

Levesque, Robert

LOCAL WAIVER FORM

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

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

Town <i>Augusta</i>	Street, Road, etc. <i>West River Rd</i>	Plumbing Permit No. <i>14914EP</i>
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Owner of property <i>Robert Levesque</i>	Telephone No. <i>623-8549</i>	
Owner's address Street, Box, etc. <i>RFD # 3 Box 7</i>		
Town <i>Augusta</i>	State <i>MAINE</i>	Zip code <i>04330</i>

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 _____ sq. ft. lot with category _____ 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

MOTTLING: To reduce the 15 inches below the organic layer requirement to _____ inches. (Nothing closer than 10 inches is to be allowed) *Fill soil is mottled throughout in the lines*

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 _____ 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, _____, 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.

Robert Sawyer
Signature of Owner

7-24-78
Date

STATEMENT OF SITE EVALUATOR

I, Gerald Paulin, 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

Gerald Paulin
Signature of Site Evaluator

7-23-78
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 G. 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 G. Baber
Signature of Local Plumbing Inspector

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.

This Application Is For: New System Conversion Permit Replacement Of Entire System Disposal Area Only
 Expanded System Experimental System

An Application For Subsurface Wastewater Disposal Permit This Is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

Town: Augusta Street, Road, Etc.: West River Rd Plumbing Permit No.: 14914EP Date Of Plumbing Permit: 7-24-78
 If On Water Body, Give Name: _____

Owner Of Property: Robert Levesque Tel. No.: 623-8549 Name Of Applicant Owner's Agent: _____ Tel. No.: _____
 Street: RFD #3 Box 7 Street: _____

Town: Augusta State: Me Zip Code: 04330 Town: _____ State: _____ Zip Code: _____

Owner's Signature: Robert Levesque Date: 7-24-78 Applicant's Signature: _____ Date: _____

Size Of Lot: 30,000 Sq. Feet Acres Yes No Lot Zoned? _____ Type Of Zoning: _____ Subdivision Name: _____ Lot No.: _____

The Water Supply For This Property Is: Dug Well, depth _____; Drilled Well, depth _____; Spring, depth _____;
 Surface water Body Course— with disinfection, without disinfection. Public Utility, name: Augusta

SITE INVESTIGATION Show Location Of Pits on Site Plan on Page 2

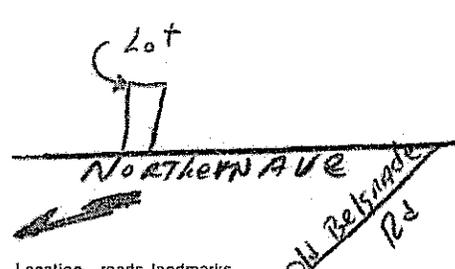
Thickness and Description of each soil:	Soil Profile No. <u>1</u> <input checked="" type="checkbox"/> Pit <input type="checkbox"/> Boring	Soil Profile No. <u>2</u> <input checked="" type="checkbox"/> Pit <input type="checkbox"/> Boring	Soil Profile No. <input type="checkbox"/> Pit <input type="checkbox"/> Boring	Soil Profile No. <input type="checkbox"/> Pit <input type="checkbox"/> Boring
	Organic Strata <u>0"</u>	Organic Strata <u>0</u>	Organic Strata <u>0</u>	Organic Strata <u>0</u>
1st Strata <u>FILL DIRTY SILTS & GRAVEL</u> Inches <u>43"</u>	1st Strata <u>FILL DIRTY SILTS & GRAVEL</u> Inches <u>42"</u>	1st Strata <u>0</u>	1st Strata <u>0</u>	1st Strata <u>0</u>
2nd Strata <u>0</u>	2nd Strata <u>0</u>	2nd Strata <u>0</u>	2nd Strata <u>0</u>	2nd Strata <u>0</u>
3rd Strata <u>0</u>	3rd Strata <u>0</u>	3rd Strata <u>0</u>	3rd Strata <u>0</u>	3rd Strata <u>0</u>
4th Strata <u>0</u>	4th Strata <u>0</u>	4th Strata <u>0</u>	4th Strata <u>0</u>	4th Strata <u>0</u>
Total Depth of Observation Hole Inches <u>43</u>	Total Depth of Observation Hole Inches <u>42</u>	Total Depth of Observation Hole Inches _____	Total Depth of Observation Hole Inches _____	Total Depth of Observation Hole Inches _____
Max. Seasonal Water Table Mottling <input checked="" type="radio"/> None Evident _____ Inches	Max. Seasonal Water Table Mottling <input checked="" type="radio"/> None Evident _____ Inches	Max. Seasonal Water Table Mottling <input type="radio"/> None Evident _____ Inches	Max. Seasonal Water Table Mottling <input type="radio"/> None Evident _____ Inches	Max. Seasonal Water Table Mottling <input type="radio"/> None Evident _____ Inches
Impervious Layer Clay, Etc. <input checked="" type="radio"/> None Evident _____ Inches	Impervious Layer Clay, Etc. <input checked="" type="radio"/> None Evident _____ Inches	Impervious Layer Clay, Etc. <input type="radio"/> None Evident _____ Inches	Impervious Layer Clay, Etc. <input type="radio"/> None Evident _____ Inches	Impervious Layer Clay, Etc. <input type="radio"/> None Evident _____ Inches
Bedrock <input type="radio"/> None Evident Type of Bedrock _____ Inches	Bedrock <input type="radio"/> None Evident Type of Bedrock _____ Inches	Bedrock <input type="radio"/> None Evident Type of Bedrock _____ Inches	Bedrock <input type="radio"/> None Evident Type of Bedrock _____ Inches	Bedrock <input type="radio"/> None Evident Type of Bedrock _____ Inches
Surface Slope <u>7</u> % Soil Group <u>3</u> Soil Condition <u>B</u> Per Table 9-1 Code II	Surface Slope <u>7</u> % Soil Group <u>3</u> Soil Condition <u>B</u> Per Table 9-1 Code II	Surface Slope _____ % Soil Group _____ Soil Condition _____ Per Table 9-1 Code II	Surface Slope _____ % Soil Group _____ Soil Condition _____ Per Table 9-1 Code II	Surface Slope _____ % Soil Group _____ Soil Condition _____ Per Table 9-1 Code II

