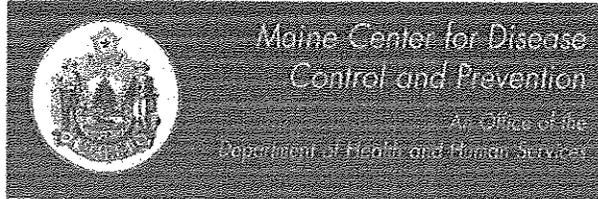


TOWN COPY



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-5672
Fax: (207) 287-4172; TTY: 1-800-606-0215

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION
Town of AUGUSTA
Property Owner's Name: SHEA, STEVE Tel. No.: 727-386-5310
System's Location: 674 SOUTH BRISTOL AVENUE
Property Owner's Address: 6700 150TH AVENUE NORTH, LOT #707 Zip Code
e-mail address: CLEARWATER, FL 33764

The subsurface wastewater disposal system design for the subject property requires a replacement system variance [] first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires local approval [] local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.) SECTION OF RULE
1. 92' TO BRITERS WELL TABLE 8A
2.
3.

SITE EVALUATOR
When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.
ATTACHMENT [] YES [X] NO

I, STEPHEN P. ROBBINS, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available: enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.
Signature of Site Evaluator: Stephen P. Robbins DATE: 30 MAR 15

PROPERTY OWNER
I, [Signature], am the [] owner [] agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with 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
[X] AGENT FOR THE OWNER DATE: 6/15/15

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, Gary R. Fuller, the undersigned, have visited the above property and find that the variance request submitted by the applicant does conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) approve the requested variance. I (will will not) issue a permit for the system's installation as proposed by the application.

Gary R. Fuller
LPI Signature

6/15/15
Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) recommend the issuance of a permit for the system's installation as proposed by the application.

LPI Signature

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

- Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)
2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One): Outside Shoreland Zone-50 Inside Shoreland Zone-65 Subdivision-65

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services Division
 of Health Engineering, 10 SHS (207) 287-5672
 Fax: (207) 287-3165

PROPERTY LOCATION

>>CAUTION: PERMIT REQUIRED - ATTACH IN SPACE PROVIDED<<

City, Town, or Plantation: **AUGUSTA**
 Street or Road: **674 SOUTH BELFAST AVENUE**
 Subdivision, Lot #: **M 11266**

OWNER/APPLICANT INFORMATION

AUGUSTA PERMIT #7073

TOWN COPY \$ 150.00 fee

Name (last, first, MI): **Shea, Steve**
 Owner
 Applicant
 Mailing Address of Applicant: **670 150th Ave North, Lot #707**
Clearwater, FL 33764
 Daytime Tel.#: **727-386-5310**

Date Permit Issued: **6/15/15**

LPI # **880**

[Signature]

Owner or Applicant Statement

CAUTION: INSPECTION REQUIRED

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.

[Signature]
 Signature of Owner or Applicant
 Date: **6/15/15**

[Signature]
 Local Plumbing Inspector Signature
 (1st) date approved: **6/16/15**
 (2nd) date approved:

PERMIT INFORMATION

TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: Trench Year installed: <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% expansion <input type="checkbox"/> b. >25% 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 Prmit	DISPOSAL SYSTEM COMPONENTS <input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & airt. 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 type="checkbox"/> 12. Miscellaneous components
SIZE OF PROPERTY 30,000 <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedroom: 3 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: <input type="checkbox"/> 3. Other: _____ 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	Specify _____ Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete Existing <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: CAPACITY: 1,000	DISPOSAL FIELD TYPE & SIZE <input checked="" type="checkbox"/> 1. Stone Bed 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: 1,000 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <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	DESIGN FLOW _____ 270 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: 3 CONDITION: C DESIGN: at Observation Hole # _____ Depth: 24" of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input checked="" type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not Required <input checked="" type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered 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. 44 d 18 m 762 s Lon. 69 d 42 m 051 s if g.p.s., state margin or error:

SITE EVALUATOR STATEMENT

I certify that on 30-Mar-15 (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]
 Site Evaluator Signature

