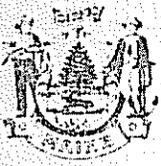


*Stanley, Bessie*



STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333

DAVID E. SMITH  
COMMISSIONER

July 27, 1977

Mrs. Bessie Stanley  
Route 3, Box 227  
Bog Road  
Augusta, ME 04330

Subject: Waiver to the Maine Plumbing Code, Part II,  
Stanley Property, Bog Road, Augusta

Dear Madam:

This will acknowledge receipt of a waiver request and a plan with soils information by William Rideout, Site Investigator, showing the replacement sewage disposal system for the existing malfunction. It is not in compliance with the Maine Plumbing Code, Part II, because of setbacks from two drilled wells and one dug well, the reasons for the waiver request.

In consideration of the plan dated July 12, 1977, and the fact that the existing system is malfunctioning, and recommendations by Mr. Rideout, this office will grant the responsible Local Plumbing Inspector the right to waive certain provisions of the Maine Plumbing Code for the following disposal system under authority of Section 3.14:

1. The installation of a 1000 gallon septic tank to be followed by a raised 15'x55' disposal bed.
2. The disposal field shall be located in the same general area as the existing system and shall be located at least 65 feet from the drilled well to the north, at least 80 feet from the dug well to the south and at least 80 feet from your proposed drilled well.
3. Only one dwelling may be connected to the permitted disposal system.
4. In all other respects the installation is to comply with the Maine Plumbing Code, Part II, Private Sewage Disposal Regulations and follow the plan submitted with this proposal.

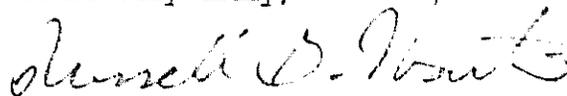
Final approval of the sewage portion is subject to permit by the Local Plumbing Inspector before the construction of this system. A completed HME-200 Form must be submitted to him for processing. The

Mrs. Bessie Stanley

July 27, 1977

inspector is to be notified before covering the work, and the work is to be left uncovered until his inspection. He shall be supplied with copies of approved plans for his reference at inspection. Approval is also subject to any local ordinances and state laws.

Yours very truly,



Russell G. Martin  
Plans and Standards Review  
Division of Health Engineering

RGM/nm

cc: Richard Baker, LPI (encl.)  
Freeman Eugley  
William Rideout, Jr.

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.: **Bog Road** Plumbing Permit No.: **8830EP** Date of Plumbing Permit: **11-28-77**

Owner of property: **Bessie Stanley, Rt. 3, Box 227, Bog Rd., Augusta, Me.** Size of lot: **140' frontage X 100' deep**

Name & type of establishment: \_\_\_\_\_ gpd Is lot Zoned?  Yes  No Type of Zoning:  Shoreland  Resource Protection

Name of applicant: \_\_\_\_\_ If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following:  
 Deed restriction re. private sewage disposal  
 Copy of the subdivision's soils report  
 Soils report from a State Agency

Applicant's address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Subdivision name: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Applicant's signature: **Bessie Stanley** Date: **6-28-77**

Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application is for:  New System  Expanded System  Replacement System  Replacement of  Treatment Tank Only  Disposal Area Only

The water supply for this property is:  Dug well, depth \_\_\_\_\_, lining \_\_\_\_\_;  Drilled well, depth **To be 100' minimum from tank & bed**, lining \_\_\_\_\_;  Surface water  Body,  Course— with disinfection,  without disinfection.  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. <b>1</b>	Soil Profile No.	Soil Profile No.	Soil Profile No.	Soil Profile No.
Organic strata: <b>None</b>	Organic strata	Organic strata	Organic strata	Organic strata
Inches	Inches	Inches	Inches	Inches
1st strata: <b>Red brown fine to medium sand</b>	1st strata	1st strata	1st strata	1st strata
Inches: <b>30</b>	Inches	Inches	Inches	Inches
2nd strata: <b>Mottled sand</b>	2nd strata	2nd strata	2nd strata	2nd strata
Inches: <b>24</b>	Inches	Inches	Inches	Inches
3rd strata	3rd strata	3rd strata	3rd strata	3rd strata
Inches	Inches	Inches	Inches	Inches
Total Depth of observation hole: <b>54</b> 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: <b>30</b> 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.: <b>None Evident</b>	Impervious layer, clay, etc.: _____ Inches			
Bedrock: <b>None Evident</b>	Bedrock: _____ Inches	Bedrock: _____ Inches	Bedrock: _____ Inches	Bedrock: _____ Inches
Type of Bedrock: _____	Type of Bedrock: _____	Type of Bedrock: _____	Type of Bedrock: _____	Type of Bedrock: _____
Surface slope: <b>3%</b>	Surface slope: _____ %			
Soil Group & Condition per Table 9-1 of the Code, II: <b>5-0</b>	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: _____

