Town Copy ~~Boron Fund~~ ~~Const.~~ # ~~623-8842~~

Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services

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

Maine # 623-9707

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: MICHAEL + TISHA LEWIS Tel. No.: _____

System's Location: 7 PLEASANT HILL RD.

Property Owner's Address: SAME Zip Code 04330

e-mail address: _____

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. ON LIMITED SOILS	TABLE 4E
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.

THIS IS THE BEST WE CAN DO WITH LIMITED SOILS

I, _____, 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

9/16/11 DATE

PROPERTY OWNER

I, _____, 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.

Raphael E H Lewis
☐ SIGNATURE OF OWNER
☐ AGENT FOR THE OWNER

10-21-11 DATE

pd 10/24/11

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept.Health & Human Services
Div of Environmental Health , 11 SHS
(207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation	AUGUSTA
Street or Road	7 PLEASANT HILL DR.
Subdivision, Lot #	

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City _____ Permit # _____

Date Permit Issued __/__/__ Fee: $_____ Double Fee Charged [ ]

AUGUSTA PERMIT # 6618 TOWN COPY

Date Permit Issued: 10/24/11 $ 250.00 FEE ☐ If Double Fee Charged

L.P.I. # 15.00 L.P.I. # 1850

Local Plumbing Inspector Signature

Municipal Tax Map # 11 Lot # 261

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	LEWIS, MICHAEL + TISHA ☑ Owner ☑ Applicant
Mailing Address of Owner/Applicant	7 PLEASANT HILL DR. AUGUSTA, ME. 04330
Daytime Tel. #	

OWNER OR APPLICANT STATEMENT

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.

Signature of Owner or Applicant _____ Date 10-21-11

CAUTION: INSPECTION REQUIRED

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

Local Plumbing Inspector Signature _____ (1st) date approved 10/27/11 (2nd) date approved 10/31/11

PERMIT INFORMATION

TYPE OF APPLICATION

- ☐ 1. First Time System
- ☑ 2. Replacement System
  - Type replaced: CHAMBERS
  - Year installed: ? 1991
- ☐ 3. Expanded System
  - ☐ a. <25% Expansion
  - ☐ b. >25% Expansion
- ☐ 4. Experimental System
- ☐ 5. 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 Permit

DISPOSAL SYSTEM COMPONENTS

- ☑ 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: _____
- ☐ 12. Miscellaneous Components

SIZE OF PROPERTY

1/4 ± ☐ SQ. FT. ☑ ACRES

SHORELAND ZONING

☐ Yes ☑ No

DISPOSAL SYSTEM TO SERVE

- ☑ 1. Single Family Dwelling Unit, No. of Bedrooms: 3
- ☐ 2. Multiple Family Dwelling, No. of Units: _____
- ☐ 3. Other: _____ (specify)

Current Use ☐ Seasonal ☑ Year Round ☐ Undeveloped

TYPE OF WATER SUPPLY

☐ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private ☑ 4. Public ☐ 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- ☑ 1. Concrete
  - ☑ a. Regular
  - ☐ b. Low Profile
- ☐ 2. Plastic
- ☐ 3. Other: _____

CAPACITY: 1,000 GAL.

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: 112.5 ☐ sq. ft. ☑ lin. ft.

GARBAGE DISPOSAL UNIT

☑ 1. No ☐ 2. Yes ☐ 3. Maybe

If Yes or Maybe, 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 4A (dwelling unit(s))
- ☐ 2. Table 4C(other facilities)

SHOW CALCULATIONS for other facilites

☐ 3. Section 4G (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION

3 1 0

at Observation Hole # 1

Depth 7 "

of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

- ☐ 1. Medium---2.6 sq. ft. / gpd
- ☑ 2. Medium---Large 3.3 sq. ft / gpd
- ☐ 3. Large---4.1 sq. ft. / gpd
- ☐ 4. Extra Large---5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

- ☐ 1. Not Required
- ☐ 2. May Be Required
- ☑ 3. Required

Specify only for engineered systems:

DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area

Lat. 44 d 17 m 858 s

Lon. 69 d 43 m 828 s

if g.p.s, state margin of error: 10

SITE EVALUATOR STATEMENT

I certify that on 9/13/11 (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).

