



John Elias Baldacci  
Governor

STATE OF MAINE  
DEPARTMENT OF HEALTH AND  
HUMAN SERVICES  
DIVISION OF HEALTH ENGINEERING  
286 WATER STREET  
AUGUSTA, MAINE  
04333-0011

*Town Copy*

John R. Nicholas  
Commissioner

August 12, 2005

Mr. Duane E. Tracy  
1000 West River Road  
Augusta, Maine 04330

**Subject: First Time System Variance – Tracy Property – River Road – Augusta, Maine**

Dear Mr. Tracy:

We are in receipt of your first time system variance request for your property in Augusta. Specifically you are asking for a variance to the requirements of Section 405.2.a to locate a system on filled land which has not been in place since July 1, 1974. John Philbrick, LSE #256 has prepared two designs for your property; one in full compliance with the rules and one for your proposed building site, which requires the variance.

As the compliant system is over 600 feet from your building location, in consideration of the depth, quality, and extent of the filled area, and all supporting information provided by yourself we hereby authorize the local plumbing inspector to issue a permit for the system designed by Mr. Philbrick with the provision that the alternative design, dated May 9, 2005 is held as a reserve area to be installed should the permitted location prove unworkable. If you have any questions please give me a call.

Sincerely,

**Russell G. Martin, PE, F.NSPE**  
Program Director, Wastewater & Plumbing Control  
Division of Health Engineering

CC Gary Fuller, LPI  
John Philbrick, LSE

First Time System Variance Request

**PROPERTY OWNER**

I, Duane E. Tracy, am the  owner  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.

Duane E. Tracy 08-01-05

SIGNATURE OF OWNER DATE  
 AGENT FOR THE OWNER

**MUNICIPAL OFFICER(S)** (Selectman, Councilman, Alderman, Mayor, Town Manager) ...

We, the Municipal Officer(s) of \_\_\_\_\_ have reviewed this application and are aware that the applicant is applying for a First Time System Variance to the Subsurface Wastewater Disposal Rules because the proposed system does not meet all requirements of the rules. The proposed variance request  does  does not comply with all Municipal Ordinances relating to subsurface wastewater disposal.

William B. Bridger City Manager August 8, 2005

SIGNATURE FOR THE MUNICIPALITY TITLE DATE

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

The local plumbing inspector shall review all First Time System Variance requests prior to rendering a decision. \_\_\_\_\_ 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.

May R. Yutha 8/8/05

LPI Signature Date

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

The local plumbing inspector shall review all First Time System Variance requests prior to forwarding to the Division of Health Engineering. \_\_\_\_\_ 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) recommend the issuance of a permit for the system's installation as proposed by the application.

May R. Yutha 8/8/05

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] 8/12/05

SIGNATURE OF THE DEPARTMENT DATE

- Note: 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 1902.0 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 1901.0 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

# FIRST TIME SYSTEM VARIANCE REQUEST

**RECEIVED**

AUG 01 2005

This form shall accompany an Application (HHE-200) for a proposed first time system which requires a Variance to provisions of the Subsurface Wastewater Disposal Rules. The local plumbing inspector shall not issue a permit for the installation of a first time subsurface wastewater disposal system requiring a variance from the Department of Human Services until approval has been received from them.

WASTEWATER & PLUMBING PROGRAM

**GENERAL INFORMATION**

Permit No. \_\_\_\_\_ Town of AUGUSTA

Property Owner's Name: QUANE TRACY Date Permit Issued \_\_\_\_\_

System's Location: 1000 W. RIVER RD. Tel. No.: \_\_\_\_\_

Property Owner's Address: SAME

(if different from above) \_\_\_\_\_

**VARIANCE CONDITIONS**

The Department has the authority to vary the requirements of the Rules in accordance with Section 105.2 of the Rules CMR 241 if all the following criteria are satisfied:

- a. The variance request has the approval of the LPI.
- b. The Municipal Officials have indicated that the variance does not conflict with any local wastewater disposal ordinances.
- c. The variance request demonstrates that there is no practical alternative for wastewater disposal, such as access to public sewer or the potential for an easement.
- d. The proposed system does not conflict with any provision controlling subsurface wastewater disposal in the Shoreland Zone.
- e. The site offers potential for a system which will dispose of the wastewater with minimal threat to public health, safety, or welfare.
- f. The property owner has indicated an awareness of the variance and any limitations or added costs the proposed system may require.

