LEO BERG

APPLICATION AND AGREEMENT

TO WAIVE CERTAIN PROVISIONS OF THE PLUMBING CODE

I, LEO & NANCY BERG (owner), hereby apply to the Maine State Department of Human Services for permission authorizing the responsible Plumbing Inspector to waive certain provisions of the Plumbing Code for an installation in connection with a dwelling or building at EASTERN AVE (street), AUGUSTA (city or town).

This may include materials, methods, dimensions or conditions not specifically approved by the Plumbing Code. Please draw a brief sketch of the property's location on the back of this form so an inspector can find it. Include landmarks, route numbers and street names.

Section of Code to be waived.	Description of specific waiver
1. TABLE 9-3	Size of System reduced to 18 TYPE "B" chambers
2. 9.4 b 19	Seperation distance to 8-10"
3.	

(If additional space is needed, attach a list)

In all other respects, the installation will comply with the Code. The installation will be made in accordance with the ATTACHED PLAN. A permit is to be issued by the Plumbing Inspector if he is in agreement. The undersigned stipulates that he is the owner and occupant of the building involved and that the building is not for sale in the foreseeable future. The installation will be made by: DAVID CHARTE WINDSOR, ~~License No.~~ _____.

If any defects or inadequacies appear, I will promptly notify the State Department of Human Services and subsequently make such corrections as the Department shall find necessary

Owner's signature Nancy S. Berg

NOTE: A PLAN TO SCALE MUST BE ATTACHED

Winter address _____

Summer address _____

Telephone 3-8201 Date 7-24-78

THE FOLLOWING TO BE FILLED IN BY THE PLUMBING INSPECTOR

I am (Local), (~~Alternate~~) Plumbing Inspector for the town of AUGUSTA. I have examined the plans for the installation described above and I find the building to be in my jurisdiction.

I (do), (~~do not~~) recommend the issuance of a special permit for the installation as described above.

Signed. Richard A. Baker

Date 7-24-78

Return this form to the Division of Health Engineering, Department of Human Services, Augusta, Maine. NO permit shall be issued for this waiver until the Local Plumbing Inspector receives notification from this office.

10/1/75 Replacement of Septic bed only with chambers

Original to be sent to Division of Health Engineering, Augusta, Maine 04333 by the LPI

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

An 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

Town	Street, Road, Etc. If On Water Body, Give Name	Plumbing Permit No.	Date Of Plumbing Permit
AUGUSTA	EASTERN Ave, RTe 17 N/A	14916 EP	7-24-78

Owner Of Property	Tel. No.	Name Of Applicant Owner's Agent	Tel. No.
LEO BERG	623-8201		

Street	Street
EASTERN Ave RTe 17	

Town	State	Zip Code	Town	State	Zip Code
AUGUSTA	ME	04330			

Owner's Signature	Date	Applicants Signature	Date
Nancy S. Berg	7-24-78		

Size Of Lot	Is Lot Zoned?	Type Of Zoning	Subdivision Name	Lot No.
80,000 ● Sq. Feet ○ Acres	○ Yes ● No			

The 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 DISTRICT

SITE INVESTIGATION

Show Location Of Pits on Site Plan on Page 2

	Soil Profile No ● Pit ☐ Boring	Soil Profile No. ☐ Pit ☐ Boring	Soil Profile No ☐ Pit ☐ Boring	Soil Profile No ☐ Pit ☐ Boring
Organic Strata				
Description of Horizons Penetrated — 1st Strata	Brown SILT Lm			
Thickness of each Strata — Inches	8"			
2nd Strata	SILT-CLAY			
Inches	40"			
3rd Strata				
Inches				
4th Strata				
Inches				
Total Depth of Observation Hole Inches	48			
Depth from bottom of organic horizon to: Max. Seasonal Water Table Mottling	8-10 Inches	○ None Evident Inches	○ None Evident Inches	○ None Evident Inches
Impervious Layer Clay, Etc.	8-10 Inches	○ None Evident Inches	○ None Evident Inches	○ None Evident Inches
Bedrock	Inches	Inches	Inches	Inches
● None Evident		○ None Evident	○ None Evident	○ None Evident
Type of Bedrock				
Surface Slope	8 %	%	%	%
Soil Group	9			
Soil Condition	D			
Per Table 9-1 Code II				

Property Previously Tested by William Rideout & Robert Doyle for A replacement System for Bill's Market & Rebecca's Restaurant on the same property owned by The Berg's.

