

Called 6/6 9:35

080083

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Division of Health Engineering, 10 SHS  
(207) 287-5672 Fax (207) 287-3165

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW &lt;&lt;</b>	
City, Town, or Plantation	AUGUSTA	AUGUSTA PERMIT # 6168 TOWN COPY Date Permit Issued: <u>6/5/08</u> \$ <u>195.00</u> <input type="checkbox"/> Double Fee Charged Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I.# <u>8501</u>	
Street or Road	503 RIVERSIDE DRIVE		
Subdivision, Lot #			
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	TENNEY, DR. ROBERT <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	SAME		
Daytime Tel. #	623-3517	Municipal Tax Map # <u>50</u> Lot # <u>20</u>	

<b>OWNER OR APPLICANT STATEMENT</b> I state and acknowledge 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>6-5-2008</u>	<b>CAUTION: INSPECTION REQUIRED</b> 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> (15) date approved: <u>6/10/08</u> (20) date approved: <u>6/11/08</u>
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PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b> <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>V. PUMP W/ PVC PIPE</u> Year installed: <u>1962 ±</u> <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input checked="" type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <u>(BUILDING SETBACK &amp; 1 SIDE SLOPE)</u> <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<b>DISPOSAL SYSTEM COMPONENTS</b> <input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input checked="" type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
<b>SIZE OF PROPERTY</b> 12000 ± SQ. FT. <input type="checkbox"/> ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other: <u>CHIROPRACTIC CLINIC</u> (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> <input type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input checked="" type="checkbox"/> 3. Other: <u>EXISTING</u> CAPACITY: <u>1000</u> GAL	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input checked="" type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>579</u> sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	<b>DESIGN FLOW</b> <u>230</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS for other facilities <u>EXISTING TRENCH: 50 GPD PER METER READING FOR CLINIC</u> <input checked="" type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>N 44 d 20 m 52.2 s</u> Lon. <u>W 069 d 44 m 56.5 s</u> if g.p.s., state margin of error: <u>20'</u>
<b>SOIL DATA &amp; DESIGN CLASS PROFILE CONDITION DESIGN</b> <u>3, B, A111</u> at Observation Hole # <u>2</u> Depth: <u>26"</u> of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <input type="checkbox"/> 1. Small—2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium—2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 3. Medium—Large 3.3 sq. ft. / gpd <input type="checkbox"/> 4. Large—4.1 sq. ft. / gpd <input type="checkbox"/> 5. Extra Large—5.0 sq. ft. / gpd	<b>EFFLUENT/EJECTOR PUMP</b> <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" type="checkbox"/> 3. Required ( <u>WITH ALSEM</u> ) Specify only for engineered systems: DOSE: _____ gallons	

SITE EVALUATOR STATEMENT		
I state that on <u>23 APRIL 2008</u> (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). <u>TRAYOR ENGINEERING COMPANY</u> <u>Michaeline Mulvey</u> Site Evaluator Signature		
<u>220</u> SE #	<u>30 APRIL 2008</u> Date	
<u>MICHELLE MULVEY</u> Site Evaluator Name Printed	<u>582.7762</u> Telephone Number	<u></u> E-mail Address
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.		

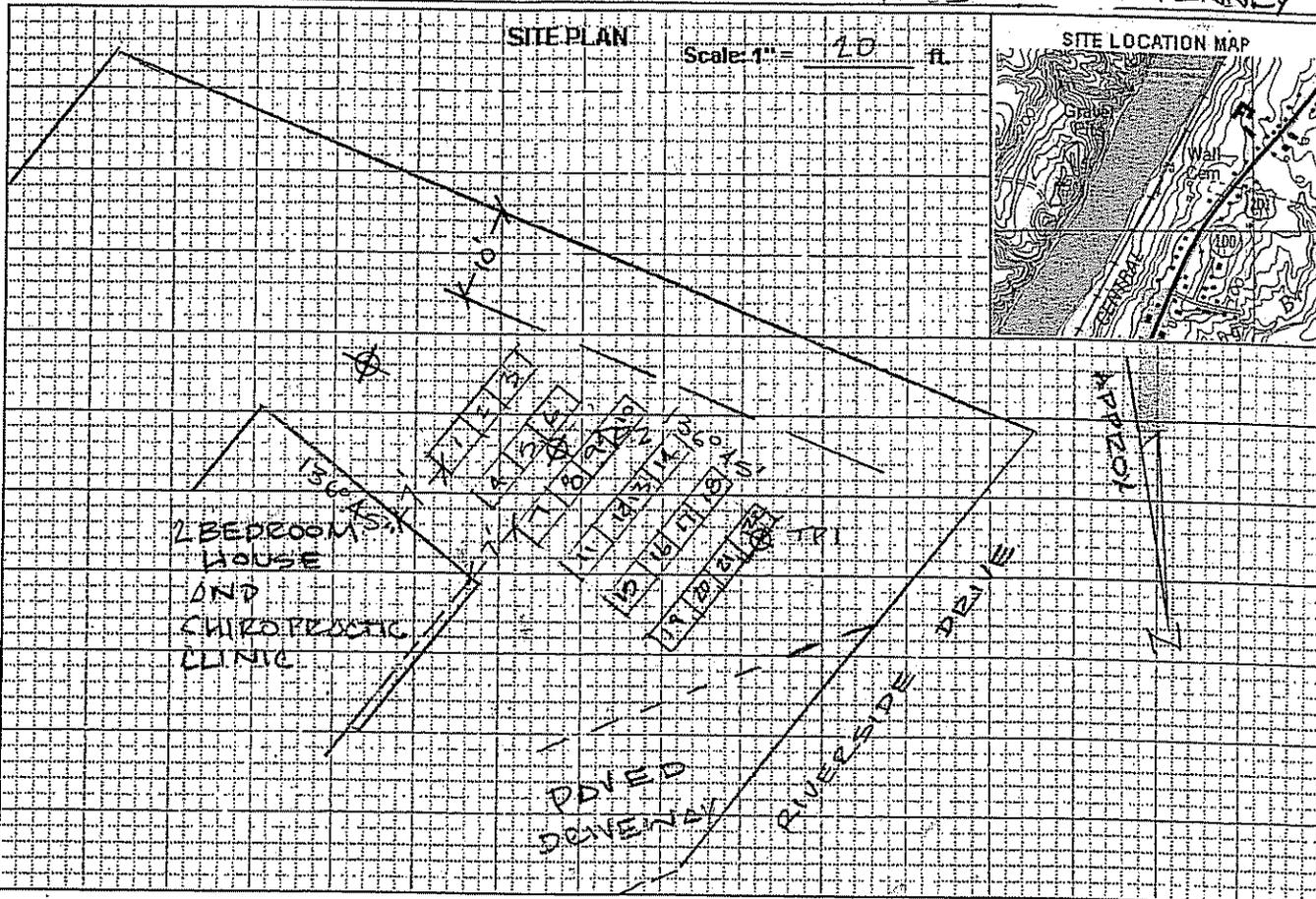
**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Maine Department of Human Services  
 Division of Health Engineering, Station 10  
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation  
**AUGUSTA**

