

REPLACEMENT SYSTEM VARIANCE REQUEST

RECEIVED  
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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 and 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 the LPI's authority.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 2006)
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.

**GENERAL INFORMATION**

Town of AUGUSTA

Permit No. 5299 Date Permit Issued 5-27-04

Property Owner's Name: REYNOLD PLOURDE Tel. No.: 933-4734

System's Location: FOX GLEN ROAD AUGUSTA

Property Owner's Address: P O BOX 689

(if different from above) GREENE, ME 04236

**SPECIFIC INSTRUCTIONS TO THE:**  
**LOCAL PLUMBING INSPECTOR (LPI):**  
If any of the variances exceed your approval authority and/or do not meet all 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 System Variance Request with your signature on reverse side of form.

**PROPERTY OWNER:**  
It 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.

[Signature] 6/1/04  
SIGNATURE OF OWNER DATE

**LOCAL PLUMBING INSPECTOR:**  
I, May R. [Signature], 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 he/she shall state his/her reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments \_\_\_\_\_

[Signature] 5/27/04  
LPI SIGNATURE DATE

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
	Disposal Fields (total design flow)			Septic Tanks (total design flow)			Disposal Fields	Septic Tanks
SOILS								
Soil Profile	Ground Water Table			to 7"			inches	
Soil Condition	Restrictive Layer			to 7"			inches	
from HHE-200	Bedrock			to 12"			inches	
SETBACK DISTANCES (in feet)	Disposal Fields (total design flow)			Septic Tanks (total design flow)			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 supply wells	300 ft	300 ft	300 ft	100 ft	100 ft	100 ft		
Owner's wells	100 down to 60 ft[a]	200 down to 100 ft	300 down to 150 ft	100 down to 50 ft[b]	100 down to 50 ft	100 down to 50 ft		
Neighbor's wells	100 down to 60 ft [f]	200 down to 120 ft [f]	300 down to 180 ft [f]	100 down to 50 ft [f]	100 down to 75 ft [f]	100 down to 75 ft [f]		
Water supply line	10 ft [h]	20 ft [h]	25 ft [h]	10 ft [h]	10 ft [h]	10 ft [h]		
Water course, major - for replacements only, see Table 400.4 for major expansion	100 down to 60 ft[d]	200 down to 120 ft[d]	100 down to 180 ft[d]	100 down to 50 ft[b]	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft [e]	100 down to 50 ft [e]	150 down to 75 ft [e]	50 down to 25 ft [e]	50 down to 25 ft [e]	50 down to 25 ft [e]		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	75 down to 35 ft	25 down to 12 ft	25 down to 12 ft	25 down to 12 ft		
Edge of fill extension -- Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]		
Slopes greater than 3:1	10 ft [g]	18 ft [g]	25 ft [g]	N/A	N/A	N/A		
No full basement (e.g. slab, frost wall, columns)	15 down to 7 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		5'
Full basement (below grade foundation)	20 down to 10 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		
Property lines	10 down to 5 ft[c]	18 down to 9 ft[c]	20 down to 10 ft[c]	10 down to 4 ft[c]	15 down to 7 ft[c]	20 down to 10 ft[c]		4'
Burial sites or graveyards, measured from the downhill 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. **USE ONE PIECE COMBINATION SEPTIC TANK / LIFT STATION**
  - 3.

Footnotes: [a] Single-family well setbacks may be reduced as prescribed in Section 701.2  
 [b] This distance may be reduced to 25 feet, if the septic tank or holding tank is tested in the plumbing inspector's presence and shown to be watertight or of monolithic construction.  
 [c] Additional setbacks may be needed to prevent fill material extensions from encroaching on abutting property.  
 [d] Additional setbacks may be required by local Shoreland zoning.  
 [e] Natural Resources Protection Act requires a 25 foot setback on slopes of less than 20%, from the edge of soil disturbance and 100 feet on slopes greater than 20%. See Chapter 15.  
 [f] May not be any closer to neighbor's well than the existing disposal field or septic tank unless written permission is granted by the neighbor. This setback may be reduced for single family houses with Department approval. See Section 702.3.  
 [g] The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.  
 [h] See Section 1402.10 for special procedures when these minimum setbacks cannot be achieved.

