REPLACEMENT SYSTEM VARIANCE REQUEST

7|12|

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.

GENERAL INFORMATION Town of AUGUSTA

Permit No. 6686 Date Permit Issued 6/25/12

Property Owner's Name: THOMAS SMITH Tel. No.: 623-3349

System's Location: 2712 No. BELFAST AVENUE

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 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.

Thomas J. Smith — SIGNATURE OF OWNER

6-22-2012 — DATE

LOCAL PLUMBING INSPECTOR

I, Gary R. 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. 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:

Gary R. Fuller — LPI SIGNATURE

6/25/12 — DATE

HHE-204 Rev 6/00

FORMS

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
SOILS								
Soil Profile	Ground Water Table			to 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**	**Over 2000 gpd**	**Less than 1000 gpd**	**1000 to 2000 gpd**	**Over 2000 gpd**	**To**	**To**
Wells with water usage of 2000 or more gpd or public water system wells	300 ft	300 ft	300 ft	150 ft	150 ft	150 ft	—	—
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	—	—
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	20 ft	25 ft [-h]	10 ft	10 ft	10 ft [h]	—	—
Water course, major -	100 down to 60 ft [d]	200 down to 120 ft [d]	300 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	9'	—
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]	9'	—
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	—	—

OTHER

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 1402.8 for special procedures when these minimum setbacks cannot be achieved.

Vaughn L. Smith — SITE EVALUATOR'S SIGNATURE — 6/18/12 DATE

STATE OF MAINE — VAUGHN L. SMITH 226 — LICENSED SITE EVALUATOR

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

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ACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept.Health & Human Services
Div of Environmental Health , 11 SHS
(207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION

Town, Plantation: AUGUSTA

Street or Road: 2712 No. BELFAST AVE.

Subdivision, Lot #:

>> CAUTION: LPI APPROVAL REQUIRED <<

AUGUSTA PERMIT #6686 TOWN COPY

Date Permit Issued: 6/25/12 $ 150.00 fee

Mary R. Fuller

LPI # 850

OWNER/APPLICANT INFORMATION

Name (last, first, MI): SMITH, THOMAS ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 2712 No. BELFAST AVE. AUGUSTA, ME 04330

Daytime Tel. #: 623-3349

OWNER OR APPLICANT STATEMENT

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.

Thomas Smith 6-22-2012

Signature of Owner or Applicant — Date

CAUTION: INSPECTION REQUIRED

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

Mary R. Fuller — Local Plumbing Inspector Signature

(1st) date approved 07/19/12

(2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

- ☐ 1. First Time System
- ☒ 2. Replacement System
  - Type replaced: BED
  - Year installed:
- ☐ 3. Expanded System
  - ☐ a. <25% Expansion
  - ☐ b. ≥25% Expansion
- ☐ 4. Experimental System
- ☐ 5. Seasonal Conversion

THIS APPLICATION REQUIRES

- ☐ 1. No Rule Variance
- ☐ 2. First Time System Variance
  - ☐ a. Local Plumbing Inspector Approval
  - ☐ b. State & Local Plumbing Inspector Approval
- ☒ 3. Replacement System Variance
  - ☒ a. Local Plumbing Inspector Approval
  - ☐ b. State & Local Plumbing Inspector Approval
- ☐ 4. Minimum Lot Size Variance
- ☐ 5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS

- ☐ 1. Complete Non-engineered System
- ☐ 2. Primitive System (graywater & alt. toilet)
- ☐ 3. Alternative Toilet, specify:
- ☐ 4. Non-engineered Treatment Tank (only)
- ☐ 5. Holding Tank, _____ gallons
- ☒ 6. Non-engineered Disposal Field (only)
- ☐ 7. Separated Laundry System
- ☐ 8. Complete Engineered System (2000 gpd or more)
- ☐ 9. Engineered Treatment Tank (only)
- ☐ 10. Engineered Disposal Field (only)
- ☐ 11. Pre-treatment, specify:
- ☐ 12. Miscellaneous Components