On 7-23-78 (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: Gerald C Paulin Site Evaluator License Number: 79
 Date Signed: 7-23-78

DISPOSAL SYSTEM PROPOSED Show Location of System and Details on Disposal Plan on Page 2

SYSTEM: <input checked="" type="radio"/> Combined System <input type="radio"/> Separated System If separated system—type of human waste disposal system to be used: <input type="radio"/> Sealed Vault Privy <input type="radio"/> Open Pit Privy <input type="radio"/> Compost Toilet <input type="radio"/> Chemical Toilet <input type="radio"/> Incinerator Toilet	TREATMENT TANK <input type="radio"/> Aerobic Tank <input type="radio"/> Septic Tank <input type="radio"/> Concrete <input type="radio"/> Fiberglass <input type="radio"/> Metal Size in Gallons <u>Existing 1000</u> Gal. Number of Bedrooms <u>3</u>	SUBSURFACE ABSORPTION AREA/TYPE <input type="radio"/> Bed System No. of Beds <u>1</u> Length <u>44</u> ft Width <u>20</u> ft <input type="radio"/> Chamber System Number _____ <input type="radio"/> Type A <u>N/A</u> Single File <input type="radio"/> Type B _____ Cluster <input type="radio"/> Special System Length _____ ft Width _____ ft <input type="radio"/> Laundry System Type A _____ No. of Chambers: <u>1</u> Type B _____ Name and type of establishment if other than private home <u>N/A</u>	SIZE <input type="radio"/> Small <input type="radio"/> Medium <input checked="" type="radio"/> Med.-Large <input type="radio"/> Large <input type="radio"/> Extra-Large Design Flow <u>268</u> GPD	SITE MODIFICATION Fill will be: <u>0</u> in. uphill <u>0"</u> in. downhill DETAILS <input type="radio"/> A Distribution Box is required Pumping is— <input type="radio"/> required <input checked="" type="radio"/> is not required The dose will be _____ Gallons DISTANCES <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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.
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PROPERTY/LOT LOCATION MAP


WAIVER State Variance Required Replacement Variance Required None Required

FOR THE USE OF LPI ONLY
 Denial: Application is denied for the following reasons; portions of the Code II are cited. Form is incomplete (____ pg.) as to General info., Site Investigation, System Proposed, Site Plan, Disposal System Plan, Cross-Section, Statement. See section 4.1
 Site Investigation indicates site is unsuitable for disposal system. Unsuitable for system proposed.
 System Proposed does not conform to Code _____
 Site Investigation indicates site modifications are necessary.
 Acceptance: Application for permit is approved with condition specified, comply with Section 4.3
 without condition.

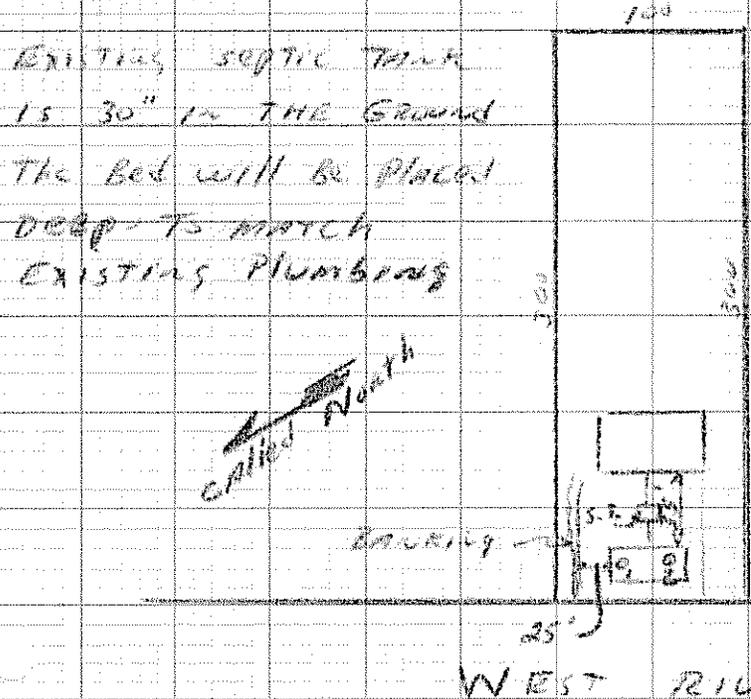
Signed LPI: Richard P. Baber Date: 7-24-78 HHE-200 1778

