

7 OCT 86

TO WHOM IT MAY CONCERN:

I, DAVID F. PUSHARD  
RESIDED AT THE CAMP  
RESIDENCE OF RONALD AND  
DELORES PUSHARD LOCATED  
ON THE YOUNG ROAD OF  
TOGUS POND FOR TWO (2)  
YEARS IN 1981 + 1982.

4/1/81 thru 12/31/82

  
A faint circular stamp is visible behind the signature.

*Rushard David*

# Replacement System Variance Request

## THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an Application for the proposed replacement system which is in noncompliance with the Rules. The LPI shall review the Replacement System Variance Request and Application and may approve the Request if all of the following requirements with LPI approval limitations can be met.

1. The replacement system is correcting a malfunction or an unlicensed wastewater discharge system.
2. A replacement system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system does not conflict with Seasonal Conversion Permit (30 MRSA § 3223) or with Mandatory Shoreland Zoning (12 MRSA § 4811).
6. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

### GENERAL INFORMATION

Town of Augusta

Town Code 11020 Permit No. 55609E Date Permit Issued 4/8/83  
month/day/yr.

Property Owner's Name: Ronald L. Pushard Tel. No. 623-3420

System's Location: Young Road  
Street

Augusta MAINE 04330  
Town Zip

Property Owner's Address: R2 Box 252  
(if different from above) Street

Augusta Maine 04330  
Town State Zip

### Specific Instructions to the:

**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, then complete the Replacement Variance Request with your signature on reverse side of form.

**Property Owner:** It 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.

The Owner shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

*Ronald Pushard*  
Property Owner's Signature

4/7/83  
Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
<b>Soils</b> Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		inches	
	Restrictive Layer	to 6"		inches	
	Bedrock	to 10"		inches	
<b>Setback Distances</b> (in feet)	From:	Treatment Tank	Disposal Area	Treatment Tank	Disposal Area
Potable Water Supplies	1. Well: > 2000 gal/day	100a	300a		
	2. Well: < 2000 gal/day				
	a. Neighbor's	10'b	100b	45'	50'
	b. Property Owner's	50'	60'		
	3. Water Supply Line	See Note 'a'			
Waterbodies	1. Perennial	60'	60'	60'	
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With basement	See Note	15'		
	2. Without basement	'a'	10'		
Property Line		5'	5'		

Other Specify:

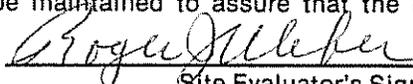
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Footnotes:

- This setback distance cannot be reduced by variance. See Table 6-2.
- A variance to reduce the 100 foot setback distance to a minimum of 80 feet may be granted only with the neighbor's written permission.
- Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

  
 Site Evaluator's Signature

4-5-83  
 Date

**LPI Statement**

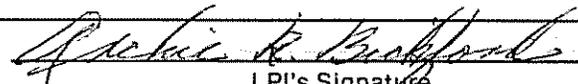
I, Archie R. Pickford, LPI for the Town of Augusta, have conducted an on-site inspection for the proposed replacement system and have determined, to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

a. ( approve,  do not approve) 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, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

