

Paul R. LePage, Governor Mary C. Mayhew, Commissioner  
Tel. (207) 287-5672

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) 287-8016  
Fax (207) 287-9058; TTY (800) 606-0215  
Subsurface Wastewater Unit Fax (207) 287-4172

Town Copy P/E 6/13/14  
M/1/18

### 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.

1-14-19

**GENERAL INFORMATION** Town of Augusta

Property Owner's Name: Jimmy Bolduc Tel. No.: 617-943-1809

System's Location: 133 Buck & Doe Trail, Augusta, ME

Property Owner's Address: E 14 Scotty Hollow Dr., N. Chelmsford, MA. Zip Code 01863

e-mail address: \_\_\_\_\_

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.

<b>SPECIFIC VARIANCE REQUESTED</b> (To be filled in by Site Evaluator. Use additional sheets if needed.)	<b>SECTION OF RULE</b>
1. <u>Reduced setback from Property line to 6'</u>	<u>Title 8A</u>
2. <u>Owner's well setback to 50 ft.</u>	<u>Title 8A</u>
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.

This is the best location for the leach field on the lot.

I, Albert E. Hodsden III, 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.

Albert E. Hodsden III SIGNATURE OF SITE EVALUATOR 6/9/14 DATE

**PROPERTY OWNER**

I, Jimmy Bolduc, 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.

J. Bolduc SIGNATURE OF OWNER 6-13-14 DATE

AGENT FOR THE OWNER

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

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

I, Gary R. Feller, 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. Feller  
LPI Signature

6/13/14  
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	<b>NA</b>	
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
<b>TOTAL POINT ASSESSMENT:</b>		

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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	<u>Augusta</u>		
Street or Road	<u>133 Buck &amp; Doe Trail</u>		
Subdivision, Lot #	<u>1-14-19</u>		
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	<u>Bolduc, Jimmy</u>	<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	<u>E 14 Scotty Hollow Dr. N. Chelmsford, MA 01863</u>		
Daytime Tel. #	<u>617-943-1809</u>		
<b>OWNER OR APPLICANT STATEMENT</b>		<b>CAUTION: LPI APPROVAL REQUIRED</b>	
I state and acknowledge that the information submitted is correct to the best of my knowledge and understanding and 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.	
<u>J. Bolduc</u> <u>6-13-14</u>		<u>James R. Fulk</u>	
Signature of Owner or Applicant		Local Plumbing Inspector Signature	
Date		(1st) date approved	
		(2nd) date approved	

## PERMIT INFORMATION

<b>TYPE OF APPLICATION</b> <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>Trench</u> Year installed: <u>1950's</u> <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	<b>THIS APPLICATION REQUIRES</b> <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	<b>DISPOSAL SYSTEM COMPONENTS</b> <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
<b>SIZE OF PROPERTY</b> <u>.33</u> <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> <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

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

<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete <u>with pump</u> <input checked="" type="checkbox"/> a. Regular <u>see details</u> <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: CAPACITY: _____ GAL.	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input checked="" type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: SIZE: <u>16x28</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input 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 type="checkbox"/> d. Filter on Tank Outlet	<b>DESIGN FLOW</b> <u>270</u> gallons per day BASED ON: <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <u>3 bedrooms @ 90 gpd/ind</u> <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION <u>31C</u> at Observation Hole # <u>TP</u> Depth <u>18"</u> of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <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	<b>EFFLUENT/EJECTOR PUMP</b> <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: <u>20-30</u> gallons	<b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. <u>44 d 20 m 16.18 s N</u> Lon. <u>69 d 38 m 12 s W</u> If g.p.s, state margin of error:

## SITE EVALUATOR STATEMENT

I certify that on 6/7/14 (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).

<u>Albert E. Hodsdon III</u>	<u>046</u>	<u>6/9/14</u>
Site Evaluator Signature	SE #	Date
<u>Albert E. Hodsdon III</u>	<u>873-5164</u>	E-mail Address
Site Evaluator Name Printed	Telephone Number	

Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.



