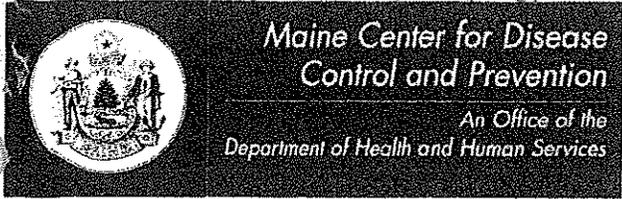


PIF 7/29/16



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

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: Cives Steel Company Tel. No.: 622-6141

System's Location: 103 Lipman Road

Property Owner's Address: P.O. Box 1077 Augusta, Me Zip Code 04332-1077

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.)

1. To reduce a Replacement Chamber disposal area 7 feet to a property line / RAILROAD TRACK (2) The replacement system will utilize the existing 14 concrete chambers, they should be lifted and cleaned off - any old fill, scum, pipes should physically be hauled off

SECTION OF RULE Table 8A page 76

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.

the site and backfilled with clean gravelly fill. Then new stone placed on top of fill and then the chambers reset with 14 new H-20 chambers for a total of 28 chambers - see plan and cross-section for details

I, Steve Hamilton, 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.

Steve Hamilton 6/21/16

SIGNATURE OF SITE EVALUATOR DATE

PROPERTY OWNER

I, ERIC B. CORROW, 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.

Eric B. Corrow 7/29/16

SIGNATURE OF OWNER DATE
AGENT FOR THE OWNER

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, Sam R. Fuller, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) approve the requested variance. I (will will not) issue a permit for the system's installation as proposed by the application.

Sam R. Fuller
LPI Signature

7/29/16
Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) recommend the issuance of a permit for the system's installation as proposed by the application.

LPI 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

- Notes:
1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)
 2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One): Outside Shoreland Zone-50 Inside Shoreland Zone-65 Subdivision-65

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Augusta	AUGUSTA PERMIT #7265 Date Permit Issued: 7/29/16	TOWN COPY \$150.00 fee LPI # 850
Street or Road	103 Lipman Road		
Subdivision, Lot #	N/A M 58/21		
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	Cives Steel Company <input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	P.O. Box 1077 Augusta, Me		
Daytime Tel. #	622-6141 04332-1077		
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.		CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. (1st) date approved _____ (2nd) date approved _____	
Signature of Owner or Applicant Date 7/29/16		Local Plumbing Inspector Signature (2nd) date approved _____	

PERMIT INFORMATION

TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>14 Concrete Chambers</u> Year installed: <u>1980's</u> <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% 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. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY Approx 8-10 <input checked="" type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other: <u>Cives Steel Company</u> (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <u>unknown at time of on-site</u> <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)	

EXISTING 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: _____ CAPACITY: <u>1500</u> 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 type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input checked="" type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: <u>14 Existing Chambers</u> SIZE: <u>28 Total</u> <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, 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 <u>400</u> gallons per day BASED ON: <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input checked="" type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS FOR other facilities <u>Existing Steel Factory</u> <u>30 workers x 12.9 gpd = 360-400 gpd</u> <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION <u>H1C</u> at Observation Hole # <u>142</u> Depth <u>44"</u> of Most Limiting Soil Factor <u>30"</u>	DISPOSAL FIELD SIZING <input checked="" type="checkbox"/> 1. Medium--2.6 sq. ft. / gpd <input type="checkbox"/> 2. Medium--Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	LATITUDE AND LONGITUDE at center of disposal area Lat. <u>44</u> d <u>23</u> m <u>724</u> s Lon. <u>069</u> d <u>44</u> m <u>574</u> s if g.p.s, state margin of error: <u>20'</u>

SITE EVALUATOR STATEMENT

I certify that on 6/20/16 (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 OMR 241).

 Site Evaluator Signature	<u>173</u> SE #	<u>6/21/16</u> Date
Steve Hamilton Site Evaluator Name Printed	<u>897-6962</u> Telephone Number	<u>N/A</u> 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

