

Department of Health and Human Services  
 Maine Center for Disease Control and Prevention  
 286 Water Street  
 # 11 State House Station  
 Augusta, Maine 04333-0011  
 Tel: (207) 287-5672  
 Fax: (207) 287-4172; TTY: 1-800-606-0215

*Town copy  
165.09*

### SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION	Town of	<b>AUGUSTA</b>
Property Owner's Name:	<b>RAYMOND PLANTE</b>	Tel. No.: <b>207/623-3342</b>
System's Location:	<b>1147 SUMMERHAVEN ROAD</b>	
Property Owner's Address:	<b>1147 SUMMERHAVEN ROAD AUGUSTA, ME</b>	Zip Code: <b>04330</b>
e-mail address:		

The subsurface wastewater disposal system design for this property requires a  replacement system variance  first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires  local approval  local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed )	SECTION OF RULE
<b>1. REDUCE DISPOSAL SYSTEM SETBACK DISTANCE FROM BUILDING WITH FULL FOUNDATION (13 FT), AND FROM BUILDING WITHOUT FOUNDATION (13 FT)</b>	<b>TABLE 8A</b>
SITE EVALUATOR	
<p>When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.</p> <p><b>SYSTEM CONSISTS OF SEPTIC TANK, SEPARATE 3 FT DIAMETER PUMP STATION, AND 20 FT X 40 FT CRUSHED STONE DISPOSAL FIELD.</b></p>	
<p>I, <b>WILLIAM P BROWN</b> S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available, enhances the potential of the site for subsurface wastewater disposal, and that the system should function properly.</p>	
<i>William P Brown</i>	<b>8/28/2011</b>
SIGNATURE OF SITE EVALUATOR	DATE

PROPERTY OWNER	
<p>I, <b>RAYMOND PLANTE</b> am the <input checked="" type="checkbox"/> owner <input type="checkbox"/> agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with 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.</p>	
<i>Raymond Plante</i>	<b>8-30-2011</b>
SIGNATURE OF OWNER AGENT FOR THE OWNER	DATE

**LOCAL PLUMBING INSPECTOR - Approval at local level**

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, Maury Smith, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) approve the requested variance. I (will will not) issue a permit for the system's installation as proposed by the application.

\_\_\_\_\_  
LPI Signature

8/30/11  
Date

**LOCAL PLUMBING INSPECTOR - Referral to the Department**

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, \_\_\_\_\_, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) approve the requested variance. I (will will not) issue a permit for the system's installation as proposed by the application.

\_\_\_\_\_  
LPI 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

- Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)
2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).**

CHARACTERISTICS	POINT ASSESSMENT
Soil Profile	
Depth to Groundwater/Restrictive Layer	
Terrain	
Size of Property	
Waterbody Setback	
Water Supply	
Type of Development	
Disposal Area Adjustment	
Vertical Separation Distance	
Additional Treatment	
TOTAL POINT ASSESSMENT:	

Minimum Points (Check One):  Outside Shoreland Zone-50  Inside Shoreland Zone-65  Subdivision-65

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept Health & Human Services  
Div. of Environmental Health, 11SHS  
(207)287-5672 FAX (207)287-3165

>> CAUTION: LPI APPROVAL REQUIRED <<

**PROPERTY LOCATION**

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

Street or Road: **1147 SUMMERHAVEN ROAD**

Subdivision, Lot #:

**OWNER/APPLICANT INFORMATION**

Name (last, first, MI): **PLANTE, RAYMOND**  Owner  Applicant

Mailing Address of Owner/Applicant: **1147 SUMMERHAVEN ROAD  
AUGUSTA, ME 04330**

