



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH ENGINEERING
286 WATER STREET
AUGUSTA, MAINE
04333-0011

RECEIVED
JUL 13 2005
BY:

July 8, 2005

JOHN R. NICHOLAS
COMMISSIONER

*Town Copy
#5578
100.00*

Lajoie Brothers
36 Mt. Vernon Avenue
Augusta, ME 04330

SUBJECT: Approval, Replacement System Variance Request, Lajoie Brothers property, Augusta

Dear Lajoie Brothers:

The Division has reviewed a replacement system variance request for the subject property. The state variance requested is to install the system with a reduction in depth to the seasonal high ground water table from 12 inches to 1 inch and a fill extension grade to 3:1 as needed. As we understand the situation, the variance request has been submitted because topography and existing development limit the potential system location. The system design prepared by Kane Coffin, SE, dated 05/26/2005 is otherwise found to be in compliance with the Maine Subsurface Wastewater Disposal Rules.

We approve the requested variance with the following requirements:

1. A permit for system installation is to be obtained from the Local Plumbing Inspector in advance of the start of system construction.
2. The system is to be installed in accordance with the submitted and approved system design. Should alterations to the design be required at the time of construction, the site evaluator is to be notified prior to making any changes.
3. The contractor is to scarify the soils under the fill extensions to create a transitional zone more compatible with the disposal field area.

By accepting this approval and the associated plumbing permit, the owner agrees to comply fully with the conditions of approval and the Subsurface Wastewater Rules.

Because installation and owner maintenance has a significant effect on the working order of onsite sewage disposal systems, including their components, the Division makes no representation or guarantee as to the efficiency and/or operation of the system.

Should you or others have any questions, please feel free to contact me at (207) 287-5687.

Sincerely,

Jennifer E. Sanborn, Environmental Specialist II
Wastewater and Plumbing Control Program
Division of Health Engineering
e-mail: Jennifer.E.Sanborn@maine.gov

/jes

xc: File
Gary Fuller, LPI
Kane Coffin, SE

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 minor 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. _____	Date Permit Issued _____
Property Owner's Name: <u>Lajoie Bros</u>	Tel. No.: _____
System's Location: <u>3029 North Belfast Ave.</u>	
Property Owner's Address: <u>36 Mt Vernon Ave.</u>	
(If different from above)	

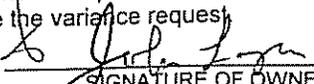
SPECIFIC INSTRUCTIONS TO THE:
LOCAL PLUMBING INSPECTOR (LPI):
 If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the 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.


6/29/05
 SIGNATURE OF OWNER DATE

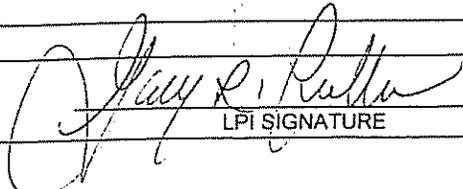
LOCAL PLUMBING INSPECTOR

Mark R. Kulla, 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:


6/29/05
 LPI SIGNATURE DATE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION		>> Caution: Permit Required – Attach in Space Below <<	
City, Town, or Plantation	Augusta	AUGUSTA Date Permit Issued: <u>7/13/05</u> PERMIT # <u>5578</u> \$ <u>100.00</u> FEE Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # <u>8502</u> OWN COPY <input type="checkbox"/> Double Fee Charged <input type="checkbox"/>	
Street or Road	3029 North Belfast Avenue		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	Lajoie Brothers <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	36 Mt. Vernon Avenue Augusta, ME 04330		
Daytime Tel. #	(207) 622-1764	Municipal Tax Map # <u>8</u>	Lot # <u>10</u>
Owner/Applicant Statement		Caution: Inspections Required	
I state and acknowledge that the information submitted is correct to the best of my knowledge, that I have read and agree with the conditions on the back of this form, 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 on back of this form and found it to be in compliance with the Subsurface Wastewater Disposal Rules and local ordinances.	
Signature of Owner/Applicant: <u>[Signature]</u> Date: <u>7/13/05</u>		Local Plumbing Inspector Signature: <u>[Signature]</u> (1 st) Date Approved: <u>8/10/05</u> (2 nd) Date Approved: _____	