**SOIL, SITE AND ENGINEERING FACTORS FOR NEW SYSTEM VARIANCE ASSESSMENT**  
(SEE TABLES 2000.1-2000.10)

| Soil Profile                                | CHARACTERISTIC | POINT ASSESSMENT |
|---|----------------|------------------|
| Depth to Groundwater/Restrictive Layer      |                |                  |
| Terrain                                     | <u>N/A</u>     |                  |
| Size of Property                            |                |                  |
| Waterbody Setback                           |                |                  |
| Water Supply                                |                |                  |
| Type of Development                         |                |                  |
| Disposal Area Adjustment                    |                |                  |
| Vertical Separation Adjustment              |                |                  |
| Additional Treatment                        |                |                  |
| <b>TOTAL POINT ASSESSMENT (Sec. 2003.6)</b> |                |                  |

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

**SPECIFIC VARIANCE REQUESTED** (To be filled in by Site Evaluator)

|  | SECTION OF RULE |
|--|-----------------|
| 1. <u>TO PUT SYSTEM ON FILLED LAND</u> | <u>1902.3</u>   |
| 2. _____                               | <u>1907.3</u>   |
| 3. _____                               |                 |

**SITE EVALUATOR**

When a property is found to be unsuitable for subsurface wastewater disposal for a First Time System Variance 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.  
(Use Additional Sheets, if needed)

THIS SYSTEM IS BEING REQUESTED BY OWNER TO BE PUT ON FILLED LAND. ORIGINAL GROUND IS 9-0 SOILS AND WILL BE DESIGNED TO FIT WITHIN 9-0 CODE.

I, JOHN PHILBRICK, 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.

[Signature] SIGNATURE OF SITE EVALUATOR      8/1/05 DATE

# FIRST TIME SYSTEM VARIANCE REQUEST

This form shall accompany an Application (HHE-200) for a proposed first time system which requires a Variance to provisions of the Subsurface Wastewater Disposal Rules. The local plumbing inspector shall not issue a permit for the installation of a first time subsurface wastewater disposal system requiring a variance from the Department of Human Services until approval has been received from them.

## GENERAL INFORMATION

|   |                          |
|---|--------------------------|
| Permit No. _____                            | Town of <u>AUGUSTA</u>   |
| Property Owner's Name: <u>DUANE TRACY</u>   | Date Permit Issued _____ |
| System's Location: <u>1000 W. RIVER RD.</u> | Tel. No.: _____          |
| Property Owner's Address: <u>SAME</u>       |                          |
| (if different from above) _____             |                          |

## VARIANCE CONDITIONS

The Department has the authority to vary the requirements of the Rules in accordance with Section 105.2 of the Rules CMR 241 if all the following criteria are satisfied:

- a. The variance request has the approval of the LPI.
- b. The Municipal Officials have indicated that the variance does not conflict with any local wastewater disposal ordinances.
- c. The variance request demonstrates that there is no practical alternative for wastewater disposal, such as access to public sewer or the potential for an easement.
- d. The proposed system does not conflict with any provision controlling subsurface wastewater disposal in the Shoreland Zone.
- e. The site offers potential for a system which will dispose of the wastewater with minimal threat to public health, safety, or welfare.
- f. The property owner has indicated an awareness of the variance and any limitations or added costs the proposed system may require.