Street, Road, Subdivision  
**503 RIVERSIDE DRIVE**

Owner or Applicant Name  
**DR. ROBERT TENNEY**



**SOIL PROFILE DESCRIPTION AND CLASSIFICATION**

(Location of Observation Holes Shown Above)

Observation Hole # 1  Test Pit  Boring

0 Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0			LIGHT YELLOW BROWN	
6	VERY FINE			
12	SANDY	ARELE		
18	WDM			
24	MANY ROUNDED & ANGLULAR FRAGMENTS			
30			RED BROWN	
36				
42				
48				

Soil Profile: 3 Classification: B/AIII Slope: 2% Limiting Factor: 36 Depth

Groundwater  Restrictive Layer  Bedrock

Observation Hole # 2  Test Pit  Boring

0 Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0			LIGHT BROWN	
6	VERY FINE			
12	SANDY			
18	WDM			
24	MANY ROUNDED & ANGLULAR FRAGMENTS			
30			RED BROWN	
36				
42				
48				

Soil Profile: 3 Classification: B/AIII Slope: 28 Limiting Factor: 28 Depth

Groundwater  Restrictive Layer  Bedrock

TRAVER ENGINEERING COMPANY  
 Michelle Nutley  
 Site Evaluator Signature

220 SE #  
 30 APRIL 2008 Date

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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Division of Health Engineering, Station 10  
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation  
**AUGUSTA**

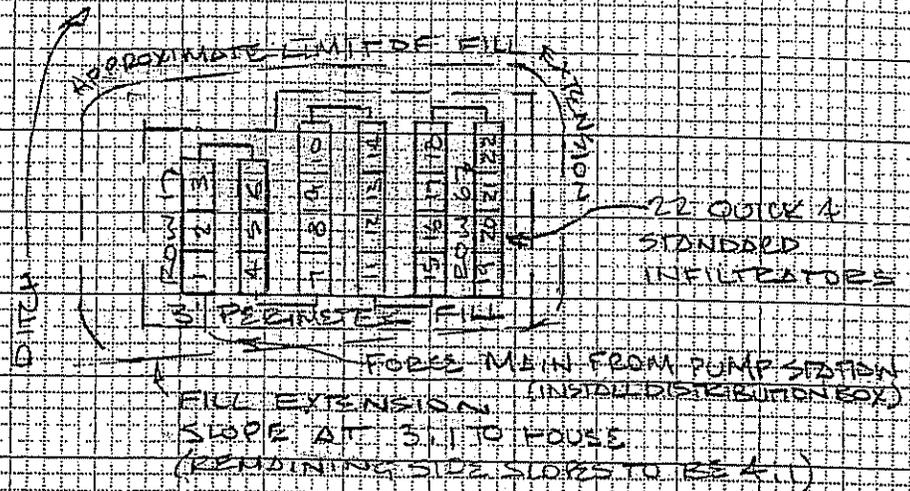
Street, Road, Subdivision  
**503 RIVERSIDE DRIVE**

Owner or Applicant Name  
**DR. ROBERT TENNEY**

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

Scale: 1" = 20' ft

SEE ATTACHED SLEETS  
FOR WATER METER DATA,  
INSPECTIONS FOR THE  
EXISTING SEPTIC TANK  
AND LEACH FIELD, THE  
SITE EVALUATOR'S NOTES  
AND DISTRIBUTION BOX DETAIL



**BACKFILL REQUIREMENTS**

Depth of Backfill (upslope) 24"  
Depth of Backfill (downslope) 12"  
DEPTHS AT CROSS-SECTION (shown below)

**CONSTRUCTION ELEVATIONS**

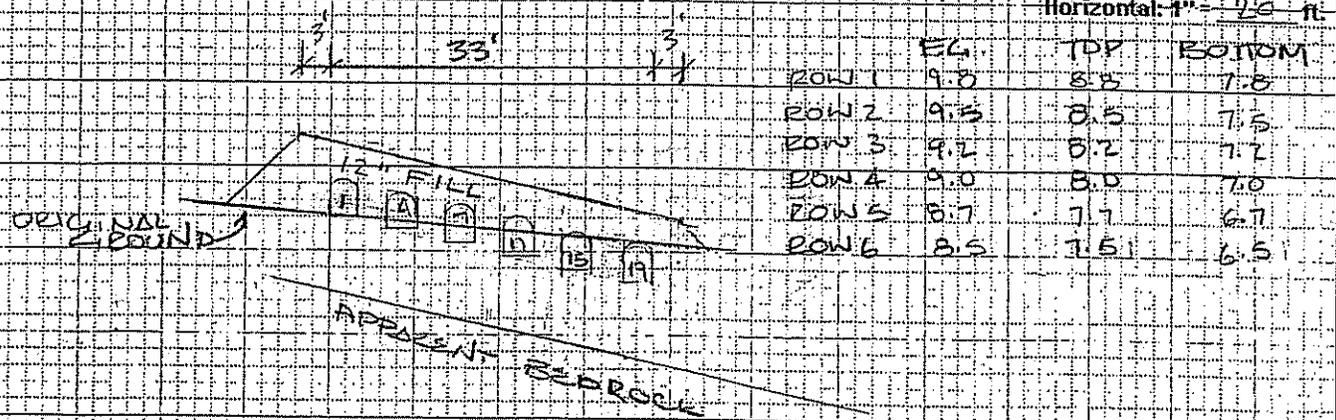
Finished Grade Elevation SEE BELOW.  
Top of Distribution Pipe or Proprietary Device \_\_\_\_\_  
Bottom of Disposal Field \_\_\_\_\_

