

Permit # 5862



John Elias Baldacci
Governor

Maine Department of Health and Human Services

Maine Center for Disease Control and Prevention
286 Water Street, 3rd Floor
11 State House Station
Augusta, ME 04333-0011

Brenda M. Harvey,
Commissioner

Dora Anne Mills, MD, MPH
Public Health Director
Maine CDC Director

August 29, 2006

*Town Copy
\$120.00*

Rejean Caron
152 Bond Brook Road
Augusta, ME 04330

Subject: Approval, Replacement System Variance Request, Caron Property, 152 Bond Brook Road, Augusta

Dear Ms. Caron:

We have completed our review of an HHE-200 Form dated 08/15/06 by William P. Brown, S.E. for your property at Bond Brook. You are proposing to replace a trench system, with a 1,000 gallon septic tank and a disposal area comprised of eight concrete chambers or equivalent. Soils on the site have been identified as fill over loamy sand, analogous to 3-C per the Subsurface Wastewater Disposal Rules. The following variances to the Rules, CMR 241 are requested:

Variations within the authority of the Local Plumbing Inspector:

1. To install a disposal area set back 10 feet from a full basement.

Variations beyond the authority of the Local Plumbing Inspector:

1. To install a disposal area set back 41 feet from the normal high water mark of a major water course, with fill extension slopes steeper than four horizontal to one vertical adjacent to an existing retaining wall.

By copy of this letter we hereby authorize the Local Plumbing Inspector to issue a permit for the replacement system installation as proposed on the above referenced HHE-200 Form. Work must be completed within two years of permit issue and you or your installer are responsible to notify the local plumbing inspector when you are ready for the necessary construction inspections. In all aspects beyond those noted in this letter the installation shall conform to the requirements of the 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 287-5695.

Sincerely,

James A. Jacobsen
James A. Jacobsen, Environmental Specialist IV
Subsurface Wastewater Program
Division of Environmental Health
e-mail: james.jacobsen@maine.gov

/jj

xc: File
Gary R. Fuller, LPI
William P. Brown, SE

Our vision is Maine people enjoying safe, healthy and productive lives.

Called 8/31 8:45 left mess

RECEIVED

REPLACEMENT SYSTEM VARIANCE REQUEST

AUG 24 2006

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 AUGUSTA

Permit No. 5862

Date Permit Issued 8/31/06

Property Owner's Name: REJEAN CARON

Tel. No.: 215-7954

System's Location: 152 BOND BROOK ROAD AUGUSTA

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.)

THE 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.

Signature of Rejean Caron

8-21-06 DATE

LOCAL PLUMBING INSPECTOR:

I, [Signature], 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

LPI Signature

8/21/06 DATE

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 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		
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	41'	
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		
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	10'	
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. **STEEPEN SLOPE SLIGHTLY ON CORNERS TO MAINTAIN FILL BEHIND STONE RETAINING WALL**

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 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

8/15/2006
 DATE

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and ~~it does not~~ give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

James A. Groves, ES IV
 SIGNATURE OF THE DEPARTMENT

08/29/06
 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 <<	
City, Town, or Plantation	AUGUSTA	AUGUSTA PERMIT # 5862 TOWN COPY Date Permit Issued: <u>8/31/06</u> \$ <u>120.00</u> FEE L.P.I. # <u>8501</u>	
Street or Road	152 BOND BROOK ROAD		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	CARON, REJEAN <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	152 BOND BROOK ROAD AUGUSTA, ME 04330		
Daytime Tel. #	215-7954		
		Municipal Tax Map # <u>9</u> Lot # 49A	

OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
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>Rejean Caron</u> Date: <u>8-21-06</u>		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: <u>[Signature]</u> Date Approved: <u>10/1/06</u> (2nd) Date Approved: <u>10/2/06</u>	

PERMIT INFORMATION			
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced <u>TRENCH</u> Year installed <u>UNKNOWN</u> <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 type="checkbox"/> a. Local Plumbing Inspector approval <input checked="" type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	
SIZE OF PROPERTY 0.5 <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>2</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	
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DISPOSAL SYSTEM COMPONENTS <input checked="" 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 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	
		TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other	

