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6501
REPLACEMENT SYSTEM VARIANCE REQUEST

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 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.

GENERAL INFORMATION		Town of <u>AUGUSTA</u>
Permit No. <u>6501</u>	Date Permit Issued <u>10/25/01</u>	
Property Owner's Name: <u>ARNOLD, NORINNE</u>	Tel. No.: <u>621-8543</u>	
System's Location: <u>171 BOND BROOK ROAD</u>		
Property Owner's Address: <u>144 STATE STREET</u>		
(if different from above) <u>AUGUSTA, ME 04330</u>		

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 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 Variance Request with your signature on reverse side of 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 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.

NORINNE B. ARNOLD 10/6/2010
 SIGNATURE OF OWNER DATE

LOCAL PLUMBING INSPECTOR

I, Mary R. Fuller, 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: _____

Mary R. Fuller 10/25/10
 LPI SIGNATURE DATE

Replacement 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)		Disposal 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			
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]	25'		
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 greater than 3:1	10 ft [f]	18 ft [f]	25 ft [f]	N/A	N/A	N/A			
No full basement [e.g. slab, frost wall, columns]	15 ft	30 ft	40 ft	8 ft	14 ft	20 ft			
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. <u>Fill extension Grade - to 3:1</u>									
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 extensions 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.


 SITE EVALUATOR'S SIGNATURE

24 SEP 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 Health & 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	AUGUSTA Date Permit Issued: <u>10/25/10</u> PERMIT # <u>6501 TOWN COPY</u> \$ <u>135.00</u> <input type="checkbox"/> If Double Fee Charged FEE L.P.I. # <u>850</u> _____ Local Plumbing Inspector Signature
Street or Road	171 Bond Brook Road	
Subdivision, Lot #		

OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant
Arnold, Norinne	
Mailing Address of Applicant	
144 State Street Augusta, ME 04330	
Daytime Tel.#	621-8543
Municipal Tax Map # _____ Lot # _____	

Owner or Applicant Statement	CAUTION: INSPECTION REQUIRED
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 Date <u>10/16/2010</u>	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 (2nd) date approved

PERMIT INFORMATION			
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: Cess Pool Year installed: unk <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major 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 1.75 <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 checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedroom: 3 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: <input type="checkbox"/> 3. Other: _____ Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped		TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: CAPACITY: 1,000	DISPOSAL FIELD TYPE & SIZE <input checked="" type="checkbox"/> 1. Stone Bed 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ Size: 900 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <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	DESIGN FLOW _____ 270 gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN 12(7) C 1 at Observation Hole # 1 Depth 24" of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Small---2.0 sq. ft./gpd <input type="checkbox"/> 2. Medium---2.6 sq. st. / gpd <input checked="" type="checkbox"/> 3. Medium---Large 3.3 sq. ft./gpd <input type="checkbox"/> 4. Large---4.1 sq. ft. / gpd <input type="checkbox"/> 5. Extra Large---5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <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: _____ gallons	<input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. 44 d 20 m 181 s Lon. 69 d 48 m 184 s if g.p.s., state margin or error: _____

SITE EVALUATOR STATEMENT			
I certify that on <u>23 September 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	S.E. # 301	9/24/2010	
Stephen P. Robbins 377-6707 narrowspd@aol.com	Page 1 of 4 HHE-200 Rev. 4/05		

