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. 1906.0)
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. 6038 Date Permit Issued 8/29/07

Property Owner's Name: RICK ST. PETER Tel. No.: 622-0883

System's Location: 40 MIDDLE 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.

Ricky St. Peter 8/20/08

SIGNATURE OF OWNER DATE

LOCAL PLUMBING INSPECTOR

I, George A. Sawyer 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. Sawyer Jr. 8/29/07

LPI SIGNATURE DATE

HHE-204 Rev 08/05

FORMS

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
SOILS								
Soil Profile	Ground Water Table			to 7"			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	80'	—
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]	—	—
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	—	—
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	—	—
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. 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.

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.

Vaughn L. Hitz 8/13/07

SITE EVALUATOR'S SIGNATURE DATE

STATE OF MAINE VAUGHN L. HITZ 226 LICENSED SITE EVALUATOR

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

Page 2, HHE-204 Rev 6/00

Called 8/29 10:50

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

Street or Road: 40 MIDDLE ROAD

Subdivision, Lot #:

AUGUSTA PERMIT # 6038 TOWN COPY

Date Permit Issued: 8/29/07 $ 150.00 ☐ If Double Fee Charged FEE

Local Plumbing Inspector Signature L.P.I. #

OWNER/APPLICANT INFORMATION

Name (last, first, MI): ST. PETER, RICK ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 40 MIDDLE ROAD AUGUSTA, ME 04330

Daytime Tel. #: 622-0883

Municipal Tax Map # 80 Lot # 21

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 — Date 8/20/07

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 9/6/07 — (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

- ☐ 1. First Time System
- ☒ 2. Replacement System
  - Type replaced:
  - Year Installed:
- ☐ 3. Expanded System
  - ☐ a. Minor Expansion
  - ☐ b. Major Expansion
- ☐ 4. Experimental System
- ☐ 5. Seasonal Conversion

THIS APPLICATION REQUIRES

- ☐ 1. No Rule Variance
- ☐ 2. First Time System Variance
  - ☐ a. Local Plumbing Inspector Approval
  - ☐ b. State & Local Plumbing Inspector Approval
- ☒ 3. Replacement System Variance
  - ☒ a. Local Plumbing Inspector Approval
  - ☐ b. State & Local Plumbing Inspector Approval
- ☐ 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

± 1 ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING

☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE

- ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 4
- ☐ 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
  - ☒ a. Regular
  - ☐ b. Low Profile
- ☐ 2. Plastic
- ☐ 3. Other:

CAPACITY: 1000 GAL. EXISTING

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:

SIZE: 1500 ☒ 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 INSTALL

DESIGN FLOW

360 gallons per day

BASED ON:

- ☒ 1. Table 501.1 (dwelling unit(s))
- ☐ 2. Table 501.2 (other facilities)

SHOW CALCULATIONS for other facilites

SOIL DATA & DESIGN CLASS

PROFILE / CONDITION / DESIGN

S / D /

at Observation Hole # 1

Depth 7"

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

- ☐ 3. Section 503.0 (meter readings) ATTACH WATER METER DATA

LATITUDE AND LONGITUDE at center of disposal area

Lat. 44 d 22 m 05 s

Lon. 69 d 47 m 10 s

If g.p.s, state margin of error:

SITE EVALUATOR STATEMENT

I certify that on 7/27/07 (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 — VAUGHAN L. SMITH SE # 226 — Date 8/13/07

Site Evaluator Name Printed — Telephone Number 724-5635 — E-mail Address SOILTESTMAU@AOL.COM