Daytime Tel. #: **207/623-3342**

**AUGUSTA**  
Date Permit Issued: **8/13/11**

PERMIT # **6596 TOWN COPY**

FEE: **\$1500.00**  Double Fee Charged

L.P.I. # **880**

Local Plumbing Inspector Signature: *Raymond Plante*

Municipal Tax Map # **11** Lot # **132**

The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules

**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: *Raymond Plante*

Date: **8/30-2011**

**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: \_\_\_\_\_

(1st) Date Approved: \_\_\_\_\_

(2nd) Date Approved: \_\_\_\_\_

## PERMIT INFORMATION

<p><b>TYPE OF APPLICATION</b></p> <p><input type="checkbox"/> 1. First Time System</p> <p><input checked="" type="checkbox"/> 2. Replacement System Type replaced <b>BED</b> Year installed <b>1970'S</b></p> <p><input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. &lt;25% Expansion <input type="checkbox"/> b. &gt;25% Expansion</p> <p><input type="checkbox"/> 4. Experimental System</p> <p><input type="checkbox"/> 5. Seasonal Conversion</p>	<p><b>THIS APPLICATION REQUIRES</b></p> <p><input type="checkbox"/> 1. No Rule Variance</p> <p><input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State &amp; Local Plumbing Inspector approval</p> <p><input checked="" type="checkbox"/> 3. Replacement System Variance <input checked="" type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State &amp; 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><b>DISPOSAL SYSTEM COMPONENTS</b></p> <p><input type="checkbox"/> 1. Complete Non-engineered System</p> <p><input type="checkbox"/> 2. Primitive System (graywater &amp; 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 checked="" type="checkbox"/> 12. Miscellaneous Components</p>
<p><b>SIZE OF PROPERTY</b></p> <p><b>1</b> <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p><input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <b>3</b></p> <p><input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____</p> <p><input type="checkbox"/> 3. Other _____ (specify)</p>	<p><b>TYPE OF WATER SUPPLY</b></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><b>SHORELAND ZONING</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p><b>TREATMENT TANK</b></p> <p><input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile</p> <p><input type="checkbox"/> 2. Plastic</p> <p><input type="checkbox"/> 3. Other <b>EXISTING</b></p> <p>CAPACITY <b>1000</b> GAL.</p>	<p><b>DISPOSAL FIELD TYPE &amp; SIZE</b></p> <p><input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench</p> <p><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</p> <p><input type="checkbox"/> 4. Other _____</p> <p>SIZE <b>800</b> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.</p>	<p><b>GARBAGE DISPOSAL UNIT</b></p> <p><input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe</p> <p>If Yes or Maybe, 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><b>DESIGN FLOW</b></p> <p><b>270</b> gallons per day</p> <p>BASED ON:</p> <p><input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s))</p> <p><input type="checkbox"/> 2. Table 4C (other facilities)</p> <p>SHOW CALCULATIONS for other facilities</p>
<p><b>SOIL DATA &amp; DESIGN CLASS</b></p> <p>PROFILE CONDITION <b>5 / B</b></p> <p>at Observation Hole # <b>TP-1</b></p> <p>Depth <b>48</b> " of Most Limiting Soil Factor</p>	<p><b>DISPOSAL FIELD SIZING</b></p> <p><input checked="" type="checkbox"/> 1. Medium - 2.6 sq. ft./gpd</p> <p><input type="checkbox"/> 2. Medium-Large - 3.3 sq. ft./gpd</p> <p><input type="checkbox"/> 3. Large - 4.1 sq. ft./gpd</p> <p><input type="checkbox"/> 4. Extra-Large - 5.0 sq. ft./gpd</p>	<p><b>EFFLUENT/EJECTOR PUMP</b></p> <p><input type="checkbox"/> 1. Not Required</p> <p><input type="checkbox"/> 2. May Be Required</p> <p><input checked="" type="checkbox"/> 3. Required</p> <p>Specify only for engineered systems</p> <p>DOSE _____ gallons</p>	<p><input type="checkbox"/> 3. Section 4G (meter readings)</p> <p>ATTACH WATER METER DATA</p> <p>LATITUDE AND LONGITUDE at center of disposal area</p> <p>Lat. <b>44</b> d <b>23</b> m <b>28</b> s</p> <p>Lon. <b>69</b> d <b>48</b> m <b>58</b> s</p> <p>if gps, state margin of error: <b>30 ft</b></p>

## SITE EVALUATOR'S STATEMENT

I certify that on **8/27/11** (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).

Signature: *William P Brown*

188 SE#

8/28/2011 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  
(207) 287-5672 FAX 207-287-4165