PERMIT INFORMATION		
TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>stone trench</u> Year Installed: <u>unknown</u> 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 1. <input type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector approval b. <input checked="" type="checkbox"/> State & Local Plumbing Inspector approval 5. <input type="checkbox"/> Minimum Lot Size Variance 6. <input type="checkbox"/> Seasonal Conversion Variance	DISPOSAL SYSTEM COMPONENT(S) 1. <input checked="" type="checkbox"/> Complete non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Disposal Area 5. <input type="checkbox"/> Holding Tank, _____ gallons 6. <input type="checkbox"/> Non-Engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (+2000 gpd) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components
SIZE OF PROPERTY _____ sq. ft. 9.89 <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE: 1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____ 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input checked="" type="checkbox"/> Other: <u>Office/shop</u> Specify _____ Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY: <u>1500</u> Gallons	DISPOSAL AREA TYPE/SIZE 1. <input checked="" type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device <input type="checkbox"/> Cluster array <input type="checkbox"/> Linear <input type="checkbox"/> Regular load <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE: <u>4059</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes 3. <input type="checkbox"/> Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> Multi-compartment tank <input type="checkbox"/> _____ Tanks in series <input type="checkbox"/> Increase in tank capacity <input checked="" type="checkbox"/> Filter on tank outlet	DESIGN FLOW <u>975</u> gallons per day BASED ON: 1. <input type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input checked="" type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS --for other facilities-- 65 employees @ 15 gpd 3. <input type="checkbox"/> Section 503.0 (meter read.) ATTACH WATER-METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>12 / E / 8E</u> at Observation Hole # <u>TP 1</u> Depth: <u>1"</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 type="checkbox"/> Medium Large 3.3 sq. ft./gpd 4. <input checked="" type="checkbox"/> Large 4.1 sq. ft./gpd. 5. <input type="checkbox"/> Extra-Large 5.0 sq. ft./gpd.	EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not required 2. <input type="checkbox"/> May be required 3. <input checked="" type="checkbox"/> Required >> Specify only for engineered or experimental systems Dose _____ Gallons	

SITE EVALUATOR COMMENTS
System-2-20' by 100' stone beds
SITE EVALUATOR STATEMENT

I Certify that on May 21, 2005 (date) I completed a site evaluation on this project and state that the data reported is accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241) as interpreted by me.

Kane P. Coffin
 Kane P. Coffin, an agent of E.S. Coffin Engineering & Surveying, Inc.
 E.S. Coffin Engineering & Surveying, Inc.
 432 Cony Road P.O. Box 4687
 Augusta, Maine 04330-1687

SE #331
 Licensed Site Evaluator
 (207) 623-9475 or 1-800-244-9475
 May 26, 2005
 Date
 Fax (207)623-0016

