

TO WAIVE CERTAIN PROVISIONS OF THE PLUMBING CODE

I, DAVID GROTON (owner), 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 225 SOUTH BELFAST AVE. (street) AUGUSTA (city or town).

This may include materials, methods, dimensions or conditions not specifically approved by the Plumbing Code. Please draw a brief sketch of the property's location on the back of this form so an inspector can find it. Include landmarks, route numbers and street names.

Section of Code to be waived.	Description of specific waiver.
1. Sec 9.7b	Install 20x70 Bed on 9-C Soil
2. Sec 9.7	Install bed with bottom one ft above mottling.
3. Sec 4.3	Install bed on Soil (natural and made) with 12" to mottling. (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 x David L. Groton

NOTE: A PLAN TO SCALE Winter address _____
 MUST BE ATTACHED Summer address 225 S. Belfast Ave.
 Telephone _____ Date 7/27/76

THE FOLLOWING TO BE FILLED IN BY THE PLUMBING INSPECTOR

I am Replacement only (Local), (Alternate) Plumbing Inspector for the town of AUGUSTA. I have examined the plans for the installation described above and I find the building to be in my jurisdiction.

I (do), (do not) recommend the issuance of a special permit for the installation as described above.

Signed Richard P. Baker
 Date 7/28/76

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.

MAINE DEPARTMENT OF HEALTH AND WELFARE APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT		(For systems disposing of less than 2000 gallons per day)	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 <u>Augusta</u>	Street, Road, etc. <u>225 S. Belfast Ave.</u>		Permit No. <u>00820-1</u>	Date <u>7/29/76</u>	
Owner of property <u>David L. Grotton</u>		Owner's address <u>225 S. Belfast Ave.</u>		Size of lot <u>20,000 +</u>	<input checked="" type="checkbox"/> Sq. feet <input type="checkbox"/> Acres
Name & type of establishment if other than private home			Is lot Zoned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Type of Zoning <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Resource Protection	
Name of applicant Owner's agent <u>David L. Grotton</u>			If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following: <input type="checkbox"/> Deed restriction re. private sewage disposal <input type="checkbox"/> Copy of the subdivision's soils report <input type="checkbox"/> Soils report from a State Agency		
Applicant's address Street, Box, etc. <u>South Belfast Avenue</u>		Tel. No. <u>622-5282</u>			
Town <u>Augusta, Maine</u>		zip code <u>04330</u>		Subdivision name Lot No.	
Applicant's signature		Date <u>7/29/76</u>			
Owner's signature		Date <u>7/29/76</u>			
This application is for: <input type="checkbox"/> New System <input type="checkbox"/> Expanded System <input checked="" type="checkbox"/> Replacement System <input type="checkbox"/> Replacement of <input type="checkbox"/> Treatment Tank Only <input type="checkbox"/> Disposal Area Only					
The water supply for this property is: <input type="checkbox"/> Dug well, depth _____, lining _____; <input type="checkbox"/> Drilled well, depth _____, lining _____; <input type="checkbox"/> Spring <input type="checkbox"/> depth _____, lining _____; Surface water <input type="checkbox"/> Body, <input type="checkbox"/> Course— <input type="checkbox"/> with disinfection, <input type="checkbox"/> without disinfection. <input checked="" type="checkbox"/> Public Utility, name <u>Augusta W. D.</u>					

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. <u>1</u>		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
Thickness of each soil	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata
	Inches <u>0</u>	Inches	Inches	Inches	Inches	Inches
	1st strata <u>removed</u>	1st strata	1st strata	1st strata	1st strata	1st strata
	Inches <u>10 approx</u>	Inches	Inches	Inches	Inches	Inches
	2nd strata <u>gray silt</u>	2nd strata	2nd strata	2nd strata	2nd strata	2nd strata
Inches <u>20</u>	Inches	Inches	Inches	Inches	Inches	
3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	
Inches	Inches	Inches	Inches	Inches	Inches	
Depth from surface of ground to:	Total Depth of observation hole Inches <u>20</u>	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>2</u> inches	Max. Ground water table—mottling _____ inches	Max. Ground water table—mottling _____ inches	Max. Ground water table—mottling _____ inches	Max. Ground water table—mottling _____ inches	Max. Ground water table—mottling _____ inches
	Impervious layer, clay, etc. <u>0</u> inches	Impervious layer, clay, etc. _____ inches	Impervious layer, clay, etc. _____ inches	Impervious layer, clay, etc. _____ inches	Impervious layer, clay, etc. _____ inches	Impervious layer, clay, etc. _____ inches
	Bedrock <u>20</u> inches	Bedrock _____ inches	Bedrock _____ inches	Bedrock _____ inches	Bedrock _____ inches	Bedrock _____ inches
Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	
Surface slope <u>5</u> %	Surface slope _____ %	Surface slope _____ %	Surface slope _____ %	Surface slope _____ %	Surface slope _____ %	
Soil Group & Condition per Table 9-1 of the Code, II	<u>9-C</u> <u>9-A</u>	Soil Group & Condition per Table 9-1 of the Code, II		Soil Group & Condition per Table 9-1 of the Code, II		

