

REPLACEMENT SYSTEM VARIANCE REQUEST

FORMS

TOWN \$ 120.00

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 an 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 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 BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

GENERAL INFORMATION

Town of Augusta

Permit No. 5329 Date Permit Issued 7-15-04

Property Owner's Name: Mark Dawson Tel. No.: 621-2824

System's Location: 2218 North Belfast Avenue

Property Owner's Address: Same

(if different from above)

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. 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.

Mark Dawson 7/8/04
SIGNATURE OF OWNER DATE

LOCAL PLUMBING INSPECTOR

I, Gary 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 (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, the reasons shall be stated in **Comments** Section below as to why the proposed replacement system is not being recommended.

Comments: _____

Gary R. Fuller 7/15/04
LPI SIGNATURE DATE

FORMS

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPT'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
SOILS								
Soil Profile	Ground Water Table			to 7"			10"	inches
Soil Condition	Restrictive Layer			to 7"			10"	inches
from HHE-200	Bedrock			to 12"				
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
water usage of 2000 or more lic water supply wells	300 ft [a]	300 ft [a]	300 ft [a]	100 ft [a]	100 ft [a]	100 ft [a]		
wells	100 down to 60 ft	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 [b]	200 down to 120 ft [b]	300 down to 180 ft [b]	100 down to 50 ft [b]	100 down to 75 ft [b]	100 down to 75 ft [b]		
Water supply line	10 ft [a]	20 ft [a]	25 ft [a]	10 ft [a]	10 ft [a]	10 ft [a]		
Water course, major - for replacements only, see Table 400.4 for major expansions	100 down to 60 ft	200 down to 120 ft	300 down to 180 ft	100 down to 50 ft	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft	100 down to 50 ft	150 down to 75 ft	50 down to 25 ft	50 down to 25 ft	50 down to 25 ft		
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 [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]		
Slopes greater than 3:1	10 ft	18 ft	25 ft	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		
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]		
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. Fill extension Grade - to 3:1								
2.								
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 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 onto abutting property.
 [d.] Additional setbacks may be required by local Shoreland zoning.
 [e.] 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.
 [f.] May not be any closer to neighbors 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.

Kenneth E. Stralitz SE157 6/23/04
 SITE EVALUATOR'S 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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of 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>7/15/04</u> 5329 TOWN/DROPY \$ <u>120</u> <input type="checkbox"/> Double Fee Charged L.P.I. # <u>850</u> _____ Local Plumbing Inspector Signature	
Street or Road	2218 N. Belfast Ave.		
Subdivision, Lot #	N/A		
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	Dawson, Mark <input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	2218 N. Belfast Ave. Augusta, ME 04330		
Daytime Tel. #	(207) 621-2824	Municipal Tax Map # <u>6</u> Lot # <u>69</u>	

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. <u>Mark B. Dawson</u> <u>7/8/04</u> 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. <u>Mark R. Guller</u> <u>8/19/04</u> Local Plumbing Inspector Signature (2nd) date approved
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PERMIT INFORMATION		
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>Trench</u> Year Installed: <u>Early 1970s</u> <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"/> Local Plumbing Inspector Approval <input type="checkbox"/> 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 & all. 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 <u>0.4 ±</u> <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 Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) 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"/> 2. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 3. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1000</u> GAL.	DISPOSAL FIELD TYPE & SIZE <input 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"/> Linear <input checked="" type="checkbox"/> regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>1350</u> <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 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 <u>270</u> 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 <u>9</u> CONDITION <u>D</u> DESIGN <u>13</u> at Observation Hole #. <u>1</u> Depth <u>10</u> " 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. ft. / gpd <input type="checkbox"/> 3. Medium---Large 3.3 sq. ft. / gpd <input type="checkbox"/> 4. Large---4.1 sq. ft. / gpd <input checked="" type="checkbox"/> 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: <u>Min. 50</u> gallons	

SITE EVALUATOR STATEMENT		
I certify that on <u>6/11/04</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).		
<u>Kenneth G. Stratton</u> Site Evaluator Signature	<u>157</u> SE #	<u>6/23/04</u> Date
<u>Kenneth G. Stratton</u> Site Evaluator Name Printed	<u>(207) 377-6068</u> Telephone Number	<u>ferufancier@hotmail.com</u> E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator. HHE-200 Rev. 8/01

