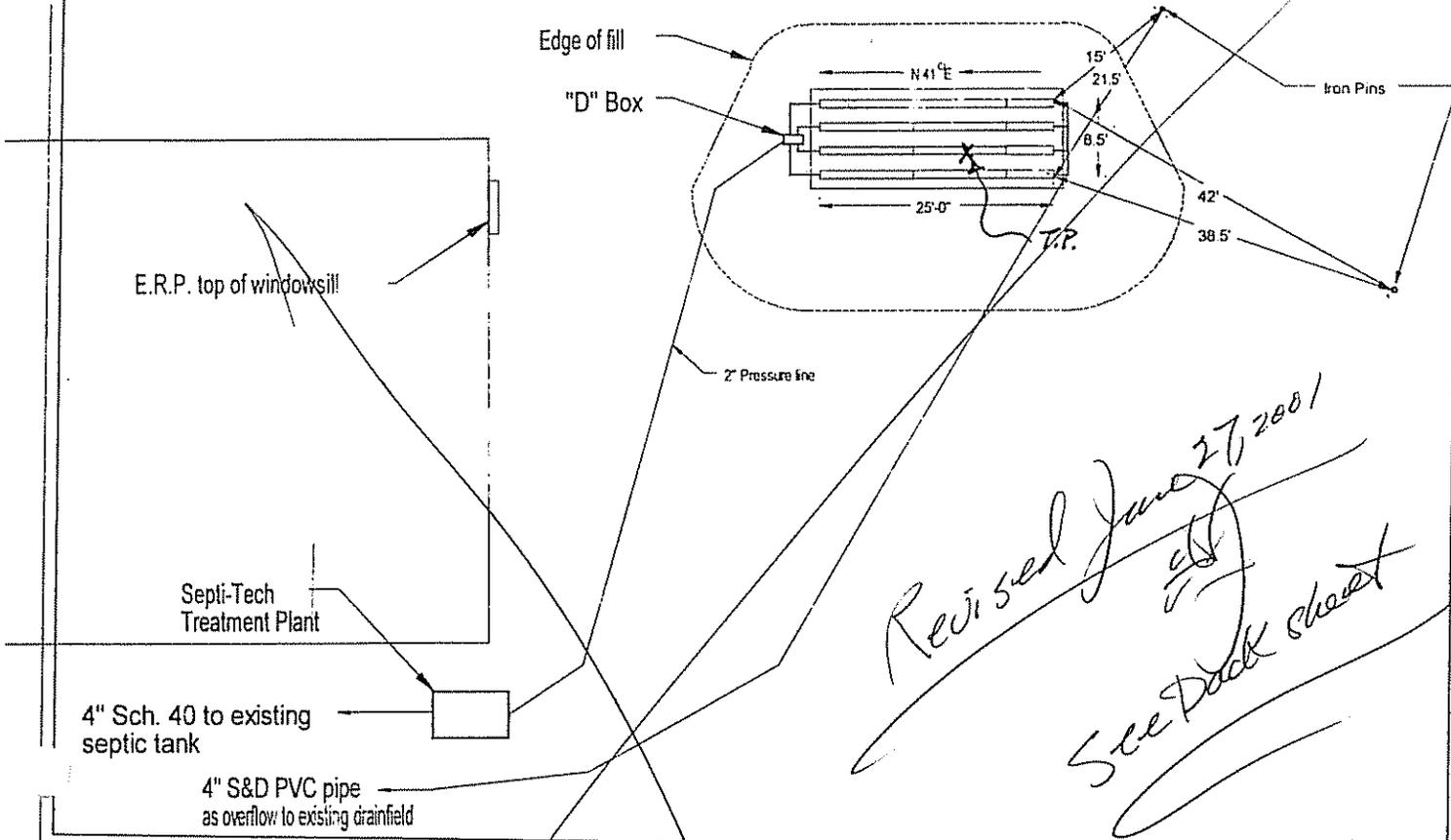
Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
OLD BELGRADE ROAD

Owner's Name
KEVIN MATTSON

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT



FILL REQUIREMENTS

Depth of Fill (Upslope) 14-16"
Depth of Fill (Downslope) 24"

