

McROBERTS, BLANCH

APPLICATION AND AGREEMENT

TO WAIVE CERTAIN PROVISIONS OF THE PLUMBING CODE

I, Blanch McRoberts, hereby apply to the Maine State Department 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 Cony St Ext, Augusta.

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>9.7</u>	<u>Distance Bot of bed to Seawall Groundwater</u>
2.	
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: _____, 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 Blanch McRoberts

NOTE: A PLAN TO SCALE MUST BE ATTACHED
Winter address _____
Summer address _____
Telephone _____ Date 11-9-77

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. Roberts
Date 11-9-77

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.

LOCAL WAIVER FORM

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

THE PURPOSE OF THIS AGREEMENT IS TO ASSIST INDIVIDUALS IN REPLACING EXISTING MALFUNCTIONING SEWAGE SYSTEMS OR CORRECTING EXISTING DIRECT OVERBOARD DISCHARGE SYSTEMS

Town <u>Augusta</u>	Street, Road, etc. <u>Cony Road Extension</u>	Plumbing Permit No. <u>9527EP</u>
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Owner of property <u>Blanche Mc Roberts</u>	Telephone No. <u>622-7047</u>
Owner's address Street, Box, etc. <u>Cony Rd Extension</u>	
Town <u>Augusta</u>	State <u>Me</u>
	Zip code <u>04330</u>

LOCAL WAIVER
FOR CORRECTING
EXISTING MALFUNCTIONING
OR OVERBOARD
DISCHARGE SYSTEMS

OWNER PROPOSES: to repair, expand, or replace an existing malfunctioning sewage disposal system, or replace an overboard discharge system which has been in existence since _____ and serves a seasonal or year-round single family dwelling on a 34500 sq. ft. lot with category 7-C soils (per table 9-1 Maine State Plumbing Code).

THE OWNER'S PROPOSAL MEETS THE CODE EXCEPT FOR SECTIONS NOTED BELOW

SECTION 4.3 SOILS

MOTTLING: To reduce the 15 inches below the organic layer requirement to _____ inches. (Nothing closer than 10 inches is to be allowed)

IMPERVIOUS LAYER: To reduce the 15 inches below the organic layer requirement to _____ inches. (Nothing closer than 10 inches is to be allowed)

SECTION 4.7 DISTANCES - DISPOSAL AREA FROM -

SURFACE WATER: Normal high water mark of any tidal water, swamp, bog, marsh, lake, pond, river, stream, or similar watercourse. To reduce the 100 foot requirements to _____ feet. (Nothing closer than 60 feet is to be allowed)

OWNER'S WELL: To reduce the 100 foot requirement to _____ feet. (Nothing closer than 75 feet is to be allowed, and no waiver is allowed on neighbor's well)

BUILDINGS: To reduce the 20 foot requirement to 15 feet. (Nothing closer than 15 feet in the case of full basement and 10 feet in the case of slab construction is to be allowed)

PROPERTY LINE: To reduce the 10 foot requirement to _____ feet. (Nothing closer than 5 feet is to be allowed) This is applicable only if soil conditions are in category "B".

SECTION 4.7 DISTANCES - TREATMENT TANK FROM -

OWNER'S WELL: To reduce the 100 foot requirement to _____ feet. (Nothing closer than 50 feet is to be allowed) (No waiver allowed on distances to a neighbor's well)

SECTION 9.1

HOLDING TANK FOR SEASONAL DWELLINGS: Requesting permission to install a 1500 gallon holding tank. The tank is to be constructed in a manner specified in Section 7.6 with the associated alarms accompanied by flow reducing valves for shower and sinks, and low volume toilets.

STATEMENTS

STATEMENT OF OWNER

I, _____, the undersigned, am the owner of the property indicated in the application. 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. This system is to replace an existing direct discharge or malfunctioning disposal system. Should the proposed replacement 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.

Signature of Owner

Date

STATEMENT OF SITE EVALUATOR

I, Gerald Pothin, 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

Signature of Site Evaluator

Date

11-7-77

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:

Richard P. 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 replacement subsurface sewage disposal system on this property.

Based upon my conclusions, I permit the installation of the sewage disposal system as proposed and shown on the HHE-200 Form.

