

Glocker, Dorothy

Division of Health Engineering
Station No. 10
State House
Augusta, Maine 04333

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

HHE-200
Page 1 of 2

This Is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

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

Variance: None Required Replacement System Variance With: LPI Approval Dept. Review New System Variance

PROPERTY LOCATION: AUGUSTA Town, Plantation LEAVITT ROAD Street, Road N/A Subdivision Name N/A Lot No.

PROPERTY OWNER or APPLICANT: Dorothy Glocker

Mailing Address: R.F.D. # 2 Street 622-1590 Tel. No.
Augusta Town Maine State 04330 Zip Code

TYPE OF STRUCTURE, DESIGN FLOW

Single Family Dwelling Number of Bedrooms 3 Design Flow 270 GPD

Design Flow based on Minimum Moderate Conservative

Reduction in Design Flow due to Water Conservation

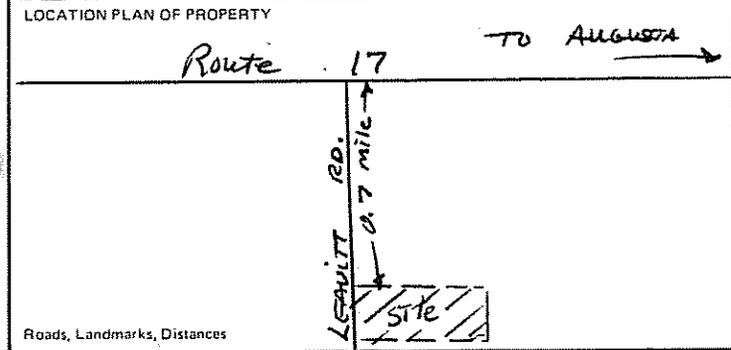
If so, specify type (s) _____

Other Establishment. Specify _____ Type of Facility _____

N/A
(Number of Employees, Seating Capacity, Building Size, etc.)

Design Flow _____ GPD

If greater than 2000 GPD, Specify Professional Engineer _____



PROPERTY INFORMATION

Area of Property 3 1/2 Sq. Ft. Acres Zoned Not Zoned

If zoned, type of zoning N/A

Property on Water Body, If so, Name of Water Body N/A

Water Supply is: Public Utility, Drilled Well Proposed

Dug Well _____ depth Well Point Spring Surface Water

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2

TEXTURAL DESCRIPTION OF SOIL STRATA ENCOUNTERED	Observation Hole No. _____ <input checked="" type="radio"/> Test Pit <input type="radio"/> Boring	Observation Hole No. _____ <input type="radio"/> Test Pit <input type="radio"/> Boring	Observation Hole No. _____ <input type="radio"/> Test Pit <input type="radio"/> Boring
	Organic Strata or (Existing Fill) Thickness <u>0"</u>	Organic Strata or (Existing Fill) Thickness _____	Organic Strata or (Existing Fill) Thickness _____
1st Original Mineral Soil Strata Depth from 0 " to _____ Thickness <u>28" Reddish brown</u>	1st Original Mineral Soil Strata Depth from 0 " to _____ Thickness _____	1st Original Mineral Soil Strata Depth from 0 " to _____ Thickness _____	1st Original Mineral Soil Strata Depth from 0 " to _____ Thickness _____
2nd Depth from _____ " to _____ " Thickness <u>S.L. to yellow grey S.L.</u>	2nd Depth from _____ " to _____ " Thickness _____	2nd Depth from _____ " to _____ " Thickness _____	2nd Depth from _____ " to _____ " Thickness _____
3rd Depth from _____ " to _____ " Thickness _____	3rd Depth from _____ " to _____ " Thickness _____	3rd Depth from _____ " to _____ " Thickness _____	3rd Depth from _____ " to _____ " Thickness _____
4th Depth from _____ " to _____ " Thickness _____	4th Depth from _____ " to _____ " Thickness _____	4th Depth from _____ " to _____ " Thickness _____	4th Depth from _____ " to _____ " Thickness _____
Total Depth of Observation Hole <u>28</u>	Total Depth of Observation Hole _____	Total Depth of Observation Hole _____	Total Depth of Observation Hole _____
Maximum Seasonal High Ground <input type="radio"/> None evident Water Table Depth <u>26</u>	Maximum Seasonal High Ground <input type="radio"/> None Evident Water Table Depth _____	Maximum Seasonal High Ground <input type="radio"/> None evident Water Table Depth _____	Maximum Seasonal High Ground <input type="radio"/> None evident Water Table Depth _____
Depth to Restrictive Layer <input type="radio"/> None evident <u>26</u>	Depth to Restrictive Layer <input type="radio"/> None evident _____	Depth to Restrictive Layer <input type="radio"/> None evident _____	Depth to Restrictive Layer <input type="radio"/> None evident _____
Depth to Bedrock <input checked="" type="radio"/> None evident	Depth to Bedrock <input type="radio"/> None evident _____	Depth to Bedrock <input type="radio"/> None evident _____	Depth to Bedrock <input type="radio"/> None evident _____

PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE
<u>3</u>	<u>C</u>	<u>6-8%</u>			<u>%</u>			<u>%</u>

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2

<p>TYPE OF SYSTEM</p> <p><input checked="" type="radio"/> Combined System</p> <p><input type="radio"/> Separated System</p> <p>If separated system, type of black waste disposal system to be used:</p> <p><input type="radio"/> Compost</p> <p><input type="radio"/> Pit Privy</p> <p><input type="radio"/> Sealed Vault Privy</p> <p><input type="radio"/> Other: _____</p> <p>Specify: _____</p> <p><input type="radio"/> Separated Laundry System</p> <p><input type="radio"/> Primitive System</p> <p><input type="radio"/> Holding Tank</p>	<p>TREATMENT TANK</p> <p><input checked="" type="radio"/> Septic Tank</p> <p><input type="radio"/> Aerobic Tank</p> <p>Size <u>1000</u> Gals.</p> <p>DOSAGE</p> <p><input checked="" type="radio"/> Pumping is not required</p> <p><input type="radio"/> Pumping is required</p> <p>The dose should be: _____ Gals.</p> <p>Dosage chamber capacity shall be _____ gals.</p> <p><input type="radio"/> System should be vented</p>	<p>SUBSURFACE DISPOSAL AREA/TYPE</p> <p><input type="radio"/> Trench Disposal Area</p> <p>Total linear feet of trench _____ ft.</p> <p>Number of Trench Lines _____ ft.</p> <p>Length of each trench line _____ ft.</p> <p>Depth of Stone _____ inches.</p> <p>Reduction on trench length due to stone depth _____ %</p> <p><input checked="" type="radio"/> Bed Disposal Area</p> <p>Total bed area <u>880</u> sq. ft.</p> <p>Number of beds <u>1</u></p> <p>Width <u>20</u> ft. Length <u>44</u> ft.</p> <p><input type="radio"/> Chamber Disposal Area</p> <p>Total chamber area _____ sq. ft.</p> <p>Number of chambers <u>N/A</u></p> <p>Width _____ ft. Length _____ ft.</p> <p><input type="radio"/> H-20 required</p>	<p>SYSTEM SIZE RATING</p> <p><input type="radio"/> Small <input type="radio"/> Medium <input checked="" type="radio"/> Medium Large <input type="radio"/> Large <input type="radio"/> Extra Large</p> <p>DISPOSAL AREA ELEVATION</p> <p>Depth of Upslope Fill required <u>12</u> inches.</p> <p>Depth of Downslope Fill required <u>32</u> inches.</p> <p>Reference Elevation Point established at <u>BASE of 12" MAPLE @ 100.0</u> Elevation.</p> <p>Disposal Area Bottom to be established at <u>97.0</u> Elevation.</p> <p>Top of Distribution Lines or Top of Chambers <u>98.0</u> Elevation.</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No: The proposed subsurface disposal 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.</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No: The proposed subsurface disposal 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.</p>
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FOR USE BY SITE EVALUATOR

On 5/14/81 (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 above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.

Signature of Site Evaluator Stephen E. Goodwin Site Evaluator License Number 65

Date signed May 18, 1981

FOR USE BY OWNER/APPLICANT

I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.

Signature of Owner/Applicant Dorothy E. Glocker Walter H. Glocker

Date Signed 6-2-81

FOR USE BY LPI: This Application is approved. If conditions, specify: _____

This Application is Denied due to: System is not in accordance with Rules.

