



STATE OF MAINE
 DEPARTMENT OF HUMAN SERVICES
 DIVISION OF HEALTH ENGINEERING
 REPLACEMENT SYSTEM VARIANCE REQUEST

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. 1903)
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.

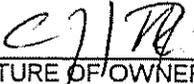
GENERAL INFORMATION		Town of <u>Augusta</u>
Permit No. <u>4097</u>		Date Permit Issued <u>12/28/78</u>
Property Owner's Name: <u>Charles L. Johnson III</u>		Tel. No.: <u>626-0188</u>
System's Location: <u>Route 3, Augusta, Maine</u>		
Property Owner's Address: <u>RR 10, Box 1200</u>		
(if different from above) <u>Augusta, Maine 04330</u>		

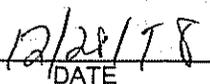
SPECIFIC INSTRUCTIONS TO THE:
LOCAL PLUMBING INSPECTOR (LPI):
 If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the 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.


 SIGNATURE OF OWNER

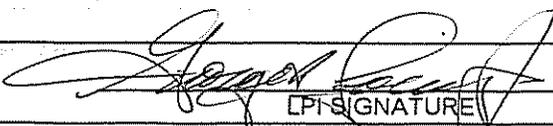

 DATE

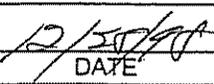
LOCAL PLUMBING INSPECTOR
 I, George H. Bennett, the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement Variance Request, the Application, and my on-site investigation, 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, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: _____


 LPI SIGNATURE


 DATE

Replacement System Variance Request

VARIANCE CATEGORY	VARIANCE REQUESTED		LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS						
Soil Profile	Ground Water Table		to 7"		7 inches	
Soil Condition from HHE-200	Restrictive Layer		to 7"		9 inches	
	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	Less Than 1000 gpd	1000 to 2000 gpd	To	To
Wells with water usage of 2000 or more gpd	300 ^a ft	300 ^a ft	100 ^a ft	100 ^a ft		
Owner's wells	100 down to 50 ft	200 down to 100 ft	100 ^b down to 50 ft	100 down to 50 ft		
Neighbor's wells	100 ^b down to 60 ft	200 ^b down to 120 ft	100 ^b down to 50 ft	100 ^b down to 75 ft		
Water supply line	10 ft ^a	20 ft ^a	10 ft ^a	10 ft ^a		
Water course, major - for replacements only, see Table 400.4 for exempted expansions	100 down to 60 ft	200 down to 120 ft	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft	100 down to 50 ft	50 down to 25 ft	50 down to 25 ft		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	25 down to 12 ft	25 down to 12 ft		
Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams (edge of fill extension)	25 ft ^d	25 ft ^d	25 ft ^d	25 ft ^d		
Slopes greater than 3:1	10 ft	18 ft	N/A	N/A		
No full basement [e.g. slab, frost wall, columns]	15 down to 7 ft	30 down to 15 ft	8 down to 5 ft	14 down to 7 ft		
Full basement [below grade foundation]	20 down to 10 ft	30 down to 15 ft	8 down to 5 ft	14 down to 7 ft		
Property lines	10 down to 5 ^c ft	18 ft down to 9 ^c ft	10 ft down to 4 ^c ft	15 ft down to 7 ^c ft		
Burial sites or graveyards, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft		

OTHER

1. Fill extension Grade - to 3:1

2.

3.

Footnotes:

- a. This setback distance cannot be reduced by the LPI, but may be considered for reduction by State variance.
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 (or 200 ft. for 1000-2000 gpd) feet and closer to that well than the system it is replacing.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope or property line.
- d. Natural Resources Protection Act requires a 25 foot setback on slopes with less than 20% from the edge of disturbance and 100 feet on slopes greater than 20% except for the repair or installation of a replacement system when no practical alternative exists.

William J. Noble S.E. 75

 SITE EVALUATOR'S SIGNATURE

12-23-98

 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

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

PROPERTY LOCATION

Town or Location: Augusta

Street Subdivision Lot #: Route 3 No Belfast Ave

AUGUSTA 4097 TOWN COPY

Date Permit Issued: 12/23/98 \$ 120.00 FEE If Double Fee Charged

[Signature] L.P.I. # 122A

Local Plumbing Inspector Signature

PROPERTY OWNERS NAME

Last: Johnson III First: Charles L.