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

  
 LPI's Signature

4/8/83  
 Date

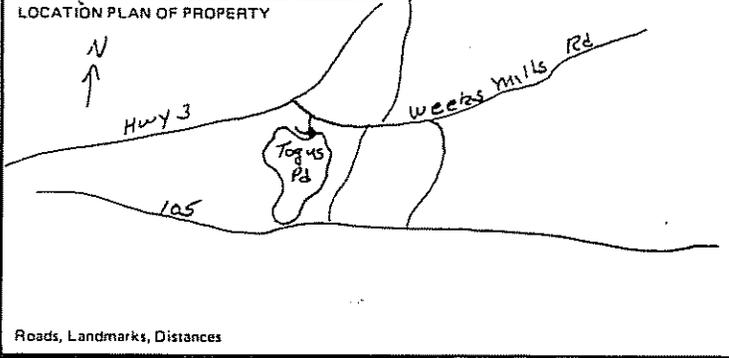
**FOR USE BY THE DEPARTMENT ONLY:**

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

This Is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

This Application is For: <input type="radio"/> New System <input checked="" type="radio"/> Replacement Of Entire System <input type="radio"/> Expanded System		Variance: <input type="radio"/> None Required <input checked="" type="radio"/> Replacement System Variance With:	
<input type="radio"/> Replacement Of Disposal Area Only <input checked="" type="radio"/> Conversion Permit		<input type="radio"/> LPI Approval <input checked="" type="radio"/> Dept. Review	
PROPERTY LOCATION Augusta Town, Plantation		Young Road Street, Road	
PROPERTY OWNER or APPLICANT Richard, Ronald L		TYPE OF STRUCTURE, DESIGN FLOW <input type="radio"/> Single Family Dwelling Number of Bedrooms <u>2</u> Design Flow <u>180</u> GPD	
Mailing Address R2 Box 252 Street		Design Flow based on <input checked="" type="radio"/> Minimum <input type="radio"/> Moderate <input type="radio"/> Conservative	
Augusta Town Me State 04330 Zip Code		<input type="radio"/> Reduction in Design Flow due to Water Conservation	
LOCATION PLAN OF PROPERTY 		If so, specify type (s) _____	
Roads, Landmarks, Distances		<input type="radio"/> Other Establishment. Specify _____ Type of Facility _____	
		(Number of Employees, Seating Capacity, Building Size, etc.) _____	
		Design Flow _____ GPD	
		If greater than 2000 GPD, Specify Professional Engineer _____	
PROPERTY INFORMATION			
Area of Property <u>9300</u> <input checked="" type="radio"/> Sq. Ft. <input type="radio"/> Acres <input type="radio"/> Zoned <input type="radio"/> Not Zoned			
If zoned, type of zoning _____			
Property on Water Body, If so, Name of Water Body <u>Togus Pond</u>			
Water Supply is: <input type="radio"/> Public Utility, <input type="radio"/> Drilled Well _____ depth			
<input type="radio"/> Dug Well _____ depth <input type="radio"/> Well Point <input type="radio"/> Spring <input checked="" type="radio"/> Surface Water			

