622-1932

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Division Lot #	CHURCHILL ROAD

PROPERTY OWNERS NAME

Last: HALL First: DAVID

Applicant Name:	SAME.
Mailing Address of Owner/Applicant (If Different)	BOX 1224, RFD AUGUSTA, ME. 04330

M7L1

AUGUSTA PERMIT # 1,200 TOWN COPY

Date Permit Issued: 10 23 87 $ 120.0 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 1808

See 12 pt. Inc. Revised Copies.

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

David M. Hall 10/20/87

Signature of Owner/Applicant — Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature — Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. ☐ NEW SYSTEM
2. ☒ REPLACEMENT SYSTEM
3. ☒ EXPANDED SYSTEM
4. ☐ SEASONAL CONVERSION
5. ☐ EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1. ☐ NO RULE VARIANCE REQUIRED
2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form
   ☒ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
3. ☐ Requiring Local Plumbing Inspector Approval
4. ☐ Requires State and Local Plumbing Inspector Approval

INSTALLATION IS:

COMPLETE SYSTEM

1. ☐ NON-ENGINEERED SYSTEM
2. ☐ PRIMITIVE SYSTEM (Includes Alternative Toilet)
3. ☐ ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

4. ☐ TREATMENT TANK (ONLY)
5. ☐ HOLDING TANK
6. ☐ ALTERNATIVE TOILET (ONLY)
7. ☒ NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED 1976

THE FAILING SYSTEM IS:

1. ☒ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

DISPOSAL SYSTEM TO SERVE:

1. ☒ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

SIZE OF PROPERTY: 4½

ZONING: AUGUSTA

TYPE OF WATER SUPPLY: DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ☐ SEPTIC: ☐ Regular ☐ Low Profile
2. ☐ AEROBIC

EXISTING SIZE: 1000 GALS.

WATER CONSERVATION

1. ☒ NONE
2. ☐ LOW VOLUME TOILET
3. ☐ SEPARATED LAUNDRY SYSTEM
4. ☐ ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

1. ☒ NOT REQUIRED
2. ☐ MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
3. ☐ REQUIRED

DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

INCREASE by 90 GALLONS

RECEIVED OCT 20 1987

DESIGN FLOW: 90 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
8	D

DEPTH TO LIMITING FACTOR: 7

SIZE RATINGS USED FOR DESIGN PURPOSES

1. ☐ SMALL
2. ☐ MEDIUM
3. ☐ MEDIUM-LARGE
4. ☒ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

EXPANSION

1. ☒ BED 375 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

(☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

6/87 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

John Bruchu — Site Evaluator Signature

194 — SE#

9/10/87 — Date

* Local Plumbing Inspectors Signature if a Local Site Evaluation Waiver under a Local Option

NOTE: Excavation work in the area of the septic bed should be first, in order to determine area of infiltration. My office must be notified of work starting to assure compliance with code.