On July 14, 1976 (date), a site investigation for this project was completed. I supervised 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 and Registration/Certification Number Wallace W. Ambling # 2257
Date signed July 28, 1976

Soil Scientist
 Geologist
 Soil Engineer
 Other, must show current letter of certification to LPI

PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED			
Show location of system and details on sketches on page 2, and refer to completed sample form			
SYSTEM: <input checked="" type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM If separated system—type of human waste disposal system to be used: <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Open Pit Privy <input type="checkbox"/> Compost Toilet <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Other, describe _____ See Chapter 9 of the Code, II.	TREATMENT TANK: <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Manufacturer— Size in gallons <u>1000</u> <input type="checkbox"/> Aerobic Tank Manufacturer— Model No. Size in gallons	SUBSURFACE ABSORPTION AREA	
		Type <input type="checkbox"/> Trench System: Total trench length _____ <input checked="" type="checkbox"/> Bed System Length <u>70</u> Width <u>20</u> <input type="checkbox"/> Chamber System Number _____ <input type="checkbox"/> Type A <input type="checkbox"/> Single File <input type="checkbox"/> Type F <input type="checkbox"/> Cluster <input type="checkbox"/> Mound System Length _____ Width _____ at base <input type="checkbox"/> Special System Length _____ Width _____ <input type="checkbox"/> Non-discharge System Bed-Length _____ Width _____ Holding Tank Size _____ Gal. Manufacturer _____ <input type="checkbox"/> Alarm device provided, type _____	

