

STATE APPROVAL REQUIRED,
REPLACEMENT SYSTEM VARIANCE REQUEST

TOWN COPY
\$ 95.00

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. 4932

Date Permit Issued 8/26/02

Property Owner's Name: ELLSWORTH + TERESA TAYLOR Tel. No.: 626-0789

System's Location: YOUNG RD. TOGUS POND AUGUSTA ME

Property Owner's Address: RR 1 Box 935

(if different from above) AUGUSTA ME 04330

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.

TERESA TAYLOR
SIGNATURE OF OWNER

8/26/02
DATE

LOCAL PLUMBING INSPECTOR

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

Comments: _____

George A. Sweeney
LPI SIGNATURE

8/26/02
DATE

Replacement System Variance Request

| VARIANCE CATEGORY | 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 | 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 [a] | 300 ft [a] | 300 ft [a] | 100 ft [a] | 100 ft [a] | 100 ft [a] | | |
| Owner's wells | 100 down to 60 ft | 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 | 30'± | |
| Neighbor's wells | 100 down to 60 ft [b] | 200 down to 120 ft [b] | 300 down to 180 ft [b] | 100 down to 50 ft [b] | 100 down to 75 ft [b] | 100 down to 75 ft [b] | * 90'± | |
| Water supply line | 10 ft [a] | 20 ft [a] | 25 ft [a] | 10 ft [a] | 10 ft [a] | 10 ft [a] | | |
| Water course, major - for replacements only, see Table 400.4 for major expansions | 100 down to 60 ft | 200 down to 120 ft | 300 down to 180 ft | 100 down to 50 ft | 100 down to 50 ft | 100 down to 50 ft | 60'± | |
| Water course, minor | 50 down to 25 ft | 100 down to 50 ft | 150 down to 75 ft | 50 down to 25 ft | 50 down to 25 ft | 50 down to 25 ft | | |
| 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 [d] | 25 ft [d] | 25 ft [d] | 25 ft [d] | 25 ft [d] | 25 ft [d] | | |
| Slopes greater than 3:1 | 10 ft | 18 ft | 25 ft | 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 | 12' | |
| 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 | | |

STATE APPROVAL REQUIRED.

OTHER

1. ~~Fill extension Grade to 3:1~~

2. _____

3. _____

- Footnotes: a. This setback distance cannot be reduced by the LPI, but may be considered for reduction by State variance.
 * b. 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. - EXISTING SYSTEM 65' FROM NEIGHBOR'S WELL
 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.

John A. [Signature]

 SITE EVALUATOR'S SIGNATURE

8/4/02

 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



STATE OF MAINE
 DEPARTMENT OF HUMAN SERVICES
 11 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0011

ANGUS S. KING, JR.
 GOVERNOR

KEVIN W. CONCANNON
 COMMISSIONER

WELL SETBACK RELEASE FORM

We, the undersigned, are the owner(s) of the well and/or property herein described. We have read and understand the following information concerning the proposed separation distance between our well and the subsurface waste water disposal system for which a variance is being requested. We are prepared to accept any risk that the subsurface waste water disposal system may pose to our well.

All wells should be located a safe distance from all possible sources of contamination; in this case a subsurface waste water disposal system. The Maine Subsurface Waste Water Disposal Rules require a minimum of 100 feet between a disposal system and a well.

Since the safety of a well primarily depends on considerations of good well construction, geology and adequate maintenance of the subsurface waste water disposal system, the best means of protecting the well water quality is to maintain the maximum distance between a well and a disposal system. The Department of Human Services suggests that a maximum setback distance should be maintained.