CONSTRUCTION ELEVATIONS

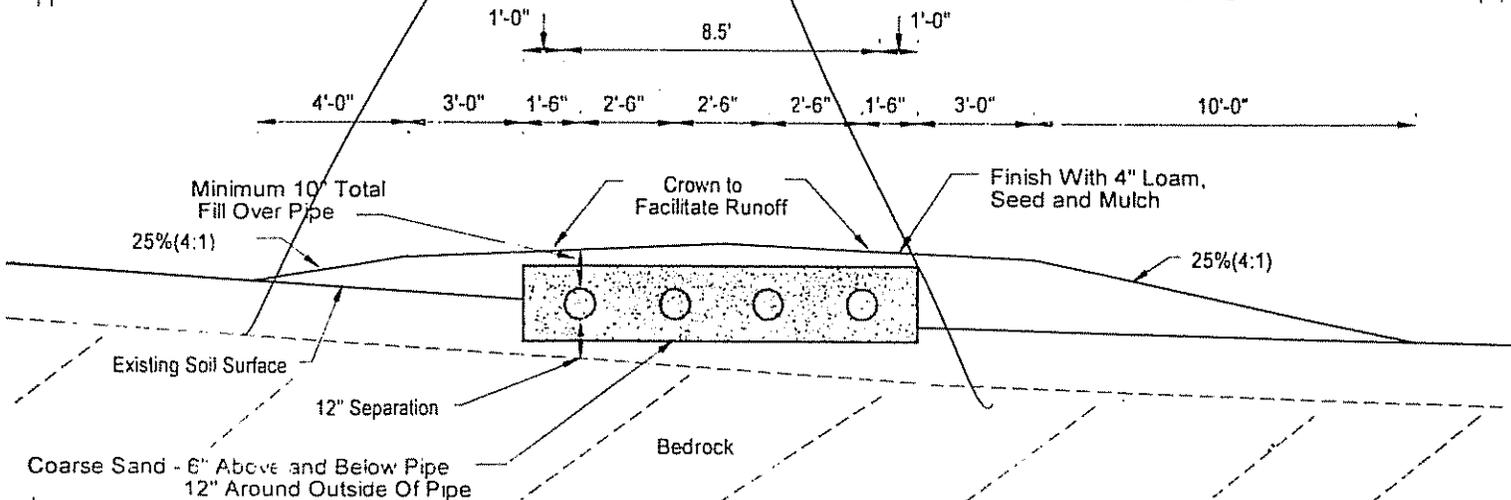
Finished Grade Elevation -7"
Top of Distribution Pipe or Proprietary Device -17"
Bottom of Disposal Area (PIPE) -29"

ELEVATION REFERENCE POINT

Location & Description TOP OF BRICK WINDOWSILL
Reference Elevation 0

DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" = 5'
HORIZONTAL: 1" = 5'



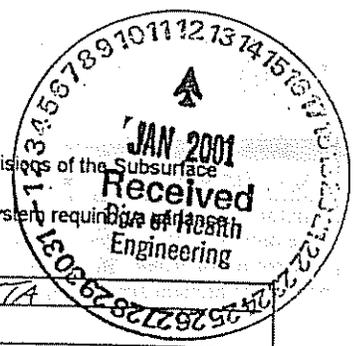
Steph P. [Signature]
Site Evaluator Signature

301

4 JAN 01
Date

FIRST TIME SYSTEM VARIANCE REQUEST

This form shall accompany an Application (HHE-200) for a proposed first time system which requires a Variance to provisions of the Subsurface Wastewater Disposal Rules. The local plumbing inspector shall not issue a permit for the installation of a first time subsurface wastewater disposal system requiring approval from the Department of Human Services until approval has been received from them.