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

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

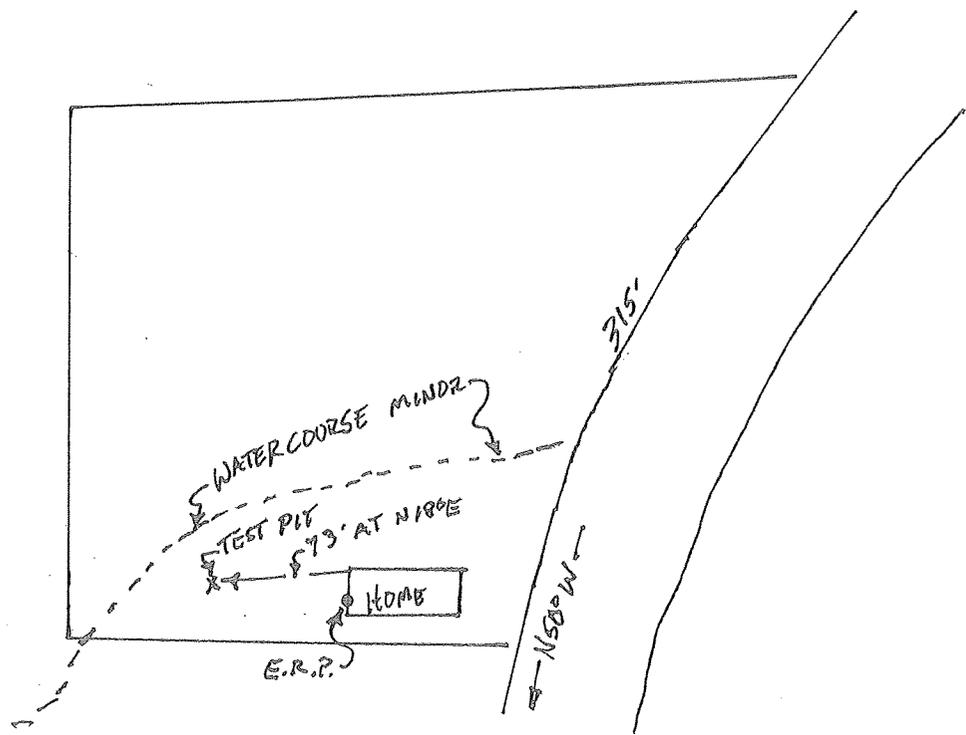
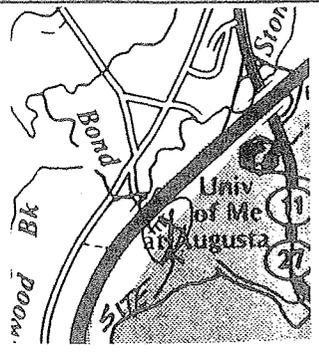
Town, City, Plantation
Augusta

Street, Road Subdivision
171 Bond Brook Road,

Owner's Name
Arnold, Norinne

SITE PLAN

Scale 1" = 100 Ft.
or as shown



SOIL DESCRIPTION AND CLASSIFICATION (LOCATION OF OBSERVATION HOLES SHOWN ABOVE)

Observation Hole #1 Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	Gravel (fill)	Loose	Brown	
10				
20				
30	Sandy silt	Friable	Yellow brown	Common
40				
50				

Soil Classification 12(7) C Slope 0% Limiting Factor 24" Ground Water
 Profile Condition Restrictive Layer
 Bedrock
 Pit Depth

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 Classification Slope Limiting Ground Water
 Profile Condition Restrictive Layer
 Bedrock
 Pit Depth