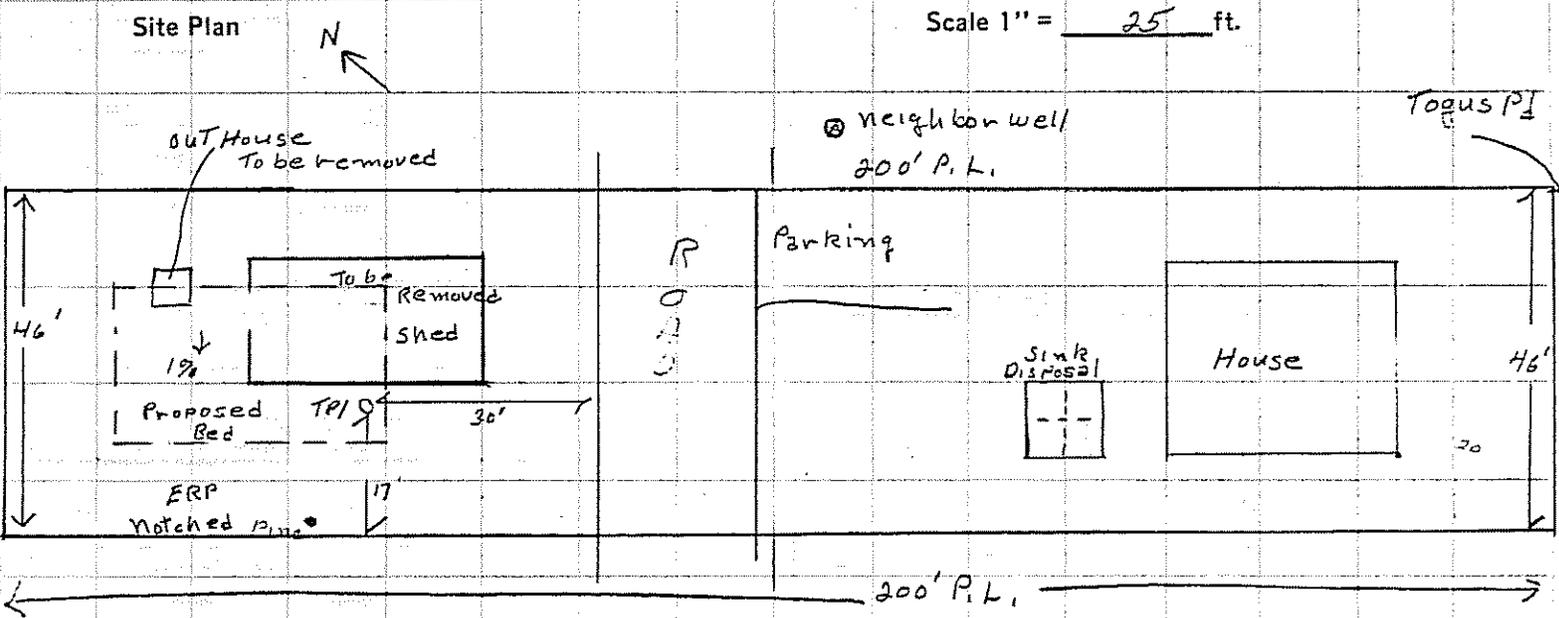
SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2			
TEXTURAL DESCRIPTION OF L. SOIL STRATS ENCOUNTERED	Observation Hole No. <u>1</u> <input checked="" type="radio"/> Test Pit <input type="radio"/> Boring	Observation Hole No. _____ <input type="radio"/> Test Pit <input type="radio"/> Boring	Observation Hole No. _____ <input type="radio"/> Test Pit <input type="radio"/> Boring
	Organic Strata or (Existing Fill) <u>SOD</u> Thickness <u>1 1/2</u> "	Organic Strata or (Existing Fill) _____ Thickness _____ "	Organic Strata or (Existing Fill) _____ Thickness _____ "
	1st Original Mineral Soil Strata Depth from 0 " to <u>5</u> " Thickness <u>5</u> "	1st Original Mineral Soil Strata Depth from 0 " to _____ " Thickness _____ "	1st Original Mineral Soil Strata Depth from 0 " to _____ " Thickness _____ "
	2nd <u>Hvy Loam</u> Depth from <u>5</u> " to <u>13</u> " Thickness <u>8</u> "	2nd _____ Depth from _____ " to _____ " Thickness _____ "	2nd _____ Depth from _____ " to _____ " Thickness _____ "
	3rd <u>Gritty S.L</u> Depth from <u>13</u> " to <u>19</u> " Thickness <u>6</u> "	3rd _____ Depth from _____ " to _____ " Thickness _____ "	3rd _____ Depth from _____ " to _____ " Thickness _____ "
	4th <u>Silt</u> Depth from <u>19</u> " to <u>42</u> " Thickness <u>.23</u> "	4th _____ Depth from _____ " to _____ " Thickness _____ "	4th _____ Depth from _____ " to _____ " Thickness _____ "
Total Depth of Observation Hole <u>42</u> "	Total Depth of Observation Hole _____ "	Total Depth of Observation Hole _____ "	
D. from top of ORIGINAL MINERAL SOIL	Maximum Seasonal High Ground <input type="radio"/> None evident Water Table Depth <u>10</u> "	Maximum Seasonal High Ground <input type="radio"/> None Evident Water Table Depth _____ "	Maximum Seasonal High Ground <input type="radio"/> None evident Water Table Depth _____ "
	Depth to Restrictive Layer <input checked="" type="radio"/> None evident _____ "	Depth to Restrictive Layer <input type="radio"/> None evident _____ "	Depth to Restrictive Layer <input type="radio"/> None evident _____ "
	Depth to Bedrock <input checked="" type="radio"/> None evident _____ "	Depth to Bedrock <input type="radio"/> None evident _____ "	Depth to Bedrock <input type="radio"/> None evident _____ "
PROFILE <u>1</u> CONDITION <u>C</u> SLOPE <u>1%</u>	PROFILE _____ CONDITION _____ SLOPE <u>%</u>	PROFILE _____ CONDITION _____ SLOPE <u>%</u>	