ATTACHMENT FOR HHE-200 FORM

1. The OWNER/APPLICANT, by signing the front of this form, agrees to provide payment for services rendered as quoted and billed by COFFIN ENGINEERING & SURVEYING (CE&S). Payment on all billings are due within 30 days of billing date, otherwise a late charge of 1.5% per month (18% per year), simple interest, will be added to the total amount. In the event that any portion, or all of the final billing, remains unpaid for a period of 60 days, the OWNER/APPLICANT shall pay all costs of collection, including attorney's fees, court costs, CE&S's cost to collect bill. PLEASE NOTE THAT THE PERSON SIGNING THIS FORM UNDER THE OWNER/APPLICANT IS RESPONSIBLE FOR PAYMENT OF SERVICES AND SHOULD CONTACT CE&S IF HE/SHE HAS NOT RECEIVED A BILL.
2. All construction shall conform with Title 22 MRSA, §42, 10-144A CMR 241 "Maine-Subsurface Waste Water Disposal Rules," and all other pertinent sections. The OWNER/APPLICANT is responsible for the contractor installing the proposed septic system correctly and for obtaining all necessary permits. The OWNER/APPLICANT shall carefully examine all documents submitted by CE&S and promptly notify CE&S upon becoming aware of any defects. The OWNER/APPLICANT agrees to limit the liability of the site evaluator and/or CE&S to the amount of the total fee paid to CE&S and to a limit of five years from the date of this form. Visits to the site will be for information purposes only. CE&S will not be responsible for any site inspection duties.
3. This disposal system form shall not be transferable and becomes invalid if the authorized work has not commenced within two years after the issue date of the disposal system.
4. The OWNER/APPLICANT shall accurately describe the intended uses (present and future) for the system to the site evaluator. By signing the front of this form, the OWNER/APPLICANT agrees that the uses shown on said form is what was described to the site evaluator. Any change from the intended use described on this form requires a new design. Applicability of design must be reevaluated when location of structures are substantially different from those shown on the site plan or when other structures, additions, or appurtenances (i.e. swimming pools, garbage disposals) are considered.
5. The LPI shall inform the owner and designer of any local ordinance exceeding the Rules (Chapter 241) prior to issuing a permit, so that the application may be properly amended to conform to such ordinances.
6. The most recent revision of the Maine State Plumbing Code is hereby made a part of this HHE-200 Form and shall be consulted by the disposal system installer for further construction details, material specifications, cautions, and other related details pertinent to the installation of this disposal system.
7. This HHE-200 form is intended to represent facts pertinent to the Plumbing Code only. The owner/applicant must check local, state, and federal regulations before considering this an approvable site. All information shown on this form relating to property lines, structures, and subsurface structures (such as, but not limited to water lines, septic tanks, cess pools, cellar drains, utility lines, wells, leach fields, etc.) are noted, shown, or left off as not affecting the system based on information provided by the owner/applicant or his agent. The OWNER/APPLICANT acknowledges and understands that CE&S's submissions may represent imperfect data and may contain errors, omissions, conflicts, inconsistencies, code violations, and improper use of materials. Such deficiencies will be corrected when identified. The OWNER/APPLICANT agrees to carefully study and compare the submissions and report at once in writing to CE&S any deficiencies discovered. The OWNER/APPLICANT further agrees to require each contractor and/or subcontractor to likewise study the submissions and report at once any deficiencies discovered. It is the responsibility of the owner/applicant or his agent to confirm, BEFORE CONSTRUCTION BEGINS, the above and/or any other features which may affect (or be adversely affected by) the installation of this system.
8. When a gravity system is proposed, BEFORE CONSTRUCTION BEGINS, the disposal system installer and building contractor shall review the relative elevation of all points given in the this HHE-200 Form and the elevation of the existing or proposed building drain and septic tank openings for compatibility to the minimum code pitch requirements. Any questions that arise should be directed to the local plumbing inspector or designer. When a pump system is installed, provisions shall be made to keep the tank and lift station outlets above the high water table.
9. The Septic System Owner's Manual written by the designer is made a part of this HHE-200 Form and shall be consulted by the owner/applicant and disposal system installer for other facts pertinent to the installation and operation of this disposal system.
10. The OWNER/APPLICANT bears the responsibility to show the location of property lines, subsurface structures (such as, but not limited to water lines, septic tanks, cess pools, cellar drains, utility lines), and wells to the Site Evaluator. Actual property lines must be confirmed by a boundary survey. By signing the front of this form, the OWNER/APPLICANT agrees that the property lines and wells on the accompanying plan(s) are shown correctly and any discrepancy found in the future is the responsibility of the OWNER/APPLICANT.
11. The actual water flow or number of bedrooms shall not exceed the design criteria indicated on this HHE-200 Form without a re-evaluation of the system.
12. CE&S is not responsible for the actions of others, who affect the ultimate cost of the PROJECT; by vandalism, marker removal, changes in scope of work, approval agencies, redesign of septic system, etc. (OWNER/APPLICANT to be notified of any cost increase).
13. The laws of Maine will apply concerning the interpretation and performance of this AGREEMENT. If an item in this AGREEMENT is found to be in violation of any prevailing laws, it will not void the entire AGREEMENT. This AGREEMENT is superior and over-rides any Standard Subcontract Agreement signed by the parties involved in this AGREEMENT for this PROJECT when referenced in said Standard Subcontract Agreement.
14. CE&S is responsible for the actions of its' employees only. Insurance is provided for: vehicles, general liability, errors and omissions, and workman's comp. All other entities on the site are responsible for their own safety, work product, actions, conduct, etc.
15. CE&S is not responsible for any actual, alleged, or threatened, pollutant damage in regard to the services performed. Pollutants are defined as any environmentally threatening contaminants commonly regulated in this state.
16. In the event that the OWNER/APPLICANT hires subcontractors, workers, orders material, etc., and governs, directly or indirectly, the overall operation on the work site; then the OWNER/APPLICANT is deemed to be acting as his own general contractor, having a greater responsibility for the work site.
17. Other than the procedure of collections described above in (1), should the parties of this AGREEMENT have differences involving either the work site, or the PROJECT, that cannot be resolved between them; then the procedures of Alternate Dispute Resolution will be the only method of resolving those differences.

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 minor 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

Permit No. _____ Town of _____
 Date Permit Issued _____
 Property Owner's Name: _____ Tel. No.: _____
 System's Location: _____
 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.

