

Town Copy
150.00
15.00

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 <u>AUGUSTA</u>
Property Owner's Name:	<u>LUCY BEV LAVIGNE</u>	Tel. No.: <u>207622 7719</u>
System's Location:	<u>16 BIRCHVIEW DRIVE</u>	Cell: <u>207252 4801</u>
Property Owner's Address:	<u>SAME</u>	Zip Code <u>04330</u>
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. <u>ALLOW REDUCTION IN DISPOSAL FIELD SET BACKS</u>	<u>TABLE 8A</u>
2. <u>FROM GARAGE SLAB TO T AND PROPERTY LINE TO 5 1/2'</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.

VARIANCE REQUEST WILL ALLOW FULLY SIZED DISPOSAL FIELD UNDER DRIVEWAY AND EXISTING PARKING AREA.

I, JOHN W LORENZO, 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.

[Signature]
SIGNATURE OF SITE EVALUATOR

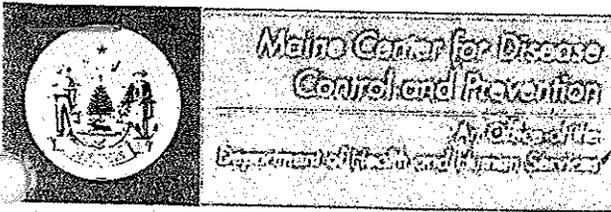
4/24/13
DATE

PROPERTY OWNER

I, Luc Lavigne, 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.

[Signature]
SIGNATURE OF OWNER
 AGENT FOR THE OWNER

4-29-13
DATE



Town Copy
150.00
15.00



Certified Soil Scientist
Licensed Site Evaluator
(Soil Tests)



JACK W. LORD
JACK W. LORD SOIL TESTS, INC.

P.O. Box 60
Palermo, ME. 04354
Fax: (207) 445-3149

China (207) 445-3402

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: LUC & BEN LAVIGNE Tel. No.: 207 622 7719

System's Location: 16 BIRCHVIEW DRIVE Cell: 207 252 4801

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.)

1. ALLOW REDUCED IN DISPOSAL FIELD SET BACKS FROM GARAGE SLAB TO 7' AND PROPERTY LINE TO 5 1/2'

SECTION OF RULE
TABLE 8A

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.

VARIANCE REQUEST WILL ALLOW FULLY SIZED DISPOSAL FIELD UNDER DRIVEWAY AND EXISTING PARKING AREA.

1. John W Lord Jr, 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.

[Signature] SIGNATURE OF SITE EVALUATOR 4/24/13 DATE

PROPERTY OWNER

1. Jac Lavigne 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.

[Signature] SIGNATURE OF OWNER 4-29-13 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. Fuller, 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. Fuller
 LPI Signature

4/26/13
 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).

Soil Profile	CHARACTERISTIC	POINT ASSESSMENT
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

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

FACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
172

PROPERTY LOCATION

Town, Plantation **AUGUSTA**
Street or Road **16 BIRCHWOOD LANE**
Subdivision, Lot #

AUGUSTA PERMIT #6780
Date Permit Issued: **4/26/13**

15.00
TOWN COPY
\$ **150.00** fee

00
00
00

OWNER/APPLICANT INFORMATION

Name (last, first, MI) **LAVIGNE, LUC + BEU** Owner Applicant
Mailing Address of **16 BIRCHWOOD LANE**
Owner/Applicant **AUGUSTA, ME 04330**
Daytime Tel. # **207 622 7719**

Mary R. Fuller

LPI # **850**

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.
Mary R. Fuller **4/29/13**
Signature of Owner or Applicant Date

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
Mary R. Fuller **5/3/13**
Local Plumbing Inspector Signature (1st) date approved (2nd) date approved

