

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. 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 <u>AUGUSTA</u>
Permit No. <u>6069</u>	Date Permit Issued <u>10/9/07</u>
Property Owner's Name: <u>DAVID CROWELL</u>	Tel. No.: <u>623-8451</u>
System's Location: <u>109 KENNEDY ROAD AUGUSTA</u>	
Property Owner's Address: <u>NORTHCENTER FOODSERVICE</u>	
(if different from above) <u>P O BOX 2628</u>	
<u>AUGUSTA, ME 04338</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:

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.

David Crowell
SIGNATURE OF OWNER

10-4-07
DATE

LOCAL PLUMBING INSPECTOR:

I, Wayne R. Fuller, 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 _____

Wayne R. Fuller
LPI SIGNATURE

10/9/07
DATE

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'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	75'		
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	65'	70'	
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]			
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 welllands, special freshwater welllands, 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			
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	15'		
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. STONE OR LANDSCAPE RETAINING WALLS TO BE USED TO MAINTAIN FILL ABOVE A STEEP EMBANKMENT AND TO KEEP VEHICLE TRAFFIC OFF DISPOSAL SYSTEM
2. _____
3. REDUCE SEPARATION DISTANCE FROM 18" TO 12" TO MAINTAIN FILL ABOVE STEEP EMBANKMENT

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

William P Brown
 12/7/2006 REVISED 10/1/07

 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.

William P Brown

 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 # 6069 TOWN COPY Date Permit Issued: <u>10/9/07</u> \$ <u>120.00</u> <input type="checkbox"/> Double Fee Charged FEE L.P.I. # <u>500</u> Local Plumbing Inspector Signature: <u>[Signature]</u>	
Street or Road	<u>109</u> KENNEDY ROAD		
Subdivision, Lot #		Municipal Tax Map # <u>62</u> Lot # <u>9</u> LR	
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	CROWELL, DAVID <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	NORTHCENTER FOODSERVICE P O BOX 2628 AUGUSTA, ME 04338		
Daytime Tel. #	623-8451		

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>10-11-07</u>		Local Plumbing Inspector Signature: <u>[Signature]</u> (1st) Date Approved: <u>11/3/07</u> (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:	
4 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres		<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> <input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____ <input type="checkbox"/> 3. Other _____ (specify)	
SHORELAND ZONING		TYPE OF WATER SUPPLY	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1. Drilled Well <input checked="" type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other	
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		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 checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other _____ SIZE <u>750</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	
SOIL DATA & DESIGN CLASS		GARBAGE DISPOSAL UNIT	
PROFILE CONDITION DESIGN <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 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 type="checkbox"/> Not Required 2. <input checked="" type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems DOSE _____ gallons	
		DESIGN FLOW	
		<u>180</u> 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-	
		<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>17</u> m <u>46</u> s Long. <u>69</u> d <u>46</u> m <u>37</u> s if gps, state margin of error: <u>30</u> ft	

SITE EVALUATOR'S STATEMENT			
I certify that on <u>12/7/06</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).			
Site Evaluator Signature: <u>[Signature]</u>		Date: <u>12/7/2006</u> REVISED <u>10/1/07</u>	
Site Evaluator Name Printed: <u>WILLIAM P BROWN</u>		Telephone Number: <u>293-2110</u>	
		E-mail Address: _____	

