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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 and 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 the 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

Permit No. 6004 Town of AUGUSTA
 Date Permit Issued 7-9-07
 Property Owner's Name: JACQUELINE CUNNINGHAM Tel. No.: 622-3729
 System's Location: 366 CHURCH HILL ROAD AUGUSTA
 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 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 System Variance Request with your signature on reverse side of form.

PROPERTY OWNER:
 It 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.

Jacqueline D. Cunningham _____
 SIGNATURE OF OWNER DATE

LOCAL PLUMBING INSPECTOR:
 I, Harry R. Fulton, 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, he/she shall state his/her reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments _____

Harry R. Fulton _____
 LPI SIGNATURE DATE 7-9-07

Replacement System Variance Request

| VARIANCE CATEGORY | LIMIT OF LPI'S APPROVAL AUTHORITY | | | | | | VARIANCE REQUESTED | |
|---|-----------------------------------|------------------------|------------------------|-----------------------|-----------------------|-----------------------|--------------------|--------------|
| | Ground Water Table | | | Restrictive Layer | | | Bedrock | |
| SOILS | | | | | | | | |
| Soil Profile | 3 | | | | | | | |
| Soil Condition | A-III/D | | | | | | | |
| from HHE-200 | | | | to 7" | | | | |
| SETBACK DISTANCES (in feet) | 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 | Disposal Fields | Septic Tanks |
| Wells with water usage of 2000 or more gpd or public water supply wells | 300 ft | 300 ft | 300 ft | 100 ft | 100 ft | 100 ft | To | To |
| Owner's wells | 100 down to 60 ft [a] | 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 | 81' | 25' |
| Neighbor's wells | 100 down to 60 ft [f] | 200 down to 120 ft [f] | 300 down to 180 ft [f] | 100 down to 50 ft [f] | 100 down to 75 ft [f] | 100 down to 75 ft [f] | | |
| Water supply line | 10 ft [h] | 20 ft [h] | 25 ft [h] | 10 ft [h] | 10 ft [h] | 10 ft [h] | | |
| Water course, major | 100 down to 60 ft [d] | 200 down to 120 ft [d] | 100 down to 180 ft [d] | 100 down to 50 ft [b] | 100 down to 50 ft | 100 down to 50 ft | | |
| Water course, minor | 50 down to 25 ft [e] | 100 down to 50 ft [e] | 150 down to 75 ft [e] | 50 down to 25 ft [e] | 50 down to 25 ft [e] | 50 down to 25 ft [e] | | |
| 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 [e] | 25 ft [e] | 25 ft [e] | 25 ft [e] | 25 ft [e] | 25 ft [e] | | |
| Slopes greater than 3:1 | 10 ft [g] | 18 ft [g] | 25 ft [g] | 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 downhill toe of the fill extension | 25 ft | 25 ft | 25 ft | 25 ft | 25 ft | 25 ft | | |

OTHER

1. **ONE-PIECE SEPTIC TANK TO BE USED**

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 tank 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 on abutting property.
 [d] Additional setbacks may be required by local Shoreland zoning.
 [e] Natural Resources Protection Act requires a 25 foot 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 neighbor's 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 1402.8 for special procedures when these minimum setbacks cannot be achieved.

WILLIAM P BROWN *William P Brown*
 SITE EVALUATOR'S SIGNATURE

4/24/2007
 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 Dept of Health & Human Services
 Division of Health Engineering, 10SHS
 (207)287-5672 FAX (207)287-3165

| | | | |
|------------------------------------|-------------------------------|--|--|
| PROPERTY LOCATION | | >> CAUTION: PERMIT REQUIRED -- ATTACH IN SPACE BELOW << | |
| City, Town, or Plantation | AUGUSTA | AUGUSTA PERMIT # 6004 TOWN COPY Date Permit Issued: <u>7/9/07</u> \$ <u>120.00</u> <input type="checkbox"/> If Double Fee Charged Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # <u>550</u> | |
| Street or Road | CHURCH HILL ROAD | | |
| Subdivision, Lot # | | | |
| OWNER/APPLICANT INFORMATION | | | |
| Name (last, first, MI) | CUNNINGHAM, JACQUELINE | | |
| Mailing Address of Owner/Applicant | 366 CHURCH HILL ROAD | | |
| Daytime Tel. # | 622-3729 | | |
| | | Municipal Tax Map # <u>7</u> Lot # <u>22</u> | |

| | |
|--|--|
| OWNER OR APPLICANT 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 of Owner/Applicant: <u>Jacqueline D. Cunningham</u> 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 Local Plumbing Inspector Signature: _____ (1st) Date Approved: _____ _____ (2nd) Date Approved: _____ |
|--|--|