SIGNATURE OF OWNER

DATE

LOCAL PLUMBING INSPECTOR

I, _____, 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:

LPI SIGNATURE

DATE

Replacement System Variance Request

VARIANCE CATEGORY		LIMIT OF LPI'S APPROVAL AUTHORITY			VARIANCE REQUESTED TO:			
SOILS								
Soil Profile	Ground Water Table			to 7"			1 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 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		
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		

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. 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.
 - 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.

Lawrence J. Callahan
SITE EVALUATOR'S SIGNATURE

May 26, 2005
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

432 Cony Road
P.O. Box 4687
Augusta, ME 04330



(207) 623-9475
Fax (207) 623-0016
1-800-244-9475

**TO ACCOMPANY THE HHE-200 FORM FOR THE LAJOIE BROS.
PROPERTY IN THE CITY OF AUGUSTA, dated 5-26-05**

Existing

The Lajoie property is located at 3029 North Belfast Road. The current system contains a concrete septic tank leading into a trench style leach field. The system appears to be installed over 30 years ago for the R.N. Sylvester's trust making operation and subsequently used by Contractor's Group and then S & L Contractors.

Most of the site appears to be fill material (gravely sandy loam with debris). The existing leach field is malfunctioning according to a septic system inspection by Pat Jackson Inc./Tri-City, dated September 24, 2003.

Proposed septic system

The proposed replacement system requires Health Engineering review because the ground water is within one inch of the surface. The replacement disposal area is to be comprised of two 20 feet by 100 feet stone beds. A new 1500-gallon septic tank with effluent filter connected to a new 100 gallon pumping station is required.