**WILLIAM P BROWN** *William P Brown*  
 SITE EVALUATOR'S SIGNATURE

**5/22/2004**  
 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, 10SHS  
 (207)287-5672 FAX (207)287-3165

**PROPERTY LOCATION** >> CAUTION: PERMIT REQUIRED -- ATTACH IN SPACE BELOW <<

City, Town, Plantation: **AUGUSTA**

Street or Road: **165 BUCK + DOE TRAIL  
FOX GLEN ROAD**

Subdivision, Lot #: \_\_\_\_\_

**OWNER/APPLICANT INFORMATION**

Name (last, first, MI): **PLOURDE, REYNOLD**  Owner  Applicant

Mailing Address of Owner/Applicant: **P O BOX 689  
GREENE, ME 04236**

Daytime Tel. #: **933-4734 Lisa Mathieu**

Municipal Tax Map #: **4A** Lot #: **26**

**OWNER OR APPLICANT STATEMENT**

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.

Signature of Owner/Applicant: *[Signature]* Date: **6/11/04**

**CAUTION: INSPECTION REQUIRED**

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application

Local Plumbing Inspector Signature: *[Signature]* (1st) Date Approved: **6/13/04**  
 (2nd) Date Approved: \_\_\_\_\_

**PERMIT INFORMATION**

**TYPE OF APPLICATION**

1. First Time System  
 2. Replacement System  
 Type replaced **TRENCH**  
 Year installed **UNKNOWN**  
 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 Treatment Tank (only)  
 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. Pretreatment, specify: \_\_\_\_\_  
 12. Miscellaneous Components

**SIZE OF PROPERTY**  
**0.275**  sq. ft.  acres

**SHORELAND ZONING**  
 Yes  No

**DISPOSAL SYSTEM TO SERVE:**

1. Single Family Dwelling Unit, No. of Bedrooms: **3**  
 2. Multiple Family Dwelling Unit, 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 **LAKE**

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 2)**

**TREATMENT TANK**

1. Concrete  
 a. Regular  
 b. Low Profile (IF NEEDED)  
 2. Plastic  
 3. Other \_\_\_\_\_  
 CAPACITY **1000** 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  3. Maybe  
 2.  Yes >> Specify one below:  
 a. multi-compartment tank  
 b. \_\_\_\_\_ tanks in series  
 c. increase in tank capacity  
 d. Filter on Tank Outlet

**DESIGN FLOW**

**270** 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  
**3 / C / 1**  
 at Observation Hole # **TP-1**  
 Depth **18** "  
 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 or experimental systems  
 DOSE \_\_\_\_\_ gallons

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

**SITE EVALUATOR'S STATEMENT**

I certify that on **5/17/04** (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).

Signature: *William P Brown*  
 Site Evaluator Signature

**188**  
 SE#

**5/22/2004**  
 Date

**WILLIAM P BROWN**  
 Site Evaluator Name Printed

**293-2110**  
 Telephone Number

\_\_\_\_\_  
 E-mail Address

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
 Division of Health Engineering, Station 10  
 (207) 287-5672 FAX 207 287-4165

