

REPLACEMENT SYSTEM VARIANCE REQUEST

Town Copy
120.00

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form must be attached to an application (HHE-200) for any 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 are met.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 1906.0).
2. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
3. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

<u>GENERAL INFORMATION</u>		Town of <u>AUGUSTA</u>
Permit No. <u>6462</u>		Date Permit Issued <u>6/30/10</u>
Property Owner's Name: <u>ANDREW LATHE</u>		Tel. No.: _____
System's Location: <u>LAMSON ROAD</u>		
Property Owner's Address: <u>1021 LAMSON ROAD - AUGUSTA, ME. 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 of the requirements listed under the Limitations Section above, then you are to send the Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side or page 2 of this form 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 or page 2 of this 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. The Site Evaluator has considered the site/soil restrictions and has concluded that a replacement system in total compliance with 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.

[Signature]
SIGNATURE OF OWNER

6/29/10
DATE

LOCAL PLUMBING INSPECTOR
I, Mary R. Fortin, 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 (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.

Comments: _____

[Signature]
LPI SIGNATURE

6/30/10
DATE

Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
LAMSON ROAD

Owner's Name
ANDREW LATHE

ment System Variance Request

VARIANCE CATEGORY							VARIANCE REQUESTED TO:	
	SOILS							
Soil Profile	Ground Water Table						inches	
Soil Condition	Restrictive Layer						inches	
from HHE-200	Bedrock						inches	
SETBACK DISTANCES (in feet)	Disposals Fields			Septic Tanks			Disposal Fields	Septic Tanks
From	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	To	To
Wells with water usage of 2000 or more gpd or public water system wells	300 ft	300 ft	300 ft	150 ft	150 ft	150 ft	/	/
Private Potable Water Supply	100 ft. (a)	200 ft.	300 ft.	50 ft.	100 ft.	100 ft.	93'	60'
Water supply line	10 ft	20 ft	25 ft (g)	10 ft	10 ft	10 ft (g)	/	/
Water course, major	100 ft (c)	200 ft (c)	300 ft (c)	100 ft	100 ft	100 ft	/	/
Water course, minor	50 ft (d)	100 ft (d)	150 ft (d)	50 ft (d)	50 ft (d)	50 ft (d)	/	/
Drainage ditches	25 ft	50 ft	75 ft	25 ft	25 ft	25 ft	/	/
Edge of fill extension -- Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft (d)	25 ft (d)	25 ft (d)	25 ft (d)	25 ft (d)	25 ft (d)	/	/
Slopes grater than 3:1	10 ft (f)	18 ft (f)	25 ft (f)	N/A	N/A	N/A	7'	/
No full basement (e.g. slab, frost wall, columns)	15 ft	30 ft	40 ft	8 ft	14 ft	20 ft	11'	/
Full basement (below grade foundation)	20 ft	30 ft	40 ft	8.5 ft	14 ft	20 ft	/	/
Property lines	10 ft (b)	18 ft (b)	20 ft (b)	10 ft (b)	15 ft (b)	20 ft (b)	/	/
Burial sites or graveyards, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft	25 ft	25 ft	/	/

OTHER

1. Fill extension Grade - to 3:1

2.

3.

- Footnotes: (a.) Private Potable water Supply setbacks may be reduced as prescribed in Chapter 7.
 (b.) Additional setbacks may be needed to prevent fill material extentions from encroaching onto abutting property.
 (c.) Additional setbacks may be required by local Shoreland zoning.
 (d.) Natural Resource Protection Act requires a 25 feet setback, on slopes of less than 20%, from the edge of soil disturbance and 100 feet on slopes greater than 20%. See Chapter 15.
 (e.) May not be any closer to a private potable water supply than the existing disposal field or septic tank. This setback may be reduced for single family houses with Department approval. See Section 702.3.
 (f.) The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.
 (g.) See Section 1402.8 for special procedures, when these minimum setbacks cannot be achieved.

