

**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. 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.

Town of APM 105.00

<b>GENERAL INFORMATION</b>		Town of <u>AUGUSTA</u>
Permit No. <u>6030</u>		Date Permit Issued <u>8-13-07</u>
Property Owner's Name: <u>TRAVIS ELWELL</u>		Tel. No.: <u>622-3594</u>
System's Location: <u>2716 NORTH BEEF EAST AVENUE</u>		
Property Owner's Address: <u>AUGUSTA, ME 04330</u>		
(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.

Travis Elwell  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE

**LOCAL PLUMBING INSPECTOR**  
I, Greg R. Yodanis, 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: \_\_\_\_\_

Greg R. Yodanis  
LPI SIGNATURE

8/13/07  
DATE

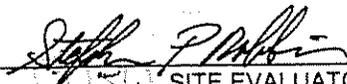
HHE-204 Rev 10/02

**FORMS**

**Replacement System Variance Request**

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

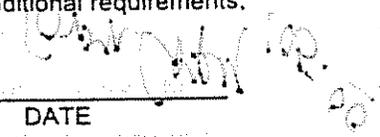
  
 \_\_\_\_\_  
 SITE EVALUATOR'S SIGNATURE

20 OCT 06  
 \_\_\_\_\_  
 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. Health & Human Services  
Division of Health Engineering, 10 SHS  
(207) 287-5672 Fax: (207) 287-3165

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

<b>PROPERTY LOCATION</b>	
City, Town, or Plantation	<u>AUGUSTA</u>
or Road	<u>2716 N. BELFAST AVENUE</u>
Subdivision, Lot #	AUGUSTA PERMIT # <u>6030</u> TOWN COPY

<b>OWNER/APPLICANT INFORMATION</b>	Date Permit Issued: <u>8/13/07</u> <u>105.00</u> <u>850</u> <input type="checkbox"/> Double Fee FEE Charged Name (last, first, MI) <u>ERWELL, TRAVIS</u> <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant Mailing Address of Owner/Applicant <u>2716 N. BELFAST AVENUE</u> <u>AUGUSTA, ME 04330</u> Daytime Tel. # <u>622-3594</u> L.P.I. # <u>1050</u> Municipal Tax Map # <u>7</u> Lot # <u>120</u>
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<b>OWNER OR APPLICANT STATEMENT</b>	<b>CAUTION: INSPECTION REQUIRED</b>
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.	I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
<u>[Signature]</u> Signature of Owner or Applicant	<u>[Signature]</u> Local Plumbing Inspector Signature
Date	<u>8/13/07</u> (1st) date approved <u>8/14/07</u> (2nd) date approved

<b>PERMIT INFORMATION</b>		
<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENTS</b>
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>UNK</u> Year installed: <u>UNK</u> <input type="checkbox"/> 3. Expanded System a. Minor Expansion b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input checked="" type="checkbox"/> 3. Replacement System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<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. Pre-treatment, specify: _____ <input checked="" type="checkbox"/> 12. Miscellaneous Components <u>PUMP STATION</u>
<b>SIZE OF PROPERTY</b>	<b>DISPOSAL SYSTEM TO SERVE</b>	<b>TYPE OF WATER SUPPLY</b>
<u>20,000</u> <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, 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	<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>	<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>	<b>DESIGN FLOW</b>
<input checked="" type="checkbox"/> 1. Concrete a. Regular <input checked="" type="checkbox"/> b. Low Profile <u>IF REQ.</u> <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>4,000</u> GAL.	<input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device a. cluster array <input checked="" type="checkbox"/> c. Linear b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>180</u> sq. ft. <input checked="" type="checkbox"/> lin. ft.	<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	<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
<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>DISPOSAL FIELD SIZING</b>	<b>EFFLUENT/EJECTOR PUMP</b>	<b>ATTACH WATER METER DATA</b>
PROFILE CONDITION DESIGN <u>12/2 A TIL 1</u> at Observation Hole # <u>1</u> Depth <u>30"</u> of Most Limiting Soil Factor	<input type="checkbox"/> 1. Small--2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium--2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 3. Medium--Large 3.3 sq. ft. / gpd <input type="checkbox"/> 4. Large--4.1 sq. ft. / gpd <input type="checkbox"/> 5. Extra Large--5.0 sq. ft. / gpd	<input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<input type="checkbox"/> 3. Section 503.0 (meter readings) LATITUDE AND LONGITUDE at center of disposal area Lat. <u>44</u> d <u>20</u> m <u>071</u> s Lon. <u>69</u> d <u>41</u> m <u>885</u> s if g.p.s. state margin of error: <u>30</u>