Stephen P. Robbins **301**
 Site Evaluator Signature SE #

9/24/2010 Page 2 of 4
 Date HHE-200 Rev 7/97

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation
Augusta

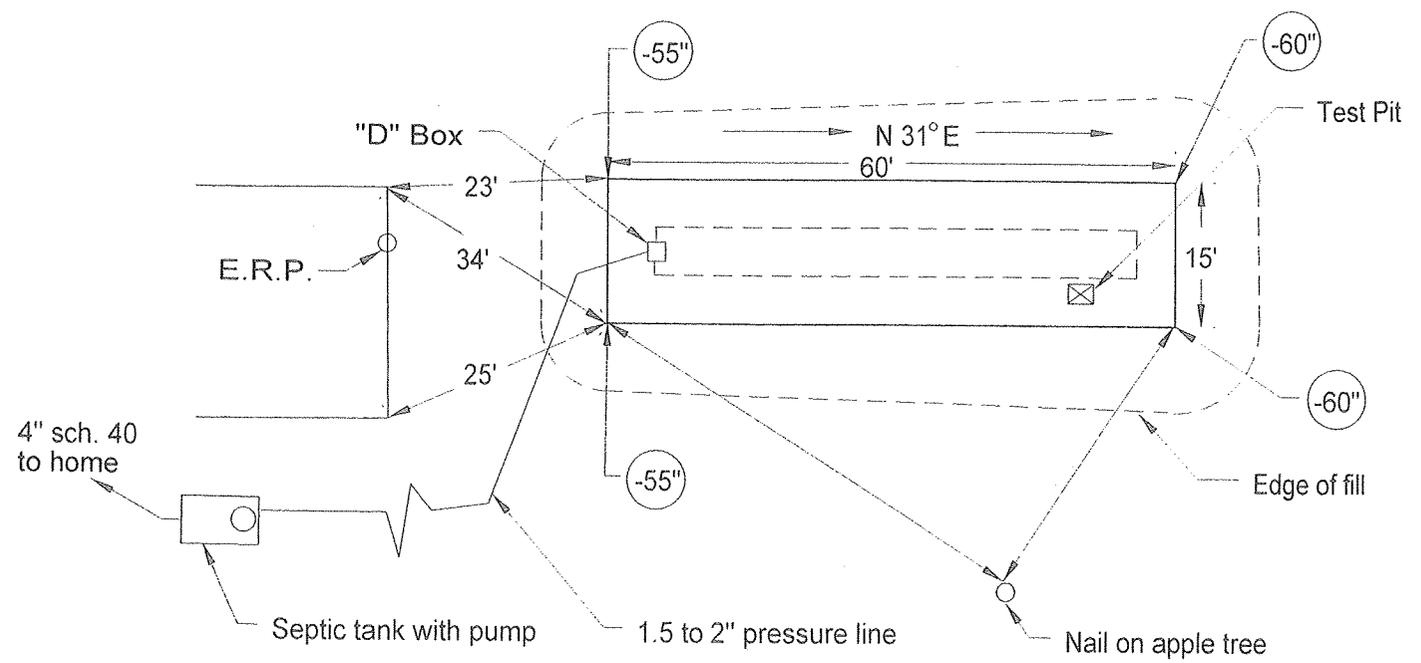
Street, Road, Subdivision
171 Bond Brook Road,

Owner or Applicant Name
Arnold, Norinne

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.

○ = original grade



BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 12 "
 Depth of Backfill (downslope) 17 "

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -42 "
 Top of Distribution Pipe or Proprietary Device -52 "
 Bottom of Disposal Field -64 "

ELEVATION REFERENCE POINT

Location & Description: Top of vent box
 Reference Elevation is: 0.0' or:

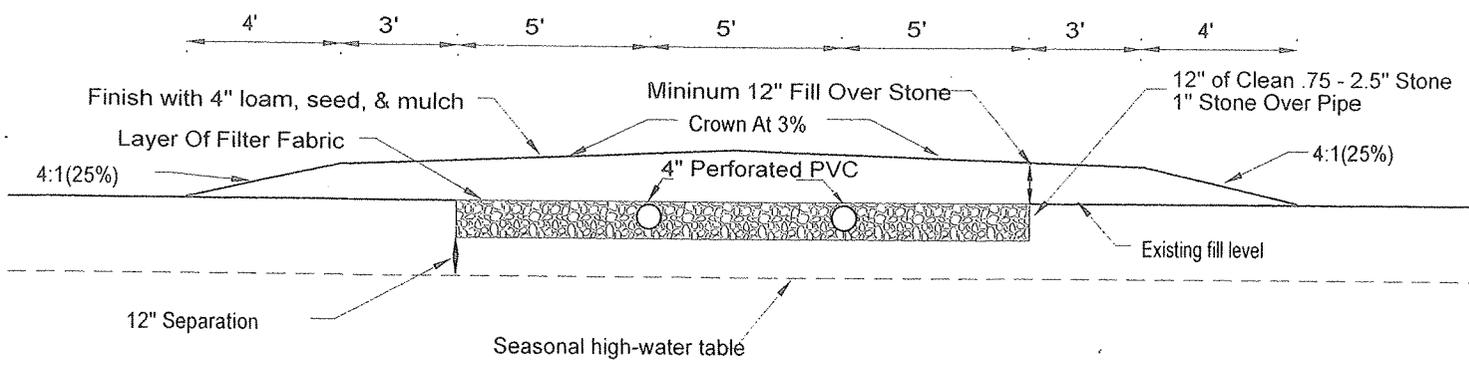
DEPTHS AT CROSS-SECTION (shown below)