The separation distance between our well and the subsurface wastewater disposal system for which this well release approval is requested is: component DISPOSAL SYSTEM 1 30' feet.
 component _____ / _____ feet

Address of Property with Disposal System: RR1 Box 935, Young Road, Augusta
 (Include Municipal Book & Page No. or Map & Lot No.) _____

Owner(s) of Property with Disposal System: ELLSWORTH + TERESA TAYLOR

Address of Property with Well: RR1 Box 935, Young Road, Augusta
 (Include Municipal Book & Page No. or Map & Lot No.) _____

Owner(s) of Property with Well: ELLSWORTH + TERESA TAYLOR

We, the undersigned, release the site evaluator, well driller, the municipality and the State of Maine from liability should our well become contaminated. (Note: If the subject well has more than one owner, all well owner signatures must appear on this document.)

Well Owner(s) Signature *Ellsworth M Taylor* Date 8/8/02
Teresa K Taylor Date 8/8/02

State of Maine
 County of Kennebec ss Date 8/8/02
 Then personally appeared the above named Ellsworth (and Teresa
Taylor) and (severally) acknowledged the foregoing instrument to be his
 (or their) free act and deed.

Before me, *Henry R. Madsen*
 Justice of the Peace of Notary Public

6/14/09





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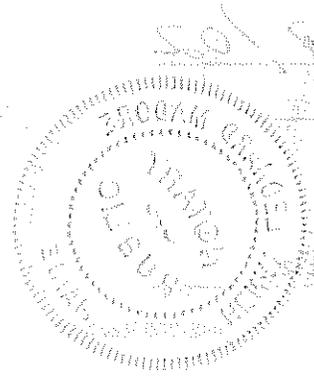
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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of 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 4932 TOWN COPY Date Permit Issued: <u>8-26-02</u> \$ <u>1950</u> <input type="checkbox"/> Double Fee Charged Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # <u>1800</u> | |
| Stre Road | YOUNG RD - TOGUS Pond | | |
| Subdivision, Lot # | | | |
| OWNER/APPLICANT INFORMATION | | | |
| Name (last, first, MI) | TAYLOR, ELSWORTH + TERESA <input type="checkbox"/> Owner <input type="checkbox"/> Applicant | | |
| Mailing Address of Owner/Applicant | RR 1 Box 935 AUGUSTA ME 04330 | | |
| Daytime Tel. # | 626-0739 | Municipal Tax Map # <u>72</u> Lot # <u>10</u> | |
| 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. Signature of Owner or Applicant: <u>[Signature]</u> Date: <u>8/26/02</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>[Signature]</u> (2nd) date approved: <u>9/13/02</u> | |

| PERMIT INFORMATION | | |
|--|--|--|
| TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>OLD BED</u> Year installed: <u>1960*</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 | 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 type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input checked="" type="checkbox"/> 4. Non-engineered Disposal Area <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 |
| AREA OF PROPERTY <u>12,909 ±</u> SQ. FT. ACRES | DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> <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 EXISTING <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 |
| 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: <u>1000</u> GAL. (SAVE + USE IF IN GOOD CONDITION) | DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input checked="" 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: _____ SIZE: <u>594</u> 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>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 — |
| SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>3 / C / 1</u> at Observation Hole # <u>TR1</u> Depth <u>47</u> " of Most Limiting Soil Factor <u>Disturbed Site</u> | DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Small—2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium—2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 3. Medium—Large 3.3 sq. ft. / gpd <input type="checkbox"/> 4. Large—4.1 sq. ft. / gpd <input type="checkbox"/> 5. 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 | <input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA |

| SITE EVALUATOR STATEMENT | | |
|--|-----------------|--------------------|
| I certify that on <u>7-31-02</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) as per <u>variance</u> . | | |
| Site Evaluator Signature: <u>[Signature]</u> | SE # <u>168</u> | Date <u>8-1-02</u> |
| Site Evaluator Name Printed: <u>JOHN W. LORD JR.</u> | | |

