

REPLACEMENT SYSTEM VARIANCE REQUEST

Town LPI  
95.001

FORMS

**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. 1906.0)
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**

Permit No. 6464 Town of AUGUSTA  
 Date Permit Issued 7/1/10  
 Property Owner's Name: DAVID LOVEJOY Tel. No. (207) 314-5284  
 System's Location: LEAVITT RD, AUGUSTA ME  
 Property Owner's Address: 184 SMITHFIELD RD  
 (if different from above) OAKLAND ME 04963

**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]  
 SIGNATURE OF OWNER

7/1/10  
 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, the reasons shall be stated in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: \_\_\_\_\_

[Signature]  
 LPI SIGNATURE

7/1/10  
 DATE

HHE-204 Rev 08/05

ment System Variance Request

VARIANCE CATEGORY	LIMIT OF LPT'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
	OILS							95
Soil Profile	Ground Water Table			to 7"			6	inches
Soil Condition from HHE-200	Restrictive Layer			to 7"				inches
	Bedrock			to 12"				
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
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 [c]	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		
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.] 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.

*Thomas B. Jones*  
 Thomas B. Jones LSE 379  
 SITE EVALUATOR'S SIGNATURE

6/24/10  
 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 Department of Human Services  
Division of Health Engineering, Station 10  
(207) 287-5872 FAX (207) 287-4172

PROPERTY LOCATION

>> Caution: Permit Required -- Attach in Space Below <<

AUGUSTA

WEAVER RD

PERMIT # 6464 TOWN COPY

AUGUSTA  
Date Permit Issued: 7/21/10  
*Walter R. Fulk*  
Local Plumbing Inspector Signature

\$ 175.00  
Double Fee Charged

L.P.I. # 550

**OWNER/APPLICANT INFORMATION**

Name (last, first, MI) \_\_\_\_\_  
Owner

Applicant: LOVEJOY, DAVID

Mailing Address of  Owner  Applicant: 184 SMITHFIELD RD

OAKLAND ME 04963

Daytime Tel. #: (207) 314-5284

Municipal Tax Map # 11 Lot # 167

**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.

**Caution: Inspection Required**

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

Signature of Owner or Applicant

Date: 7/11/10

Local Plumbing Inspector Signature

Date Approved: 7/21/10

**PERMIT INFORMATION**

**TYPE OF APPLICATION**

1.  First Time System
2.  Replacement System  
Type Replaced: UNKNOWN  
Year Installed: 1960's
3.  Expanded System
  - a.  Minor expansion
  - b.  Major expansion
- Experimental System
- 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 Approval

**DISPOSAL SYSTEM COMPONENT(S)**

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: \_\_\_\_\_

**SIZE OF PROPERTY**

4+  sq. ft.  acres

**DISPOSAL SYSTEM TO SERVE**

1.  Single Family Dwelling Unit, No. of Bedrooms: 3
2.  Multiple Family Dwelling, No. of Units: \_\_\_\_\_
3.  Other: \_\_\_\_\_

SPECIFY

**TYPE OF WATER SUPPLY**

1.  Drilled Well
2.  Dug Well
3.  Private
4.  Public
5.  Other: \_\_\_\_\_

**SHORELAND ZONING**

Yes  No

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

**TREATMENT TANK**

1.  Concrete (SAVE + USE)
    - a.  Regular IF IN GOOD CONDITION
    - b.  Low Profile
  2.  Plastic
  3.  Other: \_\_\_\_\_
- CAPACITY: 3000 gallons

**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: \_\_\_\_\_
- SIZE: 1350  sq. ft.  lin. ft.

**GARBAGE DISPOSAL UNIT**

1.  No
2.  Maybe
2.  Yes >> 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 901.1 (dwelling unit(s))  
2.  Table 901.2 (other facilities)  
SHOW CALCULATIONS -- for other facilities --

**SOIL DATA & DESIGN CLASS**

PROFILE CONDITION: \_\_\_\_\_  
DESIGN: 9 I E 1 5  
at Observation Hole # TP 2  
Depth 6" Elevation -48'  
OF MOST LIMITING SOIL FACTOR: ESP

**DISPOSAL FIELD SIZING**

1.  Small -- 2.0 sq. ft./gpd
2.  Medium -- 2.6 sq. ft./gpd
3.  Medium-Large -- 3.3 sq. ft./gpd
4.  Large -- 4.1 sq. ft./gpd
5.  Extra Large -- 5.0 sq. ft./gpd

**PUMPING**

1.  Not Required
2.  May Be Required
3.  Required >> Specify only for engineered or experimental systems:  
DOSE: \_\_\_\_\_ gallons

GPS T.P. LOCATION:  
N 44° 35' 02"  
W 69° 35' 08" ±25'

**SITE EVALUATOR STATEMENT**

Certify that on 6/17/10 (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). **AS PER VARIANCE.**