Application is incomplete. Application is unclear. Development is in violation of other Regulations. Specify _____

Signature of LPI Richard P. Baker PERMIT NO. 44980 E

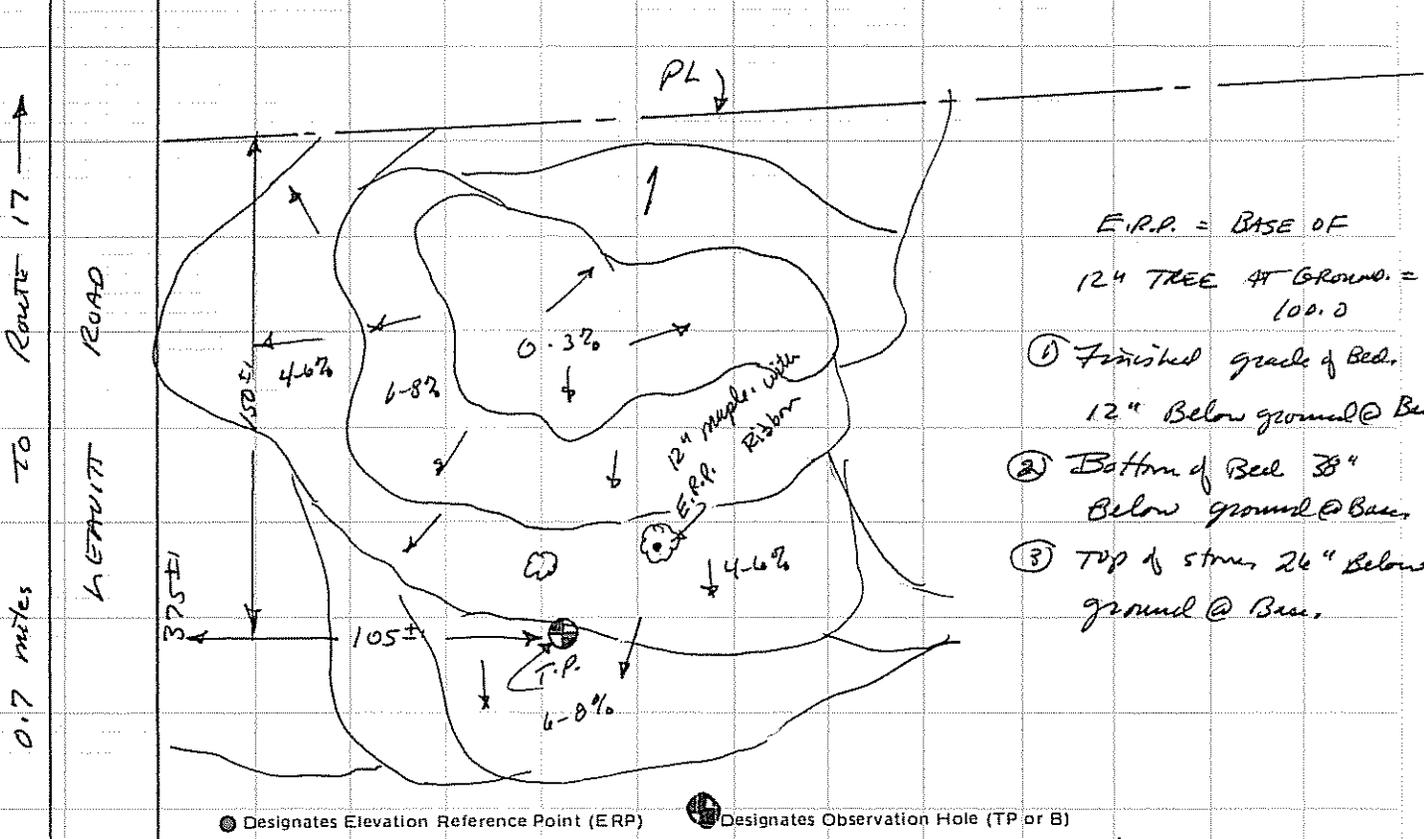
Date 6-11-81 Date Issued 6-11-81

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

PROPERTY LOCATION AUGUSTA	Town, Plantation	Leavitt Road	Street, Road	N/A	Subdivision Name	N/A	Lot No.
PROPERTY OWNER or APPLICANT Dorothy Glockler	DISPOSAL AREA ELEVATION		Reference Elevation Point established at 100.0	Elevation.			
	Depth of Upslope Fill required 12 inches.		Disposal Area Bottom to be established at 97.0	Elevation.			
	Depth of Downslope Fill required 32 inches.		Top of Distribution Lines or Top of Chambers 98.0 Elevation.				

Site Plan

Scale 1" = 50' ft.