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX 207 287-4165

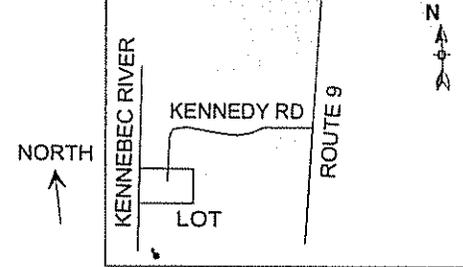
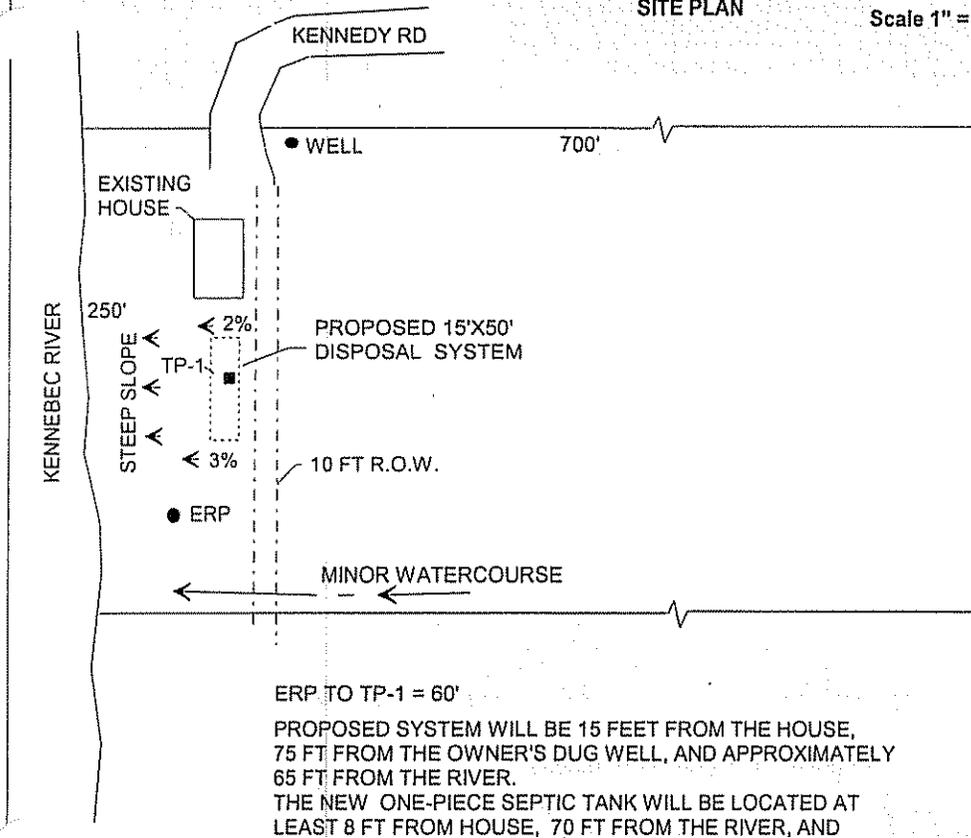
Town, City, Plantation AUGUSTA	Street, Road, Subdivision KENNEDY ROAD	Owner or Applicant Name DAVID CROWELL
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SITE PLAN

Scale 1" = 100 Ft.

SITE LOCATION PLAN

(Attach map from Maine Atlas for First Time System Variance)



OTHER LOCATIONS ON THE PROPERTY FOR THE DISPOSAL SYSTEM APPEAR TO HAVE SLOPES IN EXCESS OF 20%.

ERP TO TP-1 = 60'

PROPOSED SYSTEM WILL BE 15 FEET FROM THE HOUSE, 75 FT FROM THE OWNER'S DUG WELL, AND APPROXIMATELY 65 FT FROM THE RIVER.

THE NEW ONE-PIECE SEPTIC TANK WILL BE LOCATED AT LEAST 8 FT FROM HOUSE, 70 FT FROM THE RIVER, AND 65 FT FROM THE DUG WELL.

IF THE EXISTING HOUSE IS RAISED OR RE-LOCATED, IT WILL BE POSSIBLE TO AVOID THE PUMP STATION.

