

REPLACEMENT SYSTEM VARIANCE REQUEST

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. 1903)
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 <u>AUGUSTA</u>
Permit No. <u>452P</u>		Date Permit Issued <u>11/1/2000</u>
Property Owner's Name: <u>CIVES STEEL CO (CURT HUBER, AGENT)</u>		Tel. No.: <u>622-6141</u>
System's Location: <u>LIPMAN ROAD AUGUSTA</u>		
Property Owner's Address: <u>P O BOX 1077</u>		
(if different from above) <u>AUGUSTA, ME 0433 0</u>		

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. (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 System Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

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.

Curt Huber
SIGNATURE OF OWNER

10/31/00
DATE

LOCAL PLUMBING INSPECTOR:

I, George A. Soucy, Jr., 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 recommended.

Comments _____

George A. Soucy, Jr.
LPI SIGNATURE

11/1/2000
DATE

Replacement System Variance Request

VARIANCE CATEGORY	VARIANCE REQUESTED		LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS						
Soil Profile	Ground Water Table		to 7"		Inches	
Soil Condition	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	Less than 1000 gpd	1000 to 2000 gpd	To	To
Wells with water usage of 2000 or more gpd	300 ^a ft	300 ^a ft	100 ^a ft	100 ^a ft		
Owner's wells	100 down to 50 ft	200 down to 100 ft	100 ^b down to 50 ft	100 down to 50 ft		
Neighbor's wells	100 ^b down to 60 ft	200 ^b down to 120 ft	100 ^b down to 50 ft	100 ^b down to 75 ft		
Water supply line	10 ft ^a	20 ft ^a	10 ft ^a	10 ft ^a		
Water course, major - for replacements only, see Table 400.4 for exempted expansions	100 down to 60 ft	200 down to 120 ft	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft	100 down to 50 ft	50 down to 25 ft	50 down to 25 ft		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	25 down to 12 ft	25 down to 12 ft		
Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams (edge of fill extension)	25 ft ^d	25 ft ^d	25 ft ^d	25 ft ^d		
Slopes greater than 3:1	10 ft	18 ft	N/A	N/A		
No full basement (e.g. slab, frost wall, columns)	15 down to 7 ft	30 down to 15 ft	8 down to 5 ft	14 down to 7 ft	7', 14'	
Full basement (below grade foundation)	20 down to 10 ft	30 down to 15 ft	8 down to 5 ft	14 down to 7 ft		
Property lines	10 down to 5 ^c ft	18 ft down to 9 ^c ft	10 ft down to 4 ^c ft	10 ft down to 7 ^c ft		
Burial sites or graveyards, measured from the downhill toe of the fill extension	25 ft	25 ft	25 ft	25 ft		

OTHER

1. Fill extension Grade - to 3:1

2.

3.

Footnotes:

- a. This setback distance cannot be reduced by the LPI, but may be considered for reduction by State Variance.
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 (or 200 ft. for 1000-2000 gpd) feet and closer to that well than the system it is replacing.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope or property line.
- d. Natural Resources Protection Act requires a 25 foot setback on slopes with less than 20% from the edge of disturbance and 100 feet on slopes greater than 20% except for the repair or installation of a replacement system when no practical alternative exists.

WILLIAM P BROWN *William P Brown* **10/27/2000**
 SITE EVALUATOR'S 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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207)287-6672 FAX (207)287-4172

PROPERTY LOCATION		>> Caution: Permit Required -- Attach in Space Below <<	
City, Town, or Plantation	AUGUSTA	AUGUSTA Subsurface Wastewater Disposal Permit shall be installed and maintained in accordance with the rules and regulations of the State of Maine. Date Permit Issued: <u>11/1/2000</u> \$ <u>195.00</u> TOWN COPY <input type="checkbox"/> If Double Fee Charged <input type="checkbox"/> Signature of Local Plumbing Inspector: <u>[Signature]</u> L.P.I. # <u>1089</u>	
Street or Road	LIPMAN ROAD		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	HUBER, CURT	Carole Duplessis Shop Clerk	
Mailing Address of	CIVES STEEL COMPANY P O BOX 1077 AUGUSTA, ME 04330		
Daytime Tel. #	622-6141	Municipal Tax Map # <u>53</u> Lot # <u>21</u>	
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/Applicant: <u>[Signature]</u> Date: _____		Local Plumbing Inspector Signature: _____ (1st) Date Approved: _____ _____ (2nd) Date Approved: _____	