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2			
TYPE OF SYSTEM <input checked="" type="radio"/> Combined System <input type="radio"/> Separated System If separated system, type of black waste disposal system to be used: <input type="radio"/> Compost <input type="radio"/> Pit Privy <input type="radio"/> Sealed Vault Privy <input type="radio"/> Other: Specify: _____ <input type="radio"/> Separated Laundry System <input type="radio"/> Primitive System <input type="radio"/> Holding Tank	TREATMENT TANK <input checked="" type="radio"/> Septic Tank <input type="radio"/> Aerobic Tank Size <u>750</u> Gals.  DOSAGE <input type="radio"/> Pumping is not required <input checked="" type="radio"/> Pumping is required The dose should be: <u>50</u> Gals. Dosage chamber capacity shall be _____ gals. <input type="radio"/> System should be vented	SUBSURFACE DISPOSAL AREA/TYPE <input type="radio"/> Trench Disposal Area Total linear feet of trench _____ ft. Number of Trench lines _____ ft. Length of each trench line _____ ft. Depth of Stone _____ inches. Reduction on trench length due to stone depth _____ % <input checked="" type="radio"/> Bed Disposal Area Total bed area <u>720</u> sq. ft. Number of beds <u>1</u> Width <u>20</u> ft. Length <u>36</u> ft. <input type="radio"/> Chamber Disposal Area Total chamber area _____ sq. ft. Number of clusters _____ Width _____ ft. Length _____ ft. <input type="radio"/> H-20 required	SYSTEM SIZE RATING <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Medium Large <input checked="" type="radio"/> Large <input type="radio"/> Extra Large  DISPOSAL AREA ELEVATION Depth of Upslope Fill required <u>38</u> inches. Depth of Downslope Fill required <u>38</u> inches. Reference Elevation Point established at _____ Elevation. Disposal Area Bottom to be established at <u>62" below ER</u> Elevation. Top of Distribution Lines or Top of Chambers <u>51" below ER</u> Elevation.  <input type="radio"/> Yes <input checked="" type="radio"/> No: The proposed subsurface disposal 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 disposal 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.

FOR USE BY SITE EVALUATOR On <u>26 Nov 83</u> (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 above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.		Signature of Site Evaluator <u>Roger J. Miller</u> Date signed <u>4-5-83</u>	Site Evaluator License Number <u>106</u>
FOR USE BY OWNER/APPLICANT I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.		Signature of Owner/Applicant <u>Ronald Bushard</u> <u>4/7/83</u> Date Signed	
FOR USE BY LPI: <input type="radio"/> This Application is approved. If conditions, specify: _____ <input type="radio"/> This Application is Denied due to: <input type="radio"/> System is not in accordance with Rules. <input type="radio"/> Application is incomplete. <input type="radio"/> Application is unclear. <input type="radio"/> Development is in violation of other Regulations. Specify _____		Signature of LPI <u>Garth K. Bickford</u> Date PERMIT NO. <u>55609</u> E Date Issued <u>4/18/83</u>	

PROPERTY LOCATION: **Augusta** Town, Plantation; **Young Road** Street, Road; Subdivision Name: \_\_\_\_\_; Lot No. \_\_\_\_\_

PROPERTY OWNER or APPLICANT: **Ronald L Pushard**; DISPOSAL AREA ELEVATION: Depth of Upslope Fill required **38** inches; Depth of Downslope Fill required **38** inches; Reference Elevation Point established at \_\_\_\_\_ Elevation; Disposal Area Bottom to be established at **62' below ERP**; Top of Distribution Lines or Top of Chambers **51' below ERP**.