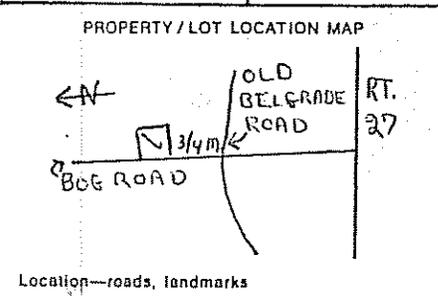
On **6/23/77** (date), a site investigation for this project was completed. I conducted this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the following type and size of private sewage disposal system. I also recommend the proposed private sewage disposal system layout and location shown on page 2.

Signature: **Ulmer W. [Signature]** Health Engineering License No. \_\_\_\_\_  
Date signed: **6/24/77** Revised: **7/12/77** 51

**PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED** Show location of system and details on sketches on page 2, and refer to completed sample form

<b>SYSTEM:</b> <input checked="" type="checkbox"/> <b>COMBINED SYSTEM</b> <input type="checkbox"/> <b>SEPARATED SYSTEM</b> 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.	<b>TREATMENT TANK:</b> <input checked="" type="checkbox"/> <b>Septic Tank</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Size in gallons: <b>1000</b> <input type="checkbox"/> <b>Aerobic Tank</b> Manufacturer: _____ Model No.: _____ Size in gallons: _____	<b>SUBSURFACE ABSORPTION AREA</b>	<b>SITE MODIFICATION</b>
		Type: <input type="checkbox"/> Trench System: Total trench length: _____ <input checked="" type="checkbox"/> <b>Bed System</b> Length: <b>55</b> Width: <b>15</b> <input type="checkbox"/> Chamber System Number: _____ <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 type="checkbox"/> Special System Length: _____ Width: _____ <b>WAIVER</b> <input checked="" type="checkbox"/> Required <input type="checkbox"/> Not Required	Fill will be: <b>18</b> in. uphill; <b>23</b> in. downhill <b>DETAILS</b> Depends on tank <input type="checkbox"/> A Distribution Box is required elevation _____ Pumping is— <input type="checkbox"/> required, <input type="checkbox"/> is not required. The Dose will be _____ gallons

**DISTANCES**  
 Yes  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.  
 Yes  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.



**FOR THE USE OF LPI ONLY**

Denial: Application is denied for 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 2.3.

Site Investigation indicates site is  totally unsuitable for disposal system; Sections 4.5 and 9.5, Table 9-1 Group 9 and 10.  Unsuitable for system proposed; Sections 4.3, 4.6, 9.5, Table 9-1.

System Proposed does not conform to Code; See Sections 9. \_\_\_\_\_

Site Investigation indicates site modifications are necessary; See Sections  4.3,  4.4,  4.6,  8.7,  \_\_\_\_\_