DISPOSAL FIELD CROSS-SECTION

Scales:

Vertical: 1" = 5 ft.
 Horizontal: 1" = 5 ft.

Note: Disposal area is located on filled site.
 Insure fill is consistant and clean to 24" around stone.
 Otherwise replace with clean fill.



Stephen P. Robbins

SE # 301

9/24/2010

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ATTACHMENT TO HHE-200

Caution: Before starting, contractor must insure fill depth amounts match with elevations given. Contact designer immediately with any discrepancies.

Notes:

1. Construction to conform to "State of Maine Subsurface Wastewater Disposal Rules".
2. Property lines shown are as provided by owner, agent, or municipality. No guarantee of accuracy is implied. Actual property lines must be confirmed by survey.
3. Remove organic material and **roto-till** area under drain-field and fill extensions.
4. Unless otherwise specified, all fill will be coarse sand to a gravelly coarse sand. See Sec. 804.0 in the State of Maine Subsurface Waste-water Disposal Rules for further clarification of fill requirements. In 8" lifts, compacted as placed. First lift to be thoroughly mixed with original soil, to form a transition horizon.
5. Septic tanks and pump stations shall be installed water-tight to prevent infiltration of ground and surface water.
6. Force mains, pump stations, and or gravity piping subject to freezing shall be adequately insulated.
7. Unless otherwise specified, septic tank to be located by contractor; at minimum; 8' to proposed or existing home and or buildings, 10' to property line & water supply line, 100' to all wells and shoreline.
8. A septic tank outlet filter is recommended.
9. If replacement system with new tank, existing tank or cesspool to be filled with soil or removed. If existing tank is to be utilized, thoroughly inspect & replace outlet baffle with plastic filter.
10. Unless otherwise specified, this plan does not allow the placement of pumps between the waste-water source and the septic tank.
11. Unless otherwise specified, disposal area to existing or proposed buildings setback is 20'.
12. Water from gutters, driveways, walks, and other surface water to be diverted away from system.
13. Loam, seed and mulch all disturbed areas to prevent erosion and facilitate runoff.
14. Unless otherwise specified, keep traffic heavier than lawn tractor away from all components of system.
15. Keep sanitary napkins, cigarette butts, coffee grounds, paper towels, grease, and nonbiodegradables out of system.
16. Many times it is impossible to locate water supplies. Property owner assumes responsibility of proper setback to any unknown water supplies.
17. Discharge from water treatment equipment and residential foundation/floor drains is not considered waste-water and must not be plumbed into septic system. This flow should be diverted into a separate drywell (disposal area that does not require design or permit). A floor drain used for anything other than fresh-water disposal does require design and permit.
18. Plumbing fixtures must be strictly maintained to insure excess water does not enter septic system. Excess water can lead to premature clogging and total failure of disposal area.
19. Venting of disposal area is not required, but can facilitate biological action in disposal area.
20. Pumped systems will be equipped with audible high water alarm, wired to separate circuit as pump.
21. If a BK2000 Waste-Water Management system or any other Norweco products are included in this design, the designer has a financial interest in the sale of these products. Owner is encouraged to research comparable products and make final choice. If owner chooses a competitors product, design will be revised to note said change at no charge.
22. Take 3 copies of the plan to your local plumbing inspector for required permit.

