

# 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 an 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 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 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>3709</u>	Date Permit Issued _____
Property Owner's Name: <u>ROBERT STEWART</u>	Tel. No.: <u>622-4266</u>
System's Location: <u>1446 LEAVITT ROAD</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 of 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 Variance Request with your signature on reverse side of form.

**PROPERTY OWNER:**  
If 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.

Robert Stewart  
SIGNATURE OF OWNER

6/8/97  
DATE

**LOCAL PLUMBING INSPECTOR**  
I, George D. Smith Jr., 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, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: \_\_\_\_\_

George D. Smith Jr.  
LPI SIGNATURE

6/11/97  
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'		10 inches	
Soil Condition	Restrictive Layer		to 7'		10 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 <sup>a</sup> ft	300 <sup>a</sup> ft	100 <sup>a</sup> ft	100 <sup>a</sup> ft		
Owner's wells	100 down to 50 ft	200 down to 100 ft	100 <sup>b</sup> down to 50 ft	100 down to 50 ft		
Neighbor's wells	100 <sup>b</sup> down to 60 ft	200 <sup>b</sup> down to 120 ft	100 <sup>b</sup> down to 50 ft	100 <sup>b</sup> down to 75 ft		
Water supply line	10 ft <sup>a</sup>	20 ft <sup>a</sup>	10 ft <sup>a</sup>	10 ft <sup>a</sup>		
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 <sup>d</sup>	25 ft <sup>d</sup>	25 ft <sup>d</sup>	25 ft <sup>d</sup>		
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 ft	18 ft down to 9 <sup>c</sup> ft	10 ft down to 4 <sup>c</sup> ft	15 ft down to 7 <sup>c</sup> ft	5	
Burial sites or graveyards, measured from the down 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.

  
 \_\_\_\_\_  
 SITE EVALUATOR'S SIGNATURE

5  
 \_\_\_\_\_  
 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

Department of Human Services  
Division of Health Engineering  
(207) 287-5672 FAX (207) 287-4172

**PROPERTY LOCATION**

Town or Station: AUGUSTA

Street Subdivision Lot #: LEAVITT ROAD

**PROPERTY OWNERS NAME**

Last: STEWART First: ROBERT

Mailing Address of Owner: RFD#2 Box 1446  
AUGUSTA, ME 04330

Daytime Tel. #: 622-4266

AUGUSTA 3709 TOWN COPY

Date Permit Issued: 6/11/97 \$ 165.00 FEE  Double Fee Charged

*[Signature]* Local Plumbing Inspector Signature L.P.I. # 1898

**Owner 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.

Robert Stewart 6/8/97  
Signature of Owner/Applicant Date

**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] 7/24/97  
Local Plumbing Inspector Signature Date Approved

**PERMIT INFORMATION**

**THIS APPLICATION IS FOR:**

- First Time System
- Multi-User System
- Replacement System
- Expanded System
  - One-time exempted
  - Non-exempted
- Experimental System
- Seasonal Conversion

**THIS APPLICATION REQUIRES:**

- No Rule Variance
- First Time System Variance (Municipal)
- First Time System Variance (State)
- Replacement System Variance
  - Local Plumbing Inspector approval
  - State & Local Plumbing Inspector approval
- Minimum Lot Size Variance
- Seasonal Conversion Variance

**DISPOSAL SYSTEM COMPONENT(S)**

- Non-Engineered System
- Primitive System
- Alternative Toilet  
Specify \_\_\_\_\_
- Non-Engineered Treatment Tank
- Holding Tank \_\_\_\_\_ Gallons
- Non-Engineered Disposal Area (only)
- Separated Laundry System
- Engineered System (+2000 gpd)
- Engineered Treatment Tank (only)
- Engineered Disposal Area (only)

**SIZE OF PROPERTY**

± 6 AC.

**DISPOSAL SYSTEM TO SERVE:**

- Single Family Dwelling Unit
- Multiple Family Dwelling Unit  
Number of Units \_\_\_\_\_
- Other \_\_\_\_\_ SPECIFY \_\_\_\_\_

**SHORELAND ZONING**

Yes  No

**TYPE OF WATER SUPPLY**

DRILLED WELL - EXISTING

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

**TREATMENT TANK**

- Concrete
  - Regular
  - Low Profile
- Plastic

SIZE 1000 Gallons  
EXISTING

**DISPOSAL AREA TYPE/SIZE**

- Stone Bed 1600 Sq. Ft.
- Proprietary Device \_\_\_\_\_ Sq. Ft.
  - Clustered  Linear
  - Regular  H-20
- Trench \_\_\_\_\_ Lin. Ft.
- Other \_\_\_\_\_

**GARBAGE DISPOSAL UNIT**

- No
- Yes
  - Multi-compartment tank
  - Tank in series
  - Increase in tank capacity
  - Filter on tank outlet

