



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

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 <u>AUGUSTA</u>
Property Owner's Name: <u>CROCKER BROS LLC</u>	Tel. No.: <u>441-8176</u>
System's Location: <u>4 LEE CT & 31ST N BELFAST AVE</u>	
Property Owner's Address: <u>PO BOX 3475, VENTURA, CA</u>	Zip Code: <u>93006</u>
e-mail address: <u>541 RIVERSIDE DR, AUGUSTA, ME</u>	<u>04330</u>

The subsurface wastewater disposal system design for the subject 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
1. <u>REDUCE WELL SETBACK TO 85'</u>	<u>TABLE 8A</u>
2. _____	_____
3. _____	_____

SITE EVALUATOR

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.

THE WELL IN QUESTION IS NOT CURRENTLY IN USE AS A POTABLE WATER SUPPLY

I, JOHN ARCHARD, 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 OF SITE EVALUATOR

7/17/2015
 DATE

PROPERTY OWNER

I, DAN BALDWIN, 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.

[Signature]
 SIGNATURE OF OWNER
 AGENT FOR THE OWNER

8-27-15
 DATE

LOCAL PLUMBING INSPECTOR - Approval at local level

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

I, Gary R. Fisher, 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.

Gary R. Fisher
LPI Signature

8/27/15
Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

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) 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

- 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).

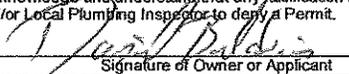
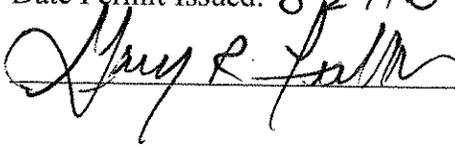
	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

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

PK 8/27/15

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	AUGUSTA		
Street or Road	310 N BELFAST AVE & 4 LEE CT		
Subdivision, Lot #	TOGUS PARK 114/400/S		
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	CROCKER BROTHERS LLC		<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	C/O DAN BALDWIN 541 RIVERSIDE DR, AUGUSTA, ME 04330		
Daytime Tel. #	441-8176		
OWNER OR APPLICANT STATEMENT		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
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.		(1st) date approved	
 Signature of Owner or Applicant		 Local Plumbing Inspector Signature	
Date: 8-27-15		Date: 8/27/15	

PERMIT INFORMATION			
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: TRENCHES Year installed: 1950'S <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% 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 checked="" 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. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components	SIZE OF PROPERTY 24.4 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DISPOSAL SYSTEM TO SERVE <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input checked="" type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: 2 <input type="checkbox"/> 3. Other: 2-2 BEDROOM MOBILE HOMES (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped		TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other _____ <small>NOTE: PUBLIC WATER SUPPLY WELL IS 300+FT FROM PROPOSED REPLACEMENT SYSTEM</small>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: 1500 GAL OPTION-2-1000 GAL	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input checked="" type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: 1296 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input checked="" type="checkbox"/> 3. Maybe If Yes or Maybe, 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 360 _____ gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION 2 / AIII (MOST LIKE) at Observation Hole # TP1 Depth 36" of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium--2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 2. Medium--Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large--4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large--5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not Required <input checked="" type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	LATITUDE AND LONGITUDE at center of disposal area Lat. 44 d 20 m 31 s Lon. 69 d 39 m 39 s if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT		
I certify that on 6/12/2015 (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  JOHN ARCHARD	SE # 181 293-2674	Date 7/17/2015
Site Evaluator Name Printed	Telephone Number	E-mail Address