STATE OF MAINE LICENSED SITE EVALUATOR

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

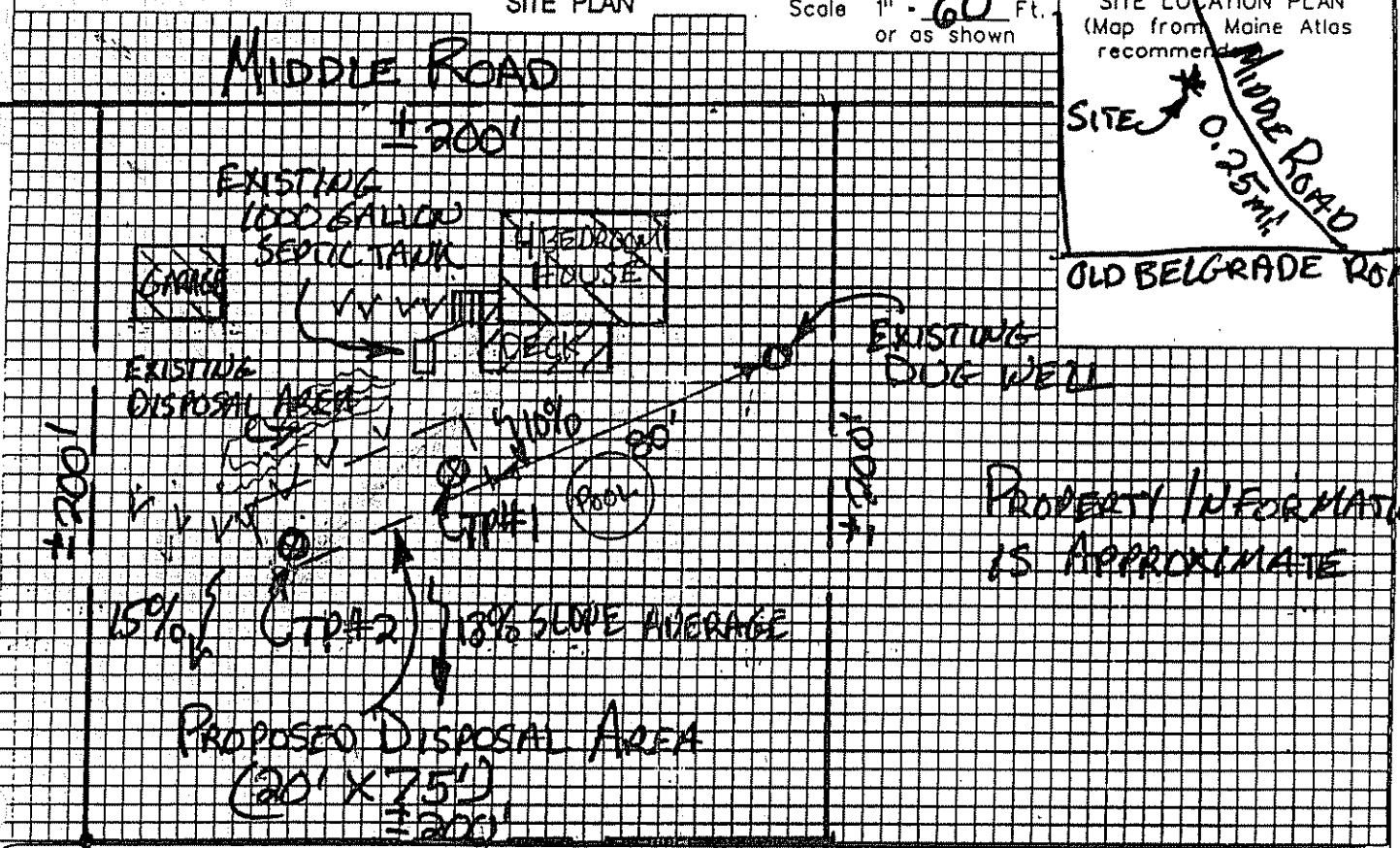
Town, City, Plantation: AUGUSTA

Street, Road, Subdivision: 40 MIDDLE ROAD

Owner's Name: RICK ST. PETER

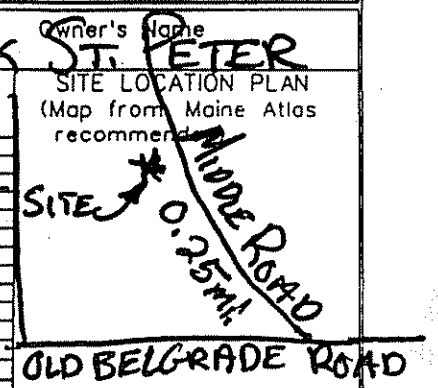
SITE PLAN

Scale 1" = 60 Ft. or as shown



SITE LOCATION PLAN

(Map from Maine Atlas recommended)



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

Observation Hole #1

☒ Test Pit ☐ Boring

1" Depth of Organic Horizon Above Mineral Soil

Depth (inches)	Texture	Consistency	Color	Mottling
0	SILT	FRIABLE	BROWN	NONE
10				MANY
20	LOAM		OLIVE GRAY	PROMINENT
30		FIRM		
40				
50				

