

7-59B

4864

15.00

REPLACEMENT SYSTEM VARIANCE REQUEST

TOWN LPI MAY 8 - 2002 ANNE ROBERTS

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. 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 AUGUSTA
Permit No. 4864
Date Permit Issued 5/13/02
Property Owner's Name: ANN ROBERTS
System's Location: NORTH BELFAST AVE AUGUSTA
Property Owner's Address: 160 SENOTT ROAD
(if different from above) WHITEFIELD, ME 04353

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.
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.
Signature: [Handwritten Signature]
Date: 3-26-02

LOCAL PLUMBING INSPECTOR:
I, GARY B. 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.
a. [X] approve, [ ] disapprove the variance request based on my authority to grant this variance.
b. find that one or more of the requested Variances exceeds my approval authority as LPI.
Signature: [Handwritten Signature]
Date: 5/13/02

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	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	Less than 1000 gpd	1000 to 2000 gpd	To	To
Wells with water usage of 2000 or more gpd	300 <sup>a</sup> ft	300 <sup>a</sup> ft	100 <sup>a</sup> ft	100 <sup>a</sup> ft		
Owner's wells	100 down to 50 ft	200 down to 100 ft	100 <sup>b</sup> down to 50 ft	100 down to 50 ft	85'	+75'
Neighbor's wells	100 <sup>b</sup> down to 60 ft	200 <sup>b</sup> down to 120 ft	100 <sup>b</sup> down to 50 ft	100 <sup>b</sup> down to 75 ft		
Water supply line	10 ft <sup>a</sup>	20 ft <sup>a</sup>	10 ft <sup>a</sup>	10 ft <sup>a</sup>		
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 <sup>d</sup>	25 ft <sup>d</sup>	25 ft <sup>d</sup>	25 ft <sup>d</sup>		
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 <sup>c</sup> ft	18 ft down to 9 <sup>c</sup> ft	10 ft down to 4 <sup>c</sup> ft	10 ft down to 7 <sup>c</sup> ft		
Burial sites or graveyards, measured from the downhill 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 P BROWN** *William P Brown* \_\_\_\_\_ **3/7/2002**  
 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, 10SHS  
(207)287-5672 FAX (207)287-3165

## PROPERTY LOCATION

>> CAUTION: PERMIT REQUIRED -- ATTACH IN SPACE BELOW <<

City, Town, Plantation **AUGUSTA**

Street or Road **NORTH BELFAST AVE**

Subdivision, Lot #

AUGUSTA Date Permit Issued: 5/3/02 4864 TOWN COPY \$ 175.00  If Double Fee  Fee Charged  Call  e  s

*Ann Roberts* Local Plumbing Inspector Signature L.P.I. # 850

## OWNER/APPLICANT INFORMATION

Name (last, first, MI) **ROBERTS, ANN**  Owner  Applicant

Mailing Address of Owner/Applicant **160 SENOTT ROAD**  
**WHITEFIELD, ME 04353**

Daytime Tel. # **622-2443**

Municipal Tax Map # 7 Lot # 59B

## 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.

*Ann Roberts*  
Signature of Owner/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

(1st) Date Approved

Local Plumbing Inspector Signature

(2nd) Date Approved

## PERMIT INFORMATION

<b>TYPE OF APPLICATION</b> <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced <u>TRENCH</u> Year installed <u>60'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	<b>THIS APPLICATION REQUIRES</b> <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	<b>DISPOSAL SYSTEM COMPONENTS</b> <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. Pretreatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
<b>SIZE OF PROPERTY</b> <b>0.5</b> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	<b>DISPOSAL SYSTEM TO SERVE:</b> <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other <b>OFFICE BUILDING</b> (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> <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
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <b>EXISTING</b> <input type="checkbox"/> 3. Other _____ CAPACITY <u>1000</u> GAL.	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <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>600</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <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	<b>DESIGN FLOW</b> <u>120</u> gallons per day BASED ON: <input type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input checked="" type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS -for other facilities-  <b>8 EMPLOYEES</b> <b>W/O SHOWERS @ 15 GPD</b> <b>9X15 = 135 GPD</b>  <input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE <u>9</u> / <u>D</u> / <u>3</u> at Observation Hole # <u>TP-1</u> Depth <u>7</u> " of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <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 checked="" type="checkbox"/> 4. Large - 4.1 sq. ft./gpd <input type="checkbox"/> 5. Extra-Large - 5.0 sq. ft./gpd	<b>EFFLUENT/EJECTOR PUMP</b> <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required >> Specify only for engineered or experimental systems DOSE _____ gallons	

## SITE EVALUATOR'S STATEMENT

I certify that on 3/7/2002 (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).