S.E. # **301** **3/30/2015**

Stephen P. Robbins 377-6707 narrowspd@aol.com

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
 Division of Health Engineering, 10 SHS
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

AUGUSTA

Street, Road Subdivision

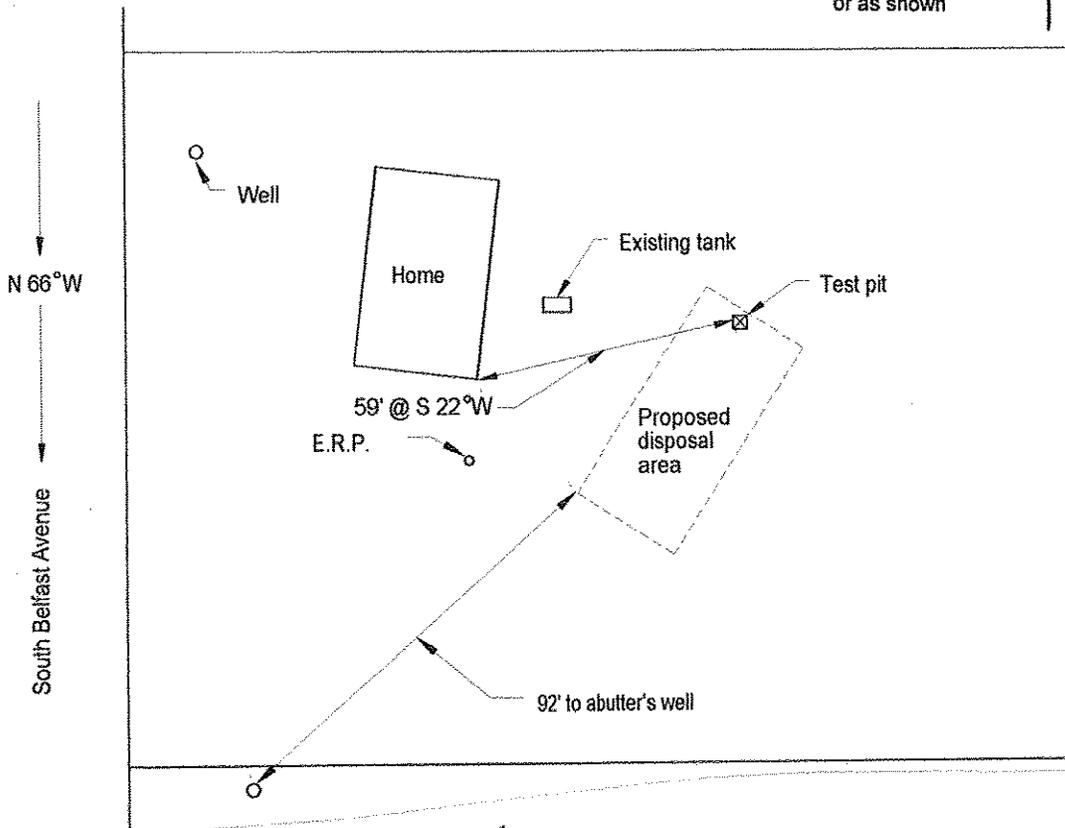
674 SOUTH BELFAST AVENUE,

Owner's Name

Shea, Steve

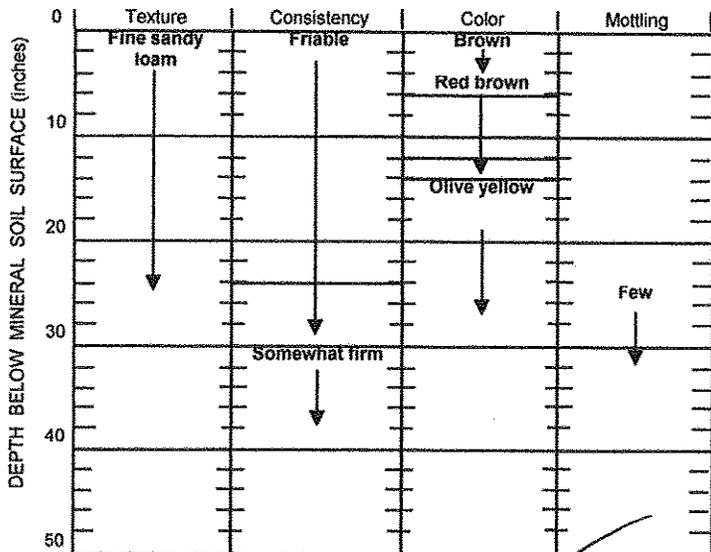
SITE PLAN

Scale 1" = **60 Ft.**
 or as shown



SOIL DESCRIPTION AND CLASSIFICATION (LOCATION OF OBSERVATION HOLES SHOWN ABOVE)

