

Called 9/23 8:20

REPLACEMENT SYSTEM VARIANCE REQUEST

C 441-5417 00
TOWN OF AUGUSTA 95'

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		Town of <u>AUGUSTA</u>
Permit No. <u>6220</u>		Date Permit Issued <u>9/23/08</u>
Property Owner's Name: <u>ED SULLIVAN</u>		Tel. No.: <u>623-3292</u>
System's Location: <u>48 LAMBERT AVENUE, AUGUSTA, ME 04330</u>		
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.

Ed Sullivan
SIGNATURE OF OWNER

9.22.08
DATE

LOCAL PLUMBING INSPECTOR:
I, Gregory R. Sullivan, 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 _____

Gregory R. Sullivan
LPI SIGNATURE

9/23/08
DATE

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
	Ground Water Table			Restrictive Layer			Bedrock	
SOILS								
Soil Profile								
Soil Condition from HHE-200				to 7"			Inches	
SETBACK DISTANCES (in feet)	Disposal Fields			Septic Tanks			Inches	
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 To	Septic Tanks To
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		
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	68'	
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	20'	
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. REQUEST LPI CONCURRENCE TO REDUCE SEPARATION DISTANCE FROM 18 INCHES TO 14 INCHES TO
2. AVOID EXCESSIVE FILL ON BACK SIDE OF HOUSE
- 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

7/17/2006 UPDATED 9/18/2008
 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 <<	
Town, Antation	AUGUSTA	AUGUSTA PERMIT # 6220 TOWN COPY Date Permit Issued: <u>9/23/08</u> \$ <u>95.00</u> <input type="checkbox"/> If Double Fee Charged Signature: <u>[Signature]</u> L.P.I. # <u>850</u> Local Plumbing Inspector Signature	
Street or Road	48 LAMBERT AVENUE		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	SULLIVAN, ED <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	48 LAMBERT AVENUE AUGUSTA, ME 04330		
Daytime Tel. #	623-3292	Municipal Tax Map # <u>7</u> Lot # <u>126</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>[Signature]</u> Date: <u>9.22.08</u>	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: _____
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PERMIT INFORMATION		
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced _____ Year installed _____ <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 type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & all. 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
SIZE OF PROPERTY 0.71 <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 checked="" type="checkbox"/> a. Regular <input 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>1050</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-
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>3 / D / 3</u> at Observation Hole # <u>TP-1</u> Depth <u>14</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 checked="" type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems DOSE _____ gallons	<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>2</u> s Long. <u>69</u> d <u>41</u> m <u>43</u> s If gps, state margin of error: _____

SITE EVALUATOR'S STATEMENT		
I certify that on <u>7/17/06</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).		
Signature: <u>William P. Brown</u> Site Evaluator Signature	SE#: <u>188</u>	Date: <u>7/17/2006</u> UPDATED 9/18/2008
Name: <u>WILLIAM P BROWN</u> Site Evaluator Name Printed	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

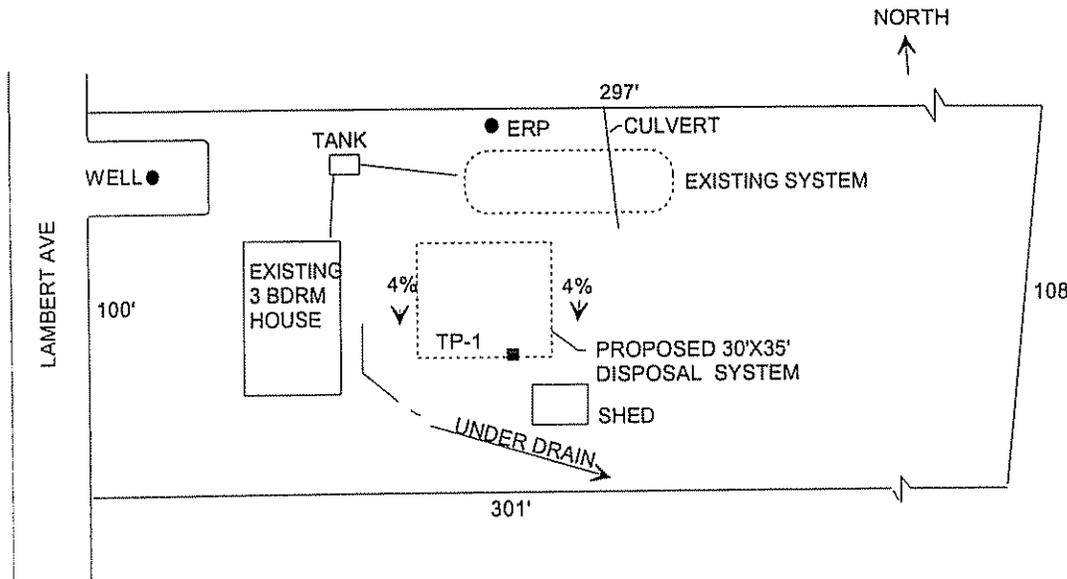
Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
48 LAMBERT AVENUE

Owner or Applicant Name
ED SULLIVAN

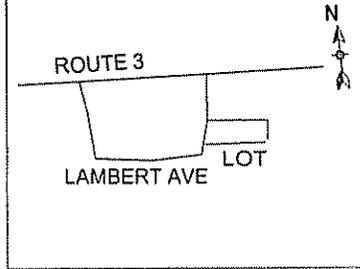
SITE PLAN

Scale 1" = 50 Ft.