**ELEVATION REFERENCE POINT**

Location & Description: TOP SPINDLE OF HYDRANT ON RIVERSIDE DR  
Reference Elevation is: 0.0" or 10.0"

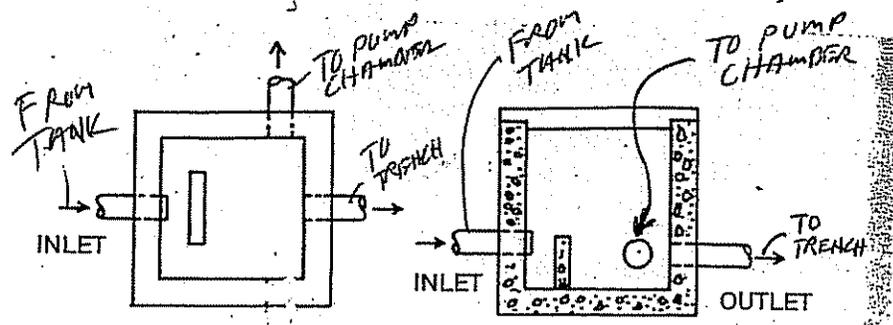
**DISPOSAL FIELD CROSS-SECTION**

Scales:  
Vertical: 1" = 5' ft  
Horizontal: 1" = 20' ft



TPAYER ENGINEERING COMPANY

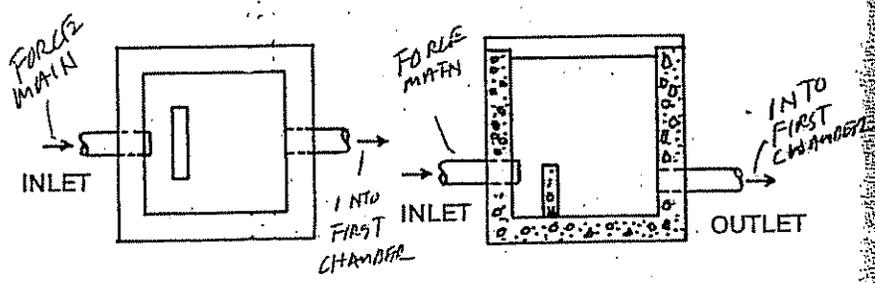
AT TANK



PLAN

SECTION

AT FIELD



PLAN

SECTION

DISTRIBUTION BOX DETAIL  
FOR DR. ROBERT TENNEY  
503 RIVERSIDE DRIVE  
DUNSTON

April 30, 2008

Project 080083  
Dr. Robert Tenney  
503 Riverside Drive  
Augusta, ME 04330

NOTES:

1. This system is to be installed in accordance with "Maine Subsurface Wastewater Disposal Rules".
2. Remove all vegetation and rototill before placing fill. Use best erosion control practices to prevent runoff.
3. Two distribution boxes to be installed:
  - a. at septic tank outlet to feed existing trench system and pump station equally, and
  - b. at inlet of first infiltrator to reduce thrust.
4. Please contact the site evaluator if any questions or problems arise during construction.
5. According to inspections by Pat Jackson, Inc./Tri-City, the existing system consists of a 1,000-gallon septic tank, distribution box and 36 linear feet of 3' wide by 1 ½' deep stone-filled trenches with v-planks and pipes which are all in good condition. However, there is concern that the system is not adequate under existing "Maine Subsurface Wastewater Disposal Rules".
6. Current water use records show usage of about 50 gallons per day.
7. Low-flow fixtures and appliances to be installed.
8. Distribution boxes and force main to be insulated as needed to prevent freezing.

**REPLACEMENT SYSTEM VARIANCE REQUEST**

**THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST**

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request an HHE-200 and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 2006)
2. There will be no change in use of the structure except as authorized for one-time exempted expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

<b>GENERAL INFORMATION</b>	
Permit No. <u>6768</u>	Town of <u>Augusta</u>
Property Owner's Name: <u>DR. ROBERT TENNEY</u>	Date Permit Issued <u>6/5/08</u>
System's Location: <u>503 RIVERSIDE DRIVE, AUGUSTA</u>	Tel. No.: <u>623-3517</u>
Property Owner's Address: <u>SAME</u>	
(if different from above)	

**SPECIFIC INSTRUCTIONS TO THE:**

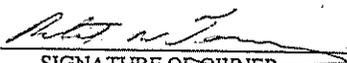
**LOCAL PLUMBING INSPECTOR (LPI):**  
 If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review 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, complete the Replacement Variance Request with your signature on reverse side of form.

