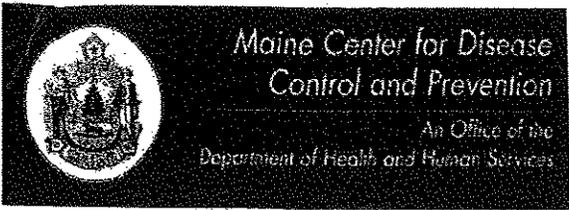


map 6/01 452

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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: BLACK, OWENA EST. OF Tel. No.: 622-2220 ^{CHARIS} VALLET

System's Location: 529 RIVERSIDE DRIVE

Property Owner's Address: KATHY GREEN, VALLEE REAL ESTATE Zip Code _____

e-mail address: 89 WATER STREET, HALLOWELL, ME 04347

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>3390 FILL EXT.</u>	<u>8.B.S.C.</u>
2. _____	_____
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.

ATTACHMENT YES NO

I, STEPHEN P. ROBBINS, 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.

Stephen P. Robbins 13 AUG 16
SIGNATURE OF SITE EVALUATOR DATE

PROPERTY OWNER

I, _____, 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] 8-30-16
 SIGNATURE OF OWNER 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. Frittle, 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. Frittle
LPI Signature

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		
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

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 <i>PIE CC 8/30/16</i>	AUGUSTA PERMIT #7278 Date Permit Issued: <i>8/30/16</i> \$ <i>150.00</i> fee <i>Harry R. Fortin</i> LPI # <i>850</i>	
Street or Road	529 Riverside Drive		
Subdivision, Lot #	6/45E		
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	Black, Owena est. of	<input checked="" type="checkbox"/> Owner	
		<input type="checkbox"/> Applicant	
Mailing Address of Applicant	Kathy Greene, Vallee Real Estate		
	89 Water Street, Hallowell, ME 04347		
Daytime Tel #	Chris Vallee, 622-2220	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		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal rules Application. _____ (1st) date approved	
<i>Chris Vallee</i> Signature of Owner or Applicant		<i>Chris Vallee</i> Local Plumbing Inspector Signature	
Date <i>8-30-16</i>		(2nd) date approved	

PERMIT INFORMATION			
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: Trench Year installed: 1954? <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	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 Pmit	DISPOSAL SYSTEM COMPONENTS <input 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 checked="" 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 checked="" type="checkbox"/> 12. Miscellaneous components pump station	
SIZE OF PROPERTY 0.63 <input type="checkbox"/> SQ.FT. <input checked="" type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedroom: 4 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ Specify _____	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	
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete EXISTING <input 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 <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. Cluster array <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> c. Linear <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: Size: 1,200 <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 2 CONDITION AI DESIGN at Observation Hole # 2 Depth 9" of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. <input checked="" type="checkbox"/> 2. Medium--2.6 sq. st. / gpd <input type="checkbox"/> 3. Medium--Large 3.3 sq. f./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 959 s Lon. 69 d 44 m 805 s if g.p.s., state margin or error: _____

SITE EVALUATOR STATEMENT

I certify that on **13 August 2016** (date) I completed a plan review 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).

Stephen P. Robbins **S.E. # 301** **6/13/2016**
 Site Evaluator Signature
 Stephen P. Robbins 377-6707 narrowspd@aol.com

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HHE-200 Rev. 8/11

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

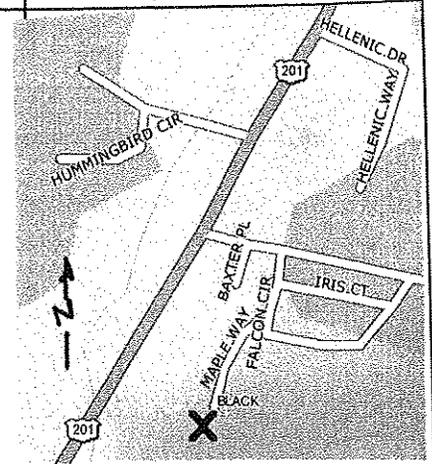
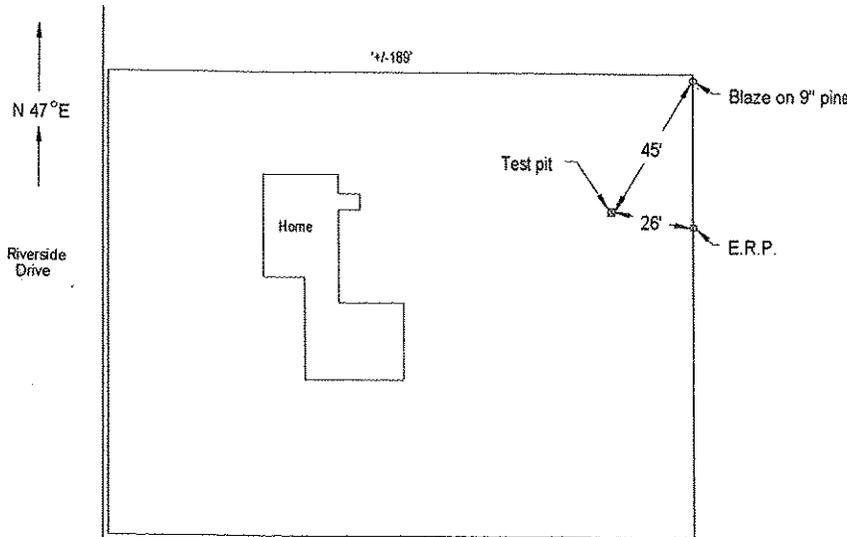
Town, City, Planation
Augusta