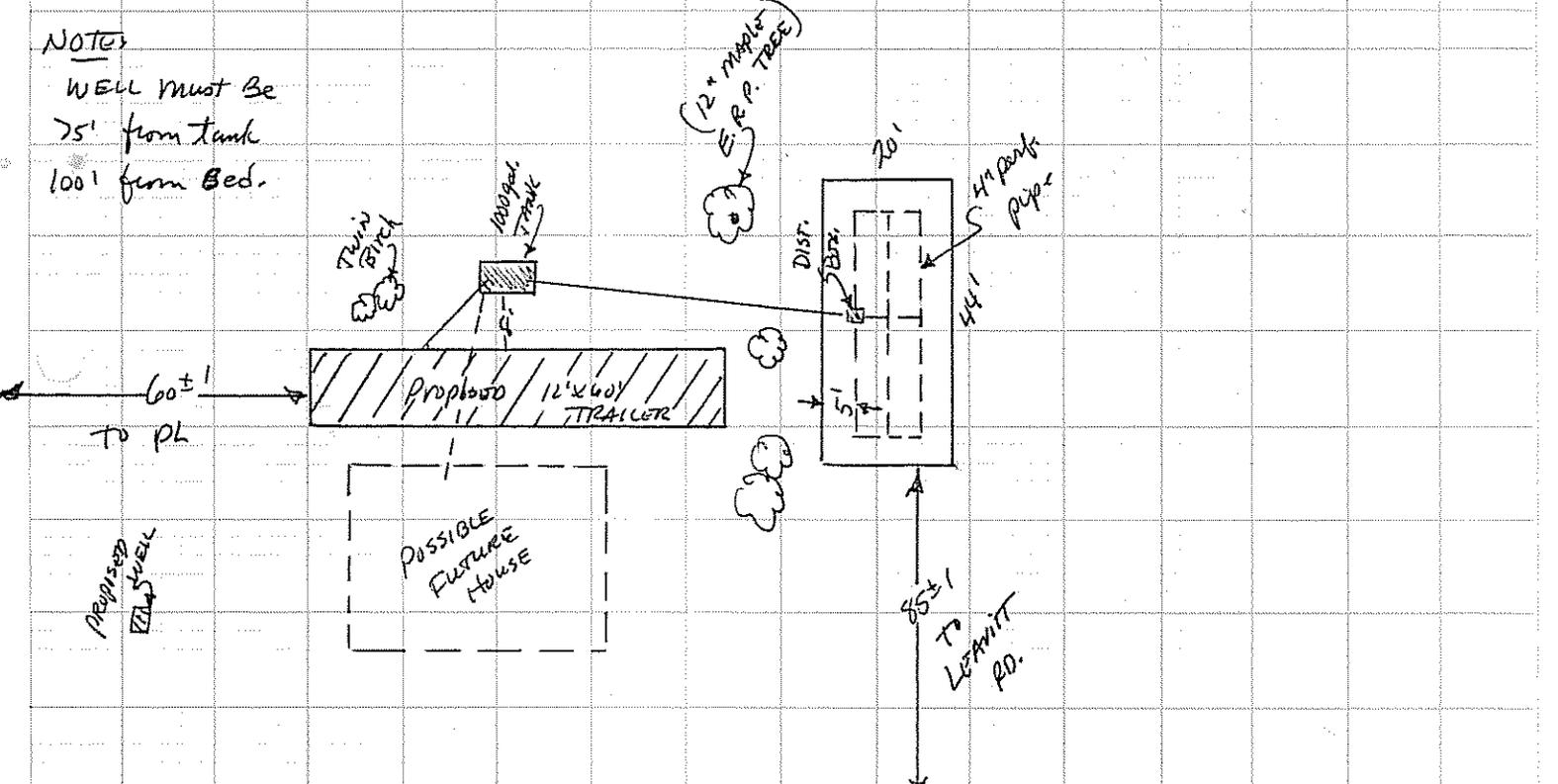


- E.R.P. = BASE OF
12" TREE AT GROUND. = 100.0
- ① Finished grade of Bed, 12" Below ground @ Base.
 - ② Bottom of Bed 38" Below ground @ Base.
 - ③ Top of stones 26" Below ground @ Base.