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 FAX (207) 287-4172

Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
YOUNG RD - TOGUS ROAD

Owner or Applicant Name
EUSWORTH + TERESA TAYLOR

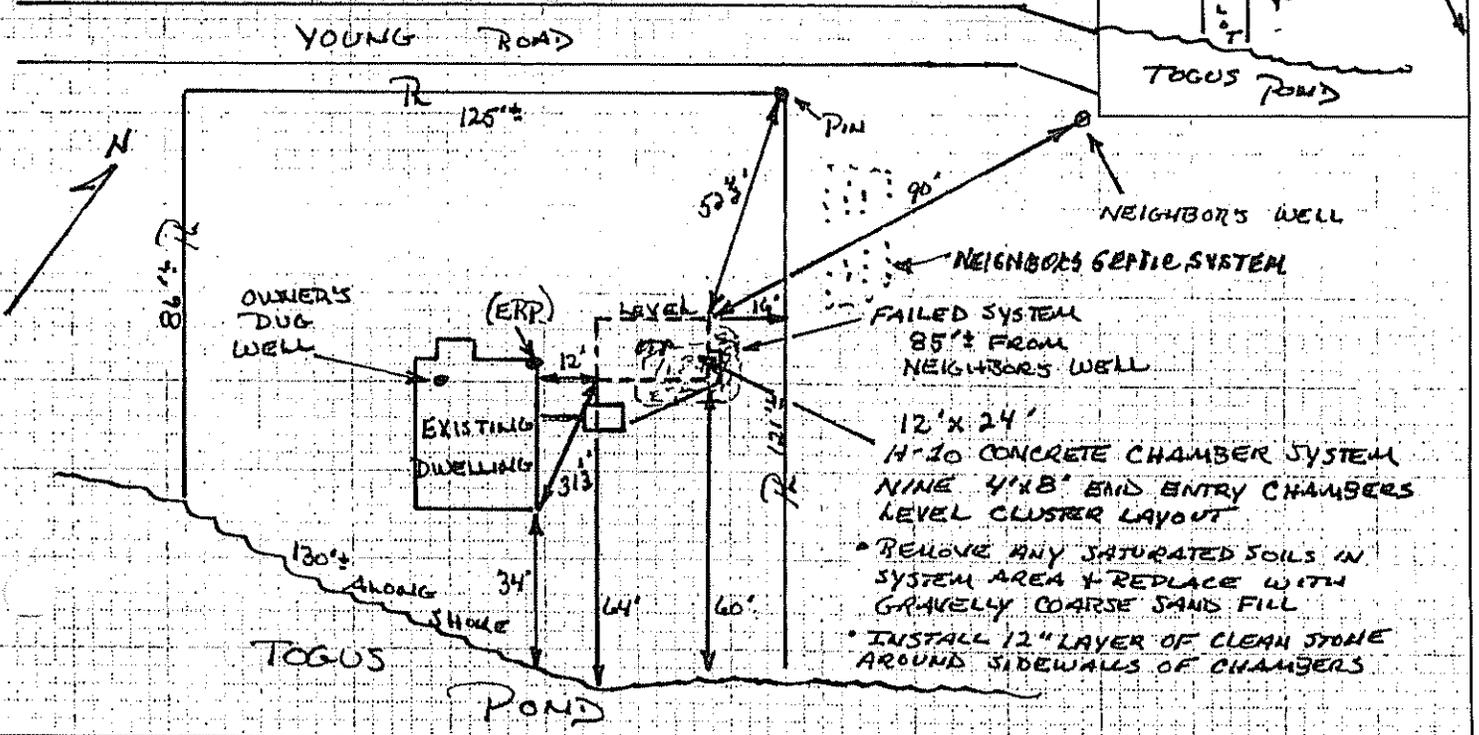
SITE PLAN

Scale: 1" = 40 ft.

NOTE: CONTROL EROSION
 DURING CONSTRUCTION

NO ADJACENT LAND
 AVAILABLE.

