

~~PUSHARD~~ PUSHARD, R.

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. YOUNG ROAD If on water body, give name TOGUS POND		Plumbing Permit No. 22809M	Date of Plumbing Permit 6-13-77
Owner of property RONALD PUSHARD, RFD 2, AUGUSTA, MAINE			Owner's address Size of lot 46x200	<input type="checkbox"/> Sq. feet <input type="checkbox"/> Acres
Name & type of establishment if other than private home SUMMER COTTAGE			Is lot Zoned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Type of Zoning <input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Resource Protection
Name of applicant Owner's agent			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.		Tel. No. 623-3420		Subdivision name Lot No.
Town		Zip Code		
Applicant's signature <i>Ronald Pushard</i>		Date 6-10-77		
This application is for: <input checked="" type="checkbox"/> New System <input type="checkbox"/> Expanded System <input 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 type="checkbox"/> Public Utility, name _____				

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.		Soil Profile No.		Soil Profile No.	
	<input type="checkbox"/> Pit	<input checked="" type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring
Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata
Inches _____	Inches _____	Inches _____	Inches _____	Inches _____	Inches _____	Inches _____
1st strata BROWN FINE SANDY LOAM	1st strata					
Inches _____	Inches _____	Inches _____	Inches _____	Inches _____	Inches _____	Inches _____
2nd strata MOTTLED GLACIAL TILL	2nd strata					
Inches _____	Inches _____	Inches _____	Inches _____	Inches _____	Inches _____	Inches _____
3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata
Inches _____	Inches _____	Inches _____	Inches _____	Inches _____	Inches _____	Inches _____
Total Depth of observation hole Inches 30	Total Depth of observation hole Inches					
Max. Ground water table—mottling <input type="checkbox"/> None Evident 24 inches	Max. Ground water table—mottling <input type="checkbox"/> None Evident _____ inches	Max. Ground water table—mottling <input type="checkbox"/> None Evident _____ inches	Max. Ground water table—mottling <input type="checkbox"/> None Evident _____ inches	Max. Ground water table—mottling <input type="checkbox"/> None Evident _____ inches	Max. Ground water table—mottling <input type="checkbox"/> None Evident _____ inches	Max. Ground water table—mottling <input type="checkbox"/> None Evident _____ inches
Impervious layer, clay, etc. <input checked="" type="checkbox"/> None Evident _____ inches	Impervious layer, clay, etc. <input type="checkbox"/> None Evident _____ inches	Impervious layer, clay, etc. <input type="checkbox"/> None Evident _____ inches	Impervious layer, clay, etc. <input type="checkbox"/> None Evident _____ inches	Impervious layer, clay, etc. <input type="checkbox"/> None Evident _____ inches	Impervious layer, clay, etc. <input type="checkbox"/> None Evident _____ inches	Impervious layer, clay, etc. <input type="checkbox"/> None Evident _____ inches
Bedrock <input checked="" type="checkbox"/> None Evident _____ inches	Bedrock <input type="checkbox"/> None Evident _____ inches	Bedrock <input type="checkbox"/> None Evident _____ inches	Bedrock <input type="checkbox"/> None Evident _____ inches	Bedrock <input type="checkbox"/> None Evident _____ inches	Bedrock <input type="checkbox"/> None Evident _____ inches	Bedrock <input type="checkbox"/> None Evident _____ inches
Type of Bedrock _____	Type of Bedrock _____	Type of Bedrock _____	Type of Bedrock _____	Type of Bedrock _____	Type of Bedrock _____	Type of Bedrock _____
Surface slope 4 %	Surface slope _____ %	Surface slope _____ %	Surface slope _____ %	Surface slope _____ %	Surface slope _____ %	Surface slope _____ %
Soil Group & Condition per Table 9-1 of the Code, II 2-C	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 _____

5/26/77 (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: *[Signature]* Health Engineering License No. **51**