Town, City, Plantation

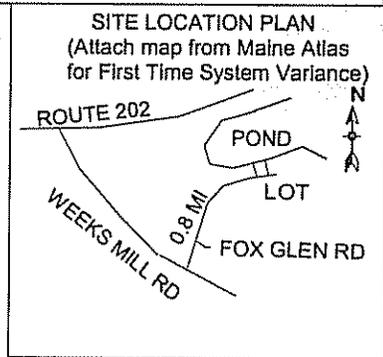
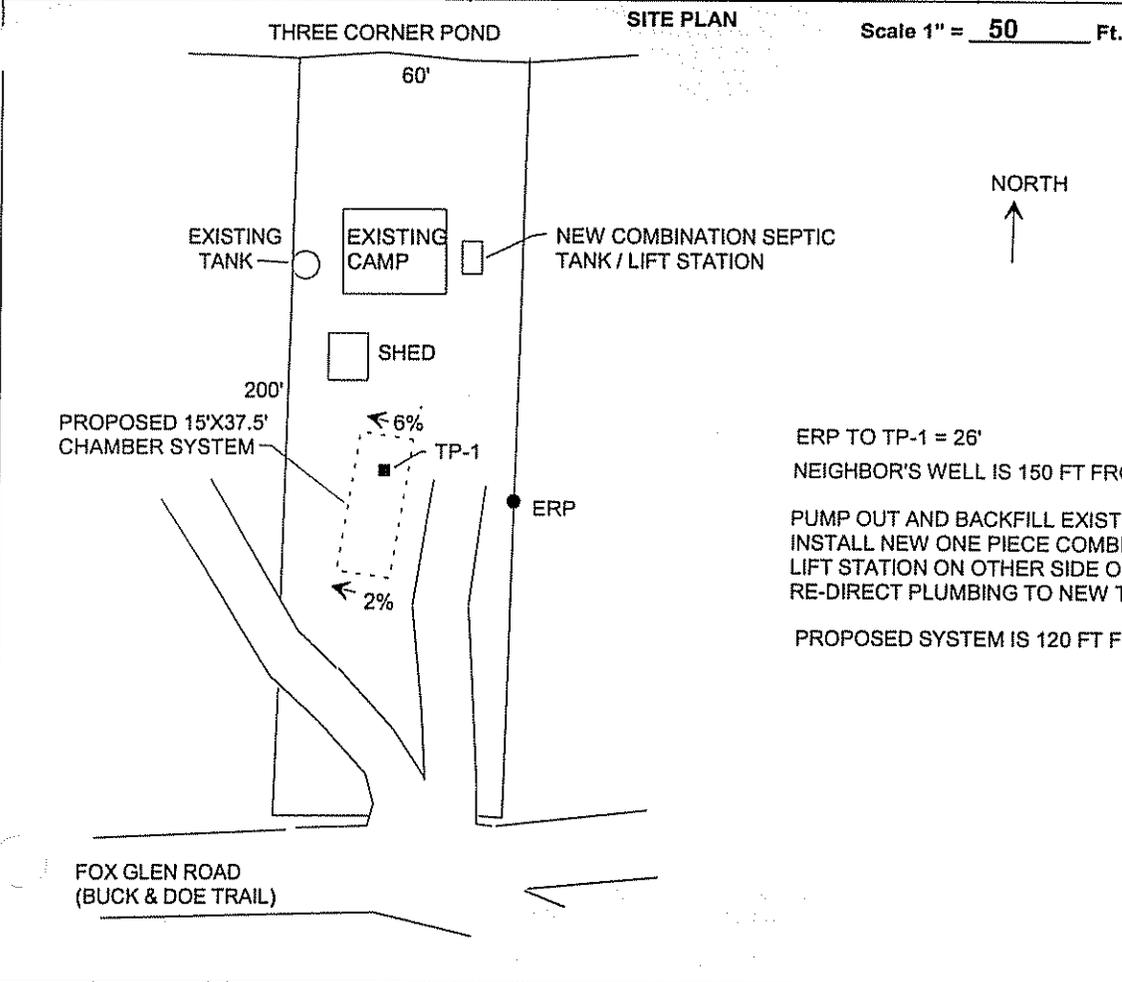
**AUGUSTA**

Street, Road, Subdivision

**FOX GLEN ROAD**

Owner or Applicant Name

**REYNOLD PLOURDE**



ERP TO TP-1 = 26'  
 NEIGHBOR'S WELL IS 150 FT FROM DISPOSAL SYSTEM

PUMP OUT AND BACKFILL EXISTING SEPTIC TANK / LIFT STATION ON OTHER SIDE OF HOUSE.  
 RE-DIRECT PLUMBING TO NEW TANK

PROPOSED SYSTEM IS 120 FT FROM THE LAKE

**SOIL PROFILE DESCRIPTION AND CLASSIFICATION**

Observation Hole # TP-1  Test Pit  Boring  
1 " Depth of organic horizon above mineral soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	LOAMY SAND	FRIABLE	ORANGE BROWN	
10			LIGHT BROWN	NONE COMMON
20	SANDY LOAM	FIRM	OLIVE BRN	
30				
40				
50				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
3	C	2-6 %	18 "	

