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TOWN COPY \$ (20.00)

### REPLACEMENT SYSTEM VARIANCE REQUEST

#### THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request an HHE-200 and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 2006)
2. There will be no change in use of the structure except as authorized for minor expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

<b>GENERAL INFORMATION</b>		Town of <u>AUGUSTA</u>
Permit No. <u>5301</u>	Date Permit Issued <u>6-1-04</u>	
Property Owner's Name: <u>DAN CROCKER</u>	Tel. No.: <u>933-9029</u>	
System's Location: <u>LEES TRAILER PARK, RT#3</u>		
Property Owner's Address: <u>20 NORTH SHORE DRIVE</u>		
(if different from above) <u>MONMOUTH, ME 04259</u>		

#### SPECIFIC INSTRUCTIONS TO THE:

##### LOCAL PLUMBING INSPECTOR (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, complete the Replacement Variance Request with your signature on reverse side of form.

##### PROPERTY OWNER:

If 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.

#### PROPERTY OWNER

I understand that the proposed system requires a variance to the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

Daniel H. Crocker  
SIGNATURE OF OWNER

6-20-04  
DATE

#### LOCAL PLUMBING INSPECTOR

Wayne R. Sullivan, the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

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

Comments:

Wayne R. Sullivan  
LPI SIGNATURE

6/1/04  
DATE

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
SOILS								
Soil Profile	Ground Water Table			to 7"				Inches
Soil Condition	Restrictive Layer			to 7"				Inches
from HHE-200	Bedrock			to 12"				Inches
SETBACK DISTANCES (in feet)	Disposal Fields			Septic Tanks			Disposal Fields	Septic Tanks
	From	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	To
Wells with water usage of 2000 or more gpd or public water supply wells		300 ft [a]	300 ft [a]	300 ft [a]	100 ft [a]	100 ft [a]	100 ft [a]	240'
Owner's wells		100 down to 60 ft	200 down to 100 ft	300 down to 150 ft	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft	
Neighbor's wells		100 down to 60 ft [b]	200 down to 120 ft [b]	300 down to 180 ft [b]	100 down to 50 ft [b]	100 down to 75 ft [b]	100 down to 75 ft [b]	
Water supply line		10 ft [a]	20 ft [a]	25 ft [a]	10 ft [a]	10 ft [a]	10 ft [a]	
Water course, major - for replacements only, see Table 400.4 for major expansions		100 down to 60 ft	200 down to 120 ft	300 down to 180 ft	100 down to 50 ft	100 down to 50 ft	100 down to 50 ft	
Water course, minor		50 down to 25 ft	100 down to 50 ft	150 down to 75 ft	50 down to 25 ft	50 down to 25 ft	50 down to 25 ft	
Drainage ditches		25 down to 12 ft	50 down to 25 ft	75 down to 35 ft	25 down to 12 ft	25 down to 12 ft	25 down to 12 ft	
Edge of fill extension -- Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams		25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	
Slopes greater than 3:1		10 ft	18 ft	25 ft	N/A	N/A	N/A	
No full basement [e.g. slab, frost wall, columns]		15 down to 7 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft	
Full basement [below grade foundation]		20 down to 10 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft	
Property lines		10 down to 5 ft [c]	18 down to 9 ft [c]	20 down to 10 ft [c]	10 down to 4 ft [c]	15 down to 7 ft [c]	20 down to 10 ft [c]	
Burial sites or graveyards, measured from the down toe of the fill extension		25 ft	25 ft	25 ft	25 ft	25 ft	25 ft	

**OTHER**

1. Fill extension Grade - to 3:1

2.

3.

- Footnotes: a. This setback distance cannot be reduced by the LPI, but may be considered for reduction by State variance.  
 b. May not be any closer to neighbor's well than the existing disposal field or septic tank unless written permission is granted by the neighbor.  
 c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope or property line.  
 d. Natural Resources Protection Act requires a 25 foot setback on slopes with less than 20% from the edge of disturbance and 100 feet on slopes greater than 20% except for the repair or installation of a replacement system when no practical alternative exists.