**PROPERTY OWNER:**  
 If 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.

**PROPERTY OWNER**

I understand that the proposed system requires a variance to 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 OF OWNER

6-5-2008  
 \_\_\_\_\_  
 DATE

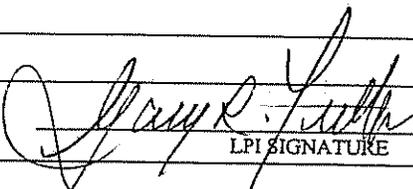
**LOCAL PLUMBING INSPECTOR**

I, Gray R. Smith, the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

a. (Z approve,  disapprove) 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, the reasons shall be stated in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: \_\_\_\_\_

  
 \_\_\_\_\_  
 LPI SIGNATURE

6/5/08  
 \_\_\_\_\_  
 DATE

**FORMS**

**Replacement System Variance Request**

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
<b>SOILS</b>								
Soil Profile	Ground Water Table			to 7"				inches
Soil Condition	Restrictive Layer			to 7"				inches
from HHE-200	Bedrock			to 12"				inches
<b>SETBACK DISTANCES (in feet)</b>	<b>Disposal Fields</b>			<b>Septic Tanks</b>			<b>Disposal Fields</b>	<b>Septic Tanks</b>
<b>From</b>	<b>Less than 1000 gpd</b>	<b>1000 to 2000 gpd</b>	<b>Over 2000 gpd</b>	<b>Less than 1000 gpd</b>	<b>1000 to 2000 gpd</b>	<b>Over 2000 gpd</b>	<b>To</b>	<b>To</b>
Wells with water usage of 2000 or more gpd or public water supply wells	300 ft [a]	300 ft [a]	300 ft [a]	100 ft [a]	100 ft [a]	100 ft [a]		
Owner's wells	100 down to 60 ft	200 down to 100 ft	300 down to 150 ft	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft		
Neighbor's wells	100 down to 60 ft [b]	200 down to 120 ft [b]	300 down to 180 ft [b]	100 down to 50 ft [b]	100 down to 75 ft [b]	100 down to 75 ft [b]		
Water supply line	10 ft [a]	20 ft [a]	25 ft [a]	10 ft [a]	10 ft [a]	10 ft [a]		
Water course, major - for replacements only, see Table 400.4 for major expansions	100 down to 60 ft	200 down to 120 ft	300 down to 180 ft	100 down to 50 ft	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft	100 down to 50 ft	150 down to 75 ft	50 down to 25 ft	50 down to 25 ft	50 down to 25 ft		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	75 down to 35 ft	25 down to 12 ft	25 down to 12 ft	25 down to 12 ft		
Edge of fill extension -- Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]		
Slopes greater than 3:1	10 ft	18 ft	25 ft	N/A	N/A	N/A		
No full basement [e.g. slab, frost wall, columns]	15 down to 7 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft	7'	
Full basement [below grade foundation]	20 down to 10 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		
Property lines	10 down to 5 ft [c]	18 down to 9 ft [c]	20 down to 10 ft [c]	10 down to 4 ft [c]	15 down to 7 ft [c]	20 down to 10 ft [c]		
Burial sites or graveyards, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft	25 ft	25 ft		
<b>OTHER</b>								
1. Fill extension Grade - to 3:1 ✓								
2.								
3.								

Footnotes: [a.] Single-family well setbacks may be reduced as prescribed in Section 701.2.  
 [b.] This distance may be reduced to 25 feet, if the septic or holding tank is tested in the plumbing inspector's presence and shown to be watertight or of monolithic construction.  
 [c.] Additional setbacks may be needed to prevent fill material extensions from encroaching onto abutting property.  
 [d.] Additional setbacks may be required by local Shoreland zoning.  
 [e.] Natural Resource Protection Act requires a 25 feet setback, on slopes of less than 20%, from the edge of soil disturbance and 100 feet on slopes greater than 20%. See Chapter 15.  
 [f.] May not be any closer to neighbors well than the existing disposal field or septic tank unless written permission is granted by the neighbor. This setback may be reduced for single family houses with Department approval. See Section 702.3.  
 [g.] The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.  
 [h.] See Section 1402.10 for special procedures when these minimum setbacks cannot be achieved.

TRAYZ ENGINEERING COMPANY  
 Michelle Mulvey  
 \_\_\_\_\_  
 SITE EVALUATOR'S SIGNATURE

30 APRIL 2008  
 \_\_\_\_\_  
 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

1 gallon = 231 cubic inches = .1337 cubic feet  
 1 cubic foot = 7.48 gallons

OCT 1  
 NOV 30  
 DEC 31  
 JAN 29  
 -----  
 91 days



**AUGUSTA WATER DISTRICT**  
 12 WILLIAMS STREET  
 AUGUSTA, ME 04330  
 207-622-3701 7am - 4pm Mon - Fri

**QUARTERLY  
 WATER BILL**

DR JOSEPH C TROZZI  
 503 RIVERSIDE DR  
 AUGUSTA ME 04330

**PAYMENTS CAN BE MADE AT THE  
 AUGUSTA WATER & SANITARY DISTRICT  
 OFFICE AT 12 WILLIAMS STREET OR AT  
 ANY GARDINER SAVINGS INSTITUTION  
 BRANCH. PLEASE ALLOW 5-7 BUSINESS  
 DAYS FOR PROCESSING.**

165  
 270  
 -----  
 335 GPD

Average Current  
 2-2004 50 gpd  
 570 ft  $\times$   $\frac{1}{4}$  yr

FOR Riverside Drive 503		FROM 10/30/06 to 01/29/07		BILLING DATE 02/12/07	
ACCOUNT NUMBER 54-155.00 4755 1-1		SERVICE CLASS Commercial		SERVICE DATE 91	
PREVIOUS READING 289	PRESENT READING 297	CUBIC FEET USED 800 $\rightarrow$ 5 gpd		CODE* WA TAX	AMOUNT 62.03 3.10
WATER CONSUMPTION		SERVICE DAYS	DAILY AVERAGE	TOTAL THIS BILL	65.13
LAST QTR $\rightarrow$	400	91		CREDIT/ PAST DUE **	0.00
LAST YEAR $\rightarrow$	400 33 gpd	91		<b>TOTAL</b> 65.13	
<small>*DESCRIPTION OF CODES          WA = WATER ONLY CUSTOMER WS = WATER + SEWER CUSTOMER FS = FIRE SERVICE TX = TAX TO = TURN ON FEE          TON = TURN ON AFTER SHUTOFF FOR NON PAYMENT FEE AHTO = AFTER HOURS TURN ON FEE CF = COLLECTION FEE          IC = INTEREST LSF = LEAK SEARCH FEE NSF = NO SHOW FEE BC = BAD CHECK FEE AF = APPLICATION FEE PF = POSTAGE          FEE SLF = SUMMER LINE FEE          **PAST DUE BALANCE MAY REFLECT AN INTEREST CHARGE OF 1% THAT IS CHARGED ON ANY UNPAID BALANCE AFTER THE DUE DATE          OF THE BILL</small>					