| | | |
|--|--|--|
| 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>1970'S</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"/> 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 Permit | DISPOSAL SYSTEM COMPONENTS <input checked="" 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 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. Pretreatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components |
| SIZE OF PROPERTY 3.68 <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 Unit, 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 checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other |
| SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

| | | | |
|--|--|---|---|
| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | | | |
| TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input checked="" type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____ CAPACITY <u>1000</u> GAL. | DISPOSAL FIELD TYPE & SIZE <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other _____ SIZE <u>900</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. | GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No <input type="checkbox"/> 3. Maybe 2. <input type="checkbox"/> Yes >> 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- <input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>44</u> d <u>20</u> m <u>30</u> s Long. <u>69</u> d <u>43</u> m <u>34</u> s if gps, state margin of error: <u>30</u> ft. |
| SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>3</u> / <u>A-III/D</u> / <u>3</u> at Observation Hole # <u>TP-1</u> Depth <u>7</u> " of Most Limiting Soil Factor | DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq. ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq. ft./gpd | EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not Required 2. <input checked="" type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems DOSE _____ gallons | |

| | | |
|--|-----------------------------------|------------------------|
| SITE EVALUATOR'S STATEMENT | | |
| I certify that on <u>4/24/07</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). | | |
| Site Evaluator Signature: <u>William P Brown</u> | SE#: <u>188</u> | Date: <u>4/24/2007</u> |
| Site Evaluator Name Printed: <u>WILLIAM P BROWN</u> | Telephone Number: <u>293-2110</u> | E-mail Address: _____ |

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 FAX 207-287-4165

Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
CHURCH HILL ROAD

Owner or Applicant Name
JACQUELINE CUNNINGHAM

SITE PLAN

Scale 1" = 100 Ft.

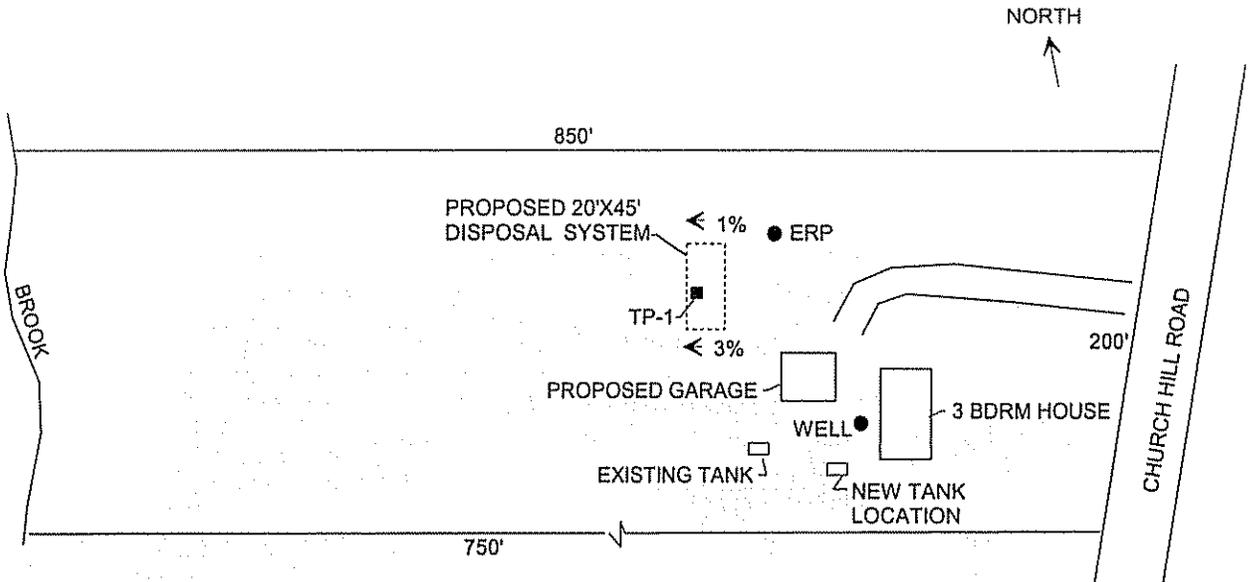
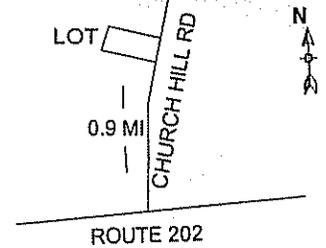
THE EXISTING SEPTIC TANK WILL BE PROPERLY ABANDONED BY PUMPING OUT AND BACKFILLING IN PLACE.
 A NEW ONE-PIECE COMBINATION SEPTIC TANK / LIFT STATION WILL BE LOCATED AT LEAST 25 FT FROM THE WELL AND 8 FT FROM THE HOUSE.