SITE LOCATION PLAN

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



ERP TO TP-1 = 60'

THE PROPOSED DISPOSAL SYSTEM WILL BE LOCATED 20 FT FROM THE HOUSE, 68 FT FROM THE OWNER'S WELL, AND 20 FT FROM A MAN-MADE DITCH.

THE EXISTING CONCRETE TANK MUST BE PUMPED OUT AND INSPECTED FOR STRUCTURAL INTEGRITY. REPLACE EFFLUENT BAFFLE IF NECESSARY, WITH A NEW BAFFLE OR AN EFFLUENT FILTER.

THE EXISTING SHED MUST BE MOVED TO ANOTHER LOCATION ON THE PROPERTY.

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

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 LOAM	FRIABLE	MEDIUM BROWN	NONE COMMON
10			ORANGE BROWN	
20			LIGHT BRN	
20		FIRM	OLIVE BROWN	
30				
40				
50				

Soil Profile	Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Groundwater
<u>3</u>	<u>D</u>	<u>4</u> %	<u>14</u> " Depth	<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

(Location of Observation Holes Shown Above)

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 Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Groundwater
		%	" Depth	<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

WILLIAM P BROWN *William P Brown*
 Site Evaluator Signature

188
 SE #

7/17/2006 UPDATED 9/18/2008 Page 2 of 3
 Date

HHE-200 Rev. 10/02

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation
AUGUSTA

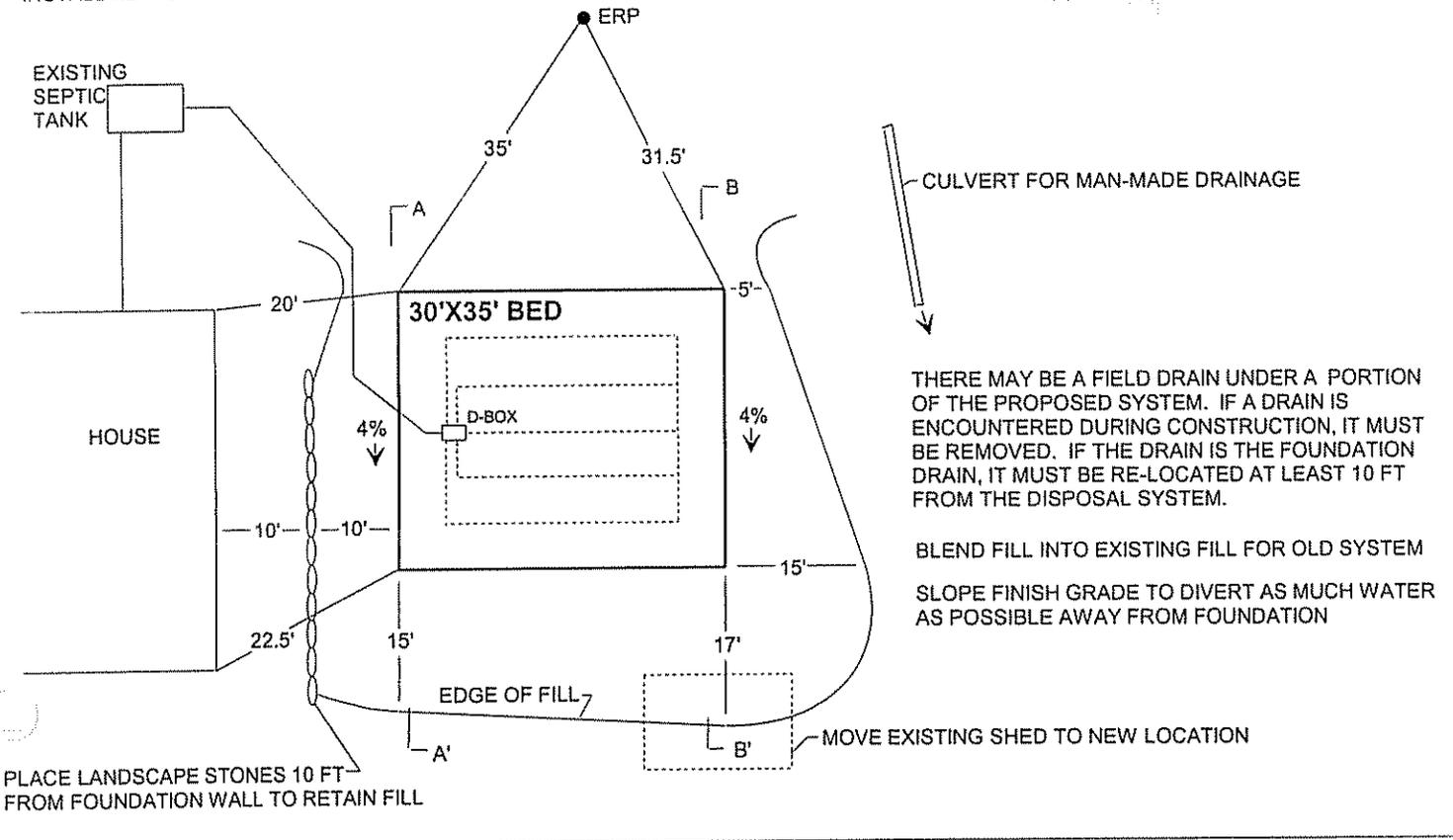
Street, Road, Subdivision
48 LAMBERT AVENUE

