

# REPLACEMENT SYSTEM VARIANCE REQUEST

*city*

## 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 and 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 the 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 one-time exempted 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 BOD<sub>5</sub> 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>46350</u>		Date Permit Issued <u>9/9/09</u>
Property Owner's Name: <u>ANITA WEIR</u>		Tel. No.: <u>621-7897</u>
System's Location: <u>34 SANFORD ROAD AUGUSTA</u>		
Property Owner's Address: _____		
(if different from above) _____		

**SPECIFIC INSTRUCTIONS TO THE LOCAL PLUMBING INSPECTOR (LPI):**  
 If any of the variances exceed your approval authority and/or do not meet all 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 System 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.

**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.

Anita Weir 9.8.09  
 SIGNATURE OF OWNER DATE

**LOCAL PLUMBING INSPECTOR:**  
 I, Gregory S. Smith, 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, he/she shall state his/her reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments \_\_\_\_\_

Gregory S. Smith 9/9/09  
 LPI SIGNATURE DATE

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
	Disposal Fields (total design flow)			Septic Tanks (total design flow)			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	To
SOILS								
Soil Profile	Ground Water Table			to 7"			inches	
Soil Condition from HHE-200	Restrictive Layer			to 7"			inches	
SETBACK DISTANCES (in feet)	Bedrock						to 12"	
Wells with water usage of 2000 or more gpd or public water supply wells	300 ft	300 ft	300 ft	100 ft	100 ft	100 ft		
Owner's wells	100 down to 60 ft[a]	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	95'	
Neighbor's wells	100 down to 60 ft [f]	200 down to 120 ft [f]	300 down to 180 ft [f]	100 down to 50 ft [f]	100 down to 75 ft [f]	100 down to 75 ft [f]		
Water supply line	10 ft [h]	20 ft [h]	25 ft [h]	10 ft [h]	10 ft [h]	10 ft [h]		
Water course, major - for replacements only, see Table 400.4 for major expansions	100 down to 60 ft[d]	200 down to 120 ft[d]	100 down to 180 ft[d]	100 down to 50 ft[b]	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft [e]	100 down to 50 ft [e]	150 down to 75 ft [e]	50 down to 25 ft [e]	50 down to 25 ft [e]	50 down to 25 ft [e]		
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	13'	
Edge of fill extension -- Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]		
Slopes greater than 3:1	10 ft [g]	18 ft [g]	25 ft [g]	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	9'	
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 downhill 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] Single-family well setbacks may be reduced as prescribed in Section 701.2  
 [b] This distance may be reduced to 25 feet, if the septic tank or holding tank is tested in the plumbing inspector's presence and shown to be watertight or of monolithic construction.  
 [c] Additional setbacks may be needed to prevent fill material extensions from encroaching on abutting property.  
 [d] Additional setbacks may be required by local Shoreland zoning.  
 [e] Natural Resources Protection Act requires a 25 foot setback on slopes of less than 20%, from the edge of soil disturbance and 100 feet on slopes greater than 20%. See Chapter 15.  
 [f] 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. This setback may be reduced for single family houses with Department approval. See Section 702.3.  
 [g] The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.  
 [h] See Section 1402.10 for special procedures when these minimum setbacks cannot be achieved.

WILLIAM P BROWN



SITE EVALUATOR'S SIGNATURE

2/9/2009

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 Dept of Health & Human Services  
 Division of Health Engineering, 10SHS  
 (207)287-5672 FAX (207)287-3165

## PROPERTY LOCATION

>> CAUTION: PERMIT REQUIRED -- ATTACH IN SPACE BELOW <<

City, Town, or Plantation: **AUGUSTA**

Street or Road: **34 SANFORD ROAD**

Subdivision, Lot #

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **WEIR, ANITA**  Owner  Applicant

Mailing Address of Owner/Applicant: **34 SANFORD ROAD**  
**AUGUSTA, ME 04330**

Daytime Tel. #: **621-7897**

City: AUGUSTA  
 State: Augusta

Permit # 6350

Date Permit Issued: 9/9/09

FEE: \$ 1200.00  If Double Fee Charged

L.P.I. # 188

Local Plumbing Inspector Signature: [Signature]

Municipal Tax Map # 1 Lot # 110

## OWNER OR APPLICANT STATEMENT

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.