GENERAL INFORMATION	
Permit No. _____	Town of <u>AUGUSTA</u>
Property Owner's Name: <u>KEVIN MATTSON</u>	Date Permit Issued _____
System's Location: <u>OLD BELGRADE ROAD</u>	Tel. No.: <u>622-1406</u>
Property Owner's Address: <u>P.O. BOX 206</u>	
(if different from above) <u>HALLOWELL, ME 04347</u>	

VARIANCE CONDITIONS

The Department has the authority to vary the requirements of the Rules in accordance with Section 105.2 of the Rules CMR 241 if all the following criteria are satisfied:

- a. The variance request has the approval of the LPI.
- b. The Municipal Officials have indicated that the variance does not conflict with any local wastewater disposal ordinances.
- c. The variance request demonstrates that there is no practical alternative for wastewater disposal, such as access to public sewer or the potential for an easement.
- d. The proposed system does not conflict with any provision controlling subsurface wastewater disposal in the Shoreland Zone.
- e. The site offers potential for a system which will dispose of the wastewater with minimal threat to public health, safety, or welfare.
- f. The property owner has indicated an awareness of the variance and any limitations or added costs the proposed system may require.

SOIL, SITE AND ENGINEERING FACTORS FOR NEW SYSTEM VARIANCE ASSESSMENT (SEE TABLES 1900.1-1900.11)

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Adjustment		
Additional Treatment		
TOTAL POINT ASSESSMENT (Sec. 1904.5)		

Minimum Points (Check one): Outside Shoreland-50 Inside Shoreland-65 Subdivision-65

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator)	SECTION OF RULE
1. <u>100' TO PROPOSED PUBLIC WATER SUPPLY</u>	<u>704.3</u>
2. <u>TEMPORARY USE OF LIKE ESTABLISHMENT RECORDS</u>	<u>503.</u>
3. _____	

SITE EVALUATOR

When a property is found to be unsuitable for subsurface wastewater disposal for a First Time System Variance by a Licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a Variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department.

A well that is in the 100-120 range from the proposed and 3 other existing disposal areas, is being licensed as a Transient Public Water System. The setback requested has been discussed with Mr Haig Erochu of the Drinking Water Program. The applicant has agreed to case the well to 100' and complete any required testing. The enclosed water records from a like establishment in Danville, II indicate water use at a high of 100 GPD. We propose to use these records to temporarily substantiate flow to the existing disposal area rated at 98 GPD. Water entering the facility will be metered to assess future waste-water disposal requirements

I, STEPHEN P ROBBINS, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available, enhances the potential of the site for subsurface wastewater disposal, and that the system should function properly.

Stephen P Robbins
SIGNATURE OF SITE EVALUATOR

DATE _____

First Time System Variance Request

PROPERTY OWNER
 I, Kevin Mattson, am the owner agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

[Signature] 1/18/01
 SIGNATURE OF OWNER DATE
 AGENT FOR THE OWNER

MUNICIPAL OFFICER(S) (Selectman, Councilman, Alderman, Mayor, Town Manager)
 We, the Municipal Officer(s) of Augusta have reviewed this application and are aware that the applicant is applying for a First Time System Variance to the Subsurface Wastewater Disposal Rules because the proposed system does not meet all requirements of the rules. The proposed variance request does does not comply with all Municipal Ordinances relating to subsurface wastewater disposal.

[Signature] City Manager 1-23-01
 SIGNATURE FOR THE MUNICIPALITY TITLE DATE

LOCAL PLUMBING INSPECTOR - Approval at local level
 The local plumbing inspector shall review all First Time System Variance requests prior to rendering a decision.
 I, George A. Soucy Jr., the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system does does not conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone.
 Therefore, I do do not approve the requested variance. I will will not issue a permit for the system's installation as proposed by the application.

[Signature] 1/24/2001
 LPI Signature Date

LOCAL PLUMBING INSPECTOR - Referral to the Department
 The local plumbing inspector shall review all First Time System Variance requests prior to forwarding to the Division of Health Engineering.
 I, George A. Soucy Jr., the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system does does not conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone.
 Therefore, I do do not recommend the issuance of a permit for the system's installation as proposed by the application.