Miscellaneous \_\_\_\_\_ See Section \_\_\_\_\_

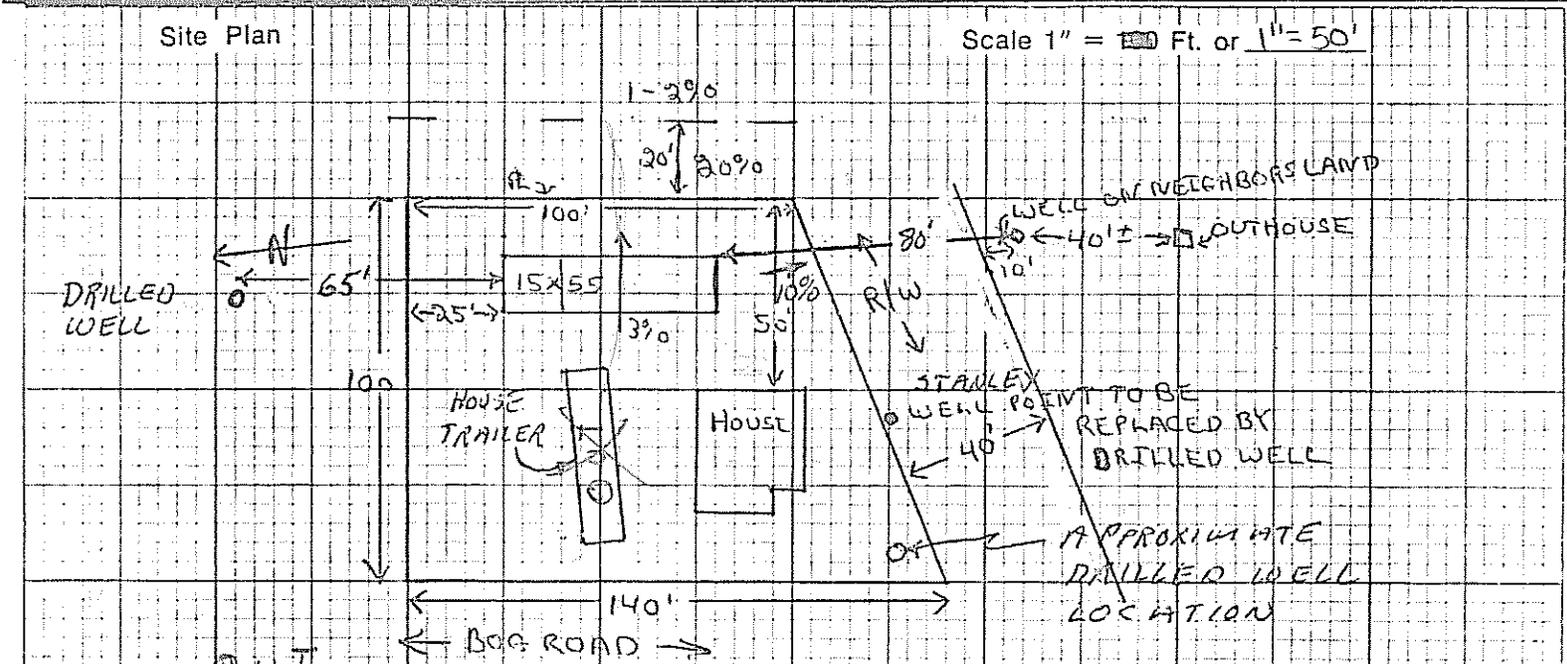
Acceptance: Application for permit is approved with condition specified, comply with Section **SEE WAIVER**  
 without condition