*Thomas B. Jones*  
Site Evaluator Signature

379  
SE #

6/21/10  
Date

THOMAS B. JONES  
Site Evaluator Name Printed

(207) 445-5907  
Telephone #

**DESIGN SUBJECT TO LOCAL, STATE AND FEDERAL ORDINANCES**



**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
 Division of Health Engineering  
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

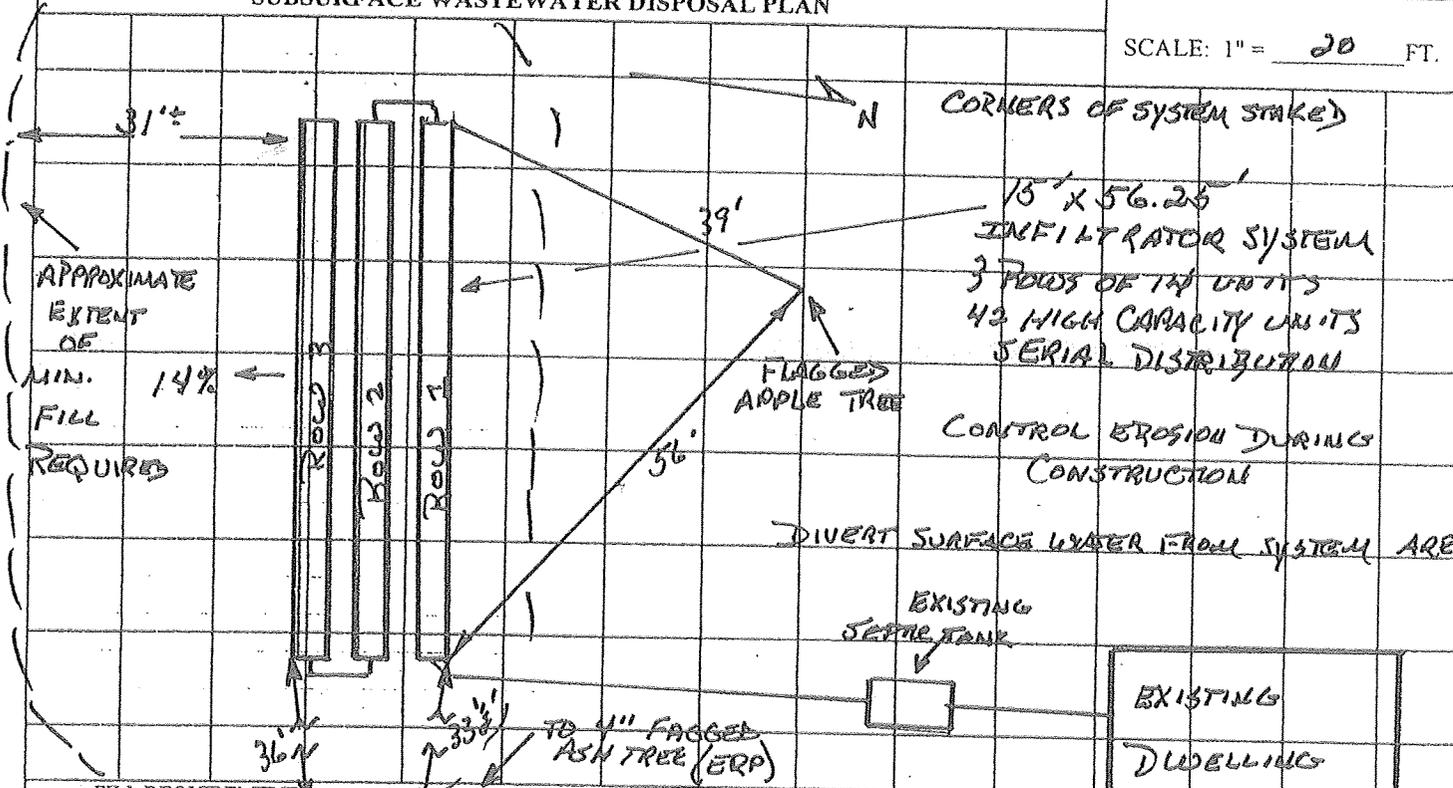
AUGUSTA

LEAVITT RD

DAVID LOVEJOY

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

SCALE: 1" = 20 FT.



FILL REQUIREMENT		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT (ERP)	
Depth of Fill (Upslope)	44"	Finished Grade Elevation	SEE BELOW + ATTACHED DIAGRAM	Location & Description	FLAGGED NAIL IN 4" FLAGGED ASH TREE 55" ABOVE
Depth of Fill (Downslope)	50"	Top of Distribution Pipe or Proprietary Device	DIAGRAM	Reference Elevation	EXISTING GRADE AT TREE
		Bottom of Disposal Area			

**DISPOSAL AREA CROSS SECTION**

Scale

Horizontal 1" = \_\_\_ ft.

Vertical 1" = \_\_\_ ft.