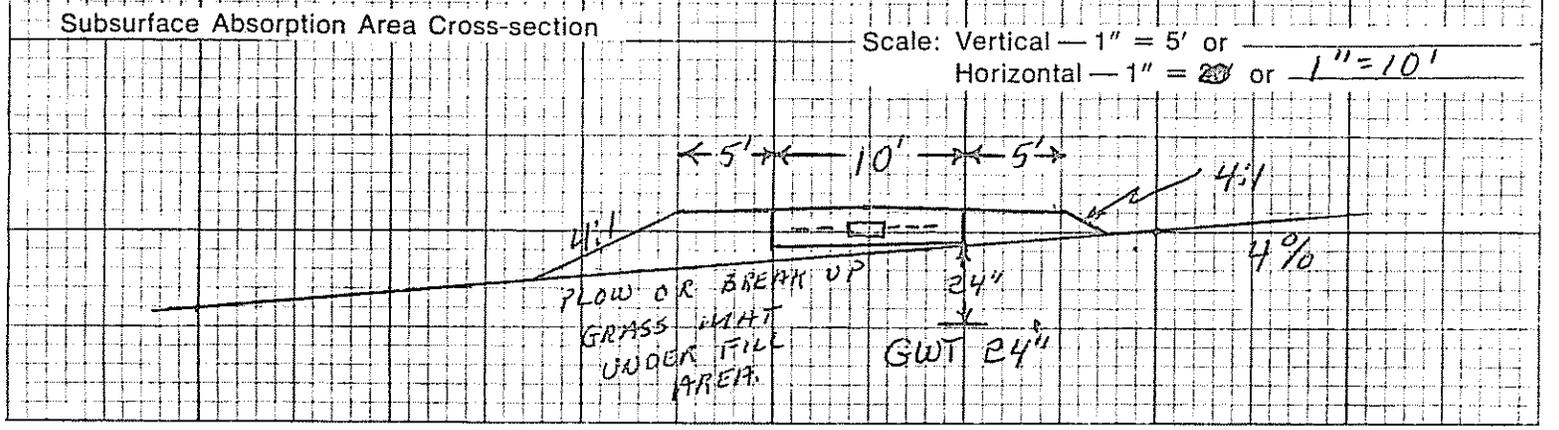
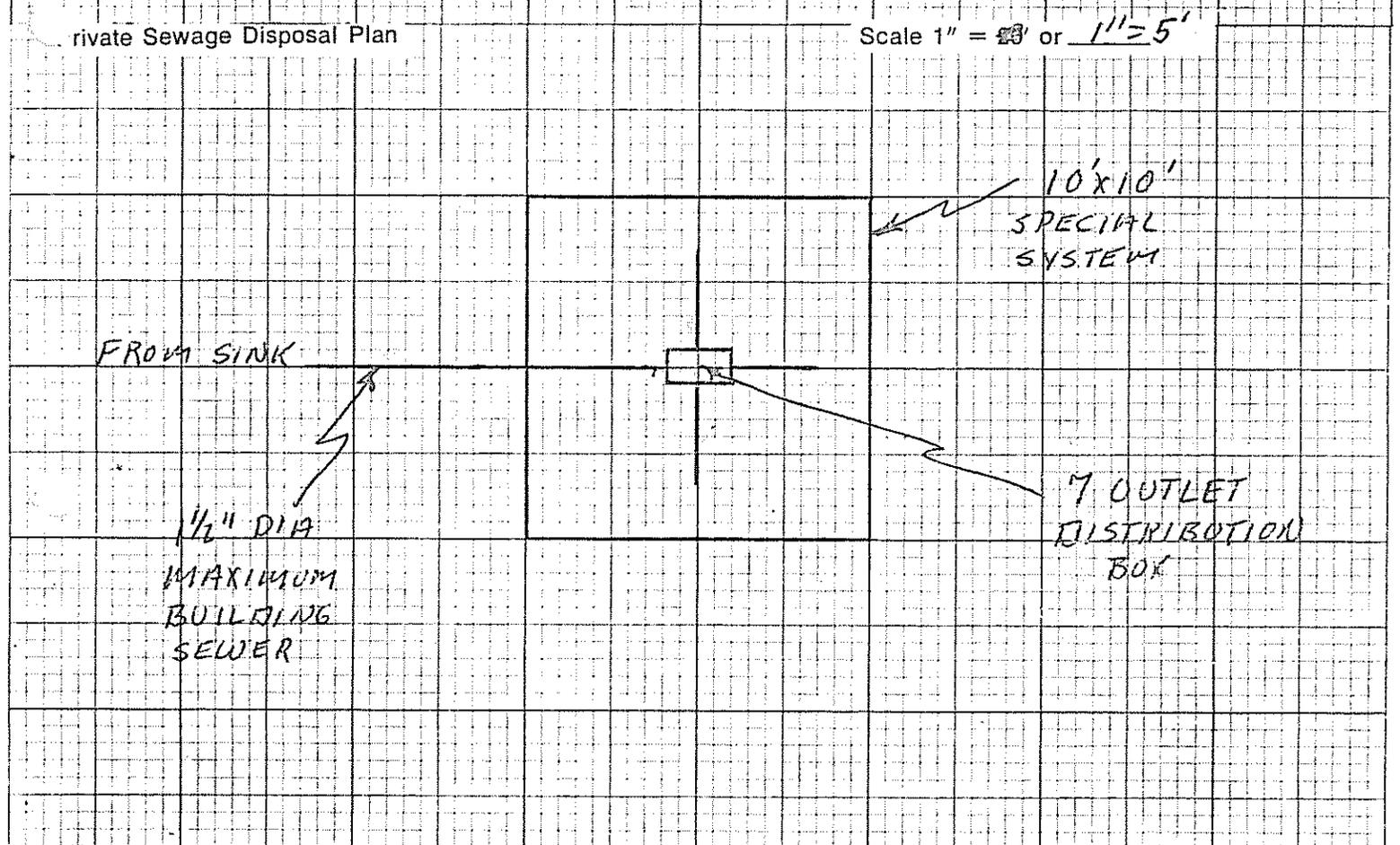
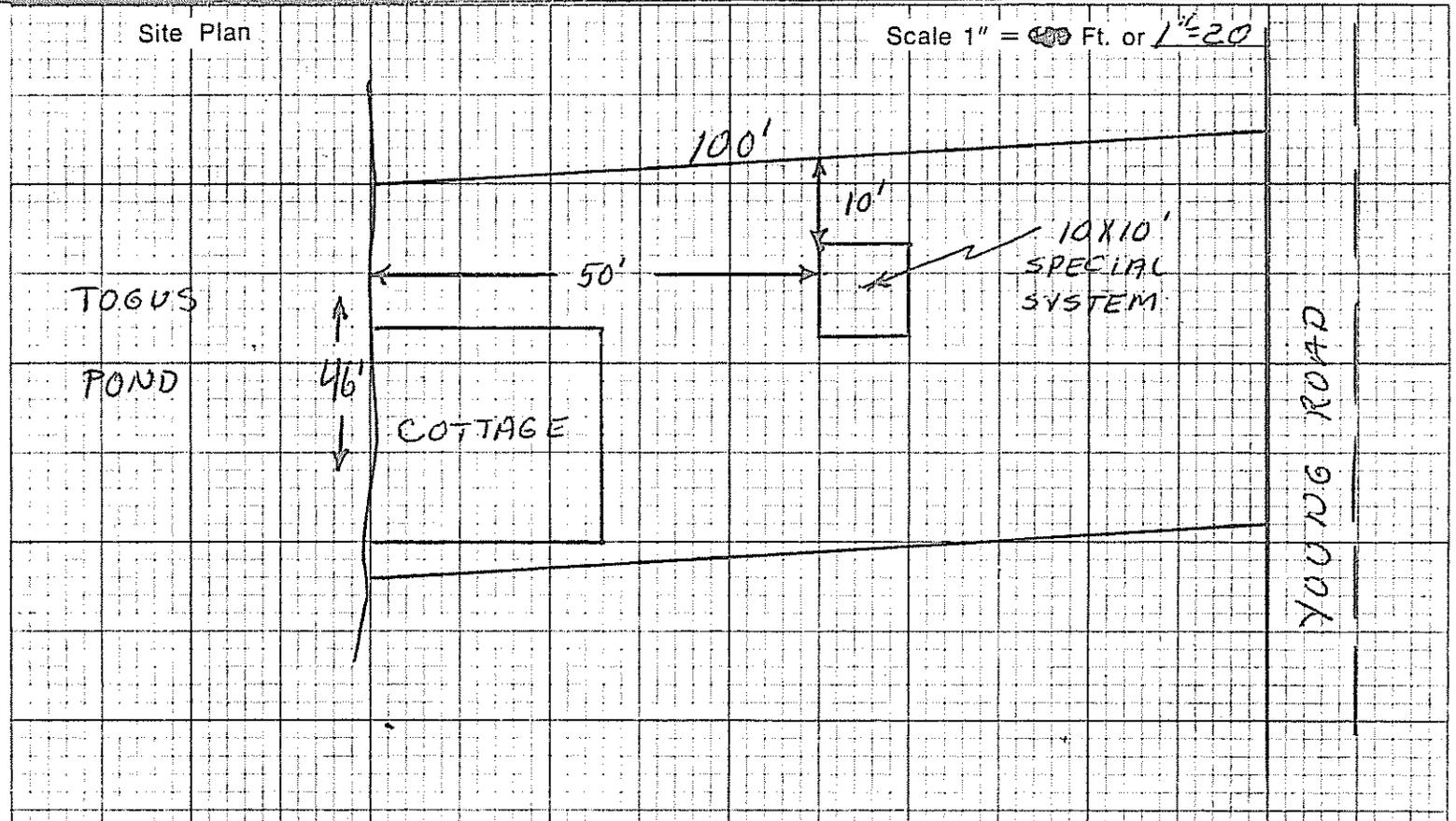
Date signed **6/9/77**

PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED					
Show location of system and details on sketches on page 2, and refer to completed sample form					
SYSTEM: <input 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 type="checkbox"/> Sепlic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Size in gallons _____ <input type="checkbox"/> Aerobic Tank Manufacturer— Model No. _____ Size in gallons _____	SUBSURFACE ABSORPTION AREA			
		Type _____		SIZE <input type="checkbox"/> Very Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large	
		<input type="checkbox"/> Trench System: Total trench length _____		<input type="checkbox"/> Bed System Length _____ Width _____	
		<input type="checkbox"/> Chamber System <input type="checkbox"/> Type A <input type="checkbox"/> Single File <input type="checkbox"/> Type B <input type="checkbox"/> Cluster		<input type="checkbox"/> Mound System Length _____ Width _____ at base <input checked="" type="checkbox"/> Special System Length _____ Width 10x10 WAIVER <input checked="" type="checkbox"/> Required DISTANCE TO LAKE <input type="checkbox"/> Not Required	
SITE MODIFICATION Fill will be: 12 in. uphill; 15 in. downhill DETAILS <input checked="" type="checkbox"/> A Distribution Box is required Pumping is— <input type="checkbox"/> required, <input type="checkbox"/> is not required. DEPENDS ON SEWER ELEV. The dose will be _____ gallons					
DISTANCES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No: The proposed subsurface absorption area will be located at least 100 feet from any and all wells; springs; surface water bodies and courses (lake, pond, ocean, brook, stream, river); swamps; marshes; and bogs. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.					