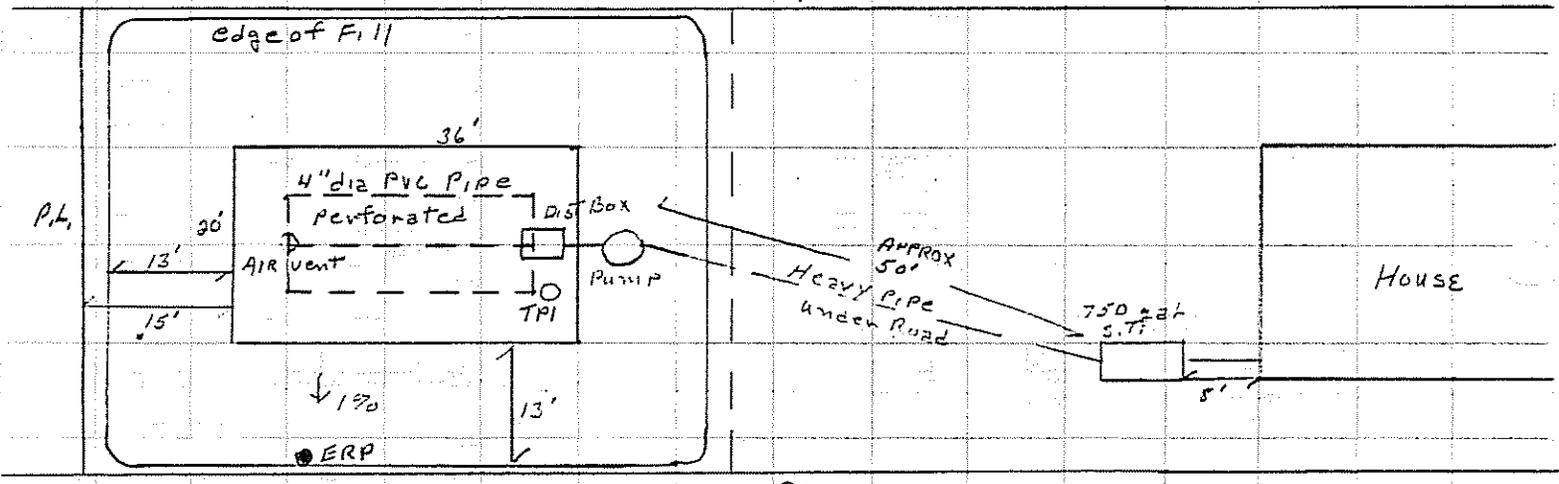


Old DISPOSAL AREA To be removed

● Designates Elevation Reference Point (ERP) ○ Designates Observation Hole (TP or B)

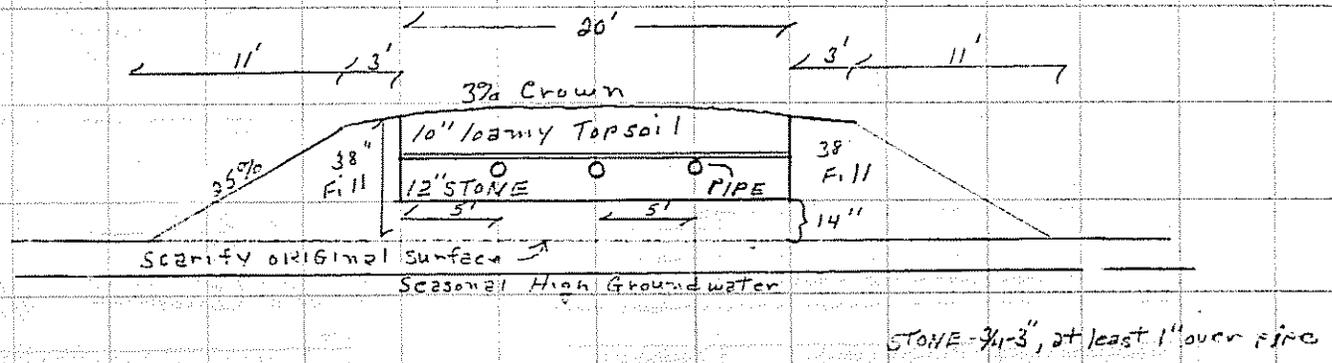
Subsurface Wastewater Disposal Plan

Scale 1" = 20' or \_\_\_\_\_



Subsurface Wastewater Disposal Area Cross-section

Scale: Vertical: 1" = 5'; Horizontal: 1" = 10'



Site Evaluators Signature: *Roger J. [Signature]*

Date: **4-5-83**

License Number: **106**

I, Ronald Pushard, do hereby hold the City of Augusta harmless for any and all property damage resulting to septic lines from the direct repair or maintenance by the City of Augusta on the Young Road in Augusta, Maine.

Signed,

*Ronald Pushard*

4/7/83

Ronald Pushard

STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333



JOSEPH E. BRENNAN  
GOVERNOR



MICHAEL R. PETIT  
COMMISSIONER

WELL SETBACK RELEASE FORM

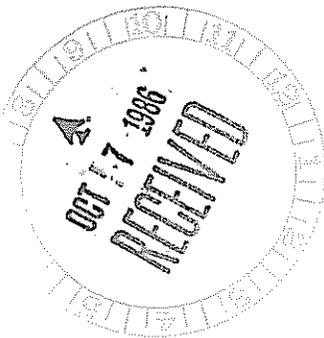
I, JOHN V. FINNEGAN, permanent mailing address YOUNG RD BOX 1178,  
(name of well owner) (street, road, etc.)