SIZE OF PROPERTY

± 0.5 ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING

☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE

- ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 3
- ☐ 2. Multiple Family Dwelling, No. of Units:
- ☐ 3. Other: (specify)

Current Use ☐ Seasonal ☒ Year Round ☐ Undeveloped

TYPE OF WATER SUPPLY

☒ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private ☐ 4. Public ☐ 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- ☒ 1. Concrete
  - ☒ a. Regular
  - ☐ b. Low Profile
- ☐ 2. Plastic
- ☐ 3. Other:

CAPACITY: 1000 GAL.

DISPOSAL FIELD TYPE & SIZE

- ☐ 1. Stone Bed ☐ 2. Stone Trench
- ☒ 3. Proprietary Device
  - ☐ a. cluster array ☐ c. Linear
  - ☐ b. regular load ☒ d. H-20 load
- ☐ 4. Other: CONCRETE 4X8

SIZE: 900 ☒ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT

☒ 1. No ☐ 2. Yes ☐ 3. Maybe

If Yes or Maybe, specify one below:

- ☐ a. multi-compartment tank
- ☐ b. ___ tanks in series
- ☐ c. increase in tank capacity
- ☐ d. Filter on Tank Outlet

DESIGN FLOW

270 gallons per day

BASED ON:

- ☒ 1. Table 4A (dwelling unit(s))
- ☐ 2. Table 4C(other facilities)

SHOW CALCULATIONS for other facilites

☐ 3. Section 4G (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION: 7, C

at Observation Hole # 1

Depth 35

of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

- ☐ 1. Medium---2.6 sq. ft. / gpd
- ☒ 2. Medium---Large 3.3 sq. ft / gpd
- ☐ 3. Large---4.1 sq. ft. / gpd
- ☐ 4. Extra Large---5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

- ☒ Not Required
- ☐ May Be Required
- ☐ Required

Specify only for engineered systems:

DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area

Lat. 44 d 28 m 10 s

Lon. 69 d 40 m 40 s

if g.p.s, state margin of error:

SITE EVALUATOR STATEMENT

I certify that on 6/11/12 (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).

Vaughn L. Smith — Site Evaluator Signature

VAUGHN L. SMITH — Site Evaluator Name Printed

VAUGHN L. SMITH — SE # 220

44 623 3887 — Telephone Number

6/18/12 — Date

SOILTESTMAN@AOL.COM — E-mail Address

STATE OF MAINE — LICENSED SITE EVALUATOR

Note : Changes to or deviations from the design should be confirmed with the site evaluator.

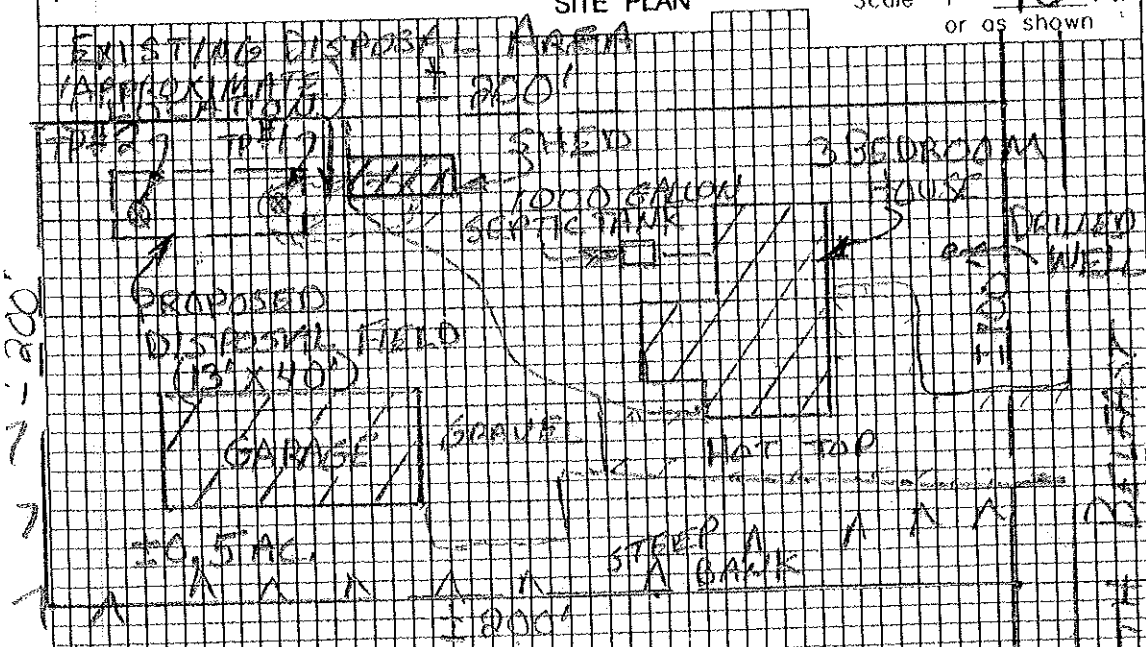
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

