

REPLACEMENT SYSTEM VARIANCE REQUEST

TOWN \$95.00

RECEIVED

MAY 12 2006

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. 1903)
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 BOD5 plus S. S. content of the wastewater is no greater than that of normal domestic effluent.

GENERAL INFORMATION

Town of AUGUSTA

Permit No. #5780

Date Permit Issued 5/16/06

Property Owner's Name: CHHAY IENG

Tel. No.: 623-9206

System's Location: 4 EASY STREET AUGUSTA

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:

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.

Signature of owner

5/16/06

SIGNATURE OF OWNER

DATE

LOCAL PLUMBING INSPECTOR:

I, [Signature], 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

LPI Signature

5/16/06

LPI SIGNATURE

DATE

Replacement System Variance Request

VARIANCE CATEGORY	VARIANCE REQUESTED		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	Less than 1000 gpd	1000 to 2000 gpd	To	To
Wells with water usage of 2000 or more gpd	300 ^a ft	300 ^a ft	100 ^a ft	100 ^a ft		
Owner's wells	100 down to 60 ft	200 down to 100 ft	100 ^b down to 50 ft	100 down to 50 ft	80'	
Neighbor's wells	100 ^b down to 60 ft	200 ^b down to 120 ft	100 ^b down to 50 ft	100 ^b down to 75 ft		
Water supply line	10 ft ^a	20 ft ^a	10 ft ^a	10 ft ^a		
Water course, major - for replacements only, see Table 400.4 for exempted expansions	100 down to 60 ft	200 down to 120 ft	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft	100 down to 50 ft	50 down to 25 ft	50 down to 25 ft		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	25 down to 12 ft	25 down to 12 ft		
Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams (edge of fill extension)	25 ft ^d	25 ft ^d	25 ft ^d	25 ft ^d		
Slopes greater than 3:1	10 ft	18 ft	N/A	N/A		
No full basement (e.g. slab, frost wall, columns)	15 down to 7 ft	30 down to 15 ft	8 down to 5 ft	14 down to 7 ft		
Full basement (below grade foundation)	20 down to 10 ft	30 down to 15 ft	8 down to 5 ft	14 down to 7 ft	16'	
Property lines	10 down to 5 ^c ft	18 ft down to 9 ^c ft	10 ft down to 4 ^c ft	10 ft down to 7 ^c ft		
Burial sites or graveyards, measured from the downhill toe of the fill extension	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. Written Permission from the owner of a well is required when a replacement system will be located less than 100 (or 200 ft. for 1000-2000 gpd) feet and closer to that well than the system it is replacing.

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.

WILLIAM P BROWN *William P Brown* **5/22/2002 UPDATED 4/4/06**
 SITE EVALUATOR'S SIGNATURE 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

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

PROPERTY LOCATION

City, Town, Plantation: **AUGUSTA**

Street or Road: **H EASY STREET**

Subdivision, Lot #: _____

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **IENG, CHHAY** Owner Applicant

Mailing Address of Owner/Applicant: **4 EASY STREET
AUGUSTA, ME 04330**

Daytime Tel. #: **623-9206**

PERMIT INFORMATION

AUGUSTA PERMIT # **5780** TOWN COPY

Date Permit Issued: **5/15/02** Fee Charged: **\$195.00**

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # **850**

Municipal Tax Map # **1** Lot # **123** RR

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.

Signature of Owner/Applicant: *[Signature]* Date: **5/15/02**

CAUTION: INSPECTION REQUIRED

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

Local Plumbing Inspector Signature: *[Signature]* Date Approved: **7/20/06** (1st) **7/20/06** (2nd)