Mailing Address of Owner: RR 10, Box 1200
Augusta, Maine 04330

Daytime Tel. #: (207) 626-0188

Municipal Tax Map # 7 Page # 6

Caution: Inspection Required

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

[Signature] Date Approved

Local Plumbing Inspector Signature

Owner Statement

I state 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] 12/23/98

Signature of Owner/Applicant Date

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- First Time System
- Multi-User System
- Replacement System
- Expanded System
 - One-time exempted
 - Non-exempted
- Experimental System
- Seasonal Conversion

THIS APPLICATION REQUIRES:

- No Rule Variance
- First Time System Variance (Municipal)
- First Time System Variance (State)
- Replacement System Variance
 - Local Plumbing Inspector approval
 - State & Local Plumbing Inspector approval
- Minimum Lot Size Variance
- Seasonal Conversion Variance

DISPOSAL SYSTEM COMPONENT(S)

- Non-Engineered System
- Primitive System
- Alternative Toilet
- Non-Engineered Treatment Tank
Specify _____
- Holding Tank _____ Gallons
- Non-Engineered Disposal Area (only)
- Separated Laundry System
- Engineered System (+2000 gpd)
- Engineered Treatment Tank (only)
- Engineered Disposal Area (only)

SIZE OF PROPERTY

1 ± acre

DISPOSAL SYSTEM TO SERVE:

- Single Family Dwelling Unit
- Multiple Family Dwelling Unit
Number of Units _____
- Other _____
SPECIFY _____

SHORELAND ZONING

Yes No

TYPE OF WATER SUPPLY

existing drilled well

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- Concrete (existing)
 - Regular
 - Low Profile
- Plastic

SIZE 1000 Gallons

DISPOSAL AREA TYPE/SIZE

- Stone Bed 900 Sq. Ft.
- Proprietary Device _____ Sq. Ft.
 - Clustered Linear
 - Regular H-20
- Trench _____ Lin. Ft.
- Other _____

GARBAGE DISPOSAL UNIT

- No
- Yes
 - Multi-compartment tank
 - Tank in series
 - Increase in tank capacity
 - Filter on tank outlet

CRITERIA USED FOR DESIGN FLOW
(Show Calculations)

180 gpd for 2-bedroom dwelling from Table 901.1 of SSWD Rules (6-1-98 version)

180 gpd x 5.0 sf/gpd = min. of 900 sq. ft. disposal field area required

DESIGN FLOW: 180 gpd
(Gallons/Day)

PROFILE & DESIGN CLASS

PROFILE	DESIGN
<u>9-D</u>	<u>3</u>

DEPTH TO MOST LIMITING FACTOR 7"

DISPOSAL AREA SIZING

- Small 2.0
- Medium 2.60
- Medium-Large 3.30
- Large 4.10
- Extra-Large 5.00

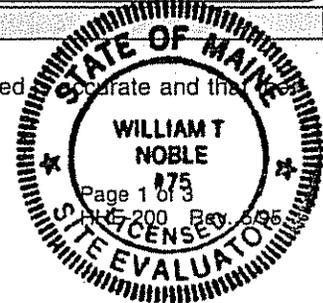
PUMPING

- Not required
- May be required
- Required
per _____ DOSE mfr. Gallons

SITE EVALUATOR'S STATEMENT

12 / 22 / 98 (date) I completed a site evaluation on this property and state that the data reported is accurate and the proposed system is in compliance with the Subsurface Wastewater Disposal Rules.

