

# REPLACEMENT SYSTEM VARIANCE REQUEST

TOWN COPY  
15.6.00

## 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.

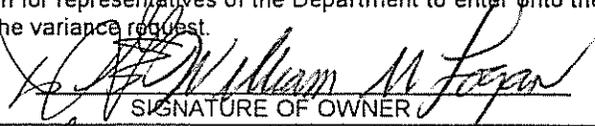
<b>GENERAL INFORMATION</b>		Town of <u>AUGUSTA</u>
Permit No. <u>* 4423</u>		Date Permit Issued <u>6/8/00</u>
Property Owner's Name: <u>WILLIAM M. LOGAN</u>		Tel. No.: <u>623-1591</u>
System's Location: <u>7135 BUNNY STREET</u>		
Property Owner's Address: <u>ROUTE 5 BOX 7135</u>		
(if different from above) <u>AUGUSTA, MAINE 04330</u>		

**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.

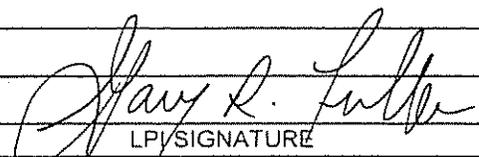

6/15/00  
 SIGNATURE OF OWNER DATE

**LOCAL PLUMBING INSPECTOR**  
I, Jay R. Lulka, 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: \_\_\_\_\_


6/8/00  
 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"		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 <sup>d</sup> ft	300 <sup>d</sup> ft	100 <sup>d</sup> ft	100 <sup>d</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>d</sup>	20 ft <sup>d</sup>	10 ft <sup>d</sup>	10 ft <sup>d</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 <sup>c</sup> 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	—	—
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.

*Vaughn L. Lott*  
 \_\_\_\_\_  
 SITE EVALUATOR'S SIGNATURE

6/2/00  
 \_\_\_\_\_  
 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 Department of Human Services  
Division of Health Engineering, Station 10  
(207) 287-5672 FAX (207) 287-4172

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; Caution: Permit Required -- Attach in Space Below &lt;&lt;</b>	
City, Town, or Location	AUGUSTA	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p>AUGUSTA Date Permit Issued: <u>6/8/00</u></p> <p><i>April R. Fuller</i> Local Plumbing Inspector Signature</p> </div> <div style="text-align: center;"> <p>4423 TOWN COPY \$ <u>175.00</u> FEE Charged <input type="checkbox"/> if Double Fee Charged</p> <p>L.P.I. # <u>1850</u></p> </div> </div>	
Street or Road	5 BUNNY STREET		
Subdivision, Lot #			
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	LOGAN WILLIAM M. <span style="float: right;"><input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant</span>		
Mailing Address of	ROUTE 5 BOX 7135		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	AUGUSTA, MAINE 04330		
Daytime Tel. #	623-1591	Municipal Tax Map # <u>1</u> Lot # <u>176</u>	
<b>Owner or Applicant Statement</b>		<b>Caution: Inspections Required</b>	
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
<i>William M Logan</i> <u>6/8/00</u> Signature of Owner or Applicant Date		<i>Robert G Smith</i> Local Plumbing Inspector Signature	
		(1st) Date Approved <u>6-27-2000</u> (2nd) Date Approved	

PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b> 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>BED</u> or Installed: _____ <input type="checkbox"/> Expanded System a. <input type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non-exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> 1. <input type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input checked="" type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	<b>DISPOSAL SYSTEM COMPONENT(S)</b> 1. <input type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ gallons 6. <input checked="" type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd or more) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: 12. <input type="checkbox"/> Miscellaneous components
<b>SIZE OF PROPERTY</b> <u>± 0.75</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	<b>DISPOSAL SYSTEM TO SERVE</b> 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ - SPECIFY	<b>TYPE OF WATER SUPPLY</b> 1. <input checked="" type="checkbox"/> Drilled Well    2. <input type="checkbox"/> Dug Well    3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public    5. <input type="checkbox"/> Other:

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons <u>EXISTING</u>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> 1. <input type="checkbox"/> Stone Bed    2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device <u>INFILTRATOR</u> a. <input type="checkbox"/> Cluster array    c. <input checked="" type="checkbox"/> Linear b. <input type="checkbox"/> Regular load    d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE <u>1500</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> 1. <input checked="" type="checkbox"/> No    3. <input type="checkbox"/> Maybe <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment Tank b. <input type="checkbox"/> Tanks in Series c. <input type="checkbox"/> Increase in Tank Capacity d. <input type="checkbox"/> Filter on Tank Outlet	<b>DESIGN FLOW</b> <u>270</u> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) <b>SHOW CALCULATIONS</b> -- for other facilities --  3. <input type="checkbox"/> Section 503.0 (meter readings) <b>ATTACH WATER-METER DATA</b>
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION DESIGN <u>81D1</u> at Observation Hole # <u>1</u> Depth <u>7</u> " Elevation _____ OF MOST LIMITING SOIL FACTOR	<b>DISPOSAL FIELD SIZING</b> 1. <input type="checkbox"/> Small -- 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium -- 2.6 sq. ft./gpd 3. <input type="checkbox"/> Medium-Large -- 3.3 sq. ft./gpd 4. <input checked="" type="checkbox"/> Large -- 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra Large -- 5.0 sq. ft./gpd	<b>PUMPING</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	

SITE EVALUATOR STATEMENT	
I certify that on <u>5/18/00</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).	
<i>Vaughan L. Smith</i> Site Evaluator Signature	<u>6/2/00</u> Date
VAUGHAN L. SMITH Site Evaluator Name Printed	724-5635 Telephone #

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation  
**AUGUSTA**

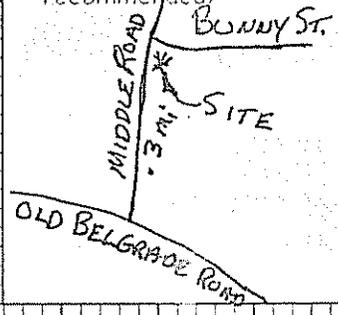
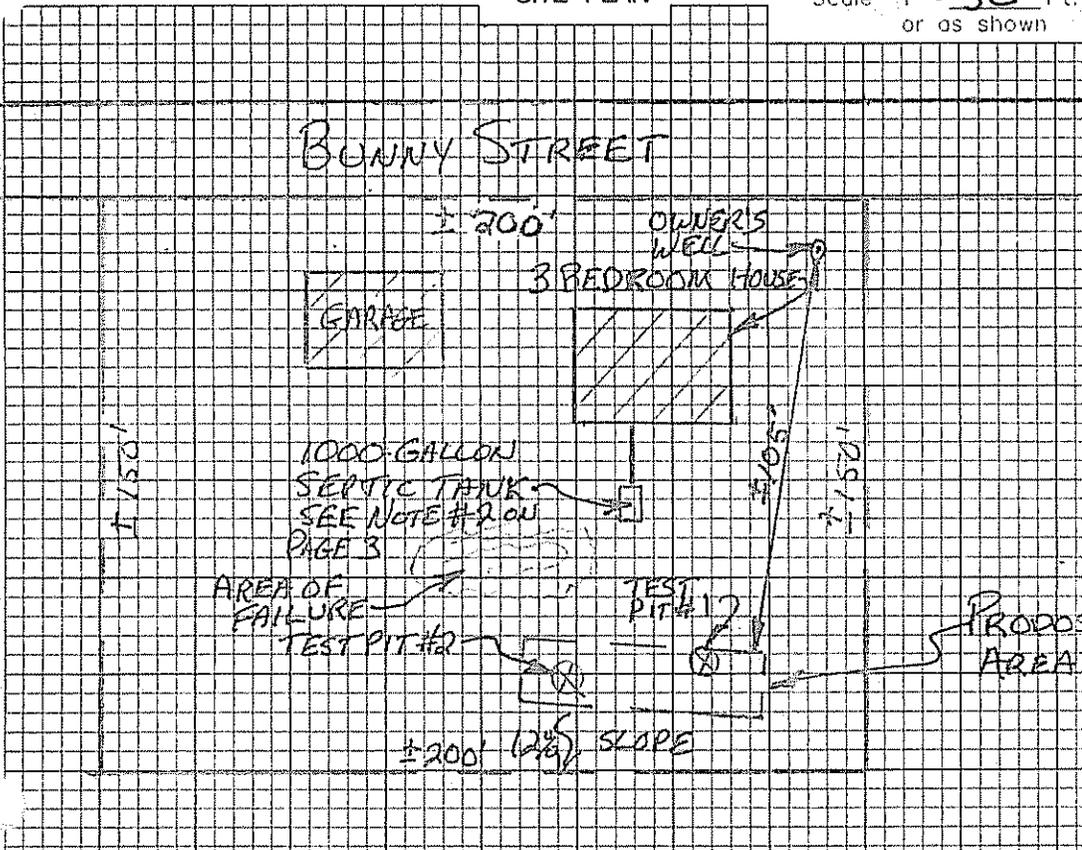
Street, Road Subdivision  
**7135 BUNNY STREET**