Subsurface Wastewater Disposal Plan

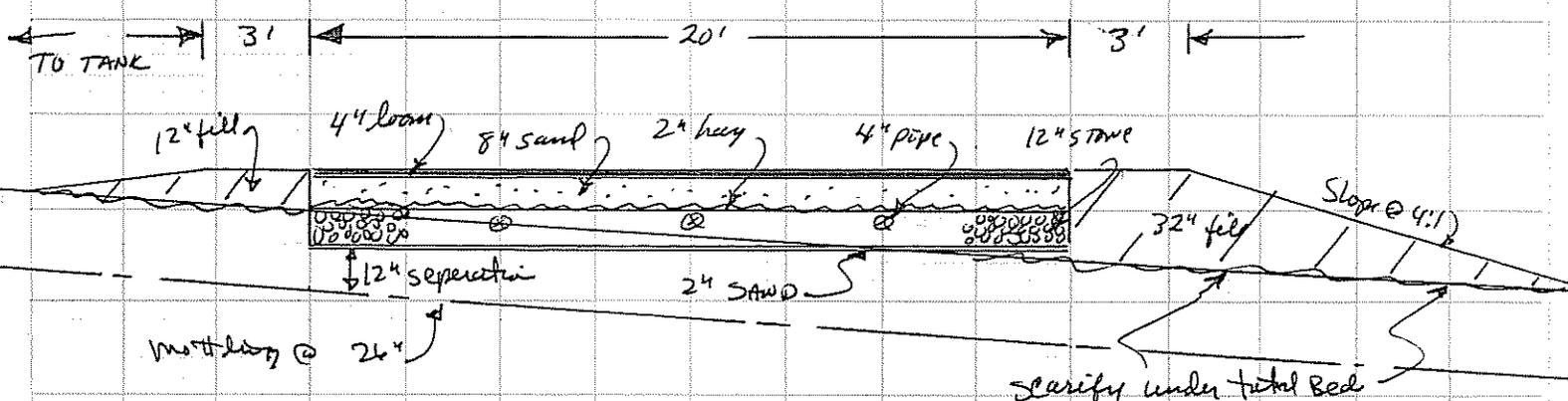
Scale 1" = ~~30'~~ 30'

NOTE:
WELL must be
75' from tank
100' from Bed.



Subsurface Wastewater Disposal Area Cross-section

Scale: Vertical: 1" = 5'
Horizontal: 1" = 5'



Site Evaluator's Signature

Date

License Number

Stephen E. Goodwin

May 17, 1981

65

Glockler, Dorothy

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

HHE-200

Page 1 of 2

This Is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

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

Variance: None Required Replacement System Variance (With LPI Approval) Dept. Review New System Variance

PROPERTY LOCATION: AUGUSTA Town, Plantation LEAVITT ROAD Street, Road MA Subdivision Name 71A Lot No.

PROPERTY OWNER or APPLICANT: Mr. Dorothy GLOCKLER

Mailing Address: R. F. D # 2 Street 622-1590 Tel. No. Augusta Town Maine State 04330 Zip Code

TYPE OF STRUCTURE, DESIGN FLOW: Single Family Dwelling Number of Bedrooms 3 Design Flow 270 GPD
Design Flow based on Minimum Moderate Conservative
 Reduction in Design Flow due to Water Conservation
If so, specify type (s) _____

Other Establishment. Specify _____ Type of Facility _____
71A
(Number of Employees, Seating Capacity, Building Size, etc.)
Design Flow _____ GPD
If greater than 2000 GPD, Specify Professional Engineer

LOCATION PLAN OF PROPERTY: ROUTE 17 TO AUGUSTA

PROPERTY INFORMATION: Area of Property 40 ± Sq. Ft. Acres Zoned Not Zoned
If zoned, type of zoning 71A
Property on Water Body, if so, Name of Water Body 71A
Water Supply is: Public Utility, Drilled Well _____ depth
 Dug Well _____ depth Well Point Spring Surface Water

