

REPLACEMENT SYSTEM VARIANCE REQUEST

6489

FORMS

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
Town of AUGUSTA
Permit No. 6489
Date Permit Issued 7/16/10
Property Owner's Name: RAYMOND CLOUTIER
Tel. No.: 215-9034
System's Location: 62 ALBEE ROAD
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.
Signature: Raymond Cloutier
DATE: 7-15-2010

LOCAL PLUMBING INSPECTOR
I, George H. 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:
LPI SIGNATURE: [Signature]
DATE: 7/16/10

Handwritten notes and signatures: 7/29/10, See attached, [Signature]

FORMS

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPP'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
	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
SOILS							SHORELAND ZONING	
Soil Profile	Ground Water Table			to 7"			10 inches	
Soil Condition	Restrictive Layer			to 7"			10 inches	
from HHE-200	Bedrock			to 12"			inches	
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	—	—
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	—	—
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]	15 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	—	—
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.								
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 L. Smith
 SITE EVALUATOR'S SIGNATURE
 VAUGHN L. SMITH
 226
 LICENSED
 PLUMBING INSPECTOR
 7/13/10
 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

REPLACEMENT SYSTEM VARIANCE REQUEST

FORMS

State
M71/L16

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

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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 AUGUSTA

Permit No. A 6469 Amendment Date Permit Issued 7/16/10

Property Owner's Name: RAYMOND CLOUTIER Tel. No.: 215-9034

System's Location: 62 ALBEE ROAD

Property Owner's Address: _____

(if different from above)

SPECIFIC INSTRUCTIONS TO THE:

LOCAL PLUMBING INSPECTOR (LPI):
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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.

Raymond Cloutier
SIGNATURE OF OWNER

7-28-2010
DATE

LOCAL PLUMBING INSPECTOR

I, George A. Sweeney 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, the reasons shall be stated in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: _____

George A. Sweeney Jr
LPI SIGNATURE

7/29/10
DATE

HHE-204 Rev 6/00

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: 7/15/10 Local Plumbing Inspector Signature: [Signature]	PERMIT # 6469 TOWN COPY
Street or Road	62 ALBEE ROAD		\$ 1201.90
Subdivision, Lot #			FEE Double Fee Charged
OWNER/APPLICANT INFORMATION		L.P.I. # [Signature]	
Name (last, first, MI)	CLOUTIER, RAYMOND <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	62 ALBEE ROAD AUGUSTA, ME 04330		
Daytime Tel. #	215-9034	Municipal Tax Map # 71 Lot # 16 +16A	
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant: Raymond Cloutier Date: 7-15-2010		Local Plumbing Inspector Signature: [Signature] (1st) date approved: [Blank]	

PERMIT INFORMATION		
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: TRENCH Year installed: PRE 1974? <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	<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 type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
± 0.46 SQ. FT. TOTAL <input checked="" type="checkbox"/> ACRES	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 2 <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	<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	DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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: 1000 GAL.	<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: ENVIRO SEPTICS SIZE: 900 sq. ft. <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	GARBAGE DISPOSAL UNIT
PROFILE CONDITION DESIGN: 8 D at Observation Hole # 1 Depth 10" of Most Limiting Soil Factor	<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	<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
		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
		DESIGN FLOW
		180 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
		LATITUDE AND LONGITUDE
		at center of disposal area Lat. 44° 19' 50" N Lon. 69° 39' 15" W if g.p.s., state margin of error: _____

SITE EVALUATOR STATEMENT		
I certify that on 7/8/10 (date) I completed a site evaluation of 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: [Signature] Site Evaluator Name Printed: VAUGHN L SMITH	State Seal: [Seal] SE # 226 Telephone Number: 729-5635	Date: 7/13/10 E-mail Address: SOILTESTMAN@AOL.COM