[Signature] 1/25/2001
 LPI Signature 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

Note: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 1902.0 for Municipal Review.)
 2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 1901.0 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

Town	Address	Owner
AUGUSTA	OLD BELGRADE ROAD	KEVIN MATTSOJ

ATTACHMENT TO HHE-200

notes:

1. Construction to conform with "State of Maine Subsurface Wastewater Disposal Rules".
2. Property lines shown are as provided by owner, agent, or municipality. No guarantee of accuracy is implied. Actual property lines must be confirmed by survey.
3. Remove organic material and scarify/rototill/furrow area under drainfield and fill extensions.
4. Unless otherwise specified, all fill will be coarse sand to a gravely coarse sand. See Sec. 804.0 in the Maine State Plumbing Code for further clarification of fill requirements. In 8" lifts, compacted as placed. First lift to be thoroughly mixed with original soil.
5. Septic tanks and pump stations shall be installed watertight to prevent infiltration of ground and surface water.
6. Force mains, pump stations, and or gravity piping subject to freezing shall be adequately insulated.
7. Unless otherwise specified, **septic tank** to be located by contractor; at minimum; 8' to proposed or existing home and or buildings, 10' to property line & water supply line, 100' to all wells and shoreline. Owners well setback can be reduced to 75' if tested for water-tightness in presence of L.P.I. .
8. A septic tank outlet filter is recommended.
9. If replacement system with new tank, existing tank or cesspool to be filled with soil or removed. If existing tank is to be utilized, tank is to be thoroughly inspected for condition.
10. Unless otherwise specified, this plan does not allow the placement of pumps between the wastewater source and the septic tank.
11. Unless otherwise specified, disposal area to existing or proposed buildings setback is 20'.
12. Water from gutters, driveways, walks, and other surface water to be diverted away from system.
13. Loam, seed and mulch all disturbed areas to prevent erosion and facilitate runoff.
14. Unless otherwise specified, keep traffic heavier than lawn tractor away from all components of system.
15. Keep sanitary napkins, cigarette butts, coffee grounds, paper towels, grease, and nonbiodegradables out of system.
16. Many times it is impossible to locate water supplies. Property owner assumes responsibility of proper setback to any unknown water supplies.
17. Discharge from water treatment equipment and residential floor drains is not considered wastewater and must not be plumbed into septic system. This flow should be diverted into a separate drywell (Disposal area that does not require design or permit).
18. Plumbing fixtures must be strictly maintained to insure excess water does not enter septic system. Excess water can lead to premature clogging and total failure of disposal area.
19. Venting of disposal area is not required, but can facilitate biological action in disposal area.
20. Pumped systems will be equipped with audible high water alarm, wired to separate circuit as pump.
21. Take 3 copies of the plan to your local plumbing inspector for required permit.

Stephen P. Robbins

S.E.#301

Date 4 JAN 01

Page 5 of 5

S.P.R.



CONSUMERS
ILLINOIS
WATER COMPANY
(717) 442-0142

Service at: 1419 N BOWMAN-E(VIDEO STR)
DANVILLE, IL

Account Number: 71105490-03

Commercial- Single Unit

Billing Period

Aug 7 - Sep 7 (31 days)
Billing date 09/11/2000
Next billing on or about Oct 11

Previous Balance

Amount of last bill \$.27
Balance Forwarded \$.27

Meter Read Information

	Current	Previous	Usage (100 CF)
1	359 Estimate	356 Estimate	3
Total Usage			3

Current Charges

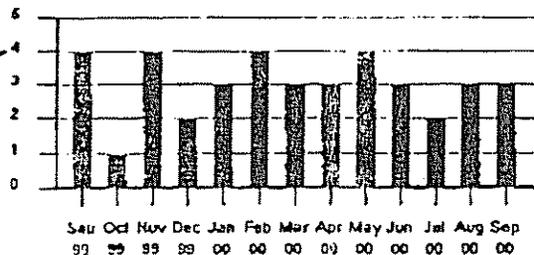
Customer Charge 10.00
Water Charge 7.03
Fire Protection Charge 2.85
ICC Tax .02

Total Current Charges \$ 19.90

Readings are in 100 Cubic Feet(CF)
1 CF equals 7.48 gallons
Average daily usage is 72 gallons
Average daily cost is \$.55

Total Due by 10/02/2000 \$ 20.17

Your Usage Profile (100 CF)



*changed
billing
address 9/20
to club
(was not
setup under
HERE)*

*Van
owes
\$4.48*

Messages to You

CONSTRUCTION OF THE NEW NITRATE-REMOVAL PLANT IS MORE THAN HALF COMPLETE. IT IS EXPECTED TO BE FULLY OPERATIONAL BY DECEMBER OF THIS YEAR. ONCE THE NEW PLANT IS ON-LINE WE WILL BE ABLE TO MEET ALL ILLINOIS ENVIRONMENTAL PROTECTION AGENCY WATER STANDARDS. THIS IS JUST ANOTHER WAY CONSUMERS WATER IS WORKING TO BRING YOU QUALITY WATER.