*Steph P. Robbins*  
 \_\_\_\_\_  
 SITE EVALUATOR'S SIGNATURE

16 APR 04  
 \_\_\_\_\_  
 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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
 Division of Health Engineering, Station 10  
 (207) 287-5672 FAX (207) 287-4172

<b>PROPERTY LOCATION</b>		>> Caution: Permit Required - Attach in Space Below <<	
City, Town, or Plantation	AUGUSTA No. Bedford Ave		
Street or Road	RT # 3 Lees Court		
Subdivision, Lot #	LEE'S TRAILER PARK		
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	CROCKER, DAN <input type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	20 NORTH SHORE DRIVE MONMOUTH, ME 04259		
Daytime Tel. #	933-9029		
<b>Owner or Applicant Statement</b>		<b>Caution: Inspection Required</b>	
I state that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant: <u>Daniel P. Crocker</u> Date: <u>11-20-04</u>		Local Plumbing Inspector Signature: <u>Wayne R. Fuller</u> (1st) Date Approved: <u>01/21/04</u> (2nd) Date Approved: _____	

### PERMIT INFORMATION

<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENT(S)</b>
1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>UNK</u> Year Installed: <u>±25 YRS</u> 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	1. <input type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. <input checked="" type="checkbox"/> Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input checked="" type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion Approval	1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alternative toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, capacity: _____ gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd or more) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input checked="" type="checkbox"/> Pre-treatment, specify: <u>BK2000</u> 12. <input checked="" type="checkbox"/> Miscellaneous components <u>2 PUMP STATIONS</u>
<b>SIZE OF PROPERTY</b>	<b>DISPOSAL SYSTEM TO SERVE</b>	<b>TYPE OF WATER SUPPLY</b>
24.4 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____ 2. <input checked="" type="checkbox"/> Multiple Family Dwelling, No. of Units: <u>3</u> 3. <input type="checkbox"/> Other: _____ SPECIFY	1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other:
<b>SHORELAND ZONING</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

### DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>	<b>DESIGN FLOW</b>
1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY: <u>2000</u> gallons	1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 Load 4. <input type="checkbox"/> Other: _____ SIZE: <u>2,250</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes 3. <input type="checkbox"/> Maybe >> If yes/maybe, specify one below: a. <input type="checkbox"/> Multi-Compartment Tank b. <input type="checkbox"/> Tanks in Series c. <input type="checkbox"/> Increase in Tank Capacity d. <input type="checkbox"/> Filter on Tank Outlet	<u>648</u> gallons-per-day (gpd) BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities - <u>3-3 BDRMS 810</u> <u>BK2000 -20%</u>
<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>DISPOSAL FIELD SIZING</b>	<b>EFFLUENT/EJECTOR PUMP</b>	
PROFILE CONDITION DESIGN <u>2</u> • <u>C</u> • <u>1</u> at Observation Hole # <u>1</u> Depth <u>26</u> • Elevation <u>-74</u> OF MOST LIMITING SOIL FACTOR	1. <input type="checkbox"/> Small -- 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium -- 2.6 sq. ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large -- 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large -- 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra Large -- 5.0 sq. ft./gpd	1. <input type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input checked="" type="checkbox"/> Required >> Specify dose for engineered & experimental systems DOSE: _____ gallons	3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA

### SITE EVALUATOR STATEMENT

I certify that on 13 APR 04 (date) I completed a site evaluation on this property and state that the data reported herein are accurate and that the proposed system is in compliance with the Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Signature: Stephen P. Robbins SE # 301 Date: 16 APR 04

Site Evaluator Name Printed: STEPHEN P. ROBBINS Telephone #: 377-6707 E-Mail Address: NARROWS@AOL.COM