Signature of Local Plumbing Inspector

Date

11-9-77

WAIVER CONDITIONS

- A. **APPLICABILITY.** These variances relate to existing single family dwellings only. Any variances or waiver requests not covered in this agreement involving other types of structures or other conditions require submission to the Division, for review. All local ordinances must be complied with.
- B. **SITE EVALUATOR'S RESPONSIBILITIES.** The property shall be visited by a qualified site investigator who shall investigate the site and complete the HHE-200 Form recommending a sewage disposal system which can best conform with the requirements of the Code. The investigator shall inform his client that a waiver is required and indicate so on the HHE-200 FORM. He should then refer his client to the local Plumbing Inspector.
- C. **LOCAL PLUMBING INSPECTOR'S RESPONSIBILITIES.** The Local Plumbing Inspector shall review the site evaluation FORM HHE-200 and complete the waiver request form attached. Once it is determined that the waiver request is the most practical approach to correcting the applicant's problem, the Local Plumbing Inspector shall see that the statement portions of the waiver form are completed by the homeowner and the site evaluator before giving final approval.
- D. **RECORDS.** A copy of the waiver request forms and the associated HHE-200 FORMS shall be provided to the homeowner, the site 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.
- E. **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.
- F. **SECTION OF THE CODE WHICH CAN BE WAIVED.** The authority of issuing waivers at the municipal level is restricted to those sections specifically identified on the check-off portion of the waiver request form.
- G. **RESCINDING OF WAIVER RIGHTS.** If the Division, in its review of these waivers, finds that a local plumbing inspector or site evaluator exceeds the limits and limitations spelled out in this agreement, the Division will remove this privilege from that individual.
- H. **HOLDING TANKS.** The Local plumbing inspector is authorized to permit the use of holding tanks in replacement situations (not to include privies) where this is the most practical alternative to serve an EXISTING SEASONAL, SINGLE FAMILY DWELLING. A minimum of 1500 gallon holding tank, along with associated alarms, may be permitted by the local plumbing inspector.

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. Cony Rd Ext. Plumbing Permit No. 553-117 Date of Plumbing Permit 11-15-77

Owner of property Blanche Mc Roberts Owner's address _____ Size of lot 37,500 Sq. feet Acres

Name & type of establishment _____ gpd Is lot Zoned? Yes No Type of Zoning N/A Shoreland Resource Protection

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

Applicant's address Cony Rd. Ext. Tel. No. 622-7049
 Town Augusta Zip Code 04330 Subdivision name N/A Lot No. N/A

Applicant's signature Blanche Mc Roberts Date 11-9-77

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 Public Utility, name Augusta

depth _____, lining _____; Surface water Body, Course— with disinfection, without disinfection.

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.							
	<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	Organic strata	Organic strata	Organic strata	Organic strata
Inches <u>0</u>	Inches							
1st strata <u>Dark Brown F.S.L. Fill</u>	1st strata							
Inches <u>13 5M</u>	Inches							
2nd strata <u>Brown Fill</u>	2nd strata							
Inches <u>13 50</u>	Inches							
3rd strata <u>Olive Layer Soil - Fill</u>	3rd strata							
Inches <u>19 016</u>	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	Total Depth of observation hole Inches	Total Depth of observation hole Inches
Max. Ground water table—mottling <u>27</u> inches	Max. Ground water table—mottling _____ inches							
Impervious layer, clay, etc. <u>26</u> inches	Impervious layer, clay, etc. _____ inches							
Bedrock <u>None Evident</u>	Bedrock <u>None Evident</u>	Bedrock <u>None Evident</u>	Bedrock <u>None Evident</u>	Bedrock <u>None Evident</u>	Bedrock <u>None Evident</u>	Bedrock <u>None Evident</u>	Bedrock <u>None Evident</u>	Bedrock <u>None Evident</u>
Type of Bedrock _____	Type of Bedrock _____	Type of Bedrock _____	Type of Bedrock _____	Type of Bedrock _____	Type of Bedrock _____	Type of Bedrock _____	Type of Bedrock _____	Type of Bedrock _____
Surface slope <u>0</u> %	Surface slope _____ %	Surface slope _____ %	Surface slope _____ %	Surface slope _____ %	Surface slope _____ %	Surface slope _____ %	Surface slope _____ %	Surface slope _____ %
Soil Group & Condition per Table 9-1 of the Code, II <u>TC</u>	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 _____	Soil Group & Condition per Table 9-1 of the Code, II _____

On 11-5-77 (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 Gerald C. Vasilina Health Engineering License No. 79