15.69

*.400 CF
7-30 DAYS*

*400(4.48) = 1,792
30 = 99.7 GPD*

10/11/00 11:00 AM



Stephen P. Robbins

P.O. Box 271 • East Winthrop, ME 04343 • (207) 377-6707

27 June 01

Linda Robinson
DHS, Division of Health Engineering
10 State House Station
Augusta, ME 04333-0010

RE: Kevin Mattson-Ladies Workout Express, Old Belgrade Road, Augusta

Dear Ms Robinson:

The enclosed page #4 of the HHE-200 is a minor revision to the application for Kevin Mattson at Old Belgrade Road, Augusta. After some debate, we decided to upgrade plant sizing to a Cromaglass C-12 treatment tank. We came to this conclusion after considering potential business growth, and possible surges that may be associated with this daily flow.

Your continued help with this matter is appreciated. Please contact me you have any questions or concerns.

Sincerely

A handwritten signature in cursive script that reads "Stephen P. Robbins".

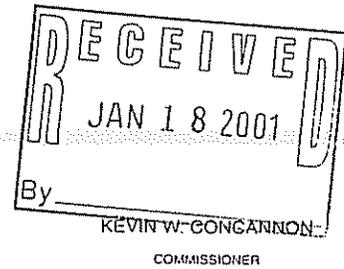
Stephen P Robbins
S.E.#301

cc: Kevin Mattson
George Soucy, LPI
Harold White, Wastewater Management



STATE OF MAINE
 DEPARTMENT OF HUMAN SERVICES
 DIVISION OF HEALTH ENGINEERING
 10 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0010

ANGUS S. KING, JR.
 GOVERNOR



January 16, 2001

Kevin Mattson
 PO Box 206
 Hallowell ME 04347

SUBJECT: First Time System Variance Request, Kevin Mattson (Women's Gym) property, Old Belgrade Road, Augusta

Dear Mr. Mattson:

The Division has received two copies (each hand-carried on separate days) of a first time system variance request and septic system design for the subject property. The proposal is to operate a women's gym for two employees and 45 participants/day. As we understand, you are requesting approval to continue use of the existing septic system based on water use records of like establishment in other states. The existing system has a capacity of 98 gallons per day. The design and first time system variance request submitted is intended as a backup system and has a capacity of 480 gallons per day. The backup design requires variances for a setback reduction to a proposed public water supply well of 100 feet and temporary use of like establishment water records. The system design prepared by Stephen Robbins, SE, dated 1-4-01, is found to be in compliance with the Maine Subsurface Wastewater Disposal Rules.

Although the Division will consider approval of the proposal with the inclusion of a pretreatment unit to the existing system, we cannot process the variance request until we receive the following:

1. A First Time System Variance Request Form signed by the property owner, municipality, and local plumbing inspector (copy enclosed), and
2. Approval from Haig Brochu, Maine Drinking Water Program, for the public water supply well setback to 100 feet. Note: Mr. Robbins indicated in a phone conversation that Mr. Brochu has verbally approved the proposal.

Please forward the requested information to this office by February 2, 2001 to keep your application active. Failure to respond to this request by that date will render your application Incomplete, Unable to be Processed and the application will be returned to you.

Should you or others have any questions regarding this review and/or required information, please feel free to contact me at 287-5687.