Roads, Landmarks, Distances

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2

TEXTURAL DESCRIPTIVE SOIL STRATA ENCLOSURE	OBSERVATION HOLE 1			OBSERVATION HOLE 2			OBSERVATION HOLE 3		
	Observation Hole No. <input checked="" type="radio"/> Test Pit <input type="radio"/> Boring	Organic Strata or (Existing Fill) Thickness	1st Original Mineral Soil Strata Depth from 0" to Thickness	Observation Hole No. <input type="radio"/> Test Pit <input type="radio"/> Boring	Organic Strata or (Existing Fill) Thickness	1st Original Mineral Soil Strata Depth from 0" to Thickness	Observation Hole No. <input type="radio"/> Test Pit <input type="radio"/> Boring	Organic Strata or (Existing Fill) Thickness	1st Original Mineral Soil Strata Depth from 0" to Thickness
		<u>0"</u>	<u>24" f.s.l.</u>						
		<u>over clay</u>							
			<u>24</u>						
Depth from top of ORIGINAL MINERAL SOIL	Maximum Seasonal High Ground <input type="radio"/> None evident <input checked="" type="radio"/> Water Table Depth <u>14</u>	Maximum Seasonal High Ground <input type="radio"/> None evident <input checked="" type="radio"/> Water Table Depth _____	Maximum Seasonal High Ground <input type="radio"/> None evident <input checked="" type="radio"/> Water Table Depth _____						
	Depth to Restrictive Layer <input type="radio"/> None evident <input checked="" type="radio"/> <u>16-18</u>	Depth to Restrictive Layer <input type="radio"/> None evident _____	Depth to Restrictive Layer <input type="radio"/> None evident _____						
	Depth to Bedrock <input checked="" type="radio"/> None evident	Depth to Bedrock <input type="radio"/> None evident _____	Depth to Bedrock <input type="radio"/> None evident _____						
PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE	
<u>7</u>	<u>C</u>	<u>4-6%</u>			<u>%</u>			<u>%</u>	

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2

<p>TYPE OF SYSTEM</p> <input checked="" type="radio"/> Combined System <input type="radio"/> Separated System If separated system, type of black waste disposal system to be used: <input type="radio"/> Compost <input type="radio"/> Pit Privy <input type="radio"/> Sealed Vault Privy <input type="radio"/> Other: <input type="radio"/> Separated Laundry System <input type="radio"/> Primitive System <input type="radio"/> Holding Tank	<p>TREATMENT TANK</p> <input checked="" type="radio"/> Septic Tank <input type="radio"/> Aerobic Tank Size <u>1000</u> Gals. DOSAGE <u>SEE BACK</u> <input checked="" type="radio"/> Pumping is not required <input type="radio"/> Pumping is required The dose should be: _____ Gals. Dosage chamber capacity shall be _____ gals. <input type="radio"/> System should be vented	<p>SUBSURFACE DISPOSAL AREA/TYPE</p> <input type="radio"/> Trench Disposal Area Total linear feet of trench _____ ft. Number of Trench lines _____ ft. Length of each trench line _____ ft. Depth of Stone _____ inches. Reduction on trench length due to stone depth _____ % <input checked="" type="radio"/> Bed Disposal Area Total bed area <u>880</u> sq. ft. Number of beds <u>1</u> Width <u>20</u> ft. Length <u>44</u> ft. <input type="radio"/> Chamber Disposal Area Total chamber area _____ sq. ft. Number of clusters <u>71A</u> Width _____ ft. Length _____ ft. <input type="radio"/> H-20 required	<p>SYSTEM SIZE RATING</p> <input type="radio"/> Small <input type="radio"/> Medium <input checked="" type="radio"/> Medium Large <input type="radio"/> Large <input type="radio"/> Extra Large <p>DISPOSAL AREA ELEVATION</p> Depth of Upslope Fill required <u>16</u> inches. Depth of Downslope Fill required <u>32</u> inches. Reference Elevation Point established at <u>CORNER OF HOUSE @ 100.0</u> Elevation. Disposal Area Bottom to be established at <u>95.0</u> Elevation. Top of Distribution Lines or Top of Chambers <u>96.0</u> Elevation. <input type="radio"/> Yes <input checked="" type="radio"/> No: The proposed subsurface disposal 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 disposal 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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FOR USE BY SITE EVALUATOR: On 5/14/81 (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 above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.

Signature of Site Evaluator: Stephen E. Goodwin
 Date signed: May 19, 1981
 Site Evaluator License Number: 65

FOR USE BY OWNER/APPLICANT: I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.