Street, Road Subdivision
529 Riverside Drive,

Owner's Name
Black, Owena est. of

SITE PLAN

Scale 1" = **60 Ft.**
 or as shown



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

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

Observation Hole **#2** Test Pit Probes
 2" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	Sandy loam	Friable	Brown	None evident
10			Yellow brown	
15				
20				
25				
30				
40				
50				

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
10				
15				
20				
25				
30				
40				
50				

Soil Classification **2** Slope **9%** Limiting Factor **14"** Ground Water Restrictive Layer Bedrock Pit Depth

Soil Classification **2** Slope **9%** Limiting Factor **9"** Ground Water Restrictive Layer Bedrock Pit Depth

Stephen P. Robbins

301

6/13/2016

Page 2 of 4

Site Evaluator Signature

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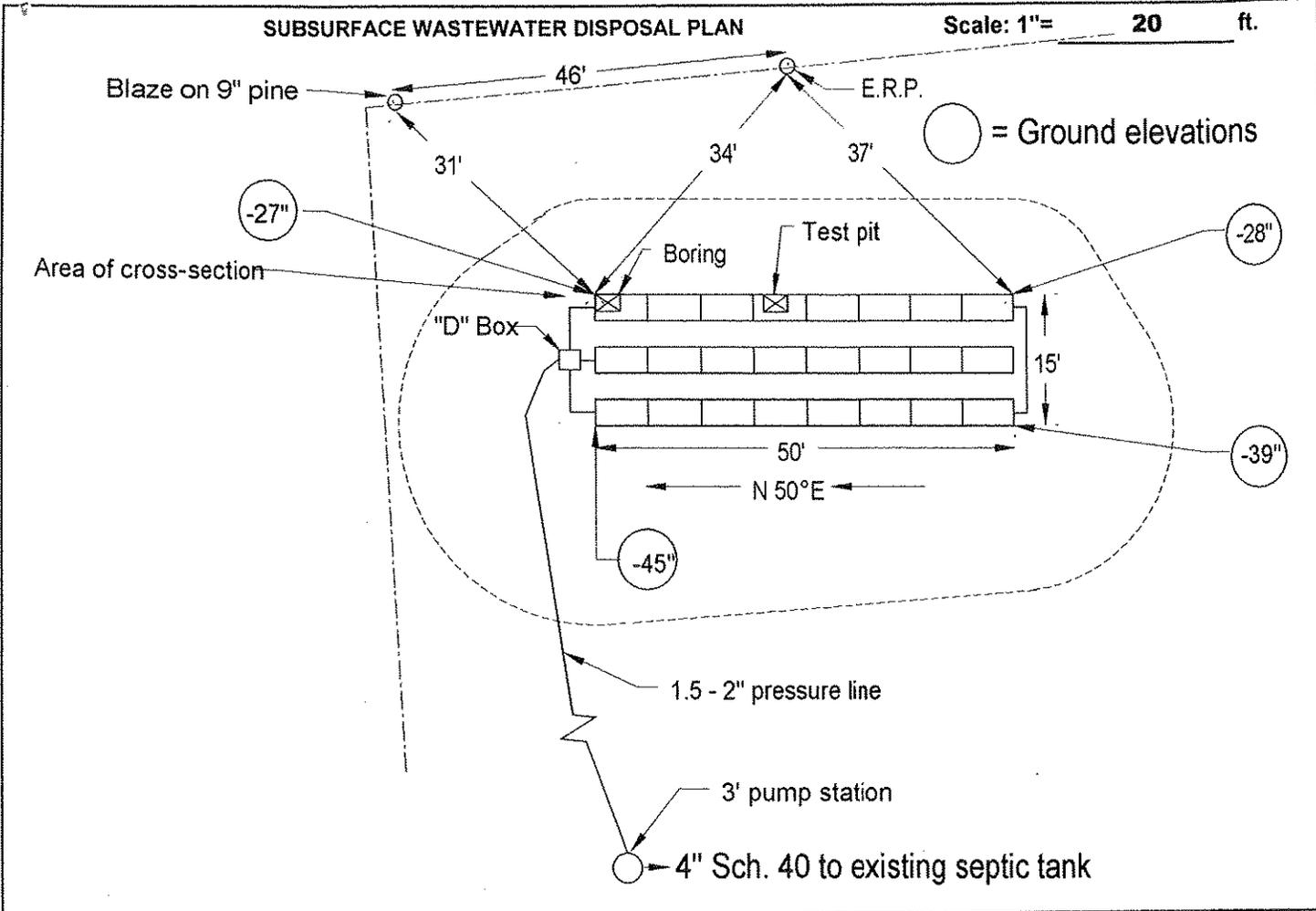
Date