PERMIT INFORMATION

<p>TYPE OF APPLICATION</p> <p><input type="checkbox"/> 1. First Time System</p> <p><input checked="" type="checkbox"/> 2. Replacement System Type replaced: TRENCH Year installed: 1972</p> <p><input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. ≥25% Expansion</p> <p><input type="checkbox"/> 4. Experimental System</p> <p><input type="checkbox"/> 5. Seasonal Conversion</p>	<p>THIS APPLICATION REQUIRES</p> <p><input type="checkbox"/> 1. No Rule Variance</p> <p><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</p> <p><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</p> <p><input type="checkbox"/> 4. Minimum Lot Size Variance</p> <p><input type="checkbox"/> 5. Seasonal Conversion Permit</p>	<p>DISPOSAL SYSTEM COMPONENTS</p> <p><input type="checkbox"/> 1. Complete Non-engineered System</p> <p><input type="checkbox"/> 2. Primitive System (graywater & alt. toilet)</p> <p><input type="checkbox"/> 3. Alternative Toilet, specify: _____</p> <p><input type="checkbox"/> 4. Non-engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 5. Holding Tank, _____ gallons</p> <p><input checked="" type="checkbox"/> 6. Non-engineered Disposal Field (only)</p> <p><input type="checkbox"/> 7. Separated Laundry System</p> <p><input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more)</p> <p><input type="checkbox"/> 9. Engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 10. Engineered Disposal Field (only)</p> <p><input type="checkbox"/> 11. Pre-treatment, specify: _____</p> <p><input type="checkbox"/> 12. Miscellaneous Components</p>
<p>SIZE OF PROPERTY</p> <p>1 1/4 ± <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES</p>	<p>DISPOSAL SYSTEM TO SERVE</p> <p><input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____</p> <p><input checked="" type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: 2</p> <p><input checked="" type="checkbox"/> 3. Other: PUBS BEAUTY SHOP (specify)</p> <p>Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	<p>TYPE OF WATER SUPPLY</p> <p><input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private</p> <p><input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other</p>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>EXISTING TREATMENT TANK</p> <p><input checked="" type="checkbox"/> 1. Concrete SAVE + USE <input checked="" type="checkbox"/> a. Regular IF IN GOOD CONDITION <input type="checkbox"/> b. Low Profile</p> <p><input type="checkbox"/> 2. Plastic</p> <p><input type="checkbox"/> 3. Other: _____</p> <p>CAPACITY: 1000 GAL.</p>	<p>DISPOSAL FIELD TYPE & SIZE</p> <p><input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench</p> <p><input checked="" type="checkbox"/> 3. Proprietary Device <input checked="" type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input checked="" type="checkbox"/> d. H-20 load</p> <p><input type="checkbox"/> 4. Other: _____</p> <p>SIZE: 1320 sq. ft. <input type="checkbox"/> lin. ft.</p>	<p>GARBAGE DISPOSAL UNIT</p> <p><input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe</p> <p>If Yes or Maybe, specify one below:</p> <p><input type="checkbox"/> a. multi-compartment tank</p> <p><input type="checkbox"/> b. _____ tanks in series</p> <p><input type="checkbox"/> c. increase in tank capacity</p> <p><input type="checkbox"/> d. Filter on Tank Outlet</p>	<p>DESIGN FLOW</p> <p>400 gallons per day</p> <p>BASED ON:</p> <p><input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s))</p> <p><input checked="" type="checkbox"/> 2. Table 4C (other facilities) 1 BR UNIT @ 120 SP, 2 BR @ 180 SP 1 CHAIR BEAUTY SHOP @ 100 GPD</p> <p><input type="checkbox"/> 3. Section 4G (meter readings)</p> <p>ATTACH WATER METER DATA 400</p>
<p>SOIL DATA & DESIGN CLASS</p> <p>PROFILE CONDITION 1</p> <p>12/31 B/C</p> <p>at Observation Hole # 10</p> <p>Depth 260" IN FILLED CANA</p> <p>of Most Limiting Soil Factor</p>	<p>DISPOSAL FIELD SIZING</p> <p><input type="checkbox"/> 1. Medium—2.6 sq. ft. / gpd</p> <p><input checked="" type="checkbox"/> 2. Medium—Large 3.3 sq. ft. / gpd</p> <p><input type="checkbox"/> 3. Large—4.1 sq. ft. / gpd</p> <p><input type="checkbox"/> 4. Extra Large—5.0 sq. ft. / gpd</p>	<p>EFFLUENT/EJECTOR PUMP</p> <p><input checked="" type="checkbox"/> 1. Not Required</p> <p><input type="checkbox"/> 2. May Be Required</p> <p><input type="checkbox"/> 3. Required</p> <p>Specify only for engineered systems: DOSE: _____ gallons</p>	<p>LATITUDE AND LONGITUDE</p> <p>at center of disposal area</p> <p>Lat. N 44 d 20 m 38.0 s</p> <p>Lon. W 69 d 46 m 15.4 s</p> <p>if g.p.s, state margin of error: 8'</p>