THE OWNER PLANS TO CONSTRUCT A NEW GARAGE NEAR THE EXISTING HOUSE WHICH WILL HAVE A TOILET AND SINK FOR THE OWNER'S USE.

THE WELL IS 81 FEET FROM THE DISPOSAL SYSTEM
 ERP TO TP-1 = 48'

THE PROPOSED DISPOSAL SITE CONTAINS APPROXIMATELY 16 INCHES OF GRAVELLY SILT FILL. THIS MATERIAL IS TO BE EXCAVATED TO ORIGINAL SOIL BEFORE CONSTRUCTING THE DISPOSAL SYSTEM.

SITE LOCATION PLAN (Attach map from Maine Atlas for First Time System Variance)



SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # TP-1 Test Pit Boring
0 " Depth of organic horizon above mineral soil

| Texture | Consistency | Color | Mottling |
|---------------|-------------|--------------|-------------|
| GRAVELLY FILL | FRIABLE | GRAY BROWN | |
| SANDY LOAM | | DARK BRN | |
| | | YELLOW BROWN | NONE COMMON |
| REFUSAL | FIRM | OLIVE BROWN | |

| | | | | |
|------------------------|--------------------------------|---------------------|-----------------------------------|---|
| Soil Profile: <u>3</u> | Classification: <u>A-III/D</u> | Slope: <u>1-3</u> % | Limiting Factor: <u>7</u> " Depth | <input checked="" type="checkbox"/> Groundwater |
| Condition: | | | | <input type="checkbox"/> Restrictive Layer |
| | | | | <input type="checkbox"/> Bedrock |

Observation Hole # _____ Test Pit Boring
 _____ " Depth of organic horizon above mineral soil

| Texture | Consistency | Color | Mottling |
|---------|-------------|-------|----------|
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|---------------------|-----------------------|----------------|--------------------------------|--|
| Soil Profile: _____ | Classification: _____ | Slope: _____ % | Limiting Factor: _____ " Depth | <input type="checkbox"/> Groundwater |
| Condition: _____ | | | | <input type="checkbox"/> Restrictive Layer |
| | | | | <input type="checkbox"/> Bedrock |