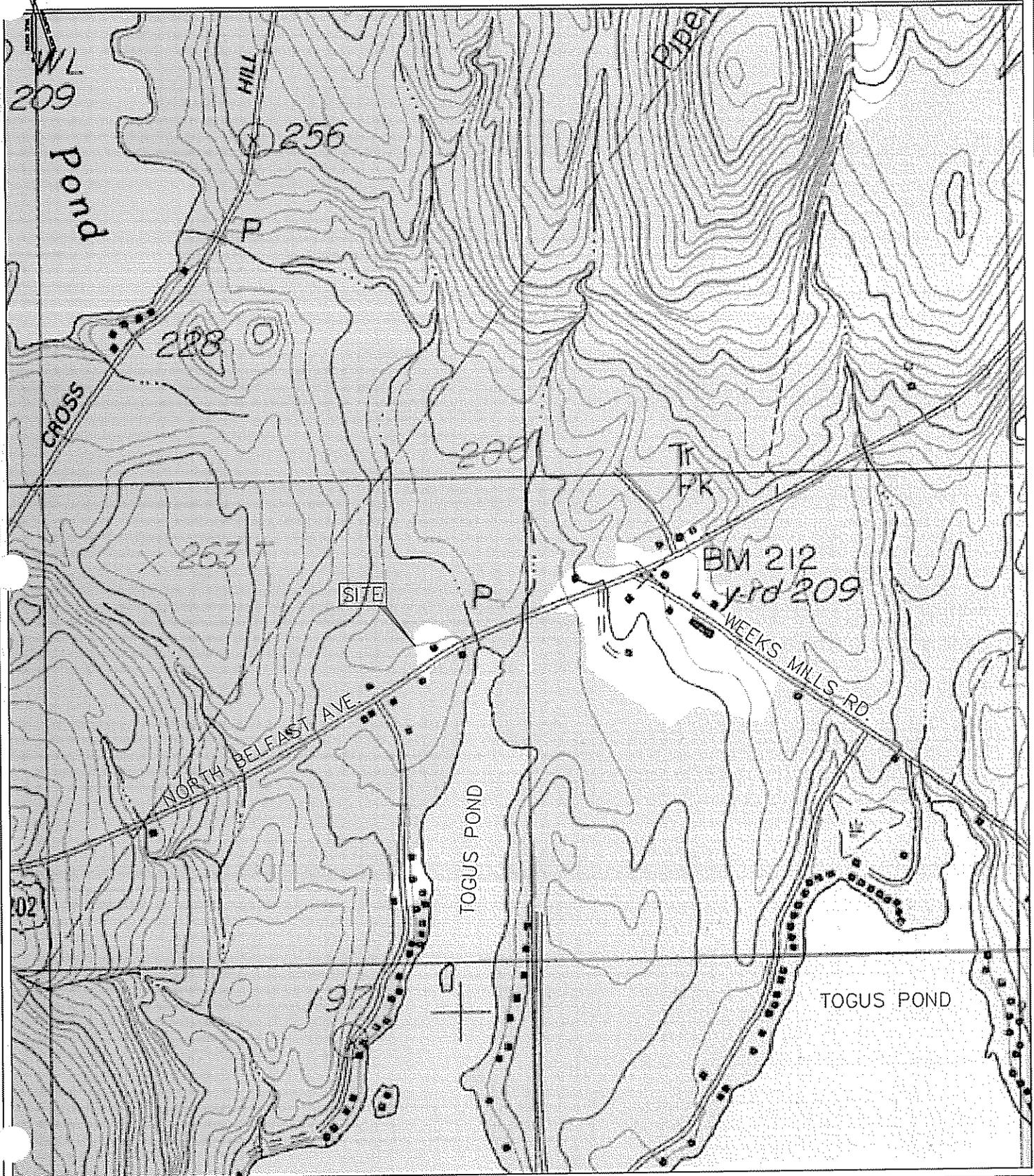
Respectfully submitted,

A handwritten signature in cursive script that reads "Kane P. Coffin".

Kane P. Coffin, SE 331

SITE LOCATION MAP

SCALE 1" = 1000'



HHE-200

ENGINEERING
E.S. COFFIN
 SURVEYING
 E.S. COFFIN ENGINEERING & SURVEYING, INC.
 433 Gray Road, P.O. Box 4087, Augusta, Maine 04301
 PH (207) 625-9475 Fax (207) 625-9316 E-Mail: es@escs.com

CLIENT/PROJECT:

**Lajoie Bros.
 SEPTIC SYSTEM DESIGN**

DRAWN TITLE:

SITE LOCATION MAP

LOCATION: 3023 NORTH BELFAST AVENUE

SCALE: AS SHOWN

100% AUGUSTA COUNTY, KENNEBEC COUNTY, MAINE

DATE: MAY 26, 2005

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation
 Augusta

Street, Road, Subdivision
 3029 North Belfast Avenue

Owner's Name
 Lajoie Bros.

SITE PLAN

Scale: 1" = ___ feet

TEXTURE TERMS

Sand
 Loamy sand
 Sandy loam
 Loam
 Silty loam
 Silty clay loam
 Silty clay
 Bedrock

TEXTURE

ABUNDANCE
 Very-36-60%
 Extremely-61-90%

MODIFIER TERMS

VF-very fine
 F-fine
 M-medium
 C-course
 ROCK
 Gravely-0.1-3"
 Cobbly-3-10"
 Stony-+10"

MOTTLING

CONTRAST
 Faint
 Distinct
 Prominent

ABUNDANCE
 None
 Few-<2%
 Common-2-20%
 Many->20%

CONSISTENCE

TERMS
 Loose
 Friable
 Firm
 Very Firm
 Cemented

SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole TP's 1-4 Test Pit Boring
 0' Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0		Dk Gray	
gravelly Sandy Loam w/ debris	Friable		Common Distinct
		Ol Brown	
	hole filled with water		

DEPTH BELOW MINERAL SOIL (INCHES)

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
<u>9</u> <u>E</u>	<u>0</u> %	<u>1</u> "	<input type="checkbox"/> Restrictive Layer
Profile Condition			<input type="checkbox"/> Bedrock
			<input checked="" type="checkbox"/> Pit Depth

Observation Hole _____ Test Pit Boring
 _____' Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0			

DEPTH BELOW MINERAL SOIL (INCHES)

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

Site Evaluator's Signature *Kara P. Coffin*

SE # 331

Date: 05/26/05

HHE-200

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation
AUGUSTA

Street, Road, Subdivision

3029 NORTH BELFAST AVE.

Owner's Name

LAJOIE BROS.

FILL REQUIREMENTS

Depth of Fill (Upslope) 45-53"
Depth of Fill (Downslope) 46-54"

