REPLACEMENT SYSTEM VARIANCE REQUEST

TOWN COPY 95.00

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. 5110 Date Permit Issued 7/1/03

Property Owner's Name: ELWOOD POLLIS Tel. No.:

System's Location: 111 CHURCHILL RD. AUGUSTA ME 04330

Property Owner's Address:

(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.

Elwood Pollis — SIGNATURE OF OWNER

7-1-03 — DATE

LOCAL PLUMBING INSPECTOR

I, Gary R. Miller, 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. Miller — LPI SIGNATURE

7/1/03 — DATE

HHE-204 Rev 10/02

RECEIVED JUL 01 2003 By

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
SOILS								
Soil Profile	Ground Water Table			to 7"				inches
Soil Condition	Restrictive Layer			to 7"				inches
from HHE-200	Bedrock			to 12"				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 supply wells	300 ft [a]	300 ft [a]	300 ft [a]	100 ft [a]	100 ft [a]	100 ft [a]		
Owner's 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	72'	
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	12'	
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]	5'	
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.

SITE EVALUATOR'S SIGNATURE — DATE: 6/27/03

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

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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
Street Road	CHURCHILL RD
Subdivision, Lot #	

AUGUSTA 5110 TOWN COPY
Date Permit Issued: 7/1/03 $ 195.00 ☐ If Double Fee Charged
Local Plumbing Inspector Signature L.P.I. # 850

OWNER/APPLICANT INFORMATION

Name (last, first, MI): POLLIS, ELWOOD ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 111 CHURCHILL RD, AUGUSTA ME 04330

Daytime Tel. #

Municipal Tax Map # 7 Lot # 2

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 — Date 7-1-03

CAUTION: INSPECTION REQUIRED
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 — (1st) date approved 7/15/03 — (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION
- ☐ 1. First Time System
- ☒ 2. Replacement System
  - Type replaced: OLD TRENCH
  - Year Installed: < 1965
- ☐ 3. Expanded System
  - ☐ a. Minor Expansion
  - ☐ b. Major 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
13,680± ☒ 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 (EXISTING) ☐ 2. Dug Well ☐ 3. Private
- ☐ 4. Public ☐ 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
- ☒ 1. Concrete (EXISTING) 3 YRS. OLD
  - ☒ a. Regular
  - ☐ b. Low Profile
- ☐ 2. Plastic
- ☐ 3. Other: _____
- CAPACITY: 1000 GAL.
- (SAVE + USE IF IN GOOD CONDITION)

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: _____ ☐ 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 501.1 (dwelling unit(s))
- ☐ 2. Table 501.2 (other facilities)

SHOW CALCULATIONS — for other facilities —
- ☐ 3. Section 503.0 (meter readings) ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION DESIGN
12 / FILLED SITE
at Observation Hole # TP-1
Depth >60"
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING
- ☐ 1. Small—2.0 sq. ft. / gpd
- ☐ 2. Medium—2.6 sq. ft. / gpd
- ☒ 3. Medium—Large 3.3 sq. ft / gpd
- ☐ 4. Large—4.1 sq. ft. / gpd
- ☐ 5. Extra Large—5.0 sq. ft. / gpd

SOILS IN AREA - SAND & LOAM

EFFLUENT/EJECTOR PUMP
- ☒ 1. Not Required
- ☐ 2. May Be Required
- ☐ 3. Required

Specify only for engineered systems:
DOSE: _____ gallons

SITE EVALUATOR STATEMENT

I certify that on 6-23-03 (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 — SE # 168 — Date 6-26-03

Site Evaluator Name Printed: JOHN W. LORD JR. — Telephone Number: 445-3402 — E-mail Address:

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.
DESIGN SUBJECT TO LOCAL, STATE + FEDERAL ORDINANCES.