## CAUTION: INSPECTION REQUIRED

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

Signature of Owner/Applicant: Anita L Weir Date: 9.8.09

Local Plumbing Inspector Signature: [Signature] (1st) Date Approved: 9/12/09  
 (2nd) Date Approved: \_\_\_\_\_

## PERMIT INFORMATION

<b>TYPE OF APPLICATION</b> <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced <u>TRENCH</u> Year installed <u>1972</u> <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input checked="" type="checkbox"/> 3. Replacement System Variance <input checked="" type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<b>DISPOSAL SYSTEM COMPONENTS</b> <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify _____ <input type="checkbox"/> 4. Non-Engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pretreatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
<b>SIZE OF PROPERTY</b> <u>0.46</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	<b>DISPOSAL SYSTEM TO SERVE:</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____ <input type="checkbox"/> 3. Other _____ (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. 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> <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other <u>EXISTING TANK</u> CAPACITY <u>1000</u> GAL.	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other _____ SIZE <u>750</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> 1. <input checked="" type="checkbox"/> No <input type="checkbox"/> 3. Maybe 2. <input type="checkbox"/> Yes >>> Specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	<b>DESIGN FLOW</b> <u>270</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS -for other facilities-
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE <u>5</u> / CONDITION <u>C</u> / DESIGN <u>2</u> at Observation Hole # <u>TP-1</u> Depth <u>19</u> " of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> 1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd 2. <input checked="" type="checkbox"/> Medium - 2.6 sq. ft./gpd 3. <input 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	<b>EFFLUENT/EJECTOR PUMP</b> 1. <input type="checkbox"/> Not Required 2. <input checked="" type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >>> Specify only for engineered or experimental systems DOSE _____ gallons	<input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA <b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. <u>44</u> d <u>23</u> m <u>17</u> s Long. <u>69</u> d <u>48</u> m <u>47</u> s if gps, state margin of error: <u>30</u> ft.