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



SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # TP 1 Test Pit Boring

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|-------------|-------------|--------|----------|
| 0 | | | | |
| 6 | OLD | | BROWN | |
| 12 | LOAMY SANDY | | | |
| 18 | FILL | | | |
| 24 | | | YELLOW | |
| 30 | | | BROWN | |
| 36 | LOAM | FRAGILE | | |
| 42 | | | | |
| 48 | | | | |

Soil Profile: 3 Classification: C Slope: LEVEL Limiting Factor: 47
 Condition: LEVEL Percent: LEVEL Depth: 47

Observation Hole # _____ Test Pit Boring

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|---------|-------------|-------|----------|
| 0 | | | | |
| 6 | | | | |
| 12 | | | | |
| 18 | | | | |
| 24 | | | | |
| 30 | | | | |
| 36 | | | | |
| 42 | | | | |
| 48 | | | | |

Soil Profile: _____ Classification: _____ Slope: _____ Limiting Factor: _____
 Condition: _____ Percent: _____ Depth: _____

John W. [Signature]
 Site Evaluator Signature

168
 SE #

8-1-02
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 FAX (207) 287-4172

Town, City, Plantation

Street, Road, Subdivision

Owner or Applicant Name

AUGUSTA

YOUNG RD - TOGUS POND

ELLSWORTH + TERESA TAYLOR

SUBSURFACE WASTEWATER DISPOSAL PLAN

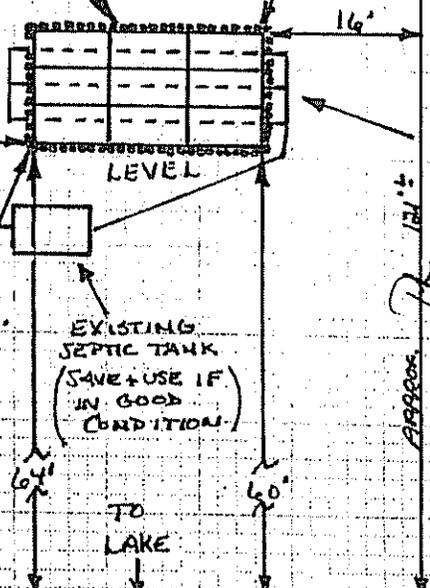
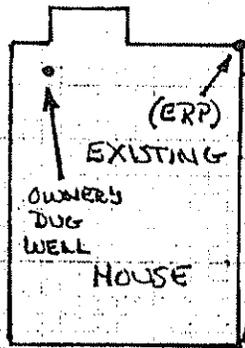
Scale: 1" = 20 ft.

12' x 24'
 H-10 CONCRETE CHAMBER SYSTEM
 NINE 4' x 8' END ENTRY CHAMBERS
 LEVEL CLUSTER
 LAYOUT

DIVERT SURFACE WATER
 FROM SYSTEM AREA

INSTALL 12" LAYER OF
 CLEAN STONE AROUND
 SIDEWALLS OF CHAMBERS

NO
 FILL
 EXTENSIONS



4" SCHED. NO
 SOLID PVC
 PIPE MANIFOLD

CORNERS OF
 SYSTEM STAKED

EXISTING
 SEPTIC TANK
 (SAVE + USE IF
 IN GOOD
 CONDITION)

TO
 LAKE

BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 0"
 Depth of Backfill (downslope) 0"
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -52"
 Top of Disposal Field -62"
 Bottom of Disposal Field -75"

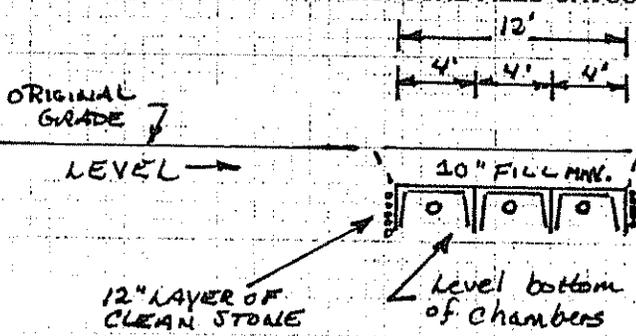
ELEVATION REFERENCE POINT (ERP)

Location & Description: FLAGGED NAIL IN CORNER OF HOUSE
33" ABOVE EXISTING GRADE AT HOUSE
 Reference Elevation is: 0.0"

DISPOSAL FIELD CROSS-SECTION

Scales:

Vertical: 1" = 5 ft.
 Horizontal: 1" = 10 ft.



