

Hoad, Stephen

(Owner: Please complete and record original in Registry of Deeds and submit copy to Local Plumbing Inspector)

(Registrar Please cross-reference with book & page within)

I, We, ( Stephen Hoad ), Owner(s)  
Owner's Name(s)

of the property located at Pullen Road, Augusta, Maine  
Street Town/City

the deed of which is recorded in Book # 2161, page # 262,

hereby acknowledge that the installation of a subsurface sewage disposal system on the aforesaid property required a waiver which has been approved by the State of Maine, Department of Human Services.

The waiver conditions and/or system is restricted as follows:

1. The trench system length is 140 feet instead of the normally required 255 feet;
2. The trench system is located 50 feet from the owner's well and 10 feet from a swamp instead of the normally required 100 feet.

and is approved subject to the implementation of the above conditions and, in the event of any future failure of the system, to the maintenance, correction, or replacement of said system by the owner of said property at the time of such failure.

Signature(s) [Handwritten Signature]  
Helen J. Hoad

State of Maine

(County) ss

Subscribed and sworn to by the above named Stephen Hoad  
(and Helen Hoad) this day of May 18, 1981  
at Augusta, Maine.

Before me Archie K. Bickford  
Notary Public

# 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. 48505E

Date Permit Issued 11-13-81  
month/day/yr.

Property Owner's Name: STEPHEN HOAD Tel. No. —

System's Location: PULLEN ROAD  
Street

AUGUSTA MAINE 04333  
Town Zip

Property Owner's Address:  
(if different from above) RFD 6  
Street

AUGUSTA ME 04333  
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.

R Stephen Hoad LPI 5-18-81  
Property Owner's Signature Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested	
Soils Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		0 inches inches inches	
	Restrictive Layer	to 6"			
	Bedrock	to 10"			
Setback Distances (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		100b	100b
		b. Property Owner's		50'	60'
	3. Water Supply Line	See Note 'a'			50'
Waterbodies	1. Perennial	60'	60'		10'
	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'		9'

Other Specify:  
TOE OF FILL SLOPE TO 50% at places  
REDUCTION IN TRENCH LENGTH by 45% (based on fill texture)

Footnotes:  
a. This setback distance cannot be reduced by variance. See Table 6-2.  
b. 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.  
c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

Albert Frick #163      May 5, 1981  
Site Evaluator's Signature      Date

**LPI Statement**

I, Richard B. Baber, 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. (X 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: \_\_\_\_\_

Richard B. Baber      5-18-81  
LPI's Signature      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

Application is For:  New System  Replacement Of Entire System  Expanded System  Replacement Of Disposal Area Only  Conversion Permit

Variance:  None Required  New System Variance  Replacement System Variance With:  LPI Approval  Dept. Review

PROPERTY LOCATION: **AUGUSTA** (Town, Plantation) **PULLEN RD.** (Street, Road) Subdivision Name: \_\_\_\_\_ Lot No.: \_\_\_\_\_

PROPERTY OWNER or APPLICANT: **STEPHEN HOAD**

Mailing Address: **RFD 6** (Street) Tel. No.: \_\_\_\_\_

**AUGUSTA ME 04333** (Town, State, Zip Code)

LOCATION PLAN OF PROPERTY:

TYPE OF STRUCTURE, DESIGN FLOW:  Single Family Dwelling Number of Bedrooms **3** Design Flow \_\_\_\_\_ GPD