## SOIL, SITE AND ENGINEERING FACTORS FOR NEW SYSTEM VARIANCE ASSESSMENT (SEE TABLES 2000.1-2000.10)

| Soil Profile                                | CHARACTERISTIC | POINT ASSESSMENT |
|---|----------------|------------------|
| Depth to Groundwater/Restrictive Layer      |                |                  |
| Terrain                                     | N/A            |                  |
| Size of Property                            |                |                  |
| Waterbody Setback                           |                |                  |
| Water Supply                                |                |                  |
| Type of Development                         |                |                  |
| Disposal Area Adjustment                    |                |                  |
| Vertical Separation Adjustment              |                |                  |
| Additional Treatment                        |                |                  |
| <b>TOTAL POINT ASSESSMENT (Sec. 2003.6)</b> |                |                  |

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

## SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator)

| SPECIFIC VARIANCE REQUESTED            | SECTION OF RULE |
|--|-----------------|
| 1. <u>TO PUT SYSTEM ON FILLED LAND</u> | <u>1902.3</u>   |
| 2. _____                               | <u>1907.3</u>   |
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OWNER TO BE PUT ON FILLED LAND. ORIGINAL GROUND IS  
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SIGNATURE OF SITE EVALUATOR

DATE

First Time System Variance Request

**PROPERTY OWNER**

I, Duane E. Tracy am the  owner  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.

Duane E. Tracy

08-01-05

SIGNATURE OF OWNER  
 AGENT FOR THE OWNER

DATE

**MUNICIPAL OFFICER(S)** (Selectman, Councilman, Alderman, Mayor, Town Manager)

We, the Municipal Officer(s) of \_\_\_\_\_ have reviewed this application and are aware that the applicant is applying for a First Time System Variance to the Subsurface Wastewater Disposal Rules because the proposed system does not meet all requirements of the rules. The proposed variance request  does  does not comply with all Municipal Ordinances relating to subsurface wastewater disposal.

\_\_\_\_\_  
SIGNATURE FOR THE MUNICIPALITY

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

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

The local plumbing inspector shall review all First Time System 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

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

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Therefore, I ( do  do not) recommend the issuance of 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

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# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, 10 SHS  
(207) 287-5672 Fax: (207) 287-3165

## PROPERTY LOCATION

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

City, Town, or Plantation: AUGUSTA 999 West  
 Street or Road: W RIVER RD River Rd  
 Subdivision, Lot #:

**OWNER/APPLICANT INFORMATION**  
 Name (last, first, MI): TRACY, DUANE  Owner  Applicant  
 Mailing Address of Owner/Applicant: 1000 W. RIVER RD. AUGUSTA, ME. 04330  
 Daytime Tel. #:

AUGUSTA PERMIT # 5612 TOWN COPY  
 Date Permit Issued: 8/15/05 \$ 120.00  Double Fee  FEE Charged  
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 550  
 Municipal Tax Map # 2 Lot # 68

**OWNER OR APPLICANT STATEMENT**  
 I state and acknowledge 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 or Applicant: [Signature] 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.  
 (1st) date approved: \_\_\_\_\_  
 Local Plumbing Inspector Signature: \_\_\_\_\_ (2nd) date approved: \_\_\_\_\_

## PERMIT INFORMATION

**TYPE OF APPLICATION**  
 1. First Time System  
 2. Replacement System  
 Type replaced: \_\_\_\_\_  
 Year installed: \_\_\_\_\_  
 3. Expanded System  
 a. Minor Expansion  
 b. Major Expansion  
 4. Experimental System  
 5. Seasonal Conversion

**THIS APPLICATION REQUIRES**  
 1. No Rule Variance  
 2. First Time System Variance  
 a. Local Plumbing Inspector Approval  
 b. State & Local Plumbing Inspector Approval  
 3. Replacement System Variance  
 a. Local Plumbing Inspector Approval  
 b. State & Local Plumbing Inspector Approval  
 4. Minimum Lot Size Variance  
 5. Seasonal Conversion Permit

