

REPLACEMENT SYSTEM VARIANCE REQUEST

FORMS

10/11/11
9/20/11

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 an 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 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

Permit No. 6603 Town of AUGUSTA

Property Owner's Name: JOHN CROWLEY Date Permit Issued 9/20/11

System's Location: 96 ALBEE ROAD Tel. No.: 975-1742

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

PROPERTY OWNER:
If 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.

John R. Crowley 9/16/11

SIGNATURE OF OWNER DATE

LOCAL PLUMBING INSPECTOR

I, Frank P. Smith, 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, the reasons shall be stated in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: _____

Frank P. Smith 9/20/11

LPI SIGNATURE DATE

HHE-204 Rev 6/00

RECEIVED

SEP 16 2011

Page D-5

By _____

FORMS

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPP'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
	Ground Water Table			to 7"				
SOILS								
Soil Profile	Ground Water Table			to 7"			18 inches	
Soil Condition from HHE-200	Restrictive Layer			to 7"			18 inches	
	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 system wells	300 ft	300 ft	300 ft	150 ft	150 ft	150 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	35'	—
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	20 ft	25 ft [-h]	10 ft	10 ft	10 ft [h]	—	—
Water course, major -	100 down to 60 ft [d]	200 down to 120 ft [d]	300 down to 180 ft [d]	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft	96'	—
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 wetlands, special freshwater wetlands, 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	7'	—
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	7'	—
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 down toe of the fill extension	25 ft	25 ft	25 ft	25 ft	25 ft	25 ft	—	—

OTHER

1. Fill extension Grade - to 3:1

2. **NOT SUFFICIENT ROOM TO REPLACE SYSTEM AT CURRENT LOCATION**

3.

- 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 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 onto abutting property.
 [d.] Additional setbacks may be required by local Shoreland zoning.
 [e.] Natural Resource Protection Act requires a 25 feet 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 neighbors 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.

Vaughn R. [Signature]
 SITE EVALUATOR'S SIGNATURE

9/12/11
 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. Health & Human Services
 Division of Health Engineering, 10 SHS
 (207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION		>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<	
City, Town, or Plantation	AUGUSTA	AUGUSTA Date Permit Issued: 9/22/11 \$ 1500.00 FEE Charged AUGUSTA PERMIT # 6603 TOWN COPY L.P.I. # 18001	15.00 Double Fee Charged
Street or Road	96 ALBEE ROAD		
Subdivision, Lot #			

OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	CROWLEY, JOHN <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	96 ALBEE ROAD AUGUSTA, ME 04330
Daytime Tel. #	975-1742
Municipal Tax Map # _____ Lot # _____	

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. Signature of Owner or Applicant: <i>John Crowley</i> Date: 9/16/11	CAUTION: INSPECTION REQUIRED 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>Harry R. Fuller</i> (1st) date approved: 12/2/11 (2nd) date approved: _____
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PERMIT INFORMATION		
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: TRENCH Year installed: ? <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 type="checkbox"/> a. Local Plumbing Inspector Approval <input checked="" 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 checked="" 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 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 checked="" type="checkbox"/> 12. Miscellaneous Components PUMP CHAMBER
SIZE OF PROPERTY ± 0.26 <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: 3 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <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: 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 type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: ELSEN IN-DRAIN SIZE: 1152 sq. ft. <input type="checkbox"/> ln. 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 270 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
SOIL DATA & DESIGN CLASS PROFILE 1 / 0 / _____ at Observation Hole # 1 Depth 10 of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Small--2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium--2.6 sq. ft. / gpd <input type="checkbox"/> 3. Medium--Large 3.3 sq. ft. / gpd <input checked="" type="checkbox"/> 4. Large--4.1 sq. ft. / gpd <input type="checkbox"/> 5. Extra Large--5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered 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 19 m 45 s Lon. 69 d 39 m 00 s if g.p.s., state margin of error: _____

SITE EVALUATOR STATEMENT	
I certify that on 8/23/2011 (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: <i>Vaughan L. Smith</i>	VAUGHAN L. SMITH SE # _____ Date: 9/12/11
Site Evaluator Name Printed: VAUGHAN L. SMITH	Telephone Number: 441-3887 E-mail Address: SOILTESTMAN@AOL.COM