HHE-200 Rev 7/97

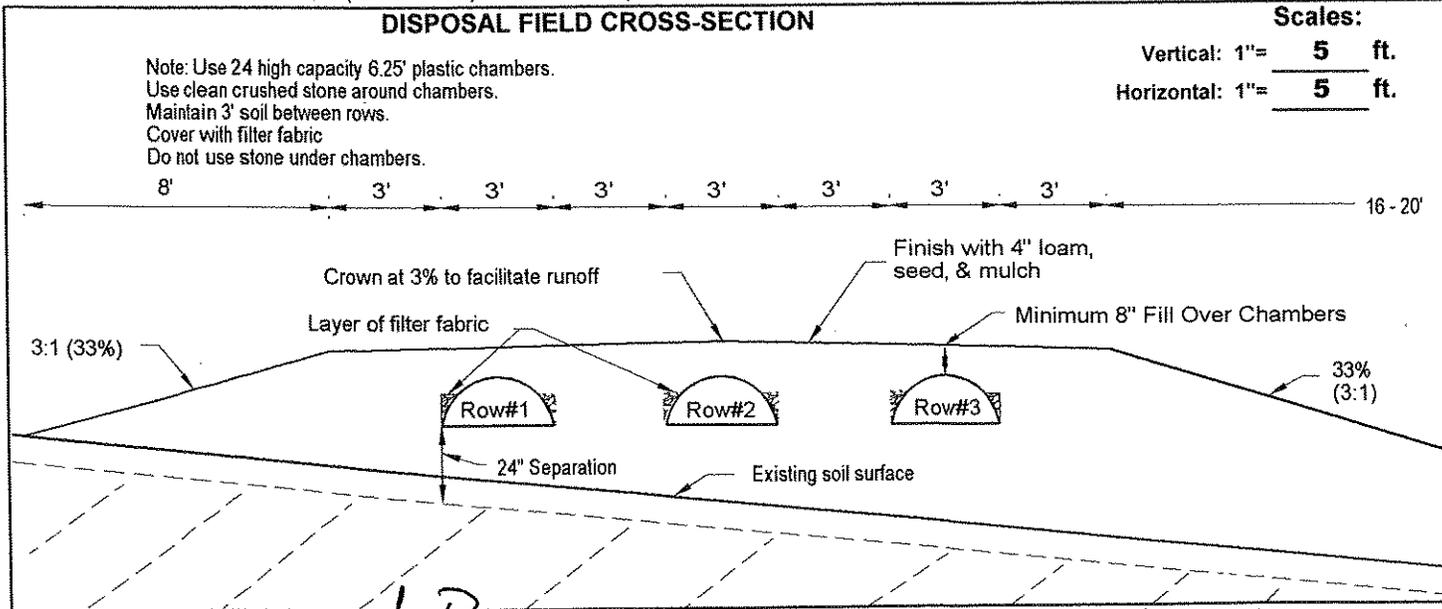
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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 529 Riverside Drive,	Owner or Applicant Name Black, Owena est. of
--	--	--



BACKFILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Backfill (upslope) <u>39</u> "	Finished Grade Elevation <u>+11</u> "	Location & Description: <u>Nail in</u>
Depth of Backfill (downslope) <u>50 - 56</u> "	Top of Distribution Pipe or Proprietary Device <u>+03</u> "	<u>11" pine, 7" from ground</u>
DEPTHS AT CROSS-SECTION (shown below)	Bottom of Disposal Field <u>-13</u> "	Reference Elevation is : 0.0' or:



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. Owner's well & shoreline setback can be reduced to 50' if a 1 piece water-tight tank is used.
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; or a SoilAir or other GeoMatrix products are included in this design; the designer may have 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.