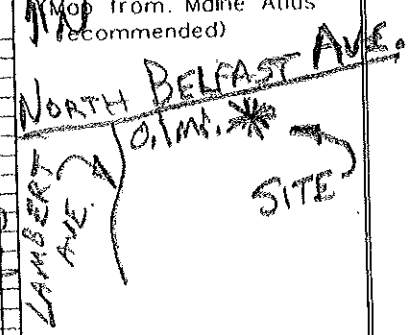
Town, City, Plantation: AUGUSTA
Street, Road Subdivision: 2712 No. BELFAST AVE.
Owner's Name: THOMAS SMITH

SITE PLAN

Scale 1" = 40 Ft. or as shown



SITE LOCATION PLAN (Map from Maine Atlas recommended)



NOTE:
ALL TIES, ELEVATIONS + PROPERTY LINES SHALL BE CONFIRMED PRIOR TO CONSTRUCTION

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

Observation Hole #1 ☒ Test Pit ☐ Boring
0 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–20	COBBLY LOAMY SAND FILL	LOOSE	PALE BROWN	NONE
20–30	FINE SANDY LOAM	FRIABLE	OLIVE BROWN W/GRAY	
30–50		FIRM	PALE OLIVE	FEW DISTINCT

Soil Classification: Profile 2, Condition C; Slope 4 %; Limiting Factor 35"; ☐ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring
0 " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–20	GRAVELLY TO COBBLY SAND FILL	LOOSE	PALE BROWN	NONE
20–30	LIMIT OF PIT DEPTH			

Soil Classification: Profile 5, Condition B; Slope 6 %; Limiting Factor N/A; ☐ Ground Water ☐ Restrictive Layer ☐ Bedrock ☒ Pit Depth