STEPHEN P. ROBBINS  
 BOX 271  
 EAST WINTHROP, ME 04943

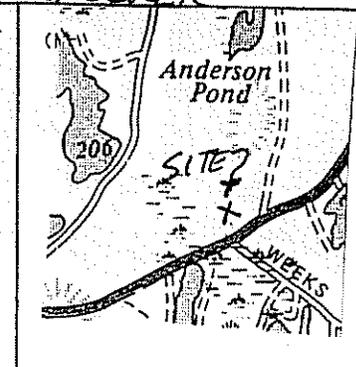
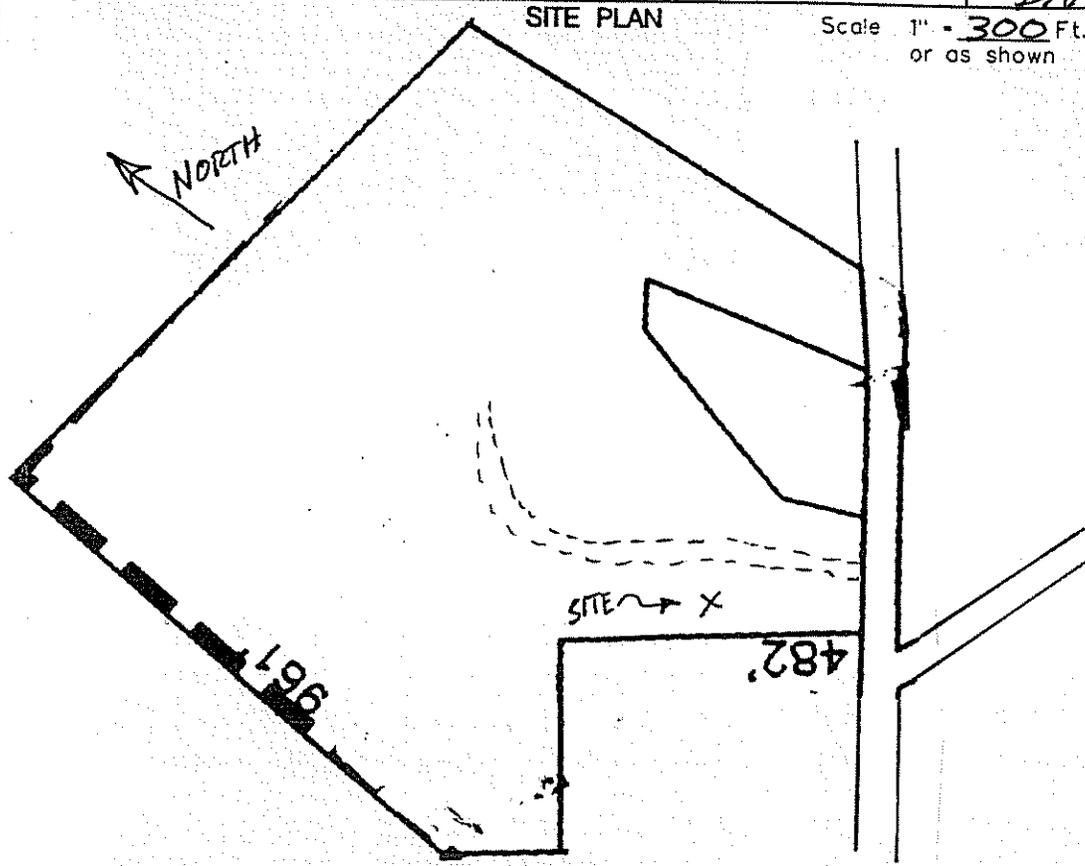
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 287-5872 FAX (207) 287-4172

Town, City, Plantation  
**AUGUSTA**

Street, Road Subdivision  
**RT# 3**

Owner's Name  
**DAN CROCKER**



## SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole #1  Test Pit  Boring  
/ " Depth of Organic Horizon Above Mineral Soil

Observation Hole \_\_\_\_\_  Test Pit  Boring  
\_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	FINE SANDY LOAM	FRILABLE	BROWN	NONE
10			RED BROWN	
20			YELLOW BROWN	
30			OLIVE YELLOW	
30	DEPTH OF PIT			
40				
50				

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification: S C  
Profile Condition  
Slope: 8 %  
Limiting Factor: 26 "  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

Soil Classification: \_\_\_\_\_  
Profile Condition  
Slope: \_\_\_\_\_ %  
Limiting Factor: \_\_\_\_\_ "  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