HHE-200 Rev. 1/84

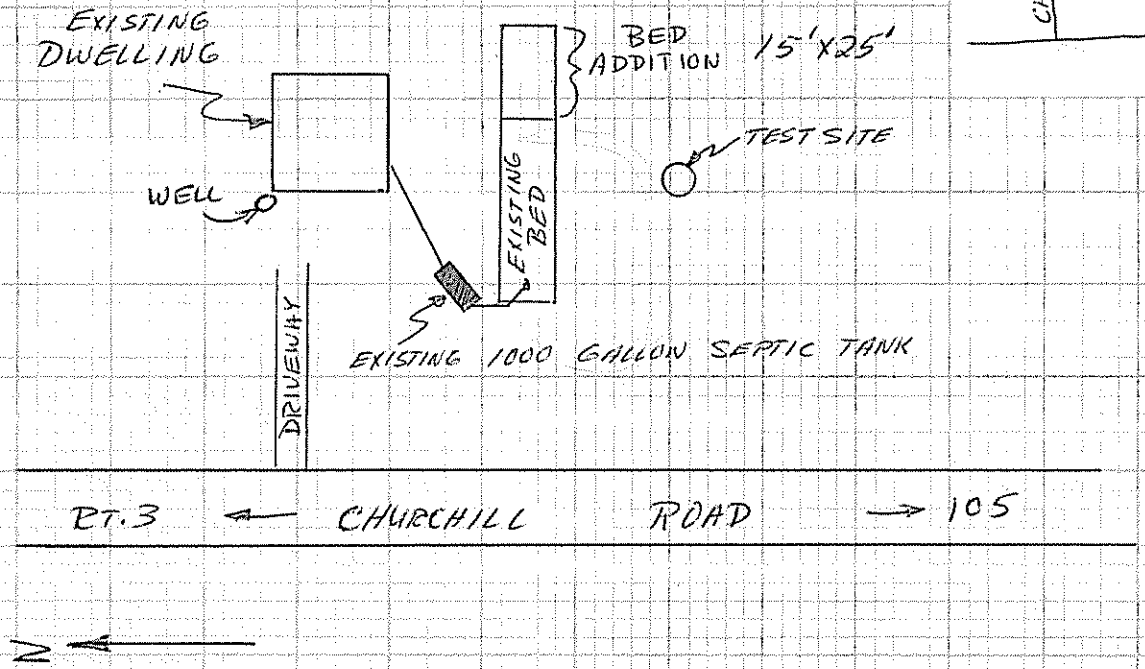
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

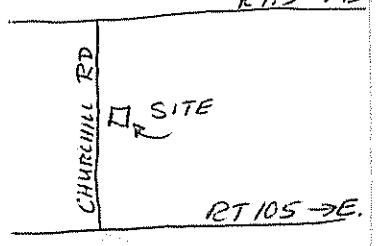
Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	CHURCHILL ROAD	DAVE HALL

SITE PLAN

Scale 1" = 50 Ft.



SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)



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

Observation Hole _____ ☑ Test Pit ☐ Boring

3 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	LOAM	FRIABLE	DK. BROWN	NONE
6–15	FINE SILT LOAM	SOMEWHAT FIRM	GREY	COMMON DISTINCT

Soil Profile	Classification Condition	Slope	Limiting Factor	
S	D	4 %	7"	☒ Ground Water ☒ Restrictive Layer ☐ Bedrock

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–50				

Soil Profile	Classification Condition	Slope	Limiting Factor	
		%	"	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