CONSTRUCTION ELEVATIONS

Reference Elevation is 00"
Bottom of Disposal Area n/a
Top of Chambers n/a

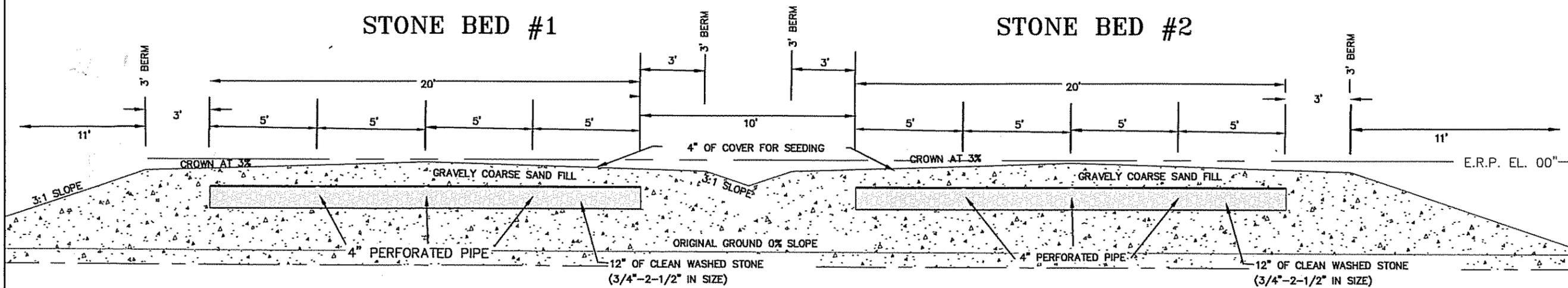
ELEV. REF. PT:

50d spike in 14" Oak Tree
(13" above ground)

DISPOSAL AREA CROSS SECTION

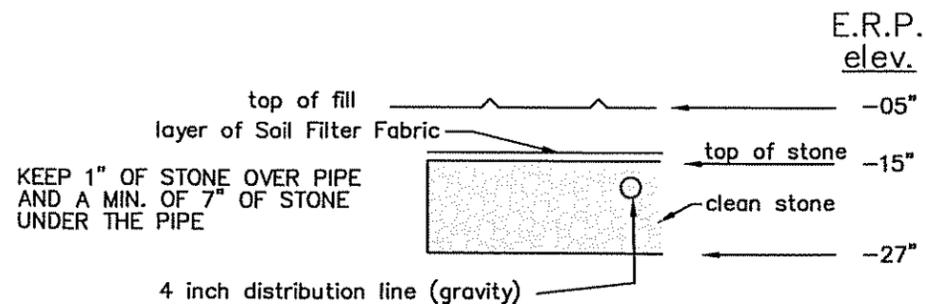
SCALE:

Vertical: 1 inch = 5 feet
Horizontal: 1 inch = 5 feet

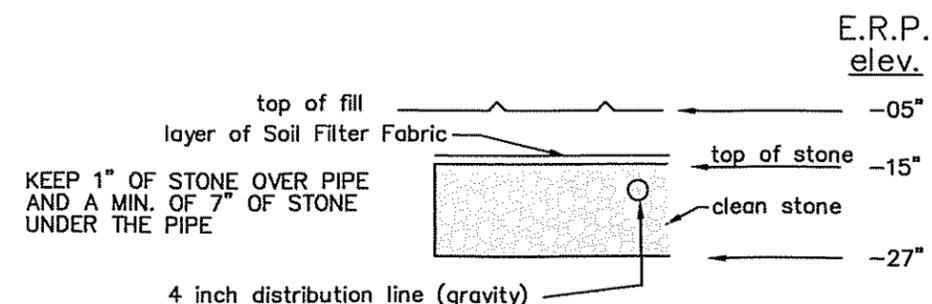


DISPOSAL FIELD SHOULD ONLY BE INSTALLED
ACCORDING TO THE MAINE SUBSURFACE
WASTE WATER DISPOSAL RULES.

REMOVE VEGETATION AND ROTO-TILL GRAVELY COARSE
FILL INTO ORIGINAL GROUND TO A DEPTH OF 6-8 INCHES.



STONE BED DETAIL (no scale)



STONE BED DETAIL (no scale)

INSTALL 2 - 20' BY 100' STONE BEDS

Site Evaluator's Signature

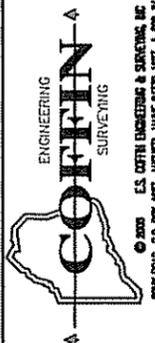
Kane P. Coffin

SE # **331**

Date: **05/26/05**

PROJ. NO. **205-05**

HHE-200



PROJECT: **LAJOIE BROS.**
LOCATION: **3029 NORTH BELFAST AVE.**
TOWN: **AUGUSTA** COUNTY: **KENNEBEC** STATE: **MAINE**

SHEET TITLE: **CROSS-SECTIONAL VIEW**
SCALE: **1" = 5'**
DATE: **MAY 26, 2005**

NO.	REVISIONS	DATE