Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services

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JUL 08 2011

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 AUGUSTA

Property Owner's Name: Paul Pouliotte Tel. No.: 622-7242

System's Location: 276 Mt. Vernon Road

Property Owner's Address: Same Zip Code 04330

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.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.) **SECTION OF RULE**

1. 99' to owners well from Leachfield — Table 8A
2. 10' to Shed from Leachfield — Table 8A
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.

No additional engineering required to overcome setback limitations. Excellent soils and minor setback reductions.

I, David P. Rocque, 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.

David P. Rocque — SIGNATURE OF SITE EVALUATOR — 6/28/11 — DATE

PROPERTY OWNER

I, Paul Pouliotte, 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.

Paul Pouliotte — ☐ SIGNATURE OF OWNER ☐ AGENT FOR THE OWNER — 6/08/11 — DATE

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept.Health & Human Services
Div of Environmental Health , 11 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION

City, Town, Plantation: Augusta

Street or Road: 276 Mt. Vernon Rd.

Subdivision, Lot #:

>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

AUGUSTA PERMIT # 6575 +15.00 TOWN COPY

Date Permit Issued: 7/8/11 $ 1150.00 ☐ If Double Fee Charged

Local Plumbing Insector Signature: Gary R. Fuller L.P.I. # 1850

OWNER/APPLICANT INFORMATION

Name (last, first, MI): Pouliotte, Paul R. ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: Same

Daytime Tel. #: 622-7242

Municipal Tax Map # 5 Lot # 183

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: [signature] Date: 6/28/11

CAUTION: INSPECTION REQUIRED

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

Local Plumbing Inspector Signature: Gary R. Fuller (1st) date approved: 8/3/11 (2nd) date approved:

PERMIT INFORMATION

TYPE OF APPLICATION

☐ 1. First Time System
☒ 2. Replacement System
Type replaced: Trench
Year installed: 1972+/-
☐ 3. Expanded System
☐ a. <25% Expansion
☐ b. >25% 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. Pre-treatment, specify:
☐ 12. Miscellaneous Components

SIZE OF PROPERTY

22,500 ☒ SQ. FT. ☐ ACRES

SHORELAND ZONING

☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE

☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 2
☐ 2. Multiple Family Dwelling, 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

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

☒ 1. Concrete
☐ a. Regular Existing
☐ b. Low Profile
☐ 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: 600 ☒ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT

☒ 1. No ☐ 2. Yes ☐ 3. Maybe
If Yes or Maybe, specify one below:
☐ a. multi-compartment tank
☐ b. ___ tanks in series
☐ c. increase in tank capacity
☐ d. Filter on Tank Outlet

DESIGN FLOW

180 gallons per day
BASED ON:
☐ 1. Table 4A (dwelling unit(s))
☐ 2. Table 4C(other facilities)
SHOW CALCULATIONS for other facilites
☐ 3. Section 4G (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION
5 C
at Observation Hole # 1
Depth 45"
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

☐ 1. Medium---2.6 sq. ft. / gpd
☒ 2. Medium---Large 3.3 sq. f.t / gpd
☐ 3. Large---4.1 sq. ft. / gpd
☐ 4. Extra Large---5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

☐ 1. Not Required
☐ 2. May Be Required
☒ 3. Required
Specify only for engineered systems:
DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area
Lat. 44 d 21 m 31 s
Lon. 69 d 49 m 15 s
if g.p.s, state margin of error:

SITE EVALUATOR STATEMENT

I certify that on 6/28/11 (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: [signature] SE # 154 Date: 6/28/11

Site Evaluator Name Printed: David P. ROCQUE Telephone Number: 622-7487 E-mail Address: David.Rocque@yahoo.com