# 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

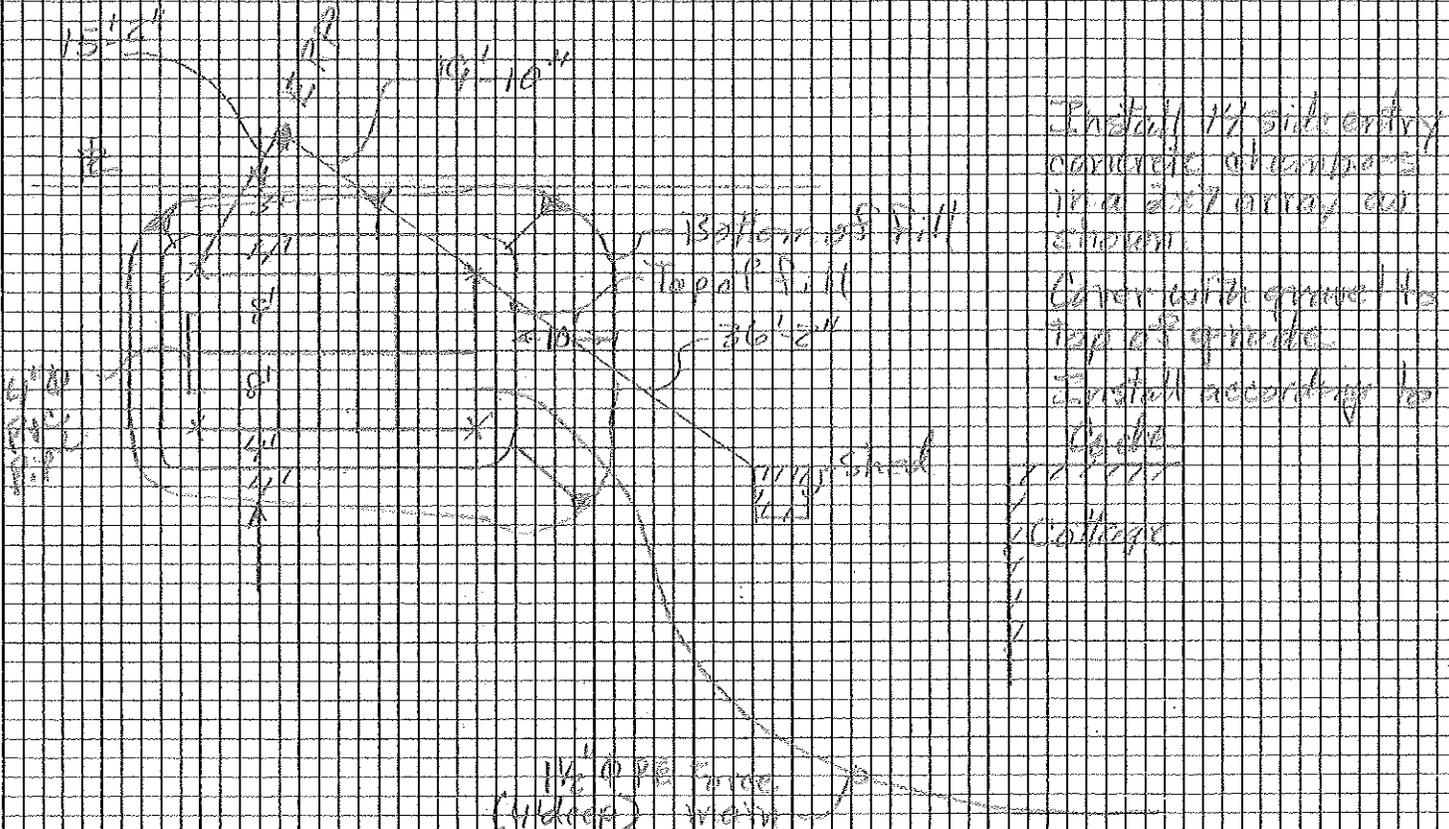
*133 Buck & Doe Rd.*

Owner's Name

*Jimmy Bolduc*

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



Install 1 1/2" side entry  
concrete chambers  
in a 2x7 array as  
shown.  
Cover with gravel to  
top of grade.  
Install according to  
Deck  
Collage

### FILL REQUIREMENTS

Depth of Fill (Upslope)  
Depth of Fill (Downslope)