PERMIT INFORMATION

<p>TYPE OF APPLICATION</p> <p><input type="checkbox"/> 1. First Time System</p> <p><input checked="" type="checkbox"/> 2. Replacement System Type replaced TRENCH Year installed 70'S</p> <p><input type="checkbox"/> 3. Expanded System</p> <p><input type="checkbox"/> a. Minor Expansion</p> <p><input type="checkbox"/> b. Major Expansion</p> <p><input type="checkbox"/> 4. Experimental System</p> <p><input type="checkbox"/> 5. Seasonal Conversion</p>	<p>THIS APPLICATION REQUIRES</p> <p><input type="checkbox"/> 1. No Rule Variance</p> <p><input type="checkbox"/> 2. First Time System Variance</p> <p><input type="checkbox"/> a. Local Plumbing Inspector approval</p> <p><input type="checkbox"/> b. State & Local Plumbing Inspector approval</p> <p><input checked="" type="checkbox"/> 3. Replacement System Variance</p> <p><input checked="" type="checkbox"/> a. Local Plumbing Inspector approval</p> <p><input type="checkbox"/> b. State & Local Plumbing Inspector approval</p> <p><input type="checkbox"/> 4. Minimum Lot Size Variance</p> <p><input type="checkbox"/> 5. Seasonal Conversion Permit</p>	<p>DISPOSAL SYSTEM COMPONENTS</p> <p><input type="checkbox"/> 1. Complete Non-engineered System</p> <p><input type="checkbox"/> 2. Primitive System (graywater & alt. toilet)</p> <p><input type="checkbox"/> 3. Alternative Toilet, specify _____</p> <p><input type="checkbox"/> 4. Non-Engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 5. Holding Tank, _____ gallons</p> <p><input checked="" type="checkbox"/> 6. Non-engineered Disposal Field (only)</p> <p><input type="checkbox"/> 7. Separated Laundry System</p> <p><input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more)</p> <p><input type="checkbox"/> 9. Engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 10. Engineered Disposal Field (only)</p> <p><input type="checkbox"/> 11. Pretreatment, specify: _____</p> <p><input type="checkbox"/> 12. Miscellaneous Components</p>
<p>SIZE OF PROPERTY</p> <p>0.76 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p><input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 4</p> <p><input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____</p> <p><input type="checkbox"/> 3. Other _____ (specify)</p> <p>Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	<p>TYPE OF WATER SUPPLY</p> <p><input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private</p> <p><input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other</p>
<p>SHORELAND ZONING</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p><input checked="" type="checkbox"/> 1. Concrete</p> <p><input checked="" type="checkbox"/> a. Regular</p> <p><input type="checkbox"/> b. Low Profile</p> <p><input type="checkbox"/> 2. Plastic</p> <p><input type="checkbox"/> 3. Other EXISTING</p> <p>CAPACITY 1000 GAL.</p>	<p>DISPOSAL FIELD TYPE & SIZE</p> <p><input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench</p> <p><input type="checkbox"/> 3. Proprietary Device</p> <p><input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear</p> <p><input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load</p> <p><input type="checkbox"/> 4. Other _____</p> <p>SIZE 1200 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.</p>	<p>GARBAGE DISPOSAL UNIT</p> <p>1. <input checked="" type="checkbox"/> No <input type="checkbox"/> 3. Maybe</p> <p>2. <input type="checkbox"/> Yes >> Specify one below:</p> <p><input type="checkbox"/> a. multi-compartment tank</p> <p><input type="checkbox"/> b. _____ tanks in series</p> <p><input type="checkbox"/> c. Increase in tank capacity</p> <p><input type="checkbox"/> d. Filter on Tank Outlet</p>	<p>DESIGN FLOW</p> <p>360 gallons per day BASED ON:</p> <p><input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s))</p> <p><input type="checkbox"/> 2. Table 501.2 (other facilities)</p> <p>SHOW CALCULATIONS -for other facilities-</p>
<p>SOIL DATA & DESIGN CLASS</p> <p>PROFILE CONDITION DESIGN 3 / C / 1</p> <p>at Observation Hole # TP-1 Depth 22 " of Most Limiting Soil Factor</p>	<p>DISPOSAL FIELD SIZING</p> <p>1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd</p> <p>2. <input type="checkbox"/> Medium - 2.6 sq. ft./gpd</p> <p>3. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq. ft./gpd</p> <p>4. <input type="checkbox"/> Large - 4.1 sq. ft./gpd</p> <p>5. <input type="checkbox"/> Extra-Large - 5.0 sq. ft./gpd</p>	<p>EFFLUENT/EJECTOR PUMP</p> <p>1. <input checked="" type="checkbox"/> Not Required</p> <p>2. <input type="checkbox"/> May Be Required</p> <p>3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems</p> <p>DOSE _____ gallons</p>	<p><input type="checkbox"/> 3. Section 503.0 (meter readings)</p> <p>ATTACH WATER METER DATA</p> <p>LATITUDE AND LONGITUDE at center of disposal area</p> <p>Lat. 44 d 23 m 19 s</p> <p>Long. 69 d 48 m 52 s</p> <p>If gps, state margin of error: _____</p>