J John Brochu
Site Evaluator Signature

194
SE#

9/10/87
Date

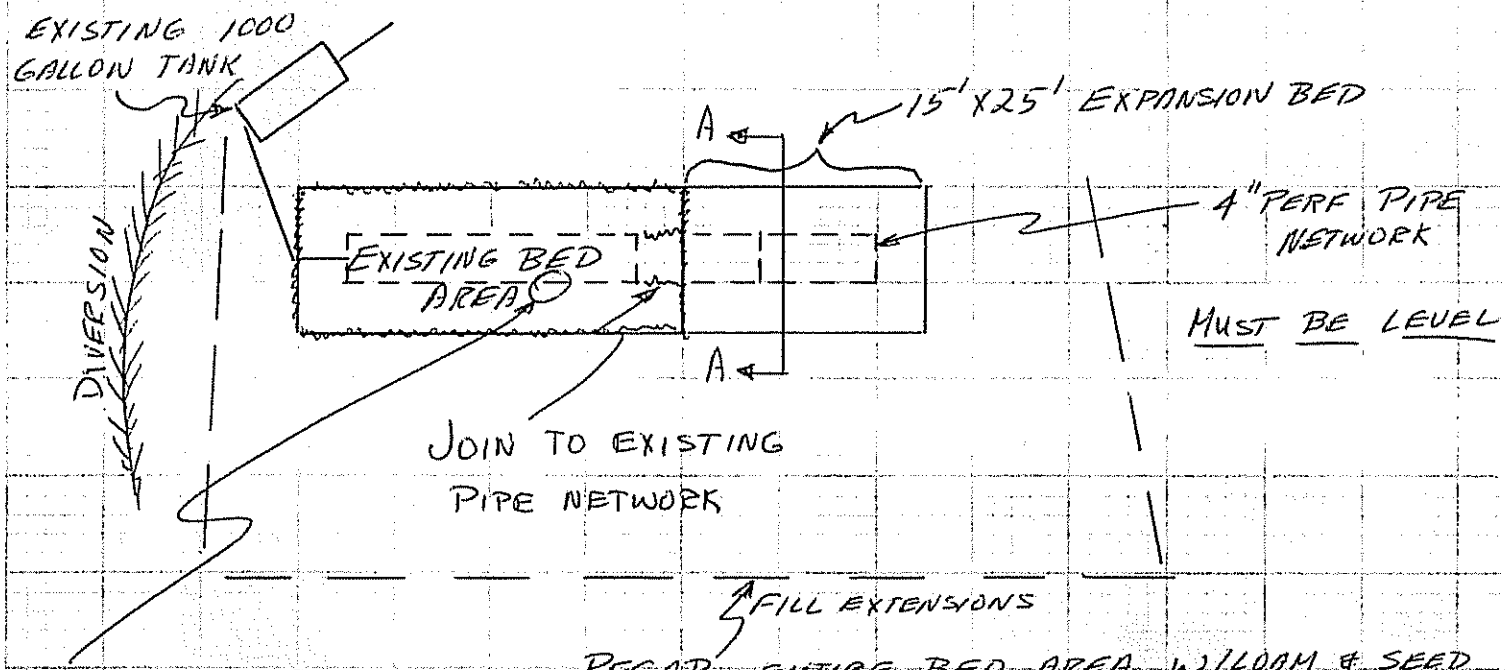
HHE-200 Rev.1/84

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION — Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	CHURCHILL RD.	DAVE HALL

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20



FILL REQUIREMENTS

Depth of Fill (Upslope) AS BELOW"

Depth of Fill (Downslope) ____"

CONSTRUCTION ELEVATIONS

Reference Elevation is ASSUMED 0.0"

Bottom of Disposal Area MAINTAIN EXISTING ELEVATIONS

Top of Distribution Lines or Chambers " " "

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

DISPOSAL AREA CROSS SECTION A-A

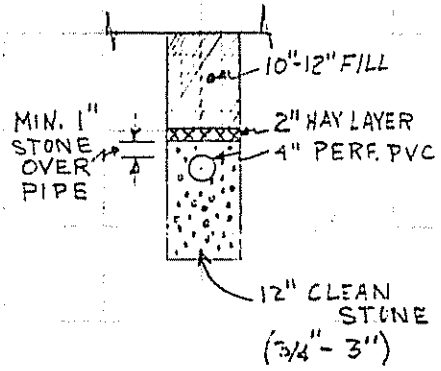
- SCARIFY SURFACE BEFORE PLACING FILL
- FILL SANDY LOAM OR COARSER
- SLOPE SURFACE @ 3%
- LOAM & SEED

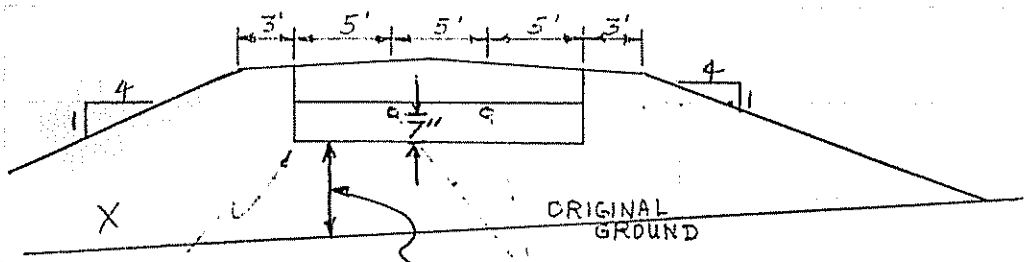
Scale:

Vertical: 1 Inch = 5 Ft.

Horizontal: 1 Inch = 10 Ft.

DETAIL - NO SCALE





CORNER OF BED IS ___" ON TOP ORIGINAL GROUND

4" PERF. PVC, 5' O.C.