Town, City, Plantation
AUGUSTA

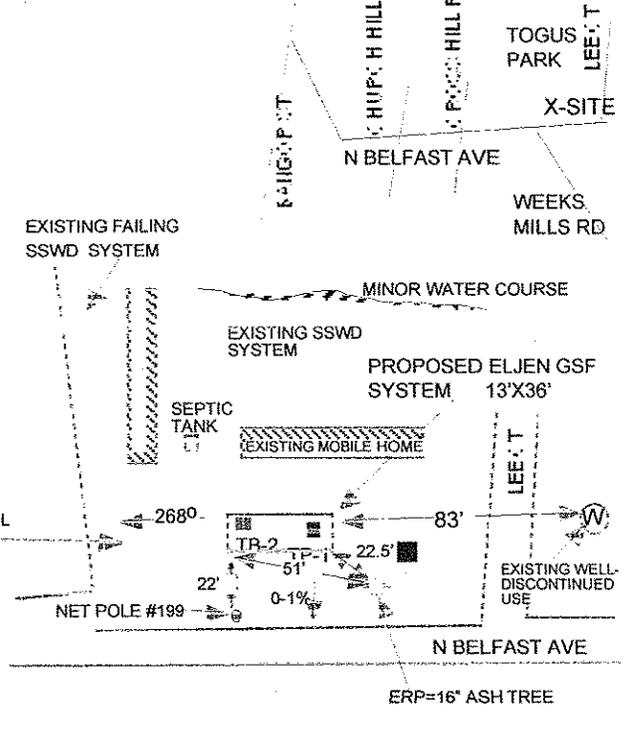
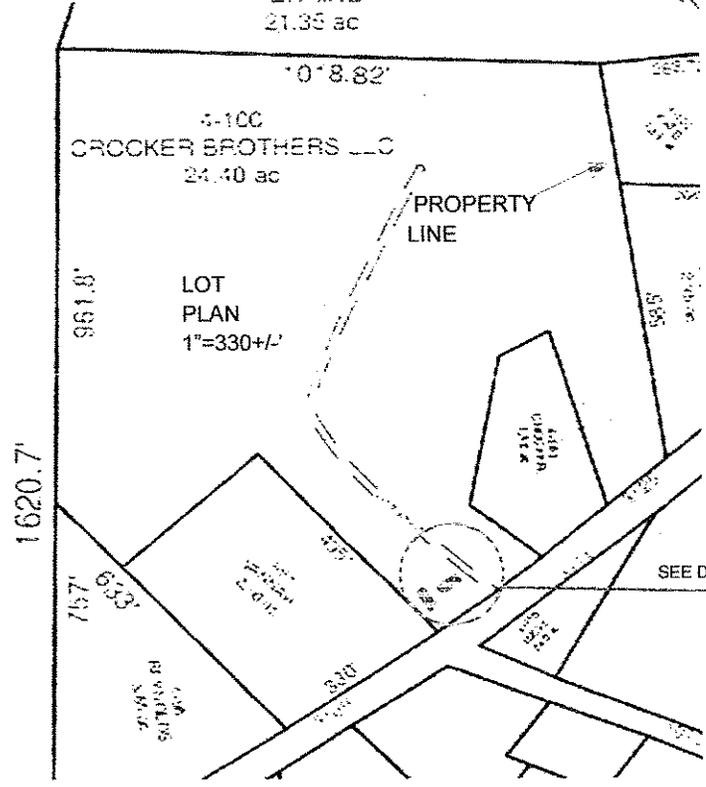
Street, Road, Subdivision
TOGUS PARK LOT 4 & 311 N BELFAST AVE

Name of Owner
CROCKER bROS LLC

SITE PLAN Scale 1" = _____ Ft.
 or as shown

SITE LOCATION PLAN

(Attach map from *The Maine Atlas* for
 st Tm r P ariance)



DETAIL 1"=60'

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # TP-1 Test Pit Boring

Observation Hole # TB-2 Test Pit Boring

N/A " Depth of Organic Horizon above Mineral Soil

N/A " Depth of Organic Horizon above Mineral Soil

Texture	Consistency	Color	Mottling
0 GRAVELLY	FRIABLE	BROWN	NONE
6 LOAMY			EVIDENT
10 SAND FILL			
15 LOAMY			
20 SAND			
	PALE BROWN		
30 SANDY LOAM			
42 REFUSAL			
	ASSUMED BEDROCK		