On 7/18/78 (date), a site investigation for this project was completed. I conducted the 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 J. Bruce [illegible]
Date Signed 7/21/78
Site Evaluator License Number 100

DISPOSAL SYSTEM PROPOSED

Show Location of System and Details on Disposal Plan on Page 2

SYSTEM:
● Combined System
○ Separated System
If separated system—type of human waste disposal system to be used:
○ Sealed Vault Privy
○ Open Pit Privy
○ Compost Toilet
○ Chemical Toilet
○ Incinerator Toilet

TREATMENT TANK
○ Aerobic Tank
● Septic Tank
● Concrete
○ Fiberglass
○ Metal
Size in Gallons
1000 Gal. EXISTING
Number of Bedrooms
4 (water meter readings used)

SUBSURFACE ABSORPTION AREA/TYPE
○ Bed System No. of Beds .....
Length ..... ft Width ..... ft
● Chamber System Number 18
○ Type A ○ Single File
● Type B ● Cluster
○ Special System Length ..... ft
Width ..... ft
○ Laundry System Type A ...
No. of Chambers Type B
Name and type of establishment if other than private home

SIZE
○ Small
○ Medium
○ Med.-Large
○ Large
● Extra-Large
Design Flow (*) 265 GPD

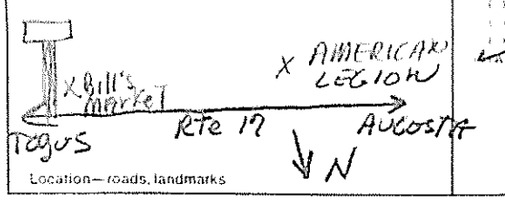
(*) Average daily meter reading since Feb '77

SITE MODIFICATION
Fill will be: 0 in. uphill 28 in. downhill

DETAILS
● A Distribution Box is required
Pumping is—○ required ● 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.

PROPERTY/LOT LOCATION MAP



Location—roads, landmarks

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 cited.
Form is incomplete (pg.) as to ○ General info., ○ Site Investigation, ○ System Proposed, ○ Site Plan, ○ Disposal System Plan, ○ Cross Section, ○ Statement (see section 4.1)
○ Site/soil/ledge; shown data unsatisfactory ○ Unsuitable for disposal system ○ Unsuitable for system proposed
○ System proposed does not conform to Code
○ Data/soil/ledge shown; site modifications are necessary
○ Acceptance: Application for permit is approved ○ with conditions specified, comply with Section 9-3, 9-4
○ without conditions

Signed LPI Richard B. Baker Date 7-24-78 HHE-200 1/78

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

(For systems disposing of less than 2000 gallons per day)