ADD FILL TO 7" BELOW EXISTING PIPES

ADD STONE AS SHOWN; INSTALL PERF. PIPE. (MUST BE LEVEL)

J John Burchm — Site Evaluator Signature

194 — SE#

9/10/87 — Date

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.
7. Soil and setback distances are within approval authority of the LPI.

GENERAL INFORMATION

Town of AUGUSTA

Permit No. ☐☐☐☐☐

Date Permit Issued ___/___/___ month/day/year

Property Owner's Name: DAVID HALL Tel. No. _____

stem's Location: CHURCHILL ROAD
Street

AUGUSTA MAINE 04330
Town Zip

Property Owner's Address:
(if different from above) BOX 1224 RFD
Street

AUGUSTA, ME. 04330
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.

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

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils Soil Profile	Ground Water Table	to 6"		7	inches
Soil Condition	Restrictive Layer	to 6"		7	inches
from HHE-200	Bedrock	to 10"			inche
Setback Distances (in feet)	From:	Treatment Tank	Disposal Area	Treatment Tank	Disposal Area
Potable Water Supplies	1. Well:>2000 gal/day	100	300		
	2. Well:<2000 gal/day a. Neighbor's	100ⓐ	100ⓐ		
	b. Property Owner's	50'	60'		
	3. Water Supply Line	10'	10'		
Waterbodies	1. Perennial	60'ⓒ	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'ⓑ		
Buildings	1. With basement	8'	15'		
	2. Without basement	8'	10'		
Property Line		5'	5'ⓑ		

Other Specify: _____

Footnotes:

a. 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.

b. Sufficient distance shall be maintained to assure that the toe of the fill does not extend beyond the 3:1 slope properly line.

c. May be reduced to 25' provided treatment tank is tested to be water tight in the presence of the Local Plumbing Inspector.

J. John Brochu — Site Evaluator's Signature

9/10/87 — Date

LPI Statement

I, George Lamb, LPI for 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. (☐ I approve, ☑ I 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. (☐ 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: _____

George Lamb — LPI's Signature

11/30/87 — Date

The **Owner** shall sign this statement. Therefore, having read both this Replacement Variance Request and the attache Application, I understand that the proposed system in 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.

Property Owner's Signature

Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Subdivision Lot #	CHURCHILL ROAD

PROPERTY OWNERS NAME

Last: HALL First: DAVID

Applicant Name:	SAME.
Mailing Address of Owner/Applicant (If Different)	BOX 1224, RFD AUGUSTA, ME. 04330

Town

11/25/1987
This permit to replace permit number
1,200 issued 10/23/87

George Young Jr.
808

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

David McFall
Signature of Owner/Applicant — Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

George Young Jr.
Local Plumbing Inspector Signature — Date Approved: Jan. 6 1988

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. ☐ NEW SYSTEM
2. ☒ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ SEASONAL CONVERSION
5. ☐ EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1. ☐ NO RULE VARIANCE REQUIRED
2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form
   ☒ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
3. ☐ Requiring Local Plumbing Inspector Approval
4. ☐ Requires State and Local Plumbing Inspector Approval

INSTALLATION IS:

COMPLETE SYSTEM

1. ☐ NON-ENGINEERED SYSTEM
2. ☐ PRIMITIVE SYSTEM (Includes Alternative Toilet)
3. ☐ ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

4. ☐ TREATMENT TANK (ONLY)
5. ☐ HOLDING TANK
6. ☐ ALTERNATIVE TOILET (ONLY)
7. ☒ NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED 1976

THE FAILING SYSTEM IS:

1. ☐ BED
2. ☐ CHAMBER
3. ☒ TRENCH
4. ☐ OTHER: _____

DISPOSAL SYSTEM TO SERVE:

1. ☒ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

SIZE OF PROPERTY	ZONING
4½ A	AUGUSTA

TYPE OF WATER SUPPLY

DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ☒ SEPTIC: ☒ Regular ☐ Low Profile
2. ☐ AEROBIC EXISTING

SIZE: 1000 GALS.