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

HHE-200 Rev. 4/05

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

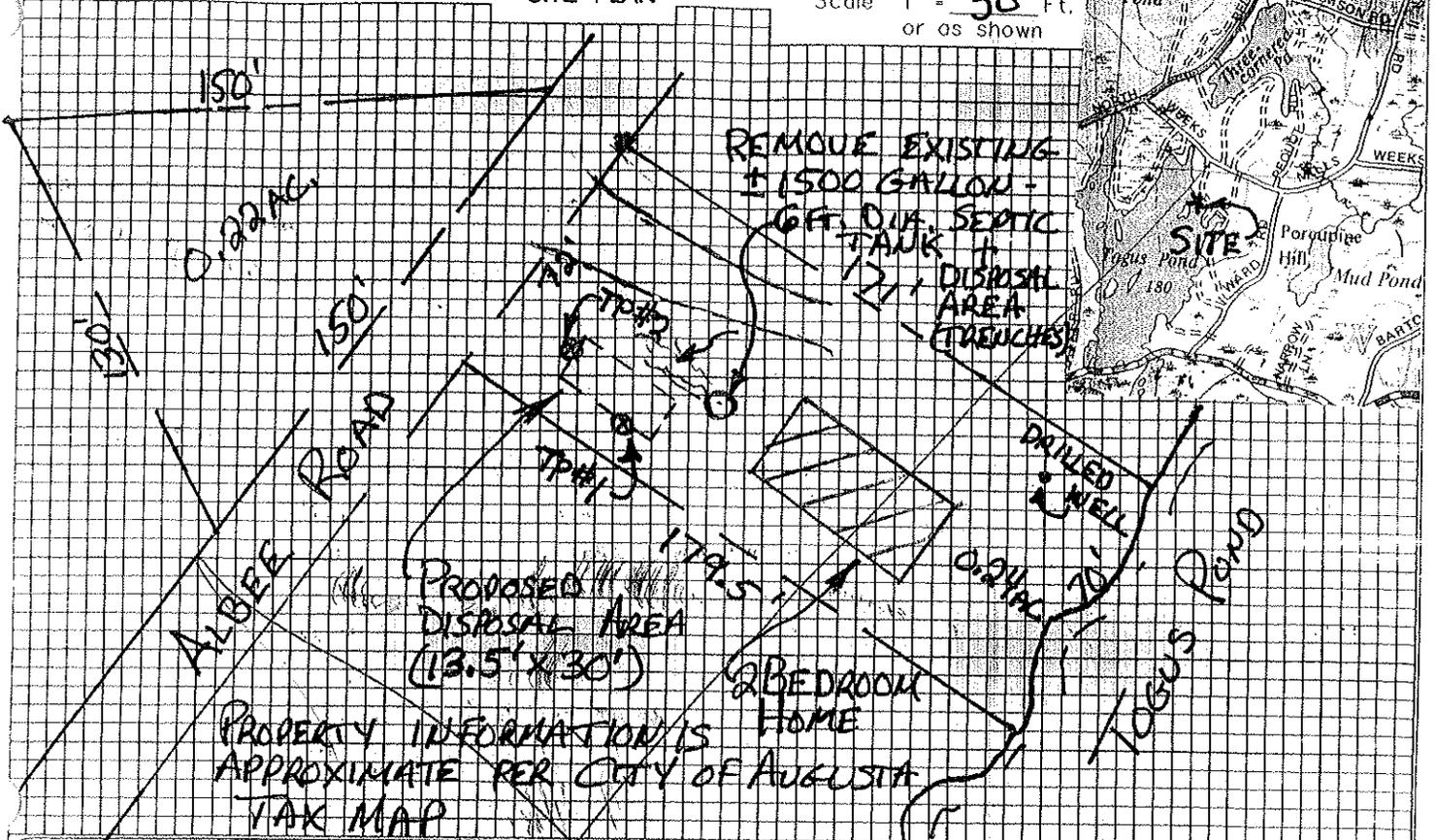
Town, City, Plantation
AUGUSTA

Street, Road Subdivision
62 ALBEE ROAD

Owner's Name
RAYMOND CLOUTIER

SITE PLAN

Scale 1" = 50 Ft.
or as shown



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

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

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

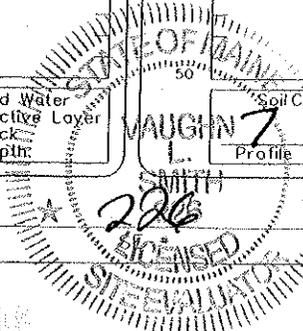
Texture	Consistency	Color	Mottling
FINE SANDY LOAM	FRIABLE	YELLOWISH BROWN	NONE
SILT LOAM	FIRM	OLIVE	FEW FAINT

