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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 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 BOD<sub>5</sub> plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

**GENERAL INFORMATION**

Town of Augusta

Permit No. 4232 Date Permit Issued 7-27-99 622-6870

Property Owner's Name: Joyce Maillard Tel. No.: \_\_\_\_\_

System's Location: Bolton Hill Rd Augusta, Mo. 04330

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.

Joyce Maillard 7-9-99  
SIGNATURE OF OWNER DATE

**LOCAL PLUMBING INSPECTOR**

I, Jay R. Luth, 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: \_\_\_\_\_

Jay R. Luth 7/27/99  
LPI SIGNATURE DATE

Replacement System Variance Request

VARIANCE CATEGORY	VARIANCE REQUESTED		LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
<b>SOILS</b>						
Soil Profile	Ground Water Table		to 7"		inches	
Soil Condition	Restrictive Layer		to 7"		inches	
from HHE-200	Bedrock		to 12"		inches	
<b>SETBACK DISTANCES (in feet)</b>	<b>Disposal Fields</b>		<b>Septic Tanks</b>		<b>Disposal Fields</b>	<b>Septic Tanks</b>
<b>From</b>	<b>Less than 1000 gpd</b>	<b>1000 to 2000 gpd</b>	<b>Less Than 1000 gpd</b>	<b>1000 to 2000 gpd</b>	<b>To</b>	<b>To</b>
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	80'	50'±
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	15 ft down to 7 <sup>c</sup> 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.

*David P. Rocque*  
 \_\_\_\_\_  
 SITE EVALUATOR'S SIGNATURE

7/9/99  
 \_\_\_\_\_  
 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 Plantation: Augusta

Street Subdivision Lot #: Bolton Hill Rd. Augusta, Me.

**PROPERTY OWNERS NAME**

Last: Maillard First: Joyce

Mailing Address of Owner: RT. 7, BOX 1340 Augusta, Me. 04330

Daytime Tel. #: 622-6870

**AUGUSTA** 4232 TOWN COPY

Date Permit Issued: 7/27/99 \$ 120.00 FEE  If Double Fee Charged

Gay R. Tufts Local Plumbing Inspector Signature L.P.I. # 850

Municipal Tax Map # M 107 Page # 93

**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.

Joyce Maillard 7-9-99  
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.

Gay R. Tufts Local Plumbing Inspector Signature Date Approved 8/25/99

**PERMIT INFORMATION**

**THIS APPLICATION IS FOR:**

1.  First Time System  
2.  Multi-User System  
3.  Replacement System  
4.  Expanded System  
     One-time exempted  
     Non-exempted  
5.  Experimental System  
6.  Seasonal Conversion

*30+ yrs. old trench?*

**THIS APPLICATION REQUIRES:**

1.  No Rule Variance  
2.  First Time System Variance (Municipal)  
3.  First Time System Variance (State)  
4.  Replacement System Variance  
    a.  Local Plumbing Inspector approval  
    b.  State & Local Plumbing Inspector approval  
5.  Minimum Lot Size Variance  
6.  Seasonal Conversion Variance

**DISPOSAL SYSTEM COMPONENT(S)**

1.  Non-Engineered System  
2.  Primitive System  
3.  Alternative Toilet Specify \_\_\_\_\_  
4.  Non-Engineered Treatment Tank  
5.  Holding Tank \_\_\_\_\_ Gallons  
6.  Non-Engineered Disposal Area (only)  
7.  Separated Laundry System  
8.  Engineered System (+2000 gpd)  
9.  Engineered Treatment Tank (only)  
10.  Engineered Disposal Area (only)

**SIZE OF PROPERTY**

38+ Acres

**DISPOSAL SYSTEM TO SERVE:**

1.  Single Family Dwelling Unit  
2.  Multiple Family Dwelling Unit  
    Number of Units \_\_\_\_\_  
3.  Other \_\_\_\_\_ SPECIFY \_\_\_\_\_