SITE EVALUATOR STATEMENT

I certify that on **4/19/13** (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). **AS PER VARIANCE.**

John W. Lora, Jr. **168** **4/22/13**
Site Evaluator Signature SE # Date

John W Lora, Jr **207 445 3402** **JWLORE@FAIRPOINT.NET**
Site Evaluator Name Printed Telephone Number E-mail Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
 Division of Environmental Health, STS 11
 (207) 287-5338 FAX (207) 287-3165

Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
16 BLACKWOOD LAKE VIEW DRIVE IV

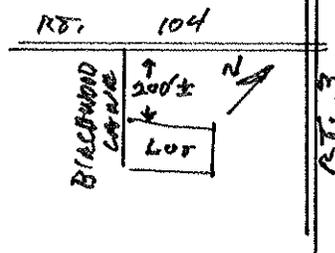
Owner or Applicant Name
LUC + BEV LAVIGNE

SITE PLAN

Scale: 1" = 40' ft.

SITE LOCATION MAP

(Attach Map From Maine Atlas for First Time System Variance)



REPLACEMENT SYSTEM TO BE
 IN AREA OF FAILED SYSTEM
 AND OLD FILL MATERIALS.
 REPLACE UNSUITABLE FILL
 WITH NEW FILL AS NEEDED.

12' x 56' CONCRETE CHAMBER
 SYSTEM, TWENTY-ONE 4' x 8'
 END ENTRY 4' x 20' CHAMBERS
 LEVEL CLUSTER LAYOUT

REMOVE ANY SATURATED SOILS
 FROM OLD FAILED SYSTEM AND
 INSTALL NEW GRAVELLY COARSE
 SAND FILL

EXISTING SEPTIC
 TANK

GARAGE
 ON
 SLAB

FLAGRA BOX FLORA TAKE (EAD)

BLACKWOOD LAKE

PINE ROAD FRONTAGE

CENTRAL ST

PIN

PROPERTY LINE AS MARKED BY OWNER

STEEP
 SLOPE 150%
 TO
 BROOK

TO
 BANK

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # **TB** Test Pit Borings

Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
0			
6			
12			
18	FRAGILE TO	VARIOUS	NONE
24			OBS.
30	LOOSE		
36			
42			
48			

Observation Hole # Test Pit Boring

Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
0			
6			
12			
18			
24			
30			
36			
42			
48			

SOILS IN AREA
 3C
 PROBLEMATICAL SITE ON
 OLD FILLED URBAN LAND.

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
12/3	B/C	level	> 60	

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

John [Signature]
 Site Evaluator Signature

168
 SE #

4/22/13
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
 Division of Environmental Health, STS 11
 (207) 287-5338 FAX (207) 287-3165