Street, Road, Subdivision

Owner's Name

Augusta

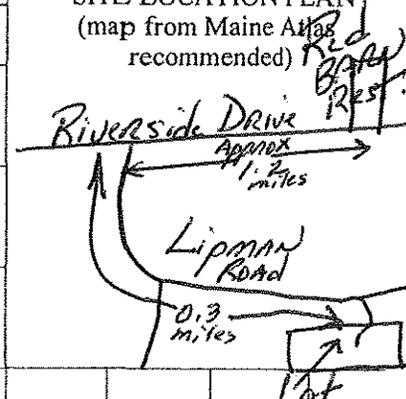
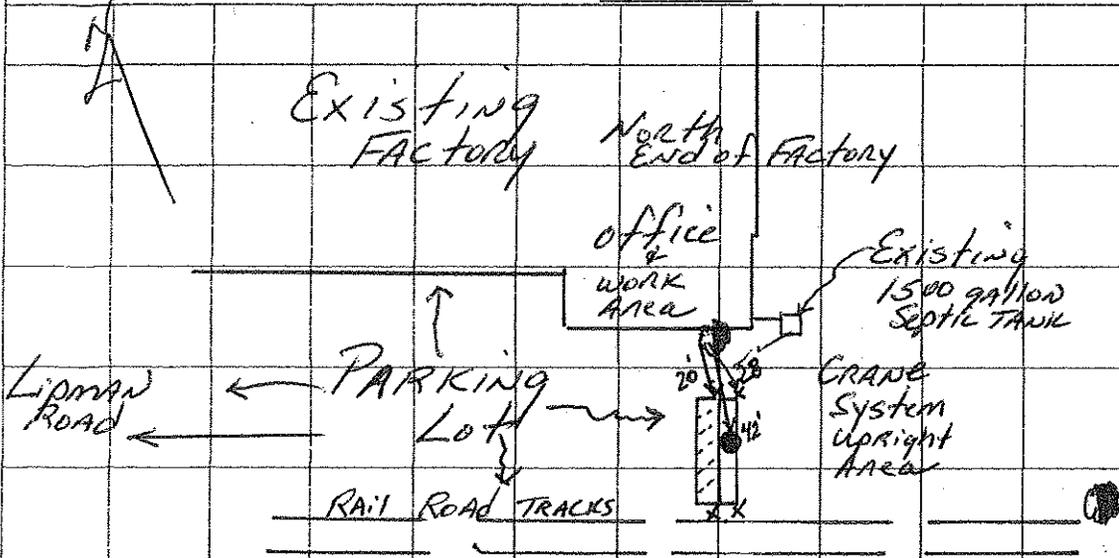
Lipman Road

Cives Steel Company

SITE PLAN

Scale 1" = 100' ft. or as shown

SITE LOCATION PLAN
 (map from Maine Atlas
 recommended)



- "Legend"
- = Reference Elevation Point
 - = Soil Observation And Borings
 - X = Wire Flags set to show new chamber disposal area
 - = Existing Existing Chamber Area

Note
 This sketch is not a survey.
 Location of propionents located and stated by Facilities Manager. The factory has several Bathrooms and several Septic Disposal Areas through out the Property

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

Observation Hole 1+2 Test Pit Boring
 0" " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0-10	loamy sand sandy loam		olive brown 10YR 5/4	
10-20	loamy sand soils	ribble	orange brown 10YR 5/4	
20-30	fine sands			faint
30-40	Angular Rock fragments	Some what firm	light olive brown 2.5 YR 5/6	few
40-50				

Soil Classification 4 C Profile Condition	Slope 1 %	Limiting Factor 30 "	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
--	---------------------	--------------------------------	--

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

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0-47	The Reference Elevation Point is a nail set in the office window. The H-20 Concrete Chambers to the Bottom at each Row will be 82 inches below the nail set in the Reference Elevation Point. The nail measures 47 inches up from the tanned parking area.			
47-50				

Soil Classification Profile Condition	Slope %	Limiting Factor "	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
--	------------	----------------------	---