(Location of Observation Holes Shown Above)

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

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock

**WILLIAM P BROWN** *William P. Brown*  
 Site Evaluator Signature

188  
 SE #

5/22/2004  
 Date

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# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering  
Department of Human Services

Town, City, Plantation  
**AUGUSTA**

Street, Road, Subdivision  
**FOX GLEN ROAD**

Owners Name  
**REYNOLD PLOURDE**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

USE 3 ROWS OF INFILTRATORS WITH 6 UNITS IN EACH ROW. EACH ROW IS 3 FEET APART.

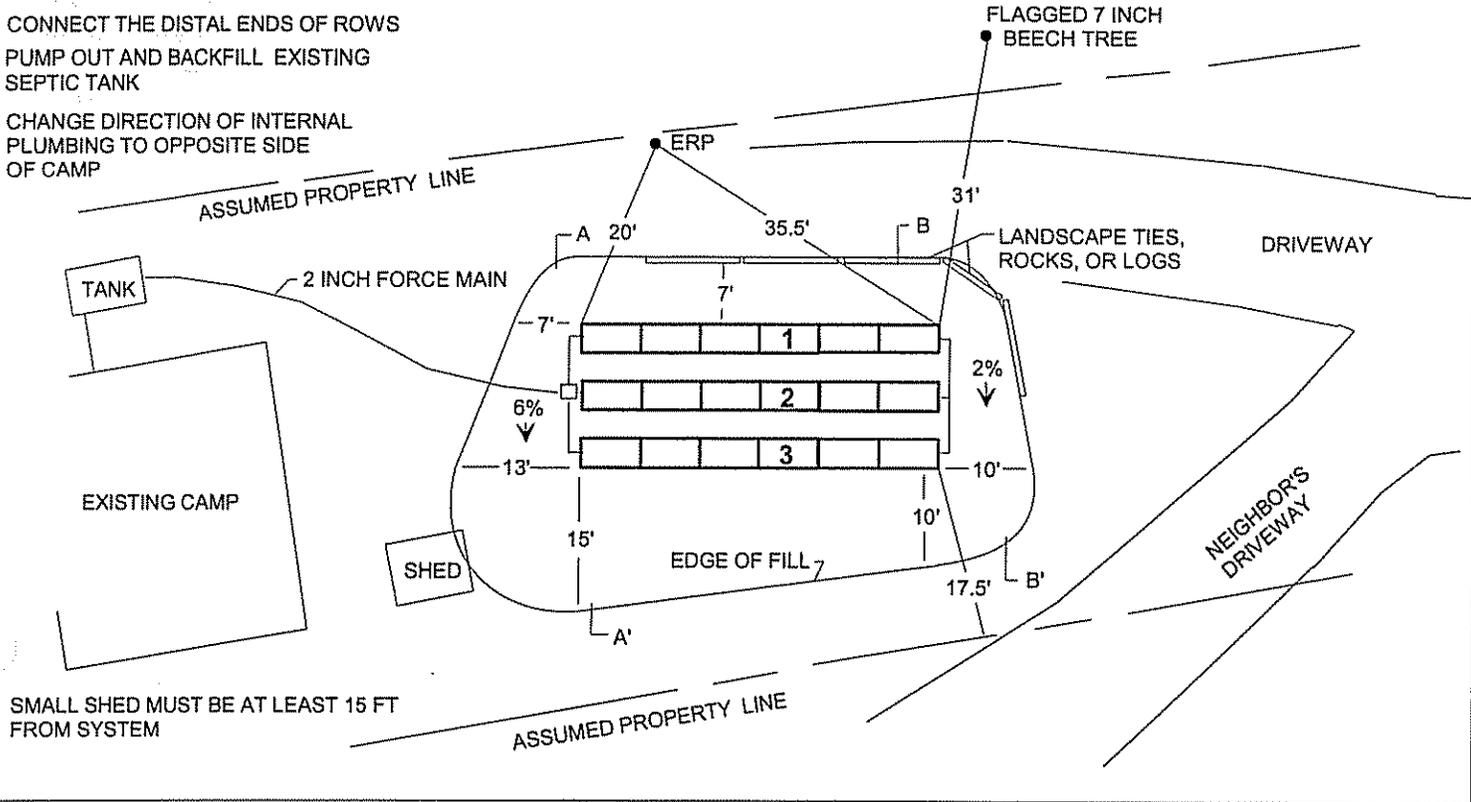
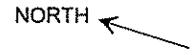
USE NEW ONE-PIECE 1000 GALLON COMBINATION SEPTIC TANK / LIFT STATION AT LEAST 5 FEET FROM HOUSE AND 5 FT FROM PROPERTY LINE AND AT LEAST 50 FEET FROM LAKE