**TYPE OF WATER SUPPLY**

Drilled Well

**SHORELAND ZONING**

Yes  No  
wetland

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

**TREATMENT TANK**

1.  Concrete  
     Regular  
     Low Profile  
2.  Plastic

SIZE 1000 Gallons

**DISPOSAL AREA TYPE/SIZE**

1.  Stone Bed \_\_\_\_\_ Sq.Ft.  
2.  Proprietary Device 1050 Sq.Ft.  
     Clustered  Linear  
     Regular  H-20  
3.  Trench \_\_\_\_\_ Lin. Ft.  
4.  Other \_\_\_\_\_

**GARBAGE DISPOSAL UNIT**

1.  No  
2.  Yes

Multi-compartment tank  
 Tank in series  
 Increase in tank capacity  
 Filter on tank outlet

**CRITERIA USED FOR DESIGN FLOW (Show Calculations)**

Three bedroom Dwelling

DESIGN FLOW: 318 (Gallons/Day)

**PROFILE & DESIGN CLASS**

PROFILE 3 DESIGN C

DEPTH TO MOST LIMITING FACTOR 15 "

**DISPOSAL AREA SIZING**

1.  Small 2.0  
2.  Medium 2.60  
3.  Medium-Large 3.30  
4.  Large 4.10  
5.  Extra-Large 5.00

**PUMPING**

1.  Not Required  
2.  May Be Required  
3.  Required

DOSE 30-40 Gallons

**SITE EVALUATOR'S STATEMENT**

On 7/9/99 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules.

David P. Rocque 154 7/9/99  
Site Evaluator Signature SE # Date

DAVID P. ROCQUE (207) 622-7487  
Print Name Telephone

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HHE-200 Rev. 5/95

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

AUGUSTA

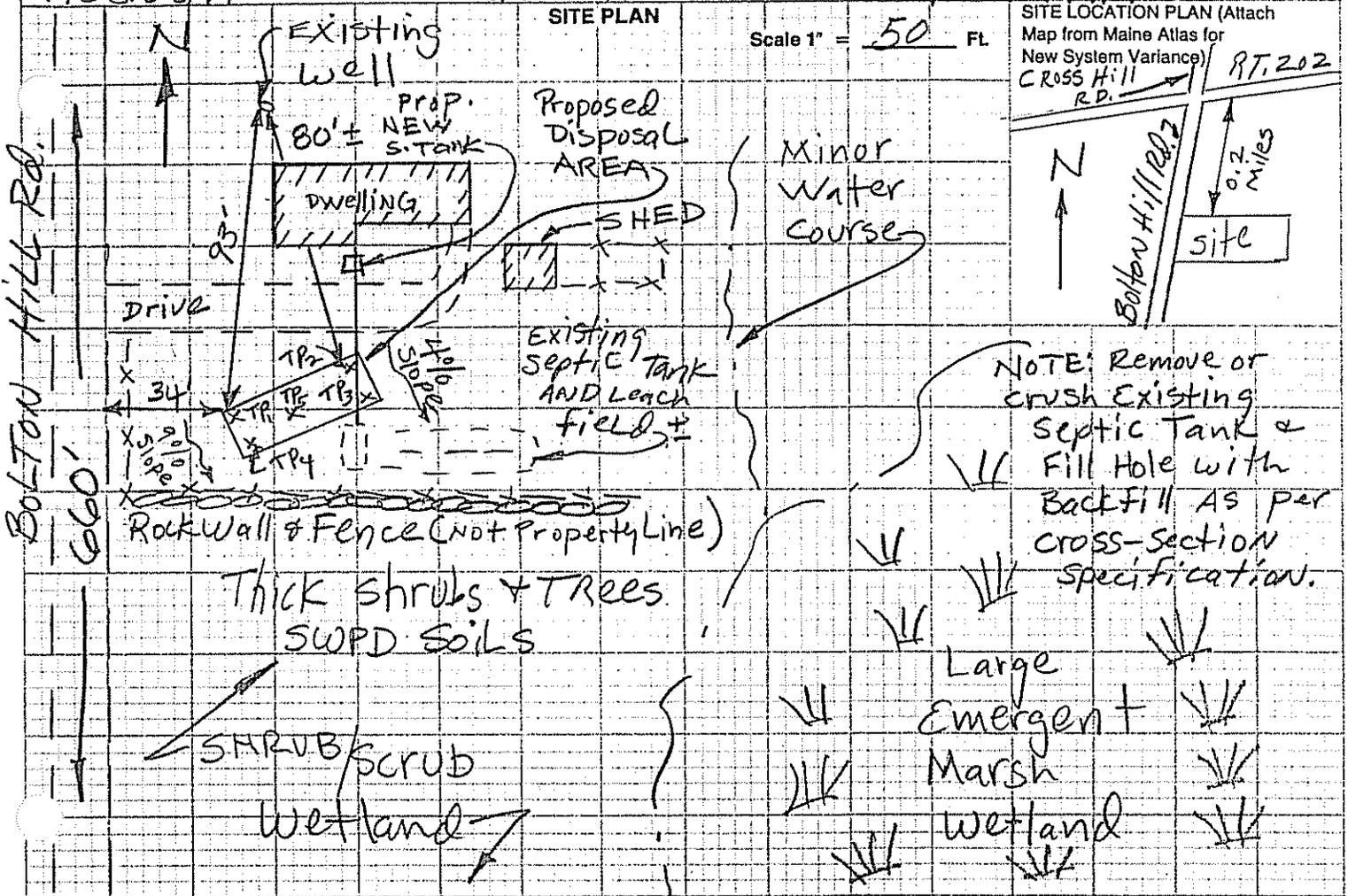
Bolton Hill Rd.