PERMIT INFORMATION			
TYPE OF APPLICATION: 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced <u>BED</u> Year Installed <u>60'S</u> 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 1. <input type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector approval b. <input type="checkbox"/> State & Local Plumbing Inspector approval 3. <input checked="" type="checkbox"/> Replacement System Variance a. <input checked="" type="checkbox"/> Local Plumbing Inspector approval b. <input type="checkbox"/> State & Local Plumbing Inspector approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Variance	DISPOSAL SYSTEM COMPONENT(S) 1. <input type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt. toilet) 3. <input type="checkbox"/> Alternative Toilet, specify _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank _____ gallons 6. <input checked="" type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd or more) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pretreatment, specify: 12. <input type="checkbox"/> Miscellaneous components	
SIZE OF PROPERTY 10+ <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE: 1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____ 2. <input type="checkbox"/> Multiple Family Dwelling Unit, No. of Units: _____ 3. <input checked="" type="checkbox"/> Other 50 EMPLOYEE BUSINESS SPECIFY _____		
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other <u>EXISTING</u> CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input checked="" type="checkbox"/> Cluster Array c. <input type="checkbox"/> Linear b. <input type="checkbox"/> Regular load d. <input checked="" type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other _____ SIZE <u>1600</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment Tank b. <input type="checkbox"/> Tanks in Series c. <input type="checkbox"/> Increase in Tank Capacity d. <input type="checkbox"/> Filter on Tank Outlet	DESIGN FLOW <u>750</u> gallons per day BASED ON: 1. <input type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input checked="" type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS -for other facilities- 50 EMPLOYEES @ 15 GPD 750 GPD 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>6 / B / 2</u> at Observation Hole # <u>TP-1</u> Depth <u>N/A</u> " Elevation _____ "	DISPOSAL FIELD SIZING 1. <input checked="" 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 type="checkbox"/> Large - 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq. ft./gpd	PUMPING 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	

SITE EVALUATOR'S STATEMENT		
I certify that on <u>10/27/2000</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).		
Signature: <u>[Signature]</u> Site Evaluator Signature	188 SE#	10/27/2000 Date
WILLIAM P BROWN Site Evaluator Name Printed	293-2110 Telephone #	

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX 207 287-4172

Town, City, Plantation

Street, Road, Subdivision

Owners Name

AUGUSTA

LIPMAN ROAD

CURT HUBER

SITE PLAN

Scale 1" = **100** Ft.

SITE LOCATION PLAN

(Map from Maine Atlas recommended)

NORTH



STEEL FABRICATION BUILDING

ERP
EXISTING SEPTIC TANK

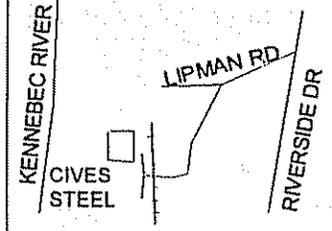
PROPOSED 20'X40' CHAMBER SYSTEM

1% >

TP-1

ERP TO TP-1 = 45'

THE PROPOSED SYSTEM IS TO BE INSTALLED IN THE SAME AREA AS AN EXISTING STONE BED. REMOVE ALL OLD PIPING ENCOUNTERED, OVER-EXCAVATE 12 INCHES BELOW LEVEL OF NEW CHAMBERS, BACKFILL WITH GRAVELLY COARSE SAND TO ELEVATION OF CHAMBERS



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP-1 Test Pit Boring
0" Depth of Organic Horizon Above Mineral Soil

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

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	COARSE SAND	FRIABLE	MEDIUM BROWN	NONE
10			ORANGE BROWN	
20				
30				
40				
50				

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification 6 Profile	Slope 1 %	Limiting Factor NONE	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Soil Classification Profile	Slope %	Limiting Factor "	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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WILLIAM P BROWN *William P Brown*
Site Evaluator Signature