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

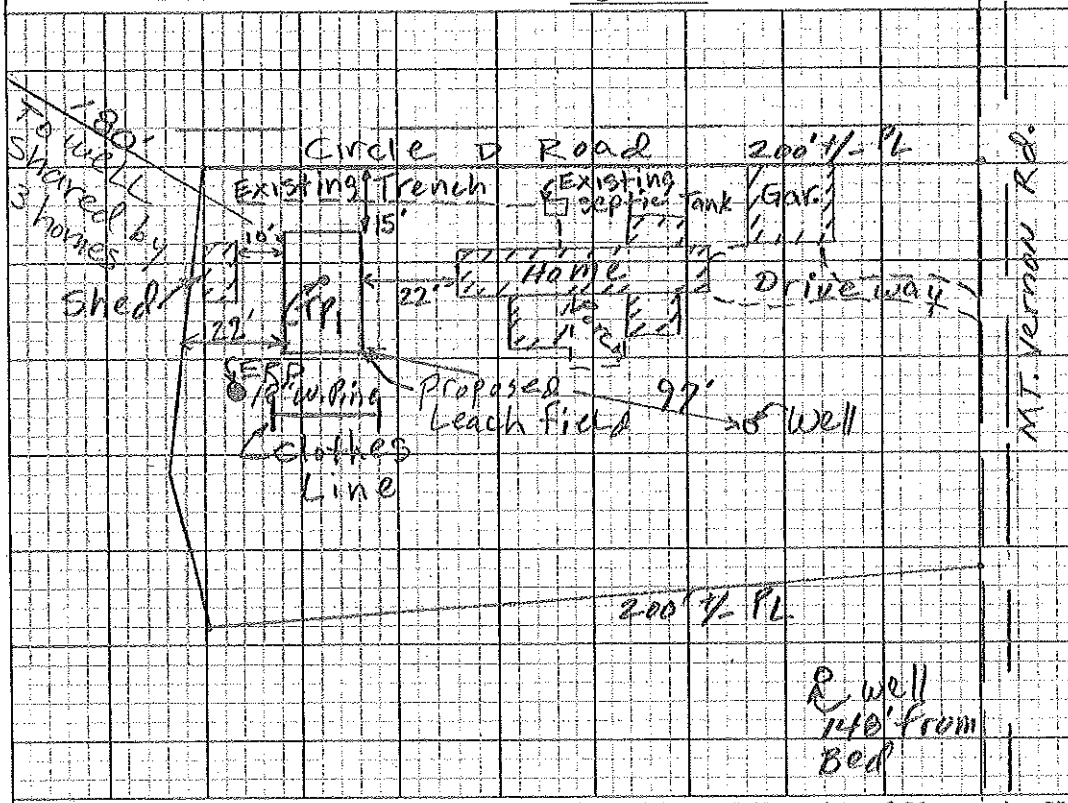
AUGUSTA — Town, City, Plantation

276 Mt. Vernon Rd. — Street, Road, Subdivision

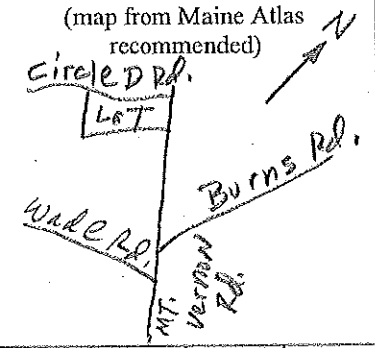
Department of Human Services
Division of Health Engineering
(207) 287-5672 Fax: (207) 287-3165

Owner's Name: Paul Pouliotte

SITE PLAN Scale 1" = 50' ft. or as shown



SITE LOCATION PLAN
(map from Maine Atlas recommended)



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole 1 [X] Test Pit [ ] Boring
0" Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10	fine sandy Loam	friable to loose	Dark Brown	None
10–20	Loamy fine sand		Light yellow Brown	
20–30	very fine Sand		Light olive Brown	
30–40	V. fi Loamy Sand			
40–50	very fine Sand			common Dist.