Texture	Consistency	Color	Mottling
FINE SANDY LOAM	FRIABLE	YELLOWISH BROWN	NONE
SILT LOAM	FIRM	OLIVE	FEW FAINT

Soil Classification Profile **8 D** Slope **2%** Limiting Factor **10"** Ground Water Restrictive Layer Bedrock Pit Depth

Soil Classification Profile **7 C** Slope **2%** Limiting Factor **15"** Ground Water Restrictive Layer Bedrock Pit Depth

Vanquie L. John
Site Evaluator Signature



7/13/10
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
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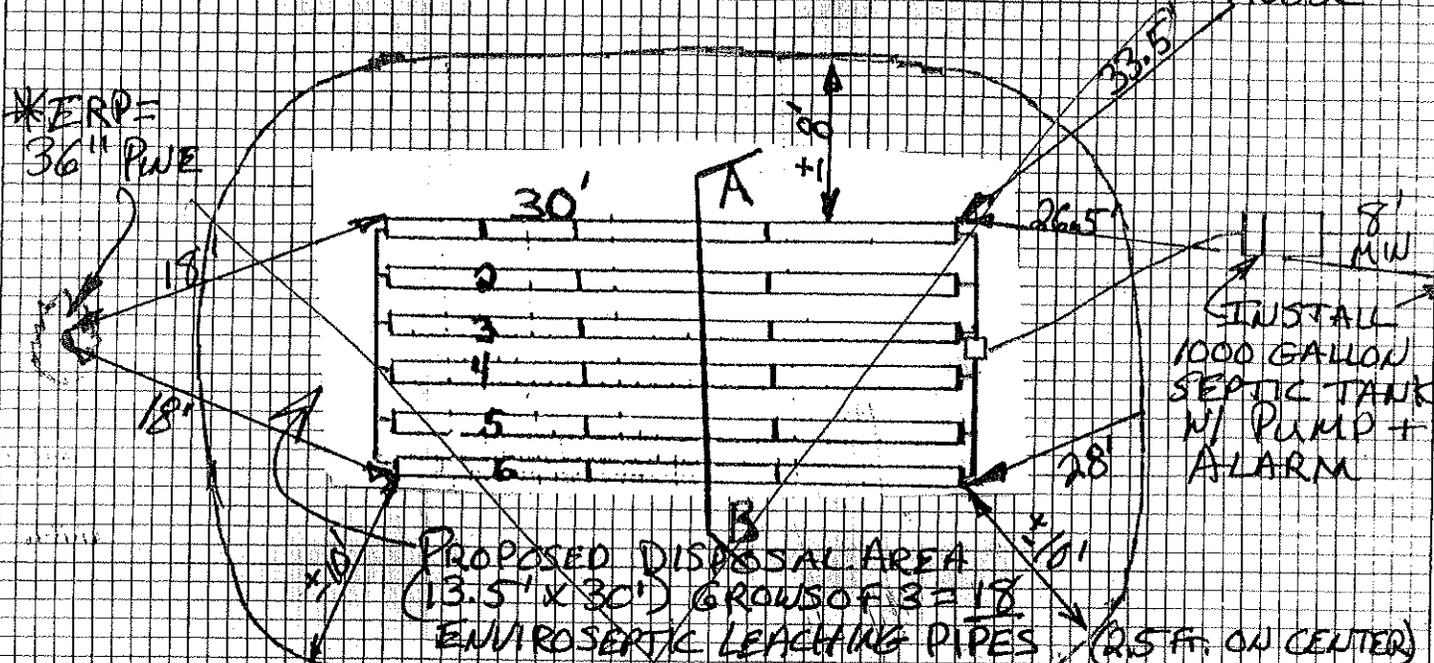
Owner's Name
RAYMOND CLOUTIER