Site Evaluator Signature _____ SE # 256 Date 9/16/11

Site Evaluator Name Printed JOHN PHILBRICK Telephone Number 547-3732 E-mail Address _____

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

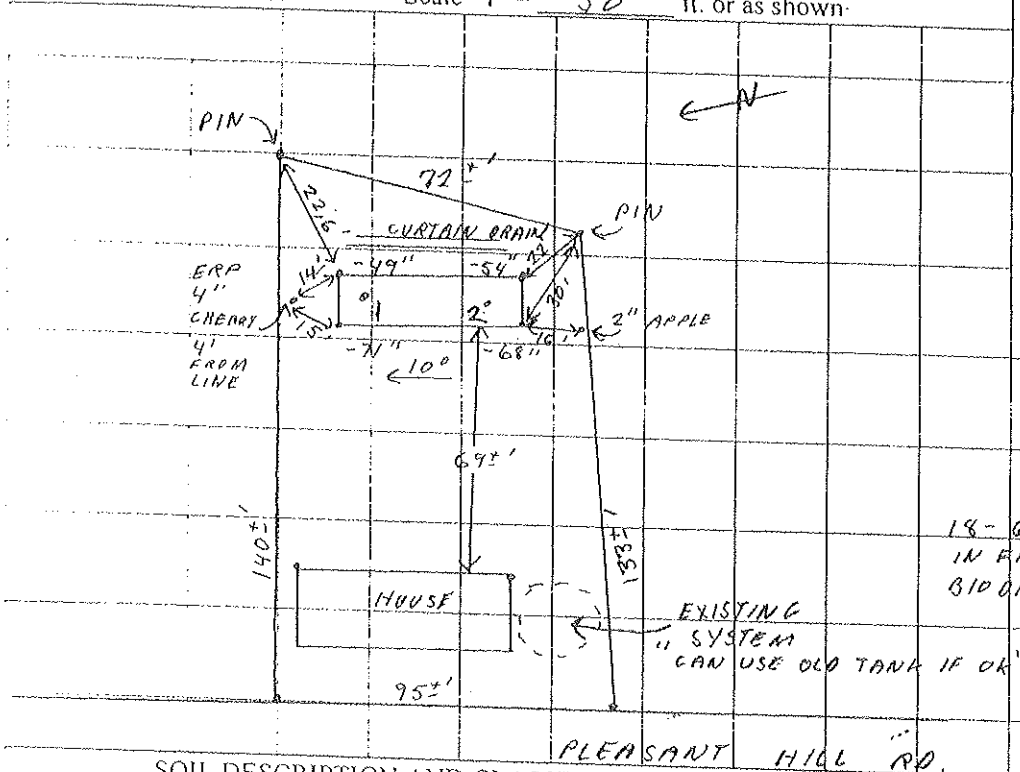
Department of Health & Human Services
Division of Environmental Health
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation: AUGUSTA

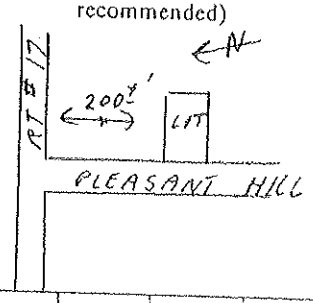
Street, Road, Subdivision: PLEASANT HILL RD.

Owner's Name: LEWIS, MICHAEL + TISHA

SITE PLAN — Scale 1" = 50 ft. or as shown



SITE LOCATION PLAN (map from Maine Atlas recommended)



18 - 6.25' x 32" x 16" HIGH IN FILTRATORS OR BIODIFUSERS

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole 1 ☑ Test Pit ☐ Boring

0 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	LOAMY SAND	FRIABLE	TAN	NONE
10	LOAMY SAND	FIRM	GRAY	COMMON DISTINCT
20				
30				
40				
50				

Soil Classification	Slope	Limiting Factor	
3 Profile / 0 Condition	12 %	9"	[✓] Ground Water [✓] Restrictive Layer [ ] Bedrock [ ] Pit Depth

Observation Hole 2 ☑ Test Pit ☐ Boring

0 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	LOAMY SAND	FRIABLE	TAN	NONE
10	LOAMY SAND	FIRM	GRAY	COMMON DISTINCT
20				
30				
40				
50				