WATER CONSERVATION

1. ☒ NONE
2. ☐ LOW VOLUME TOILET
3. ☐ SEPARATED LAUNDRY SYSTEM
4. ☐ ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

1. ☒ NOT REQUIRED
2. ☐ MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
3. ☐ REQUIRED

DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

2 BEDROOM

DESIGN FLOW: 240 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
8	D

DEPTH TO LIMITING FACTOR: 7

SIZE RATINGS USED FOR DESIGN PURPOSES

1. ☐ SMALL
2. ☐ MEDIUM
3. ☐ MEDIUM-LARGE
4. ☒ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. ☒ BED 1000 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

(☐ SITE EVALUATION WAIVED BY LOCAL OPTION)

6/87 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

J. John Brochn — Site Evaluator Signature
194 — SE#
9/10/87 — Date

* Local Plumbing Inspectors Signature if a Local Site Evaluation Waiver under a Local Option

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION — Division of Health Engineering

Town, City, Plantation: AUGUSTA

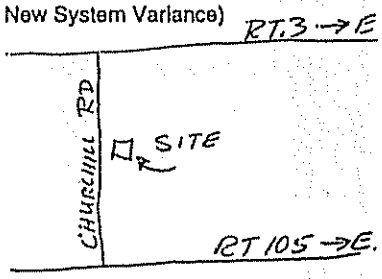
Street, Road, Subdivision: CHURCHILL ROAD