Date signed 11-7-77

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="radio"/> COMBINED SYSTEM <input type="radio"/> SEPARATED SYSTEM If separated system—type of human waste disposal system to be used: <input type="radio"/> Sealed Vault Privy <input type="radio"/> Open Pit Privy <input type="radio"/> Compost Toilet <input type="radio"/> Incinerator Toilet <input type="radio"/> Chemical Toilet <input type="radio"/> Other, describe _____ See Chapter 9 of the Code, II.	TREATMENT TANK: <input checked="" type="radio"/> Septic Tank <input type="radio"/> Concrete <input type="radio"/> Fiberglass <input type="radio"/> Metal Size in gallons <u>1000</u> <input type="radio"/> Aerobic Tank Manufacturer— Model No. Size in gallons	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION Fill will be: <input checked="" type="radio"/> in. uphill; <input type="radio"/> in. downhill
		<input type="radio"/> Trench System: Total trench length <u>N/A</u> <input type="radio"/> Bed System Length <u>65</u> Width <u>15</u> <input type="radio"/> Chamber System Number <u>18</u> <input type="radio"/> Type A <u>Single File</u> <input type="radio"/> Type B <u>Cluster</u>	<input type="radio"/> Mound System Length _____ Width _____ <input type="radio"/> Special System Length _____ Width _____	<input type="radio"/> Very Small <input type="radio"/> Small <input type="radio"/> Medium <input checked="" type="radio"/> Medium Large <input type="radio"/> Large <input type="radio"/> Extra Large
			DISTANCES <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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.	

PROPERTY/LOT LOCATION MAP

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 1-13-77
 without condition.

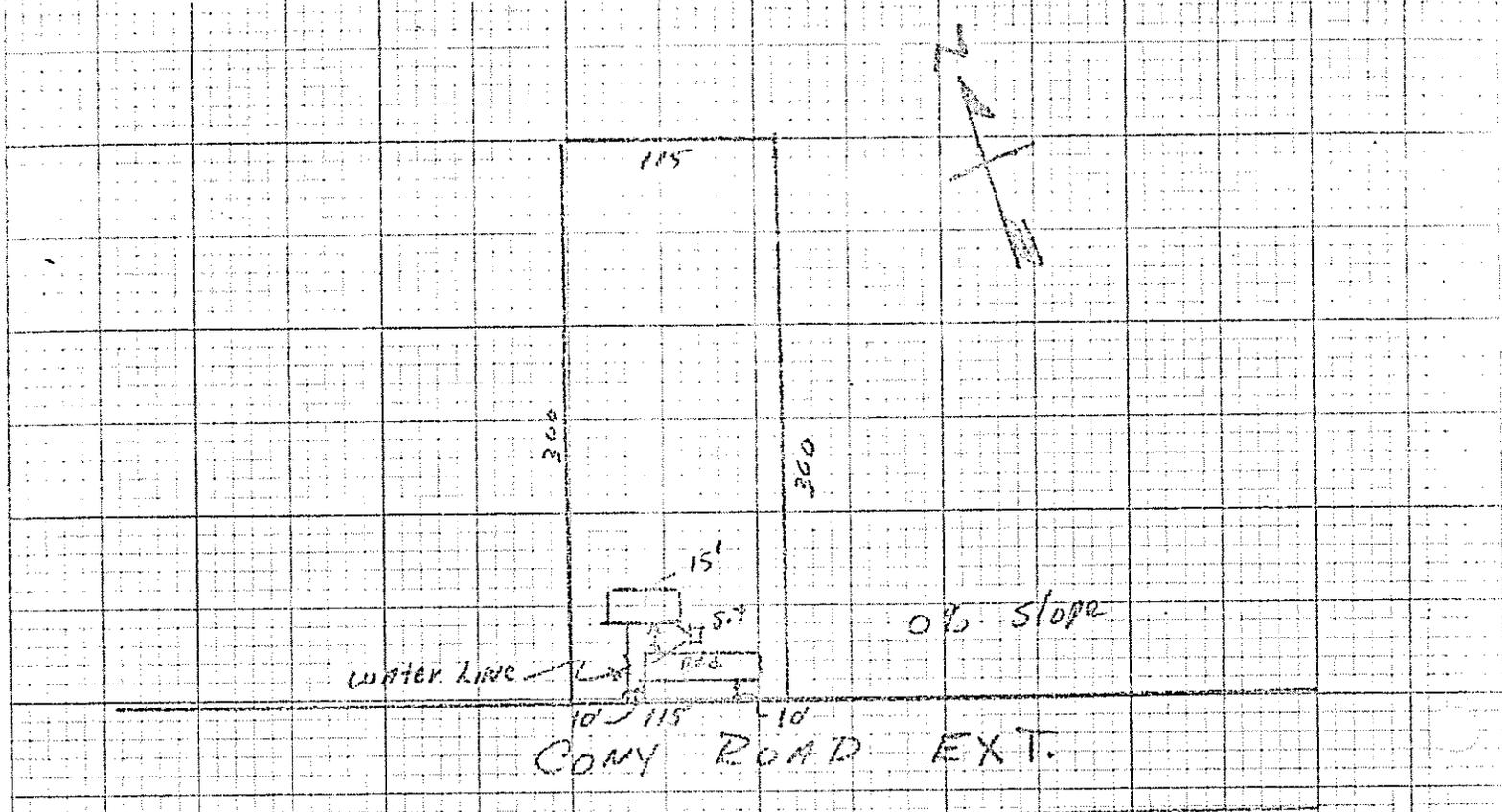
Signed LPI Gerald C. Vasilina Date 11-9-77 HHE-200 1/77