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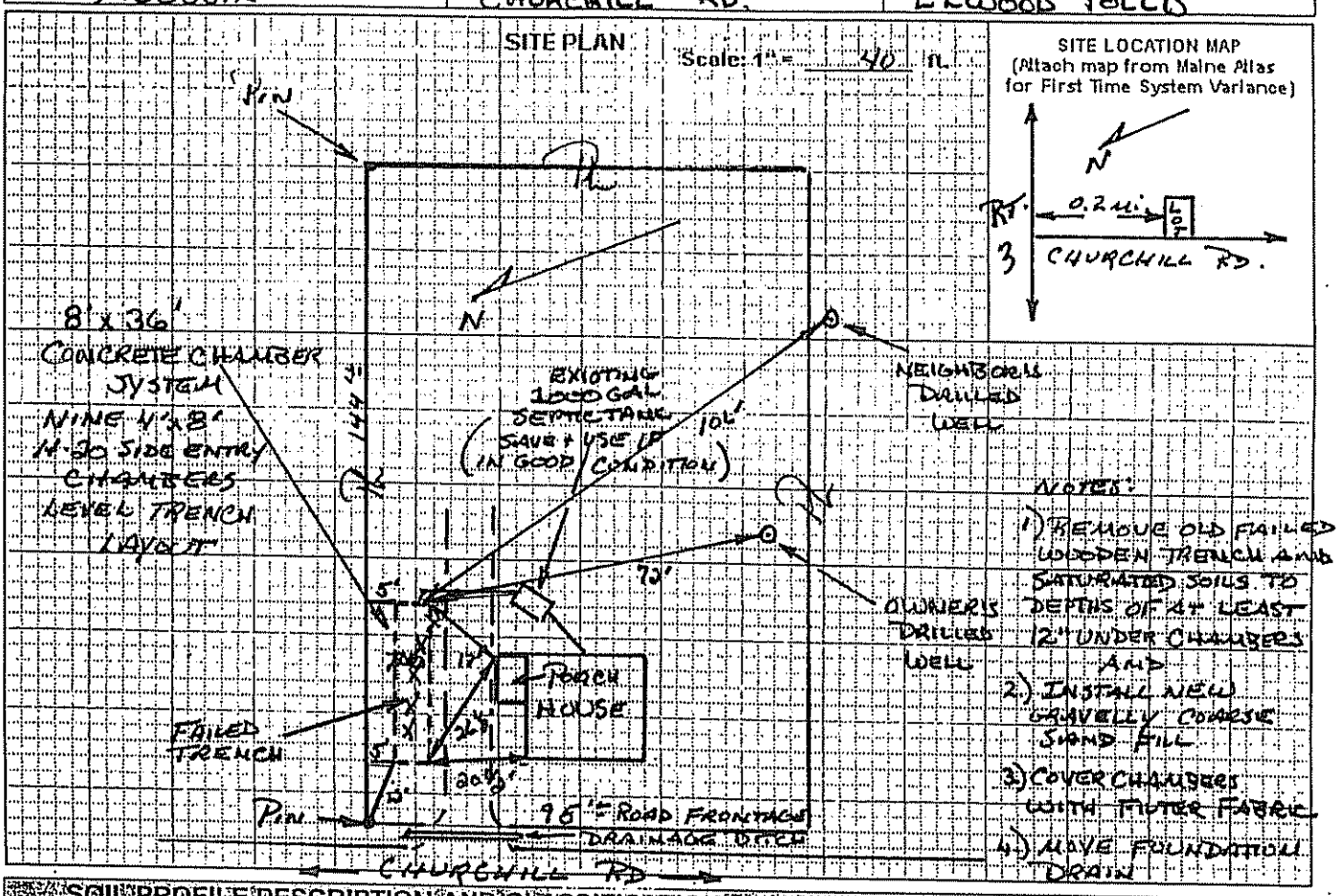
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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	CHURCHILL RD.	ELWOOD POLLIS



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

Observation Hole # TP 1 ☐ Test Pit ☐ Boring

ONE " Depth of organic horizon above mine al soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	MIXED			
6–12	GRAVEL	MIXED		
12–18	+	LOOSE	MIXED	NONE
18–24	OLD	+		
24–30	FILL	FRIABLE		
30–36	FOR	TO	BROWNS	EVIDENT
36–42	WOODEN	60"		TO
42–48	TRENCH			60'

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
12	FILLED LAND	(Level)	>60	☐ Groundwater ☐ Restrictive Layer ☐ Bedrock

Observation Hole # _____ ☐ Test Pit ☐ Boring

_____ " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6				
6–12				
12–18				
18–24				
24–30				
30–36				
36–42				
42–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
				☐ Groundwater ☐ Restrictive Layer ☐ Bedrock

SOILS ON AREA SANDY LOAM USING NL STRONG.