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 10' FT

NOTES ALL TIES, ELEVATIONS + PROPERTY LINES SHALL BE CONFIRMED PRIOR TO CONSTRUCTION
2 BEDROOM HOUSE →

ALBEE ROAD

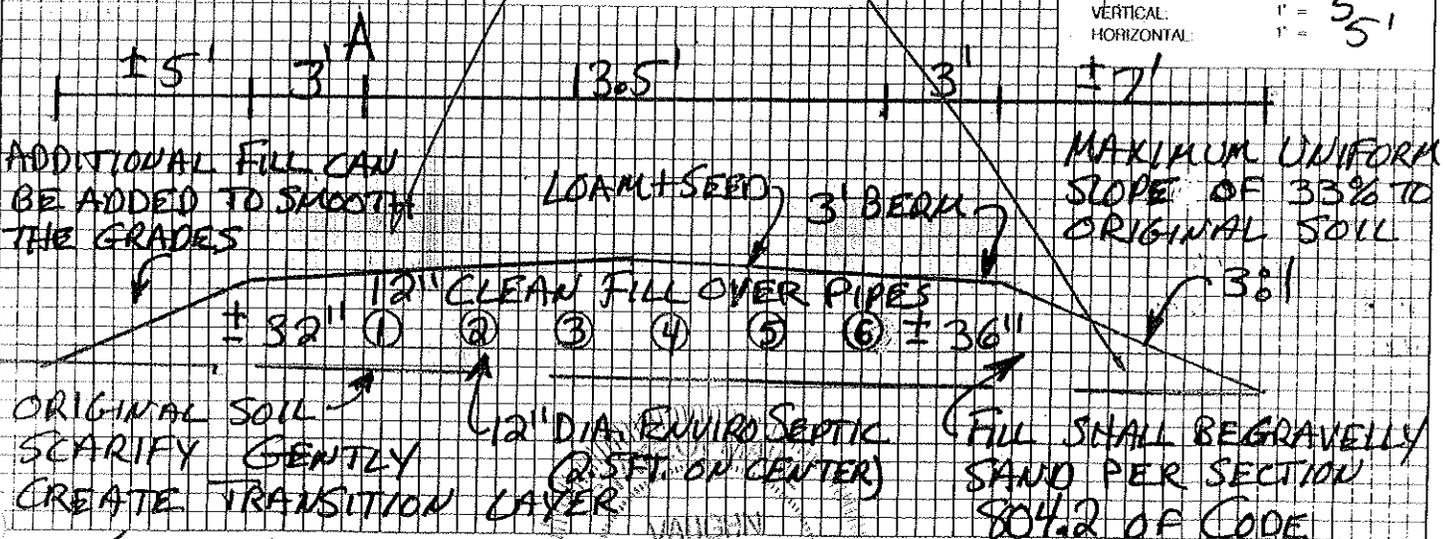


PROPERTY LINE (APPARENT) FILL REQUIREMENTS
CONSTRUCTION ELEVATIONS
ELEVATION REFERENCE POINT

Fill Requirements	Construction Elevations	Elevation Reference Point
Depth of Fill (Upslope) ±32"	Finished Grade Elevation -24"	Location & Description 36" PINE
Depth of Fill (Downslope) ±36"	Top of Distribution Pipe or Proprietary Device -36" N/MAIL 47" ABOVE	Reference Elevation 0 GROUND
FILL DEPTHS WILL VARY	Bottom of Disposal Area -48"	

DISPOSAL AREA CROSS SECTION

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



Vaughn L. Ohta
Site Evaluator Signature



7/13/10
Date

REPLACEMENT SYSTEM VARIANCE REQUEST

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DATE: 7-28-2010

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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--
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Comments:
Signature: George A. Gault
DATE: 7/29/10