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation
AUGUSTA

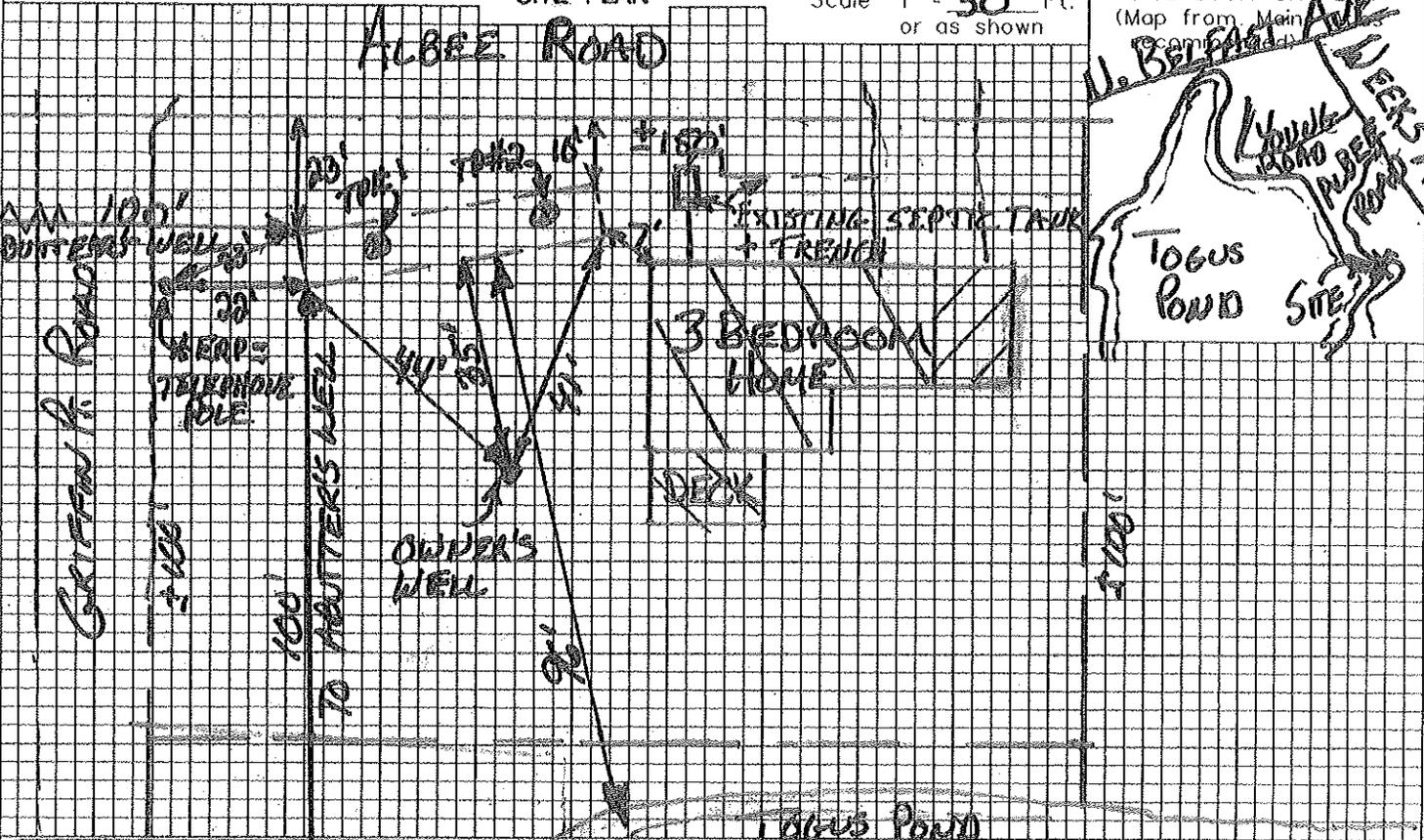
Street, Road, Subdivision
96 ALBEE ROAD

Owner's Name
JOHN CROWLEY

SITE PLAN

Scale 1" = 30' Ft.
or as shown

SITE LOCATION PLAN
(Map from Main
to Camp Road)