<b>SITE EVALUATOR STATEMENT</b>	
I certify that on <u>19 OCT 06</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).	
<u>[Signature]</u> <b>Site Evaluator Signature</b> <b>Stephen P. Robbins</b>	<u>S.E.# 301</u> <b>377-6707</b> <u>20 OCT 06</u> <u>PAGE 1 OF 4</u> <b>Date</b> <b>narrowspd@aol.com</b>

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

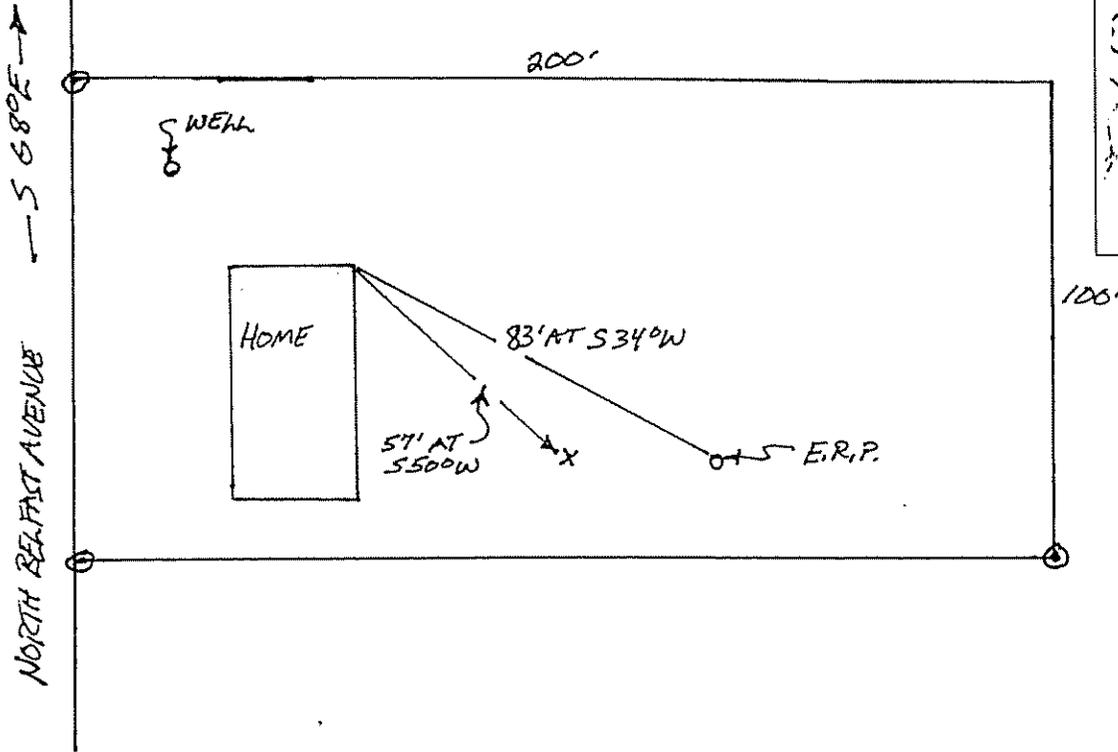
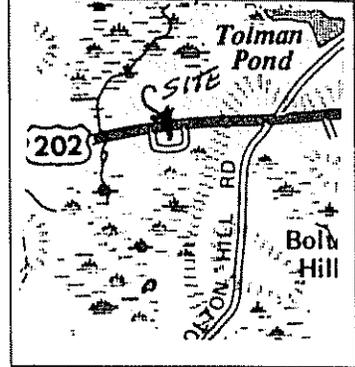
Town..City, Plantation  
**AUGUSTA**

