

REPLACEMENT SYSTEM VARIANCE REQUEST

Town GPM
95.00

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. 2689 6289 Date Permit Issued 4/10/09

Property Owner's Name: Don Poulin Tel. No.: _____

System's Location: 431 Old Belgrade Rd.

Property Owner's Address: AUGUSTA, ME. 04330

(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.

Don Poulin
SIGNATURE OF OWNER

4/10/09
DATE

LOCAL PLUMBING INSPECTOR

I, Paul R. Gault, 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. (Z 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: _____

Paul R. Gault
LPI SIGNATURE

4/10/09
DATE

HHE-204 Rev. 10-02

FORMS
Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
	SOILS							
Soil Profile 3	Ground Water Table							
Soil Condition C	Restrictive Layer						to 7" inches	
from HHE-200	Bedrock						to 7" 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		
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	13'	
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 1402.10 for special procedures when these minimum setbacks cannot be achieved.


SITE EVALUATOR'S SIGNATURE

3/31/09
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 SWS
(207) 287-5672 Fax: (207) 287-3165

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

City, Town, or Plantation: AUGUSTA
Street or Road: OLD BELGRADE RD.
Subdivision, Lot #:

AUGUSTA PERMIT # 6289 TOWN COPY
Date Permit Issued: 4/10/09 \$ 175.00 Double Fee FEE Charged
Local Plumbing Inspector Signature: [Signature] L.P.I. # 850

OWNER/APPLICANT INFORMATION
Name (last, first, MI): POULIN, DON Owner Applicant
Mailing Address of Owner/Applicant: 431 OLD BELGRADE RD. AUGUSTA, ME. 04330
Daytime Tel. #:

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: [Signature] Date: 4/10/09

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: [Signature] (1st) date approved: 5/26/09
(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
1/2 ± SQ. FT. ACRES

DISPOSAL SYSTEM TO SERVE
 1. Single Family Dwelling Unit, No. of Bedrooms: 3
 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 N/A
 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: 900 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
270 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: 3, 1, 6, 1, 1
at Observation Hole # 1
Depth 24"
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 23 m 178 s
Lon. 69 d 51 m 348 s
If g.p.s., state margin of error: 18'

SITE EVALUATOR STATEMENT

I certify that on 3/30/09 (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: [Signature] SE #: 256 Date: 3/31/09
Site Evaluator Name Printed: JOHN PHILBRICK Telephone Number: 547-3732 E-mail Address: _____

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

Town, City, Plantation

Street, Road, Subdivision

01040604

AUGUSTA

OLD BELGRADE RD.