*[Signature]*  
Site Evaluator Signature

301

16 APR 04  
Date

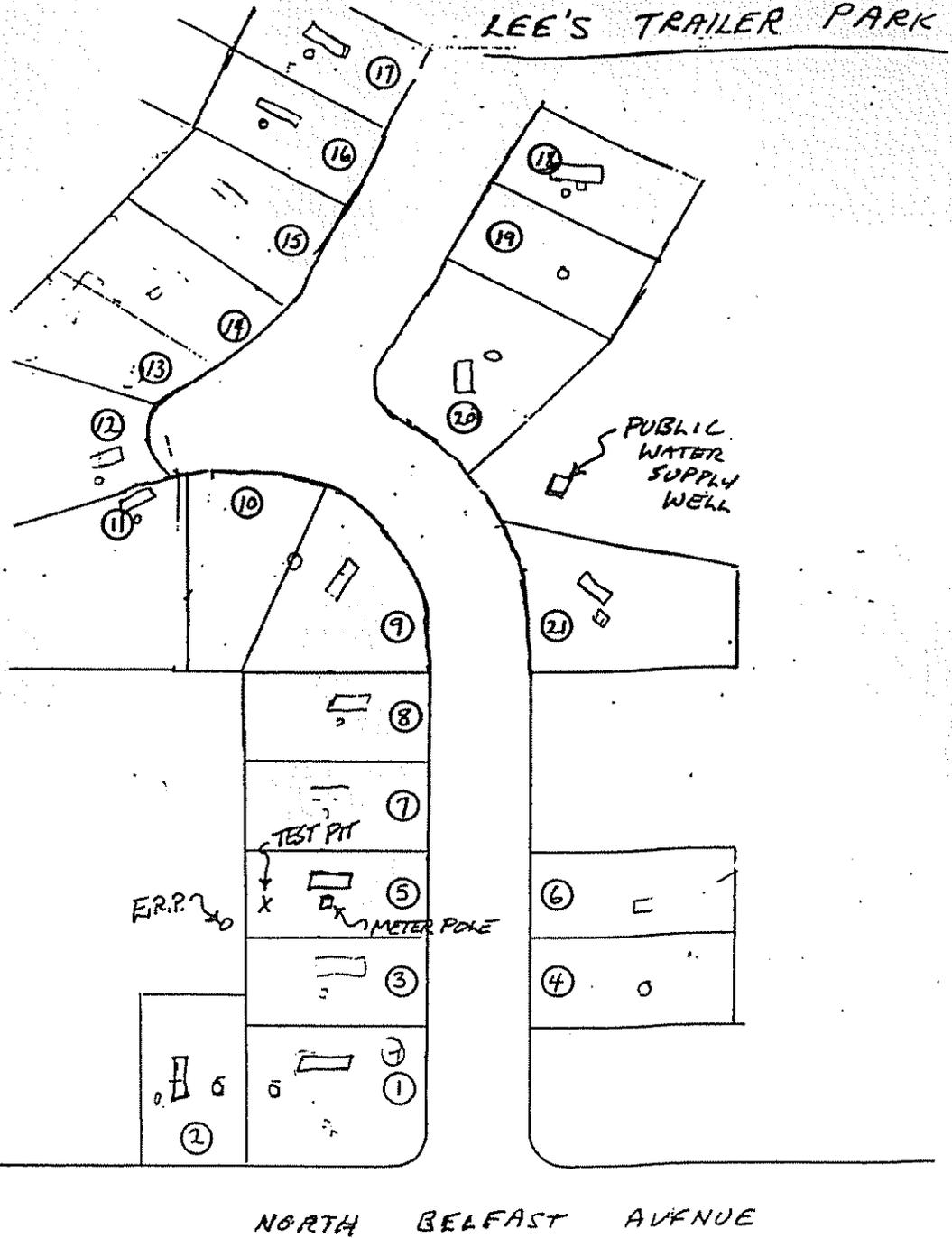
**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
 Division of Health Engineering  
 (207) 287-8872 FAX (207) 287-4172

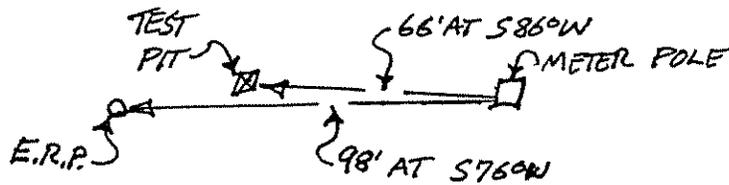
Town, City, Plantation  
**AUGUSTA**

Street, Road, Subdivision  
**RT #3**

Owner's Name  
**DAN CROCKER**



INSET  
 1" = 50'