Signed LPI: **Richard P. Bahr** Date: **7-14-77** HHE-200 1/77

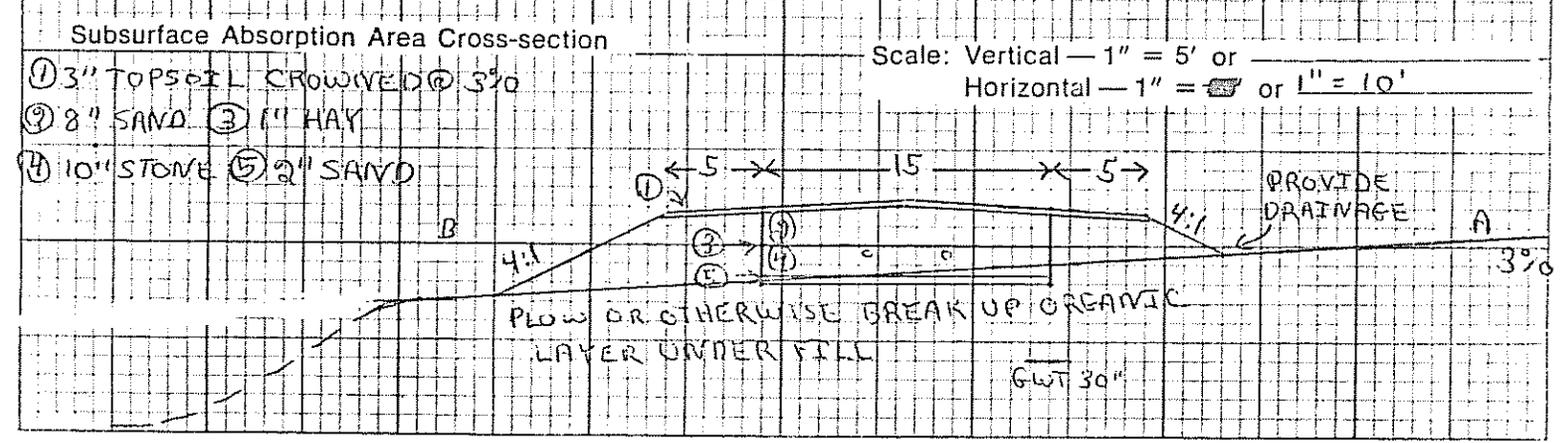
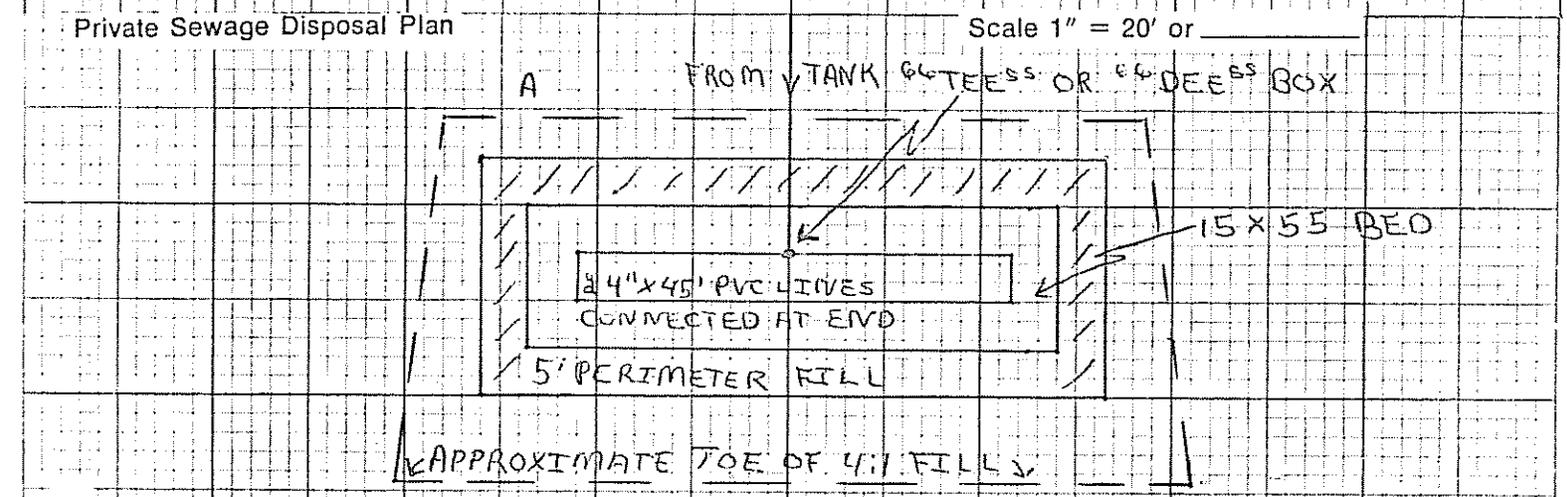
**APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT**  
(For systems disposing of less than 2000 gallons per day)

JUL 14 1977

Town <b>Augusta</b>	Street, Road, etc. If on water body, give name <b>Bog Road</b>	Owner of Property <b>Bessie Stanley</b>
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NOTE: OWNER INTENDS TO CONNECT BOTH DRILLINGS TO THE SYSTEM, TO SERVE MAXIMUM OF 5 PEOPLE OR 300 GALLONS PER DAY.



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 6-28-77  
Applicant: x  
Owner: x Bessie Stanley

HHE - 200 1/77