Owner or Applicant Name
ED SULLIVAN

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

IMP OUT AND INSPECT SEPTIC TANK FOR STRUCTURAL INTEGRITY. REPLACE EFFLUENT BAFFLE, IF NECESSARY, WITH NEW BAFFLE OR AN EFFLUENT FILTER.
INSTALL NEW SDR 35 PIPE FROM TANK TO D-BOX



THERE MAY BE A FIELD DRAIN UNDER A PORTION OF THE PROPOSED SYSTEM. IF A DRAIN IS ENCOUNTERED DURING CONSTRUCTION, IT MUST BE REMOVED. IF THE DRAIN IS THE FOUNDATION DRAIN, IT MUST BE RE-LOCATED AT LEAST 10 FT FROM THE DISPOSAL SYSTEM.

BLEND FILL INTO EXISTING FILL FOR OLD SYSTEM
SLOPE FINISH GRADE TO DIVERT AS MUCH WATER AS POSSIBLE AWAY FROM FOUNDATION

BACKFILL REQUIREMENTS

Depth of Fill (Upslope) 24"
Depth of Fill (Downslope) 34-37"
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

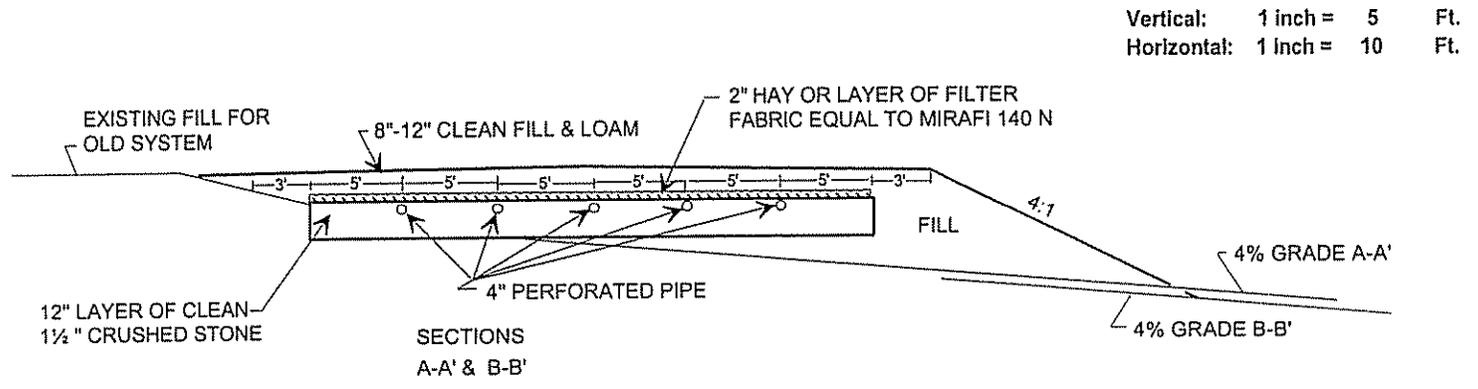
Finished Grade Elevation VARIES
Top of Distribution Pipe or Proprietary device -44"
Bottom of Disposal Area -55"

ELEVATION REFERENCE POINT

Location and Description:
FLAGGED NAIL IN 5 INCH MAPLE 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 VEGETATION IN DISPOSAL AREA
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 FINSH GRADE FROM CENTER AT 3% AND BLEND INTO EXISTING LAWN AREA
LOAM, SEED, MULCH DISTURBED AREAS

WILLIAM P BROWN *William P Brown*
Site Evaluator Signature

188
SE #

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Date HHE-200 Rev. 10/02