[Signature]
SITE EVALUATOR'S SIGNATURE

4/24/10
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 & Human Services
Division of Environmental Health, SHS 11
(207) 287-5338 FAX (207) 287-3165

PROPERTY LOCATION		>> Caution: Permit Required -- Attach in Space Below <<
Town	AUGUSTA	AUGUSTA Date Permit Issued: <u>6/30/10</u> PERMIT # 6462 TOWN COPY \$ <u>1201.00</u> <input type="checkbox"/> Double Fee FEE Charged <input type="checkbox"/>
Street or Road	LAMSON ROAD	
Division, Lot #		

OWNER/APPLICANT INFORMATION		L.P.I. # <u>850</u>
Name (last, first, MI)	LATHE ANDREW	Local Plumbing Inspector Signature <u>Yany R. Yutha</u>
Mailing Address of	1021 LAMSON ROAD	
<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant	AUGUSTA, ME. 04330	
Daytime Tel. #		Municipal Tax Map # <u>4</u> Lot # <u>129</u>

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: <u>[Signature]</u> Date: <u>6/29/10</u>	Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application. Local Plumbing Inspector Signature: <u>Yany R. Yutha</u> Date: <u>7/14/10</u> (1st Date Approved) <u>7/16/10</u> (2nd Date Approved)
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PERMIT INFORMATION		
TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>BED</u> Year Installed: <u>1970</u> 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 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. <input checked="" type="checkbox"/> 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 Permit	DISPOSAL SYSTEM COMPONENT(S) 1. <input checked="" 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 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
SIZE OF PROPERTY _____ sq. ft. <input type="checkbox"/> <u>1.75</u> acres <input checked="" type="checkbox"/>	DISPOSAL SYSTEM TO SERVE 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) _____	TYPE OF WATER SUPPLY 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: _____
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current Use: <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	

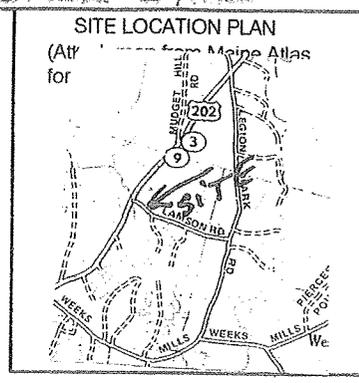
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete <u>EXISTING, INSPECT</u> a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE 1. <input checked="" type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device _____ a. <input type="checkbox"/> Cluster Array c. <input type="checkbox"/> Linear b. <input type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE <u>200</u> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes 3. <input type="checkbox"/> 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 type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <u>270</u> gallons per day BASED ON 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 502.2 (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>21C11</u> at Observation Hole # <u>TP</u> Depth <u>24</u> " Elevation _____" 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. <input type="checkbox"/> Not Required 2. <input checked="" type="checkbox"/> May be Required 3. <input type="checkbox"/> Required Specify only for engineered systems DOSE: _____ gallons	3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA LATITUDE AND LONGITUDE at Center of Disposal Area Lat. <u>44° 21' 13" N</u> Lon. <u>69° 43' 31" W</u> If GPS, state margin of error <u>11.2</u>

SITE EVALUATOR STATEMENT		
I certify that on <u>4/26/10</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 <u>Terry Adams</u>	SE# <u>132</u>	Date <u>4/24/10</u>
TERRY ADAMS	(207) 512-5125	adamster@ctel.net
Site Evaluator Name Printed	Telephone #	E-mail Address

Street, Road, Subdivision
LAMSON ROAD

Owner or Applicant Name
ANDREW LATHE

SITE PLAN Scale 1" = 40 Ft.



(SEE ATTACHED SITE PLAN)

NOTE: SEE "NOTES FROM THE SITE EVALUATOR"

SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above or on pg. 2A)

Observation Hole # TP Test Pit Boring
0 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
SANDY		BROWN	
LOAM	FRIABLE	REDDISH BROWN	NONE EVIDENT
		LIGHT BROWN	EVIDENT
DEPTH OBSERVED			

Soil Profile <u>2</u>	Classification <u>C</u>	Slope <u>4%</u>	Limiting Factor <u>24"</u> Depth	<input checked="" type="checkbox"/> Ground Water
	Condition			<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock
				<input type="checkbox"/> Pit Depth

Observation Hole # _____ Test Pit Boring
 _____ " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
(Empty grid with diagonal line)			

Soil Profile _____	Classification _____	Slope _____ %	Limiting Factor _____ " Depth	<input type="checkbox"/> Ground Water
	Condition			<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock
				<input type="checkbox"/> Pit Depth