STATE OF MAINE
VAUGHN L. SMITH
226
LICENSED
SITE EVALUATOR

Vaughn L. Smith
Site Evaluator Signature

6/18/12
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

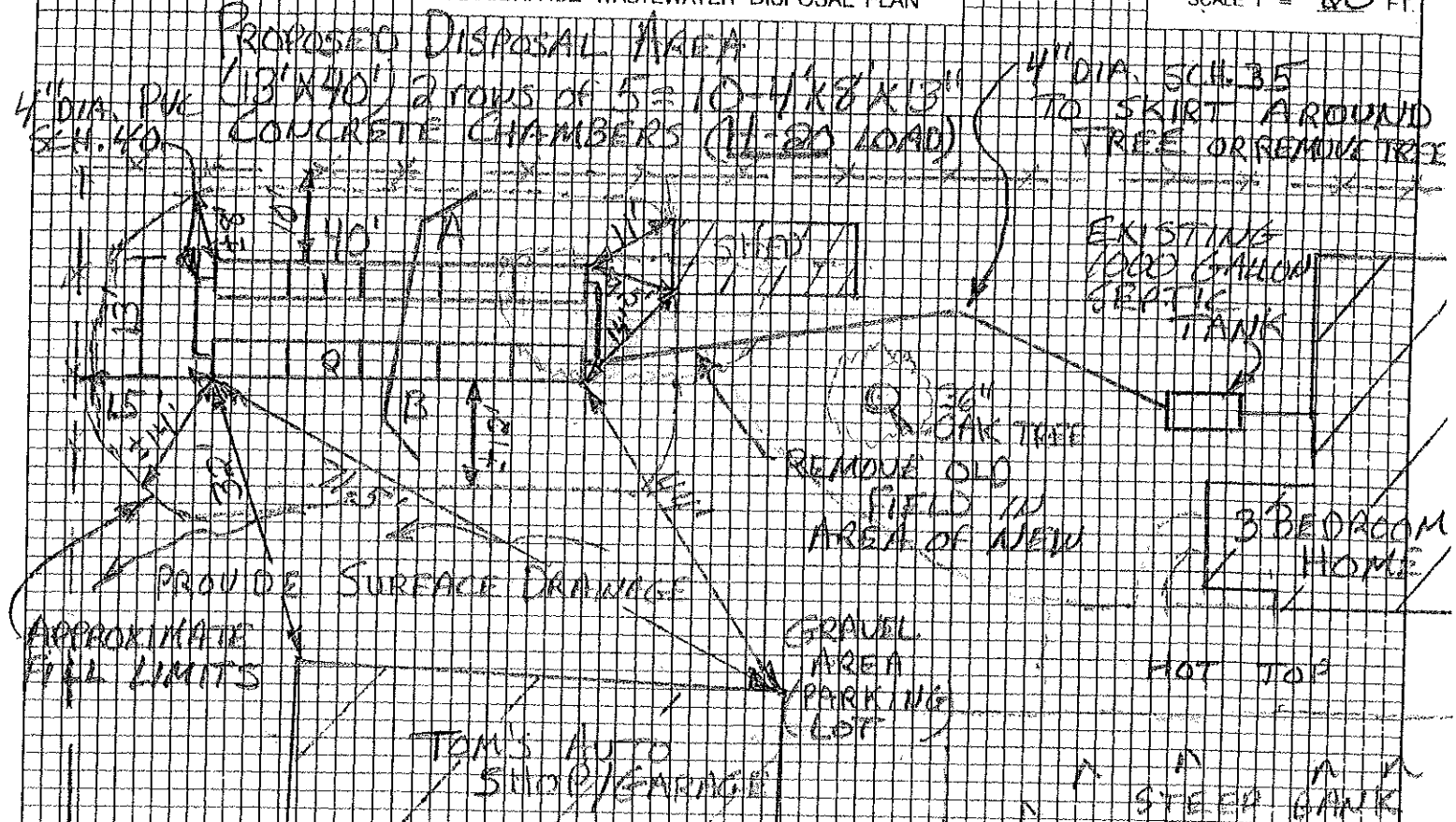
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: 2712 No. BELFAST AVE.

