

called 9-6 12:10
REPLACEMENT SYSTEM VARIANCE REQUEST

582-3452
mark@wtk

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>4486</u>	Date Permit Issued <u>9-6-00</u>
Property Owner's Name: <u>MARK LAPOINTE</u>	Tel. No.: <u>622-4786</u>
System's Location: <u>ALBEE ROAD AUGUSTA</u>	
Property Owner's Address: <u>ROUTE 1 BOX 7125</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:
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.

Mark E. Lapointe
SIGNATURE OF OWNER

9-6-00
DATE

LOCAL PLUMBING INSPECTOR:
I, Nancy R. Luth, 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 _____

Nancy R. Luth
LPI SIGNATURE

9/6/00
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	90'	
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	50'	
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	9'	
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 STEEPEN SLOPE SLIGHTLY SO THAT DISTURBANCE OF SOIL DOES NOT OCCUR WITHIN 25 FT OF LAKE

2 MIXED FILL SOILS CONSIDERED EQUIVALENT TO ORIGINAL

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

9/5/2000

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)287-5672 FAX (207)287-4172

PROPERTY LOCATION		>> Caution: Permit Required -- Attach in Space Below <<	
City, Town, or Plantation	AUGUSTA	AUGUSTA Subsurface Wastewater Disposal 4486 TOWN COPY Date Permit Issued: <u>9/6/00</u> \$ <u>175.00</u> <input type="checkbox"/> If Double Fee Charged L.P.I. # <u>1850</u> Local Plumbing Inspector Signature: <u>May R. Fuller</u>	
Street or Road	ALBEE ROAD		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	LAPOINTE, MARK	<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant	
Mailing Address of	ROUTE 1 BOX 7125		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	AUGUSTA, ME 04330		
Daytime Tel. #	622-4786	Municipal Tax Map # <u>71</u> Lot # <u>4</u>	
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: <u>Mark E. Lapointe</u> Date: <u>9-6-00</u>		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: <u>May R. Fuller</u> Date Approved: <u>9/13/00</u> (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>TRENCH</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 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres <u>0.72</u>	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> 2. <input type="checkbox"/> Multiple Family Dwelling Unit, No. of Units: _____ 3. <input type="checkbox"/> Other _____ SPECIFY _____	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 checked="" type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster Array c. <input type="checkbox"/> Linear b. <input type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other _____ SIZE <u>750</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>180</u> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS -for other facilities-
SOIL DATA & DESIGN CLASS PROFILE <u>8</u> / CONDITION <u>C</u> / DESIGN <u>1</u> at Observation Hole # <u>TP-1</u> Depth <u>17</u> " Elevation _____ 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	PUMPING 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	3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA

SITE EVALUATOR'S STATEMENT		
I certify that on <u>9/5/2000</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>William P. Brown</u> Site Evaluator Signature	SE# <u>188</u>	Date <u>9/5/2000</u>
WILLIAM P BROWN Site Evaluator Name Printed	Telephone # <u>293-2110</u>	Page 1 of 3 HHE-200 Rev. 6/00

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation
AUGUSTA

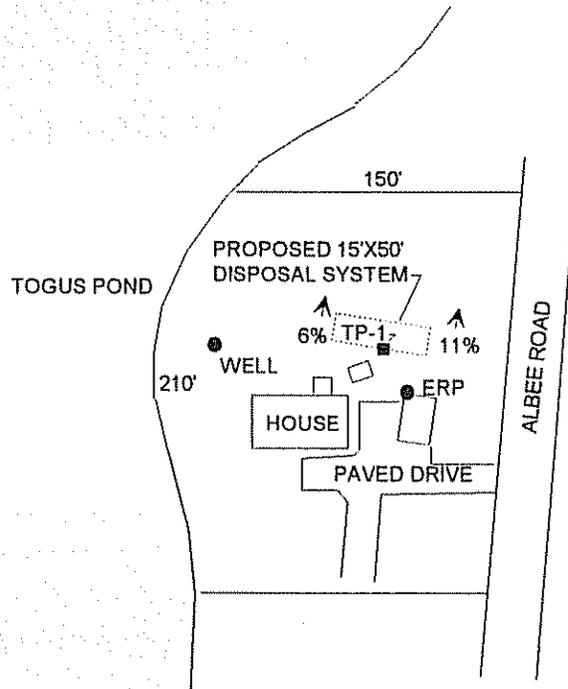
Street, Road, Subdivision
ALBEE ROAD

Owners Name
MARK LAPOINTE

SITE PLAN

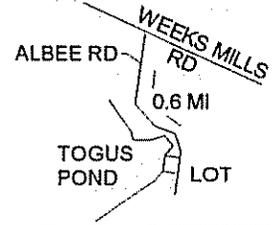
Scale 1" = 100 Ft.