FLAGS MARK THE CORNERS OF THE SYSTEM  
USE VERY COARSE GRAVEL OR CRUSHED STONE BETWEEN ROWS OF INFILTRATORS

USE BARRIERS OF LANDSCAPE TIES, ROCKS, OR LOGS TO KEEP VEHICLE TRAFFIC OFF SYSTEM

CONNECT THE DISTAL ENDS OF ROWS  
PUMP OUT AND BACKFILL EXISTING SEPTIC TANK

CHANGE DIRECTION OF INTERNAL PLUMBING TO OPPOSITE SIDE OF CAMP



### FILL REQUIREMENTS

Depth of Fill (Upslope) **18-20"**  
Depth of Fill (Downslope) **21-31"**  
DEPTHS AT CROSS-SECTION (shown below)

### CONSTRUCTION ELEVATIONS

Finished Grade Elevation  
Top of distribution Lines or Chambers  
Bottom of Disposal Area

**VARIES**  
SEE  
BELOW

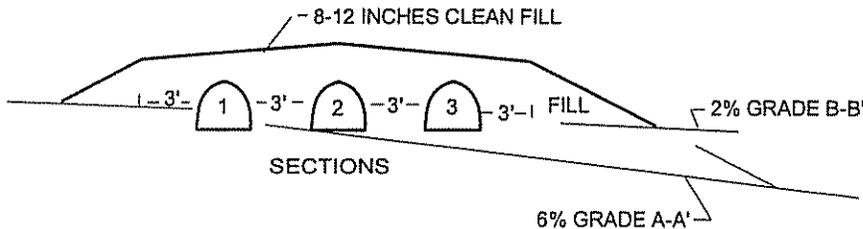
### ELEVATION REFERENCE POINT

Location and Description:  
**FLAGGED NAIL IN 36 INCH PINE TREE, 3 FEET ABOVE GROUND**  
Reference Elevation is: **00"**

### DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.  
Horizontal: 1 inch = 10 Ft.



ROW	BOTTOM OF CHAMBER	TOP OF CHAMBER
1	-51"	-35"
2	-51"	-35"
3	-51"	-35"

ELEVATIONS ASSUME HIGH CAPACITY CHAMBERS THAT ARE 16 INCHES HIGH  
ALL ROWS ARE AT THE SAME ELEVATION

INSTALL EROSION CONTROL DEVICES BEFORE BEGINNING CONSTRUCTION

REMOVE VEGETATION IN DISPOSAL AREA  
SCARIFY SOIL SURFACE IN ENTIRE FILL AREA  
MIX 4 INCHES OF FILL MATERIAL THOROUGHLY WITH EXISTING SOIL TO FORM A TRANSITION ZONE (ACCORDING TO CHAPTER 8, MAINE PLUMBING CODE)  
INSTALL CHAMBERS PER MANUFACTURER'S RECOMMENDATIONS  
USE VERY COARSE GRAVEL AROUND PLASTIC CHAMBERS  
ALL OTHER FILL SHALL BE GRAVELLY COARSE SAND  
SLOPE FINISH GRADE AS SHOWN  
LOAM, SEED, MULCH

**WILLIAM P BROWN**  
Site Evaluator Signature

*William P Brown*

**188**  
SE #

**5/22/2004**  
Date

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