

Letteney, Hollis

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

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

City: Augusta Street, Road, Etc: FOREST AVE Plumbing Permit No.: 19 515 E1 Date Of Plumbing Permit: 4-25-79

Owner Of Property: Hollis Letteney Tel No: 622-1556 Name Of Applicant/Owner's Agent: _____ Tel No: _____

Address: 19 Forest Ave State: Me. Zip Code: 04330 Town: _____ State: _____ Zip Code: _____

Applicant's Signature: Hollis Letteney Date: 4-23-79 Applicant's Signature: _____ Date: _____

Area Of Lot: 33,000 Sq Feet Acres Is Lot Zoned? Yes No Type Of Zoning: _____ Subdivision Name: _____ Lot No.: _____

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 Water Dist.

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

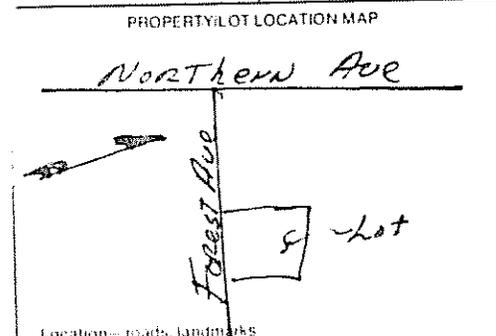
Soil Profile No.	Soil Profile No.		Soil Profile No.		Soil Profile No.	
	<input checked="" type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring
Organic Strata	Organic Strata	Organic Strata	Organic Strata	Organic Strata	Organic Strata	Organic Strata
1st Strata <u>DARK BROWN F.S.L.</u>	1st Strata					
Inches <u>20" M.L.</u>	Inches	Inches	Inches	Inches	Inches	Inches
2nd Strata <u>Red Brown F.S.L.</u>	2nd Strata					
Inches <u>8" M.L.</u>	Inches	Inches	Inches	Inches	Inches	Inches
3rd Strata <u>Olive Brown F.S.L.</u>	3rd Strata					
Inches <u>20" M.L.</u>	Inches	Inches	Inches	Inches	Inches	Inches
4th Strata	4th Strata	4th Strata	4th Strata	4th Strata	4th Strata	4th Strata
Inches	Inches	Inches	Inches	Inches	Inches	Inches
Total Depth of Observation Hole Inches <u>48</u>	Total Depth of Observation Hole Inches					
Max. Seasonal Water Table Mottling <u>28</u> Inches <input type="radio"/> None Evident	Max. Seasonal Water Table Mottling _____ Inches <input type="radio"/> None Evident	Max. Seasonal Water Table Mottling _____ Inches <input type="radio"/> None Evident	Max. Seasonal Water Table Mottling _____ Inches <input type="radio"/> None Evident	Max. Seasonal Water Table Mottling _____ Inches <input type="radio"/> None Evident	Max. Seasonal Water Table Mottling _____ Inches <input type="radio"/> None Evident	Max. Seasonal Water Table Mottling _____ Inches <input type="radio"/> None Evident
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	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 checked="" type="radio"/> None Evident _____ Inches Type of Bedrock	Bedrock <input type="radio"/> None Evident _____ Inches Type of Bedrock	Bedrock <input type="radio"/> None Evident _____ Inches Type of Bedrock	Bedrock <input type="radio"/> None Evident _____ Inches Type of Bedrock	Bedrock <input type="radio"/> None Evident _____ Inches Type of Bedrock	Bedrock <input type="radio"/> None Evident _____ Inches Type of Bedrock	Bedrock <input type="radio"/> None Evident _____ Inches Type of Bedrock
Surface Slope <u>10</u> %	Surface Slope _____ %					
Soil Group <u>2</u> Soil Condition <u>C</u> Per Table 9-1 Code II	Soil Group _____ Soil Condition _____ Per Table 9-1 Code II	Soil Group _____ Soil Condition _____ Per Table 9-1 Code II	Soil Group _____ Soil Condition _____ Per Table 9-1 Code II	Soil Group _____ Soil Condition _____ Per Table 9-1 Code II	Soil Group _____ Soil Condition _____ Per Table 9-1 Code II	Soil Group _____ Soil Condition _____ Per Table 9-1 Code II