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

Town Augusta Street, Road, etc. West River Rd Owner of Property Robert Levesque
If on water body, give name

Site Plan

Scale 1" = _____ ft.



Note

1. EXISTING SYSTEM WAS 40 FOOT V PLANK TRENCHES. BUT TRENCH WAS DRY AND WAS NOT RECEIVING ANY LOADING.
2. SOIL IN AREA IS PREDOMINATELY BB OR BC TYPE SOIL.

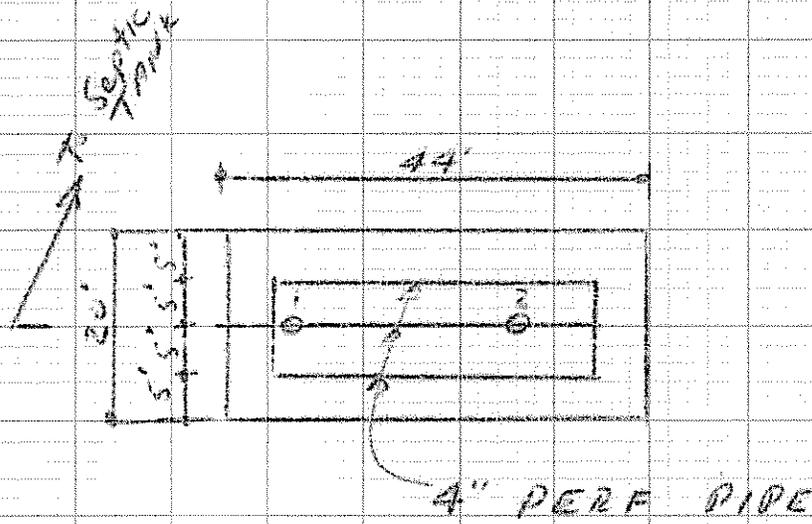
WEST RIVER ROAD

● Designates Elevation Reference Point

○ Designates Test Pit

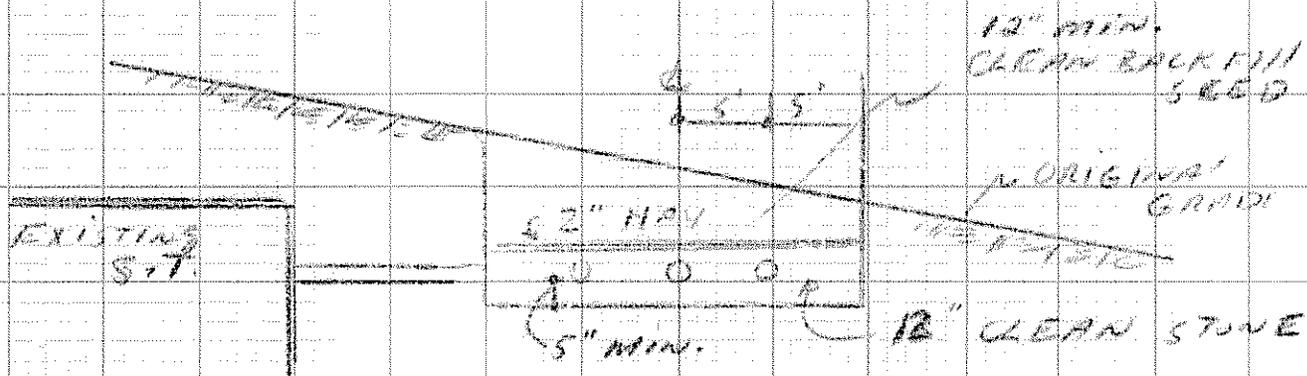
Private Sewage Disposal Plan

Scale 1" = 20' or _____



Subsurface Absorption Area Cross-section

Scale: Vertical — 1" = 5' or 1" = 4'
Horizontal — 1" = 20' or 1" = 10'



Site Evaluators Signature Cornell A. Paul Date 7-23-78 License Number 79

Signature Required

HHE-200 17B

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.

Date: 7-24-78
Applicant: Robert Levesque
Owner: Robert Levesque