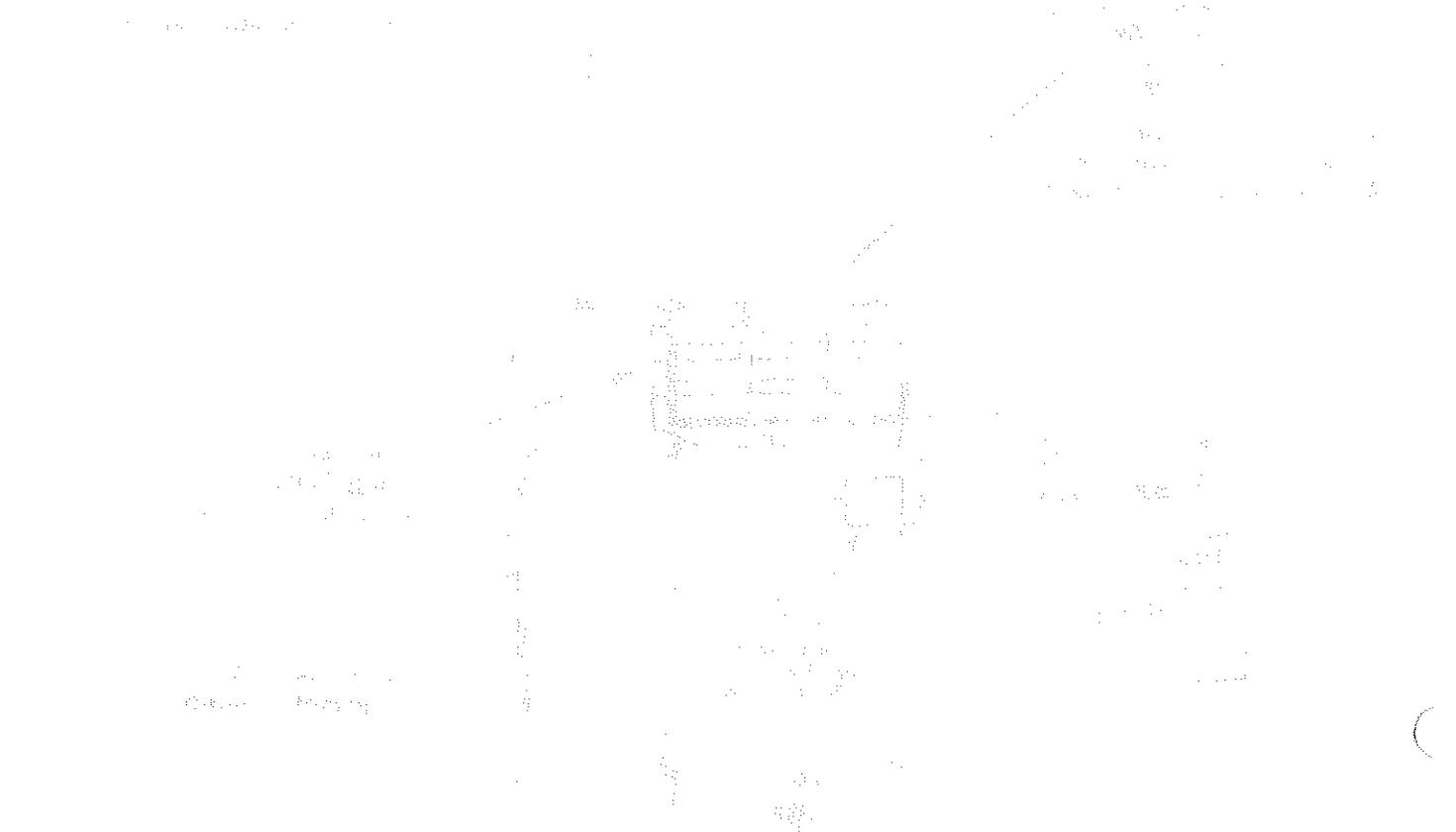
- Remove any saturated soils in system area and replace with gravelly coarse sand fill.
- INSTALL 12" layer of clean stone around sidewalls of chambers.
- refer to Me. State Plumbing Code for further instructions.