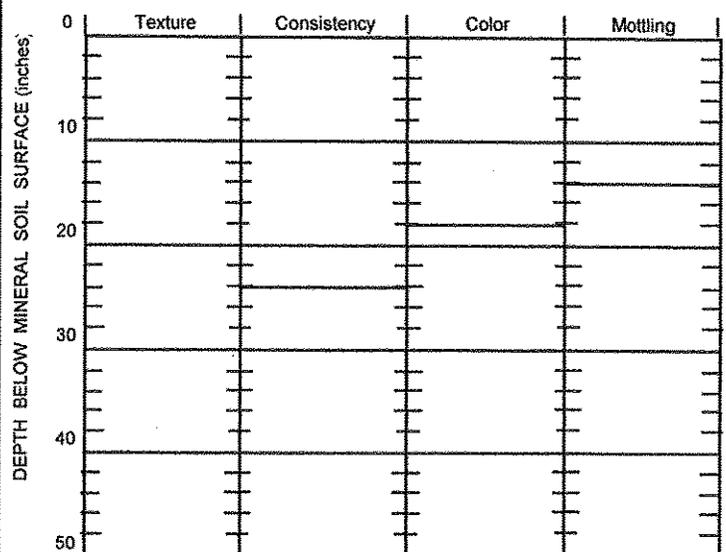
Observation Hole #1 Test Pit Boring
 1 " Depth of Organic Horizon Above Mineral Soil



Soil Classification **3 C** Slope **0-3%** Limiting Factor **24"**
 Profile Condition **0-3%** **24"**

Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

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



Soil Classification Slope Limiting
 Profile Condition

Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Stephen P. Robbins

301

3/30/2015

Page 2 of 4

Site Evaluator Signature

SE #

Date

HHE-200 Rev 7/97

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept Health & Human Services
 Division of Health Engineering, 10 SHS
 (207) 287-5672 Fax: (207) 287-3165