Soil Classification	Slope	Limiting Factor	
3 Profile / 0 Condition	8 %	12"	[✓] Ground Water [✓] Restrictive Layer [ ] Bedrock [ ] Pit Depth

Site Evaluator Signature: [signature] — SE #: 256 — Date: 9/16/11

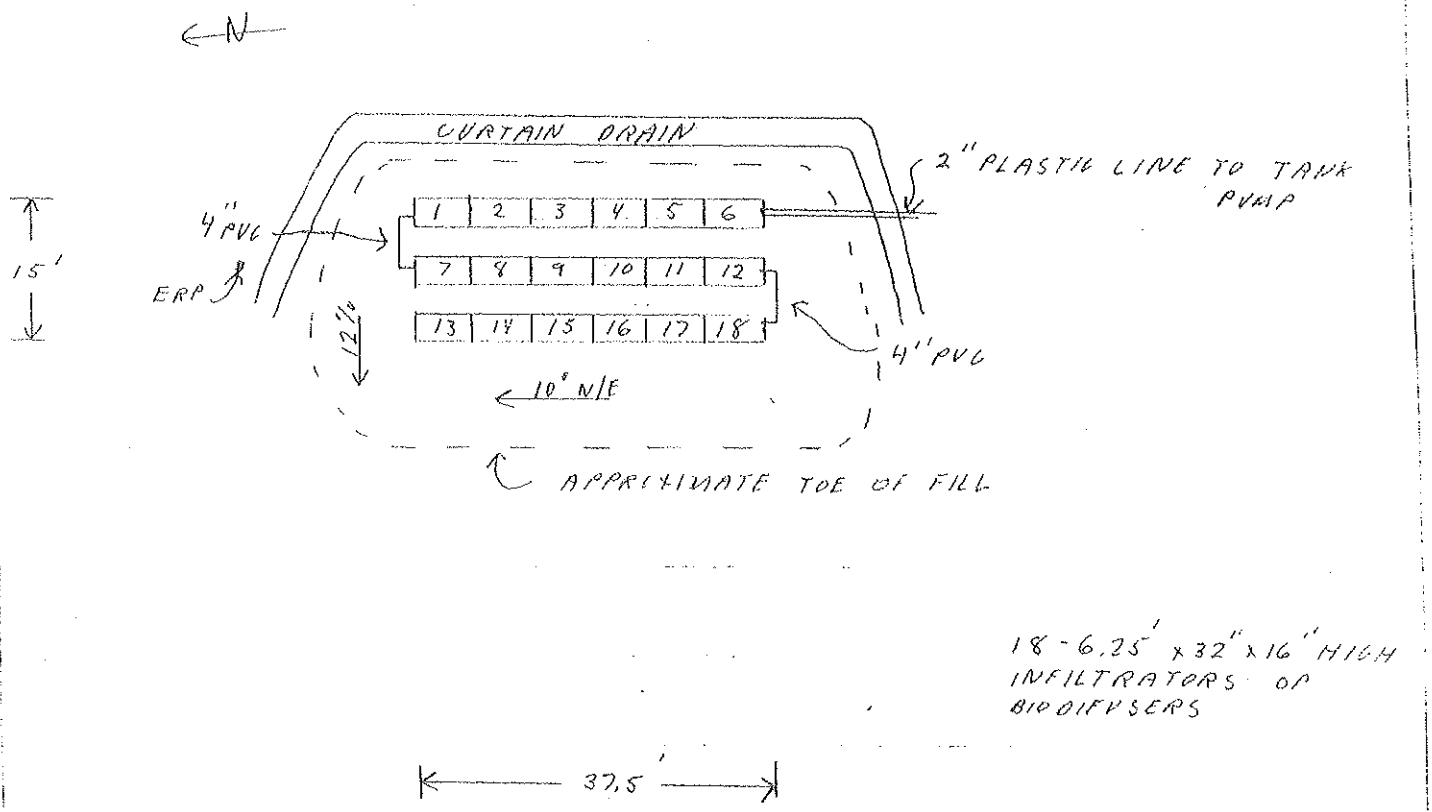
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
AUGUSTA	PLEASANT HILL RD	LEWIS, MICHAEL + TISHA

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.