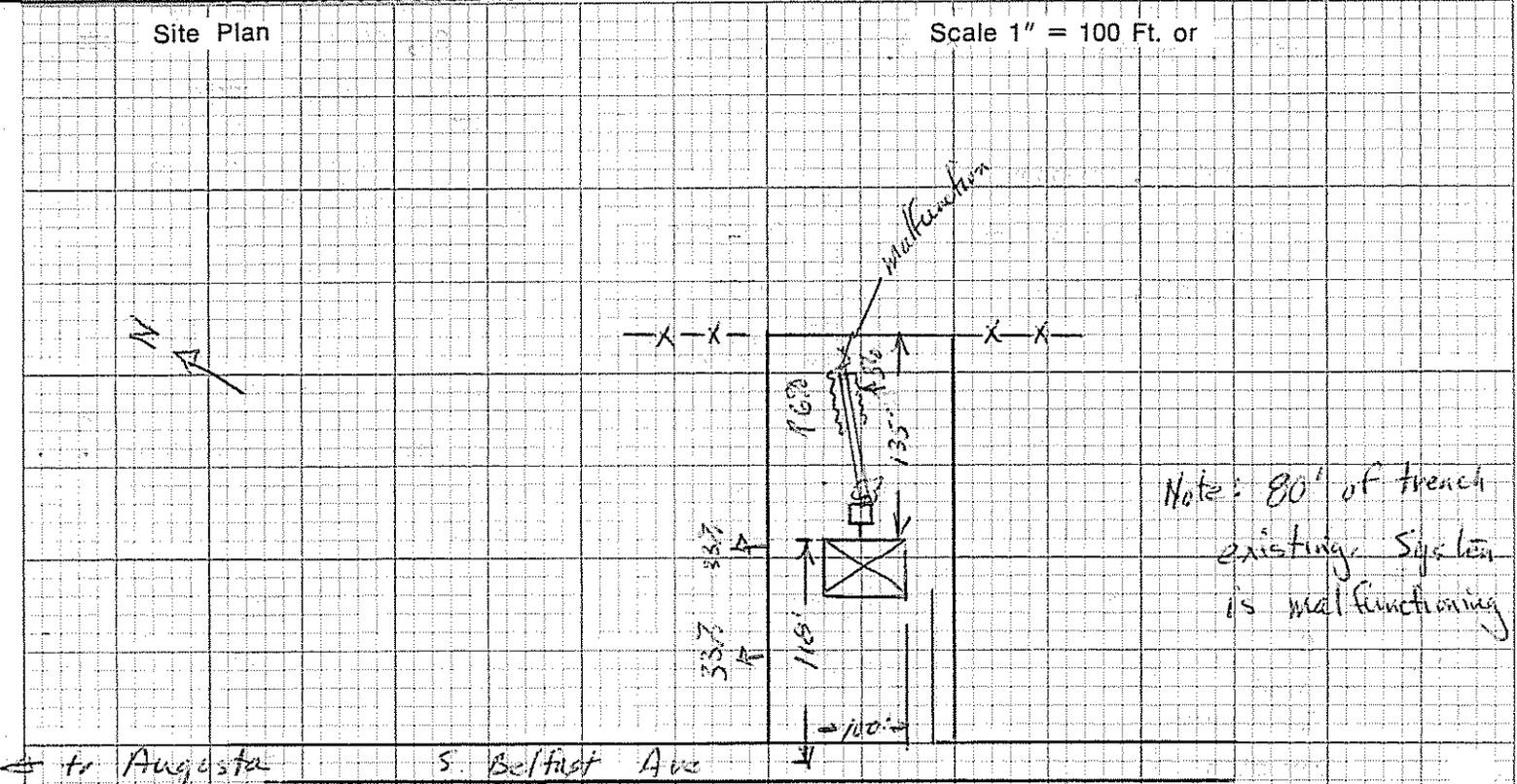
PROPERTY/LOT LOCATION MAP 	FOR THE USE OF LPI ONLY <input type="checkbox"/> Denial: Application is denied for following reasons; portions of the Code II are cited. Form is incomplete (____ pg.) as to <input type="checkbox"/> General info, <input type="checkbox"/> Site Investigation, <input type="checkbox"/> System Proposed, <input type="checkbox"/> Site Plan, <input type="checkbox"/> Disposal System Plan, <input type="checkbox"/> Cross-Section, <input type="checkbox"/> Statement. See Section 2.3. <input type="checkbox"/> Site Investigation indicates site is <input type="checkbox"/> totally unsuitable for disposal system; Sections 4.5 and 9.5, Table 9-1 Group 9 and 10. <input type="checkbox"/> Unsuitable for system proposed; Sections 4.3, 4.6, 9.5, Table 9-1. <input type="checkbox"/> System Proposed does not conform to Code; See Sections 9. <input type="checkbox"/> Site Investigation indicates site modifications are necessary; See Sections <input type="checkbox"/> 4.3, <input type="checkbox"/> 4.4, <input type="checkbox"/> 4.6, <input type="checkbox"/> 8.7. <input type="checkbox"/> Miscellaneous _____ See Section _____ <input checked="" type="checkbox"/> Acceptance: Application for permit is approved <input checked="" type="checkbox"/> with condition specified, comply with Section <u>9.7B + 4.3</u> <input type="checkbox"/> without condition.
	Signed LPI <u>Richard P. Baker</u> Date <u>7/29/76</u> HHE - 200 5/75

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

Town Augusta	Street, Road, etc. 225 S. Belfast Ave. If on water body, give name	Owner of property David L. Grotton
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Site Plan