## SITE EVALUATOR'S STATEMENT

I certify that on 2/9/09 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

William P Brown  
 Site Evaluator Signature

188  
 SE#

2/9/2009  
 Date

**WILLIAM P BROWN**  
 Site Evaluator Name Printed

**293-2110**  
 Telephone Number

E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, Station 10

Town, City, Plantation

Street, Road, Subdivision

Owner or Applicant Name

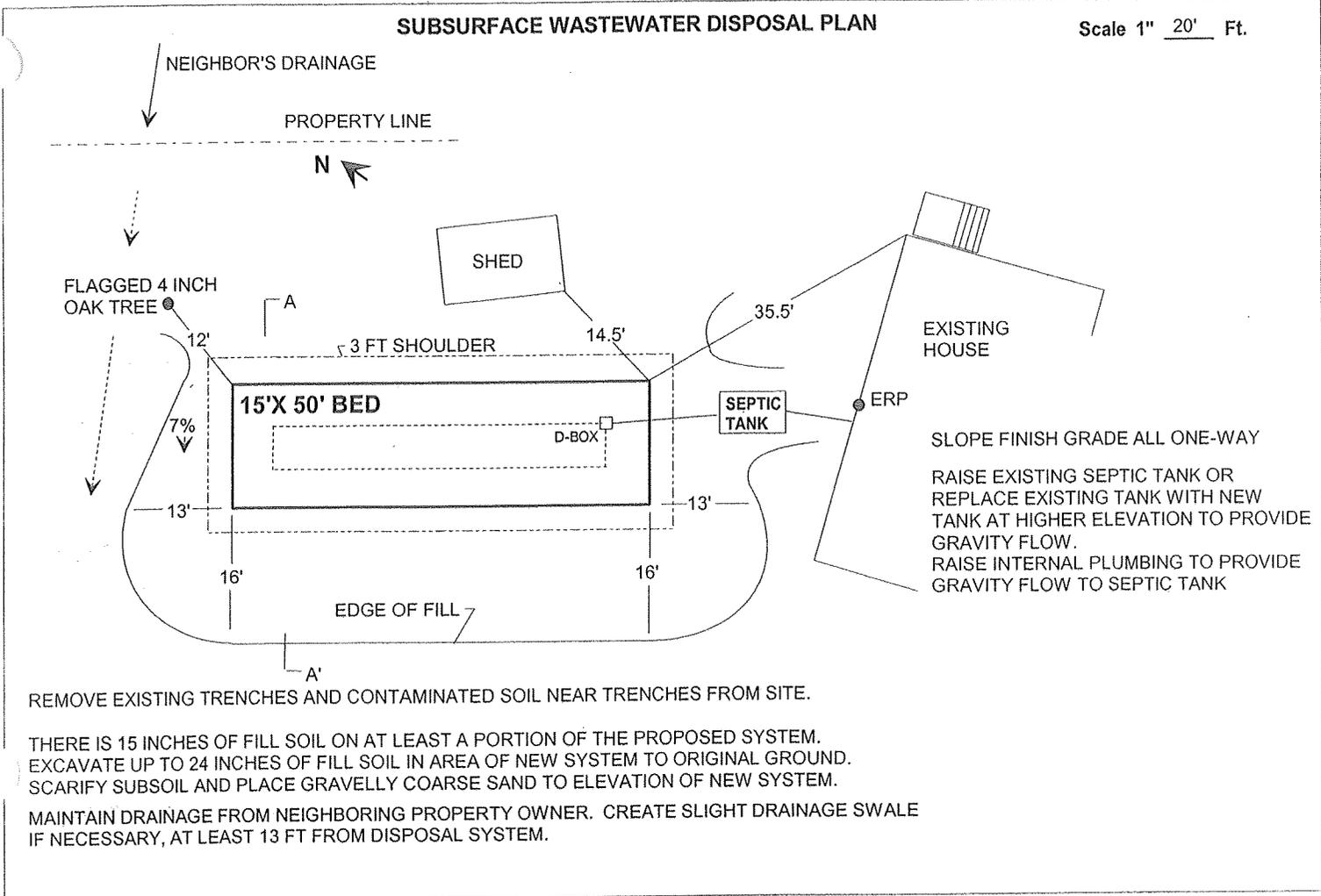
**AUGUSTA**

**34 SANFORD ROAD**

**ANITA WEIR**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



### BACKFILL REQUIREMENTS

### CONSTRUCTION ELEVATIONS

### ELEVATION REFERENCE POINT

Depth of Fill (Upslope) **17-18"**  
 Depth of Fill (Downslope) **31"**  
 DEPTHS AT CROSS-SECTION (shown below)

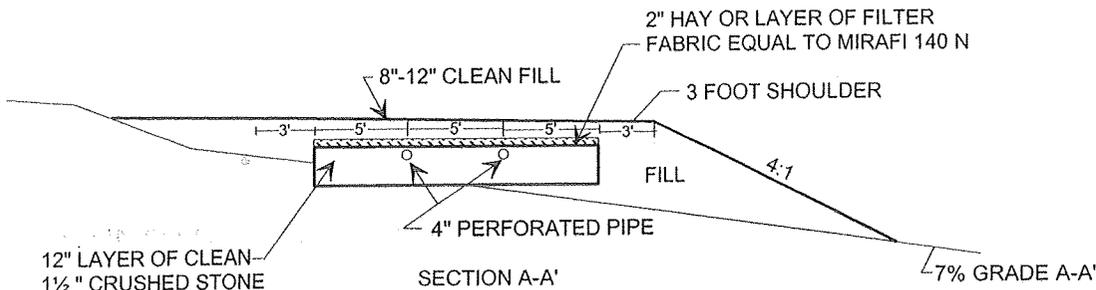
Finished Grade Elevation **VARIES**  
 Top of Distribution Pipe or Proprietary device **-23"**  
 Bottom of Disposal Area **-34"**

Location and Description:  
**BOTTOM OF SIDING AT BACK OF HOUSE**  
 Reference Elevation is: 00.0"

### DISPOSAL AREA CROSS SECTION

Scale:

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



REMOVE EXISTING TRENCH SYSTEM ENTIRELY.  
 EXCAVATE 24 INCHES IN PROPOSED DISPOSAL SYSTEM AND REPLACE WITH GRAVELLY COARSE SAND TO ELEVATION OF NEW SYSTEM.  
 SCARIFY ENTIRE FILL AREA  
 MIX 4 INCHES OF FILL MATERIAL THOROUGHLY WITH EXISTING SOIL TO FORM A TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE)  
 ALL FILL SHALL BE GRAVELLY COARSE SAND  
 SLOPE FINISH GRADE ALL ONE-WAY (AS SHOWN)  
 LOAM, SEED, MULCH DISTURBED AREAS

**WILLIAM P BROWN**

*William P Brown*

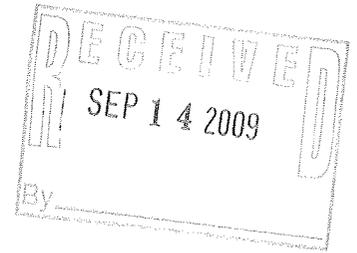
**188**

SE #

**2/9/2009**

Date

WILLIAM P BROWN  
809 POND ROAD  
MT VERNON, ME 04352



August 31, 2009

Wayne Hickey  
36 West Road  
West Gardiner, ME 04345

Re: Anita Weir Septic System Revision  
Sanford Road  
Augusta, ME

Dear Mr. Hickey,

Enclosed is a revised page 3 of the Anita Weir septic system design at 34 Sanford Road in Augusta.

The revised page changes the elevations of the "bottom of disposal area" and "top of distribution pipe". These numbers were revised after reviewing the site with you today.

I will send a copy directly to George Soucy for his records.

If you have any questions regarding this design, please contact me at 293-2110.

Sincerely,

A handwritten signature in cursive script that reads "William P Brown".

William P Brown S E # 188

cc: George Soucy, LPI