Texture	Consistency	Color	Mottling
0 GRAVELLY	FRIABLE	BROWN	NONE
6 LOAMY			EVIDENT
10 SAND FILL			
15 LOAMY			
20 SAND			
	PALE BROWN		
30 SANDY LOAM			
42 REFUSAL			
	ASSUMED BEDROCK		

Soil Classification **MOST LIKE**
 2 AIII
 Profile Condition

Slope 0 %
 Limiting Factor 36" Depth

Ground Water
 Restrictive Layer
 Bedrock

Soil Classification **MOST LIKE**
 2 AIII
 Profile Condition

Slope 1 %
 Limiting Factor 36" Depth

Ground Water
 Restrictive Layer
 Bedrock

[Signature]
 Site Evaluator Signature

181
 SE#

7/15/2015
 Date

Page 2 of 3
 HHE-200 Rev. 6/01

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 Fax (207) 287-4172

Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
4 LEE CT & 3111 N BELFAST AVE

Name of Owner
CROCKER BROS LLC

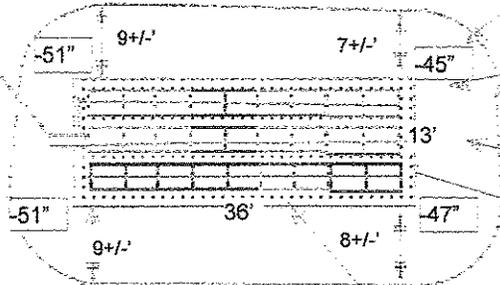
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

EFFLUENT LINE

SURFACE DRAINAGE

Existing ground elevation (typ)



Distribution Box

27 TYPE B ELJEN GSF (3 ROWS 9 UNITS)

Clean Sand-See
 Section 1.7 Elgin In-Drain
 Design Manual

APPROXIMATE FILL LIMIT

NOTES:

1. Install Eljen GSF per Manufacturer's recommendations
2. Ensure surface drainage away from system
3. Install Polylok or equal filter on tank outlet

BACKFILL REQUIREMENTS

Depth of Backfill (Upslope) 12-18"
 Depth of Backfill (Downslope) 14-18"
 DEPTHS AT CROSS-SECTION (shown below)

Note: All fill to be coarse, gravelly, sharp, clean sand.

CONSTRUCTION ELEVATIONS

» Finished Grade Elevation -19"
 » Top of Distribution Pipe or Proprietary Device -40"
 Bottom of Disposal Field -47"

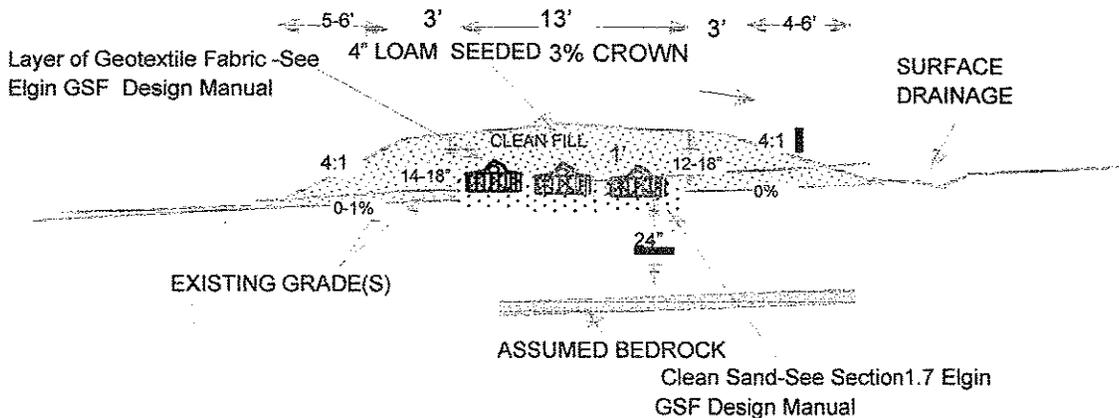
ELEVATION REFERENCE POINT

Location & Description NAIL IN 16" ASH TREE
45" ABOVE GROUND
 Reference Elevation is: 0.0" or: _____

DISPOSAL AREA CROSS SECTION

Scales:

Vertical: 1" = 4 Ft.
 Horizontal: 1" = 10 Ft.