NORTH



SITE LOCATION PLAN

(Map from Maine Atlas recommended)



ERP TO TP-1 = 22'

PROPOSED SYSTEM WILL BE 90 FT FROM OWNER'S WELL, 50 FT FROM LAKE, AND 32 FT FROM WET LAND SOIL

THE AREA OF THE PROPOSED SYSTEM IS A MIX OF VARYING FILL MATERIAL. PROPOSAL INCLUDES EXCAVATING 12 INCHES BELOW PROPOSED SYSTEM AND REPLACING WITH GRAVELLY COARSE SAND TO ELEVATION OF THE SYSTEM

MIXED SOIL FILL CONSIDERED EQUIVALENT TO ORIGINAL FOR DESIGN PURPOSES

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

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	SANDY FILL	FRIABLE	ORANGE BROWN	NONE
10				
20	SILT FILL	FIRM	OLIVE BRN	COMMON
30				
40				
50				

Soil Classification 8 C Slope 6-11% Limiting Factor 17 " Ground Water
Profile Condition Restrictive Layer
 Bedrock Pit Depth

Observation Hole Test Pit Boring

 " Depth of Organic Horizon Above Mineral Soil

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

Soil Classification Slope % Limiting Factor " Ground Water
Profile Condition Restrictive Layer
 Bedrock Pit Depth

WILLIAM P BROWN *William P Brown*
Site Evaluator Signature

188
SE #

9/5/2000
Date

Page 2 of 3
HHE-200 Rev. 7/97

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road, Subdivision

Department of Human Services
Division of Health Engineering
Owners Name

AUGUSTA

ALBEE ROAD

MARK LAPOINTE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

INSTALL RISERS OVER SEPTIC TANK AND PUMP STATION FOR ACCESS

INSTALL EROSION CONTROL MEASURES BEFORE BEGINNING CONSTRUCTION

EXCAVATE AND REMOVE SOIL TO ELEVATION -75"
REPLACE WITH GRAVELLY COARSE SAND TO ELEVATION -63".

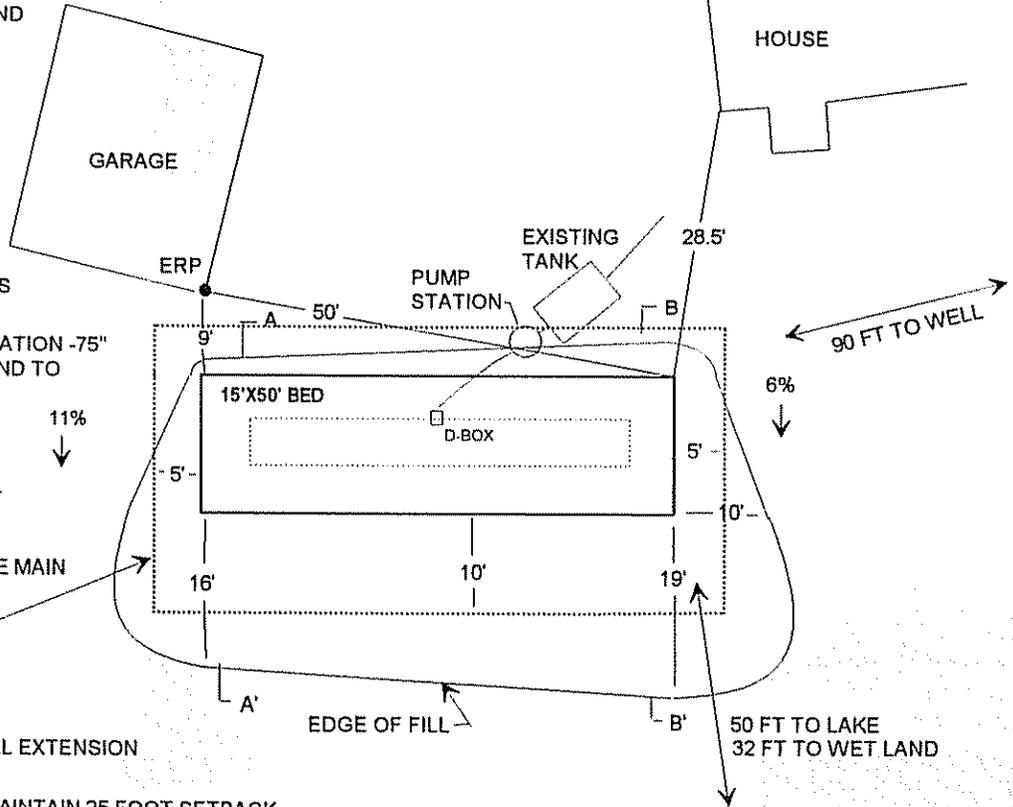
INSTALL NEW 3 FOOT DIAMETER PUMP STATION AS SHOWN
INSTALL HIGH WATER ALARM OR LIGHT