Soil Classification	Slope	Limiting Factor	
5 C (Profile / Condition)	0 %	45"	[X] Ground Water; [ ] 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
0–50	used Medium Large Sizing due to very fine Sand and Loamy Sand			

Soil Classification	Slope	Limiting Factor	
(Profile / Condition)	%	"	[ ] Ground Water; [ ] Restrictive Layer; [ ] Bedrock; [ ] Pit Depth

David P. Rogue — Site Evaluator Signature
154 — SE #
6/28/11 — Date

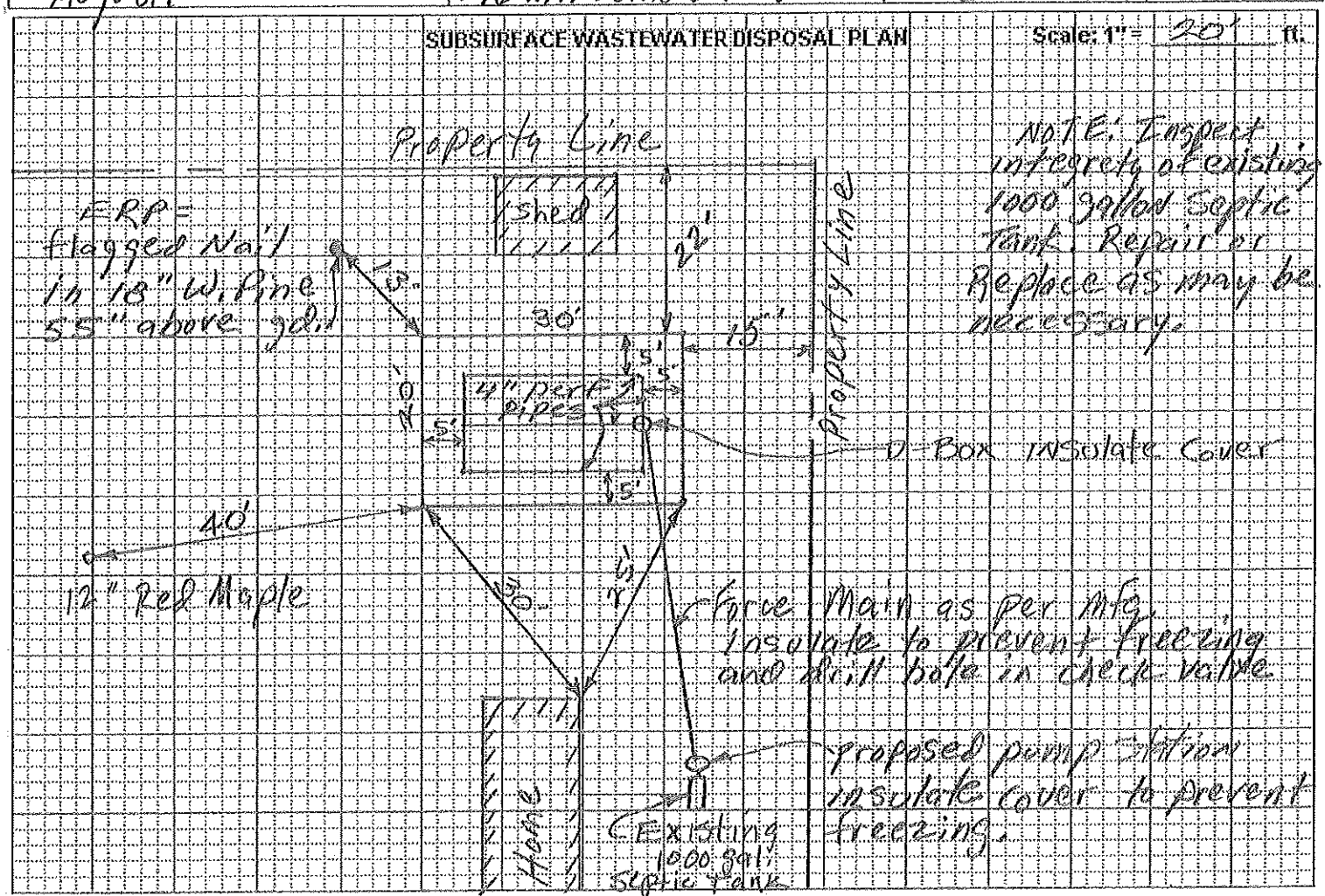
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
Augusta	276 Mt. Vernon Rd.	Paul Pouliotte

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' ft.



BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 0 "
Depth of Backfill (downslope) 5 "
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -56"
Top of Distribution Pipe or Proprietary Device -68"
Bottom of Disposal Field 80"

ELEVATION REFERENCE POINT

Location & Description: flagged Nail in 18" W. Pine 55" above gd.
Reference Elevation is: 0.0" or: _____

DISPOSAL FIELD CROSS SECTION

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

Disposal field to be 20' x 30' Stone Bed with 4" perforated pipes 5' from sides and ends of bed and 5' apart.

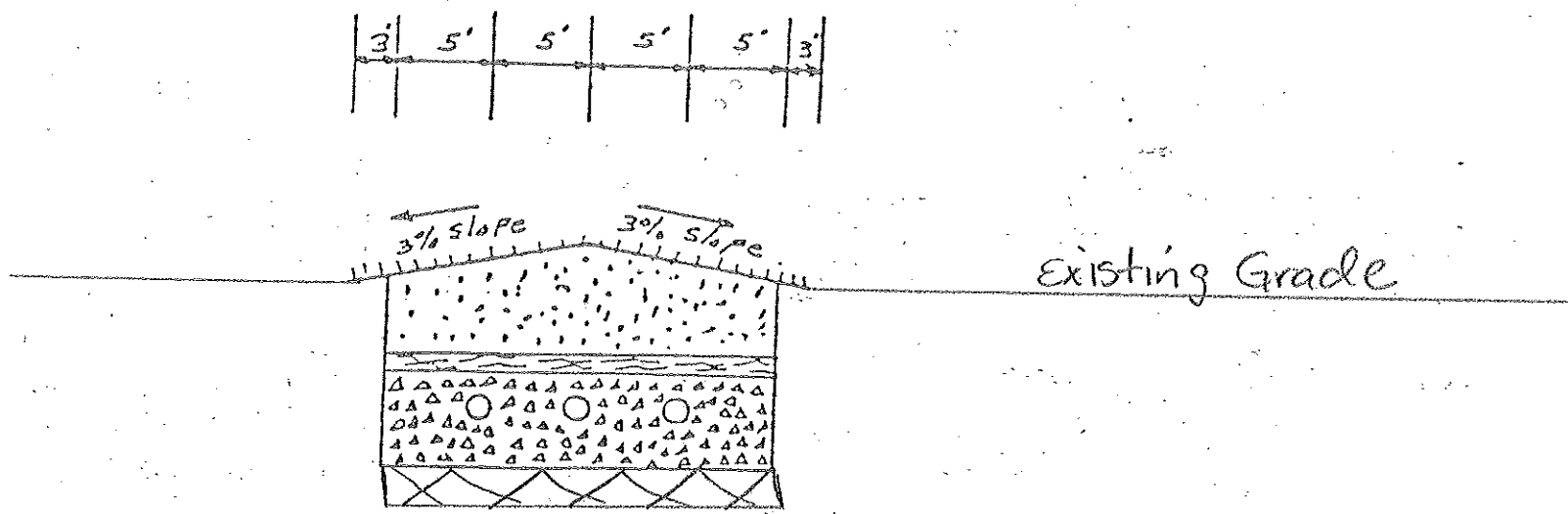
Existing 1000 gallon Concrete Septic Tank is over 40 years old. Inspect and repair or replace as necessary.

SEE NEXT SHEET

David P. Rocque — Site Evaluator Signature
154 — SE #
6/28/11 — Date

Subsurface Absorption Area Cross-Section

(Not to Scale)



Bed Consists of:

1. 12" of 3/4"-2 1/2" stone; 6" under pipe and 2" over pipe.
2. 2" of compressed hay over stone, or Approved filter fabric.
3. 8" of gravelly coarse sand fill, over hay/fabric.
4. Top of bed to be stabilized with loam AND SEED.

Note:
Remove organic matter and scarify soil before installing bed and fill.

Transition Horizon:

Remove the organic soil horizon from beneath the Disposal Area and fill extension Area, Mix in 6" Minimum gravelly Coarse Sand fill, then bring to grade with gravelly Coarse sand fill.

Gravelly Coarse Sand Fill Shall Have Approx.:
15%-30% gravel
2%-8% fines
No more than 2% Clay

Care should be taken to AVOID compacting the Soil under the Leach field and FILL Area. This would eliminate the Natural Soil Pores and Severely Limit the soil's Ability to handle the Waste water.