AUGUSTA, ME, hereby give my approval to RONALD L. PUSKARD,  
(town) (owner of system being installed)

permanent mailing address RT 2 BOX 52, AUGUSTA, MAINE,  
(street, road, etc.) (town)

for the purpose of locating and installing a wastewater disposal system (holding tank) no  
less than 36 feet (horizontal distance) to my 135' well  
(drilled, dug, etc., plus depth to well)

located at YOUNG RD  
(well location and address, if different from the above address)



John V. Finnegan 4/7/83  
Signature - Owner of well Date

Ronald L. Puscard 4/7/83  
Signature - Owner of disposal Date  
field

Ida B. Randall 4/7/83  
Signature - Witness Date

Oct. 8, 1986

To whom it may concern:

We Ronald, Dolores, and David Pushard have separately occupied the Pushard camp on the Young Road, Togus Pond on the dates 4/1/81 thru Oct. 30, 1983 consecutively.

Signed:

*Ronald Pushard*  
Ronald Pushard

*Dolores Pushard*  
Dolores Pushard

*David Pushard*  
David Pushard

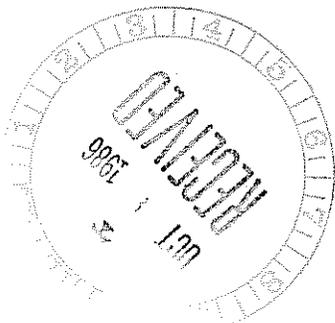
State of Maine }  
County of Kennebec } .ss.

Personally appeared the above named Ronald, Dolores and David Pushard and acknowledged the above instrument to be their free act and deed.

Before me, *Sherwood A. Glidden*  
Sherwood A. Glidden  
Notary Public

MY COMMISSION EXPIRES

*May 3, 1989*



Mr. Robert St. Pierre  
Building Inspector  
City of Augusta  
City Hall  
Augusta, Maine

Re: Young Rd.; Conversion of Seasonal Property

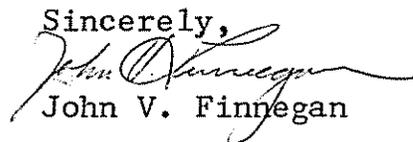
Dear Mr. St. Pierre,

I currently reside with my family on the Young Rd.  
in Augusta.

It has come to my attention that an abutting property  
owner, Mr. Ronald Pushard, is marketing a seasonal  
residence as a potential year round dwelling.

Our basis for concern is the proximity of his septic  
system to our well and drinking water supply (25').  
The potential for coliform contamination of our well  
(if the system is to be used year round) is too great  
to be overlooked. A previous variance (which we  
conveyed to Mr. Pushard) was for a seasonal use of the  
property and was not granted for year round purposes.

I would appreciate your cooperation in notifying us  
as property abutters if any attempt at a year round  
conversion is contemplated. We would then initiate  
the appropriate legal action.

Sincerely,  
  
John V. Finnegan

cc; Joseph O'Donnell Esq.



683-4575



STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333



JOSEPH E. BRENNAN  
GOVERNOR

MICHAEL R. PETIT  
COMMISSIONER

October 8, 1986

Mrs. Delores Pushard  
Route 2, Box 252  
Augusta, ME 04330

Subject: Status of Pushard Property, Togus Pond, Augusta

Dear Mrs. Bechard:

This letter is to response to our discussions of October 7<sup>th</sup> and 8<sup>th</sup> regarding your property on Togus Pond. We are in receipt of a notarized statement from Ronald, Delores and David Pushard indicating they used the subject property from April 1981 to October 1983.

30 MRSA § 3223-A Subsection 1-C defines a seasonal dwelling as one not utilized as a year-round dwelling during the period from 1977 to 1981. The statute further defines evidence of a year-round residence as occupancy of that residence for a period exceeding 7 months in any calendar year.

Therefore it is the opinion of this office that the subject property does not need a seasonal conversion permit and can be occupied on a year-round basis without the issuance of such permit.

Yours very truly,

Russell G. Martin, P.E.  
Manager  
Wastewater & Plumbing Control  
Division of Health Engineering

RGM/pb  
cc: George Soucy ✓