USE 2 INCH FORCE MAIN
ENTER BOTTOM OF D-BOX WITH FORCE MAIN
LOCATE 2 INCH VENT BEHIND GARAGE

LIMIT OF OVER-EXCAVATION

LEAVE VEGETATION AND TREES ON FILL EXTENSION
O STABILIZE SLOPE

STEEPEN SLOPE AS NECESSARY TO MAINTAIN 25 FOOT SETBACK
OF FILL EXTENSION FROM LAKE



FILL REQUIREMENTS

Depth of Fill (Upslope)
Depth of Fill (Downslope)

0-10 "
12-21 "

CONSTRUCTION ELEVATIONS

Reference Elevation Is
Bottom of Disposal Area
Top of distribution Lines or Chambers

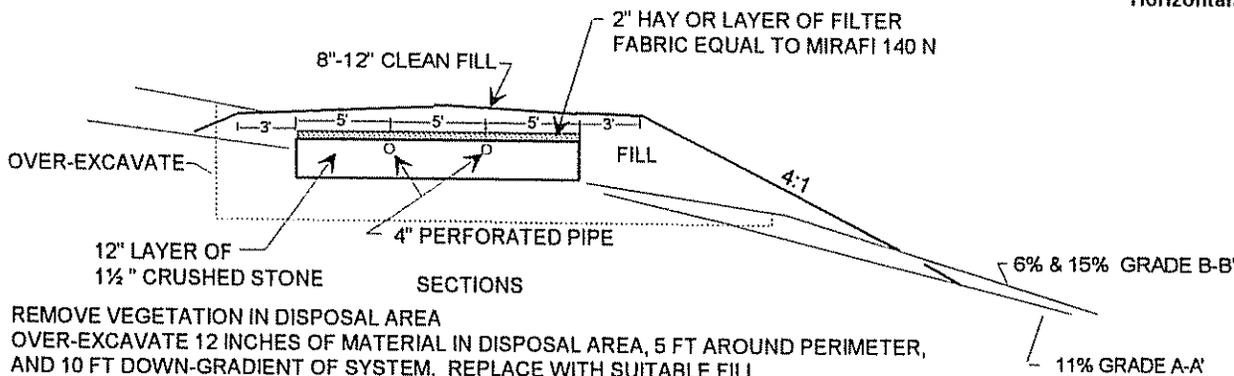
00"
-63"
-52"

ELEVATION REFERENCE POINT
LOCATION & DESCRIPTION
**BOTTOM OF VINYL CORNER TRIM
AT CORNER OF GARAGE (IN PENCIL)**

DISPOSAL AREA CROSS SECTION

Scale:

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



REMOVE VEGETATION IN DISPOSAL AREA
OVER-EXCAVATE 12 INCHES OF MATERIAL IN DISPOSAL AREA, 5 FT AROUND PERIMETER,
AND 10 FT DOWN-GRADIENT OF SYSTEM. REPLACE WITH SUITABLE FILL
SCARIFY ENTIRE FILL AREA
ALL FILL SHALL BE GRAVELLY COARSE SAND
MIX 4 INCHES OF FILL MATERIAL WITH ORIGINAL SOIL TO FORM
TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE)
DOWN FINISH GRADE FROM CENTER AT 3%
OR SLOPE ALL ONE-WAY
LOAM, SEED, MULCH

WILLIAM P BROWN
Site Evaluator Signature

188
SE #

9/5/2000
Date

Page 3 of 3
HHE-200 Rev. 7/87