[Signature]
Site Evaluator's Signature

132
S. E. #

4/24/10
Date

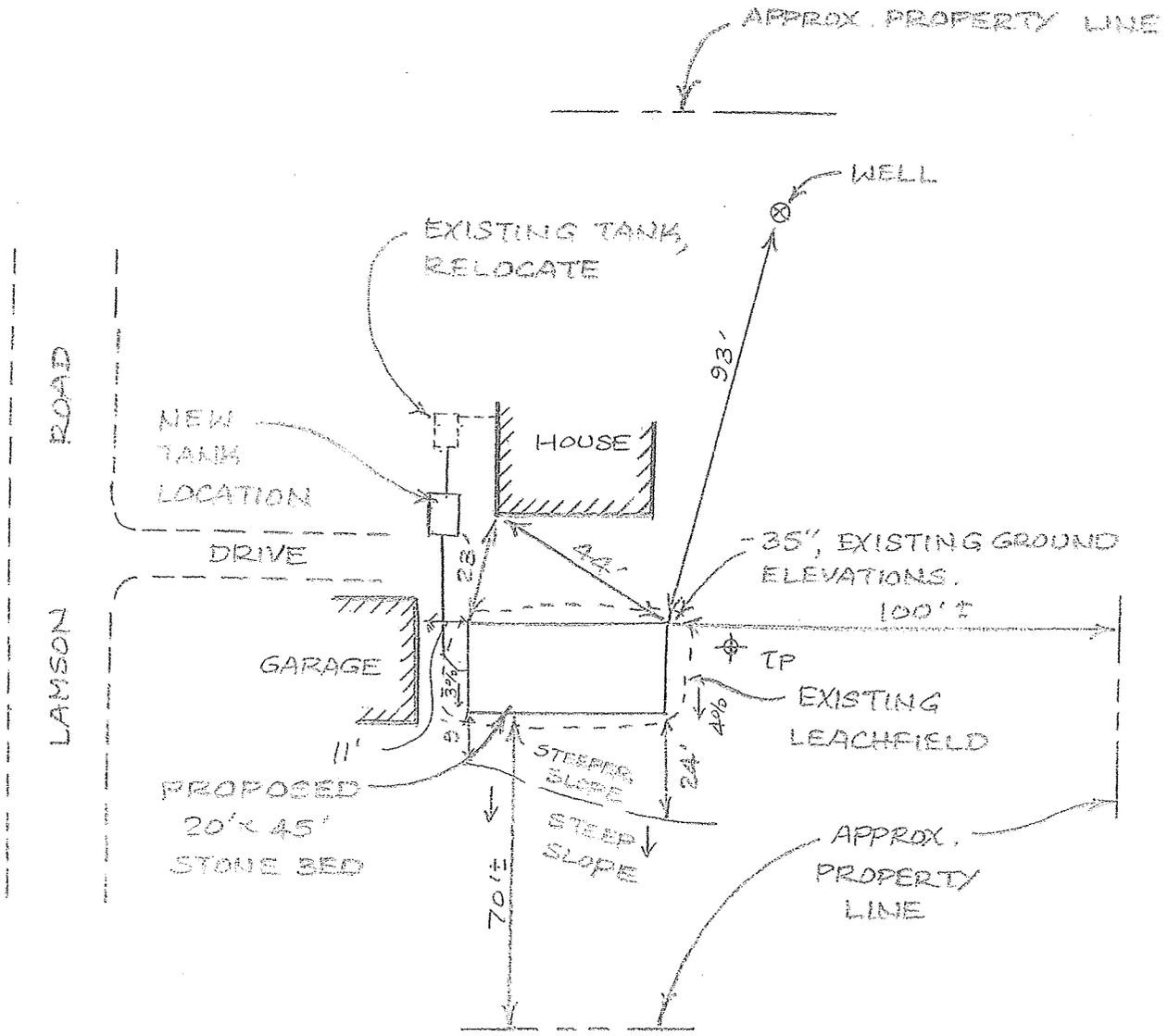
Location
AUGUSTA

Street, Road, Subdivision
LAMSON ROAD

Owner or Applicant Name
ANDREW LATHE

SITE PLAN

Scale 1" = 40 Ft.