Owner's Name  
**WILLIAM M. LOGAN**

SITE PLAN

Scale 1" = 50 Ft.  
or as shown

SITE LOCATION PLAN  
(Map from Maine Atlas recommended)



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

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

Observation Hole #2  Test Pit  Boring  
" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0			BROWN	NONE
0-10	SILT	FRIABLE		
10-20	LOAM			FEW FAINT
20-40			OLIVE	
40-50		FIRM		

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
0-10	LOAM	FRIABLE	BROWN	
10-20				
20-40	SILT LOAM	FIRM	OLIVE	FEW DISTINCT
40-50				

Soil Classification: **S** Profile, **D** Condition  
Slope: **12%**  
Limiting Factor: **7"**  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

Soil Classification: **S** Profile, **D** Condition  
Slope: **16%**  
Limiting Factor: **8"**  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

*Vaughn L. Smith*  
Site Evaluator Signature

**6/2/00**  
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation  
**AUGUSTA**

Street, Road, Subdivision  
**7135 BUNNY STREET**

Owner's Name  
**WILLIAM M. LOGAN**

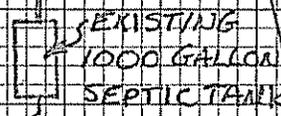
SUBSURFACE

SCALE 1" = 20 FT.

CONSTRUCTION ELEVATIONS

Row #	BOT OF IVE	TOP OF IVE
Row #1	-36"	-20"
Row #2	-49"	-33"
Row #3	-62"	-46"