*Site Evaluator Signature*  
 Site Evaluator Signature

301 SE \*

16 APR 04 Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation

*AUGUSTA*

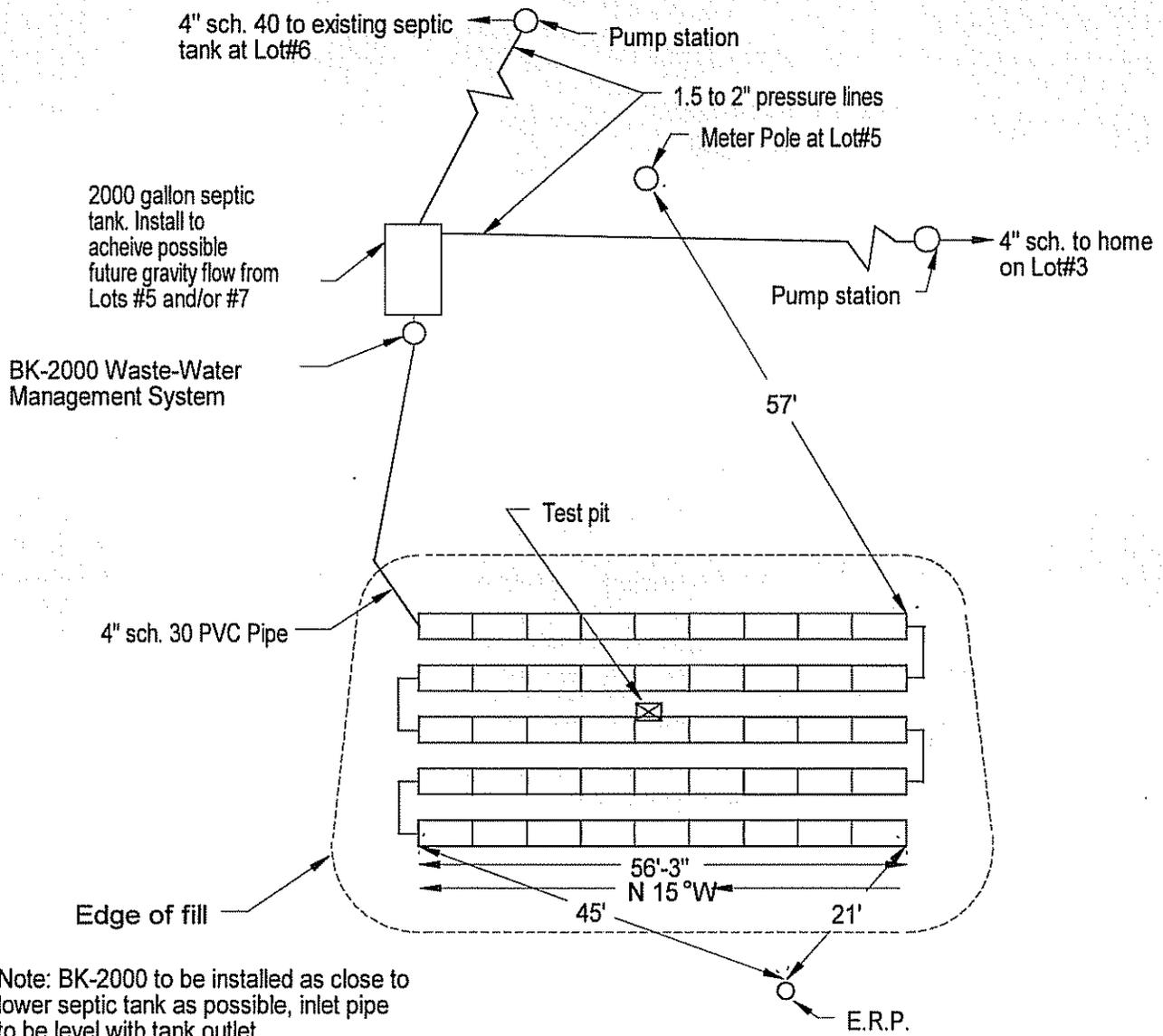
Street, Road, Subdivision

*RT#3*

Owner's Name

*DAN CROCKER*

SCALE 1" = 20 FT.



## ELEVATION NOTES Chambers

Row	Bottom	Top	Fill
#1	-50"	-34"	-26"
#2	-56"	-40"	-32"
#3	-62"	-46"	-38"
#4	-68"	-52"	-44"
#5	-74"	-58"	-50"

Note: System to serve immediate waste-water disposal needs at Lots #3 & 6. Reserve area for lot yet to be determined.

