

REPLACEMENT SYSTEM VARIANCE REQUEST

State Copy 95.00

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. 6423
Date Permit Issued 3/24/10
Property Owner's Name: ERNIE DULAC Tel. No.: 623-8458
System's Location: 7 DAVIS STREET AUGUSTA ME 04330
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: Ernie Dulac
DATE: 3-24-10

LOCAL PLUMBING INSPECTOR:
I, Harry R. Fortin, 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] I 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: Harry R. Fortin
DATE: 3/22/10

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
	SOILS							
Soil Profile 8	Ground Water Table			"			11 inches	
Soil Condition DI	Restrictive Layer			"			inches	
from HHE-200	Bedrock			"			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	150 ft	150 ft	150 ft		
Private Potable Water Supply	100 ft [a]	200 ft	300 ft	50 ft	100 ft	100 ft		
Water supply line	10 ft	20 ft	25 ft	10 ft	10 ft	10 ft		
Water course, major	100 ft [c]	200 ft [c]	300 ft [c]	100 ft	100 ft	100 ft		
Water course, minor	50 ft [d]	100 ft [d]	150 ft [d]	50 ft [d]	50 ft [d]	50 ft [d]		
Drainage ditches	25 ft	50 ft	75 ft	25 ft	25 ft	25 ft		
Edge of fill extension -- Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]		
Slopes greater than 3:1	10 ft [f]	18 ft [f]	25 ft [f]	N/A	N/A	N/A		
No full basement (e.g. slab, frost wall, columns)	15 ft	30 ft	40 ft	8 ft	14 ft	20 ft		
Full basement (below grade foundation)	20 ft	30 ft	40 ft	8 ft	14 ft	20 ft		
Property lines	10 ft [b]	18 ft [b]	20 ft [b]	10 ft [b]	15 ft [b]	20 ft [b]	8'	
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] Private Potable water Supply setbacks may be reduced as prescribed in Chapter 7
 [b] Additional setbacks may be needed to prevent fill material extensions from encroaching onto abutting property.
 [c] Additional setbacks may be required by local Shoreland zoning.
 [d] 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.
 [e] May not be any closer to a private potable water supply than the existing disposal field or septic tank. This setback may be reduced for single family houses with Department approval. See Section 702.3
 [f] The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.
 [h] See Section 1402.10 for special procedures when these minimum setbacks cannot be achieved.

WILLIAM P BROWN *William P Brown*

 SITE EVALUATOR'S SIGNATURE

3/19/2010

 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	
Street or Road	7 DAVIS STREET	
Subdivision, Lot #		

OWNER/APPLICANT INFORMATION		AUGUSTA Date Permit Issued: 3/24/10 PERMIT # 6423 TOWN COPY \$ 175.00 Double Fee Charged L.P.I. # 8501
Name (last, first, MI)	DULAC, ERNIE <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	
Mailing Address of Owner/Applicant	7 DAVIS STREET AUGUSTA, ME 04330	
Daytime Tel. #	623-8458	

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: <i>Ernie Dulac</i> Date: 3-24-10	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: <i>Wayne R. Fuller</i> Date Approved: 5/10/10 (2nd) Date Approved: 5/11/10

PERMIT INFORMATION

TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced TRENCH Year installed 1970'S <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 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	DISPOSAL SYSTEM COMPONENTS <input 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 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. Pretreatment, specify: _____ <input checked="" type="checkbox"/> 12. Miscellaneous Components
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: 4 <input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____ <input type="checkbox"/> 3. Other _____ (specify)	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
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other EXISTING CAPACITY 1000 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 1584 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	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	DESIGN FLOW 360 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- 2-2 BDRM APTS @ 180 GPD EACH
SOIL DATA & DESIGN CLASS PROFILE 8 / CONDITION DI / DESIGN 4 at Observation Hole # TP-1 Depth 11 " 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 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	EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input checked="" type="checkbox"/> Required >> Specify only for engineered or experimental 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 20 m 10 s Long. 69 d 46 m 33 s if gps, state margin of error: 30 ft

SITE EVALUATOR'S STATEMENT

I certify that on **3/18/10** (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).