Design Flow based on:  Minimum  Moderate  Conservative

Reduction in Design Flow due to Water Conservation

If so, specify type (s): \_\_\_\_\_

Other Establishment, Specify \_\_\_\_\_ Type of Facility \_\_\_\_\_

NA (Number of Employees, Seating Capacity, Building Size, etc.) \_\_\_\_\_

Design Flow \_\_\_\_\_ GPD

If greater than 2000 GPD, Specify Professional Engineer \_\_\_\_\_

PROPERTY INFORMATION

Area of Property \_\_\_\_\_  Sq. Ft.  Acres  Zoned  Not Zoned

If zoned, type of zoning: **SHORE LAND**

Property on Water Body, If so, Name of Water Body: **TOGUS POND**

Water Supply is:  Public Utility,  Drilled Well \_\_\_\_\_ depth

Dug Well \_\_\_\_\_ depth  Well Point  Spring  Surface Water

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2			
TEXTURAL DESCRIPTIVE SOIL STRATA ENCOUNTERED	Observation Hole No. <b>TP #1</b>	Observation Hole No. _____	Observation Hole No. _____
	<input checked="" type="radio"/> Test Pit <input type="radio"/> Boring	<input type="radio"/> Test Pit <input type="radio"/> Boring	<input type="radio"/> Test Pit <input type="radio"/> Boring
	Organic Strata or (Existing Fill) <b>SANDY LOAM - SAND FILL</b> Thickness <b>16</b>	Organic Strata or (Existing Fill) _____ Thickness _____	Organic Strata or (Existing Fill) _____ Thickness _____
	1st Original Mineral Soil Strata <b>BLUE SILTY CLAY</b> Depth from 0 " to <b>6</b> " Thickness <b>6</b>	1st Original Mineral Soil Strata _____ Depth from 0 " to _____ " Thickness _____	1st Original Mineral Soil Strata _____ Depth from 0 " to _____ " Thickness _____
	2nd _____ Depth from _____ " to _____ " Thickness _____	2nd _____ Depth from _____ " to _____ " Thickness _____	2nd _____ Depth from _____ " to _____ " Thickness _____
	3rd _____ Depth from _____ " to _____ " Thickness _____	3rd _____ Depth from _____ " to _____ " Thickness _____	3rd _____ Depth from _____ " to _____ " Thickness _____
	4th _____ Depth from _____ " to _____ " Thickness _____	4th _____ Depth from _____ " to _____ " Thickness _____	4th _____ Depth from _____ " to _____ " Thickness _____
Total Depth of Observation Hole <b>22</b>	Total Depth of Observation Hole _____	Total Depth of Observation Hole _____	
Depth from top of ORIGINAL MINERAL SOIL	Maximum Seasonal High Ground Water Table Depth <b>0</b>	Maximum Seasonal High Ground Water Table Depth _____	Maximum Seasonal High Ground Water Table Depth _____
	<input type="radio"/> None evident	<input type="radio"/> None Evident	<input type="radio"/> None evident
	Depth to Restrictive Layer <b>9</b>	Depth to Restrictive Layer _____	Depth to Restrictive Layer _____
<input type="radio"/> None evident	<input type="radio"/> None evident	<input type="radio"/> None evident	
Depth to Bedrock <input checked="" type="radio"/> None evident	Depth to Bedrock _____	Depth to Bedrock _____	
<input type="radio"/> None evident	<input type="radio"/> None evident	<input type="radio"/> None evident	

FILL OVER	PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE
	<b>9</b>	<b>E</b>	<b>0%</b>			<b>%</b>			<b>%</b>

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2

TYPE OF SYSTEM:  Combined System  Separated System

If separated system, type of black waste disposal system to be used:  Compost  Pit Privy  Sealed Vault Privy  Other \_\_\_\_\_

Specify \_\_\_\_\_

Separated Laundry System  Primitive System  Holding Tank

TREATMENT TANK:  Septic Tank  Aerobic Tank

Size **1000** Gals.

DOSAGE:  Pumping is not required (See Notes)  Pumping is required

The dose should be: \_\_\_\_\_ Gals.

Dosage chamber capacity shall be \_\_\_\_\_ gals.

System should be vented

SUBSURFACE DISPOSAL AREA/TYPE:  Trench Disposal Area

Total linear feet of trench **140** ft.

Number of Trench lines **4**

Length of each trench line **30'** ft.

Depth of Stone **8** inches.