PROPERTY / LOT LOCATION MAP RT 3 WKS. MILLS RD ← N #237 (TOGUS POND)	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 with condition specified, comply with Section 4.7 <input type="checkbox"/> without condition. Signed LPI <i>[Signature]</i> Date 6-13-77 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. YOUNG ROAD If on water body, give name TOGUS PD	Owner of property RONALD. PUSHARD
------------------------	---	---



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: X 6-10-77

Applicant: X

Owner: X Ronald Pusard

LOCAL WAIVER FORM

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

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

NO AUGUSTA	Street, Road, etc. 237 YOUNG RD	Plumbing Permit No. 22809M
------------	------------------------------------	-------------------------------

Owner of property RONALD PUSKARI	Telephone No.
Owner's address see, Box, etc. RFD 2	
City AUGUSTA	State MAINE
	Zip code

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 9700 sq. ft. lot with category C-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

SETTLING: 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 50' 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 _____ 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, Ronald Bushard, 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.

Ronald Bushard
Signature of Owner

6-10-77
Date

STATEMENT OF SITE EVALUATOR

I, William W. Redmont, 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

William W. Redmont
Signature of Site Evaluator

6/9/77
Date

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:

I, 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.

Richard P. Baber
Signature of Local Plumbing Inspector

6-13-77
Date

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.