SITE EVALUATOR'S STATEMENT

I certify that on **5/15/02** (date) I completed a site evaluation on this property and state that the data reported are accurate and the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Signature: *William P Brown* SE# **188** Date: **5/15/02** UPDATED **4/4/06**

Site Evaluator Name Printed: **WILLIAM P BROWN** Telephone Number: **293-2110** E-mail Address: _____

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

Street, Road, Subdivision

Owners Name

AUGUSTA

EASY STREET

CHHAY IENG

SITE PLAN

Scale 1" = 50 Ft.

SITE LOCATION PLAN
(Map from Maine Atlas recommended)



NORTH

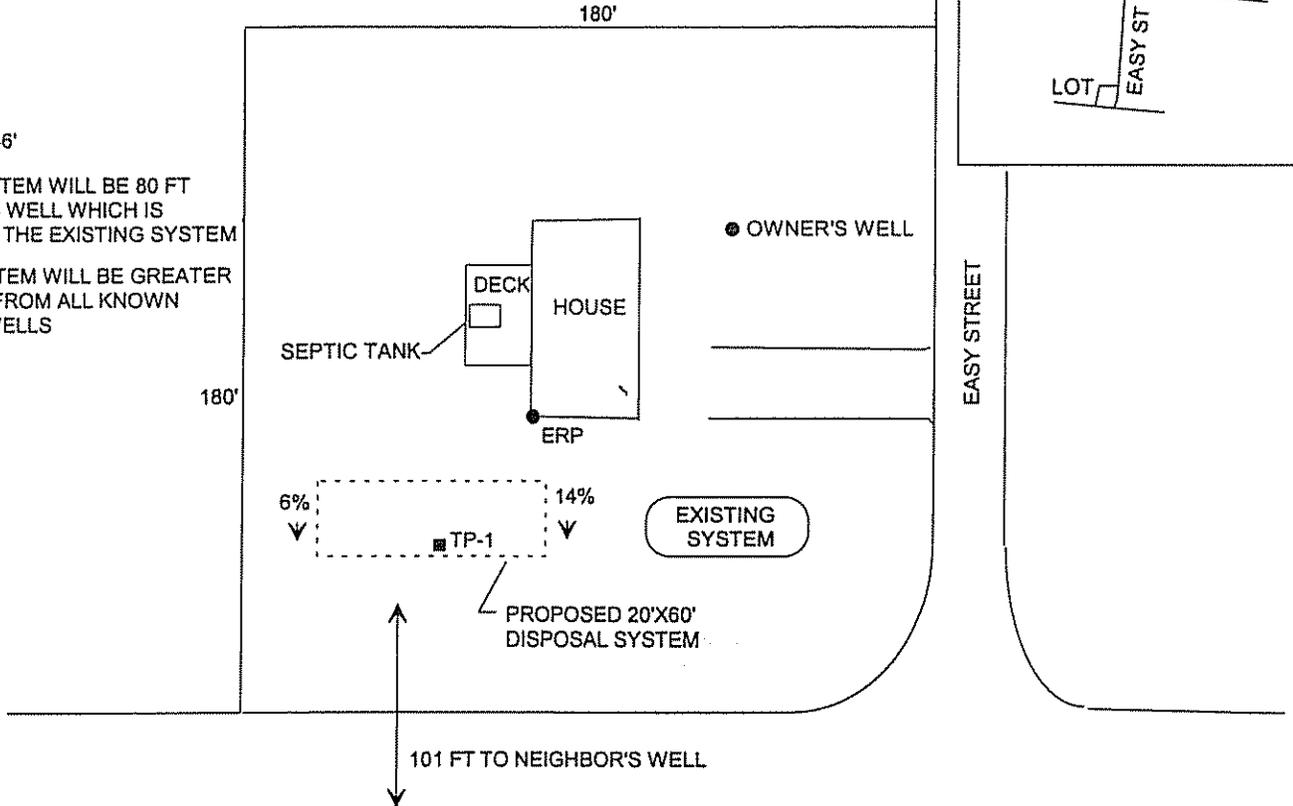
SUMMERHAVEN RD

LOT
EASY ST

ERP TO TP-1 = 46'

PROPOSED SYSTEM WILL BE 80 FT FROM OWNER'S WELL WHICH IS FURTHER THAN THE EXISTING SYSTEM

PROPOSED SYSTEM WILL BE GREATER THAN 100 FEET FROM ALL KNOWN NEIGHBORING WELLS



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP-1 Test Pit Boring
0" 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	SANDY LOAM	FRIABLE	MEDIUM BROWN	
10	LOAMY SAND		ORANGE BROWN	
20			LIGHT BROWN	NONE COMMON
30		FIRM	OLIVE BRN	
40				
50				

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

Soil Classification <u>3</u> Profile	Slope <u>6-14 %</u>	Limiting Factor <u>22</u> "	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Soil Classification Profile	Slope %	Limiting Factor "	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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WILLIAM P BROWN *William P. Brown*
Site Evaluator Signature