*William P Brown*  
Site Evaluator Signature

188  
SE#

3/7/2002  
Date

WILLIAM P BROWN  
Site Evaluator Name Printed

293-2110  
Telephone #

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

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# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 267-5672 FAX 207 287-4172

Town, City, Plantation

Street, Road, Subdivision

Owners Name

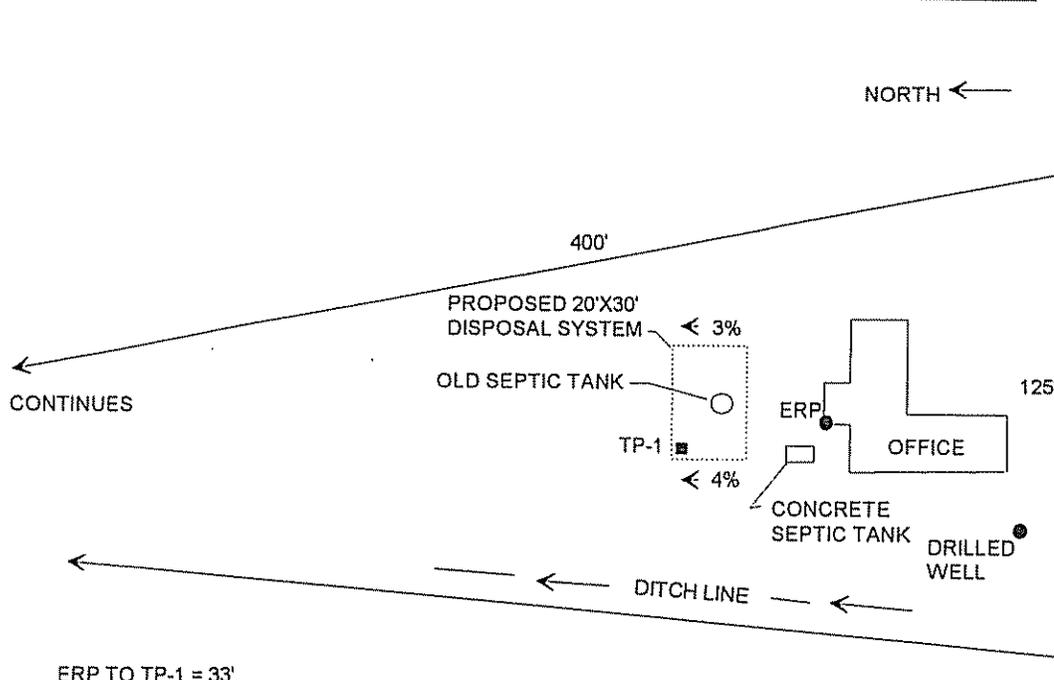
**AUGUSTA**

**NORTH BELFAST AVE**

**ANN ROBERTS**

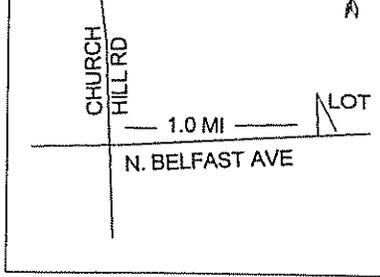
## SITE PLAN

Scale 1" = 50 Ft.



## SITE LOCATION PLAN

(Map from Maine Atlas recommended)



ERP TO TP-1 = 33'

THE AREA OF THE EXISTING SEPTIC SYSTEM AND THE PROPOSED SYSTEM IS A FILL AREA WITH OVER 5 FEET OF FILL. THE FILL WAS PLACED PRIOR TO 1974. THE MATERIAL IS A MIXTURE OF SILT LOAM AND GRAVELLY SAND. THE SOIL BENEATH THE FILL IS SILT CLAY LOAM. THE UNDERLYING SOILS ARE USED FOR DESIGN PURPOSES.