[Signature] 75 12-23-98
Site Evaluator Signature SE # Date
William T. Noble (207) 547-3252 Telephone



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

ROUTE 3

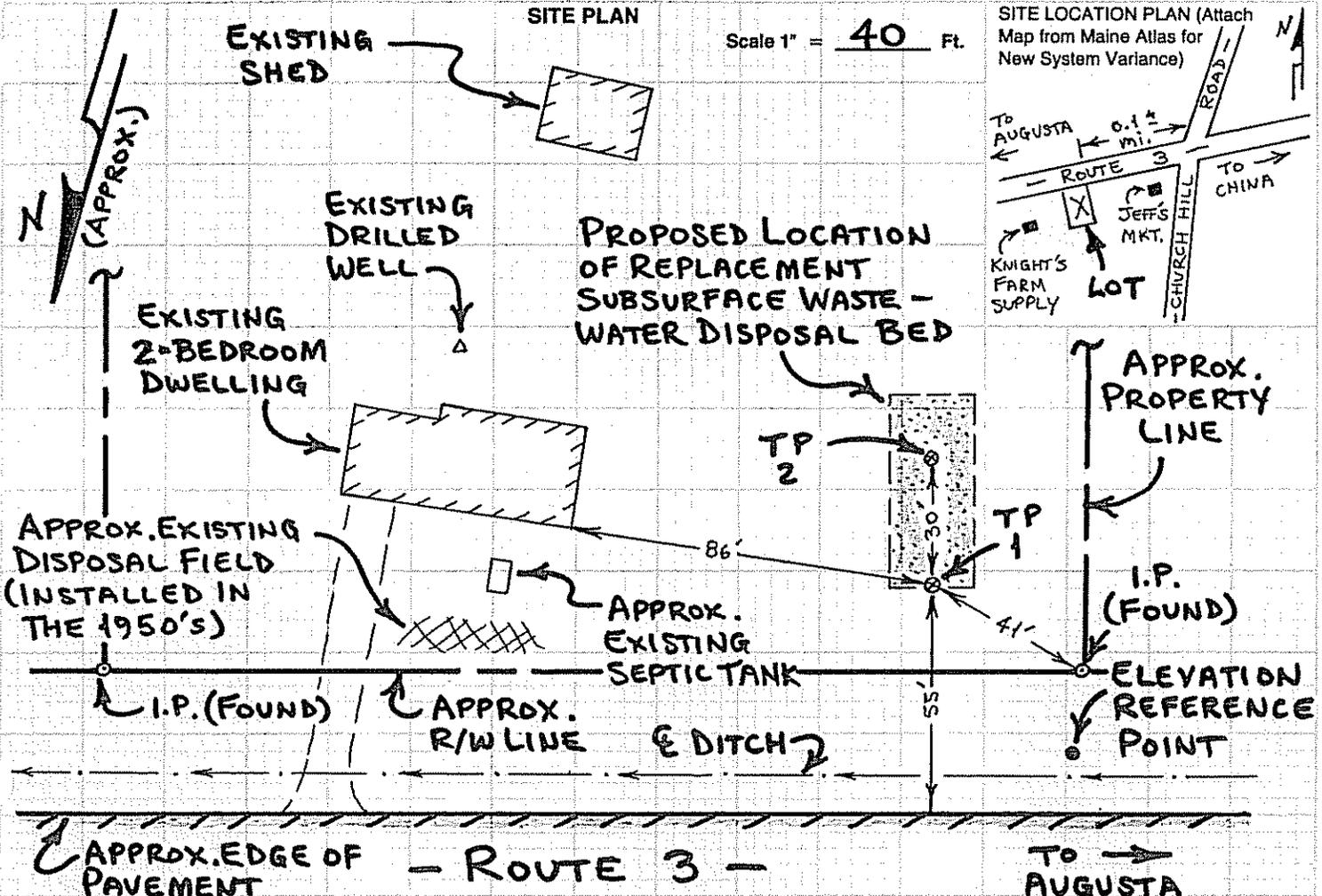
Owners Name

CHARLES L. JOHNSON III

SITE PLAN

Scale 1" = **40** Ft.

SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring

1± " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
SILT LOAM	FRIABLE	OLIVE BROWN	
SILTY CLAY LOAM		OLIVE	COMMON DISTINCT
SILTY CLAY	FIRM	OLIVE GRAY	MANY PROMINENT

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Soil Profile 9	Classification Condition D	Slope ~2 %	Limiting Factor 7	<input checked="" type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

Observation Hole 2 Test Pit Boring

1± " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
SILT LOAM	FRIABLE	OLIVE BROWN	
SILTY CLAY LOAM		OLIVE	COMMON DISTINCT
SILTY CLAY	FIRM	OLIVE GRAY	MANY PROMINENT

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Soil Profile 9	Classification Condition D	Slope ~2 %	Limiting Factor 7	<input checked="" type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

William J. Noble
Site Evaluator Signature

75
SE#

12-23-98
Date

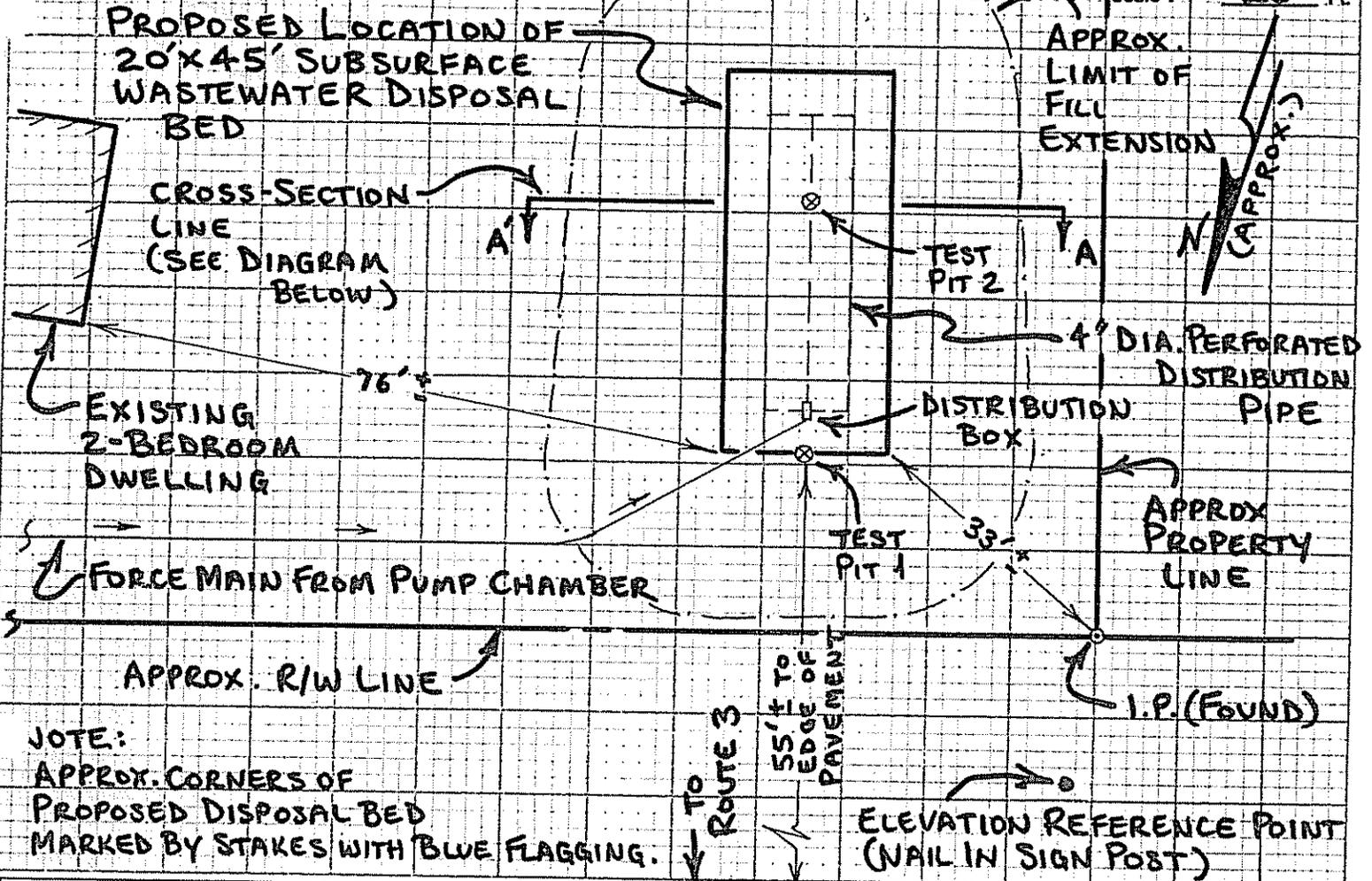
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **AUGUSTA** Street, Road, Subdivision: **ROUTE 3** Owners Name: **CHARLES L. JOHNSON III**

