

REPLACEMENT SYSTEM VARIANCE REQUEST

Town Copy # 120-50

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. 5836
Date Permit Issued 7/25/06
Property Owner's Name: CARL ROGERS Tel. No.: 626-0400
System's Location: 492 WESTERN AVENUE 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.
SITE 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 Owner: [Signature]
Date: 9/13/06

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 commended.
Comments:
LPI Signature: [Signature]
Date: 7/25/06

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPP'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
	SOILS							
Soil Profile 8	Ground Water Table			to 7"			10 inches	
Soil Condition D	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		
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]	45'	
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		5'
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		5'
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. _____								
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

7/7/2006
 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 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 # 5836 TOWN COPY	
Street or Road	492 WESTERN AVENUE		
Subdivision, Lot #			

OWNER/APPLICANT INFORMATION		Date Permit Issued: <u>7/25/06</u>		FEE: \$ <u>120.00</u>		<input type="checkbox"/> If Double Fee Charged	
Name (last, first, MI)	ROGERS, CARL	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		L.P.I. # <u>850</u>		Permit # <u>5836</u>	
Mailing Address of Owner/Applicant	492 WESTERN AVENUE AUGUSTA, ME 04330		Municipal Tax Map # <u>16</u> Lot # <u>46</u>				
Daytime Tel. #	626-0400						

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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application	
Signature of Owner/Applicant: <u>[Signature]</u> Date: <u>7/10/06</u>		Local Plumbing Inspector Signature: _____ Date: _____	
		(1st) Date Approved _____ (2nd) Date Approved _____	

PERMIT INFORMATION			
TYPE OF APPLICATION		THIS APPLICATION REQUIRES	
<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		<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 Permit	
SIZE OF PROPERTY		DISPOSAL SYSTEM TO SERVE:	
0.34 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres		<input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other <u>AUTO REPAIR SHOP</u> (specify) _____ Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	
SHORELAND ZONING		DISPOSAL SYSTEM COMPONENTS	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<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		DISPOSAL FIELD TYPE & SIZE	
<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.		<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 type="checkbox"/> b. regular load <input checked="" 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		GARBAGE DISPOSAL UNIT	
PROFILE <u>8</u> / <u>D</u> / <u>3</u> at Observation Hole # <u>TP-1</u> Depth <u>10</u> " of Most Limiting Soil Factor		1. <input checked="" type="checkbox"/> No <input type="checkbox"/> 3. <input type="checkbox"/> 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	
DISPOSAL FIELD SIZING		EFFLUENT/EJECTOR PUMP	
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		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	
		_____ 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- UP TO 10 EMPLOYEES @ 15 GPD EACH = 150 GPD <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>19</u> m <u>11</u> s Long. <u>69</u> d <u>49</u> m <u>31</u> s if gps, state margin of error: <u>30</u> ft	

SITE EVALUATOR'S STATEMENT		
I certify that on <u>7/5/06</u> (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).		
<u>William P Brown</u> Site Evaluator Signature	188 SE#	7/7/2006 Date
WILLIAM P BROWN Site Evaluator Name Printed	293-2110 Telephone Number	_____ E-mail Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10

Town, City, Plantation

Street, Road, Subdivision

Owner or Applicant Name

AUGUSTA

492 WESTERN AVENUE

CARL ROGERS

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

PUMP OUT EXISTING SEPTIC TANK AND REMOVE OR BACKFILL WITH SAND.
INSTALL NEW SEPTIC TANK IN LOCATION SHOWN, AT LEAST 5 FT FROM BUILDINGS

SLEEVE 4 INCH SDR 35 PIPE INSIDE LARGER DIAMETER PIPE UNDER DRIVEWAY AND INSULATE TO PROTECT FROM FREEZING.