**DISPOSAL SYSTEM COMPONENTS**  
 1. Complete Non-engineered System  
 2. Primitive System (graywater & alt. toilet)  
 3. Alternative Toilet, specify: \_\_\_\_\_  
 4. Non-engineered Disposal Area  
 5. Holding Tank, \_\_\_\_\_ gallons  
 6. Non-engineered Disposal Field (only)  
 7. Separated Laundry System  
 8. Complete Engineered System (2000 gpd or more)  
 9. Engineered Treatment Tank (only)  
 10. Engineered Disposal Field (only)  
 11. Pre-treatment, specify: \_\_\_\_\_  
 12. Miscellaneous Components

**SIZE OF PROPERTY**  
30± L SQ. FT. 1 ACRES  
**SHORELAND ZONING**  
 Yes  No

**DISPOSAL SYSTEM TO SERVE**  
 1. Single Family Dwelling Unit, No. of Bedrooms: 2  
 2. Multiple Family Dwelling, No. of Units: \_\_\_\_\_  
 3. Other: \_\_\_\_\_  
 (specify)  
 Current Use  Seasonal  Year Round  Undeveloped

**TYPE OF WATER SUPPLY**  
 1. Drilled Well  2. Dug Well  3. Private  
 4. Public  5. Other

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

**TREATMENT TANK**  
 1. Concrete  
 a. Regular  
 b. Low Profile  
 2. Plastic  
 3. Other: \_\_\_\_\_  
 CAPACITY: 750 GAL.

**DISPOSAL FIELD TYPE & SIZE**  
 1. Stone Bed  2. Stone Trench  
 3. Proprietary Device  
 a. cluster array  c. Linear  
 b. regular load  d. H-20 load  
 4. Other: \_\_\_\_\_  
 SIZE: 900 sq. ft.  ln. ft.

**GARBAGE DISPOSAL UNIT**  
 1. No  2. Yes  3. Maybe  
 If Yes or Maybe, specify one below:  
 a. multi-compartment tank  
 b. \_\_\_\_\_ tanks in series  
 c. Increase in tank capacity  
 d. Filter on Tank Outlet

**DESIGN FLOW**  
180 gallons per day  
 BASED ON:  
 1. Table 501.1 (dwelling unit(s))  
 2. Table 501.2 (other facilities)  
 SHOW CALCULATIONS  
 — for other facilities —

**SOIL DATA & DESIGN CLASS**  
 PROFILE CONDITION DESIGN: T1 C 1 1  
 at Observation Hole # 1  
 Depth 48"  
 of Most Limiting Soil Factor

**DISPOSAL FIELD SIZING**  
 1. Small—2.0 sq. ft. / gpd  
 2. Medium—2.6 sq. ft. / gpd  
 3. Medium—Large 3.3 sq. ft. / gpd  
 4. Large—4.1 sq. ft. / gpd  
 5. Extra Large—5.0 sq. ft. / gpd

**EFFLUENT/EJECTOR PUMP**  
 1. Not Required  
 2. May Be Required  
 3. Required  
 Specify only for engineered systems:  
 DOSE: \_\_\_\_\_ gallons

3. Section 503.0 (meter readings)  
 ATTACH WATER METER DATA

## SITE EVALUATOR STATEMENT

I certify that on 7/29/05 (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: [Signature] SE # 256 Date 8/1/05  
 Site Evaluator Name Printed: JOHN PHILBRICK