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation

Augusta

Street, Road, Subdivision

2218 N. Belfast Ave.

Mark Dawson

Owner's Name

SITE PLAN

Scale 1" = 40 Ft.
or as shown

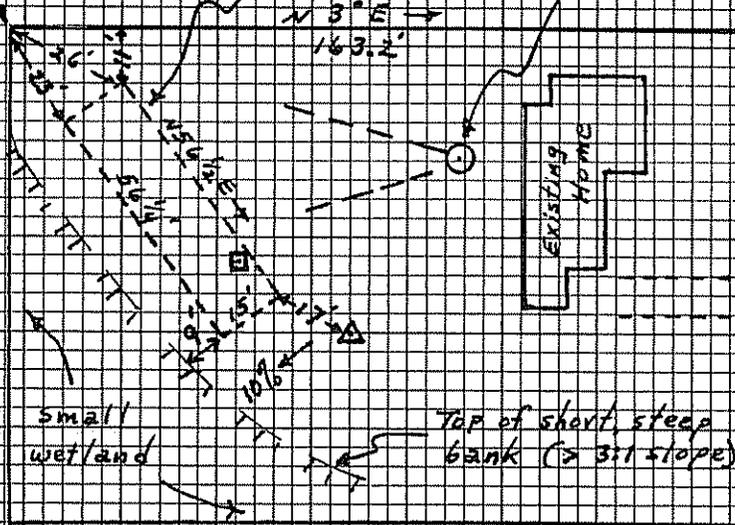
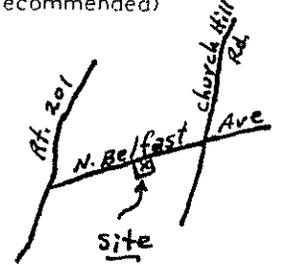
SITE LOCATION PLAN
(Map from Maine Atlas recommended)

Property corner indicated by owners.

Proposed site of replacement system

Existing metal septic tank & trench

TRUE N



Mag. N

□ = Soil Test Site
△ = ERP

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

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

Texture	Consistency	Color	Mottling
0 Gravelly loam (old fill)	Fractable	Brown	None
10 silt loam to silty clay loam	slightly firm to firm	olive	Common & distinct
20			
30			
40			
Soil Identification	Soil Slope	Limiting Layer	Ground Water
9 Profile	D Condition	10 10"	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Pasture <input type="checkbox"/> Barren <input type="checkbox"/> Pit Depth

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

Texture	Consistency	Color	Mottling
0			
10			
20			
30			
40			
Soil Identification	Soil Slope	Limiting Layer	Ground Water
			<input type="checkbox"/> Ground Water <input type="checkbox"/> Pasture <input type="checkbox"/> Barren <input type="checkbox"/> Pit Depth

Kenneth G. Stathis
Site Evaluator Signature

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6/23/04

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Department of Human Services
 Division of Health Engineering
 (207) 287-5672 FAX (207) 287-4172

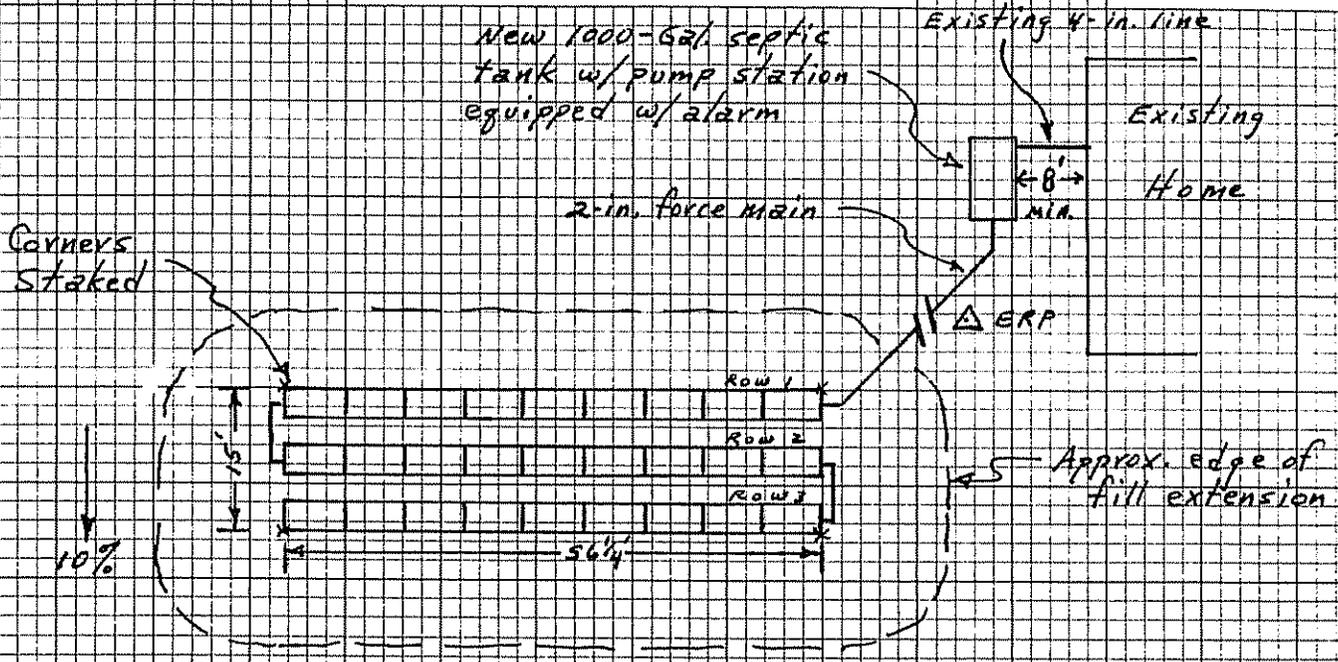
Town, City, Plantation
Augusta

Street, Road, Subdivision
2218 N. Belfast Ave.