On 4-21-79 (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: 4-23-79

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 checked="" type="radio"/> Septic Tank <input type="radio"/> Concrete <input type="radio"/> Fiberglass <input type="radio"/> Metal Size in Gallons: _____ Existing Gas: _____ Number of Bedrooms: <u>4</u>	SUBSURFACE ABSORPTION AREA/TYPE <input type="radio"/> Bed System No. of Beds <u>1</u> Length <u>34</u> ft Width <u>20</u> ft <input type="radio"/> Chamber System Number _____ <input type="radio"/> Type A <input type="radio"/> Single File <input type="radio"/> Type B <input type="radio"/> Cluster <input type="radio"/> Special System Length _____ ft Width _____ ft <input type="radio"/> Laundry System Type A _____ Type B _____ No. of Chambers: <u>N/A</u> Name and type of establishment if other than private home: _____	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>291</u> GPD	SITE MODIFICATION Full will be <u>0</u> in uphit <u>24</u> in downhit 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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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 1 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 9.1
 without condition

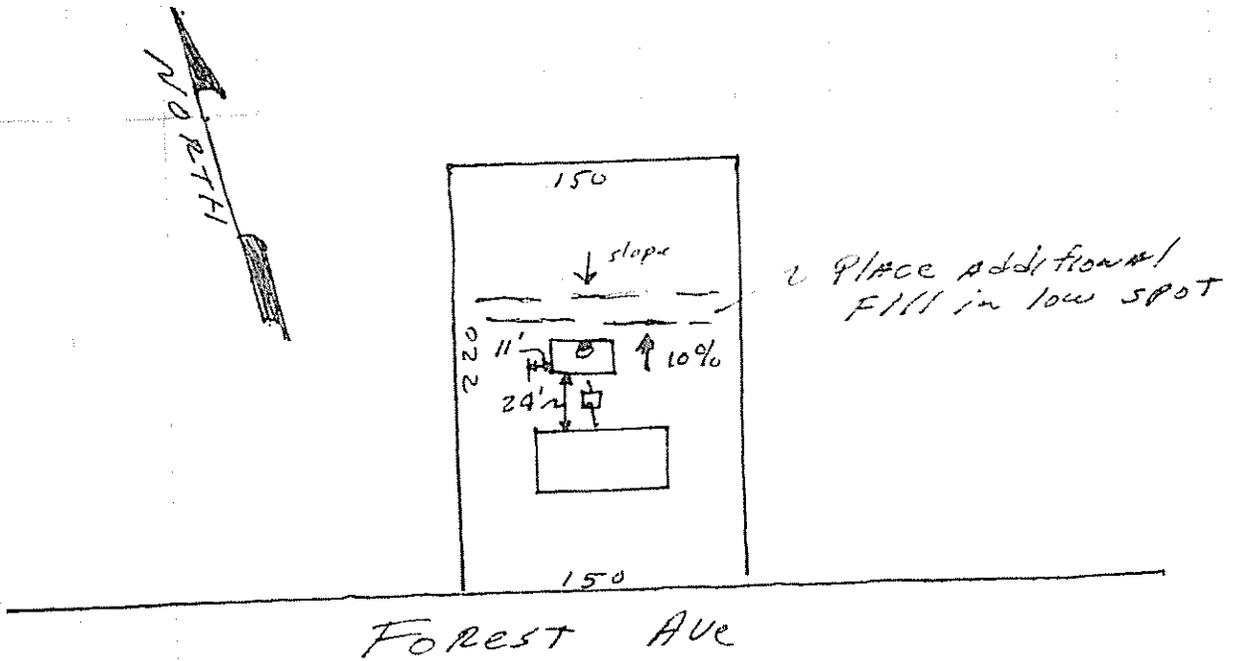
Signature: Richard S Barber Date: 4-21-79 HHE-200 1/78

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

Augusta
 Site Plan

Street, Road, etc *Forest Ave*
 If on water body, give name

Owner of Property *Hollis Letteney*
 Scale 1" = _____ ft.