188
SE #

5/22/2002 UPDATED 4/4/06
Date

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

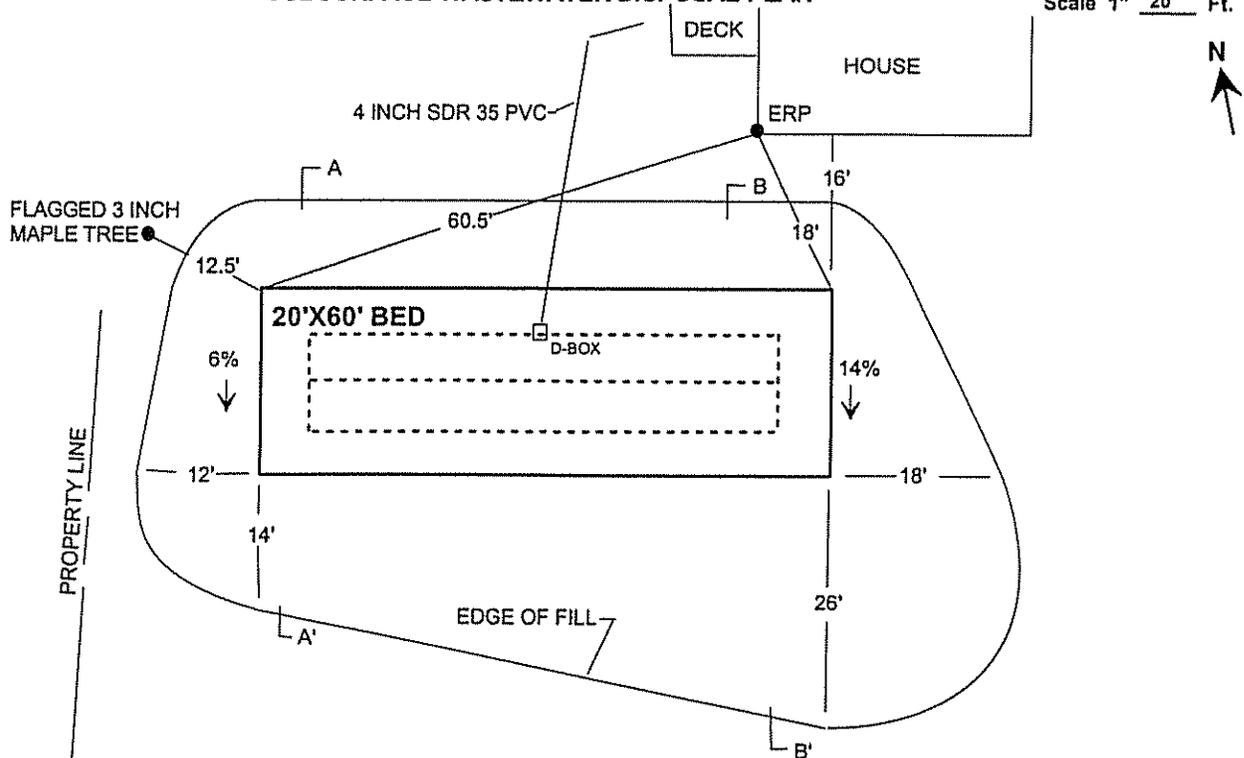
AUGUSTA

EASY STREET

CHHAY IENG

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



EXISTING TANK IS LOCATED BELOW DECK. EXACT ELEVATION OF OUTLET OF TANK WAS NOT VERIFIED, HOWEVER, MEASUREMENTS OF PIPE INSIDE HOUSE SHOW THAT GRAVITY FLOW IS POSSIBLE.

IF OUTLET IS TOO LOW FOR GRAVITY FLOW, RE-SET EXISTING TANK AT HIGHER ELEVATION OR SET NEW TANK AT PROPER ELEVATION

IF EXISTING TANK IS USED, INSTALL RISER ON CLEAN OUT COVER OF TANK AND CHECK OUTLET BAFFLE

FILL REQUIREMENTS

Depth of Fill (Upslope) 14"
 Depth of Fill (Downslope) 28-47"
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation VARIES
 Top of distribution Pipe or Proprietary device -47"