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 type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input checked="" type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other _____ SIZE <u>616</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	
SOIL DATA & DESIGN CLASS PROFILE <u>3</u> / CONDITION <u>C</u> / DESIGN <u>1</u> at Observation Hole # <u>TP-1</u> Depth <u>15</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	
		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	
		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	
		DESIGN FLOW <u>180</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- <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>7</u> s Long. <u>69</u> d <u>48</u> m <u>12</u> s if gps, state margin of error: <u>30</u> ft	

SITE EVALUATOR'S STATEMENT		
I certify that on <u>8/14/06</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).		
Site Evaluator Signature: <u>William P Brown</u>	SE#: <u>188</u>	Date: <u>8/15/2006</u>
Site Evaluator Name Printed: <u>WILLIAM P BROWN</u>	Telephone Number: <u>293-2110</u>	E-mail Address: _____

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

City, Plantation

Street, Road, Subdivision

Maine Department of Human Services
Division of Health Engineering, Station 10
Owner or Applicant Name

AUGUSTA

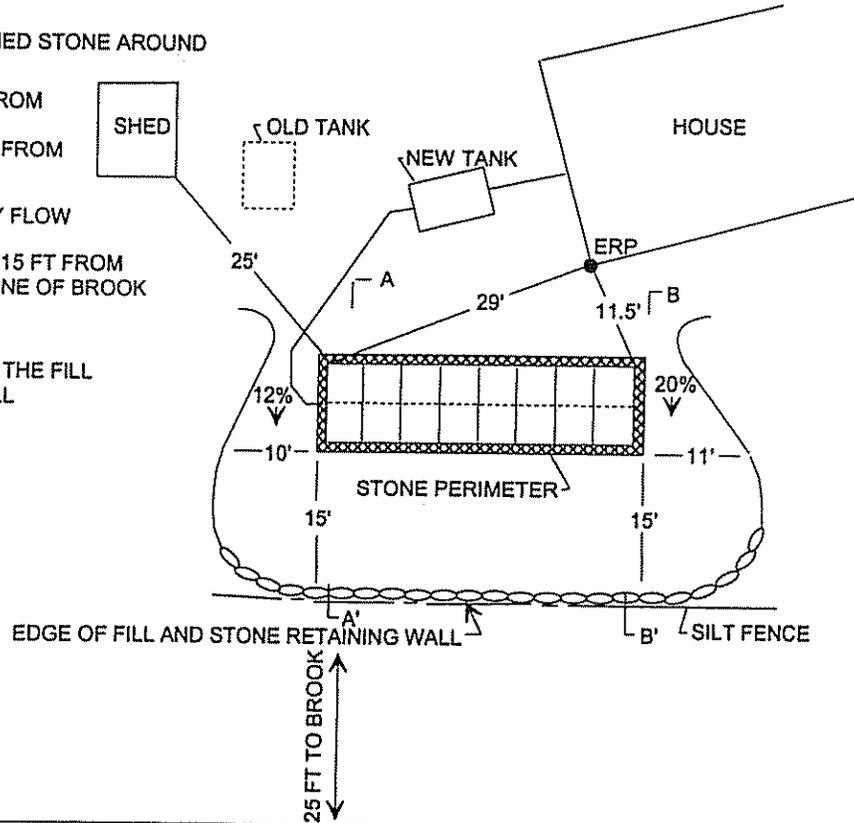
152 BOND BROOK ROAD

REJEAN CARON

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

- PUMP OUT EXISTING SEPTIC TANK AND BACKFILL WITH SAND.
- INSTALL NEW SEPTIC TANK AT LEAST 8 FT FROM BUILDING
- EXCAVATE UNDER AREA OF DISPOSAL SYSTEM TO ELEVATION (-80") FROM ERP AT LEAST 5 FEET AROUND CHAMBERS. REPLACE WITH GRAVELLY COARSE SAND.
- INSTALL 8- 4' X 8' HEAVY-DUTY CONCRETE CHAMBERS WITH SIDE ENTRY DISTRIBUTION PIPING OR 4-8'X8' CHAMBERS