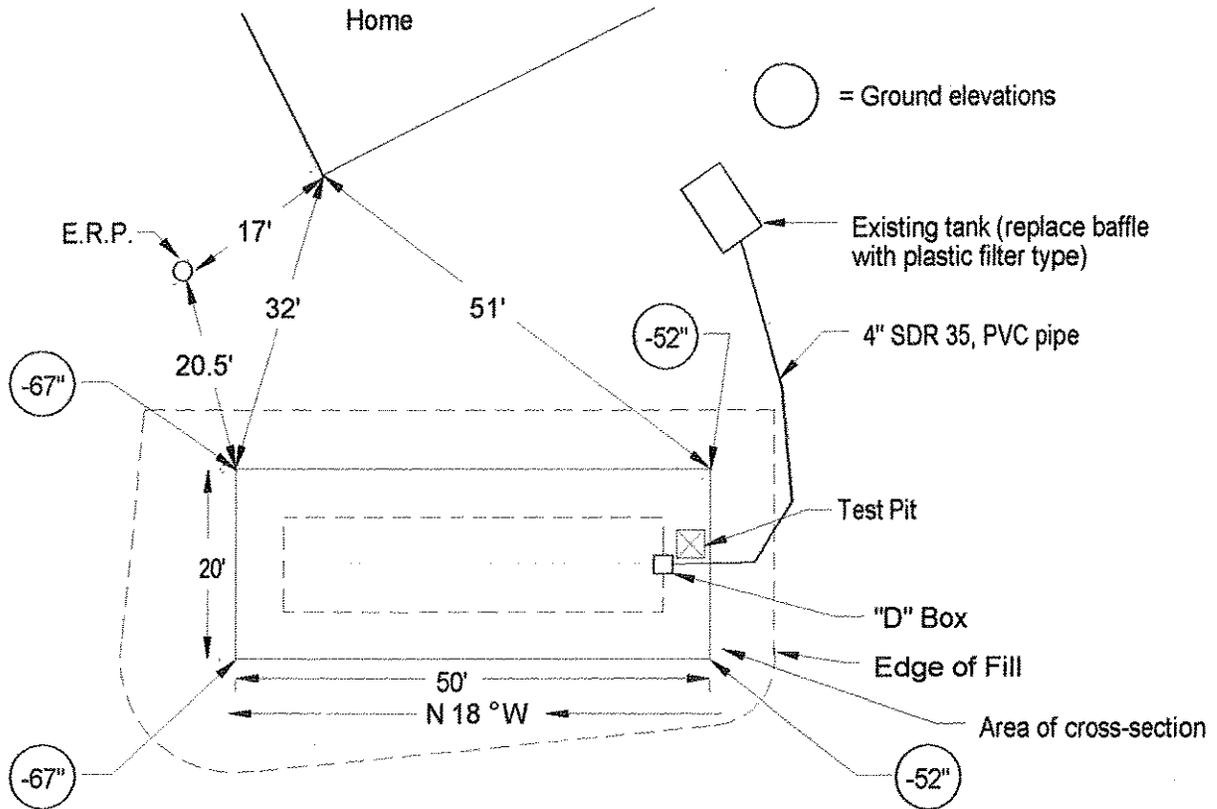
Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
674 SOUTH BELFAST AVENUE,

Owner or Applicant Name
Shea, Steve

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS

Depth of Backfill (upslope) **12** "
 Depth of Backfill (downslope) **27** "

CONSTRUCTION ELEVATIONS

Finished Grade Elevation **-40** "
 Top of Distribution Pipe or Proprietary Device **-53** "
 Bottom of Disposal Field **-64** "

ELEVATION REFERENCE POINT

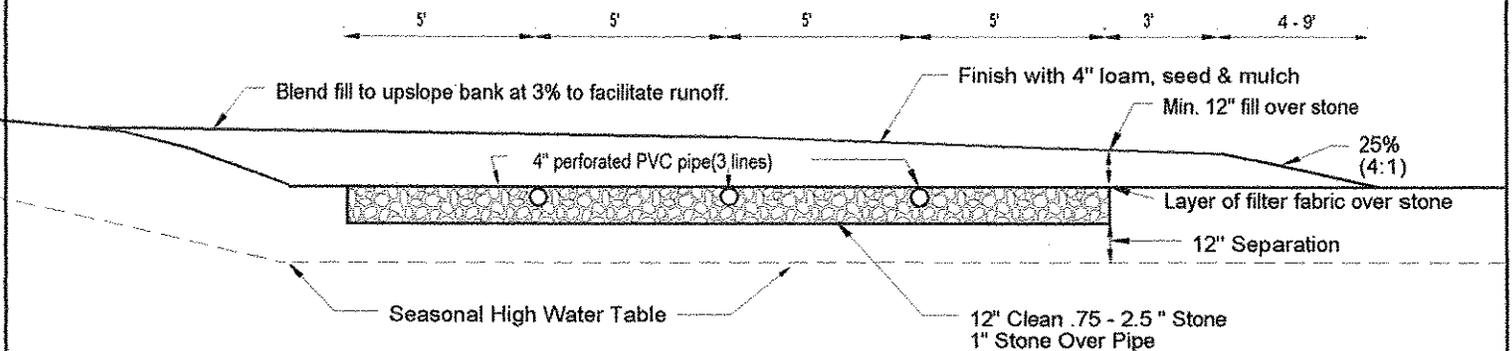
Location & Description: **Nail in 20" oak, 15" above ground**
 Reference Elevation is : 0.0' or:

DEPTHS AT CROSS-SECTION (shown below)

DISPOSAL FIELD CROSS-SECTION

Scales:

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



Stephen P. Robbins

S.P.R.

SE # 301

3/30/2015

Page 3 of 4