

REPLACEMENT SYSTEM VARIANCE REQUEST

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 <u>AUGUSTA</u> |
| Permit No. <u># 5797</u> | Date Permit Issued <u>6/8/06</u> |
| Property Owner's Name: <u>RAYMOND GALLANT</u> | Tel. No.: <u>622-3710</u> |
| System's Location: <u>10 CECIL AVENUE</u> | |
| Property Owner's Address: <u>10 CECIL AVENUE AUGUSTA, MAINE 04330</u> | |
| (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.

Raymond E. Gallant
SIGNATURE OF OWNER

6-5-06
DATE

LOCAL PLUMBING INSPECTOR:
I, James J. Kelly, 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 _____

James J. Kelly
LPI SIGNATURE

6/8/06
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" | | 9" 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 | | |
| 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 | | |
| 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. _____
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.

EUGENE DUBE

E. Dube SE 241

 SITE EVALUATOR'S SIGNATURE

6/2/2006

 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
Division of Health Services
(207)287-5672

Services
Engineering, 10SHS
(207)287-3165

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

| | | |
|------------------------------------|---|---|
| PROPERTY LOCATION | | AUGUSTA PERMIT # 5787 Date Permit Issued: 6/29/06 Local Plumbing Inspector Signature: <i>[Signature]</i> L.P.I. # 850 ORIGINAL COPY IF Double Fee Charged |
| City, Town, or Plantation | AUGUSTA | |
| Street or Road | 10 CECILE AVE. | |
| Division, Lot # | | |
| OWNER/APPLICANT INFORMATION | | |
| Name (last, first, MI) | GALLANT RAYMOND <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant | |
| Mailing Address of Owner/Applicant | 10 CECIL AVE. AUGUSTA, MAINE 04330 | |
| Daytime Tel. # | 622-3710 | Municipal Tax Map # <u>1</u> Lot # <u>24</u> L <u>153</u> |

| | |
|---|--|
| 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: <i>[Signature]</i> Date: <u>6-5-06</u> | 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: <i>[Signature]</i> (1st) Date Approved: <u>7/10/06</u> (2nd) Date Approved: |
|---|--|

| | | |
|--|---|--|
| PERMIT INFORMATION | | |
| TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced <u>BED</u> Year installed <u>UNKNOWN</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 | THIS APPLICATION REQUIRES <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 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 | DISPOSAL SYSTEM COMPONENTS <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 |
| SIZE OF PROPERTY 22,285 SQ FT sq. ft. acres | DISPOSAL SYSTEM TO SERVE: <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 | TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input checked="" type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other |
| SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

| | | | |
|---|---|--|---|
| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | | | |
| TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular EXISTING <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____ CAPACITY <u>1000</u> GAL. | DISPOSAL FIELD TYPE & SIZE <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>1000</u> sq. ft. <input type="checkbox"/> lin. ft. | GARBAGE DISPOSAL UNIT 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 checked="" type="checkbox"/> d. Filter on Tank Outlet | DESIGN FLOW <u>303</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- |
| SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>7 / D / 3</u> at Observation Hole # <u>TP-1</u> Depth <u>9"</u> of Most Limiting Soil Factor | DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq. ft./gpd 3. <input checked="" 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 | EFFLUENT/EJECTOR PUMP 1. Not Required 2. <input type="checkbox"/> May Be Required 3. <input checked="" 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 LATITUDE AND LONGITUDE at center of disposal area Lat. _____ d _____ m _____ s Long. _____ d _____ m _____ s if gps, state margin of error: _____ |

| | | |
|--|--|---|
| SITE EVALUATOR'S STATEMENT | | |
| I certify that on <u>5/21/06</u> (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). | | |
| Site Evaluator Signature: <i>[Signature]</i> EUGENE DUBE Site Evaluator Name Printed | SE#: <u>241</u> Telephone Number: <u>215-6971</u> | Date: <u>6/21/2006</u> E-mail Address: _____ |