Signature of Owner/Applicant: Richard P. Baber
 Date Signed: 6-1-81

FOR USE BY LPI: This Application is approved. If conditions, specify:
 This Application is Denied due to: System is not in accordance with Rules.
 Application is incomplete. Application is unclear. Development is in violation of other Regulations. Specify _____

PERMIT NO. 144977
 Date Issued 6-2-81

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

PROPERTY LOCATION: **AUGUSTA** Town, Plantation

Street, Road: **LEAVITT ROAD**

Subdivision Name: **71/A** Lot No.: **71/A**

PROPERTY OWNER or APPLICANT: **Dorothy GLOCKLER**

DISPOSAL AREA ELEVATION

Reference Elevation Point established at 100.0 Elevation

Depth of Upslope Fill required 16 inches

Disposal Area Bottom to be established at 85.0 Elevation

Depth of Downslope Fill required 32 inches

Top of Distribution Lines or Top of Chambers 86.0 Elevation

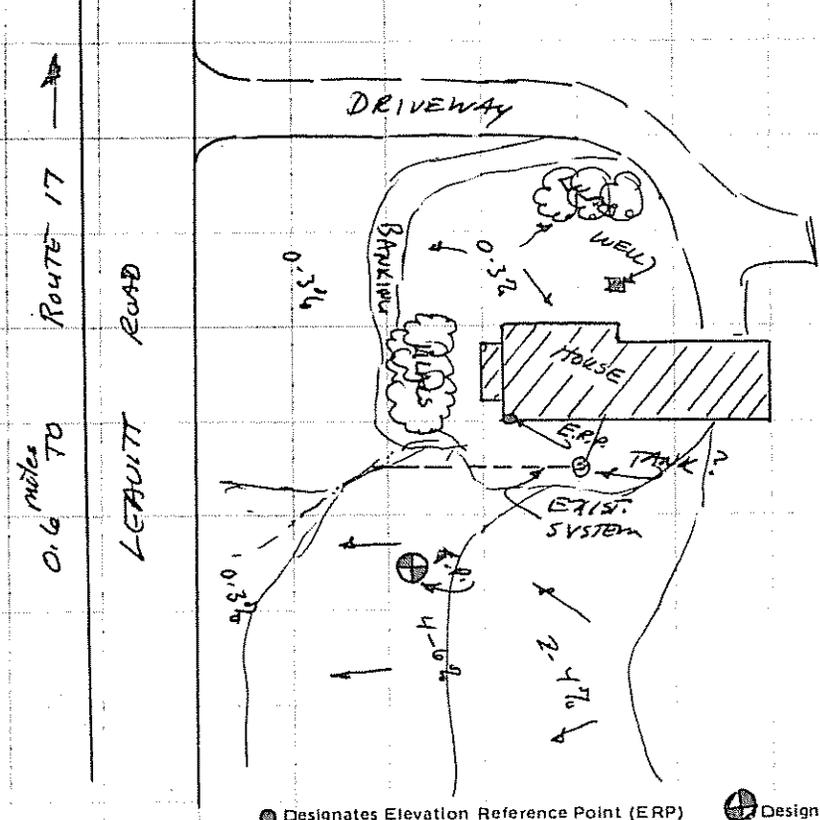
Scale 1" = 50 ft.

E.R.P. = Bottom Chaptanal
on corner of house
@ 100.0

Bottom of Bed 5' Below
this mark.

Top of pipe or stone 4'
Below this mark.