**CRITERIA USED FOR DESIGN FLOW**  
(Show Calculations)

4 BEDROOMS

DESIGN FLOW: 360  
(Gallons/Day)

**PROFILE & DESIGN CLASS**

PROFILE | DESIGN  
8 | D

DEPTH TO MOST LIMITING FACTOR 10

**DISPOSAL AREA SIZING**

- Small 2.0
- Medium 2.60
- Medium-Large 3.30
- Large 4.10
- Extra-Large 5.00

**PUMPING**

- Not required
- May be required
- Required

DOSE \_\_\_\_\_ Gallons

**SITE EVALUATOR'S STATEMENT**

On 5/27/97 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules.

VAUGHN L. SMITH 226 5/30/97  
Site Evaluator Signature SE # Date  
VAUGHN L. SMITH 582-5635  
Print Name Telephone

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owner Name

AUGUSTA 1446 LEAVITT ROAD

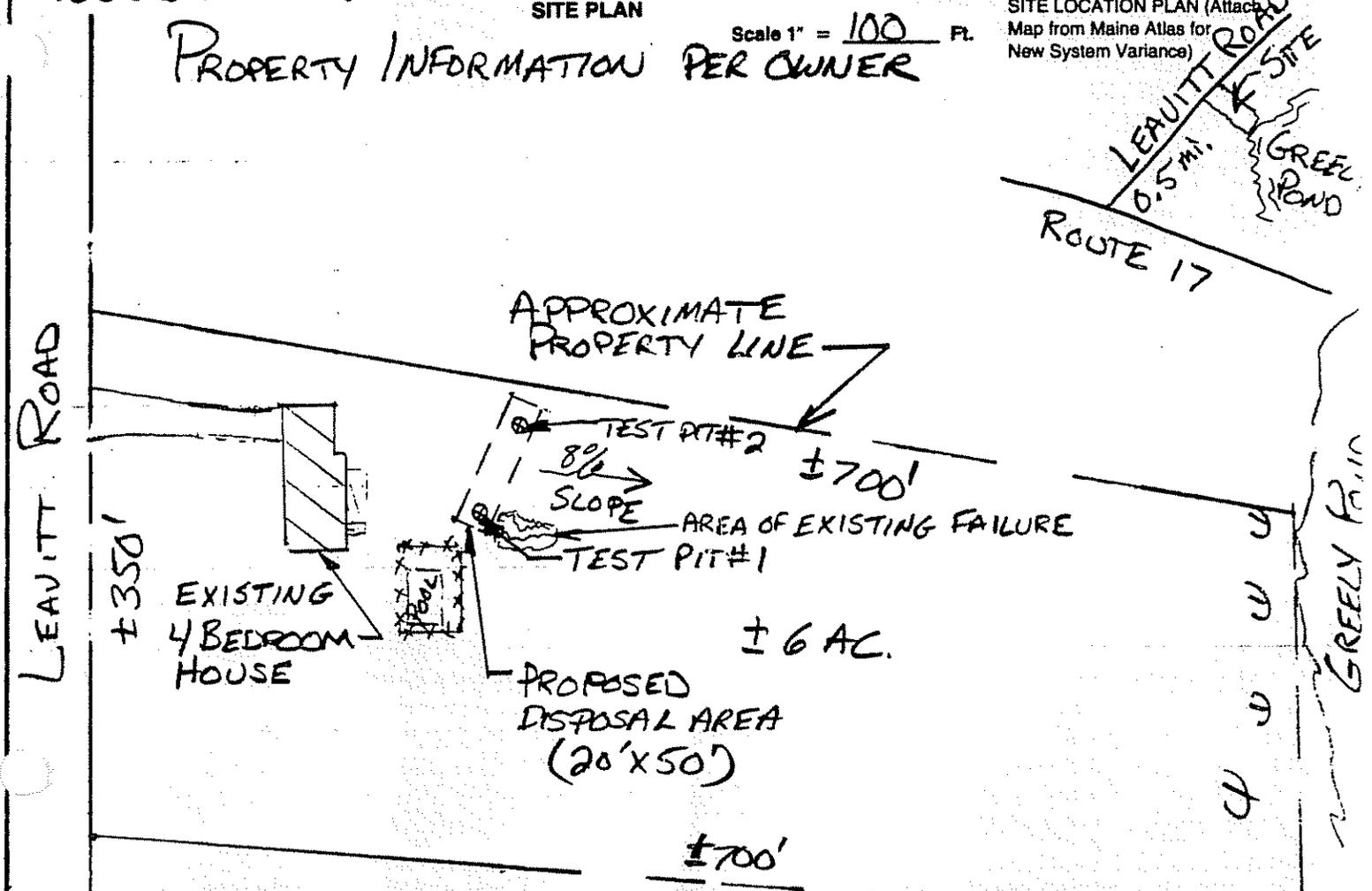
ROBERT STEWART

SITE PLAN

Scale 1" = 100' Ft.

SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)

PROPERTY INFORMATION PER OWNER



**SOIL DESCRIPTION AND CLASSIFICATION**

(Location of Observation Holes Shown Above)

Observation Hole #1  Test Pit  Boring  
Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
		DARK BROWN	NONE
	FRIABLE		
SILT			
		OLIVE BROWN	FEW
LOAM			DISTINCT
	FIRM	OLIVE	

Observation Hole  Test Pit  Boring  
Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
		DARK BROWN	
	FRIABLE		NONE
SILT		LIGHT OLIVE BROWN	
LOAM			FEW
	FIRM	OLIVE	DISTINCT

Soil Profile: 8	Classification Condition: D	Slope: 10%	Limiting Factor: 10'	<input checked="" type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

Soil Profile: 8	Classification Condition: D	Slope: 6%	Limiting Factor: 11'	<input checked="" type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

*Vanessa L. Smith*  
Site Evaluator Signature

226  
SE#

5/30/97  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

- Town, City or Plantation

Street, Road or Subdivision

Name of Owner

AUGUSTA  
EXISTING  
HOUSE

1446 LEAVITT ROAD

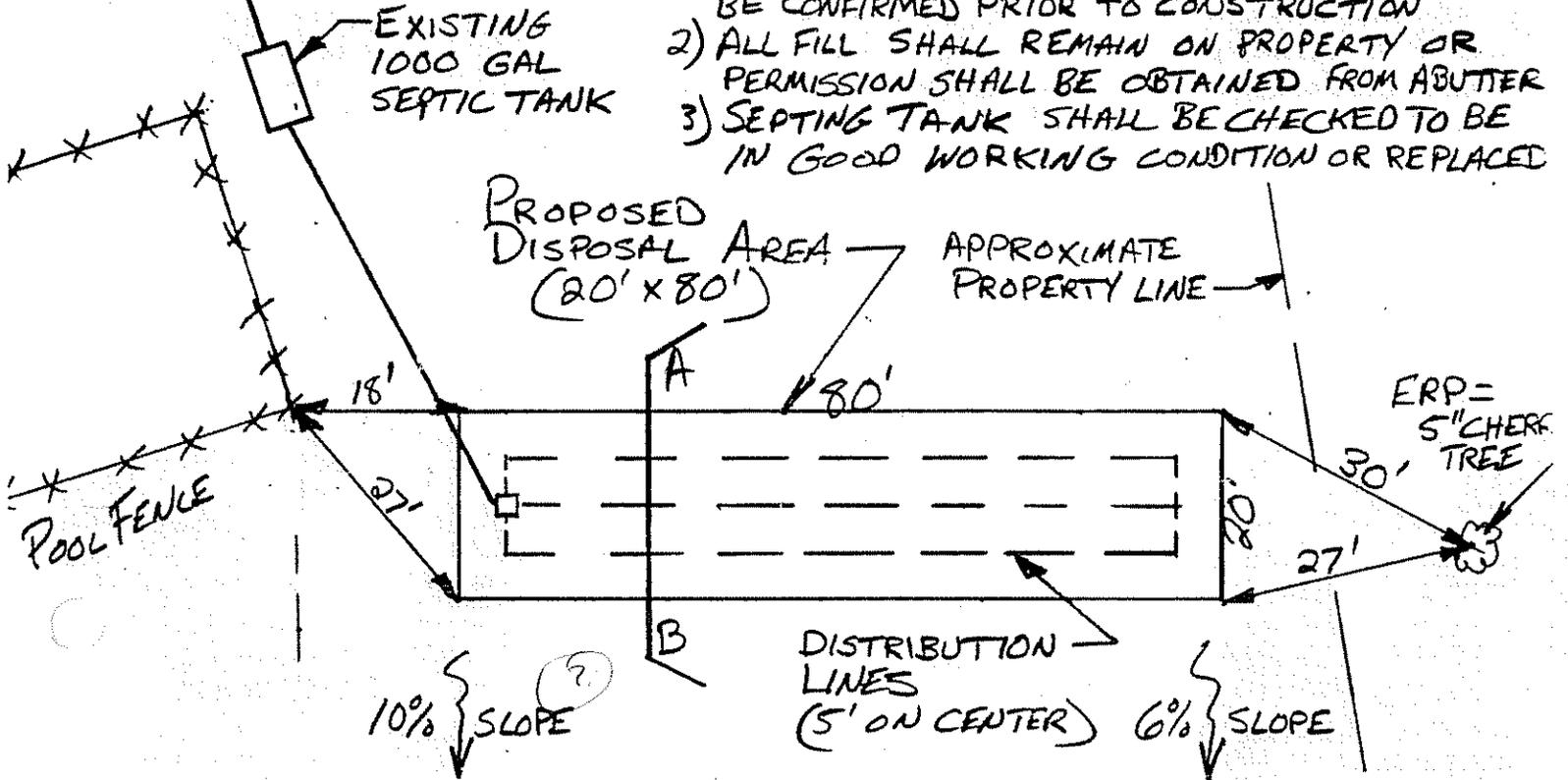
ROBERT STEWART

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft.