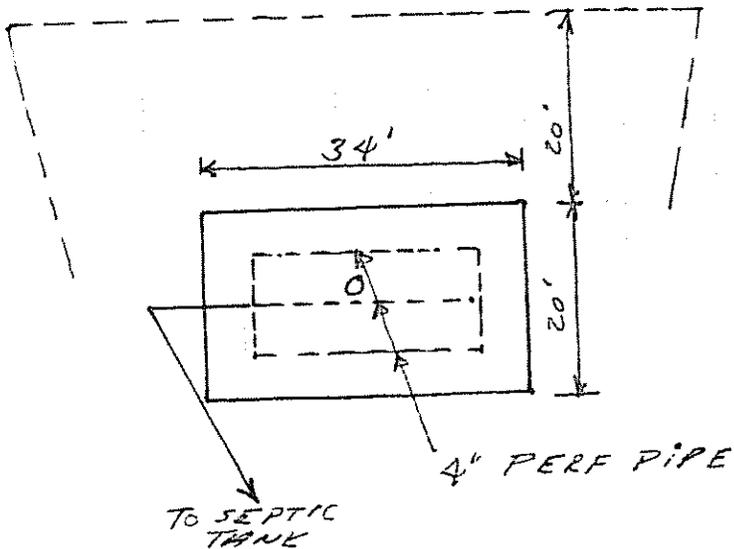


● Designates Elevation Reference Point

○ Designates Test Pit

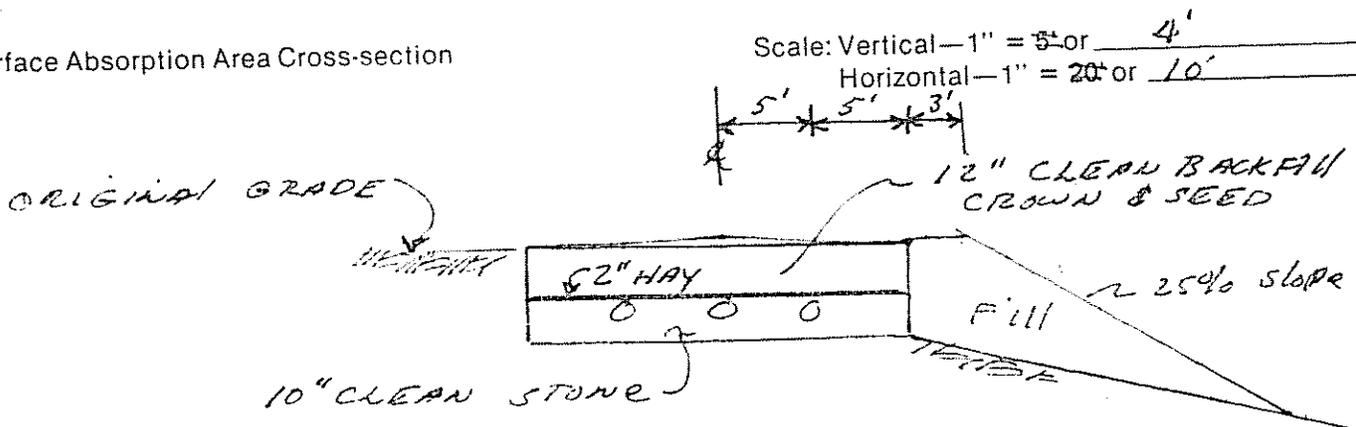
Private Sewage Disposal Plan

Scale 1" = 20' or _____



Subsurface Absorption Area Cross-section

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



Site Evaluator's Signature *Gerald Poulin* Date *4-23-79*

License Number *79*

Signature Required

HHE-200

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: *4-25-79*
 Applicant: _____
 Owner: *Hollis Letteney*

STATE VARIANCE FORM

The purpose of this agreement is to waive certain provisions of the MAINE STATE PLUMBING CODE, PART II on subsurface wastewater disposal systems.

TOWN/CITY CODE <u>11021</u>	LPI NUMBER <u>360</u>	DATE PERMIT ISSUED <u>4 25 79</u> <small>MONTH DAY YEAR</small>	EVALUATOR NUMBER <u>79</u>	PERMIT NUMBER <u>19515</u> ES
ADDRESS OF SYSTEM'S LOCATION <u>19 FOREST AVE</u> <small>ST. LOT NUMBER STREET, ROAD NAME SUBDIVISION</small>				ZIP CODE <u>04330</u>
NAME OF OWNER <u>Hollis Letteney</u>		MAILING ADDRESS <u>19 Forest Ave Augusta</u>		ZIP CODE <u>04330</u>

DESCRIPTION OF SPECIFIC WAIVER	SECTION OF CODE
1. <u>Bot of disposal Area to limiting factor to be 4" Table</u>	<u>9</u> . <u>1</u>
2. <u>System size for 4 bedroom in Medium Large Soil Table</u>	<u>9</u> . <u>1</u>
3. <u>To have a 20 x 34 bed</u>	<u> </u> . <u> </u>