Reduction on trench length due to stone depth **0** %

Bed Disposal Area: **NA** Total bed area \_\_\_\_\_ sq. ft. Number of beds \_\_\_\_\_ Width \_\_\_\_\_ ft. Length \_\_\_\_\_ ft.

Chamber Disposal Area: **NA** Total chamber area \_\_\_\_\_ sq. ft. Number of clusters \_\_\_\_\_ Width \_\_\_\_\_ ft. Length \_\_\_\_\_ ft.

H-20 required

SYSTEM SIZE RATING: **NA (See NOTES)**

Small  Medium  Medium Large  Large  Extra Large

DISPOSAL AREA ELEVATION: **NA**

Depth of Upslope Fill required \_\_\_\_\_ inches.

Depth of Downslope Fill required **36** inches.

Reference Elevation Point established at **00"** Elevation.

Disposal Area Bottom to be established at **-24"** Elevation.

Top of Distribution Lines or Top of Chambers **-13"** Elevation.

Yes  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.

Yes  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 **MAY 1, 1981** (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: **Albert Feick** Site Evaluator License Number: **#163**

Date signed: **5/14/81**

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: **Stephen Hoad**

Date Signed: **5-15-81**

FOR USE BY LPI:  This Application is approved. If conditions, specify \_\_\_\_\_

This Application is Denied due to:  System is not in accordance with Rules.  Application is incomplete.  Application is unclear.  Development is in violation of other Regulations. Specify \_\_\_\_\_

Signature of LPI: **Richard B. Barker** PERMIT NO. **48505** E

Date: **5-15-81** Date Issued: **11-13-81**

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

CITY OF AUGUSTA

PULLEN ROAD

Subdivision Name

Lot No.