188
SE #

10/27/2000
Date

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation
AUGUSTA

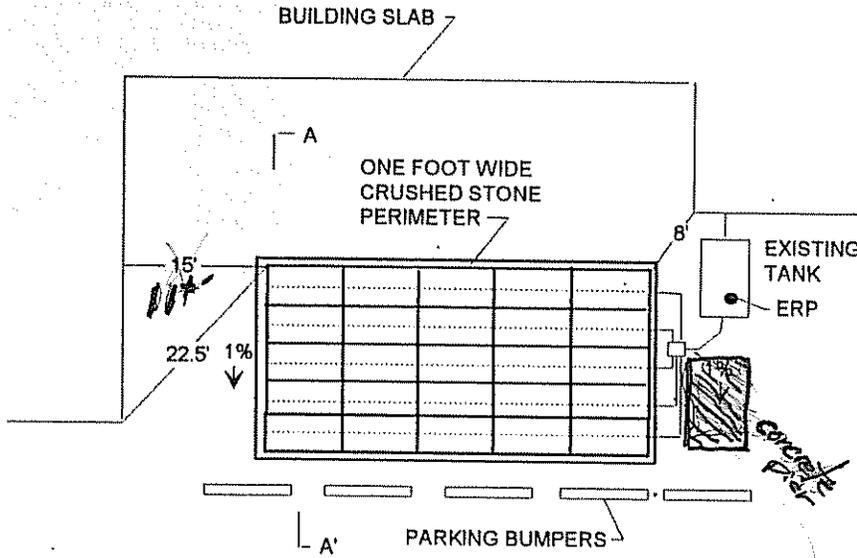
Street, Road, Subdivision
LIPMAN ROAD

Owners Name
CURT HUBER

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

USE 5 X 5 ARRAY OF 4' X 8' CONCRETE CHAMBERS WITH DISTRIBUTION PIPING AS SHOWN
INSTALL ONE FOOT WIDE PERIMETER OF CRUSHED STONE AROUND THE CHAMBER SYSTEM
CONNECT EXISTING 1000 GALLON SEPTIC TANK TO NEW SYSTEM



INSTALL EFFLUENT FILTER ON SEPTIC TANK
EXCAVATE 12 INCHES BELOW CHAMBER ELEVATION, REPLACE WITH COARSE GRAVELLY SAND TO ELEVATION OF CHAMBERS
ALL MEASUREMENTS FOR LAYOUT PURPOSES ARE TO EDGE OF CONCRETE CHAMBERS
MEASUREMENTS FOR SET-BACK REQUIREMENTS ARE FROM EDGE OF STONE PERIMETER

Handwritten notes:
12" below chambers
to restrict from by concrete base
12/1/00

FILL REQUIREMENTS

Depth of Fill (Upslope) 0"
Depth of Fill (Downslope) 0"

CONSTRUCTION ELEVATIONS

Reference Elevation is 00"
Bottom of Disposal Area -23"
Top of distribution Lines or Chambers -10"

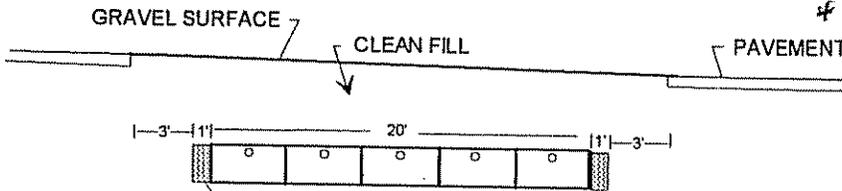
ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

TOP OF EXISTING SEPTIC TANK

DISPOSAL AREA CROSS SECTION

Scale:

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



LEAVE FINISH GRADE AS GRAVEL SURFACE OR PAVEMENT

12" LAYER OF 1 1/2" CRUSHED STONE AROUND PERIMETER
COVER WITH 2" HAY OR A LAYER OF FILTER FABRIC EQUAL TO MIRAFI 140 N

REMOVE PAVEMENT AND OLD DISPOSAL SYSTEM
EXCAVATE 12 INCHES BELOW LEVEL OF CHAMBERS
SCARIFY ENTIRE FILL AREA
ALL FILL SHALL BE GRAVELLY COARSE SAND
INSTALL CHAMBERS PER MANUFACTURER'S INSTRUCTIONS
LOPE FINISH GRADE AS SHOWN
COVER TOP SEAMS BETWEEN CONCRETE CHAMBERS AND STONE PERIMETER WITH HAY OR FABRIC

WILLIAM P BROWN
Site Evaluator Signature

188
SE #

10/27/2000
Date