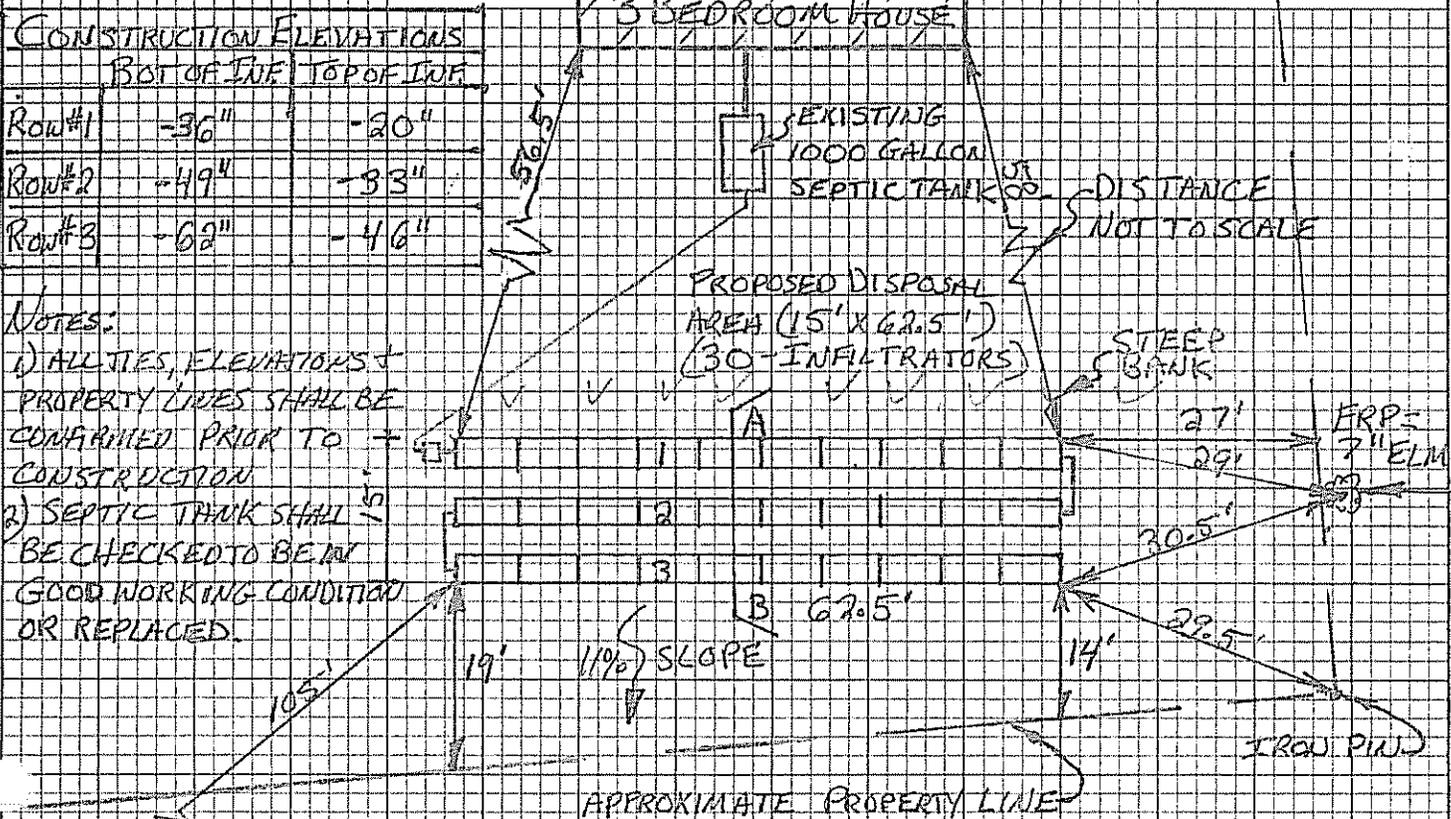
3 BEDROOM HOUSE



EXISTING 1000 GALLON SEPTIC TANK  
PROPOSED DISPOSAL AREA (15' X 62.5') (30 INFILTRATORS)

NOTES:

- 1) ALL TIES, ELEVATIONS & PROPERTY LINES SHALL BE CONFIRMED PRIOR TO CONSTRUCTION
- 2) SEPTIC TANK SHALL BE CHECKED TO BE IN GOOD WORKING CONDITION OR REPLACED.



ABUTTER'S WELL

FILL REQUIREMENTS

Depth of Fill (Upslope) ± 34"  
Depth of Fill (Downslope) ± 42"  
FILL DEPTHS WILL VARY

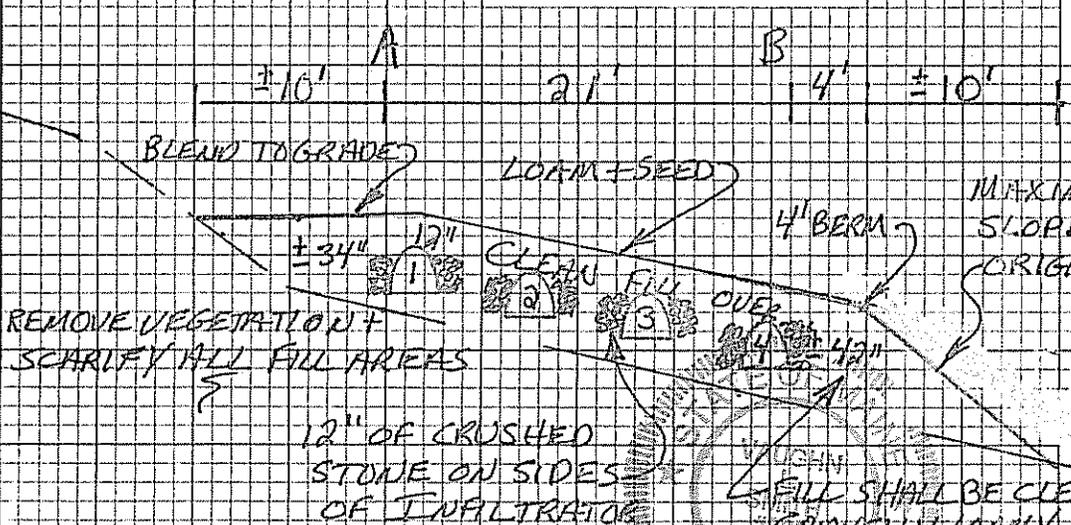
CONSTRUCTION ELEVATIONS

Finished Grade Elevation SEE ABOVE  
Top of Distribution Pipe or Proprietary Device  
Bottom of Disposal Area

ELEVATION REFERENCE POINT

Location & Description 7" ELM  
W/ NAIL SET 40" A.G.  
Reference Elevation 0"

DISPOSAL AREA CROSS SECTION



SCALE:  
VERTICAL: 1" = 5'  
HORIZONTAL: 1" = 10'

MAXIMUM UNIFORM SLOPE OF 33% TO ORIGINAL SOIL 3:1

REMOVE VEGETATION & SCARIFY ALL FILL AREAS

12" OF CRUSHED STONE ON SIDES OF INFILTRATOR

FILL SHALL BE CLEAN GRAVELLY LOAMY SAND

*Vaughn L. Dotta*  
Site Evaluator Signature



6/2/00  
Date