Soil Classification: Profile	Condition	Slope	Limiting Factor	
8	D	10 %	7"	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole #2

☒ Test Pit ☐ Boring

1" Depth of Organic Horizon Above Mineral Soil

Depth (inches)	Texture	Consistency	Color	Mottling
0	SILT	FRIABLE	OLIVE BROWN	NONE
10				
20	LOAM		OLIVE	FEW DISTINCT
30		FIRM		
40				
50				

Soil Classification: Profile	Condition	Slope	Limiting Factor	
8	D	15 %	9"	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

STATE OF MAINE
VAUGHN L. SMITH
226
LICENSED
SITE EVALUATOR

Site Evaluator Signature: Vaughn L. Smith

Date: 8/13/07

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-6172

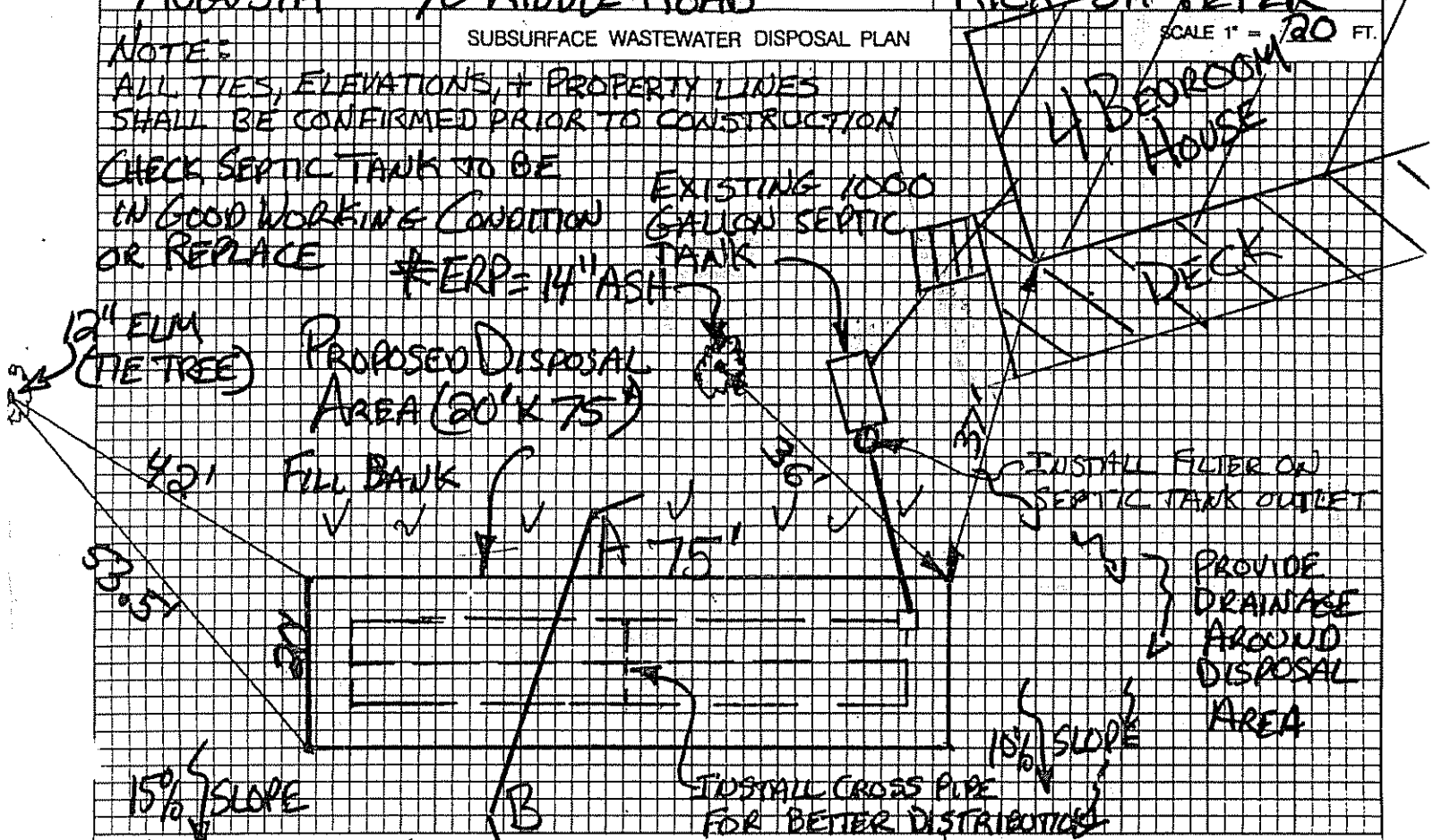
Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: 40 MIDDLE ROAD
Owner's Name: RICK ST. PETER

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.