Sincerely,

Linda S. Robinson
 Wastewater & Plumbing Control Program
 Division of Health Engineering
 E-mail: linda.robinson@state.me.us

l/sr
 cc: George Soucy, LPI
 Stephen Robbins, SE
 Haig Brochu, DWP



PRINTED ON RECYCLED PAPER

HARPER'S II, LLC

P.O. Box 206
126 Second Street
Hallowell, Maine 04347
Phone (207) 622-1406
Fax (207) 623-1117
MREDCL@msn.com



February 14, 2001

Linda S. Robinson
Wastewater & Plumbing Control Program
Division of Health Engineering
10 State House Station
Augusta, ME 04333-0010

Dear Linda:

I want to apologize first and foremost for the delay in getting you this information. Enclosed you will find the original stamped copy of the notice to install a back up system recorded at the Kennebec County Register of Deeds. While we recorded the plan in March, we did not send you a copy which is our oversight.

Also enclosed are the meter readings for the Ladies Workout Express along with the dates the readings were taken. We have decided to take readings on a bi-weekly basis rather than once a month. We will begin forwarding these readings to you via e-mail, if that mode of communication is acceptable. We have been conducting regular water tests as well, and have been forwarding the results to Haig Brochu.

We have ordered the advanced treatment unit that Steve Robbins has called for, and are waiting for its delivery. I will ask Steve Robbins, under a separate communication, to give you a more detailed account of his work regarding the installation as well as the permit for the installation of the advanced treatment unit.

Again, I am sorry for the lack of communication. Thank you for your patience.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin J. Mattson".

Kevin J. Mattson
Harper's II, LLC

cc: George Soucy, City of Augusta



STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
DIVISION OF HEALTH ENGINEERING
10 STATE HOUSE STATION
AUGUSTA, MAINE

04333-0010

ANGUS S. KING, JR.
GOVERNOR

KEVIN W. CONCANNON
COMMISSIONER

May 14, 2001

Kevin Mattson
PO Box 206
Hallowell ME 04347

SUBJECT: Approval, First Time System Variance Request, Kevin Mattson (Women's Gym) property, Old Belgrade Road, Augusta

Dear Mr. Mattson:

The Division granted a first time system variance approval for the subject property on January 26, 2001. The approval required 1) water use monitoring with water meter records submission to this office on a monthly basis; 2) the installation of an advanced treatment unit to essentially increase the septic system capacity; and 3) recording the back-up system design at the County Registry of Deeds and submission of the Registry-stamped copy to this office.

We have not received any of the required items. You are, therefore, in violation of the variance and permit approval. By copy of this letter, we are notifying the City of Augusta of the current non-compliance. To avoid permit revocation, please forward to this office within 15 days of the date on this letter water use records for February-April 2001; a copy of the permit and inspection approval for the installation of the advanced treatment unit; and the copy of the Intent to Install Form stamped by the Registry.

We would appreciate your immediate response and compliance with the requirements. Should you or others have any questions pertaining to the variance approval and/or the requirements, please feel free to contact me at 287-5687.

Sincerely,

Linda S. Robinson
Wastewater & Plumbing Control Program
Division of Health Engineering
E-mail: linda.robinson@state.me.us

/lsr
cc: George Soucy, LPI
William Bridgeo, City Manager
Stephen Robbins, SE



RECYCLED PAPER PRODUCT

Water Meter Readings at LWE

1/30/2001	232
2/20/2001	872
3/30/2001	2088
4/5/2001	2260
4/30/2001	3176
5/7/2001	3436
5/16/2001	3876



STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
11 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0011

ANGUS S. KING, JR.
GOVERNOR

KEVIN W. CONGANNON
COMMISSIONER

007531

NOTICE OF INTENT TO INSTALL A SUBSURFACE WASTEWATER
DISPOSAL SYSTEM PERTAINING TO EXPANSION OF AN EXISTING
STRUCTURE OUTSIDE THE SHORELAND ZONE

DATE: March 27, 2001

OWNER'S NAME:

First Harper's II LLC Last _____

PROPERTY LOCATION:

Town/City Augusta Street/Road 10 Middle Road

Lot # 19 Map # 80 Book # _____ Page # _____

The Subsurface Wastewater Disposal System specified on the attached plan has been designed to replace an existing system currently in use. The replacement disposal system design is required due to an expansion resulting in an increase in wastewater flow. The attached design meets the requirements of the Maine Subsurface Wastewater Disposal Rules and will be installed at some future date. This notice is given pursuant to 30A MRSA 4211 subsection 3B.