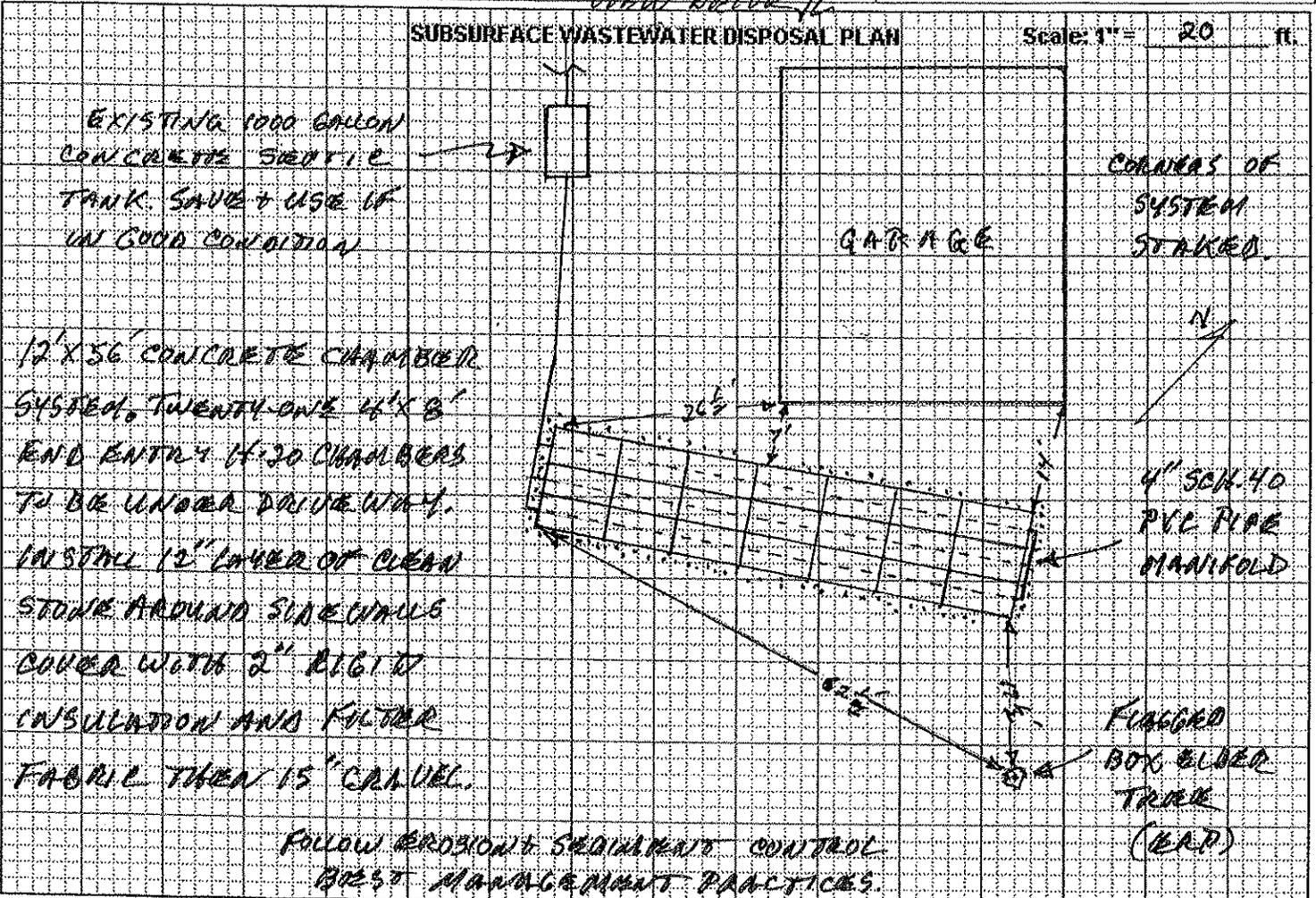
Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
16 BIRCHWOOD LAKE
VIEW DRIVE #1

Owner or Applicant Name
LUCY BEV LA VIGNE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS

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

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -30"
 Top of Distribution Pipe or Proprietary Device -47"
 Bottom of Disposal Field -60"

ELEVATION REFERENCE POINT (ERP)

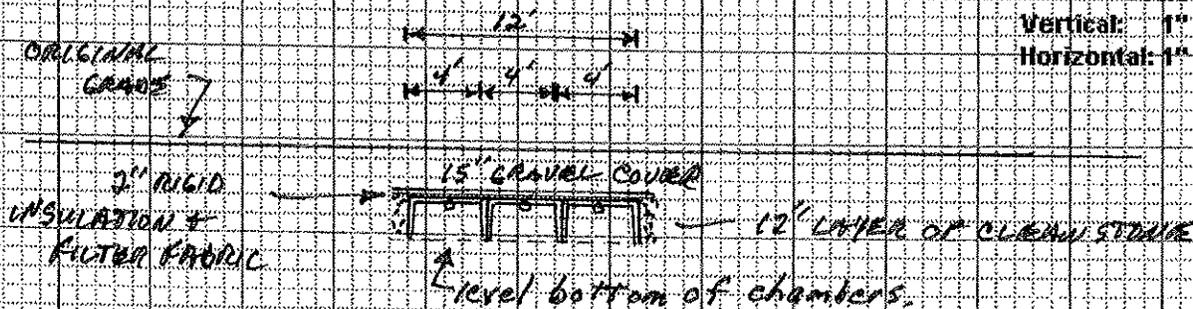
Location & Description: FAGGED NAIL IN TREE 50" ABOVE GRADE AT TREE
 Reference Elevation is: 0.0" \pm

DISPOSAL FIELD CROSS SECTION

Scales:

Vertical: 1" = _____ ft.

Horizontal: 1" = _____ ft.



REMOVE SATURATED SOILS AND UNSUITABLE OLD FILL MATERIALS AND INSTALL NEW GRAVELLY COVER SAND FILL AS NEEDED.

REFER TO MAINE STATE PLUMBING CODE AND MANUFACTURER'S SPECIFICATIONS.

[Signature]
 Site Evaluator Signature

168
 SE #

8/22/13
 Date