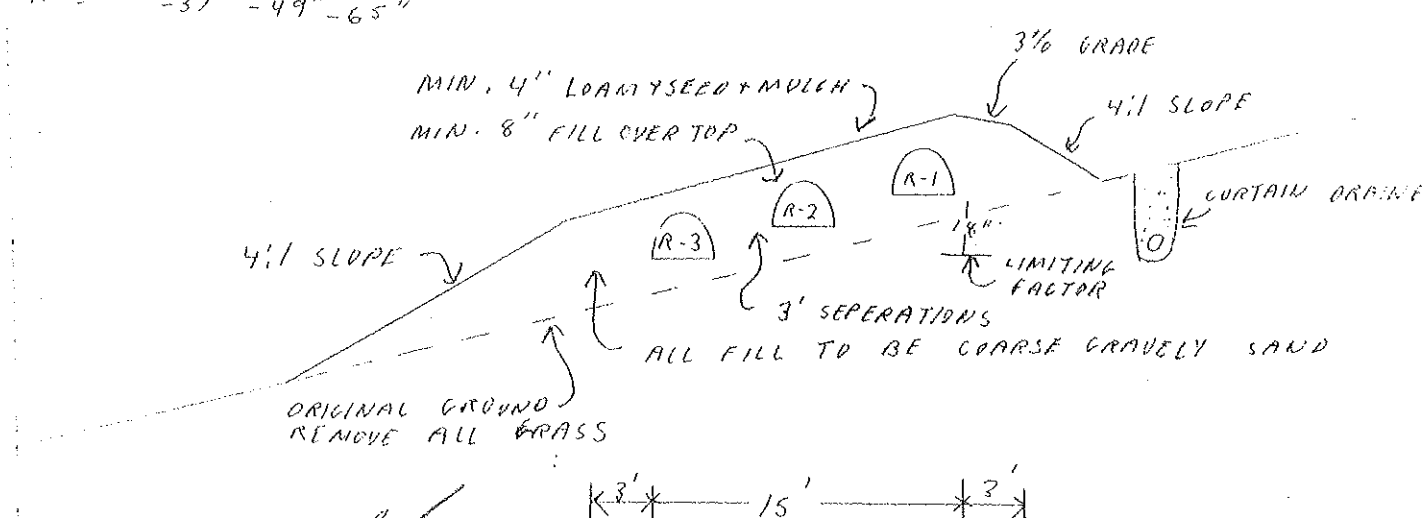


BACKFILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Backfill (upslope)	37"	Finished Grade Elevation	"	Location & Description: ERP IS IN 4' CHERRY TREE, 56" ABOVE GROUND
Depth of Backfill (downslope)	37"	Top of Distribution Pipe or Proprietary Device	"	
DEPTHS AT CROSS-SECTION (shown below)		Bottom of Disposal Field	"	Reference Elevation is: 0.0" or:

DISPOSAL FIELD CROSS-SECTION

Scales:
Vertical: 1" = 5 ft.
Horizontal: 1" = 10 ft.

R-1 -15" -27" -43"
R-2 -26" -38" -54"
R-3 -37" -49" -65"



Site Evaluator Signature	SE #	Date
	256	9/16/11

Transmission Report

Date/Time	09-20-2011	16:31:46	Transmit Header Text	
Local ID 1	2076262520		Local Name 1	CITY OF AUGUSTA DEV SVS

This document : Confirmed
(reduced sample and details below)
Document size : 8.5"x11"

Bonafant Const. # 623-8862

Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services

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
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E-mail address

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2.
3.

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SIGNATURE OF SITE EVALUATOR — DATE 9/16/11

PROPERTY OWNER

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SIGNATURE OF OWNER ☐ AGENT FOR THE OWNER — DATE

HHE 200 Page 4
Rev 01/2011

Total Pages Scanned : 4 Total Pages Confirmed : 4

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	839	2076238862	16:24:57 09-20-2011	00:03:09	4/4	1	EC	HS	CP14400

Abbreviations:

HS: Host send	PL: Polled local	MP: Mailbox print	TU: Terminated by user	
HR: Host receive	PR: Polled remote	CP: Completed	TS: Terminated by system	G3: Group 3
WS: Waiting send	MS: Mailbox save	FA: Fail	RP: Report	EC: Error Correct