Owner's Name: THOMAS SMITH

SUBSURFACE WASTEWATER DISPOSAL PLAN

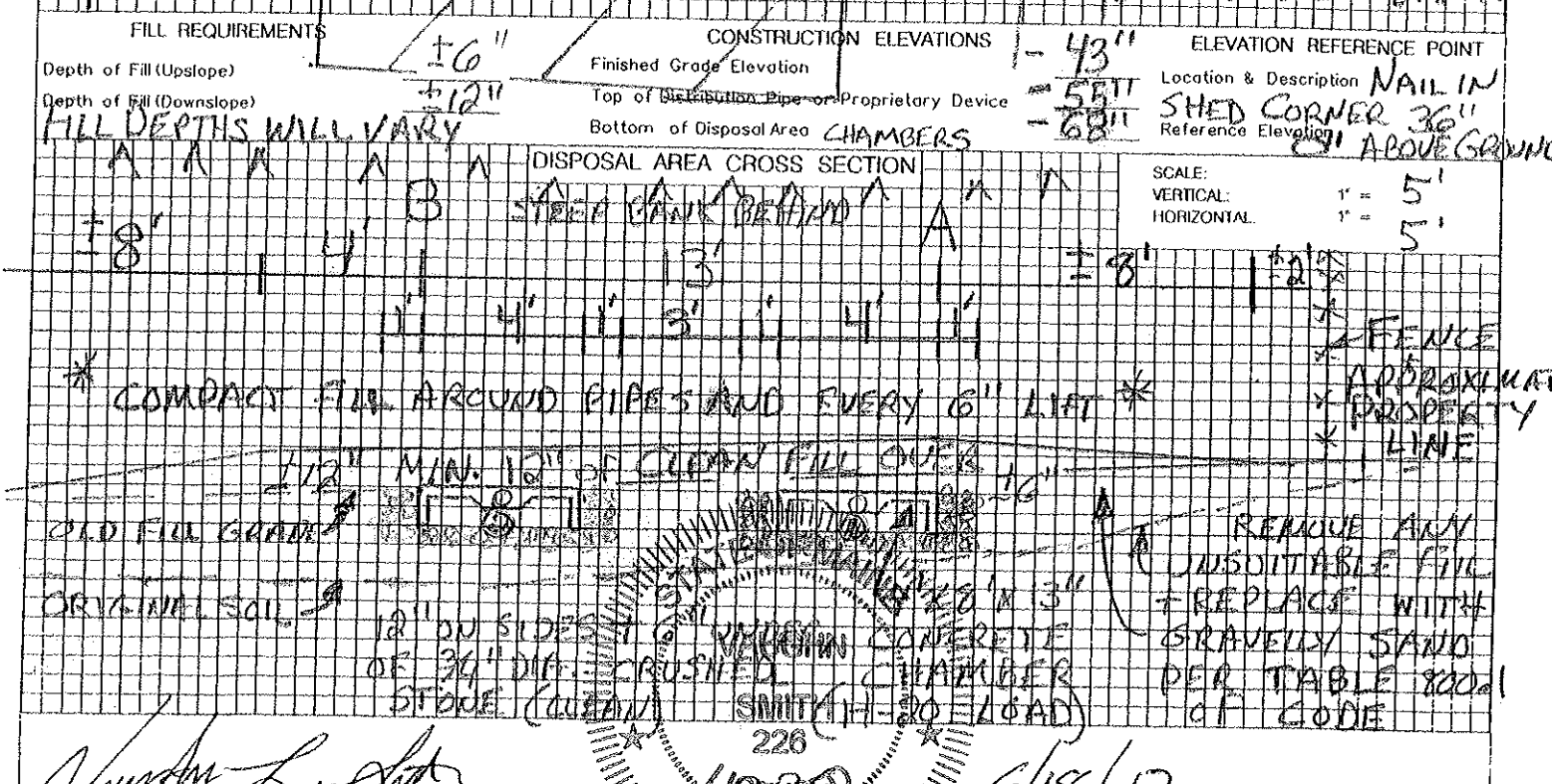
SCALE 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	±6"	Finished Grade Elevation	-43"	Location & Description: NAIL IN SHED CORNER 36" ABOVE GROUND
Depth of Fill (Downslope)	±12"	Top of ~~Distribution Pipe or~~ Proprietary Device	-55"	
FILL DEPTHS WILL VARY		Bottom of Disposal Area CHAMBERS	-68"	Reference Elevation

DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" = 5'
HORIZONTAL: 1" = 5'



Site Evaluator Signature: [signature]

Date: 6/18/12

LICENSED SITE EVALUATOR 226