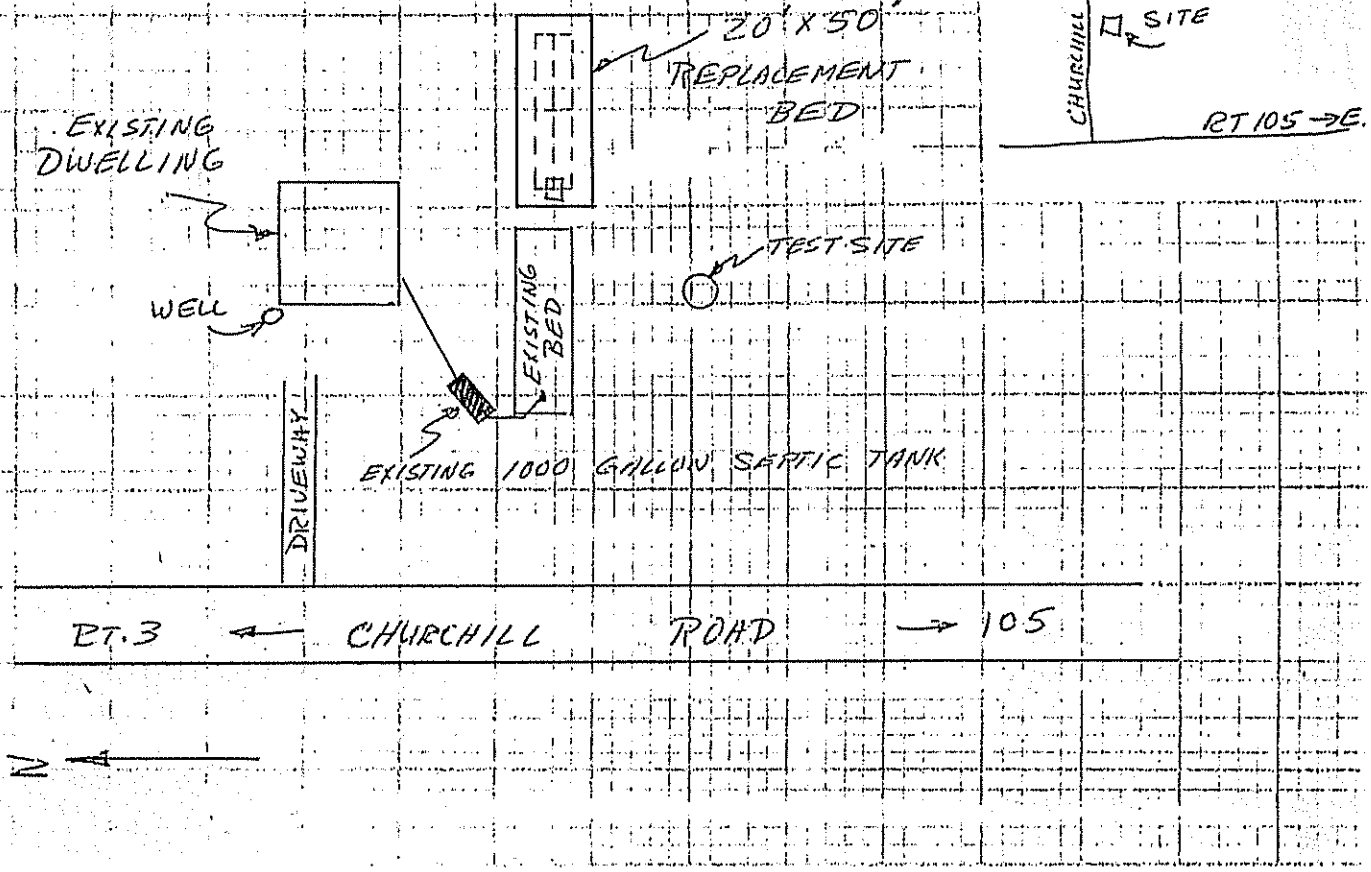
Owners Name: DAVE HALL

SITE PLAN

Scale 1" = 50 Ft.

SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)





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

Observation Hole _____ ☑ Test Pit ☐ Boring

3" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches): 0, 6, 10, 15, 20, 30, 40

Texture	Consistency	Color	Mottling
LOAM	FRIABLE	DK. BROWN	NONE
FINE SILT LOAM	SOMEWHAT FIRM	GREY	COMMON DISTINCT

Soil (Profile)	Classification (Condition)	Slope	Limiting Factor	
8	D	4 %	7	☒ Ground Water ☒ Restrictive Layer ☐ Bedrock

Observation Hole _____ ☐ Test Pit ☐ Boring

_____" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches): 0, 6, 10, 15, 20, 30, 40, 50

Texture	Consistency	Color	Mottling

Soil (Profile)	Classification (Condition)	Slope	Limiting Factor	
		%		☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

J. John Burchan — Site Evaluator Signature

194 — SE#

11/23/87 — Date

HHE-200 Rev. 1/84

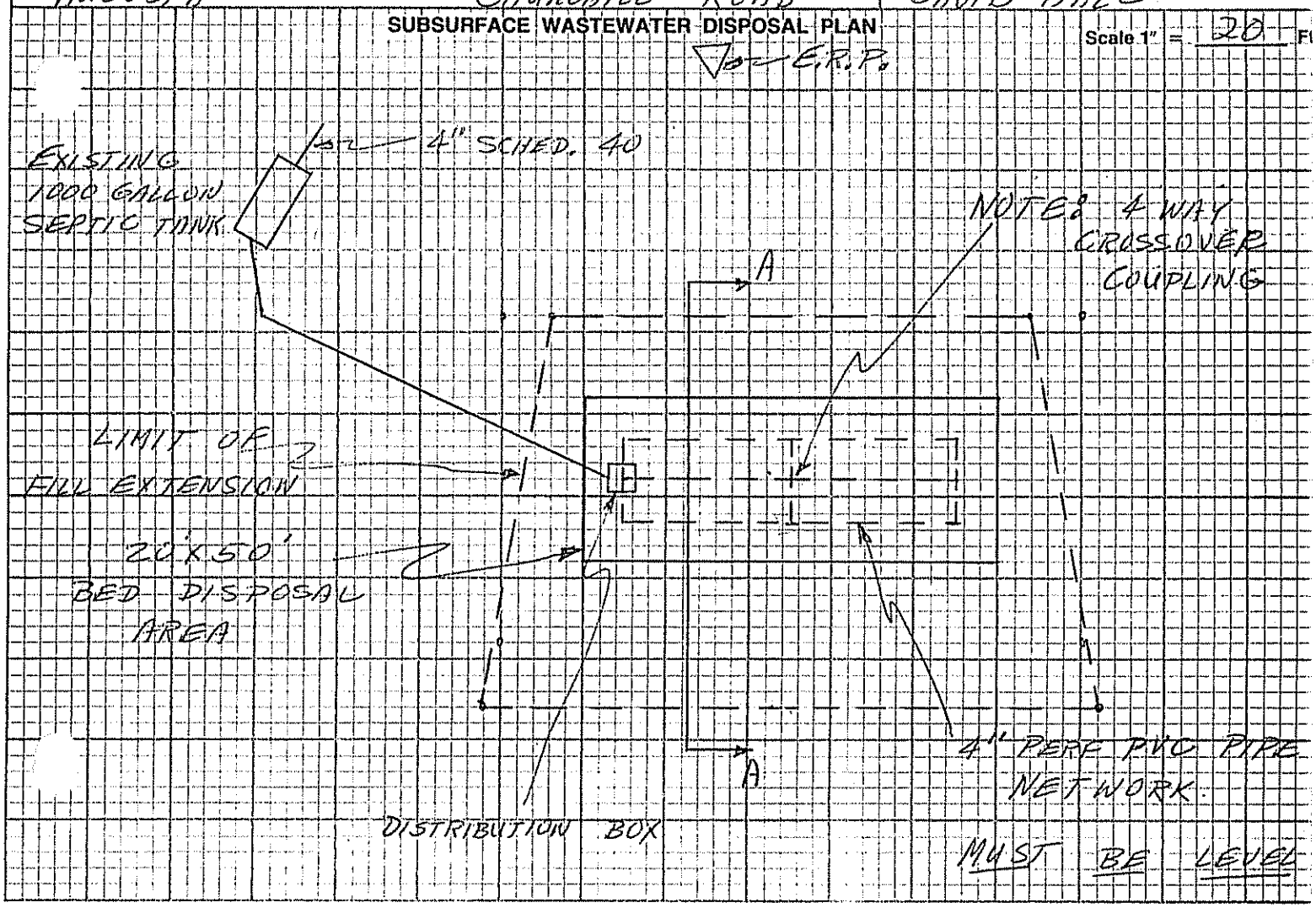
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	CHURCHILL ROAD	DAVID HALL