Joyce Maillard

## SITE PLAN

Scale 1" = 50' FL

SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)  
CROSS Hill R.D. 87.202



NOTE: Remove or crush Existing septic Tank & Fill Hole with Backfill AS per cross-section specification.

## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP<sub>2-5</sub>  Test Pit  Boring  
SOD " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Gravelly		Dark	NONE
6	Very fine	Friable	Brown	
10	fine		Yellow	observed
15	Sandy		Brown	
20	Loam		olive	
30		Firm	Brown	Common Distinct
40				
50				

Soil Profile 3 Classification C Slope 4-9% Limiting Factor 15-21"  
 Ground Water  
 Restrictive Layer  
 Bedrock

Observation Hole TP<sub>1</sub>  Test Pit  Boring  
SOD " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Gravelly		Dark	
6	Very fine		Brown	
10	Sandy	Friable	yellow	observed
15	Loam		Brown	
20				
30		Firm	olive	Few Faint
40			Brown	
50				

Soil Profile 3 Classification C Slope 4% Limiting Factor 25"  
 Ground Water  
 Restrictive Layer  
 Bedrock

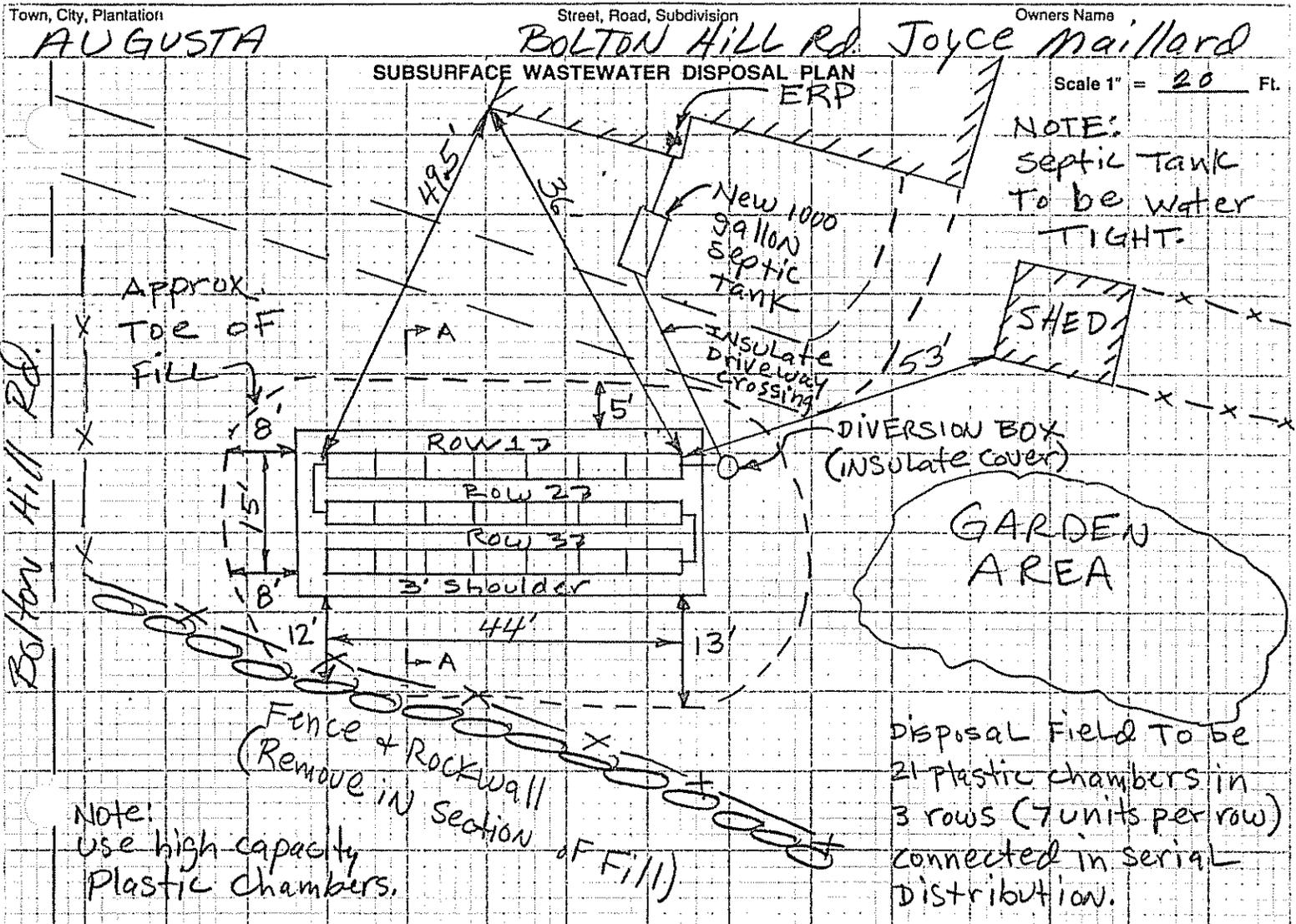
David P. Roque  
Site Evaluator Signature

154  
SE#

7/9/99  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering



<b>FILL REQUIREMENTS</b>	<b>CONSTRUCTION ELEVATIONS</b>	<b>ELEVATION REFERENCE POINT LOCATION &amp; DESCRIPTION</b>
Depth of Fill (Upslope) 18-24'	Reference Elevation is 0	Bottom of Siding above flagged nail.
Depth of Fill (Downslope) 24-28'	Bottom of Disposal Area see below	
	Top of Distribution Lines or Chambers	

DISPOSAL AREA CROSS SECTION		
ROW#	Bottom of Trench	Top Chambers
1	-49"	-33"
2	-51"	-35"
3	-53"	-37"

Scale:  
Vertical: 1 Inch = Ft.  
Horizontal: 1 Inch = Ft.