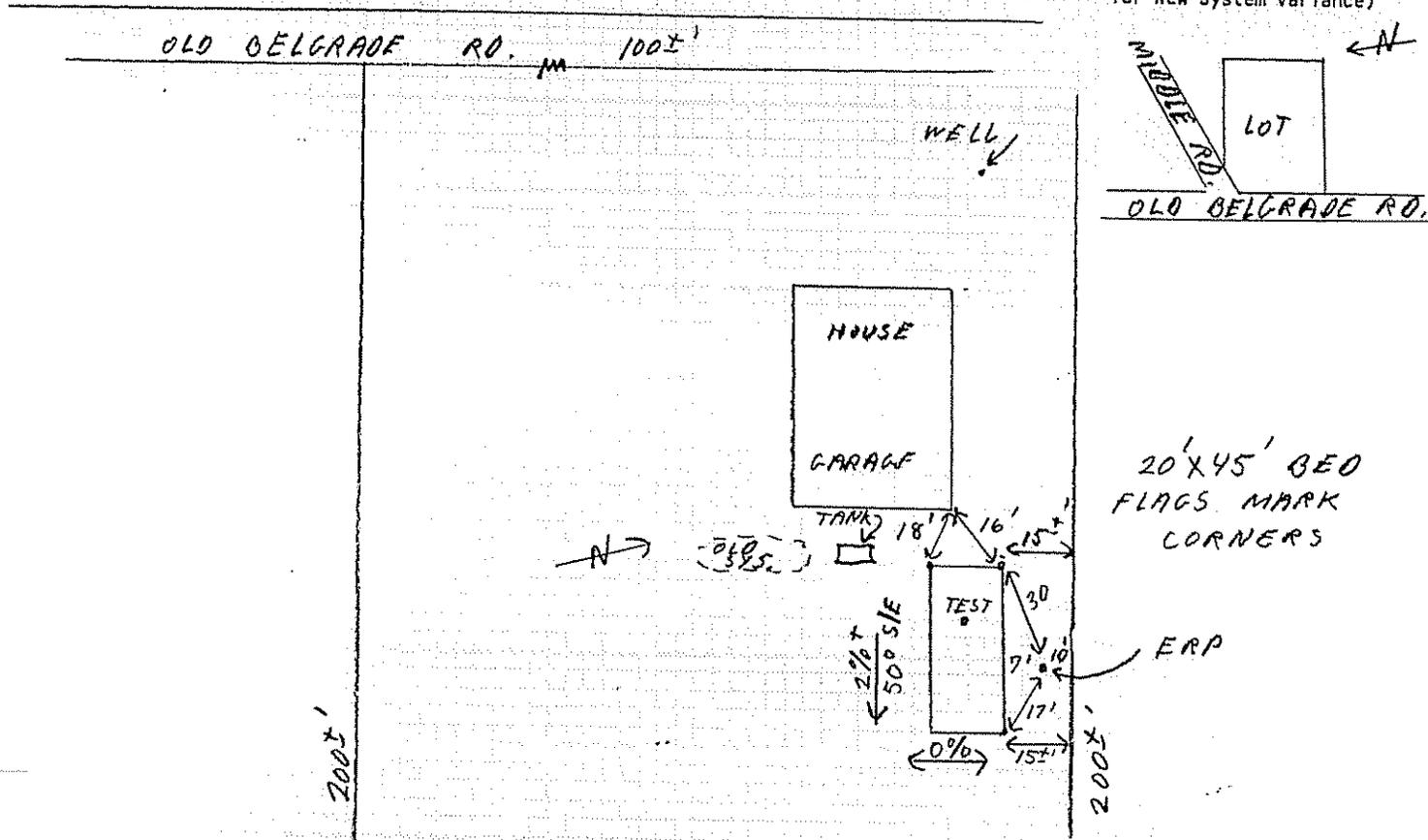
DON

Owner's Name
POULIN

SITE PLAN

Scale: 1" = 50 Ft.
or as shown

SITE LOCATION PLAN
(Attach Map from Maine Atlas
for New System Variance)



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring

0" Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0	COARSE GRAVELY SAND	FRIABLE	TAN	NONE
6	FILL			
10				
15	ORIGINAL GROUND		REDISH BR.	
20				
30	LOAMY SAND		YELLOW BR.	
40				FAINT
40	END OF TEST			
50				

Soil Classification: 3C Slope: 2+% Limiting Factor: NO Ground Water Restr. Layer Bedrock

Observation Hole _____ Test Pit Boring

0" Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Classification _____ Slope _____% Limiting Factor _____ Ground Water Restr. Layer Bedrock

[Signature]
Site Evaluator Signature

256
SE#

3/31/09
Date

Approved for use as
HHE 200 by Division of
Health Engineering 9/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