NOTE:

INSPECT SEPTIC TANK TO MAKE SURE IT IS 1000 GAL. CAPACITY AND IN GOOD WORKING ORDER. IF NOT, REPAIR OR REPLACE.

Tom Calverns
Site Evaluator's Signature

132
S. E. #

4/24/10
Date

FACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5338 FAX (207) 287-3165

City, Plantation
AUGUSTA

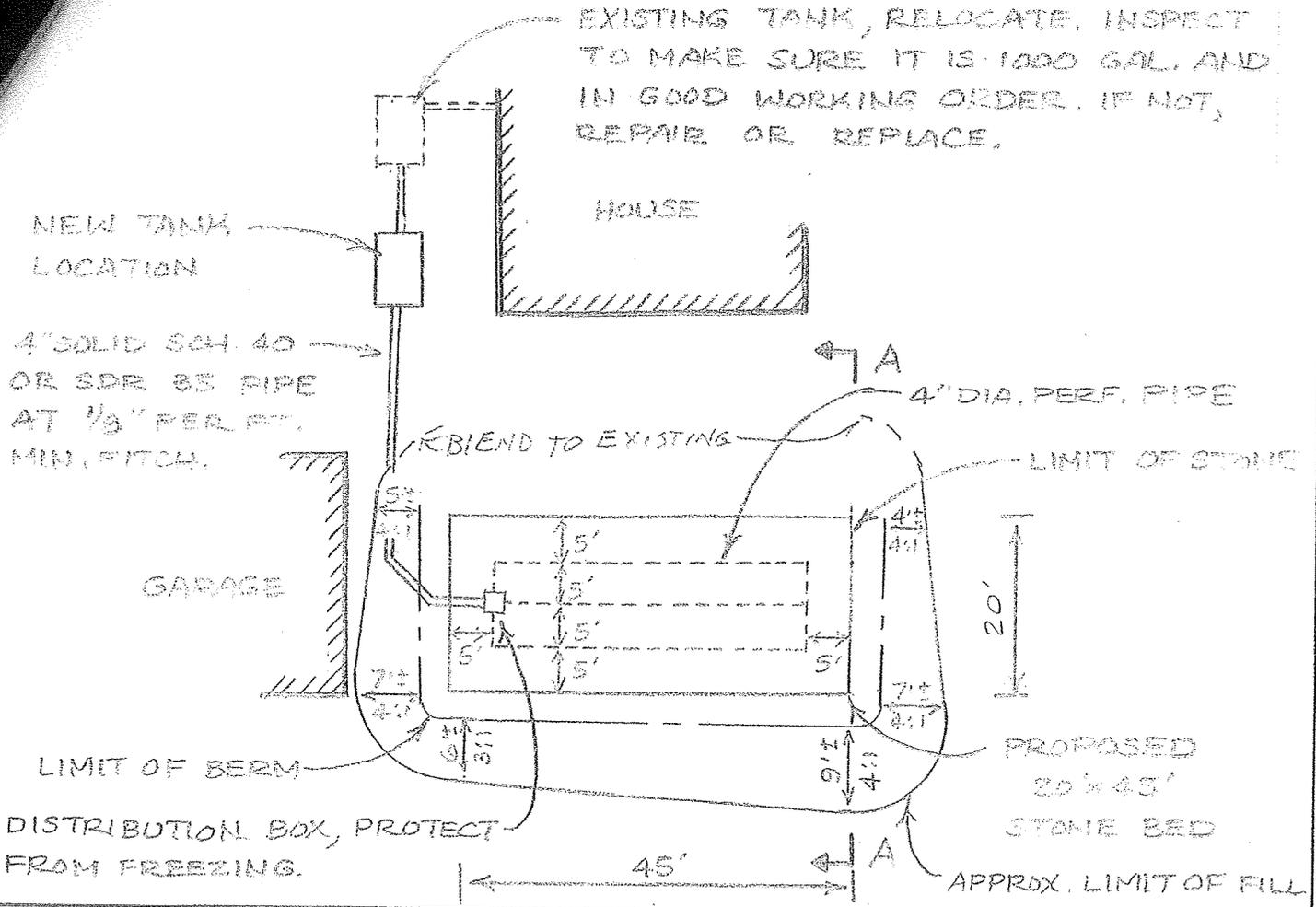
Street, Road, Subdivision
LAMSON ROAD

Owner or Applicant Name
ANDREW LATHE

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.