Town: AUGUSTA

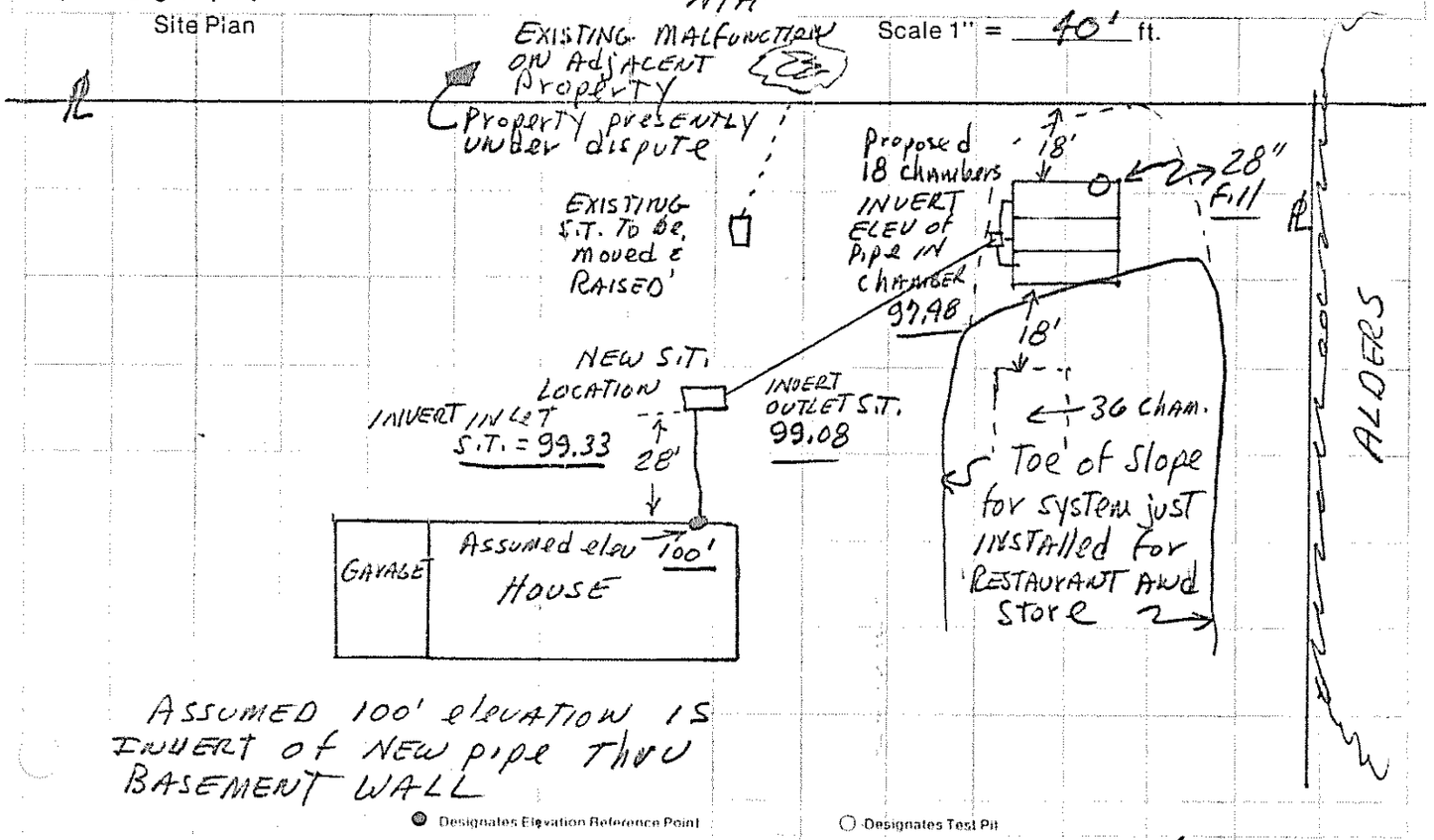
Street, Road, etc: EASTERN AVE

If on water body give name: N/A

Owner of Property: LEO BERG

Site Plan

Scale 1" = 40' ft.

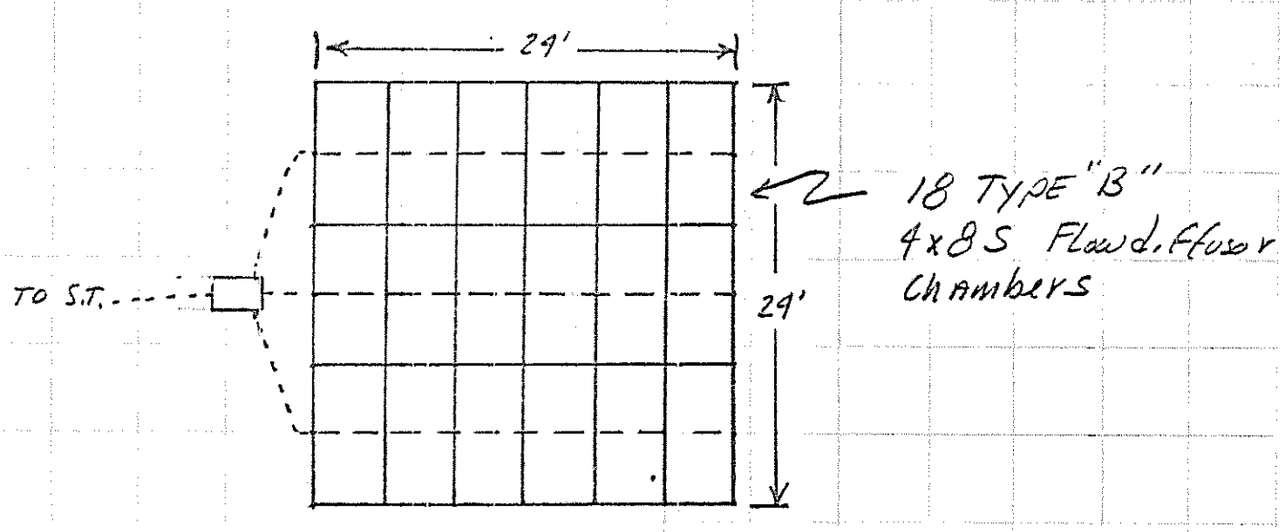


ASSUMED 100' elevation IS INVERT of NEW pipe THRU BASEMENT WALL

● Designates Elevation Reference Point ○ Designates Test Pit

Private Sewage Disposal Plan

Scale 1" = ~~20'~~ or 10'



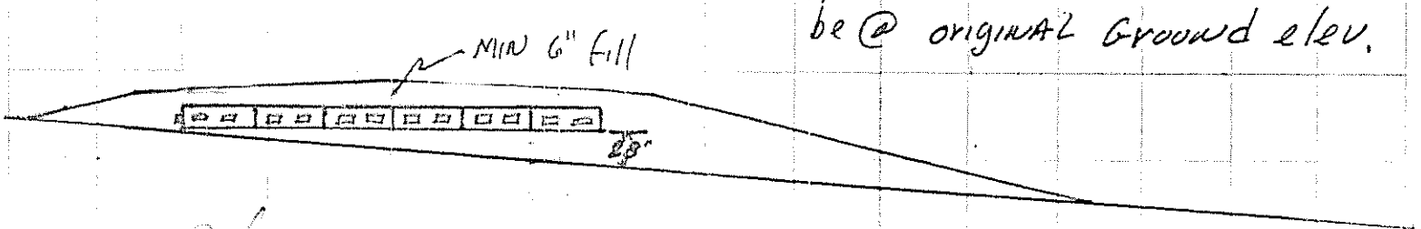
SYSTEM shown AS INSTALLED 7/20/78 According to discussion w/ Richard BAKER, L.P.I. & JAY HARDCASTLE, HEALTH ENGINEERING

Subsurface Absorption Area Cross-section

Scale: Vertical—1" = ~~5'~~ or 10'

Horizontal—1" = ~~20'~~ or 10'

uphill side of chambers to be @ original Ground elev.



Site Evaluator's Signature: J. Bruce [signature] Date: 7/21/78 License Number: 100

HHE 200 1/78

Signature Required

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: 7-24-78

Applicant:

Owner: Marcus S. Berg