Site Evaluator Signature _____ SE # 168 Date 6-26-03

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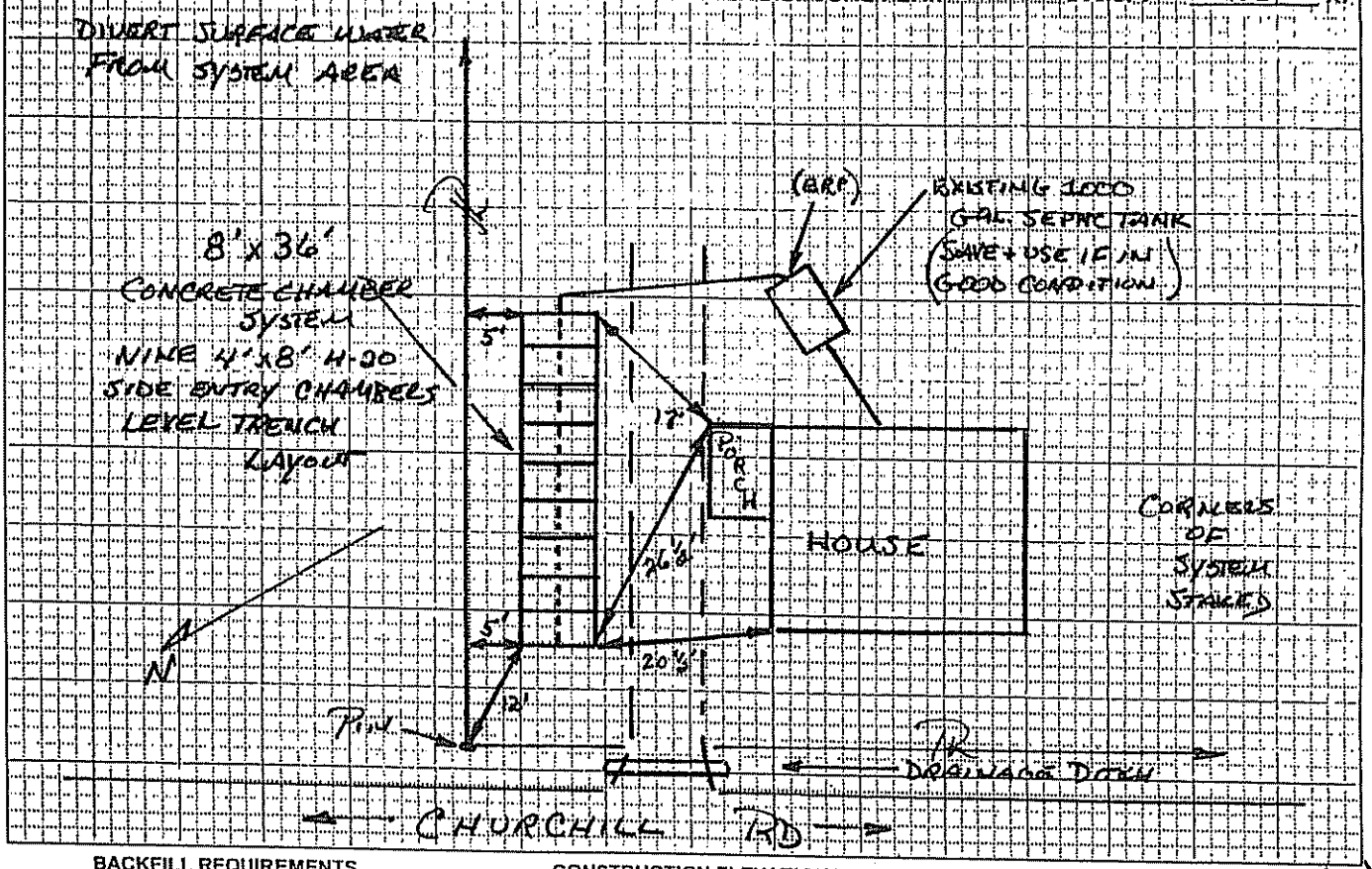
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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	CHURCHILL RD	ELWOOD POLLIS