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft



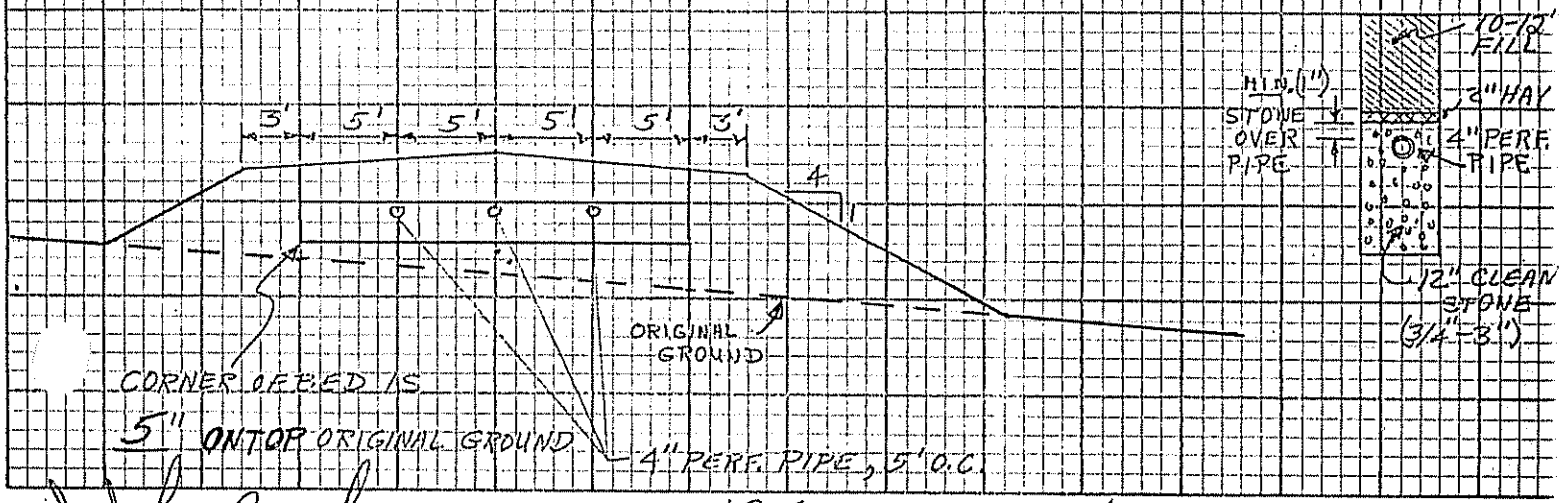
FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	29"	Reference Elevation is ASSUMED	0.0	
Depth of Fill (Downslope)	39"	Bottom of Disposal Area	-55"	FLAGGED PIN ON S.E.
		Top of Distribution Lines or Chambers	-44"	CORNER OF HOUSE.