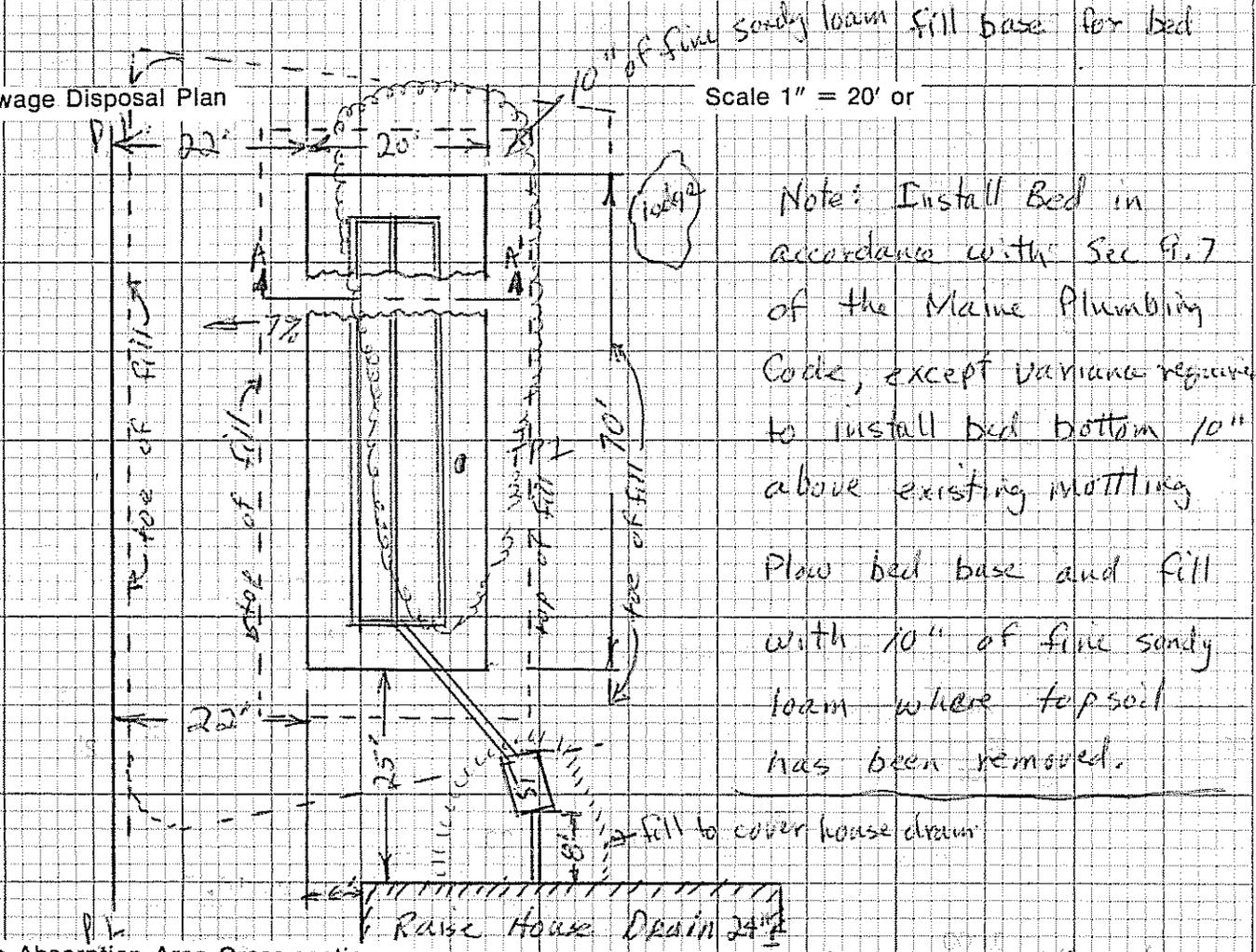
Scale 1" = 100 Ft. or



Note: 80' of trench existing. System is malfunctioning

Private Sewage Disposal Plan

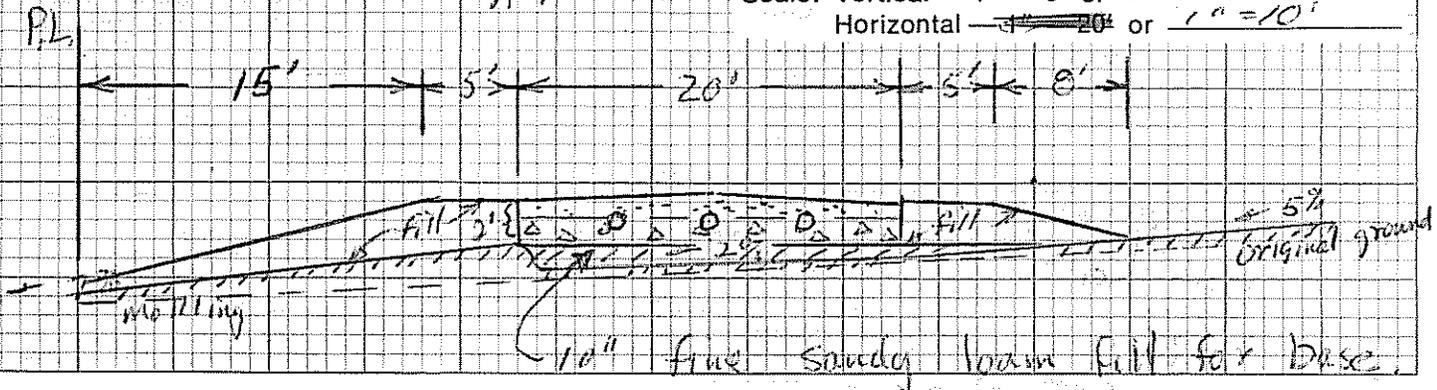
Scale 1" = 20' or



Note: Install Bed in accordance with Sec 9.7 of the Maine Plumbing Code, except variance required to install bed bottom 10" above existing matting. Place bed base and fill with 10" of fine sandy loam where top soil has been removed.

Subsurface Absorption Area Cross-section

Scale: Vertical ~~1"=10'~~ or 1"=10'
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: 7/29/71
Applicant:
Owner: X