*Sept. P. Malheur*  
Site Evaluator Signature

*301*

SE •

*16 APR 04*  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
 Division of Health Engineering, Station 10  
 (207) 287-5672 FAX (207) 287-4172

Town, City, Plantation

*AUGUSTA*

Street, Road, Subdivision

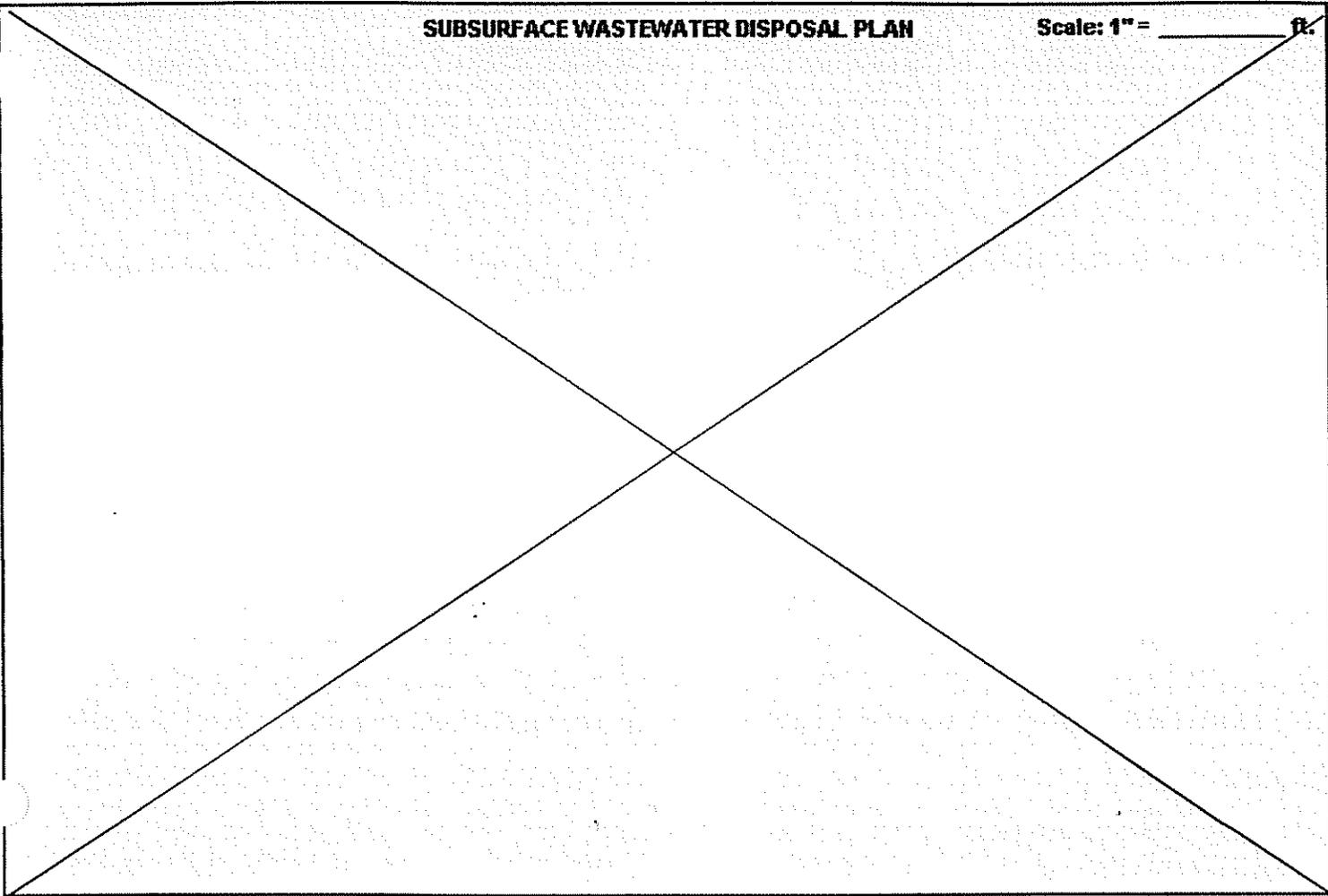
*RT#3*

Owner or Applicant Name

*DAN CROCKER*

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = \_\_\_\_\_ ft.