HHE-204 Rev 6/00

FORMS

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPP'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:		
SOILS							SHORELAND ZONING		
Soil Profile	Ground Water Table			to 7"			10 inches		
Soil Condition	Restrictive Layer			to 7"			10 inches		
from HHE-200	Bedrock			to 12"					
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	—	—	
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	—	—	
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 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	—	—	
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	—	—	
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	—	—	

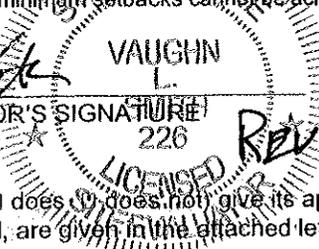
OTHER

1. Fill extension Grade - to 3:1

2.

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.



 2/13/10
 DATE
 7/25/10

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

City, Town, or Plantation: **AUGUSTA**

Street or Road: **62 ALBEE ROAD**

Subdivision, Lot #: _____

>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **CLOUTIER, RAYMOND** Owner Applicant

Mailing Address of Owner/Applicant: **62 ALBEE ROAD
AUGUSTA, ME 04330**

Daytime Tel. #: **215-9034**

The Subsurface Wastewater Disposal System shall not be installed until a Permit is entered HERE by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map # **71** Lot # **16 +16A**

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: **Raymond Cloutier** Date: **7-28-2010**

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: _____ (1st) date approved: **7/19/10**
(2nd) date approved: **7/24/2010**

PERMIT INFORMATION

TYPE OF APPLICATION

1. First Time System

2. Replacement System

Type replaced: **TRENCH**

Year installed: **PRE 1974?**

3. Expanded System

4. Experimental System

5. Seasonal Conversion

THIS APPLICATION REQUIRES

1. No Rule Variance

2. First Time System Variance

3. Replacement System Variance

4. Minimum Lot Size Variance

5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS

1. Complete Non-engineered System

2. Primitive System (graywater & alt. toilet)

3. Alternative Toilet, specify: _____

4. Non-engineered Treatment Tank (only)

5. Holding Tank, _____ gallons

6. Non-engineered Disposal Field (only)

7. Separated Laundry System

8. Complete Engineered System (2000 gpd or more)

9. Engineered Treatment Tank (only)

10. Engineered Disposal Field (only)

11. Pre-treatment, specify: _____

12. Miscellaneous Components

SIZE OF PROPERTY

± **0.46** SQ. FT. ACRES

SHORELAND ZONING

Yes No

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: **2**

2. Multiple Family Dwelling, No. of Units: _____

3. Other: _____ (specify)

Current Use Seasonal Year Round Undeveloped

TYPE OF WATER SUPPLY

1. Drilled Well 2. Dug Well 3. Private

4. Public 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. Concrete

2. Plastic

3. Other: _____

CAPACITY: **1000** GAL.

DISPOSAL FIELD TYPE & SIZE

1. Stone Bed 2. Stone Trench

3. Proprietary Device

a. cluster array c. Linear

b. regular load d. H-20 load

4. Other: **CONCRETE CHAMBERS**

SIZE: **810** sq. ft. lin. ft.

GARBAGE DISPOSAL UNIT

1. No 2. Yes 3. Maybe

If Yes or Maybe, specify one below:

a. multi-compartment tank

b. _____ tanks in series

c. increase in tank capacity

d. Filter on Tank Outlet

DESIGN FLOW

180 gallons per day

BASED ON:

1. Table 501.1 (dwelling unit(s))

2. Table 501.2 (other facilities)

SHOW CALCULATIONS for other facilities

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN: **8 D**

at Observation Hole # **1**

Depth **10** "

of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

1. Small—2.0 sq. ft. / gpd

2. Medium—2.6 sq. ft. / gpd

3. Medium—Large 3.3 sq. ft. / gpd

4. Large—4.1 sq. ft. / gpd

5. Extra Large—5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

1. Not Required

2. May Be Required

3. Required

Specify only for engineered systems:

DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area

Lat. **44** d **19** m **50** s

Lon. **69** d **39** m **15** s

if g.p.s., state margin of error.