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS

Depth of Backfill (upslope) – REMOVE +
Depth of Backfill (downslope) REPLACE
DEPTHS AT CROSS-SECTION (shown below) 36" FILL

CONSTRUCTION ELEVATIONS

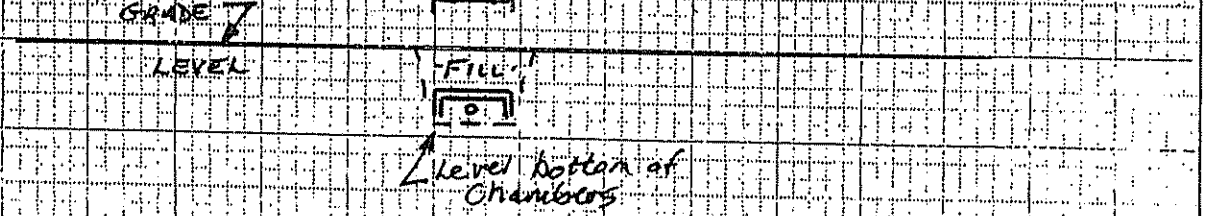
Finished Grade Elevation – INLET OF SYSTEM
Top of Distribution Pipe or Proprietary Device TO BE 24" BELOW
Bottom of Disposal Field OUTLET OF EXISTING SEPTIC TANK

ELEVATION REFERENCE POINT (ERP)

Location & Description: BOTTOM OF OUTLET OF EXISTING SEPTIC TANK
Reference Elevation is: 0.0" ~~or~~: TANK

DISPOSAL FIELD CROSS SECTION

Scales:
Vertical: 1" = 10 ft.
Horizontal: 1" = 5 ft.



NOTES:

1) REMOVE OLD FAILED TRENCH AND SATURATED SOILS TO DEPTH OF AT LEAST 12" UNDER CHAMBERS
2) INSTALL NEW GRAVELLY COARSE SAND FILL IN SYSTEM AREA
3) COVER CHAMBERS WITH FILTER FABRIC
4) MOVE FOUNDATION DRAIN
5) REFER TO ME. STATE PLUMBING CODE FOR FURTHER INSTRUCTIONS

Site Evaluator Signature | 168 SE # | 6-26-03 Date

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
11 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0011

ANGUS S. KING, JR.
GOVERNOR

KEVIN W. CONCANNON
COMMISSIONER

WELL SETBACK RELEASE FORM

We, the undersigned, are the owner(s) of the well and/or property herein described. We have read and understand the following information concerning the proposed separation distance between our well and the subsurface waste water disposal system for which a variance is being requested. We are prepared to accept any risk that the subsurface waste water disposal system may pose to our well.

All wells should be located a safe distance from all possible sources of contamination; in this case a subsurface waste water disposal system. The Maine Subsurface Waste Water Disposal Rules require a minimum of 100 feet between a disposal system and a well.

Since the safety of a well primarily depends on considerations of good well construction, geology and adequate maintenance of the subsurface waste water disposal system, the best means of protecting the well water quality is to maintain the maximum distance between a well and a disposal system. The Department of Human Services suggests that a maximum setback distance should be maintained.

The separation distance between our well and the subsurface wastewater disposal system for which this well release approval is requested is: component DISPOSAL SYSTEM / 72 feet.
component _____ / _____ feet

Address of Property with Disposal System: 111 CHURCHILL RD. AUGUSTA ME 04330
(Include Municipal Book & Page No. or Map & Lot No.) _____

Owner(s) of Property with Disposal System: ELWOOD POLLIS

Address of Property with Well: 111 CHURCHILL RD AUGUSTA ME 04330
(Include Municipal Book & Page No. or Map & Lot No.) _____

Owner(s) of Property with Well: ELWOOD POLLIS

We, the undersigned, release the site evaluator, well driller, the municipality and the State of Maine from liability should our well become contaminated. (Note: If the subject well has more than one owner, all well owner signatures must appear on this document.)

Well Owner(s) Signature _____ **Date** _____

_____ **Date** _____

****

State of Maine

County of _____, ss

Date _____

Then personally appeared the above named _____ (and _____

_____) and (severally) acknowledged the foregoing instrument to be his (or their) free act and deed.

Before me, _____
Justice of the Peace or Notary Public

HHE-306 Rev 3/97

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