$\frac{12''}{26''}$

### CONSTRUCTION ELEVATIONS

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

$\frac{-24''}{-33''}{-48''}$

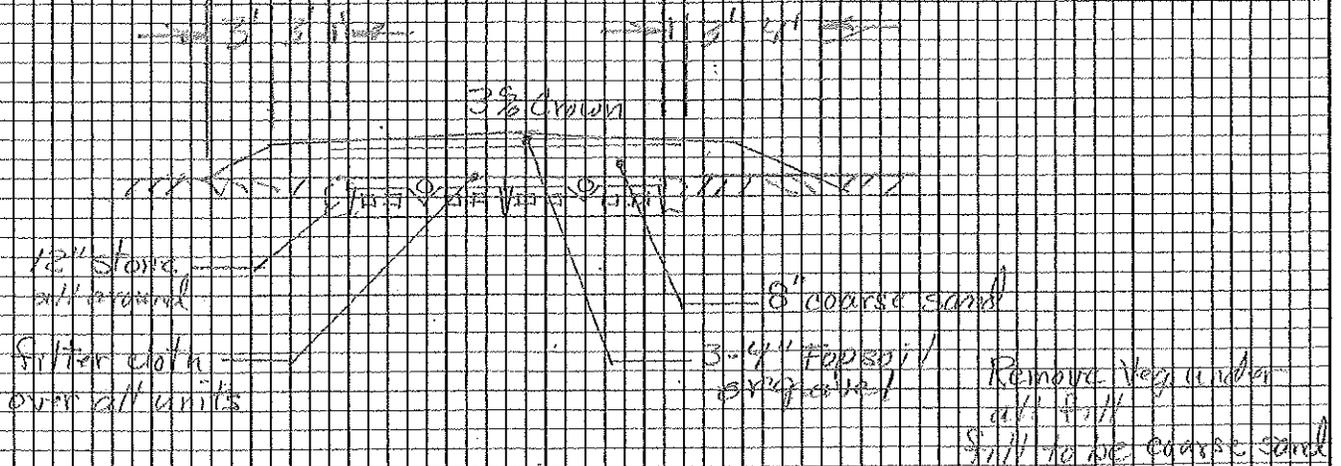
### ELEVATION REFERENCE POINT

Location & Description  
Reference Elevation

*Nail  
in 7" Hemlock 37" High  
0"*

### DISPOSAL AREA CROSS SECTION

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



Remove Veg under  
all fill  
Fill to be coarse sand

*Allan E. Haddock*

Site Evaluator Signature

*046*

SE \*

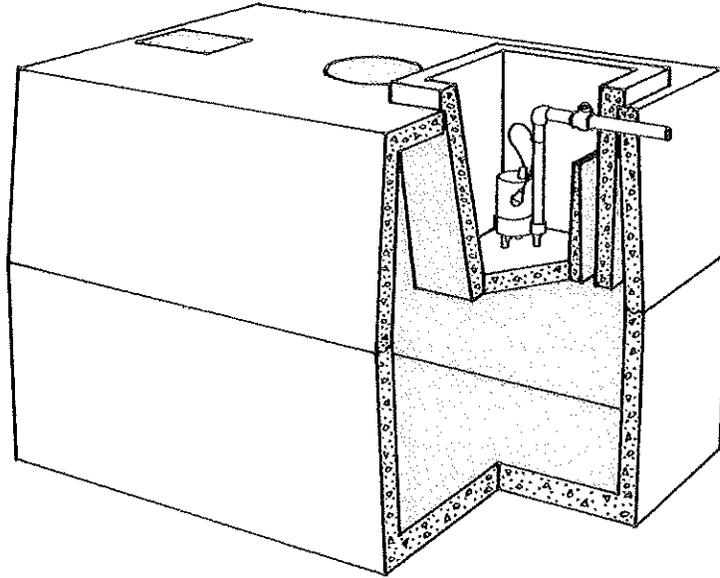
*6/9/14*

Date



American Concrete Industries • RFD 5 • Box 100 • Bangor, Maine 04401  
 1-800-432-7843 • (207) 947-8334

## Lift Station



**Single unit lift station and septic tank.**  
**Pump included with tank and available with up to 30' cord.**

The design of American Concrete's Lift Station reduces customer maintenance problems and it saves on installation time.

Heavy duty lift stations are recommended for installations deeper than 3'.

*Tank to be tested for water tightness and have rises to grade over pump chamber.*

CAPACITY	LENGTH	WIDTH	HEIGHT	(inlet) INVERT	(approx.) WEIGHT	Item No.	
						STD.	HD.
750 Reg.	8'-0"	4'-0"	5'-4"	4'-6"	5,600 lbs	1816	1919
750 LB.	8'-6"	4'-10"	4'-1"	3'-2"	6,400 lbs	1820	1923
1000 Reg.	8'-0"	5'-2"	5'-4"	4'-6"	8,400 lbs	1835	1938
1000 LB.	10'-6"	6'-4"	4'-0"	3'-1"	9,500 lbs	1849	1942
1500 Reg.	10'-6"	6'-4"	5'-4"	4'-3"	11,000 lbs	1854	1957
2000 Reg.	10'-6"	6'-4"	6'-2"	5'-3"	12,500 lbs	1868	1961