John W. [Signature]
 Site Evaluator Signature

168
 SE #

8-1-02
 Date

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STATE OF MAINE
 DEPARTMENT OF HUMAN SERVICES
 DIVISION OF HEALTH ENGINEERING
 11 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0010

ANGUS S. KING, JR.
 GOVERNOR

August 22, 2002

KEVIN W. CONCANNON
 COMMISSIONER

*Tony @ WSK
 623-1238*

Ellsworth & Teresa Taylor
 RR 1 Box 935
 Augusta ME 04330

Subject: Approval, Replacement System Variance Request, Taylor property, Young Road, Togus Pond, Augusta

Dear Mr. & Mrs. Taylor:

The Division has reviewed a Replacement System Variance Request for the subject property. The proposal is to install a replacement septic system for a two-bedroom dwelling. The state variance requested is to allow the installation of the system with a setback distance reduction from the owner's well to the disposal field of 30 feet. Other variances required are setback distance reductions from a neighbor's well to the disposal field of 90 feet; a major watercourse to the disposal field of 60 feet; and a full basement to the disposal field of 12 feet. The system design, prepared by John Lord Jr., SE, dated August 4, 2002, is found to be in compliance with the Maine Subsurface Wastewater Disposal Rules.

We approve the requested variances with the following requirements:

1. A permit for system installation is to be obtained from the Local Plumbing Inspector in advance of the start of system construction.
2. The system is to be installed in accordance with the submitted and approved system design. Should alterations be required at the time of system installation, the system designer must be notified prior to making any changes.
3. The completed Well Setback Release Form shall be filed at the County Registry of Deeds and cross-referenced to the subject property's deed. A copy of the form, with the Registry's stamp, shall be forwarded to this office within 90 days to complete and validate the variance approval.
4. The variance approval is based only on the rules administered by this department. The approval of the variance request does not relieve the property owner from compliance with all other state and local requirements pertaining to the installation, use, and operation of the wastewater disposal system.

By accepting this approval and the associated plumbing permit, the owner agrees to comply fully with the conditions of approval and the Subsurface Wastewater Disposal Rules.

Because installation and owner maintenance has a significant effect on the working order of onsite sewage disposal systems, including their components, the Division makes no representation or guarantee as to the efficiency and/or operation of the system. Please note that due to the lot size and site constraints, should this system fail you may have no alternative but to install a holding tank.

Should you or others have any questions regarding this review and/or approval, please feel free to contact me at 287-5687.

Sincerely,

Linda Robinson

Linda Robinson, Environmental Specialist II
 Wastewater and Plumbing Control Program
 Division of Health Engineering
 E-mail: linda.robinson@state.me.us

/lsr
 xc: File
 George Soucy, LPI
 John Lord Jr., SE

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STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
DIVISION OF HEALTH ENGINEERING
11 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0010

ANGUS S. KING, JR.
GOVERNOR

KEVIN W. CONCANNON
COMMISSIONER

August 22, 2002

Ellsworth & Teresa Taylor
RR 1 Box 935
Augusta ME 04330

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By accepting this approval and the associated plumbing permit, the owner agrees to comply fully with the conditions of approval and the Subsurface Wastewater Disposal Rules.

Because installation and owner maintenance has a significant effect on the working order of onsite sewage disposal systems, including their components, the Division makes no representation or guarantee as to the efficiency and/or operation of the system. Please note that due to the lot size and site constraints, should this system fail you may have no alternative but to install a holding tank.