SITE EVALUATOR STATEMENT

I certify that on **7/8/10** (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).

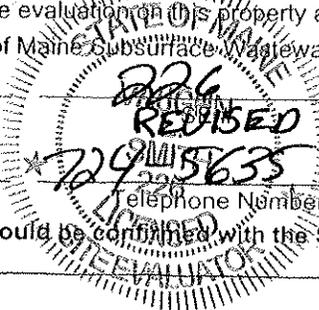
Site Evaluator Signature: **Vaughn L. Smith**

Site Evaluator Name Printed: **VAUGHN L. SMITH**

Telephone Number: **729-5635**

E-mail Address: **SOILTESTMAKER@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

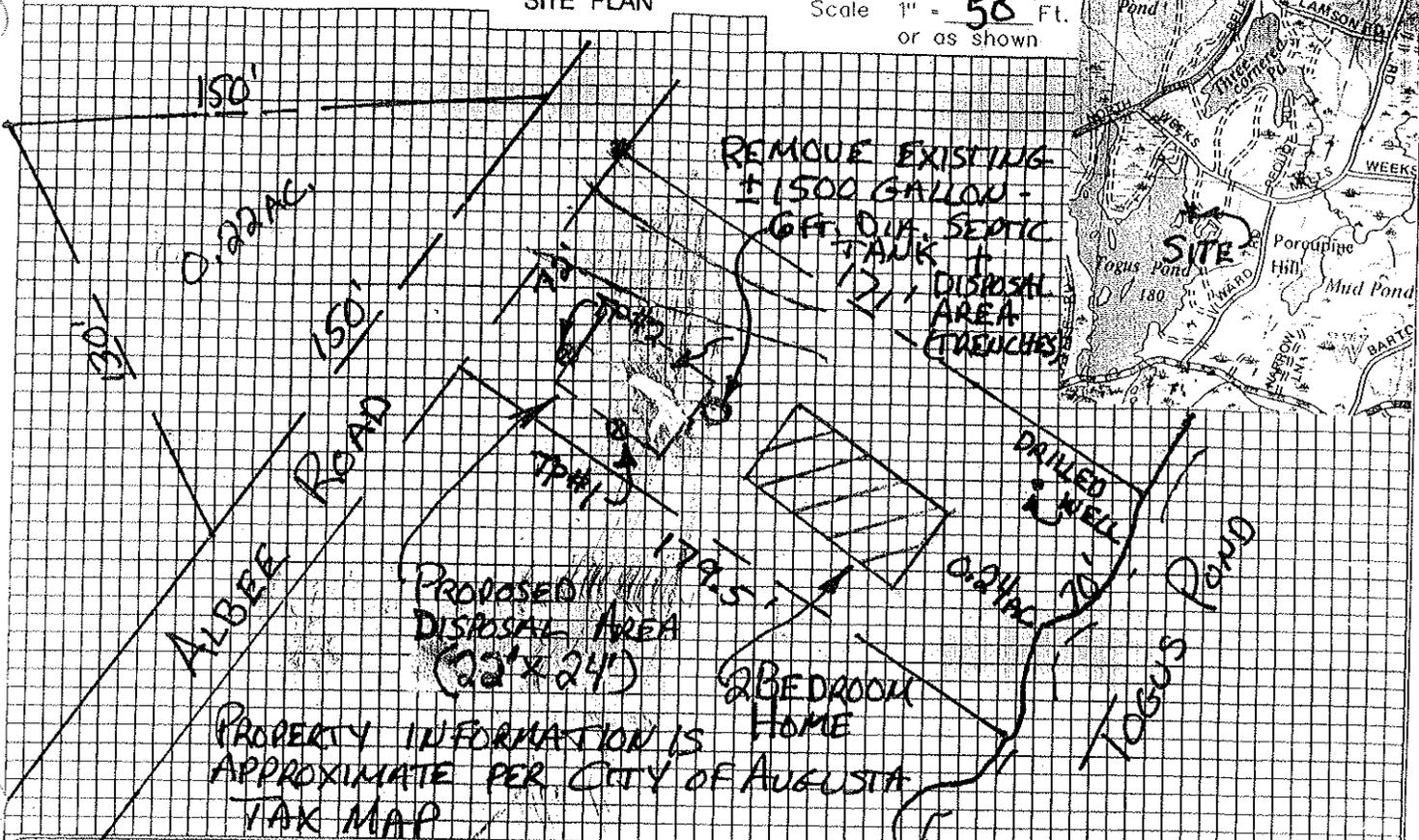
Town, City, Plantation
AUGUSTA

Street, Road Subdivision
62 ALBEE ROAD

Owner's Name
RAYMOND COUTIER

SITE PLAN

Scale 1" = 50 Ft.
or as shown



PROPERTY INFORMATION IS APPROXIMATE PER CITY OF AUGUSTA TAX MAP

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	FINE SANDY LOAM	FRIABLE	YELLOWISH BROWN	NONE
10	////////			
20	SILT LOAM	FIRM	OLIVE	FEW FAINT
30				
40				
50				

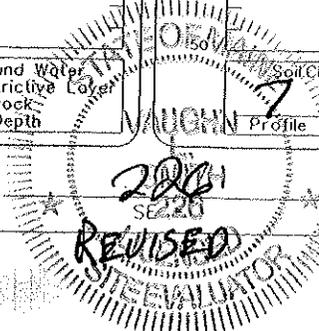
Observation Hole #2 Test Pit Boring
" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	FINE SANDY LOAM	FRIABLE	YELLOWISH BROWN	NONE
10	////////			
20				
30		FIRM	OLIVE	FEW FAINT
40	SILT LOAM			
50				

Soil Classification Profile **8 D** Slope **2** % Limiting Factor **10"** Ground Water Restrictive Layer Bedrock Pit Depth

Soil Classification Profile **7 C** Slope **2** % Limiting Factor **15"** Ground Water Restrictive Layer Bedrock Pit Depth