EXISTING TANK, RELOCATE, INSPECT TO MAKE SURE IT IS 1000 GAL. AND IN GOOD WORKING ORDER. IF NOT, REPAIR OR REPLACE.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		SYSTEM:	PRIVY:	ELEVATION REFERENCE POINT
Depth of Backfill (Upslope)	12"-15"	Finished Grade Elevation	- 23"			Location & Description
Depth of Backfill (Downslope)	22"	Top of Distribution Pipe or Proprietary Device	- 30"	N/A		ABOVE GROUND IN
Depths @ cross-section shown below or on X-sec. detail.		Bottom of Disposal Field	- 47"			Reference Elevation is: 0"

DISPOSAL AREA CROSS SECTION

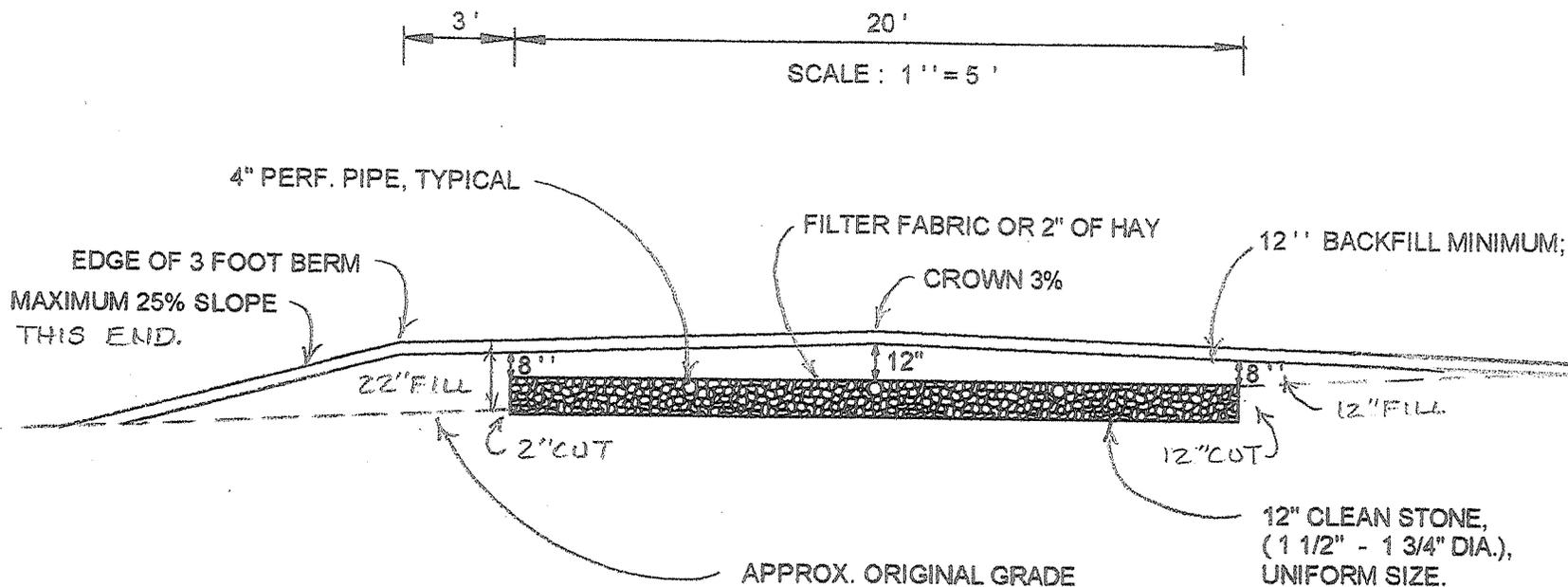
(SEE ATTACHED CROSS SECTION A - A)

Law Collins
Site Evaluator's Signature

132
S.E. #

4/24/10
Date

BED CROSS - SECTION SECTION A - A



OWNER: ANDREW LATHE

LOCATION: AUGUSTA

Terry Adams

TERRY ADAMS

13

S.E. #

4/24/10

DATE