### BACKFILL REQUIREMENTS

Depth of Backfill (upslope) *10-17"*  
 Depth of Backfill (downslope) *10-14"*

DEPTHS AT CROSS-SECTION (shown below)

### CONSTRUCTION ELEVATIONS *NOTES ON*

Finished Grade Elevation *PAGE#3* "  
 Top of Distribution Pipe or Proprietary Device \_\_\_\_\_ "  
 Bottom of Disposal Field \_\_\_\_\_ "

### ELEVATION REFERENCE POINT

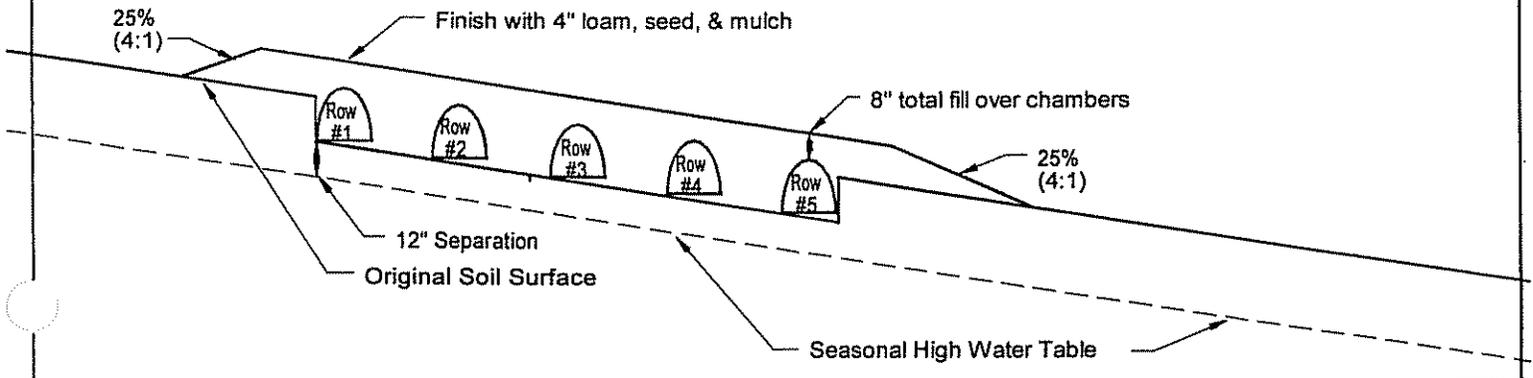
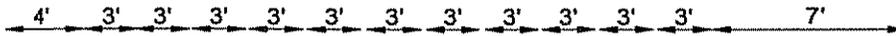
Location & Description: *NAIL IN 9"*  
*OAK, 78" FROM GROUND*  
 Reference Elevation is: *0.0"* or: \_\_\_\_\_

### DISPOSAL FIELD CROSS-SECTION

Scales:

Vertical: 1" = *5* ft.  
 Horizontal: 1" = *5* ft.

Note: Chambers may be draped with filter fabric equal to Amoco #4535 to prevent infiltration of fill through louvers. Clean crushed stone can be used around chambers if 3' of soil can be maintained between rows. Do not use stone under chambers. Remove large rocks to 2' below chambers.



*Steph P. Abbe*

*S.I.E. #301*

*16 APR 04*

*PAGE 5 OF 6*

Town

AUGUSTA

Address

RT#3

Owner

DAN CROCKER

ATTACHMENT TO HHE-200

Notes:

1. Construction to conform with "State of Maine Subsurface Wastewater Disposal Rules".
2. Property lines shown are as provided by owner, agent, or municipality. No guarantee of accuracy is implied. Actual property lines must be confirmed by survey.
3. Remove organic material and scarify/rototill/furrow area under drainfield and fill extensions.
4. Unless otherwise specified, all fill will be coarse sand to a gravelly coarse sand. See Sec. 804.0 in the Maine State Plumbing Code for further clarification of fill requirements. In 8" lifts, compacted as placed. First lift to be thoroughly mixed with original soil.
5. Septic tanks and pump stations shall be installed watertight to prevent infiltration of ground and surface water.
6. Force mains, pump stations, and or gravity piping subject to freezing shall be adequately insulated.
7. Unless otherwise specified, septic tank to be located by contractor; at minimum; 8' to proposed or existing home and or buildings, 10' to property line & water supply line, 100' to all wells and shoreline. Owners well setback can be reduced to 50' if a 1 piece water-tight tank is used.
8. A septic tank outlet filter is recommended.
9. If replacement system with new tank, existing tank or cesspool to be filled with soil or removed. If existing tank is to be utilized, tank is to be thoroughly inspected for condition.
10. Unless otherwise specified, this plan does not allow the placement of pumps between the wastewater source and the septic tank.
11. Unless otherwise specified, disposal area to existing or proposed buildings setback is 20'.
12. Water from gutters, driveways, walks, and other surface water to be diverted away from system.
13. Loam, seed and mulch all disturbed areas to prevent erosion and facilitate runoff.
14. Unless otherwise specified, keep traffic heavier than lawn tractor away from all components of system.
15. Keep sanitary napkins, cigarette butts, coffee grounds, paper towels, grease, and nonbiodegradables out of system.
16. Many times it is impossible to locate water supplies. Property owner assumes responsibility of proper setback to any unknown water supplies.
17. Discharge from water treatment equipment and residential floor drains is not considered wastewater and must not be plumbed into septic system. This flow should be diverted into a separate drywell (Disposal area that does not require design or permit).
18. Plumbing fixtures must be strictly maintained to insure excess water does not enter septic system. Excess water can lead to premature clogging and total failure of disposal area.
19. Venting of disposal area is not required, but can facilitate biological action in disposal area.
20. Pumped systems will be equipped with audible high water alarm, wired to separate circuit as pump.
21. If a BK2000 Waste-Water Management system or any other Norweco products are included in this design, the designer has a financial interest in the sale of these products. Owner is encouraged to research comparable products and make final choice. If owner chooses a competitors product, design will be revised to note said change at no charge.
22. Take 3 copies of the plan to your local plumbing inspector for required permit.