Vanquie L. John
Soil Evaluator Signature



2001
SE 20
7/13/10
Date
7/25/10

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

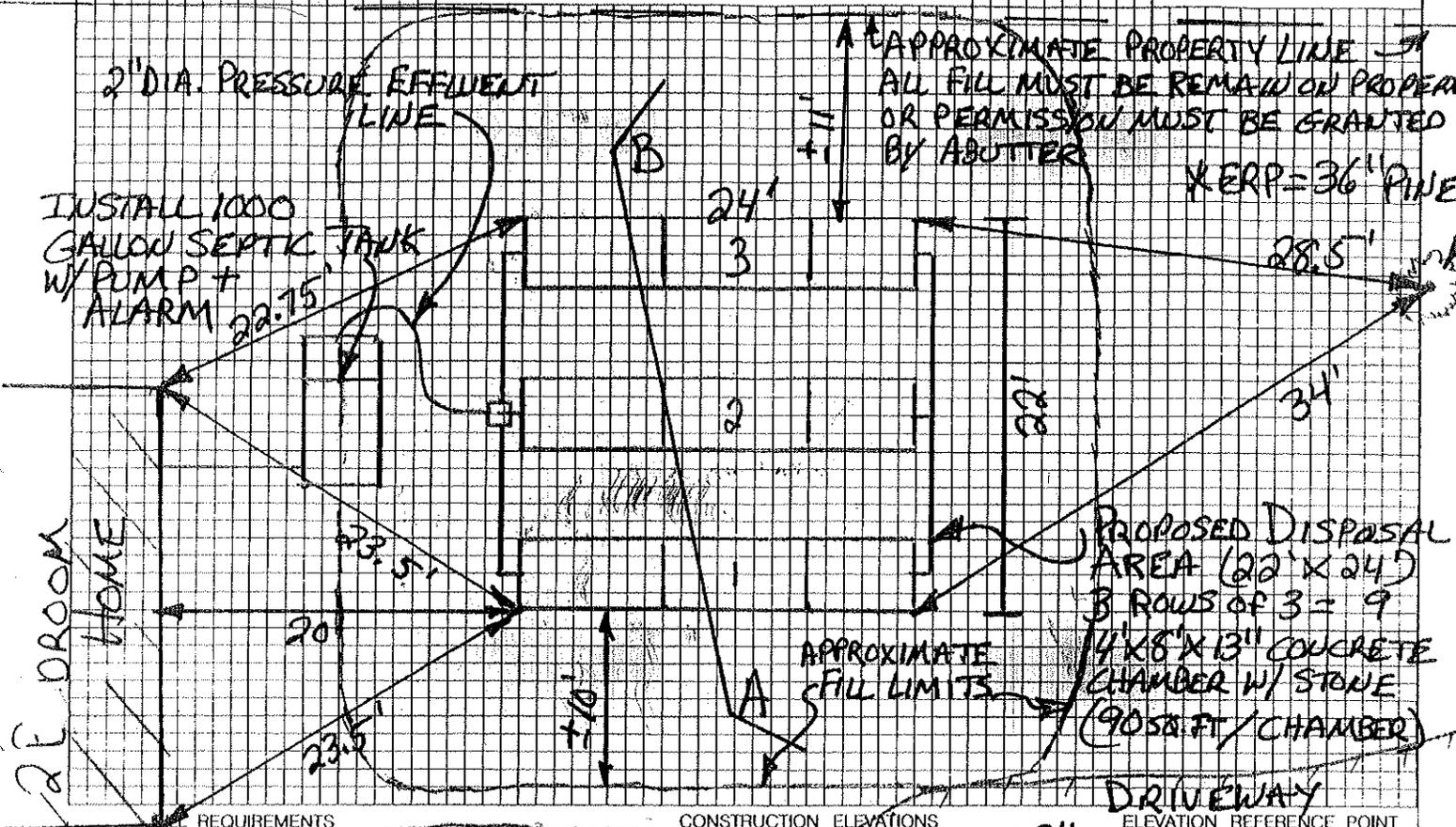
Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
62 ALBEE ROAD

Owner's Name
RAYMOND COUTIER

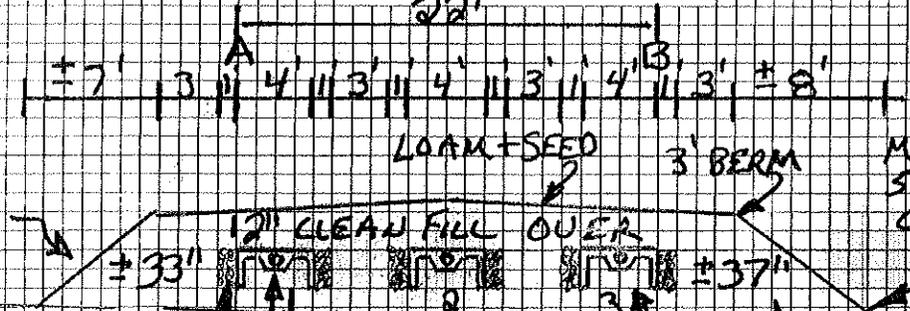
SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 10' FT



REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope) $\pm 33"$	Finished Grade Elevation $-23"$	Location & Description $36"$ PINE
Depth of Fill (Downslope) $\pm 37"$	Top of Distribution Pipe $-35"$	W/ NAIL $47"$ ABOVE
FILL DEPTHS WILL VARY	Bottom of Disposal Area $-48"$	Reference Elevation $0"$ GROUND

DISPOSAL AREA CROSS SECTION



SCALE:
VERTICAL: 1" = 5'
HORIZONTAL: 1" = 10'

ORIGINAL SOIL SCARIFY GENTLY CREATE TRANSITION

12" CLEAN, 3/4" CRUSHED STONE ON SIDES OF CHAMBERS

FILL SHALL BE CLEAN GRAVELLY SAND PER SECTION 804.2 OF CODE

Signature
Site Evaluator Signature

SMITH
226
2/25/10
Date
REUSED (US)