OWNER or APPLICANT

EPHEN HOAD

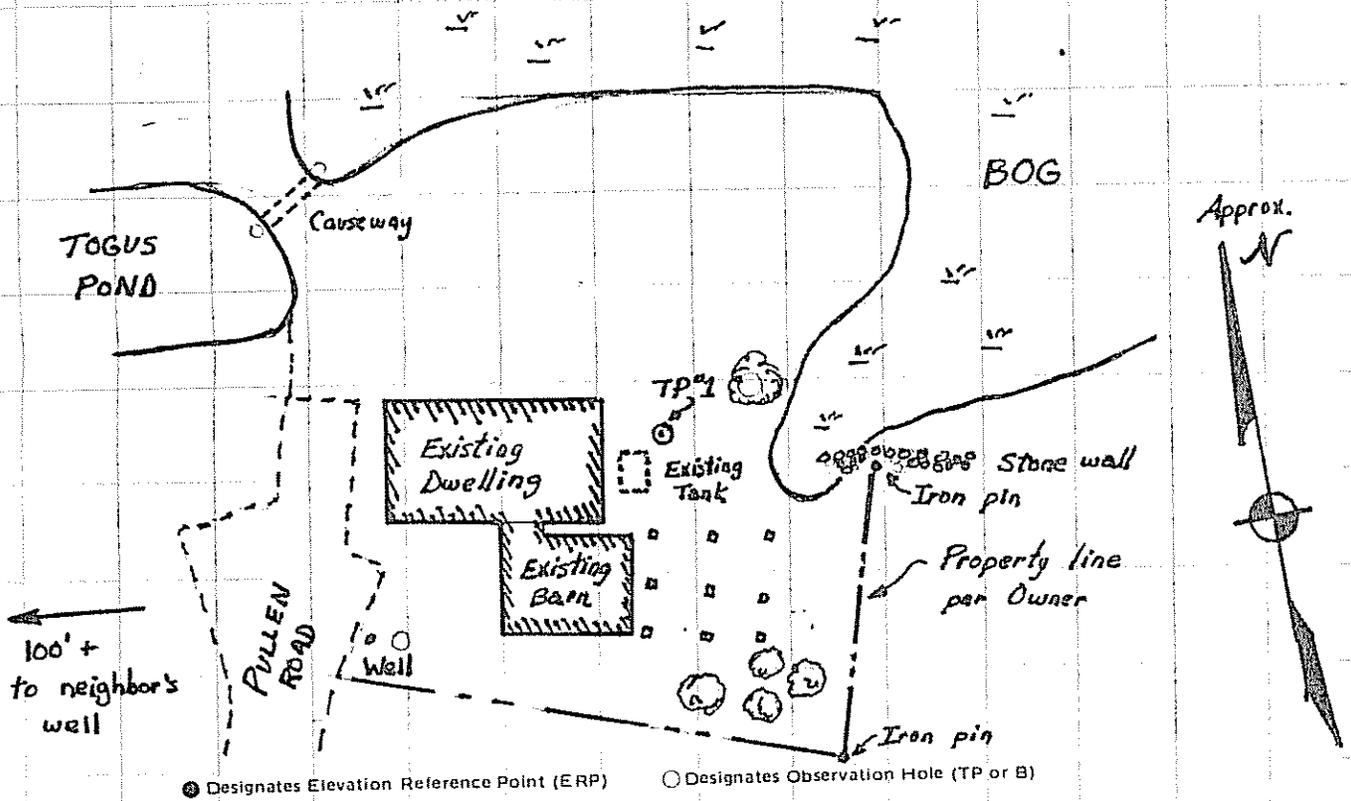
DISPOSAL AREA ELEVATION

Depth of Upslope Fill required 36" inches.  
Depth of Downslope Fill required — inches.

Reference Elevation Point established at 00" Elevation.  
Disposal Area Bottom to be established at -24" Elevation.  
Top of Distribution Lines or Top of Chambers -13" Elevation.