[Handwritten Signature]
 Site Evaluator Signature

181
 SE#

7/16/2015
 Date

GENERAL NOTES

1. Site evaluations conform to the criteria of the "State of Maine Subsurface Waste Water Disposal Rules-I 44A CMR 24I latest revision. Other environmental concerns are not evaluated and may require additional professional opinions and/or permits. The delineation of wetlands, when required, is to be performed by competent consultants experienced in such practice and may affect the suitability of particular sites.
2. All construction to conform to the specifications in the "State of Maine Subsurface Waste Water Disposal Rules-I44A CMR 241 " latest revision.
3. Wells & structures must maintain setbacks from the disposal system as allowed or required in Chapter 4 "State of Maine Subsurface Waste Water Disposal Rules-144A CMR 241".
4. Property lines as shown are as provided by owner/owner's agent; no guarantee of accuracy is implied. **ACTUAL PROPERTY LINES MUST BE CONFIRMED BY SURVEY PRIOR TO INSTALLING ANY COMPONENT OF THE PROPOSED SSWD SYSTEM THAT MAY BE WITHIN 10 FEET OF A PROPERTY LINE IN ORDER TO CONFIRM REQUIRED SETBACKS ARE MET.**
5. Underground utilities shown are as indicated by the owner/operator or their agent. The owner/operator shall locate and mark all underground utilities, notify "Dig Safe" and the excavation contractor, as required, prior to any excavation.
6. A septic tank filter is required when installing a mechanical garbage disposal or solids handling grinder pump or when otherwise specified. **FILTERS MUST BE CHECKED AND CLEANED, IF NEEDED, ANNUALLY OR IF THERE IS AN INDICATION EFFLUENT FLOW IS RESTRICTED.**
7. Septic tanks and pump stations, when required, shall be installed watertight to prevent the infiltration of ground or surface water. Pumps shall be sized for actual installed T.D.H. For uninterrupted service during repair, duplex pumps are recommended.
8. Force mains and pressure lines shall be flushed of foreign material and pumps checked for proper on/off cycle before being put in service.
9. Applicability of the design must be reevaluated when the location of structures are substantially different than shown on the site plan, or when other appurtenances (i.e.: swimming pools) are added.
10. Systems put into service prior to establishing proper cover shall be provided with adequate erosion controls. Erosion controls, when required, must conform with those specified in the " Maine Erosion and Sedimentation Control Handbook for Construction: Best Management Practices" DEP March 1991
11. Provide low profile tanks when determined as needed in the field. All tanks may be field located and meet the setback requirements of "State of Maine Subsurface Waste Water Disposal Rules-144A CMR 24 ".
12. All components subject to freezing must be adequately insulated.
13. The LPI shall inform the owner and designer of any local ordinances exceeding the "State of Maine Subsurface Waste Water Disposal Rules-i 44A CMR 24I "prior to issuing a permit so that necessary amendments can be made to the design.
14. Systems must be maintained as outlined in "Top Ten Tank Tips" DHE
<http://www.state.me.us/dhs/eng/plumb/Adobe/top10tips.pdf>
15. All designs are subject to Local, State, or Federal review. Designer's liability shall be limited to required revisions. In no case shall liability exceed designer's fee.

The owner/applicants signature on page one acknowledges their understanding of the "General Notes"

Attachment to Form HHE-200
John Archard S.E. #181 5/5/2014