<i>William P Brown</i>	188	3/19/2010
Site Evaluator Signature	SE#	Date
WILLIAM P BROWN	293-2110	
Site Evaluator Name Printed	Telephone Number	E-mail Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
Department of Human Services
Owners Name

Town, City, Plantation

Street, Road, Subdivision

AUGUSTA

7 DAVIS STREET

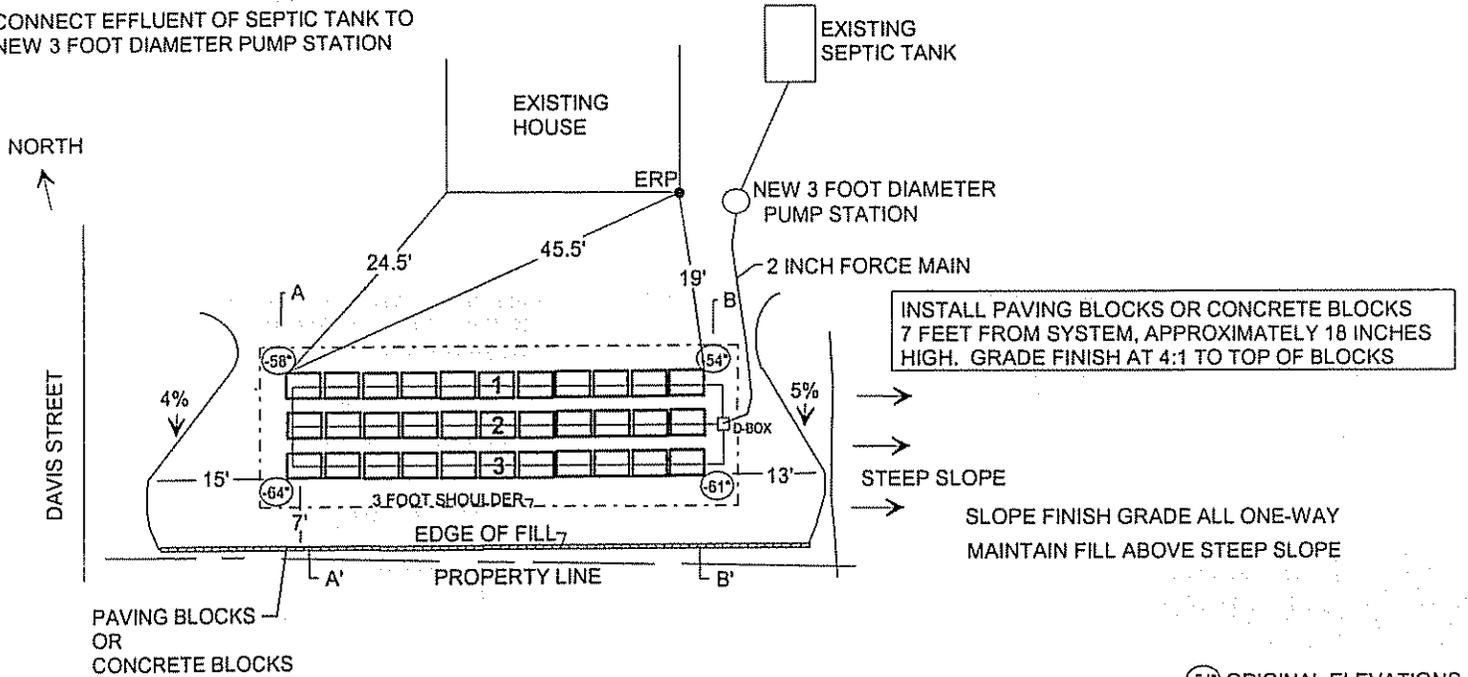
ERNIE DULAC

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" 20 Ft.