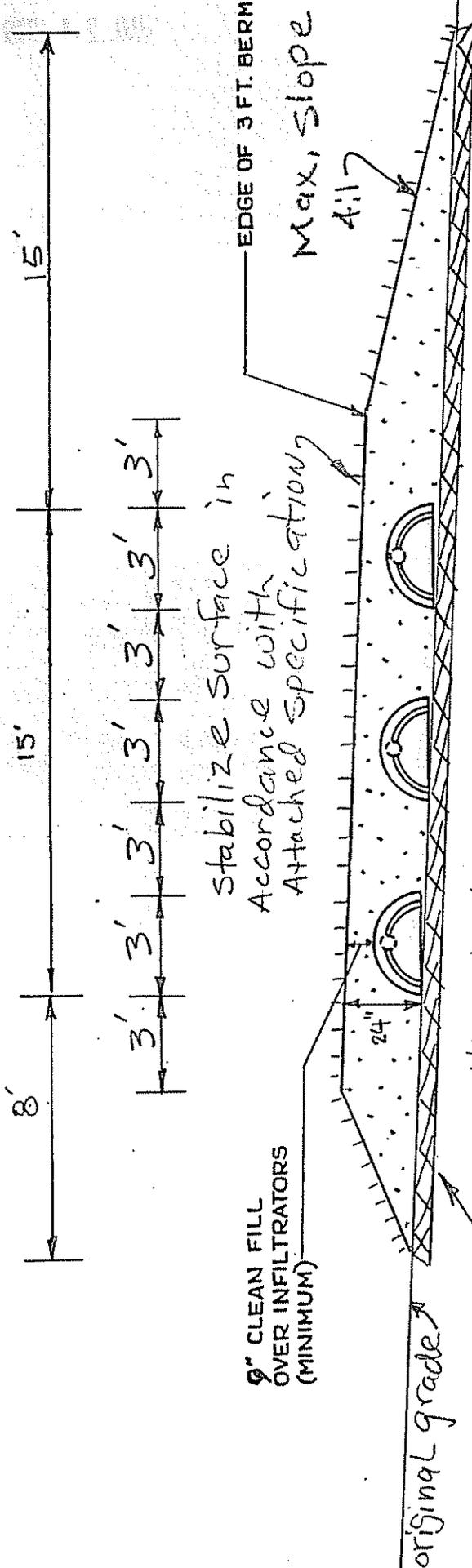
(Based on 16" High chambers)

David P. Bogue 154 7/9/99

Site Evaluator Signature SE# Date

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HHE-200 Rev. 1/84

# INFILTRATOR CROSS-SECTION 3-4% A-A



## Transition Horizon:

Remove sod then rototill a minimum of 6" of gravelly coarse sand fill into prepared soil surface before installing disposal field. Do not install if soil is saturated or frozen. Gravelly coarse sand to have approx. 40-60% fines and 15%-30% gravel (no more than 2% clay).

- NOTES:**
1. REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER INFILTRATORS AND FILL EXTENSION AREAS.
  2. BOTTOM OF INFILTRATORS TO BE LEVEL WITH A MAXIMUM GRADE TOLERANCE OF 1" PER 100'.
  3. PROVIDE FOR SURFACE DRAINAGE AWAY FROM INFILTRATOR AREA.
  4. FINISHED GRADE SHALL BE SEEDED AND MULCHED TO PREVENT EROSION.

ORIGINAL GRADE 4-9% Gravelly  
 FILL UNDER INFILTRATORS TO BE Coarse Sand TEXTURE.  
 FILL AROUND INFILTRATORS TO BE Coarse Sand TEXTURE.

SITE EVALUATOR: DAVID P. ROCQUE		NUMBER OF INFILTRATORS:	21	PERCENT SLOPE:	4-9%
OWNER: Joyce Millard	ELEVATIONS:				
LOCATION: AUGUSTA Bolton Hill Rd.	REFERENCE PT.	0"	BOTTOM TRENCH #1	-49"	
DATE: 7/9/99	SCALE: 1 INCH = 5 FEET	BOTTOM TRENCH #2	-51"	BOTTOM TRENCH #3	-53"