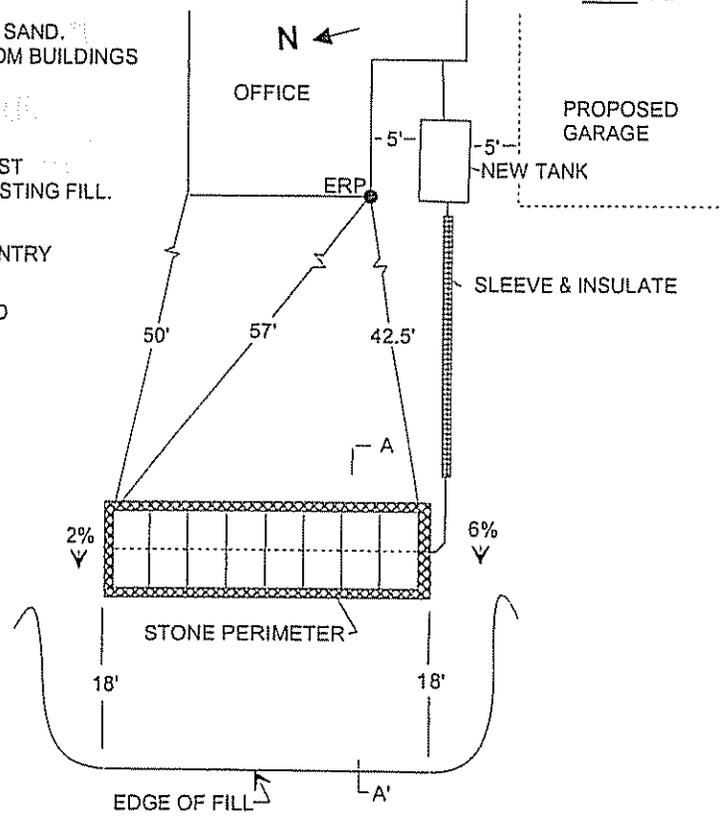
OVER EXCAVATE AREA OF DISPOSAL SYSTEM BY 24 INCHES AT LEAST 3 FEET AROUND CHAMBERS AND DOWN GRADIENT TO EDGE OF EXISTING FILL. REPLACE WITH GRAVELLY COARSE SAND.

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



FILL REQUIREMENTS

Depth of Fill (Upslope) 0-3 "
Depth of Fill (Downslope) 5-6 "
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation VARIES
Top of Distribution Pipe or Proprietary device -57"
Bottom of Disposal Area -70"

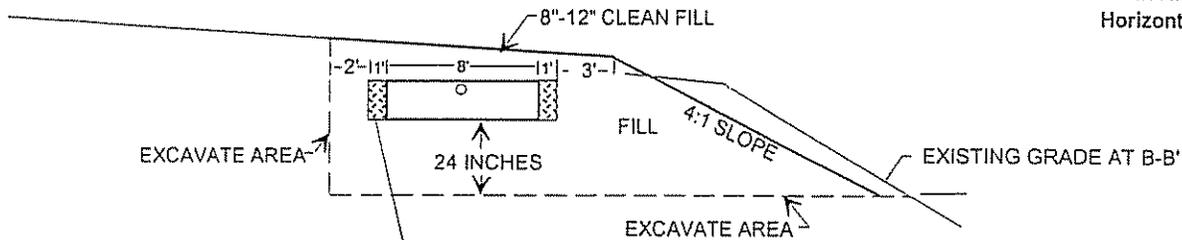
ELEVATION REFERENCE POINT

Location and Description:
BOTTOM OF METAL TRIM PIECE AT BACK CORNER OF OFFICE BUILDING
Reference Elevation is: 00.0"

DISPOSAL AREA CROSS SECTION

Scale:

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



12" LAYER OF 1½" CRUSHED STONE AROUND PERIMETER
COVER WITH 2" HAY OR A LAYER OF FILTER FABRIC EQUAL TO MIRAFI 140 N

COVER STONE AND CHAMBER JOINTS WITH HAY OR FABRIC STRIPS

INSTALL EROSION CONTROL SILT FENCE BEFORE CONSTRUCTION
EXCAVATE 24 INCHES BELOW BOTTOM OF CHAMBERS (-94 INCHES), 3 FT AROUND CHAMBERS AND DOWN GRADIENT (WESTERLY) TO EDGE OF FILL EMBANKMENT. 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

WILLIAM P BROWN *William P. Brown*
Site Evaluator Signature

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SE #

7/7/2006
Date

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