Street, Road Subdivision  
**2716 N. BELFAST AVENUE**

Owner's Name  
**TRAVIS ELLIOTT**

SITE PLAN

Scale 1" = 40 Ft.  
or as shown



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

Observation Hole FE1  Test Pit  Boring  
 \_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

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

DEPTH BELOW SURFACE (inches)	Texture	Consistency	Color	Mottling
0-6	SILTY CLAY (FIN)	FRIABLE	OLIVE	NONE
6-12	SANDY LOAM		RED BROWN	
12-20				
20-30				
30-40				
40-50				
50-60				
60-70				
70-80				
80-90				
90-100				
ASSUMED BEDROCK				
Soil Classification <b>12(2) A</b>		Slope <b>10%</b>	Limiting Factor <b>30"</b>	<input type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile _____ Condition _____				

DEPTH BELOW SURFACE (inches)	Texture	Consistency	Color	Mottling
0-6				
6-12				
12-20				
20-30				
30-40				
40-50				
50-60				
60-70				
70-80				
80-90				
90-100				
Soil Classification		Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile _____ Condition _____				

*Stephen P. [Signature]*  
Site Evaluator Signature

301

20 OCT 06  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
 Division of Health Engineering, Station 10  
 (207) 287-5672 FAX (207) 287-4172

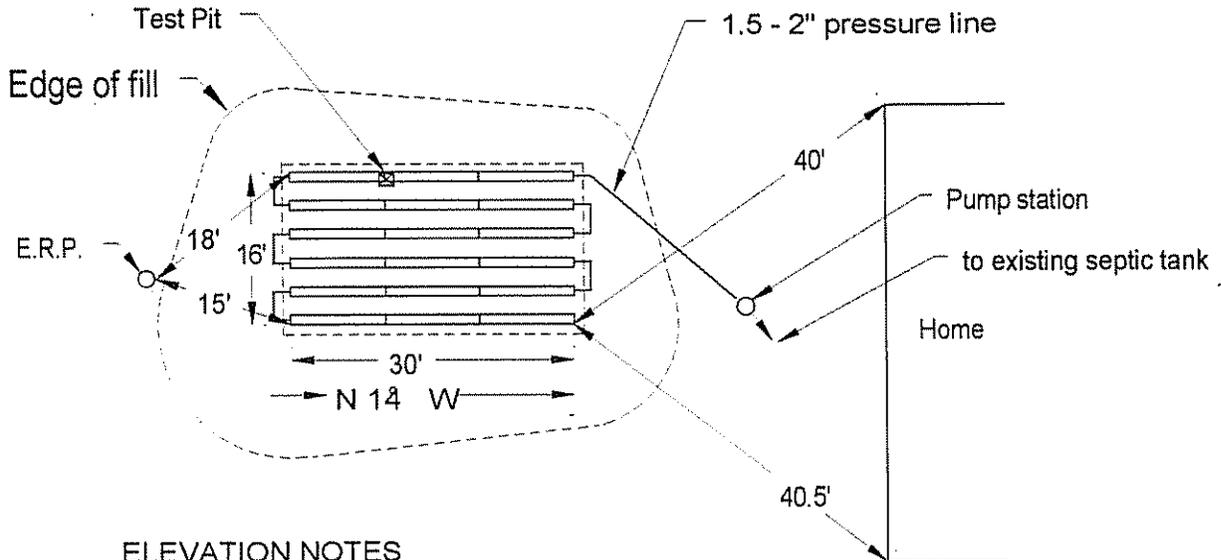
Town, City, Plantation  
AUGUSTA

Street, Road, Subdivision  
2716 N. BELFAST AVENUE

Owner or Applicant Name  
TRAVIS EDWELL

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



### ELEVATION NOTES Geo-Flow Pipe

Row	Bottom	Top	Fill
#1	-36"	-24"	-14"
#2	-40"	-28"	-18"
#3	-44"	-32"	-22"
#4	-48"	-36"	-26"
#5	-52"	-40"	-30"
#6	-56"	-44"	-34"

#### Notes:

1. Completely remove clay-like loam layer prior to installing system.
2. System may be located partially over old disposal area. Remove any portion of old system within 10' of new system.
3. Bedrock condition based on hand dug test pit. Machine dug pit could reveal deeper soils and lower system.
4. Replace tank outlet baffle with plastic filter type.

### BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 18-26"  
 Depth of Backfill (downslope) 18-27"  
 DEPTHS AT CROSS-SECTION (shown below)

### CONSTRUCTION ELEVATIONS *NOTES*

Finished Grade Elevation ABOVE"  
 Top of Distribution Pipe or Proprietary Device \_\_\_\_\_"  
 Bottom of Disposal Field \_\_\_\_\_"

### ELEVATION REFERENCE POINT

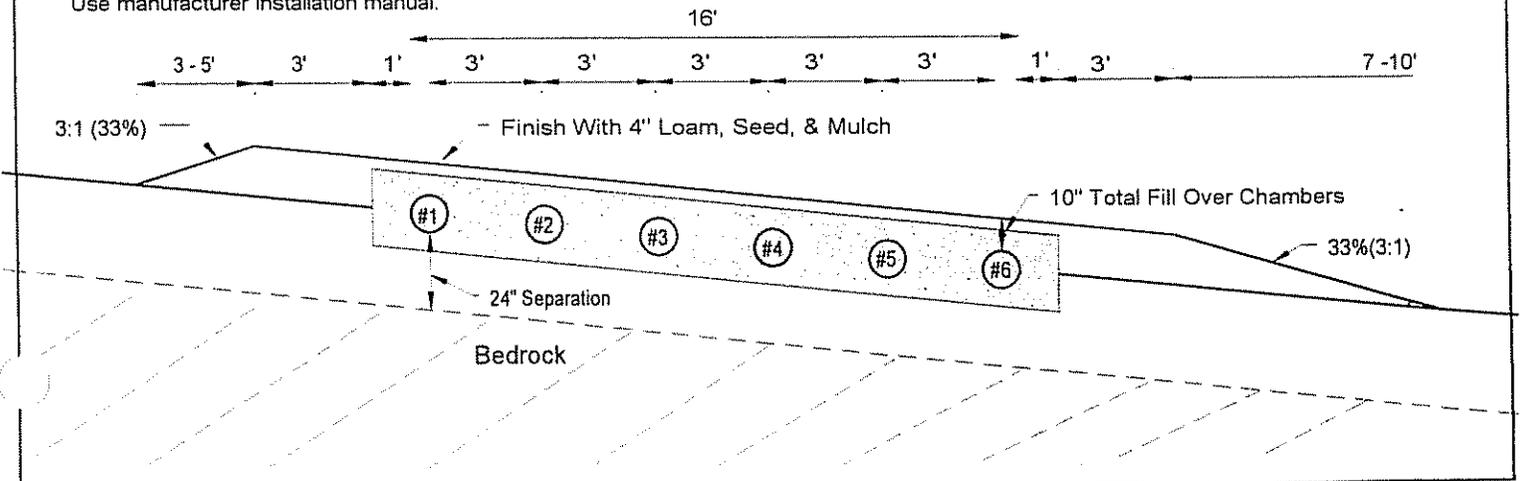
Location & Description: NAIL IN 22" OAK, 55" FROM GROUND  
 Reference Elevation is: 0.0" or: \_\_\_\_\_"

## DISPOSAL FIELD CROSS-SECTION

Scales:

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

Note: System will require 180' of Geo-Flow or Enviro-Septic type drainage pipe.  
 Pipe to be set in bed of sand 6" above and below, and 1" around outside of pipe.  
 Sand to be medium to coarse textured, with an effective particle size of 0.25 to 2.0 mm,  
 with no greater than 5% passing a #200 sieve, and no particles larger than 3/4.  
 Use manufacturer installation manual.



*Stacy P. [Signature]*

S.E. #301

20 OCT 06

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