**Pat Jackson Inc. / Tri-City**

**Septic Tank Cleaning Service**

Inspection Number: 2006 - 5134 - 1729

**----- Septic System Inspection -----**

Date Ordered: 05/01/2006  
By Whom: Gene Dube  
Requesting Agency  
Date Completed: 05/01/2006

Telephone: 623-3223

Name/Own: Joseph Trozzi  
Site Address: 503 Riverside Drive  
AUGUSTA, ME 04330  
Phone Number

Billing Name: Joseph Trozzi  
Billing Address: 503 Riverside Drive  
AUGUSTA, ME 04330  
Phone Number:

Picture Numbers: 05-01-2006 #5134 Code#2

Inspection conducted by: Gene Dube

**Section A: Preliminary Information**

Page 2

1. Estimated age of dwelling ..... 1950's
2. Estimated age of sewage disposal system currently in use. .... 1970's
3. Most recent number of people occupying dwelling. .... Doctors Office
4. Is dwelling currently being occupied. .... Yes
5. If dwelling is presently unoccupied for how long has it been vacant  
 NOTE 5A: If vacancy is greater than one week or the system has only been minimally used, only estimations and opinions may be given as to the functional operations and performance of the system when put into use.
6. Type of water source ..... City Water
7. Is the dwelling occupied only on a seasonal basis. .... No  
 If yes, at what frequency :
8. When was the treatment tank last pumped ..... 9-23-2005  
 What is the typical pumping frequency. .... 2 yr cycle  
 NOTE 8A: If the sewage disposal system has not been serviced within the past two years then the treatment tank may need to be pumped through the main central manhole.  
 Pump the tank if you know that the following conditions exist:  
 a. The tank has an unplugged hole and or possible structural damage  
 b. You do not have enough background information (ie service records) to evaluate the present condition of the tank  
 Exception  
 If the system is overloaded DO NOT PUMP until the root cause of the condition is remedied Pumping the system would not allow an objective inspection if a second opinion is sought  
 After you pump a tank, keep detailed records on file that include:  
 Was treatment tank or absorption system overloaded?  
 Did the absorption system flow effluent back into the treatment tank?
9. Has the washing machine water been disconnected from the sewage disposal system ..... No

**Section B: Treatment Tank**

Septic Tank	Yes	Est Capacity:	1000 gallon concrete
Pump Tank	No	Est Capacity:	
Grease Trap	No	Est Capacity:	
Other Tank	No	Est Capacity:	

**Section C: Condition of Treatment Tank**

1. When the tank was last pumped were these components inspected at that time. .... No
2. Top/Cover - 20" ..... Sat
- 2a Inlet Cover - 12"x16" ..... Sat
- 2b Outlet Cover - 12"x16" ..... Sat
3. Inlet Baffle ..... Sat
4. Outlet Baffle - plastic "T" ..... Sat
5. Liquid Level ..... Sat
6. Thickness of Scum ..... 0" inches ..... Sat
7. Depth of Sludge ..... 4" inches ..... Sat
8. Elec/Mech. Operations of Pumps ..... N/A
9. Line between Treatment Tank and Absorption System. .... Sat

\*Satisfactory is based on opinions on condition, operation, and/or whether the component would be judged adequate by current standards

**Section C Comments (See Appendix 1)**

**Section D: Absorption System**

Page 3

Est Capacity  
 Est Seepage Bed  
 Est Trench System xxx  
 Chambers  
 Other (Specify):

Est Capacity  
 Est Absorption Area  
 Est Absorption Area Three 3'x18' + -  
 Est Absorption Area

**Section E: Condition of Absorption System**

- |   |     |
|---|-----|
| 1. Was treatment tank pumped?   | No  |
| -Was tank pumping recommended?  | Yes |
| -Was liquid level at the invert of the outlet pipe in the treatment tank? | No  |
| 2. Evidence of Current Failure?   | No  |
| 3. Indications of previous failures?                                      | No  |
| **If yes, please comment**  |     |
| 4. Is seepage visible on the lawn?  | No  |
| Is lush vegetation present?   | No  |
| 5. Does effluent discharge on the ground or into a body of water?         | No  |

Section E Comments (See Appendix 2)

**Section F: Checklist Summary**

- |   |     |
|---|-----|
| 1. Is the treatment tank currently satisfactory and in good working condition?  | No  |
| 2. Is the absorption system currently satisfactory and in good working condition?   | Yes |
| 3. Is a pump necessary to transport effluent from the treatment tank to a soil absorption system?                                       | N/A |
| If yes, is pump operation satisfactory?   |     |
| 4. Is a pump necessary to transport sewage from the home to the tank?   | N/A |
| If yes, is pump operation satisfactory?   |     |
| *Satisfactory is based on opinions on condition, operation, and/or whether the component would be judged adequate by current standards. |     |

**Section G: Company Disclaimer**

- All statements are the opinions of Pat Jackson Inc.**
- In order to do a thorough inspection of a septic system Pat Jackson Inc. must physically dig up covers on septic tanks and inspection holes. These will be conducted with the least disruption of property as reasonably possible.
  - Based upon our opinions and observations and our considerable experience in on site wastewater technology, we submit this Septic System Inspection Checklist based on the present condition of the on-site sewage disposal system. Our company has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time in the future. Because of the numerous factors (usage, soil characteristics, previous failures, ground water, etc.) which may affect the proper operation of a septic system as well as the inability of our company to supervise or monitor the use or maintenance of the system, this report shall not be construed as a warranty by our company that the system will function properly for any particular prospective buyer. Pat Jackson Inc. disclaims any warranty, either expressed or implied, arising from the inspection of the septic system or this checklist. We are also not ascertaining the impact the system is having on the ground water.
  - During winter months with extreme weather conditions (snow & frost) Pat Jackson Inc. can only make estimated based on the inspectors best judgments and opinions. Pat Jackson Inc. will return if retained to re-inspect the system during the summer months when snow and frost are gone to verify estimation and opinions.
  - Pat Jackson Inc. recommends second opinions and will supply names of other companies doing inspections if called.