 Bottom of Disposal Area -58"

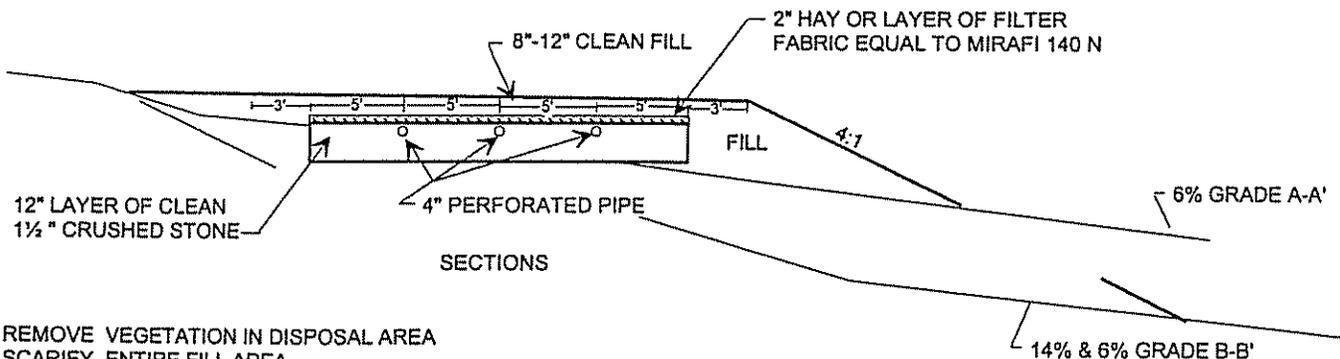
ELEVATION REFERENCE POINT

Location and Description:
BOTTOM OF CORNER TRIM AT CORNER OF HOUSE
 Reference Elevation is 0.00"

DISPOSAL AREA CROSS SECTION

Scale:

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



SECTIONS

REMOVE VEGETATION IN DISPOSAL AREA
 SCARIFY ENTIRE FILL AREA

FILL SHALL BE GRAVELLY COARSE SAND
 4 INCHES OF FILL MATERIAL THOROUGHLY WITH ORIGINAL SOIL TO FORM A TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE)
 CROWN FINISH GRADE FROM CENTER AT 3%
 OR SLOPE ALL ONE-WAY (AS SHOWN)
 LOAM, SEED, MULCH DISTURBED AREAS

WILLIAM P BROWN *William P Brown*
 Site Evaluator Signature

188
 SE #

5/22/2002 UPDATED 4/4/06
 Date

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