**CONSTRUCTION ELEVATIONS:**

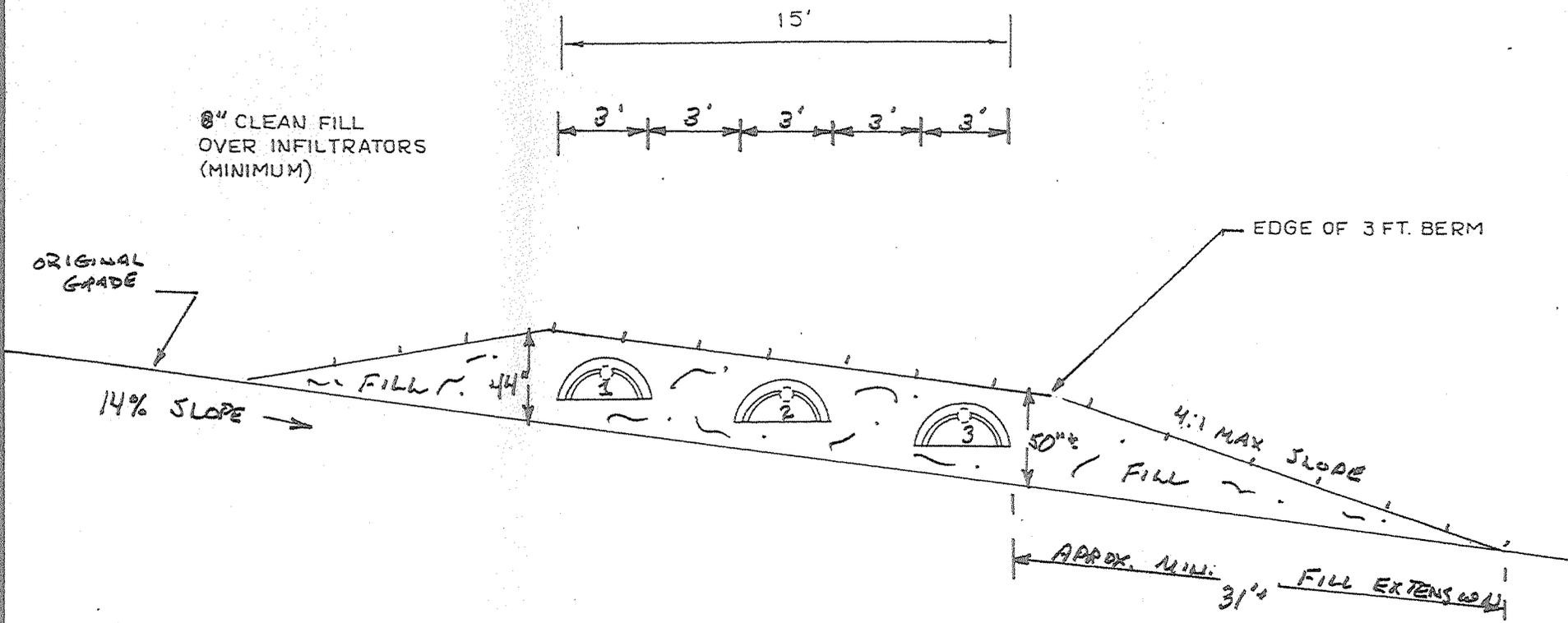
	BOTTOM OF TRENCH	TOP OF INFILTRATOR	FINISH GRADE
Row 1:	-43"	-27"	-19"
Row 2:	-52"	-36"	-28"
Row 3:	-61"	-45"	-37"

Thomas B. [Signature]  
 Site Evaluator Signature

379  
 SE #

6/21/10  
 Date

# INFILTRATOR CROSS SECTION 13-14%



## NOTES:

1. REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER INFILTRATORS AND FILL EXTENSION AREAS.
2. BOTTOM OF INFILTRATORS TO BE LEVEL WITH A MAXIMUM GRADE TOLERANCE OF 1" PER 100'.
3. PROVIDE FOR SURFACE DRAINAGE AWAY FROM INFILTRATOR AREA.
4. FINISHED GRADE SHALL BE SEEDED AND MULCHED TO PREVENT EROSION.

ORIGINAL GRADE

FILL UNDER INFILTRATORS TO BE GRAVELLY COARSE SAND TEXTURE.

FILL AROUND INFILTRATORS TO BE GRAVELLY COARSE SAND TEXTURE.

p. 4 of 4

SITE EVALUATOR: THOMAS B. JONES		
<i>Thomas B. Jones LSE 379</i>		
OWNER:	NUMBER OF INFILTRATORS:	PERCENT SLOPE:
DAVID LOUETOY	42	14%
LOCATION:	ELEVATIONS:	
AUGUSTA	REFERENCE PT. 0	BOTTOM TRENCH #1 -43"
DATE:	SCALE:	BOTTOM TRENCH #2 -50"    BOTTOM TRENCH #3 -61"
6/21/10	1 INCH = 5 FEET	