Harper's II LLC (Kevin J. Mattson)
LAND OWNER'S NAME PRINTED
[Signature]
LAND OWNER'S SIGNATURE

State of Maine

County of Kennebec, ss Date March 27, 2001

Then personally appeared the above named Kevin J. Mattson and

_____ and (severally) acknowledged the foregoing
Instrument to be his (or their) free act and deed.

Before me, Andreea K. Rodrigue
Justice of the Peace or Notary Public

Post-it [®] Fax Note	7671	Date	3-26-01	# of pages	1
To	Joice	From	Linda Robinson	Co.	DHE
Phone #		Phone #	287-5287	Fax #	
Fax #	623-1117				

ANDREA K. RODRIGUE
RECEIVED
2001 MAR 27 AM 9:46
REGISTER OF DEEDS

UK 6431 PG 218

P.O. Box 206
H. DEN, Mo 24347

Water Meter Readings at LWE

1/30/2001	232
2/20/2001	872
3/30/2001	2088
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5/7/2001	3436
5/16/2001	3876
5/23/2001	4200
5/29/2001	4322
6/8/2001	4726
6/15/2001	5013
7/6/2001	5703
7/17/2001	6091
7/27/2001	6527
8/14/2001	7114
8/24/2001	7413
9/4/2001	7668
9/27/2001	8396

Linda,

The treatment plant at the ladies gym has been in operation since the 26th of July. I take responsibility for not contacting the LPI for an installation inspection. I hired a contractor that I had never worked with, to install the tank. I soon found out that he would dig the hole and backfill, period. Contacting dig safe, plumbing, and contacting local authorities are normally things the contractor takes care of. I just completely forgot to contact the LPI while rushing around trying to get this thing wired and plumbed. I left a message for him this morning. Hopefully he will get back to me today.

It was my understanding that water use records were going to be submitted as requested. Apparently this ball has been dropped again. It is also my understanding that some progress has been made towards purchasing an abutting parcel that has a relatively new septic system. We would then be able to compensate for the waste-water according to the normal estimated design flow.

Steve Robbins

10/5/2001



STATE OF MAINE
 DEPARTMENT OF HUMAN SERVICES
 DIVISION OF HEALTH ENGINEERING
 10 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0010

OCT 9 2001

ANGUS S. KING, JR.
 GOVERNOR

KEVIN W. CONCANNON
 COMMISSIONER

September 27, 2001

Kevin Mattson
 PO Box 206
 Hallowell ME 04347

SUBJECT: First Time System Variance Request, Kevin Mattson (Women's Gym) property, Old Belgrade Road, Augusta

Dear Mr. Mattson:

A review of our files shows that the Women's Gym property is in violation of variance request approval requirements. Specifically, the approval required 1) water use monitoring with water meter records submission to this office on a monthly basis; 2) the installation of an advanced treatment unit to essentially increase the septic system capacity; and 3) recording the back-up system design at the County Registry of Deeds and submission of the Registry-stamped copy to this office.

Several notices previously have been sent pertaining to these items. We have received the Registry-stamped copy of the back-up system design and a copy of the advanced treatment unit permit. However, we have not received a copy of the signed permit documenting that the advanced treatment unit has actually been installed, inspected, and approved by the Local Plumbing Inspector. Also, we have not received any water use records since 6-8-01. You are, therefore, in violation of the variance and permit approval.

The installation of the advanced treatment unit is a critical part of the approval for operation of the facility and therefore must be installed.

Failure to provide the required documents to this office by October 5, 2001 will induce revocation of the variance approval. The variance approval revocation will also affect the installation permit issued by George Soucy, LPI. By copy of this letter, we are notifying the City of Augusta of the current non-compliance. To avoid the revocation of the variance approval and permit, please forward the required items by the stated date.

Should you or others have any questions, please feel free to contact me at 287-5687.

Sincerely,

Linda S. Robinson

Linda S. Robinson
 Wastewater & Plumbing Control Program
 Division of Health Engineering
 E-mail: linda.robinson@state.me.us

/lsr
 cc: George Soucy, LPI
 William Bridgeo, City Manager
 Stephen Robbins, SE



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