Should you or others have any questions regarding this review and/or approval, please feel free to contact me at 287-5687.

Sincerely,

Linda Robinson, Environmental Specialist II
Wastewater and Plumbing Control Program
Division of Health Engineering
E-mail: linda.robinson@state.me.us

/lsr
xc:

File
George Soucy, LPI
John Lord Jr., SE



PRINTED ON RECYCLED PAPER

**STATE APPROVAL REQUIRED,
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 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 <u>AUGUSTA</u> |
| Permit No. _____ | Date Permit Issued _____ |
| Property Owner's Name: <u>ELLSWORTH + TERESA TAYLOR</u> | Tel. No.: <u>626-0789</u> |
| System's Location: <u>YOUNG RD. TOGUS POND AUGUSTA ME</u> | |
| Property Owner's Address: <u>RR 1 Box 935</u> | |
| (if different from above) <u>AUGUSTA ME 04330</u> | |

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:

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.

TERESA TAYLOR
SIGNATURE OF OWNER

8/10/02
DATE

LOCAL PLUMBING INSPECTOR

I, George A. Sargent 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, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: _____

George A. Sargent Jr.
LPI SIGNATURE

8/6/02
DATE



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Section of text, possibly a sub-header or a specific entry.

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Replacement System Variance Request

| VARIANCE CATEGORY | LIMIT OF LPI'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 | | | | | | | | |
| 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) | | | | | | | | |
| Wells with water usage of 2000 or more gpd or public water supply wells | 300 ft [a] | 300 ft [a] | 300 ft [a] | 100 ft [a] | 100 ft [a] | 100 ft [a] | | |
| Owner's wells | 100 down to 60 ft | 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 | 30'± | |
| Neighbor's wells | 100 down to 60 ft [b] | 200 down to 120 ft [b] | 300 down to 180 ft [b] | 100 down to 50 ft [b] | 100 down to 75 ft [b] | 100 down to 75 ft [b] | * 90'± | |
| Water supply line | 10 ft [a] | 20 ft [a] | 25 ft [a] | 10 ft [a] | 10 ft [a] | 10 ft [a] | | |
| Water course, major - for replacements only, see Table 400.4 for major expansions | 100 down to 60 ft | 200 down to 120 ft | 300 down to 180 ft | 100 down to 50 ft | 100 down to 50 ft | 100 down to 50 ft | 60'± | |
| Water course, minor | 50 down to 25 ft | 100 down to 50 ft | 150 down to 75 ft | 50 down to 25 ft | 50 down to 25 ft | 50 down to 25 ft | | |
| 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 [d] | 25 ft [d] | 25 ft [d] | 25 ft [d] | 25 ft [d] | 25 ft [d] | | |
| Slopes greater than 3:1 | 10 ft | 18 ft | 25 ft | 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 | 12' | |
| 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] | | |
| Jurial sites or graveyards, measured from the down toe of the fill extension | 25 ft | 25 ft | 25 ft | 25 ft | 25 ft | 25 ft | | |

STATE APPROVAL REQUIRED.

OTHER

1. ~~Fill extension Grade to 2:1~~

2.

3.

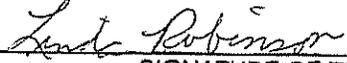
- Footnotes: a. This setback distance cannot be reduced by the LPI, but may be considered for reduction by State variance.
 * b. May not be any closer to neighbor's well than the existing disposal field or septic tank unless written permission is granted by the neighbor. - EXISTING SYSTEM 85'± FROM NEIGHBOR'S WELL
 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.


 SITE EVALUATOR'S SIGNATURE

8/4/02
 DATE

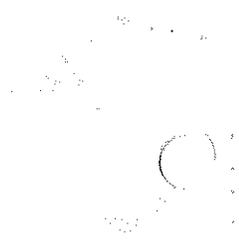
FOR USE BY THE DEPARTMENT ONLY

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

8/22/02
 DATE

11
12



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