DISPOSAL AREA CROSS SECTION

A-A

-SCARIFY SURFACE BEFORE PLACING FILL
-FILL SANDY LOAM OR COARSER
-SLOPE SURFACE @ 3%
-LOAM & SEED

Scale:
Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.



DETAIL - NO SCALE

John Buchan
Site Evaluator Signature

194
SE#

11/23/87
Date

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.
7. Soil and setback distances are within approval authority of the LPI.

GENERAL INFORMATION

Town of AUGUSTA

Permit No. 1 2 0 6

Date Permit Issued 01231 87
month/day/year

Property Owner's Name: DAVID HALL Tel. No.

System's Location: CHURCHILL ROAD
Street

AUGUSTA MAINE 04330
Town Zip

Property Owner's Address:
(if different from above) BOX 1224 RFD
Street

AUGUSTA, ME. 04330
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.

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

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils Soil Profile	Ground Water Table	to 6"		7	inches
Soil Condition	Restrictive Layer	to 6"		7	inches
from HHE-200	Bedrock	to 10"			inches
Setback Distances (in feet)	**From:**	**Treatment Tank**	**Disposal Area**	**Treatment Tank**	**Disposal Area**
Potable Water Supplies	1. Well:>2000 gal/day	100	300		
	2. Well:<2000 gal/day				
	a. Neighbor's	100 (a)	100 (a)		
	b. Property Owner's	50'	60'		75'
	3. Water Supply Line	10'	10'		
Waterbodies	1. Perennial	60' (c)	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10' (b)		
Buildings	1. With basement	8'	15'		
	2. Without basement	8'	10'		
Property Line		5'	5' (b)		

Other Specify: Per conversation with L. Mathias 2-4-87 515 5 Rm 1

Footnotes:

a. 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.

b. Sufficient distance shall be maintained to assure that the toe of the fill does not extend beyond the 3:1 slope property line.

c. May be reduced to 25' provided treatment tank is tested to be water tight in the presence of the Local Plumbing Inspector.

J. John Brochu — Site Evaluator's Signature — 9/10/87 Date

LPI Statement

I, George Schmidt, LPI for Town of Thurston 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. (☑ 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. (☐ 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:

George Schmidt — LPI's Signature — 1/25/87 Date

The **Owner** shall sign this statement. Therefore, having read both this Replacement Variance Request and the attac Application, I understand that the proposed system in not in total compliance with the Rules and hereby release all thos concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

Property Owner's Signature — Date

HHE-204 RV 7/8

George

John R. McKernan, Jr.
Governor

RECEIVED
JAN 6 1988

Rollin Ives
Commissioner

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

December 9, 1987

George Soucy, LPI
City Hall
1 Cony St.
Augusta, ME 04330

Subject: David Hall property, Churchhill Road, Augusta

Dear Mr. Soucy:

I have spoken with Mr. Brochu regarding the differences between his design and the system as built. These differences include the lack of a cross distribution pipe and 100 square feet of disposal bed. Mr. Brochu indicated he had no strong objections to acception of the system as built.

It would appear that the system as built meets or exceeds all design paramates of the rules. Therefore, if you are satisfied with the constitution of the system and all parties are satisfied with the size of the system you may issue a certificate of approval provided a revised plan is filed after the fact describing the system as-built.

Yours very truly,

Russell G. Martin, P.E.
Manager
Wastewater & Plumbing Control
Division of Health Engineering

RGM/lb
cc/David Hall
John Brochu
Ed McNaughton