WAIVER CONDITIONS

- A. **APPLICABILITY.** The Department has authority to waive requirements as stated in Section 3 of the Maine State Plumbing Code, Part II. Submission of this waiver application is to be in no way construed as an automatic approval of the waiver(s) requested. All local ordinances must be complied with. In all other respects, the installation will comply with the Part II, Code and in accordance to the attached HHE-200 FORM.
- B. **SOIL EVALUATOR'S RESPONSIBILITIES.** When an undeveloped property is found to be unsuitable for subsurface wastewater disposal by a licensed soil evaluator, the evaluator shall inform the property owner of such. If the property owner wishes to request a variance to the requirements of applicable rules, and the evaluator in his professional opinion feels the variance request is justified and that the site limitations can be overcome, he shall document the soil and site conditions on a HHE-200 FORM. The evaluator shall list the specific variances necessary plus describe on the back of the State Variance Form, in detail, the proposed system design and location. The evaluator shall further describe in detail how the specific site limitations are to be overcome, and provide any support documentation necessary prior to consideration by the Division of Health Engineering.
- C. **LOCAL PLUMBING INSPECTOR'S RESPONSIBILITIES.** The Local Plumbing Inspector shall review all state variance requests prior to their submission to the Division of Health Engineering. The LPI shall indicate the municipality's position in regards to the variance request. The LPI shall also inform the Division of Health Engineering of any facts relative to the variance request not specifically noted by the property owner or the soil evaluator.
- D. **PROPERTY OWNER'S RESPONSIBILITIES.** The owner of any undeveloped property found unsuitable for subsurface wastewater disposal by a licensed soil evaluator may apply to the Division of Health Engineering for a variance under the requirements of appropriate rules. The property owner is advised that decisions on variance requests are based on a complete review of all pertinent facts by the Division of Health Engineering and that an approval is by no means certain. The property owner shall provide factual information to the soil evaluator, the LPI, and the Division in regards to his past actions and proposed future use of the property.
- E. **RECORDS.** A copy of the waiver request forms and the associated HHE-200 FORMS shall be provided to the homeowner, the soil 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.
- F. **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.
- G. Any request for a variance to replace an existing system in excess of specified Replacement Variance tolerance shall be completed on the State Variance Form accompanied by a completed HHE-200 FORM.

STATEMENTS

STATEMENT OF OWNER
 I, Hollis Letteney, the undersigned, am the owner of the property indicated in the application and state that the property is not for sale in the foreseeable future. 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. I have completed the back side of this form, elaborating on my reasons for requesting said waiver(s). Should the proposed 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. If any defects or inadequacies appear, I will promptly notify the Department of Human Services and subsequently make such corrections as the Department shall find necessary.
Hollis Letteney 4-25-79
 Signature of Owner Date

STATEMENT OF SOIL EVALUATOR
 I, Gerald C. Pollin, 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. In my judgement as a licensed evaluator I certify that the proposed system design on my HHE-200 form is the best alternative available and that the system will function properly as per the justifications outlined on the back side of this waiver application.
Gerald C. Pollin 4-23-79
 Signature of Soil Evaluator 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, Gerald C. Pollin, 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 subsurface wastewater disposal system on this property.
 Based upon my conclusions, I (do) (do not) recommend the issuance of a special permit for the installation as proposed and as shown on the HHE-200 Form.
Gerald C. Pollin 4-25-79
 Signature of Local Plumbing Inspector Date

JUSTIFICATIONS

OWNER:

The owner must elaborate below the reasons for requesting the waiver(s) on the front side of this form.

NOTE: Please attach another sheet of paper if additional space is required.

SOIL EVALUATOR:

The soil evaluator must state the reasons why the waiver request should be granted and according to professional judgment why the proposed subsurface system design will function properly.

The old systems had about 30 feet of V plank for a disposal field. This handled the waste at this dwelling for the past 15 to 20 years. The failure occurred when the plank finally plugged and liquid overflowed at the septic tank. Therefore a 20 x 34 bed should handle the waste adequately. One other consideration is that laundry facilities do not go into the bed but to a separate dry well. This system is the most practical for this dwelling without causing any financial hardship. Care should be taken by placing a little additional fill at the bottom of the slope.

NOTE: Please attach another sheet of paper if additional space is required.