Town, City, Plantation

**AUGUSTA**

Street, Road, Subdivision

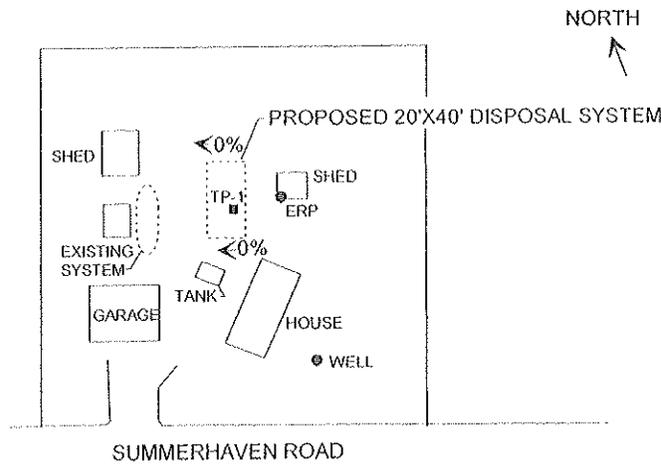
**1147 SUMMERHAVEN ROAD**

Owner or Applicant Name

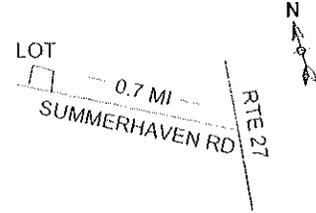
**RAYMOND PLANTE**

SITE PLAN

Scale 1" = **50** Ft.



SITE LOCATION PLAN  
(Attach map from Maine Atlas  
for First Time System Variance)



ERP TO TP-1 = 24 FT

THE EXISTING SEPTIC TANK WILL BE KEPT IN SERVICE. A "POLY-LOC" EFFLUENT FILTER WILL BE INSTALLED IN THE TANK. A 3 FT DIAMETER PUMP STATION AND NEW 20 FT X 40 FT CRUSHED STONE DISPOSAL SYSTEM WILL BE INSTALLED.

THE PROPOSED SYSTEM IS 105 FT FROM THE OWNER'S WELL.

THE AREA OF THE PROPOSED SYSTEM ORIGINALLY WAS AN IN-GROUND POOL RANGING FROM 4 TO 8 FEET DEEP. THE AREA WAS FILLED IN 1994 WITH MEDIUM TO COARSE SAND WITH SUITABLE TEXTURE, CONSISTENCY, AND DEPTH TO BE CONSIDERED EQUIVALENT TO ORIGINAL SOIL FOR DESIGN PURPOSES.

## SOIL PROFILE DESCRIPTION AND CLASSIFICATION

Observation Hole # TP-1  Test Pit  Boring  
0 " Depth of organic horizon above mineral soil

	Texture	Consistency	Color	Mottling
0	LOAMY SAND	FRIABLE	BROWN	NONE
10	MEDIUM TO COARSE SAND FILL	↓	LIGHT BROWN	↓
20				
30				
40				
50				
	Soil Profile <b>5</b>	Classification Condition <b>B</b>	Slope Percent <b>0</b> %	Limiting Factor Depth <b>48</b> "
			<input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock	

## (Location of Observation Holes Shown Above)

Observation Hole # \_\_\_\_\_  Test Pit  Boring  
 " Depth of organic horizon above mineral soil

	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				
	Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth
			<input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock	

WILLIAM P BROWN

Site Evaluator Signature

188  
SE #

8/28/2011  
Date

Page 2 of 3  
HHE-200 Rev. 10/02

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

**AUGUSTA**

Street, Road, Subdivision

**1147 SUMMERHAVEN ROAD**

Owner of Applicant Name

**RAYMOND PLANTE**

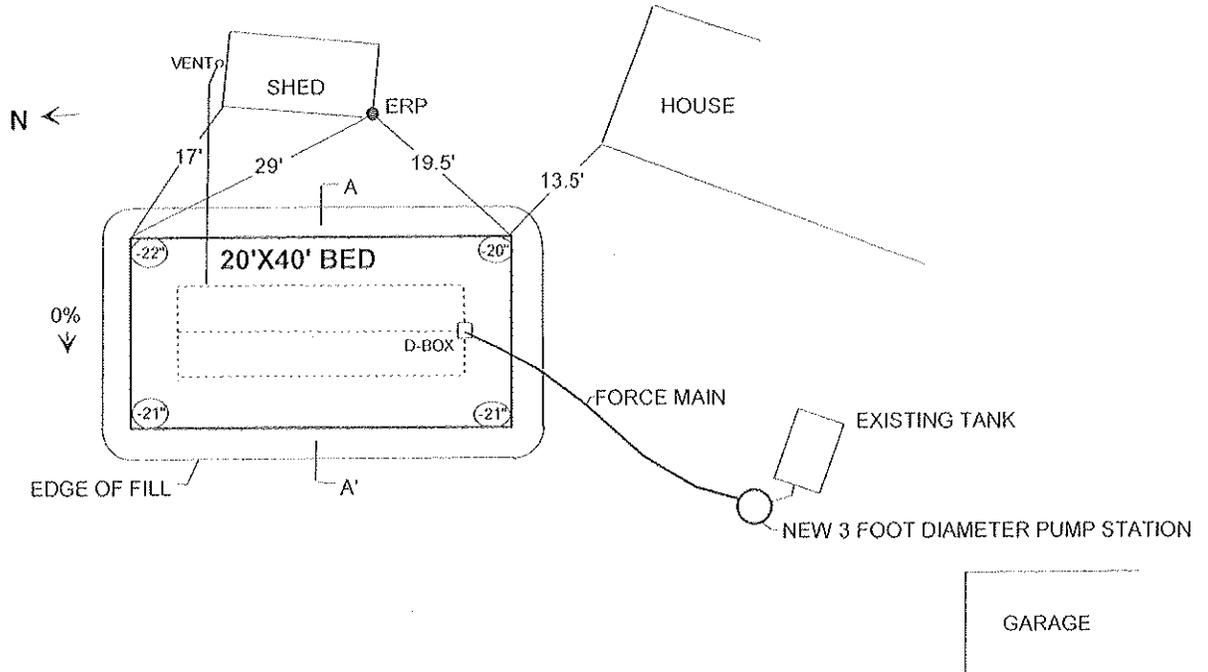
## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