SUBSURFACE WASTEWATER DISPOSAL PLAN

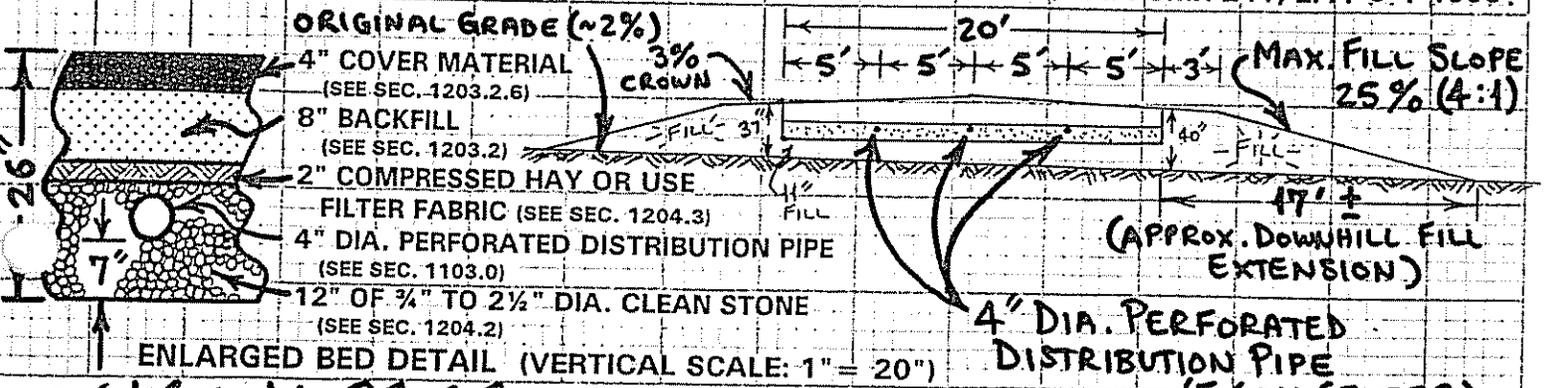
Scale 1" = 20' Ft.



NOTE:
APPROX. CORNERS OF PROPOSED DISPOSAL BED MARKED BY STAKES WITH BLUE FLAGGING.

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of fill (upslope)	37"	Finished Grade Elevation	-8"	Location & Description: NAIL WITH ORANGE FLAGGING IN SIGN POST, 93' ABOVE GROUND AT BASE. Reference Elevation is: 0.0'
Depth of Fill (downslope)	40 ±"	Top of Distribution Pipe or Proprietary Device	-23"	
DEPTHS AT CROSS SECTION A-A' (see below)		Bottom of Disposal Field	-34"	

- NOTES:**
1. FILL & BACKFILL EXTENSIONS TO BE COARSE SAND TO GRAVELLY COARSE SAND WITH 4 TO 8% FINES, PER SEC. 1203.2 OF THE RULES.
 2. GRADE LAND AROUND DISPOSAL FIELD TO DIVERT ANY WATER AWAY FROM THE AREA.
 3. REMOVE ORGANIC LAYER & RAKE OR HARROW THE SOIL SURFACE BEFORE INSTALLING BACKFILL.
 4. REQUIRED FILL DEPTHS MAY VARY FROM THOSE SHOWN DUE TO IRREGULARITIES IN SOIL SURFACE.
 5. MAXIMUM CUT & FILL TO BE 11 INCHES AT UPHILL EDGE OF DISPOSAL FIELD.
 6. MULCH & SEED FINAL GRADE PER SEC. 1205.4 OF THE SSWD RULES (144A CMR 241, EFF: 6-1-1998).



William J. Noble
Site Evaluator Signature

75
SE#

12-23-98
Date