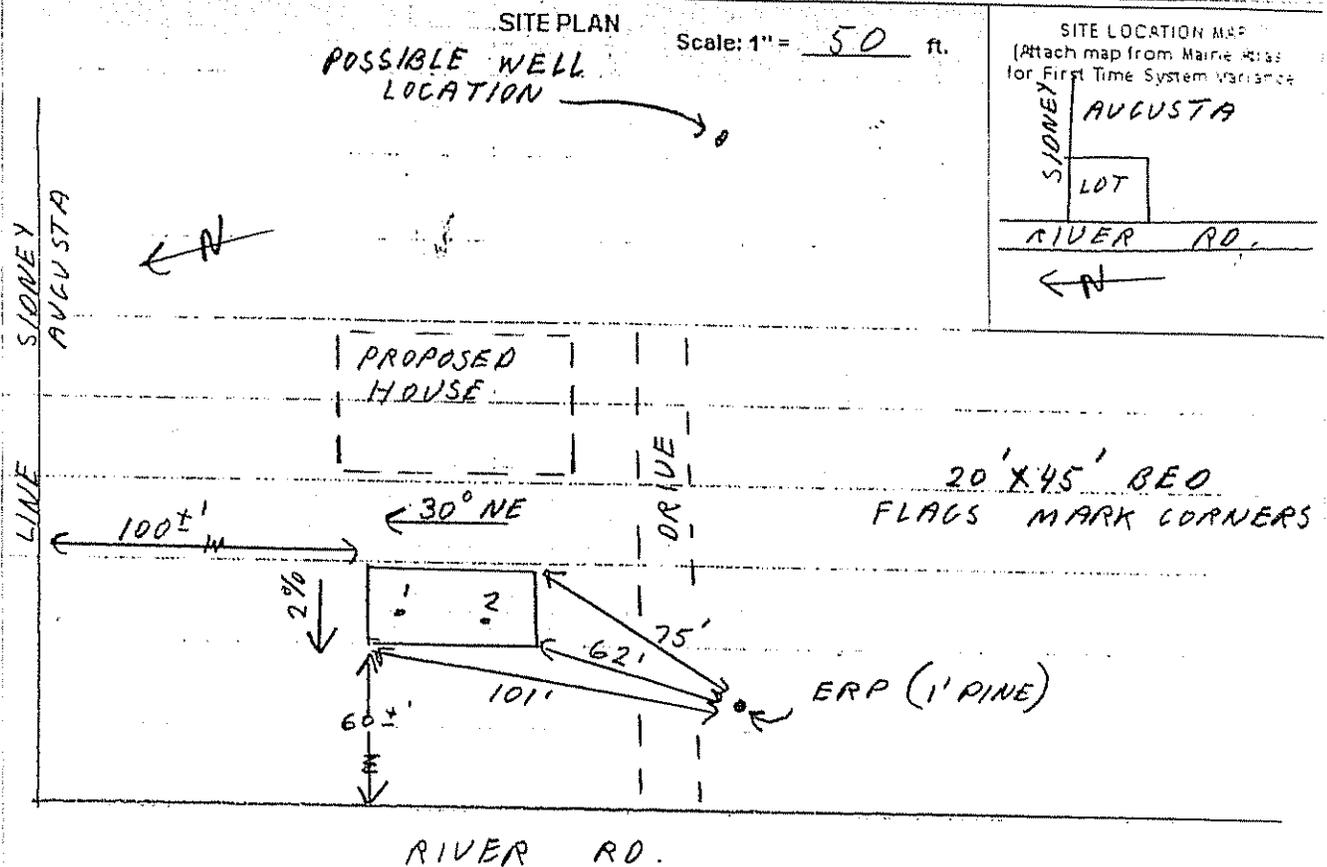
**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Maine Department of Human Services  
Division of Health Engineering, Station 10  
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation  
**AUGUSTA**

Street, Road, Subdivision  
**W. RIVER RD.**

Owner or Applicant Name  
**DUANE TRACY**



**SOIL PROFILE DESCRIPTION AND CLASSIFICATION**

(Location of Observation Holes Shown Above)