KEEP EXISTING TANK IN SERVICE. INSTALL NEW 3 FOOT DIAMETER PUMP STATION NEAR BACK CORNER OF HOUSE.
PLACE RISER TO NEAR GRADE OVER PUMP STATION.
INSTALL HIGH WATER ALARM ON SEPARATE CIRCUIT. BURY 2 INCH FORCE MAIN TO NEW D-BOX. ENTER D-BOX THROUGH BOTTOM WITH FORCE MAIN AND EXTEND FORCE MAIN TO WITHIN 2 INCHES OF TOP. PROVIDE WEEP HOLE IN FORCE MAIN INSIDE PUMP CHAMBER TO ALLOW DRAINBACK BETWEEN PUMP CYCLES.
USE 33 TYPE "B" ELGEN IN-DRAIN UNITS IN 3 ROWS WITH 11 UNITS IN EACH ROW. EACH UNIT MEASURES 3'X4'X7". THERE IS A 12 INCH SPACE BETWEEN ROWS. SYSTEM MEASURES 11 FT X 44 FT. FLAGS MARK THE CORNERS OF THE SYSTEM. ALL ROWS ARE AT THE SAME ELEVATION.
USE SELECT MEDIUM TO COARSE SAND WITH NO MORE THAN 5% PASSING A 200# SIEVE, 6 INCHES BELOW INDRAINS AND 9 INCHES AROUND IN-DRAINS. THE REMAINDER OF THE FILL SHALL BE GRAVELLY COARSE SAND. LAY 4 INCH PERFORATED DISTRIBUTION PIPE ON TOP OF ELGEN IN-DRAIN ROWS. CONNECT ENDS OF ROWS. COVER PIPES WITH GEOTEXTILE FABRIC PER MANUFACTURER'S INSTRUCTIONS.

CONNECT EFFLUENT OF SEPTIC TANK TO
NEW 3 FOOT DIAMETER PUMP STATION



(-54) ORIGINAL ELEVATIONS

FILL REQUIREMENTS

Depth of Fill (Upslope) **26-28"**
Depth of Fill (Downslope) **33-36"**

DEPTHS AT CROSS-SECTION BELOW

CONSTRUCTION ELEVATIONS

Reference Elevation is **VARIES**
Top of Proprietary Device **-40"**
Bottom of Proprietary Device **-47"**

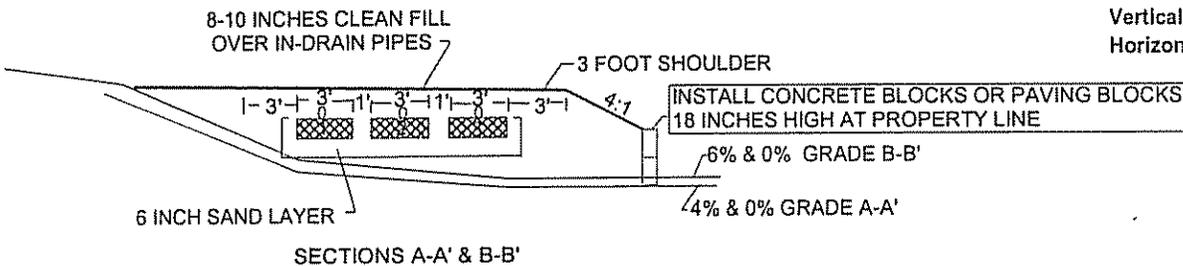
ELEVATION REFERENCE POINT

Location and Description
BOTTOM OF CORNER VINYL TRIM AT BACK CORNER OF HOUSE
Reference Elevation is 00"

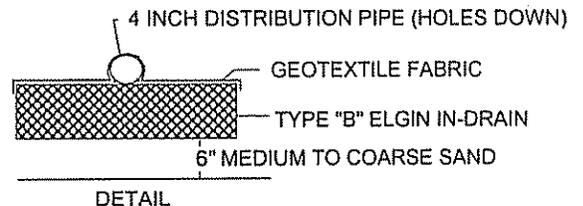
DISPOSAL AREA CROSS SECTION

Scale:

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



REMOVE EXISTING TRENCH SYSTEM ENTIRELY
SCARIFY ENTIRE FILL AREA
PLACE 6 INCHES OF MEDIUM TO COARSE SAND BELOW IN-DRAINS AND AT LEAST 9 INCHES AROUND PERIMETER OF THE ROWS AS SHOWN ABOVE
ALL OTHER FILL SHALL BE GRAVELLY COARSE SAND
CROWN FINISH GRADE AT 3% FROM CENTER OR, SLOPE ALL ONE WAY
LOAM, SEED, MULCH DISTURBED AREAS



WILLIAM P BROWN

William P Brown

188

SE #

3/19/2010

Date

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Site Evaluator Signature