### NOTES:

- 1) ALL TIES, ELEVATIONS + PROPERTY LINES SHALL BE CONFIRMED PRIOR TO CONSTRUCTION
- 2) ALL FILL SHALL REMAIN ON PROPERTY OR PERMISSION SHALL BE OBTAINED FROM ABUTTER
- 3) SEPTIC TANK SHALL BE CHECKED TO BE IN GOOD WORKING CONDITION OR REPLACED



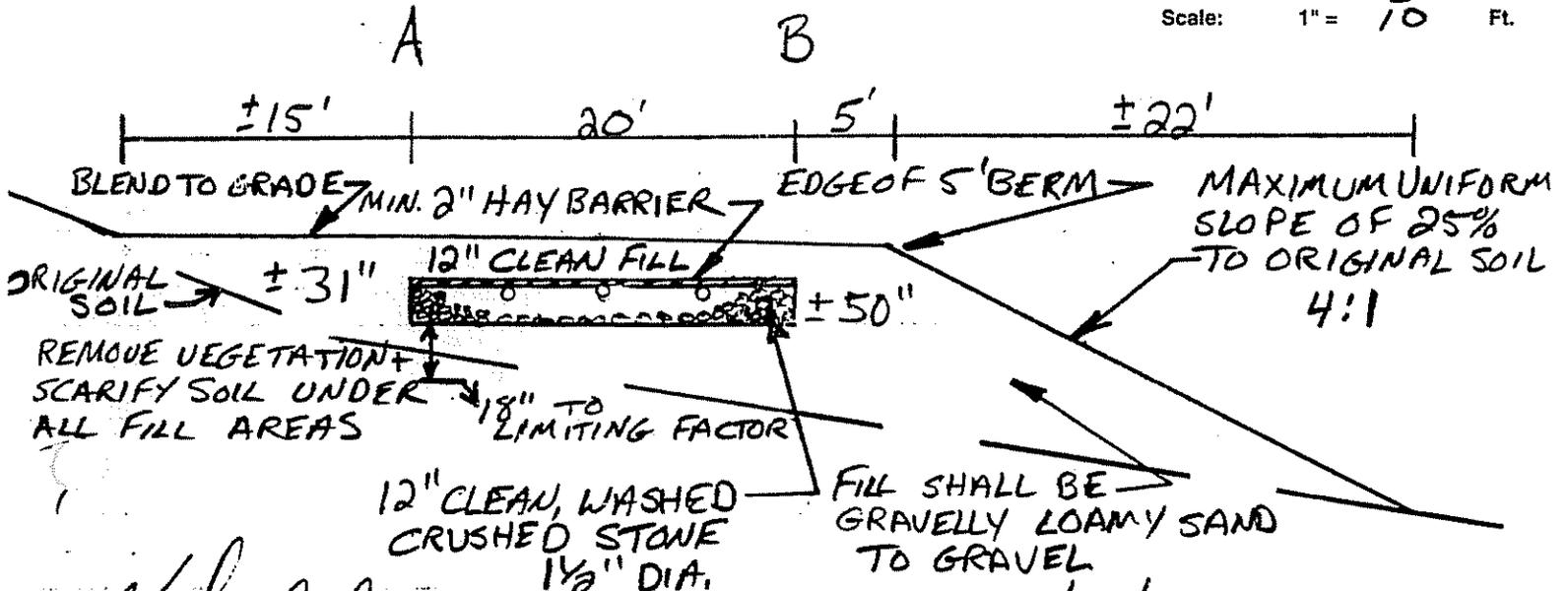
FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope) <u>31"</u>	Finished Grade Elevation <u>-26"</u>	Location & Description <u>5" CHERRY TREE/NAIL 56" A.G.</u>
Depth of Fill (Downslope) <u>58"</u>	Top of Distribution Pipe or Proprietary Device <u>-38"</u>	Reference & Elevation <u>0"</u>
<b>FILL DEPTHS WILL VARY</b>	Bottom of Disposal Area <u>-50"</u>	

### DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1" = 5 Ft.

Scale: 1" = 10 Ft.



*Vaughn L. Smith*  
Site Evaluator Signature

226  
SE #

5/30/97  
Date