EXISTING TANK IS 73 FT FROM WELL. THE PROPOSED DISPOSAL SYSTEM WILL BE 85 FT FROM THE WELL. THE SEPTIC TANK WILL BE RE-SET AT LEAST 75 FT FROM THE WELL.

## SOIL DESCRIPTION AND CLASSIFICATION

## (Location of Observation Holes Shown Above)

Observation Hole TP-1  Test Pit  Boring  
0" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	SANDY FILL	FRIABLE	MEDIUM BROWN	
10	SAND AND SILT LOAM FILL TO 60"	FIRM		NONE COMMON
40	SILT CLAY LOAM		OLIVE BRN	

Soil Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water
9 D	3-4%	16"	<input type="checkbox"/> Restrictive Layer
Profile Condition			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

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

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

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
Profile Condition	%	"	<input type="checkbox"/> Restrictive Layer
			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

WILLIAM P BROWN

Site Evaluator Signature

*William P Brown*

188 SE #

3/7/2002 Date

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# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road, Subdivision

Department of Human Services  
Division of Health Engineering  
Owners Name

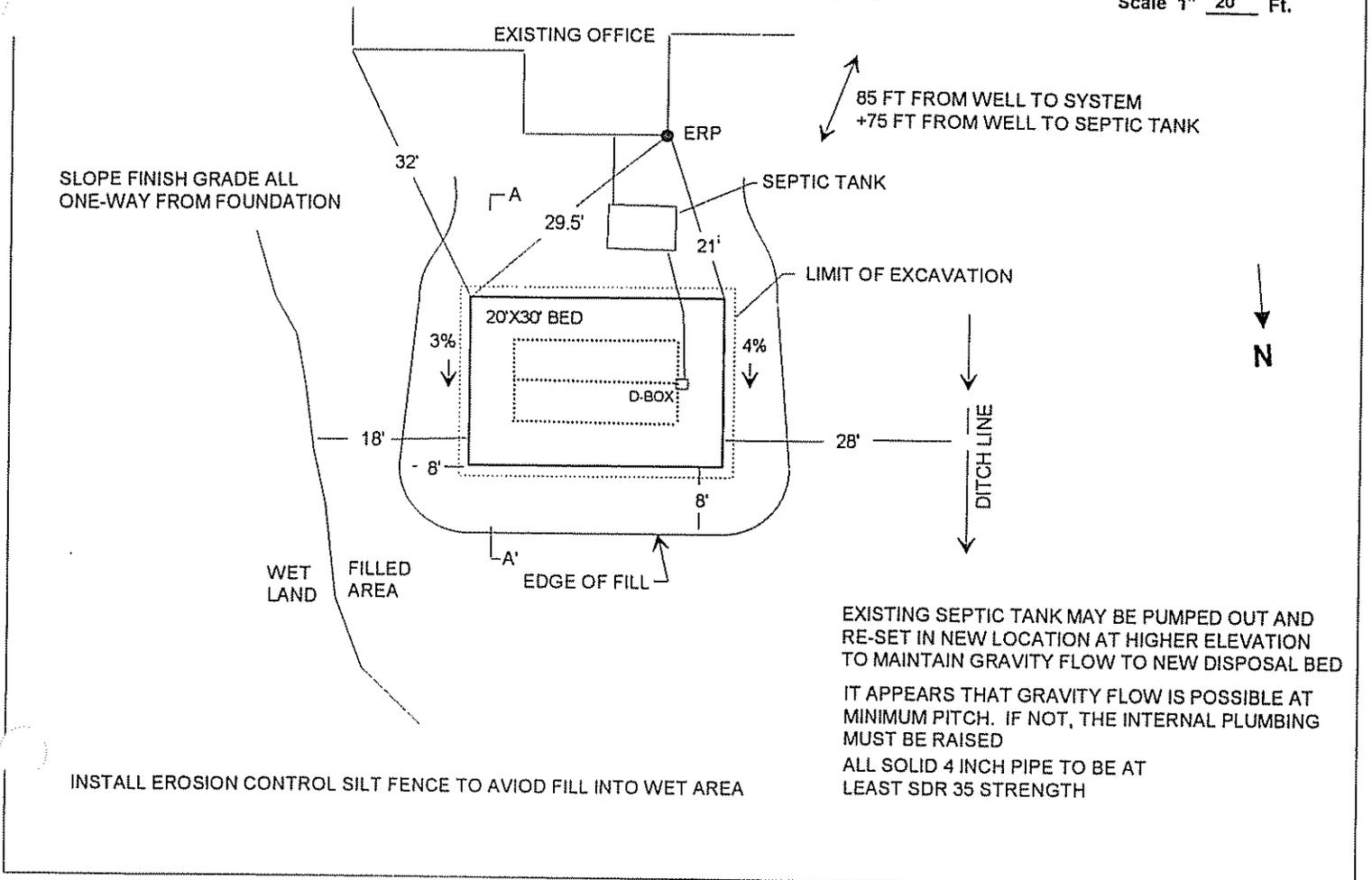
AUGUSTA

N. BELFAST AVE

ANN ROBERTS

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



### FILL REQUIREMENTS

Depth of Fill (Upslope) 6-9"

Depth of Fill (Downslope) 15-16"

### CONSTRUCTION ELEVATIONS

Reference Elevation is 00"

Bottom of Disposal Area -53"

Top of distribution Lines or Chambers -42"

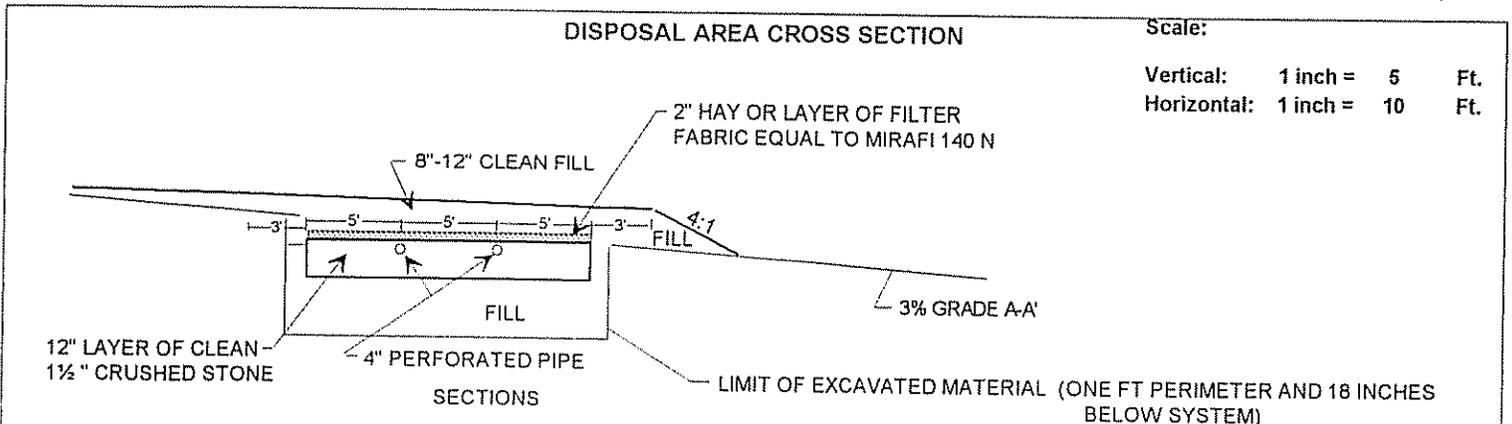
### ELEVATION REFERENCE POINT

LOCATION & DESCRIPTION  
**BOTTOM OF WOOD SIDING AT CORNER OF HOUSE (MARKED)**

### DISPOSAL AREA CROSS SECTION

Scale:

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



REMOVE VEGETATION AND EXCAVATE ENTIRE DISPOSAL AREA (AND A 1 FOOT PERIMETER AROUND THE PROPOSED DISPOSAL SYSTEM) TO A DEPTH OF (-69")

SCARIFY ENTIRE EXCAVATED AREA

- ALL FILL SHALL BE GRAVELLY COARSE SAND
- 1 INCHES OF FILL MATERIAL THOROUGHLY WITH ORIGINAL GROUND
- FORM A TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE)
- PLACE 18 INCHES OF FILL TO ELEVATION OF BOTTOM OF SYSTEM
- CROWN FINISH GRADE FROM CENTER AT 3% OR SLOPE ALL ONE (AS SHOWN)
- LOAM, SEED, MULCH

WILLIAM P BROWN  
Site Evaluator Signature

188  
SE #

3/7/2002  
Date

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