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

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

Texture	Consistency	Color	Mottling
	FRAGILE	BROWN	NONE
SILT			
LOAM	FIRM	OLIVE	FEW DISTINCT

Observation Hole #2 Test Pit Boring
" Depth of Organic Horizon Above Mineral Soil

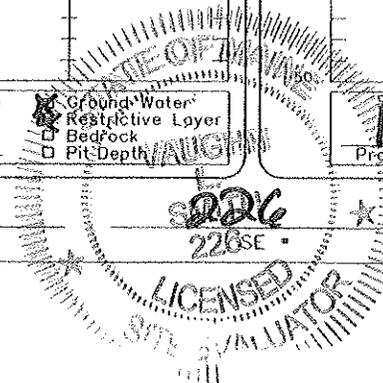
Texture	Consistency	Color	Mottling
	FRAGILE	BROWN	NONE
SILT			
LOAM	FIRM	OLIVE	FEW DISTINCT

Soil Classification Profile **D** Condition **10** Slope **4%** Limiting Factor **10** Ground Water Restrictive Layer Bedrock Pit Depth

Soil Classification Profile **D** Condition **12** Slope **4%** Limiting Factor **12** Ground Water Restrictive Layer Bedrock Pit Depth

Site Evaluator Signature
Vaughan R. Smith

2206
226SE
9/12/11
Date



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
96 ALBEE ROAD

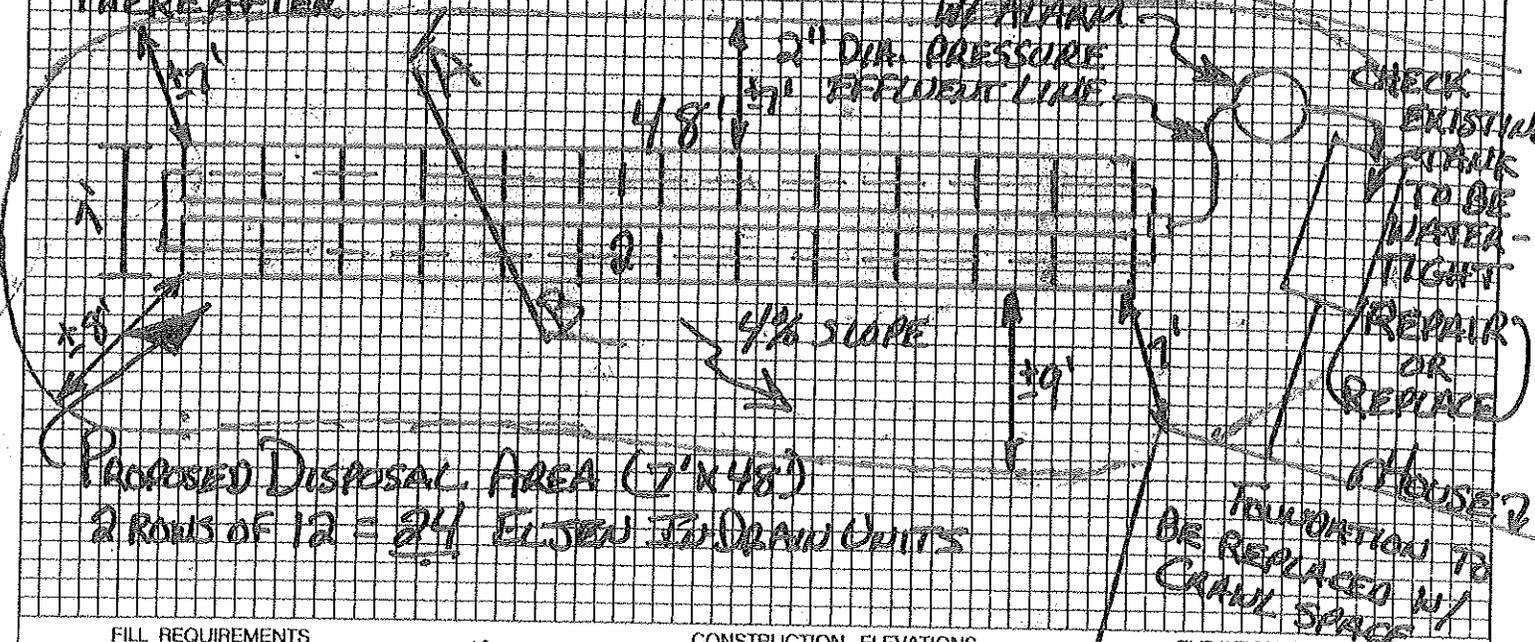
Owner's Name
JOHN CROWLEY

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 10' FT.