Stephen P. Robbins

S.E.#301

Date 16 APR 04

Page 6 of 6

S.P.R.



STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF HEALTH, DIVISION OF HEALTH ENGINEERING  
161 CAPITOL STREET  
11 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0011  
May 26, 2004

JOHN ELIAS BALDACCI  
GOVERNOR

JOHN R. NICHOLAS  
COMMISSIONER

Dan Crocker  
20 North Shore Drive  
Monmouth, ME 04259

SUBJECT: Approval, Replacement System Variance Request, Crocker Property, Route 3, Augusta

Dear Mr. Crocker:

The Division has reviewed a replacement system variance request for the subject property. The state variance requested is to install an onsite sewage disposal system set back 240 feet from a public water supply well, rather than 300 feet. The setback of the existing system is not specified. As we understand the situation, the variance request has been submitted because topography and existing development limit the potential system location. The system design prepared by Stephen P Robbins, SE, dated April 15, 2004 is otherwise found to be in compliance with the Maine Subsurface Wastewater Disposal Rules.

We approve the requested variance with the following requirements:

1. A permit for system installation is to be obtained from the Local Plumbing Inspector in advance of the start of system construction.
2. The system is to be installed in accordance with the submitted and approved system design. Should alterations to the design be required at the time of construction, the site evaluator is to be notified prior to making any changes.
3. The contractor is to scarify the soils under the fill extensions to create a transitional zone more compatible with the disposal field area.
4. The approved system, including components thereof, shall not be installed any closer to the public water supply well than the existing system. Failure to comply with this Condition of Approval shall render this approval null and void.

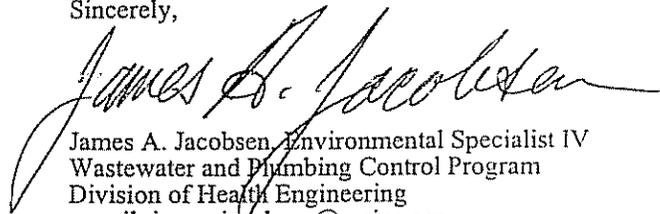
By accepting this approval and the associated plumbing permit, the owner agrees to comply fully with the conditions of approval and the Subsurface Wastewater Rules.

This approval is based only on the rules administered by this Program. The approval does not relieve the property owner from compliance with all other state and local requirements for utilizing the septic system, or licensing and operating the public water supply.

Because installation and owner maintenance has a significant effect on the working order of onsite sewage disposal systems, including their components, the Division makes no representation or guarantee as to the efficiency and/or operation of the system.

Should you or others have any questions, please feel free to contact me at 287-5695.

Sincerely,

  
James A. Jacobsen, Environmental Specialist IV  
Wastewater and Plumbing Control Program  
Division of Health Engineering  
e-mail: james.jacobsen@maine.gov

xc: File  
Gary Fuller, LPI  
Stephen Robbins, SE  
Andrews Tolman, DWP

PHONE: (207) 287-5338  
TTY: Deaf/Hard of Hearing (207) 287-5550

FAX: Admin./Plumbing/Eating & Lodging: (207) 287-3165  
Drinking Water: (207) 287-4172  
Radiation Control: (207) 287-3059