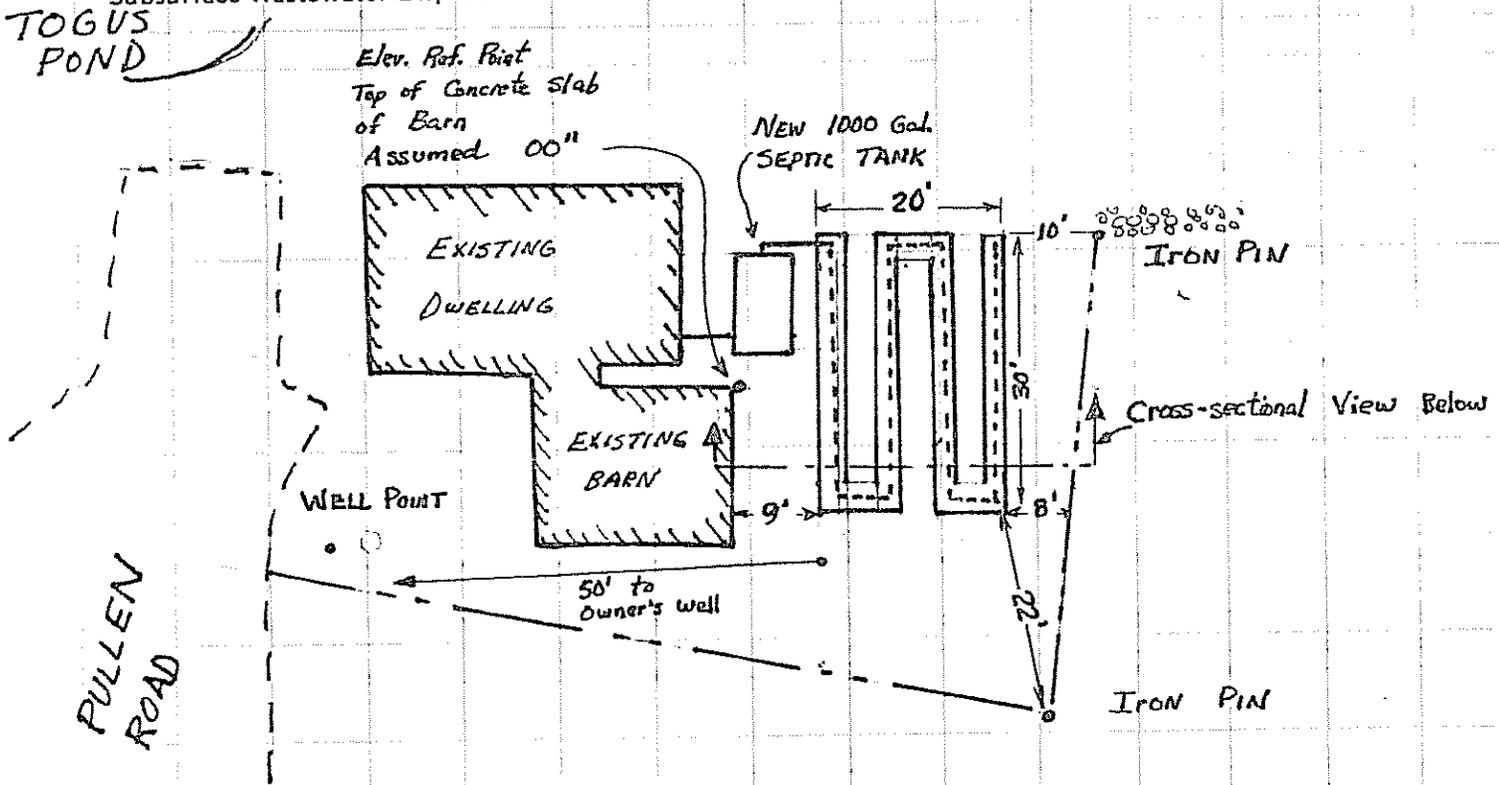
Site Plan

Scale 1" = 30 ft.



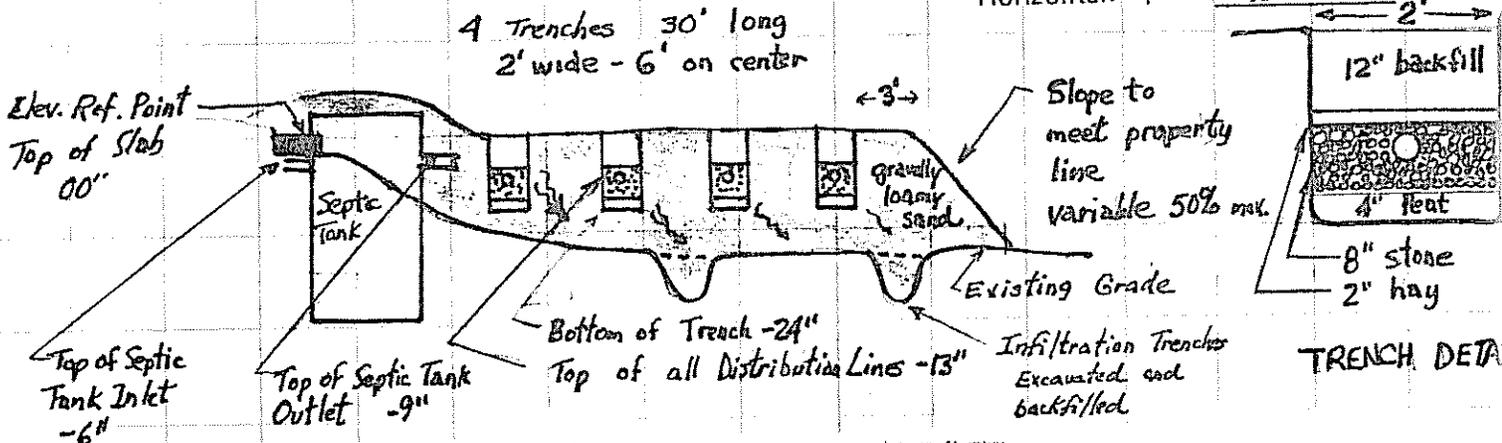
Subsurface Wastewater Disposal Plan

Scale 1" = 20' or —



Subsurface Wastewater Disposal Area Cross-section

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



Site Evaluator's Signature

Albert Feick

Date

May 5, 1981

License Number

#163

September 16, 1981

Mr. Stephen Hoad  
RFD # 6 Pullen Road  
Augusta, ME 04330

Dear Mr. Hoad:

After receiving a formal complaint on your malfunctioning septic system on your property located at the Pullen Road, Assessor's Map 74 Lot 16.