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

Town Augusta	Street, Road, etc. COMY Rd Extension	Owner of property Blanche McRoberts
If on water body, give name		

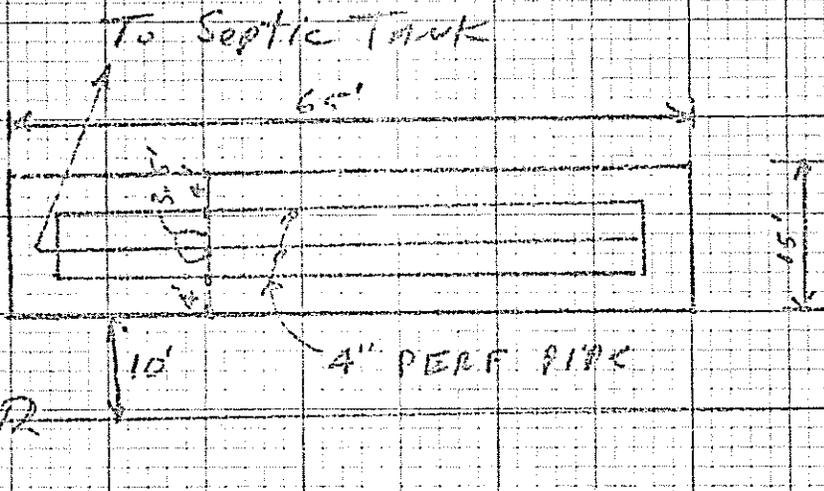
Site Plan

Scale 1" = 100 Ft. or _____



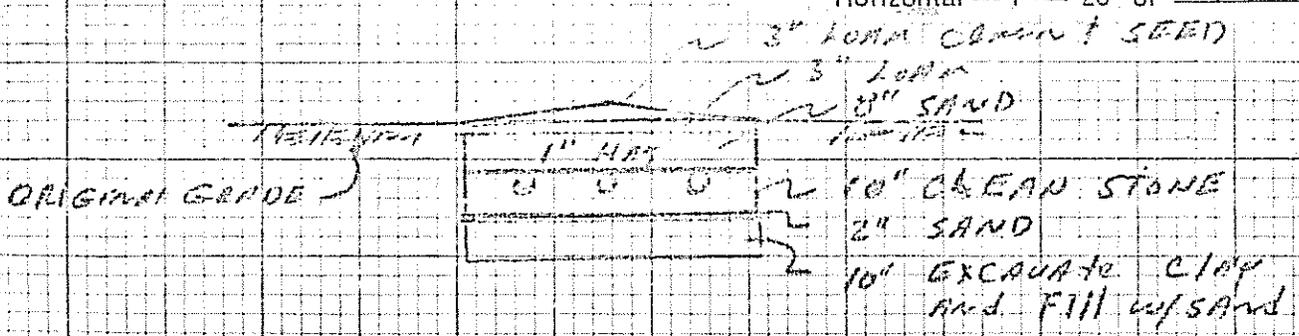
Private Sewage Disposal Plan

Scale 1" = 20' or _____



Subsurface Absorption Area Cross-section

Scale: Vertical — 1" = 5' or 1" = 4'
Horizontal — 1" = 20' or 1" = 10'



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: **11-9-77**
Applicant: **Blanche L. McRoberts**