- 5. Maine Subsurface Disposal Rules require the washing machine to be connected to the septic tank or put into an approved gray water system
- 6. Pat Jackson Inc finds and located septic systems on the ground and does not determine property lines or location of systems in relation to property lines if this is needed a licensed land surveyor should be retained for this purpose
- 7. This report shall remain the sole property of Pat Jackson Inc. Pat Jackson, Inc. reserves the right to distribute this report at its sole discretion

Thank you for allowing us the opportunity to be of service  
If you have any additional questions please do not hesitate to call

**INSPECTING COMPANY:**

Pat Jackson Inc.  
32 Stony Brook Road  
Augusta Maine 04330  
Office: (207) 623-3223  
Fax: (207) 495-2731

I have studied the information contained herein and assert that my assessment is honest, thorough, and to the best of my ability true and correct.

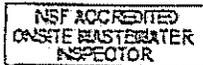
This inspection meets HUD requirements in Handbook 4150, Rev-1, Page 12-42 to 12-45, Section 12-16.

Signature: *Gene Dube*

Date: 5/12/08

Gene Dube  
President  
Pat Jackson, Inc

PSMA/MEVC#: 369  
SE#: 241  
LPI#: 0885  
NSF#: OE950-01



**Appendix 1 - 503 Riverside Drive Septic Inspection**

On the day of the inspection a 1000 gallon concrete septic tank was located. The outlet cover of the septic tank was exposed and removed for the inspection. The outlet baffle has been replaced with a plastic "T". The septic tank has separated where the two sections come together and is deteriorated. In my opinion, the septic tank is unsatisfactory. The septic tank needs to be replaced with a new H-20 septic tank. NOTE: The septic tank will have to be pumped when repaired or replaced.

**Appendix 2 - 503 Riverside Drive Septic Inspection**

On the day of the inspection a trench type system was located which was constructed of gravel and pipe in three trenches each approximately 3'x18' + -. The D box cover was exposed and removed for the inspection. The D box was found to be severely deteriorated. Approximately 200 gallons of water was added to the system. After the water was added to the system, there appeared to be no signs of malfunction. In my opinion, this system is old and small by today's standards but appears to be satisfactory on the day of the inspection with present use. NOTE: We recommend replacing the D Box. Estimated cost if done by Pet Jackson Inc. \$300.00.



# Pat Jackson Inc. / Tri-City

## Septic Tank Cleaning Service

Inspection Number: 2008 - 5581 - 2176

### ----- Septic System Inspection -----

Date Ordered: 04/02/2008  
 By Whom: Robert Tenney  
 Requesting Agency  
 Date Completed: 04/10/2008

Telephone:

Name/Own: Dr Trozzi  
 Site Address: 503 Riverside Drive  
 AUGUSTA, ME 04330

Billing Name: Robert Tenney  
 Billing Address: 732 Bridgton Road  
 WESTBROOK, ME 04092  
 Phone Number: 650-5432

Phone Number:

Picture Numbers:

Inspection conducted by: Steve Quimby

**Section A: Preliminary Information**

Page 2

- 1. Estimated age of dwelling: 1962
- 2. Estimated age of sewage disposal system currently in use: Pre-1974
- 3. Most recent number of people occupying dwelling: Business
- 4. Is dwelling currently being occupied: . . . . .
- 5. If dwelling is presently unoccupied, for how long has it been vacant:  
NOTE 5A: If vacancy is greater than one week or the system has only been minimally used, only estimations and opinions may be given as to the functional operations and performance of the system when put into use.
- 6. Type of water source: City Water
- 7. Is the dwelling occupied only on a seasonal basis: No  
If yes, at what frequency: . . . . .
- 8. When was the treatment tank last pumped: 2 years ago  
What is the typical pumping frequency: Every 2 years

NOTE 8A: If the sewage disposal system has not been serviced within the past two years then the treatment tank may need to be pumped through the main control manhole.

**Pump the tank if you know that the following conditions exist:**

- a. The tank has an unplugged hole and or possible structural damage
- b. You do not have enough background information (ie service records) to evaluate the present condition of the tank.

**Exception**

If the system is overloaded, DO NOT PUMP until the root cause of the condition is remedied. Pumping the system would not slow an objective inspection if a second opinion is sought.

After you pump a tank, keep detailed records on file that include:

- Was treatment tank or absorption system overloaded?
- Did the absorption system flow effluent back into the treatment tank?