NOTE:
ALL TIES, ELEVATIONS, + PROPERTY LINES SHALL BE CONFIRMED PRIOR TO CONSTRUCTION

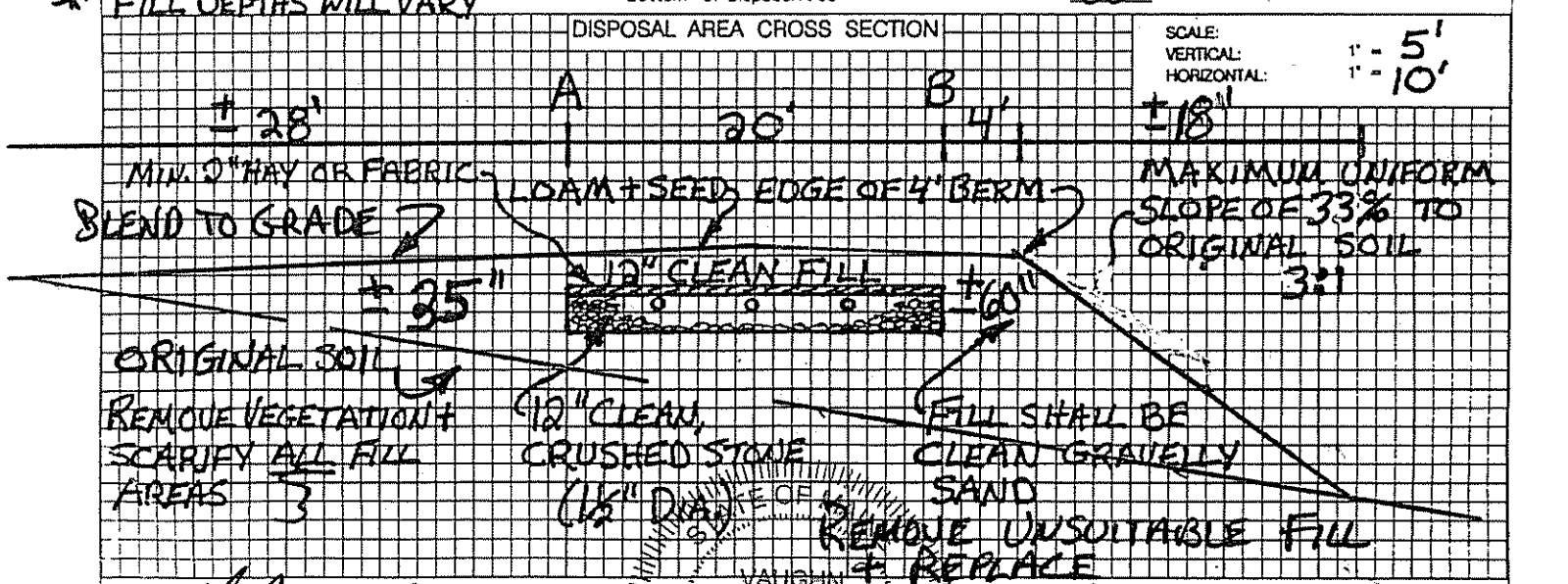
CHECK SEPTIC TANK TO BE IN GOOD WORKING CONDITION OR REPLACE



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	±35"	Finished Grade Elevation	64"	Location & Description 14" ASH W/NAIL 6" ABOVE GROUND
Depth of Fill (Downslope)	±60"	Top of Distribution Pipe or Proprietary Device	76"	
* FILL DEPTHS WILL VARY		Bottom of Disposal Area	88"	Reference Elevation

DISPOSAL AREA CROSS SECTION

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



STATE OF MAINE
VAUGHN L. SMITH
2226
LICENSED SITE EVALUATOR

Site Evaluator Signature

8/13/07
Date