- EXTEND ONE FOOT WIDE PERIMETER OF CRUSHED STONE AROUND THE CHAMBERS
- MEASUREMENTS FOR LAYOUT PURPOSES ARE FROM EDGE OF CONCRETE CHAMBERS
- MEASUREMENTS FOR SET-BACK PURPOSES ARE FROM EDGE OF STONE PERIMETER
- RAISE INTERNAL PLUMBING TO PROVIDE GRAVITY FLOW
- PLACE SILT FENCE AND STONE RETAINING WALL 15 FT FROM EDGE OF STONE AND 25 FT FROM HIGH WATER LINE OF BROOK
- SLOPE FINISH GRADE ALL ONE WAY
- STEEPEN SLOPE SLIGHTLY ON THE CORNERS OF THE FILL TO MAINTAIN FILL BEHIND STONE RETAINING WALL
- THE STONE RETAINING WALL WILL VARY FROM 6 INCHES HIGH IN THE CENTER TO 18 INCHES HIGH ON THE ENDS.



FILL REQUIREMENTS

Depth of Fill (Upslope) **2-13"**
 Depth of Fill (Downslope) **21-24"**
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation **VARIES**
 Top of Distribution Pipe or Proprietary device **-55"**
 Bottom of Disposal Area **-68"**

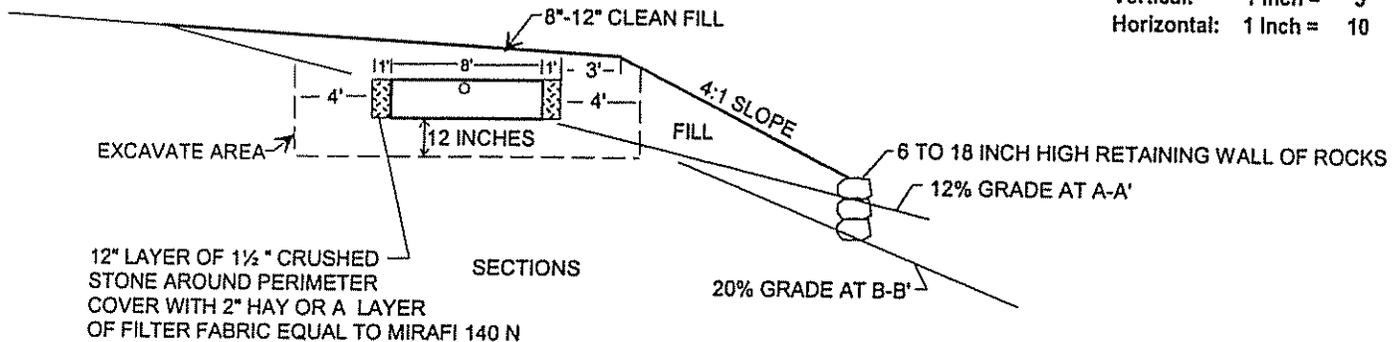
ELEVATION REFERENCE POINT

Location and Description:
BOTTOM OF CORNER TRIM PIECE AT BACK CORNER OF HOUSE
 Reference Elevation is: **00.0"**

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 Inch = 5 Ft.
 Horizontal: 1 Inch = 10 Ft.



- INSTALL EROSION CONTROL SILT FENCE BEFORE CONSTRUCTION
- EXCAVATE 12 INCHES BELOW BOTTOM OF CHAMBERS (-80 INCHES FROM ERP) AND 5 FT AROUND CHAMBERS. SCARIFY SUBSOIL.
- MIX 4 INCHES OF GRAVELLY COARSE SAND WITH EXISTING SOIL TO FORM A TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE)
- ALL FILL SHALL BE GRAVELLY COARSE SAND
- SLOPE FINISH GRADE ALL ONE-WAY
- LOAM, SEED, MULCH EMBANKMENT AREA

COVER STONE AND CHAMBER JOINTS WITH HAY OR FABRIC STRIPS

WILLIAM P BROWN *William P Brown*
 Site Evaluator Signature

188
 SE #

8/15/2006
 Date

Page 3 of 3
 HHE-200 Rev. 10/02