WILLIAM P BROWN *William P Brown*
 Site Evaluator Signature

188
 SE #

4/24/2007
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10

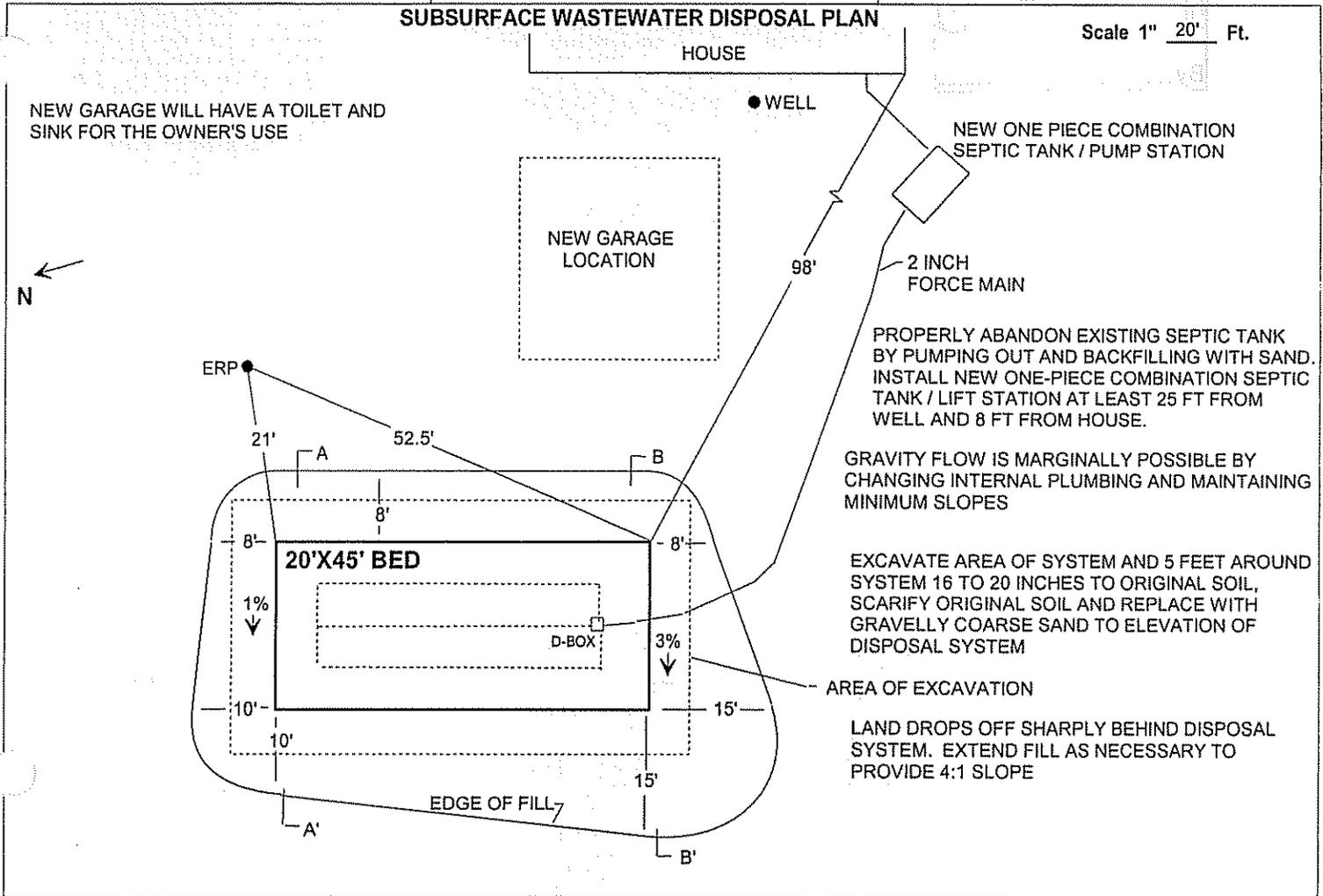
Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
CHURCH HILL ROAD

Owner or Applicant Name
JACQUELINE CUNNINGHAM

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



BACKFILL REQUIREMENTS

Depth of Fill (Upslope) **19-22"**
 Depth of Fill (Downslope) **21-29"**
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation **VARIES**
 Top of Distribution Pipe or Proprietary device **-42"**
 Bottom of Disposal Area **-53"**

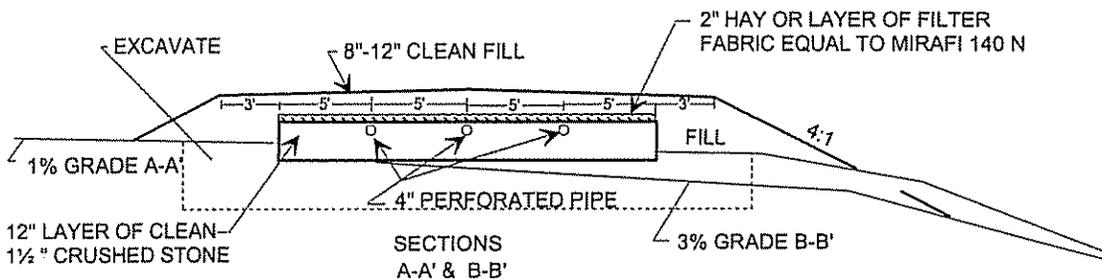
ELEVATION REFERENCE POINT

Location and Description:
FLAGGED NAIL IN 8 INCH CHERRY TREE, 3 FEET ABOVE GROUND
 Reference Elevation is: 00.0"

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.
 Horizontal: 1 inch = 10 Ft.



REMOVE STUMPS AND VEGETATION IN DISPOSAL AREA
 EXCAVATE APPROXIMATELY 16 TO 20 INCHES OF FILL IN THE AREA OF THE DISPOSAL SYSTEM AND 5 FEET AROUND SYSTEM. DISPOSE ON SITE.
 SCARIFY ORIGINAL SOIL AND PLACE GRAVELLY COARSE SAND TO ELEVATION OF SYSTEM
 SCARIFY ENTIRE FILL AREA, MIX 4 INCHES OF FILL MATERIAL THOROUGHLY WITH EXISTING SOIL TO FORM A TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE). ALL FILL SHALL BE GRAVELLY COARSE SAND
 CROWN FINISH GRADE FROM CENTER AT 3%
 LOAM, SEED, MULCH DISTURBED AREAS

WILLIAM P BROWN
 Site Evaluator Signature

William P Brown

188
 SE #

4/24/2007
 Date

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