- 9. Has the washing machine water been disconnected from the sewage disposal system: No

**Section B: Treatment Tank**

Septic Tank:	Yes	Est Capacity:	1000 Gallons
Pump Tank:	No	Est Capacity:	
Grease Trap:	No	Est Capacity:	
Other Tank:	No	Est Capacity:	

**Section C: Condition of Treatment Tank**

- 1. When the tank was last pumped, were these components inspected at that time: . . . . .
- 2. Top/Cover - 20" . . . . . Sat
- 2a. Inlet Cover - 14"x16" . . . . . Sat
- 2b. Outlet Cover - 12"x14" . . . . . Sat
- 3. Inlet Baffle - . . . . . Sat
- 4. Outlet Baffle - . . . . . Sat
- 5. Liquid Level - . . . . . Sat
- 6. Thickness of Scum . . . . . 3 inches . . . . . UnSat
- 7. Depth of Sludge . . . . . 21 inches . . . . . UnSat
- 8. Elec /Mech. Operations of Pumps . . . . . N/A
- 9. Line between Treatment Tank and Absorption System . . . . . Sat

\*Satisfactory is based on opinions, on condition, operation, and/or whether the component would be judged adequate by current standards

**Section C Comments (See Appendix 1)**

Section D: Absorption System

Page 3

Est Capacity:	
Est Seepage Bed:	Est Absorption Area:
Est Trench System: <i>xxx</i>	Est Absorption Area: 3-3'x10' only one is hooked up
Chambers:	Est Absorption Area:
Other (Specify):	

Section E: Condition of Absorption System

- |   |     |
|---|-----|
| 1. Was treatment tank pumped?   | No  |
| -Was tank pumping recommended?  | Yes |
| -Was liquid level at the invert of the outlet pipe in the treatment tank? | Yes |
| 2. Evidence of Current Failure?   | No  |
| 3. Indications of previous failures:                                      | No  |
| **if yes, please comment**  |     |
| 4. Is seepage visible on the lawn?  | No  |
| Is lush vegetation present?   | No  |
| 5. Does effluent discharge on the ground or into a body of water?         | No  |

Section E Comments (See Appendix 2)

Section F: Checklist Summary

- |   |     |
|---|-----|
| 1. Is the treatment tank currently satisfactory, and in good working condition?                   | No  |
| 2. Is the absorption system currently satisfactory and in good working condition?                 | Yes |
| 3. Is a pump necessary to transport effluent from the treatment tank to a soil absorption system? | No  |
| If yes, is pump operation satisfactory?   | N/A |
| 4. Is a pump necessary to transport sewage from the home to the tank?                             | No  |
| If yes, is pump operation satisfactory?   | N/A |
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Section G: Company Disclaimer

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1. In order to do a thorough inspection of a septic system, Pat Jackson Inc. must physically dig up covers on septic tanks and inspection holes. These will be conducted with the least disruption of property as reasonably possible.
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Thank you for allowing us the opportunity to be of service.  
 If you have any additional questions please do not hesitate to call.

**INSPECTING COMPANY:**

Pat Jackson Inc.  
 P.O. Box 691  
 Augusta Maine 04332  
 Office: (207) 623-3223  
 Fax: (207) 495-2731

I have studied the information contained herein and assert that my assessment is honest, thorough, and to the best of my ability true and correct.

This inspection meets HUD requirements in Handbook 4150, Rev-1, Page 12-42 to 12-45, Section 12-16.

Signature: 