Site Plan

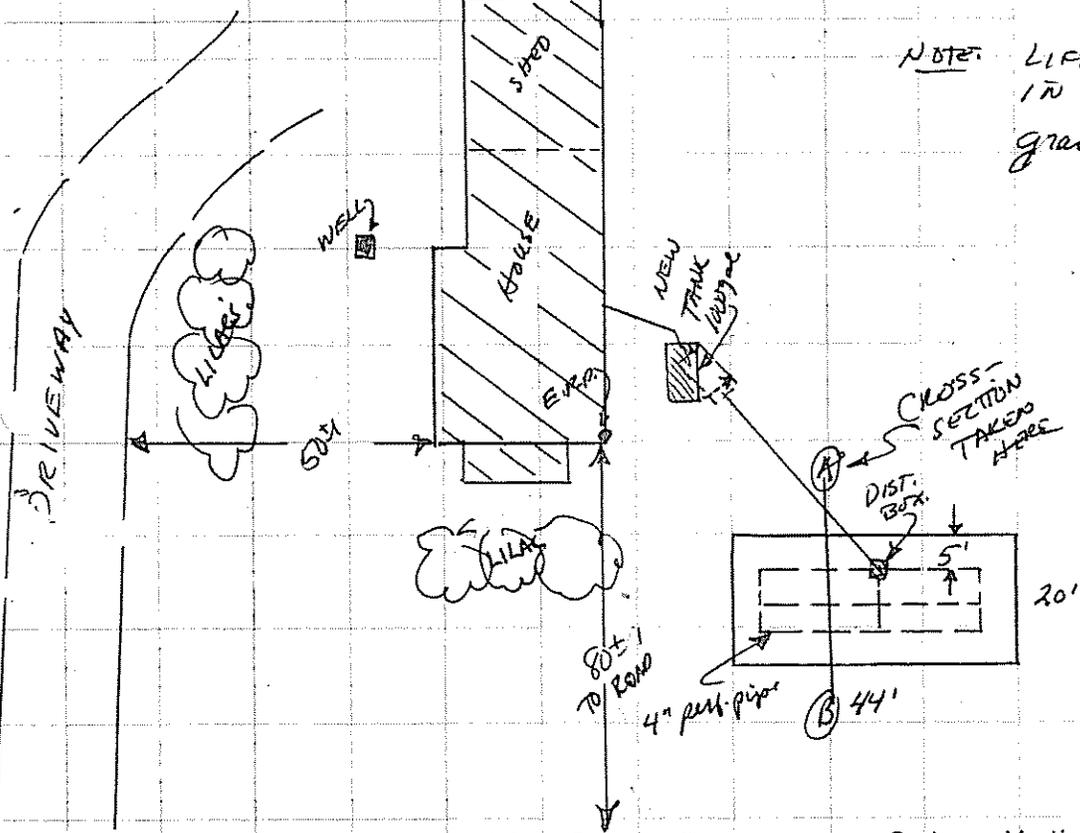


⊙ Designates Elevation Reference Point (ERP) ⊕ Designates Observation Hole (TP or B)

Subsurface Wastewater Disposal Plan

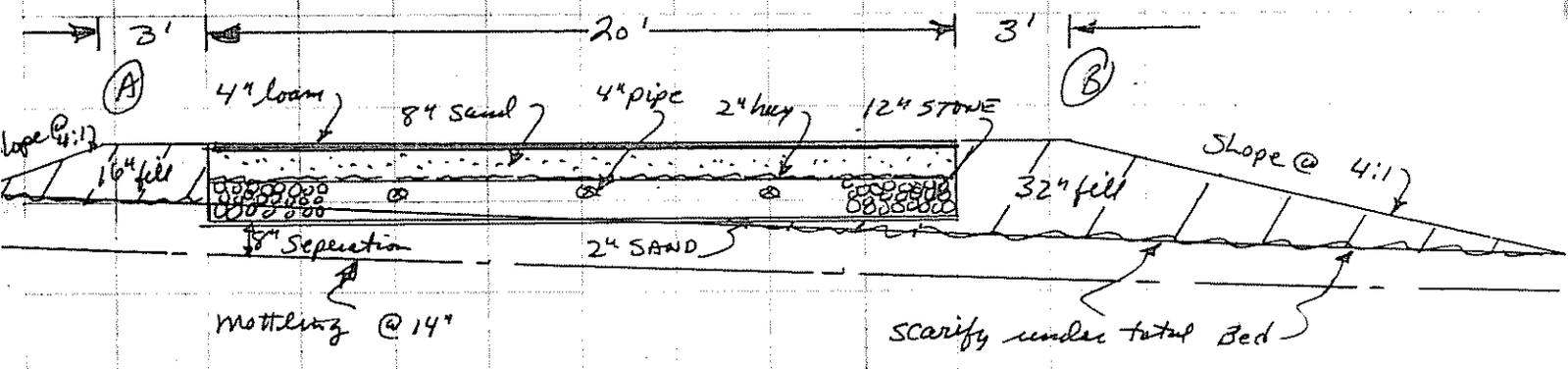
Scale 1" = ~~50~~ 30'

NOTE: LIFT PLUMBING
IN HOUSE in order to get
gravity feed.



Subsurface Wastewater Disposal Area Cross-section

Scale: Vertical: 1" = 5'
Horizontal: 1" = 5'



Site Engineer's Signature

Stephen E. Hordeman Date: **May 18, 1981**

License Number

65

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.

GENERAL INFORMATION

Town of AUGUSTA, MAINE

Town Code 11020

Permit No. 44977E

Date Permit Issued 6-3-81
month/day/yr.

Property Owner's Name: Dorothy GLOCKLER Tel. No. 622-1590

System's Location: R.F.D. #2 LEAVITT RD.
Street

AUGUSTA MAINE 04330
Town Zip

Property Owner's Address: (if different from above) SAME
Street

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.

The Owner shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached application, I understand that the proposed system is 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.

X Property Owner's Signature

* Date