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

Called 6/8 2:35 left mess

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX 207-287-4165

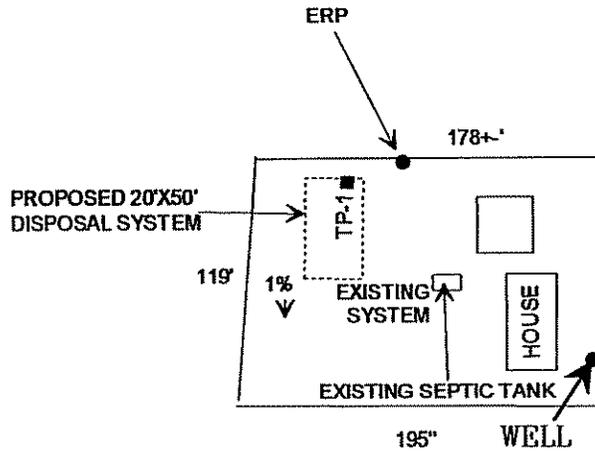
Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
CECIEL AVENUE

Owner or Applicant Name
RAYMOND GALLANT

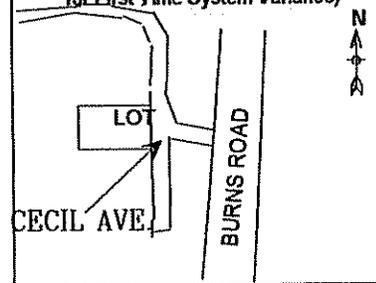
SITE PLAN

Scale 1" = 100 Ft.



SITE LOCATION PLAN

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



SOIL PROFILE DESCRIPTION AND CLASSIFICATION

Observation Hole # TP-1 Test Pit Boring

0 " Depth of organic horizon above mineral soil

| DEPTH BELOW MINERAL SOIL SURFACE (Inches) | Texture | Consistency | Color | Mottling |
|---|----------|-----------------------------------|--------------------------|---|
| | 0 | LOAMY SAND | FRIABLE | BROWN |
| 10 | SAND | | OLIVE BRN | COMMON |
| 20 | | | | |
| 30 | SLT LOAM | FIRM | | |
| 40 | | | | |
| 50 | | | | |
| Soil Profile 7 | | Classification Condition D | Slope Percent 1 % | Limiting Factor Depth 9 " |
| | | | | <input checked="" 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

| DEPTH BELOW MINERAL SOIL SURFACE (Inches) | 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 |

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

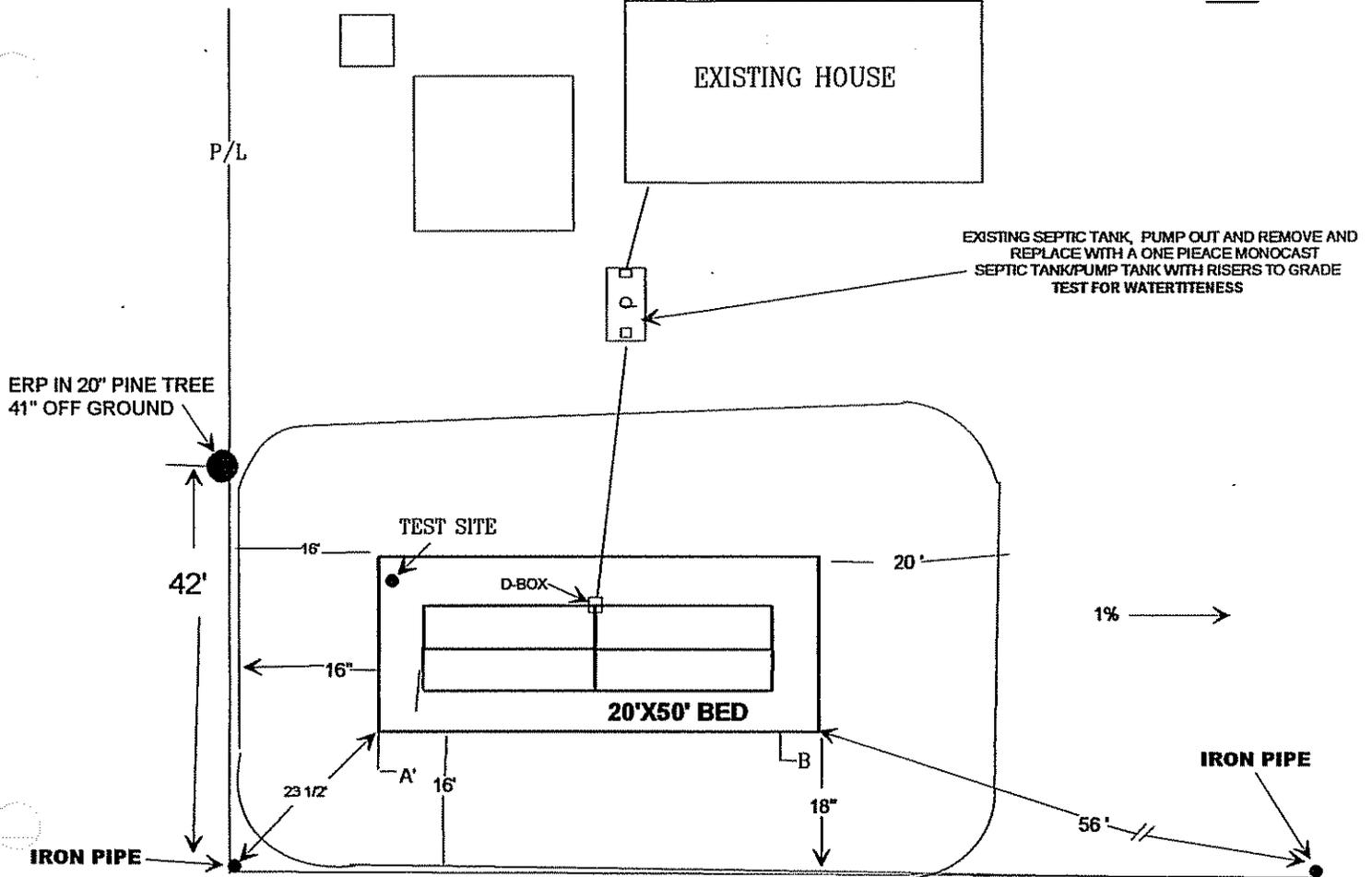
Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
CECIL AVENUE