08246445

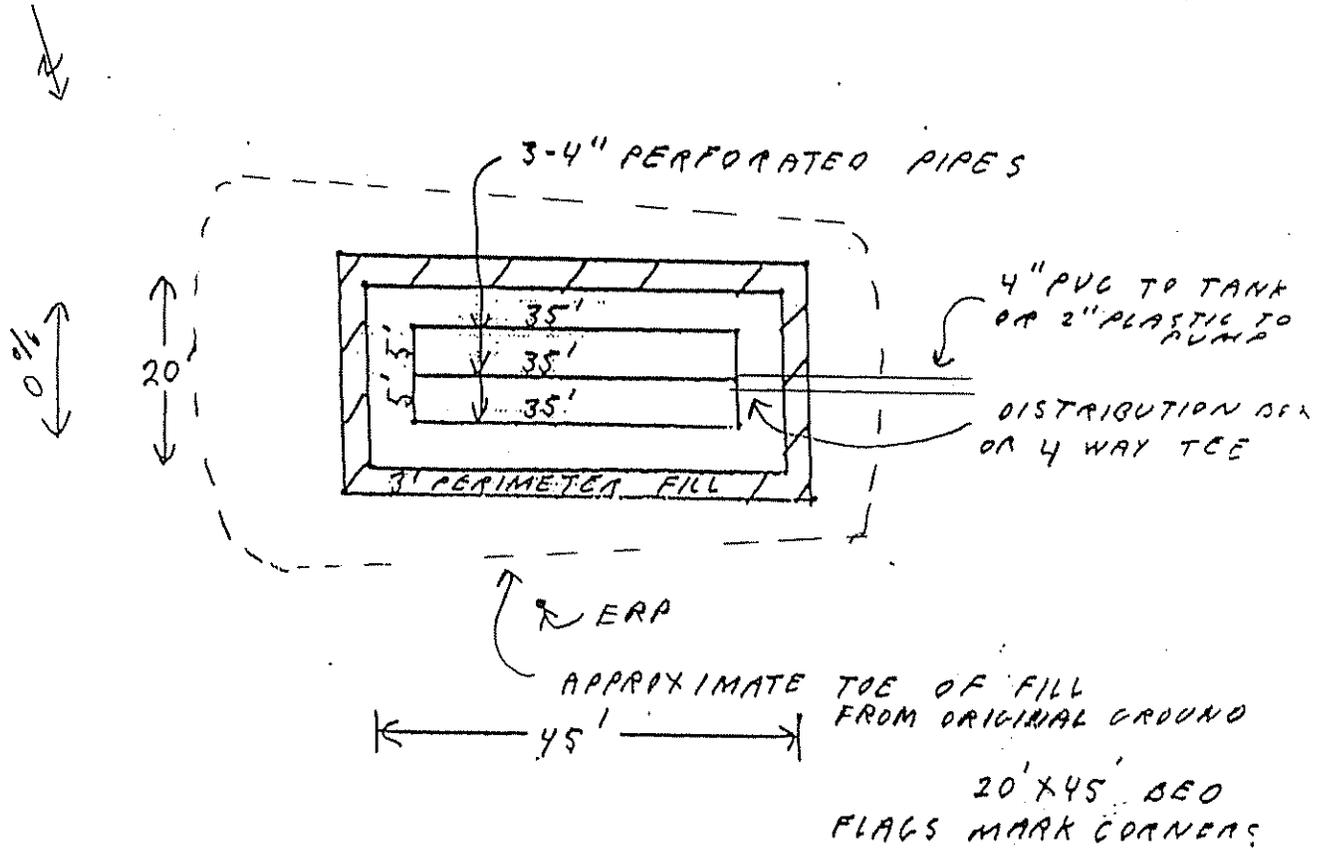
AUGUSTA

OLD BELGRADE RD.

DON POULIN

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' ft. or as shown



FILL REQUIREMENTS
 Depth of fill (Upslope)
 Depth of fill (Downslope)

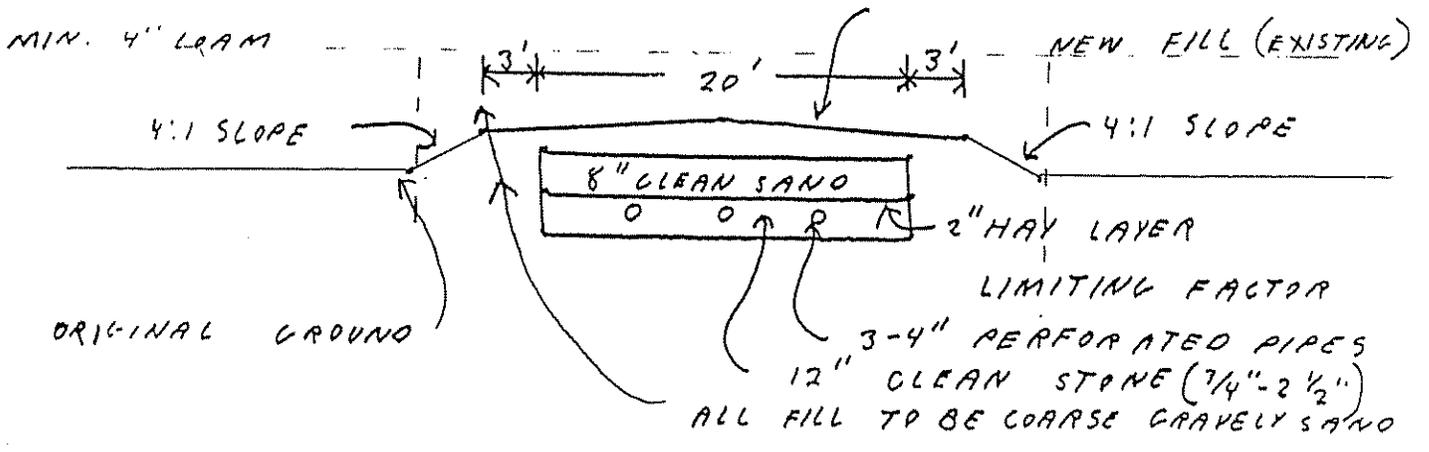
CONSTRUCTION ELEVATION
 0" Reference Elevation is
 0" Bottom of Disposal Area
 Top of Distribution Lines or Chambers

ELEVATION REFERENCE POINT
 0" ERP IS IN 4' TALL ASH STUMP,
 -71" 7' NORTH OF SYSTEM, 34"
 -60" ABOVE GROUND

DISPOSAL AREA CROSS SECTION

Scale:
 Vertical: 1 inch = 5' ft.
 Horizontal: 1 inch = 10' ft.

CROWN WITH 3% GRADE + SEED + MULCH



[Signature]
 Site Evaluator Signature

256
 SEN

3/31/09
 Date

Approved for use as
 HRE 200 by Division of
 Health Engineering 9-57