Observation Hole # 1  Test Pit  Boring

| Texture             | Consistency | Color | Mottling        |
|---------------------|-------------|-------|-----------------|
| COARSE GRAVELY SAND | FRIABLE     | TAN   | N.O.N.E.        |
| (FRESH FILL)        |             |       |                 |
| SILTY FIRM CLAY     |             | GRAY  | COMMON DISTINCT |

Soil Profile: 7 Classification: C Slope: 2 Limiting Factor: 36  
 Ground-water  Resistive Layer  Bedrock

Observation Hole # 2  Test Pit  Boring

| Texture    | Consistency | Color | Mottling |
|------------|-------------|-------|----------|
| SAME AS #1 |             |       |          |

Soil Profile: 7 Classification: C Slope: 2 Limiting Factor: 36  
 Ground-water  Resistive Layer  Bedrock

*[Signature]*  
Site Evaluator Signature

256  
SE #

8/1/05  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

08246445

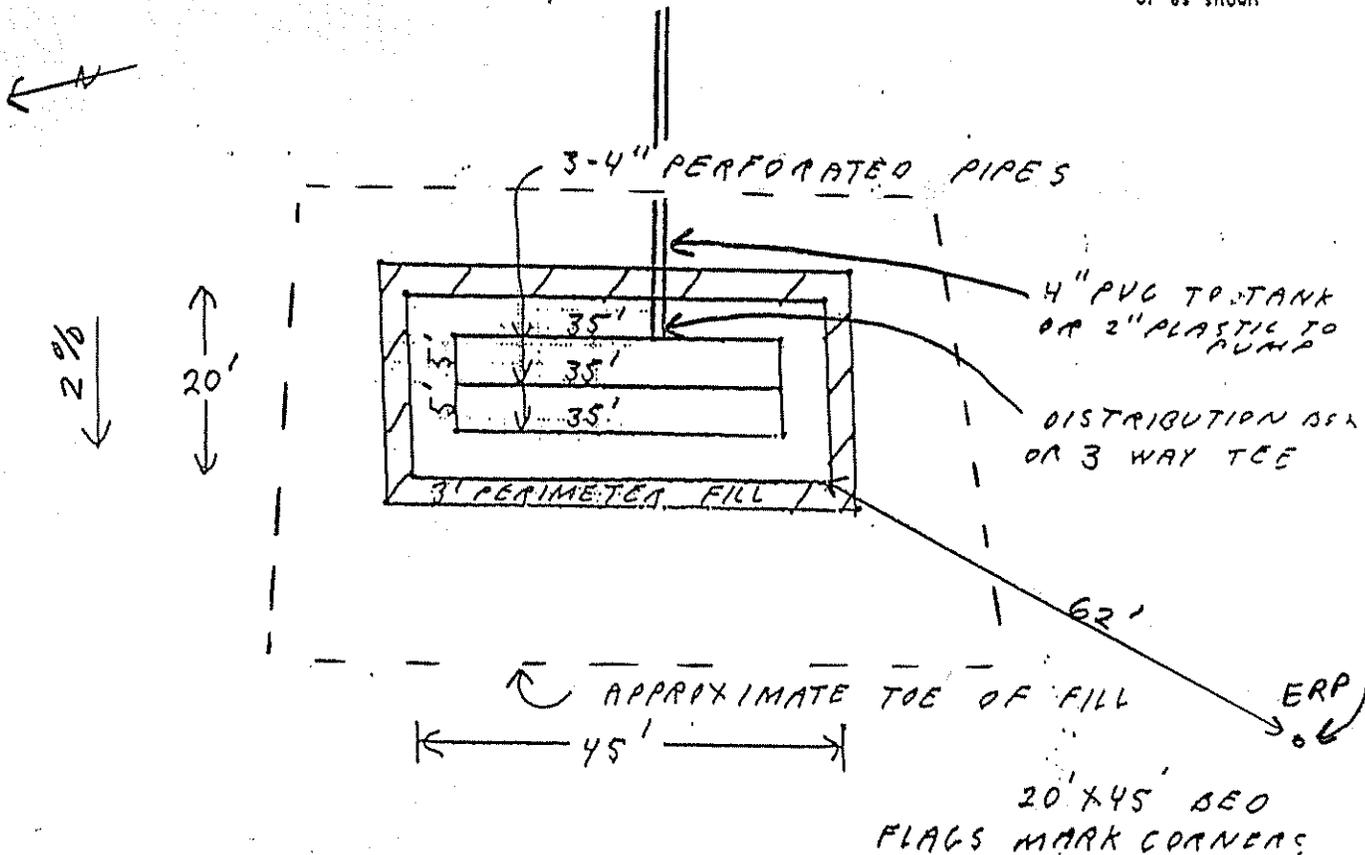
AUGUSTA

RIVER RD.

DUANE TRACY

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' ft.  
or as shown



FILL REQUIREMENTS  
Depth of Fill (Upslope)  
Depth of Fill (Downslope)

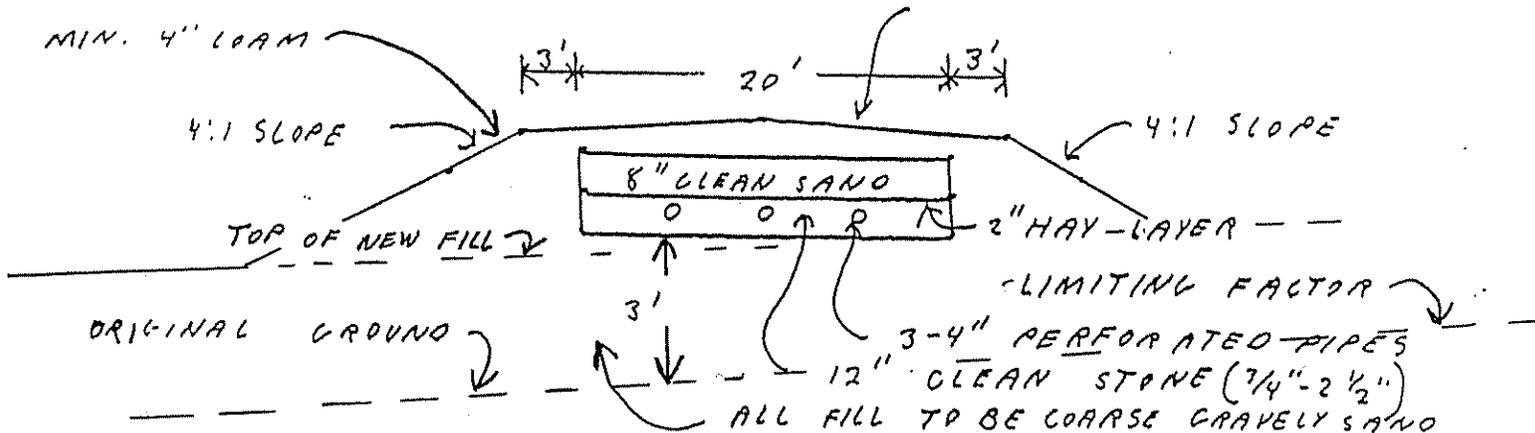
CONSTRUCTION ELEVATION  
48" Reference Elevation is  
55" Bottom of Disposal Area  
Top of Distribution Lines or Chambers

ELEVATION REFERENCE POINT  
0" ERP IS IN 1' PINE, 62' SW  
-63" OF SYSTEM, 57" ABOVE  
-52" GROUND

DISPOSAL AREA CROSS SECTION

Scale:  
Vertical: 1 inch = 5 ft.  
Horizontal: 1 inch = 10 ft.

CROWN WITH 3% GRADE + SEED + MULCH



*[Signature]*  
Site Evaluator Signature

256  
SEN

8/1/05  
Date

Approved for use as  
MHE 200. by Division of  
Health Engineering 7/97