On July 8th at 9:15 a.m. 1980, your property was found to be in violation of the State of Maine Plumbing Code, Section 4359.

This is a notice to remedy the nuisance within 10 days.

In the event that the nuisance is not abated within the 10 days period, the Municipal Officers, or their agents, may enter the premises and cause the malfunction to be adequately remedied.

If I can be of any assistance to you, please contact my office.

Sincerely,

Richard P. Baker  
Plumbing Inspector

cc: Paul Poulin, City Manager  
Eugene Moreau



DETAILED SPECIFICATIONS FOR STEPHEN HOAD'S RESIDENT  
ON THE PULLEN ROAD, AUGUSTA, MAINE

The contractor shall be responsible for the complete installation and the connection of the house thereto, for the septic tank and drainage field as outlined on the attached HHE 200 form, together with the installation of a water supply line from the well point to the pump in the kitchen.

The contractor shall engage the services of a license plumber to make the installation from the house to the septic tank. The work between the house and the septic tank <sup>shall</sup> consist of:

1. Starting at the existing 3" cast iron vent, this vent shall be cut off at an elevation as the new 4" schedule PVC waste piping shall just clear under the level of the floor beams. The existing kitchen sink drain shall be wye'd in to accomodate this new level and the piping shall be pitched to the level of the septic tank invert. *The Contractor shall furnish the necessary appurtenances as detailed of the form HHE 200.*
2. The contractor shall be responsible for the installation of an 1½" automatic vent to the waste vent to the sink and all other existing fixtures properly trapped.
3. The contractor shall install a sheet of 16 guage galvanized steel metal plate at the building wall to act as a moisture barrier between the sandy loam bank fill over and under the 4" schedule PVC line leading to the tank.
4. The 12" back fill material as shown on the HHE 200 form shall be sandy loam. The contractor shall note the 2" hay, 8" of 3/4 clean washed stone and 4" peat specified on form HHE 200. The sandy loam shall be seeded to

*The existing facilities shall be pumped out and removed.*

guarantee a good stand of grass, hay mulch shall be installed after seeding.

*Potable Water*

5. The contractor shall install 1½" 100 lbs/sq.in. polyethylene water line from the well point to pump with all necessary fittings. The piping shall be routed around the south and east sides of the barn and below frost level. The vertical rise under the kitchen shall be encased in 12" sonotube filled with water proof insulation.
6. The contractor shall repipe the interior water supply from pump to existing fixtures with 1/2" 100psi polyethylene pipe routing within heated areas only.
7. The contractor shall repair the existing pump to servicable operation.
8. The contractor will be responsible in securing the internal and external plumbing permits.

I \_\_\_\_\_ agree to do all of the specified work  
for the lump sum of \_\_\_\_\_ \$ \_\_\_\_\_

Breakdown

Items	1 thru 4 inclusive	\$ _____
Item	5	\$ _____
Item	6	\$ _____
Item	7	\$ _____
Item	8	\$ _____
	Total	\$ _____



STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333

6  
file

May 5, 1981

MICHAEL R. PETIT  
COMMISSIONER

Mr. Stephen Hoad  
RFD 6  
Augusta, Maine 04330

Re: Replacement Subsurface Wastewater Disposal System Hoad Property,  
Pullen Road, Augusta

Dear Steve:

Attached is your application for a replacement subsurface wastewater disposal permit for your present malfunctioning system.