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

Observation Hole # TP-1 Test Pit Boring
0 " Depth of organic horizon above mineral soil

	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	MEDIUM BROWN	NONE
10			YELLOW BROWN	
10	SILT LOAM	FIRM	OLIVE BROWN	COMMON
20				
30				
40				
50				
Soil Profile <u>8</u>		Classification <u>D</u>	Slope <u>2-3</u> %	Limiting Factor <u>10</u> "
				<input checked="" type="checkbox"/> Groundwater
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

(Location of Observation Holes Shown Above)

Observation Hole # _____ Test Pit Boring
 _____ " Depth of organic horizon above mineral soil

	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				
Soil Profile _____		Classification _____	Slope _____ %	Limiting Factor _____ "
				<input type="checkbox"/> Groundwater
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

WILLIAM P BROWN *William P Brown*
Site Evaluator Signature

188
SE #

12/7/2006 REVISED 10/1/07 Page 2 of 3
Date HHE-200 Rev. 10/02

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
Department of Human Services

Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
KENNEDY ROAD

Owners Name
DAVID CROWELL

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

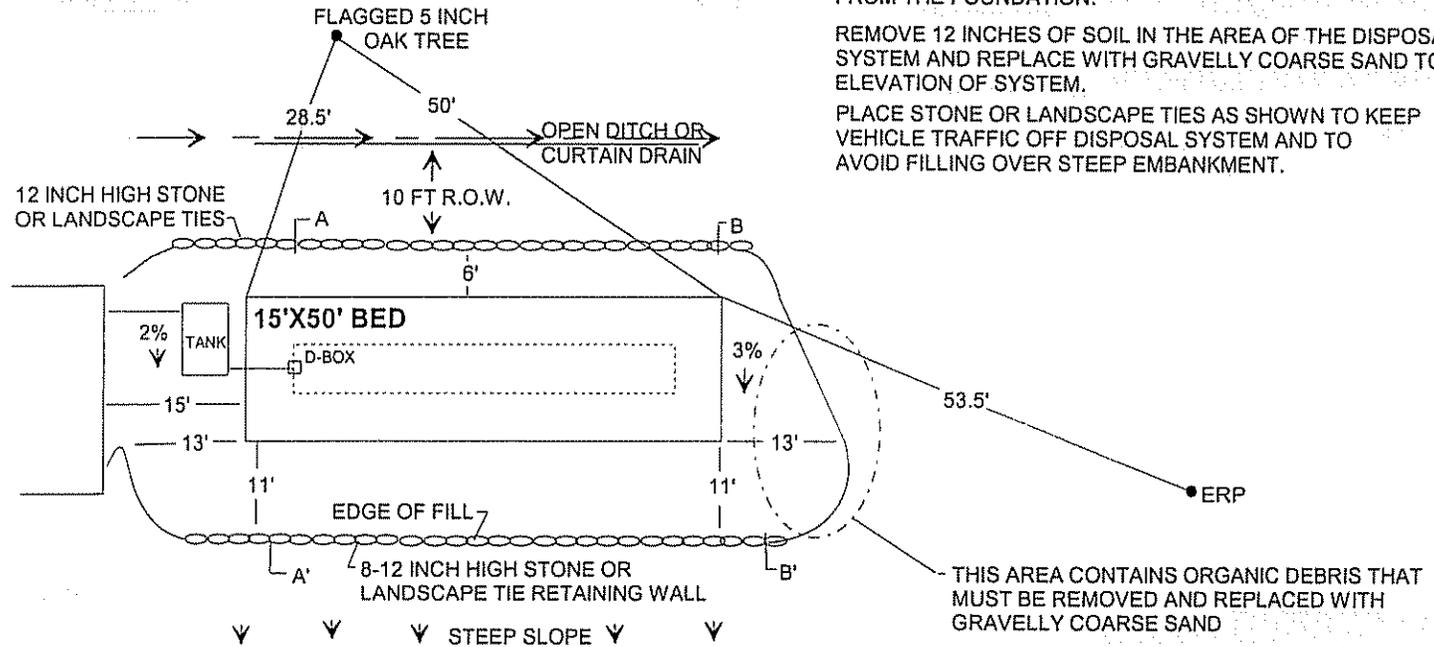
INSTALL 18 INCH DEEP OPEN DITCH OR CURTAIN DRAIN ON EDGE OF R.O.W.