Owner or Applicant Name
RAYMOND GALLANT

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



BACKFILL REQUIREMENTS

Depth of Fill (Upslope) **33"**
 Depth of Fill (Downslope) **39"**
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation **VARIES**
 Top of Distribution Pipe or Proprietary device **-33"**
 Bottom of Disposal Area **-46"**

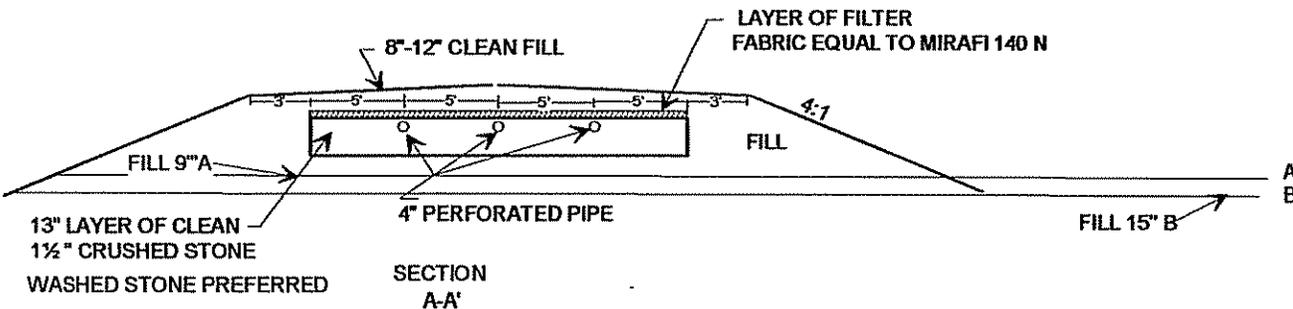
ELEVATION REFERENCE POINT

Location and Description:
EVERTITE NAIL IN 20" PINE TREE, 41" ABOVE GROUND
 Reference Elevation is: **00.0"**

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 6 Ft.
 Horizontal: 1 inch = 10 Ft.



REMOVE STUMPS AND VEGETATION IN DISPOSAL AREA
 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
 DOWN FINISH GRADE FROM CENTER AT 3%
 SLOPE ALL ONE-WAY
 LOAM, SEED, MULCH DISTURBED AREAS

EUGENE DUBE

Site Evaluator Signature

241

SE #

5-21-2006

Date