Steve Hamilton

173

6/21/16

Site Evaluator Signature

SE #

Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

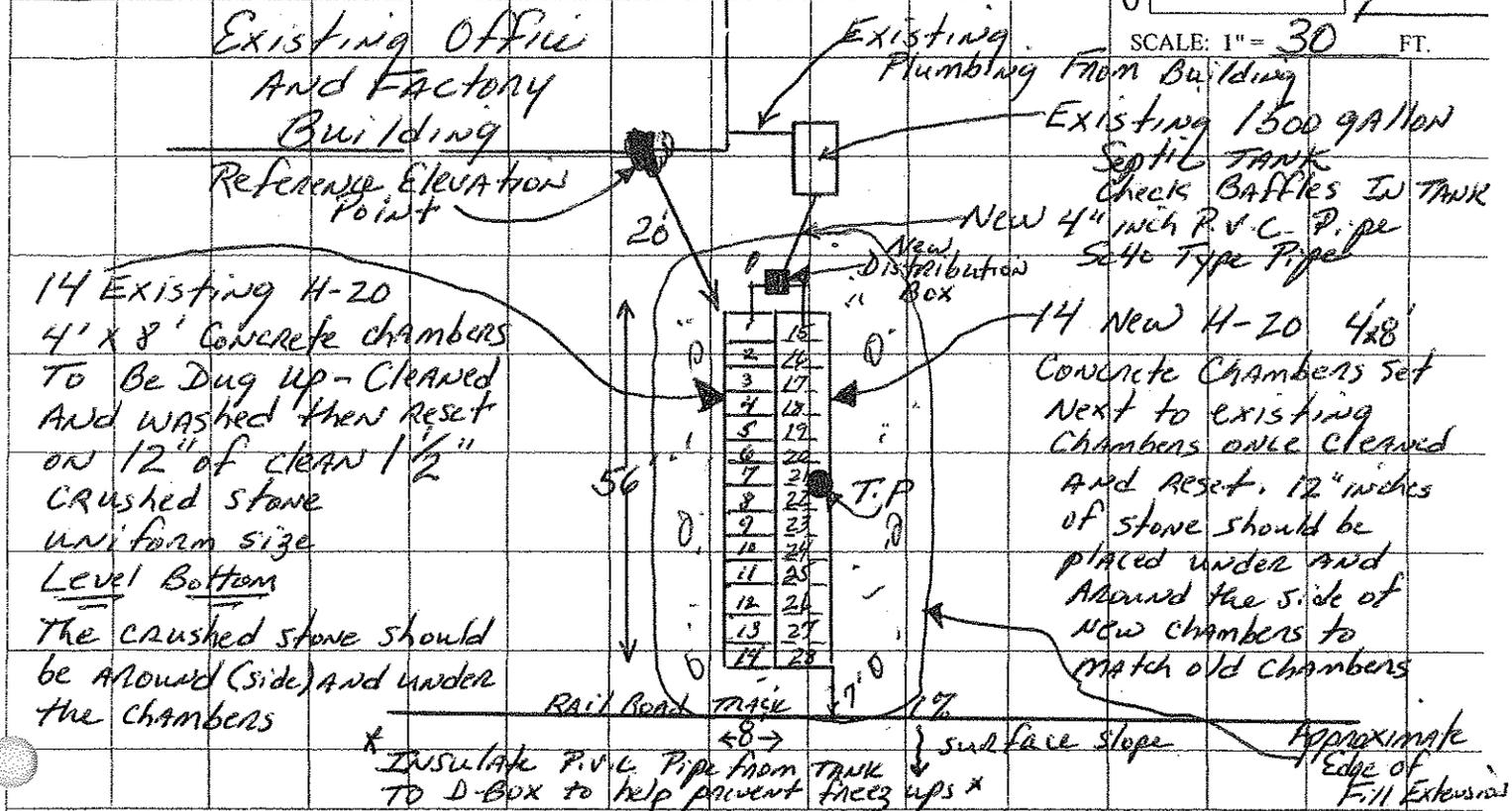
Augusta

Lipman Road

Cives Steel Company

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 30 FT.



14 Existing H-20 4' x 8' Concrete chambers To be dug up - cleaned and washed then reset on 12" of clean 1/2" crushed stone uniform size Level Bottom. The crushed stone should be allowed (side) and under the chambers.

14 New H-20 4x8' Concrete Chambers set next to existing chambers once cleaned and reset. 12" inches of stone should be placed under and around the side of new chambers to match old chambers.

* Insulate P.V.C. Pipe from Tank to D-Box to help prevent freezing ups *

FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope) 12"

Finished Grade Elevation of Concrete Chambers 57"

Location & Description: Nail set in the office window of factory.

Depth of Fill (Downslope) 12-15"

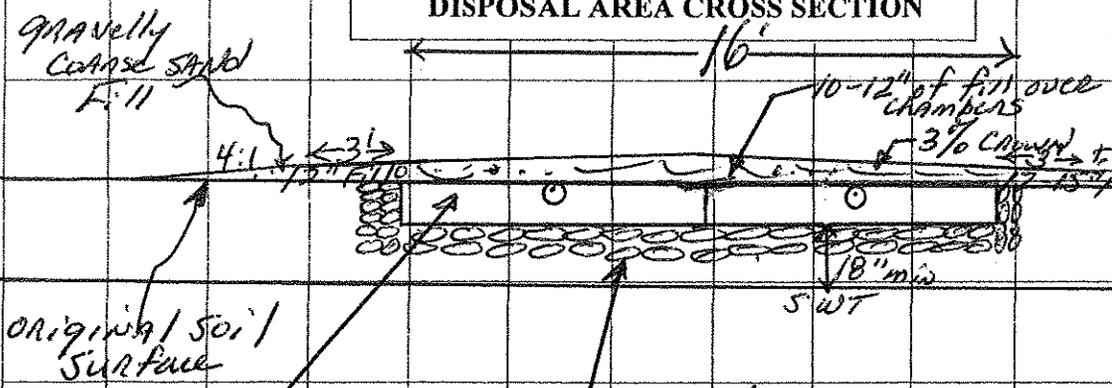
Top of H-20 Concrete Chambers - 69"
 Bottom of H-20 Concrete Chambers - 82"

Reference Elevation: Please Refer to pg 2 of 3

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = 5 ft.
 Vertical 1" = 5 ft.



* 28 4'x8' Concrete H-20 Chambers (14 will be cleaned and reset)

* 12" of Clean 1/2" crushed stone under and on the sides of Chambers stone needs to be uniform size with a Level Bottom

* Create 6" Transition Zone By Mixing gravelly coarse sand with original soil beneath the chambers and fill extension areas

** Remove all old fill, stone, pipe of old system and backfill with clean coarse gravelly fill

Steve Hamilton

173 SE #

6/21/16 Date

Eric Corrow
Facilities Manager

www.cives.com

Delivery Address:
103 Lipman Road
Augusta, ME 04330

Mailing Address:
P.O. Box 1077
Augusta, ME 04332-1077



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ecorrow@cives.com