NORTH
←

NEW SEPTIC TANK MAY BE FIELD ADJUSTED AT LEAST 8 FT FROM THE FOUNDATION.

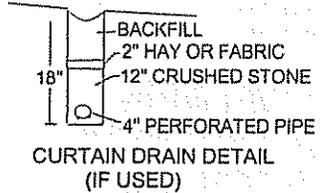
REMOVE 12 INCHES OF SOIL IN THE AREA OF THE DISPOSAL SYSTEM AND REPLACE WITH GRAVELLY COARSE SAND TO ELEVATION OF SYSTEM.

PLACE STONE OR LANDSCAPE TIES AS SHOWN TO KEEP VEHICLE TRAFFIC OFF DISPOSAL SYSTEM AND TO AVOID FILLING OVER STEEP EMBANKMENT.



THIS AREA CONTAINS ORGANIC DEBRIS THAT MUST BE REMOVED AND REPLACED WITH GRAVELLY COARSE SAND

MAINTAIN FILL ABOVE STEEP SLOPE WITH STONE WALL OR LANDSCAPE TIES



FILL REQUIREMENTS

Depth of Fill (Upslope) 27"
Depth of Fill (Downslope) 31-32"
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation VARIABLE
Top of distribution Lines or Chambers -14"
Bottom of Disposal Area -25"

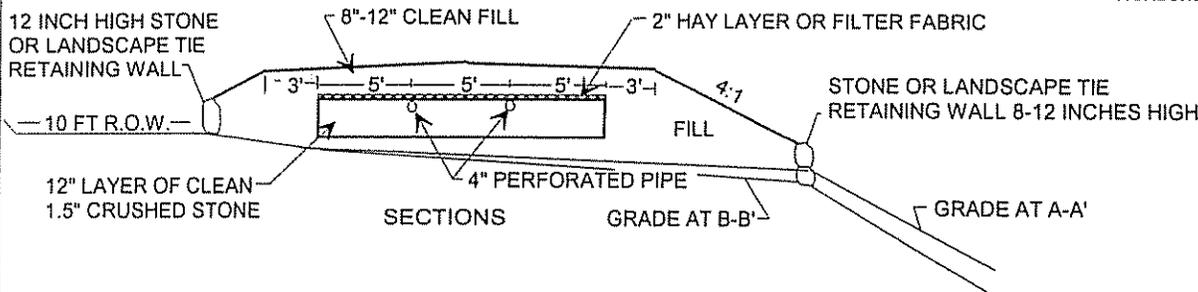
ELEVATION REFERENCE POINT

Location and Description:
FLAGGED NAIL IN 12 INCH MAPLE TREE, 3 FEET ABOVE GROUND
Reference Elevation is: 00"

DISPOSAL AREA CROSS SECTION

Scale:

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



INSTALL EROSION CONTROL DEVICES BEFORE BEGINNING CONSTRUCTION
REMOVE 12 INCHES OF SOIL IN THE DISPOSAL AREA
SCARIFY ENTIRE FILL AREA.
MIX 4 INCHES OF FILL MATERIAL THOROUGHLY WITH EXISTING SOIL TO FORM TRANSITION ZONE (ACCORDING TO CHAPTER 8, MAINE PLUMBING CODE)
ALL FILL SHALL BE GRAVELLY COARSE SAND
CROWN FINISH GRADE FROM CENTER AT 3% OR,
SLOPE FINISH GRADE ALL ONE WAY
LOAM, SEED, MULCH

WILLIAM P BROWN *William P Brown*
Site Evaluator Signature

188
SE #

12/7/2006 REVISED 10/1/07
Date

Page 3 of 3
HHE-200 Rev. 10/02