NOTES:

1. CONFIRM ALL TIES, ELEVATIONS & PROPERTY LINES PRIOR TO CONSTRUCTION (SEE #2)
2. WATER FROM OWNER'S WELL SHOULD BE TESTED PRIOR TO CONSTRUCTION & MONITORED INSTANT PUMP CHAMBER THEREAFTER.



FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope) ± 31"

Finished Grade Elevation = 28"

Location & Description TELEPHONE POLE/W/MAIL 38" ABOVE 0" GROUND

Depth of Fill (Downslope) ± 38"

Top of Distribution Pipe or Proprietary Device = 40"

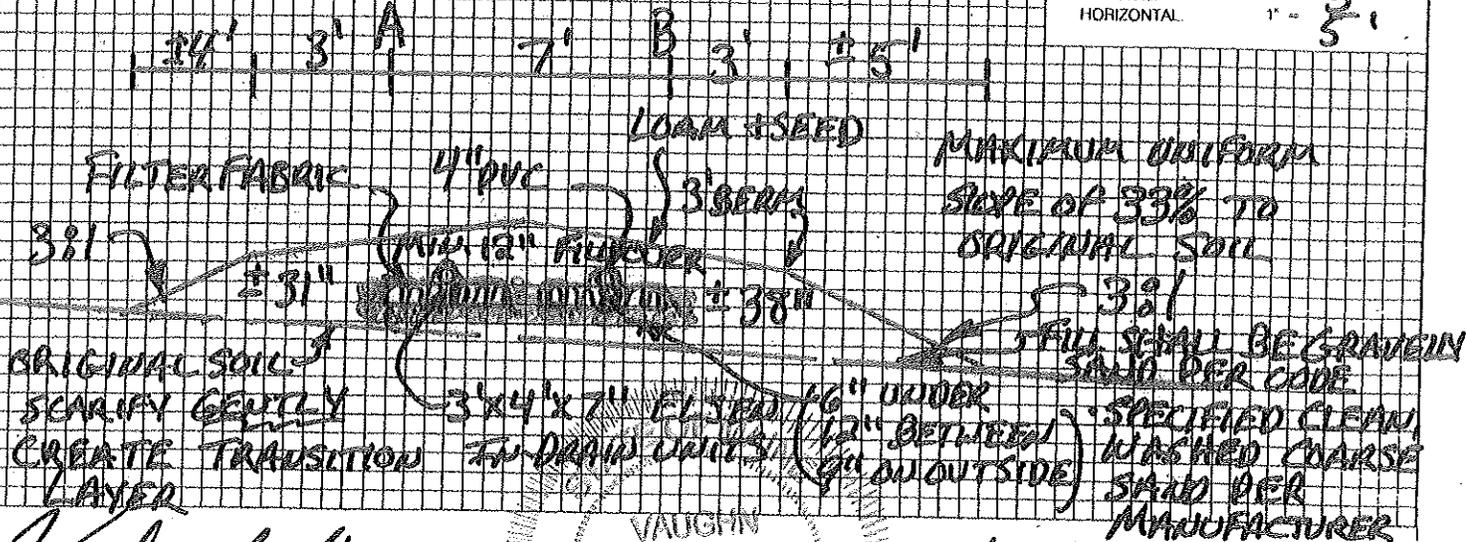
Reference Elevation

FILL DEPTHS WILL VARY

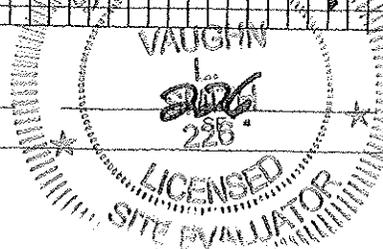
Bottom of Disposal Area = 51"

DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" = 5'
HORIZONTAL: 1" = 5'



Vaughn L. [Signature]
Site Evaluator Signature



9/12/11
Date