Owner's Name
Mark Dawson

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



NOTE: This design requires installation of 27 high capacity Infiltrator units, or the equivalent, set for serial distribution.

FILL REQUIREMENTS

Depth of Fill (Upslope) 27"
 Depth of Fill (Downslope) 30"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation (see Attached)
 Top of Distribution Pipe or Proprietary Device _____
 Bottom of Disposal Area _____

ELEVATION REFERENCE POINT

Location & Description Nail in 40-in. willow tree NE of disposal site.
 Reference Elevation 0"

DISPOSAL AREA CROSS SECTION

(See Attached)

SCALE
 VERTICAL: 1" = 5'
 HORIZONTAL: 1" = 5'

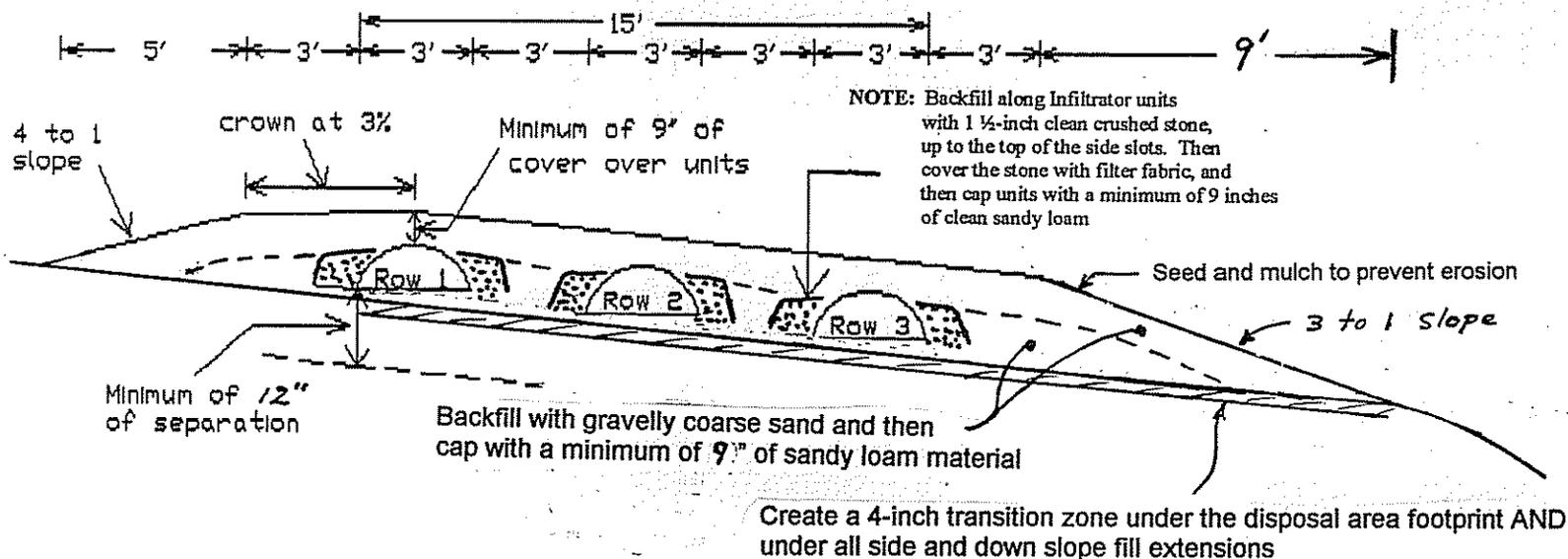
Kenneth E. Strath

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6/23/04

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ATTACHMENT TO FORM HHE-200



Reference elevation = 0'

<u>ELEVATION NOTES</u>			
	<u>Top of Infiltrators</u>	<u>Bottom of Infiltrators</u>	<u>Final Grade</u>
ROW 1	-20 "	-36 "	-11 "
ROW 2	-27 "	-43 "	-18 "
ROW 3	-34 "	-50 "	-25 "

Depth of Fill (Upslope) = 27"

Depth of Fill (Downslope) = 30"

DISPOSAL AREA CROSS SECTION

SCALE: 1" = 5' (both horizontal & vertical)