KEEP EXISTING TANK IN SERVICE. INSTALL "POLY-LOC" EFFLUENT FILTER IN SEPTIC TANK. PLACE RISERS TO WITHIN 6 INCHES OF GRADE OVER SEPTIC TANK OPENINGS. INSTALL 3 FT DIAMETER PUMP STATION NEAR SEPTIC TANK. PLACE RISER TO ABOVE GRADE. INSTALL HIGH WATER ALARM ON SEPARATE CIRCUIT FROM PUMP. INSTALL 2 INCH FORCE MAIN TO NEW D-BOX. ENTER D-BOX THROUGH BOTTOM WITH FORCE MAIN AND EXTEND PIPE TO WITHIN 2 INCHES OF COVER. PROVIDE WEEP HOLE IN FORCE MAIN INSIDE PUMP STATION TO ALLOW DRAINBACK BETWEEN PUMP CYCLES. PROTECT FORCE MAIN FROM FREEZING.

INSTALL 2 INCH DIAMETER VENT NEAR SHED

DISCUSS PUMP STATION LOCATION AND FORCE MAIN ROUTE WITH PROPERTY OWNER



(-22") ORIGINAL GROUND ELEVATIONS

### BACKFILL REQUIREMENTS

Depth of Fill (Upslope) **4-6"**  
Depth of Fill (Downslope) **5"**  
DEPTHS AT CROSS-SECTION (shown below)

### CONSTRUCTION ELEVATIONS

Finished Grade Elevation **-16"**  
Top of Distribution Pipe or Proprietary device **-29"**  
Bottom of Disposal Area **-40"**

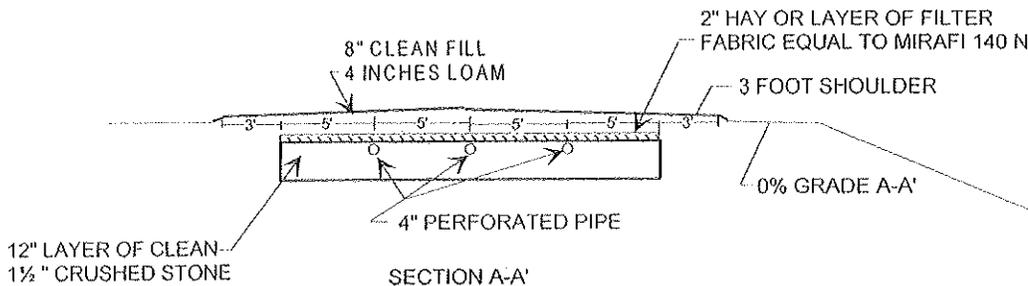
### ELEVATION REFERENCE POINT

Location and Description:  
**FLAGGED NAIL IN CORNER TRIM BOARD OF SHED, 2 FEET ABOVE GROUND**  
Reference Elevation is: **00.0"**

### DISPOSAL AREA CROSS SECTION

Scale:

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



REMOVE VEGETATION IN DISPOSAL AREA  
SCARIFY DISPOSAL AREA AND 3 FOOT PERIMETER  
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  
CROWN FINISH GRADE FROM CENTER AT 3%  
LOAM, SEED, MULCH DISTURBED AREAS

**WILLIAM P BROWN**

Site Evaluator Signature

*William P Brown*

**188**

SE #

**8/28/2011**

Date