Date: 4, 16, 08

Steve Quimby  
 Septic Systems  
 Inspector  
 Pat Jackson, Inc

MEVC#: 546

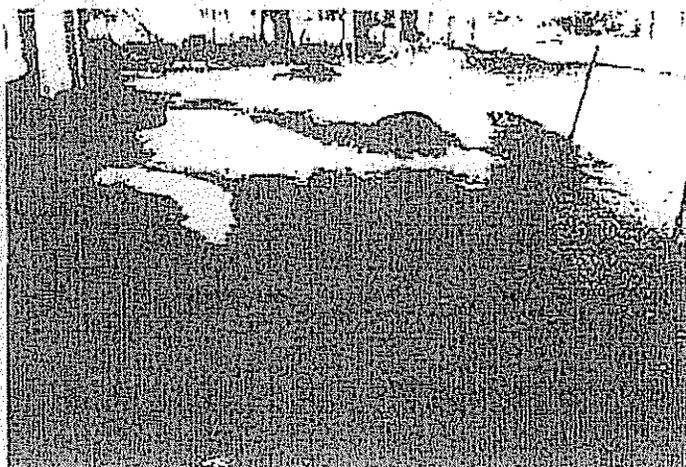
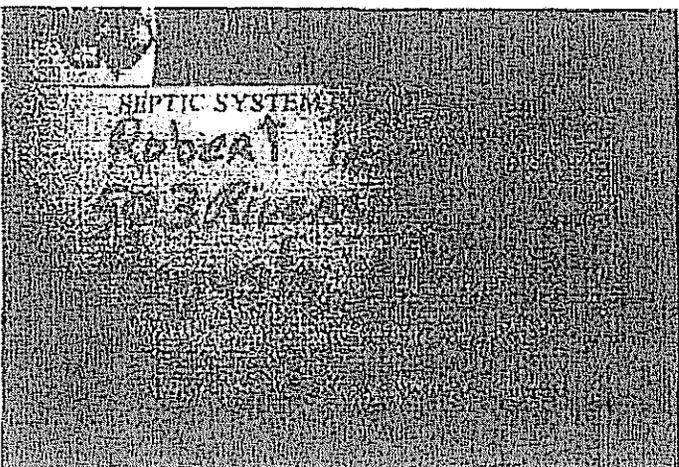
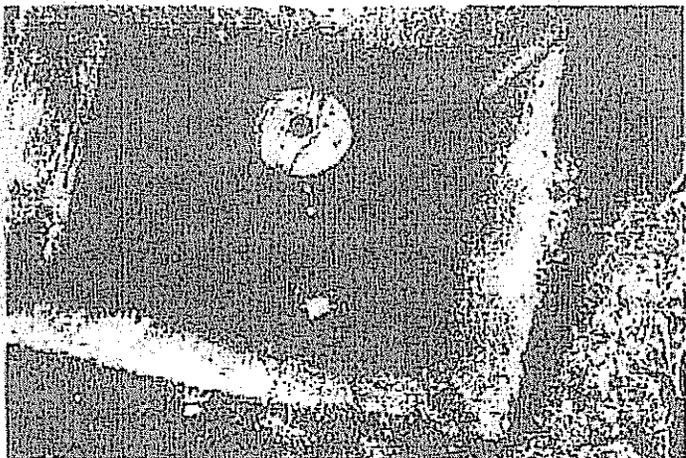
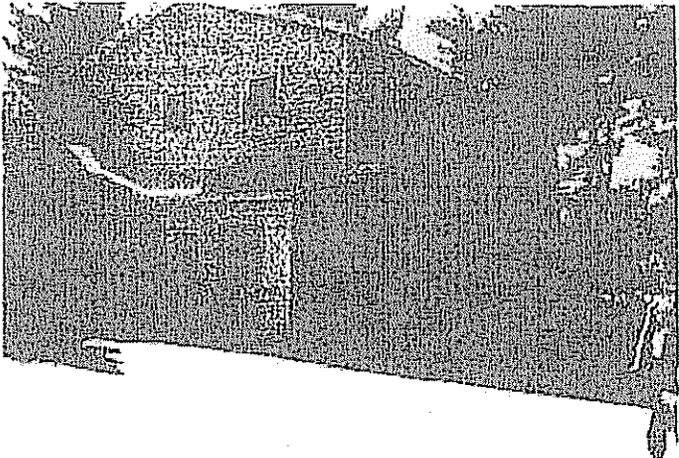
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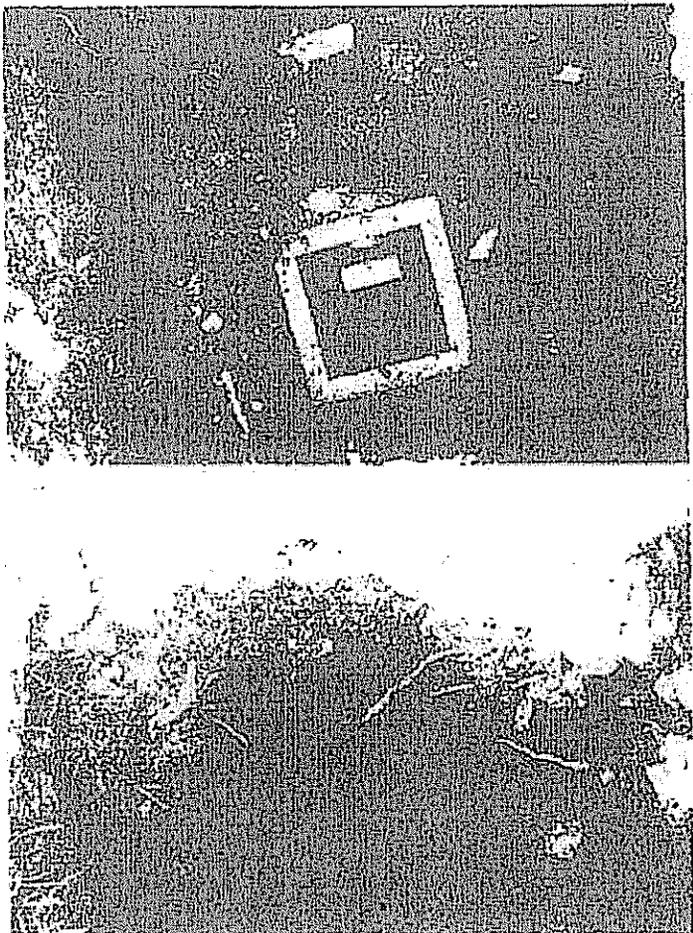
**Appendix 1 - 503 Riverside Drive Septic Inspection**

On the day of the inspection a 1000 gallon concrete septic tank was located. The outlet cover was located and exposed. The inlet and outlet baffles were both in satisfactory condition. The liquid level was at the invert of the outlet pipe. The tank was in unsatisfactory condition on the day of the inspection due to the need to be pumped. Once the tank is pumped it will be in satisfactory condition.

**Appendix 2 - 503 Riverside Drive Septic Inspection**

On the day of the inspection a pre-1974 trench type absorption area was located consisting of gravel rock and v-plank wood constructed of 3 rows-3'x18' each trench. Only one trench is hooked to the D-Box. The D-Box was located and exposed and was new and in satisfactory condition. Water was run for about one hour from a faucet inside the office. The water did not pool or surface in the test site at the end of the trench. In my opinion the system is pre-1974 and small compared to Today's Standards, but appears satisfactory on the day of the inspection. I recommend hooking up the other two trenches to the D-Box if possible.





## Appendix 1 - 503 Riverside Drive Septic Inspection

Page 5

On the day of the inspection a 1000 gallon concrete septic tank was located. The outlet cover was located and exposed. The inlet and outlet baffles were both in satisfactory condition. The liquid level was at the invert of the outlet pipe. The tank was in unsatisfactory condition on the day of the inspection due to the need to be pumped. Once the tank is pumped it will be in satisfactory condition.

Amendment 4/28/08

The tank has been pumped on 4/22/08 and is now in satisfactory condition.

## Appendix 2 - 503 Riverside Drive Septic Inspection

On the day of the inspection a pre-1974 trench type absorption area was located consisting of gravel rock and v-plank wood constructed of 3 rows-3'x18' each trench. Only one trench is hooked to the D-Box. The D-Box was located and exposed and was new and in satisfactory condition. Water was run for about one hour from a faucet inside the office. The water did not pool or surface in the test site at the end of the trench. In my opinion the system is pre-1974 and small compared to Today's Standards, but appears satisfactory on the day of the inspection. I recommend hooking up the other two trenches to the D-Box if possible.

Amendment 4/28/08

After a second inspection I located the old D-Box and exposed it. The old D-Box was moved 9 feet down the absorption area. The 2 other trenches were teed in at the old box. They each were 9 feet in length. Now I have come up with 1 trench being 18 feet and the other 2 trenches are 9 feet each. Total trench length is 36 feet. In my opinion the system is pre-1974 and still does not meet with Today's Standards.