It is our opinion that the proposed disposal system design is the most practical system when considering:

1. the severe site limitation with seasonal high ground water table and limited area
2. proximity to swamp
3. proximity to your well
4. financial considerations.

Due to the above mentioned factors, a disposal system could not be installed in complete compliance with the Rules. The proposed system should provide adequate treatment to dispose of the wastewater in an environmentally sound and sanitary manner provided the users respect the system and its limitations. However, no guarantee is implied or inferred due to the nature of the conditions.

NOTES:

1. The proposed design assumes that significant internal plumbing modifications are to be done and that the plumbing can be adequately raised to allow for gravity feed into the disposal system. If this is not done or impossible, then a pump will be required.
2. Flow reducing fixtures and low volume toilets and water saving devices and/or practices should be employed.

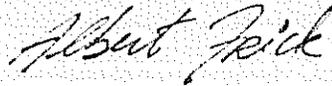
Stephen Hoad

Page 2.

May 5, 1981

3. A deed covenant shall be accepted documenting the nature and condition of the replacement disposal system.

Very truly yours,



Albert Frick, S.E.  
Wastewater & Plumbing Control  
Division of Health Engineering

AF/mo

(Owner: Please complete and record original in Registry of Deeds and submit copy to Local Plumbing Inspector)

(Registrar Please cross-reference with book & page within)

I, We, ( \_\_\_\_\_ ), Owner(s)  
Owner's Name(s)

of the property located at \_\_\_\_\_  
Street Town/City

the deed of which is recorded in Book # \_\_\_\_\_, page # \_\_\_\_\_,

hereby acknowledge that the installation of a subsurface sewage disposal system on the aforesaid property required a waiver which has been approved by the State of Maine, Department of Human Services.

The waiver conditions and/or system is restricted as follows:

1. The trench system length is 140 feet instead of the normally required 255 feet;
2. The trench system is located 50 feet from the owner's well and 10 feet from a swamp instead of the normally required 100 feet.

and is approved subject to the implementation of the above conditions and, in the event of any future failure of the system, to the maintenance, correction, or replacement of said system by the owner of said property at the time of such failure.

Signature(s) \_\_\_\_\_  
\_\_\_\_\_

State of Maine

(County) ss

Subscribed and sworn to by the above named \_\_\_\_\_  
(and \_\_\_\_\_) this day of \_\_\_\_\_,  
at \_\_\_\_\_, Maine.

Before me \_\_\_\_\_  
Notary Public

UNITED STATES POSTAL SERVICE  
OFFICIAL BUSINESS



**SENDER INSTRUCTIONS**  
Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, and 3 on the reverse.
- Attach to front of article if space permits. Otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

PENALTY FOR PRIVATE  
USE TO AVOID PAYMENT  
OF POSTAGE. \$300

RETURN  
TO



Mr. Richard Baker  
Plumbing Inspector  
City Hall (Name of Sender)  
Augusta, Maine 043305298

(Street or P. O. Box)

(City, State, and ZIP Code)

PS Form 3811, Aug. 1978

**SENDER:** Complete items 1, 2, and 3.  
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).

Show to whom and date delivered \_\_\_\_\_ c

Show to whom, date, and address of delivery \_\_\_\_\_ c

RESTRICTED DELIVERY  
Show to whom and date delivered \_\_\_\_\_ c

RESTRICTED DELIVERY.  
Show to whom, date, and address of delivery. \$ \_\_\_\_\_  
(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:  
Mr. Stephen Hoad  
RFD # 6 Pullen Road  
Augusta, Maine 04330

3. ARTICLE DESCRIPTION:  
REGISTERED NO. | CERTIFIED NO. | INSURED NO.

(Always obtain signature of addressee or agent)

I have received the article described above.  
SIGNATURE  Addressee  Authorized agent

4. DATE OF DELIVERY  
9-17-81

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

CLERK'S INITIALS

POSTMARK: AUGUSTA, ME SEP 17 1981 USPO

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

GPO: 1978-272-382