

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 _____

Permit No. 6393 Date Permit Issued 12/3/09

Property Owner's Name: MARK DISKIN Tel. No.: _____

System's Location: 319/321 W. RIVER RD. - AUGUSTA

Property Owner's Address: 315 W. RIVER RD., AUGUSTA

(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] SIGNATURE OF OWNER 12/2/2009 DATE

LOCAL PLUMBING INSPECTOR

I, Gay R. Little, 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: _____

Gay R. Little LPI SIGNATURE 12/3/09 DATE

93-14

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	-	-
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	5'	-
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]	6'	-
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.

SITE EVALUATOR'S SIGNATURE

11/30/09

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

592-3686

Maine Dept. Health & Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3165

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY LOCATION

City, Town, or Plantation: AUGUSTA

Street or Road: 319+321 WEST RIVER RD.

Subdivision, Lot #

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

OWNER/APPLICANT INFORMATION

Name (last, first, MI): DISKIN, MARK Owner Applicant

Mailing Address of Owner/Applicant: 315 W. RIVER RD.
AUGUSTA, ME 04330

Daytime Tel. #: 592 0697

AUGUSTA Date Permitted: 11/23/09 PERMIT # 6393 TOWN COPY

Local Plumbing Inspector Signature: [Signature] L.P.I. #: 550

Double Fee Charged:

Municipal Tax Map # 93 Lot # 14

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: 12-2-09

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: 12/17/09

(2nd) date approved:

PERMIT INFORMATION

TYPE OF APPLICATION

1. First Time System

2. Replacement System

Type replaced: TRENCH

Year installed: 1970

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

±.5 SQ. FT. ACRES

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: _____

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

3. Other: 2 - 2 BEDROOM D.U. (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 SEE NOTE A.3

b. Low Profile

2. Plastic

3. Other:

CAPACITY: 4000 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:

SIZE: 1,200 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

360 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: 71 C 11

at Observation Hole # JR1

Depth 23"

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

ATTACH WATER METER DATA

LATITUDE AND LONGITUDE at center of disposal area

Lat. 44 d 37 m 16 s

Lon. 68 d 31 m 55 s

if g.p.s, state margin of error: ± 30'

SITE EVALUATOR STATEMENT

I certify that on 11/26/09 (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 #: 255 Date: 11/28/09

Site Evaluator Name Printed: JOSHUA KATZ Telephone Number: 725.6301 E-mail Address: KATZTHAL@SUSCOM-MAINE.ME

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

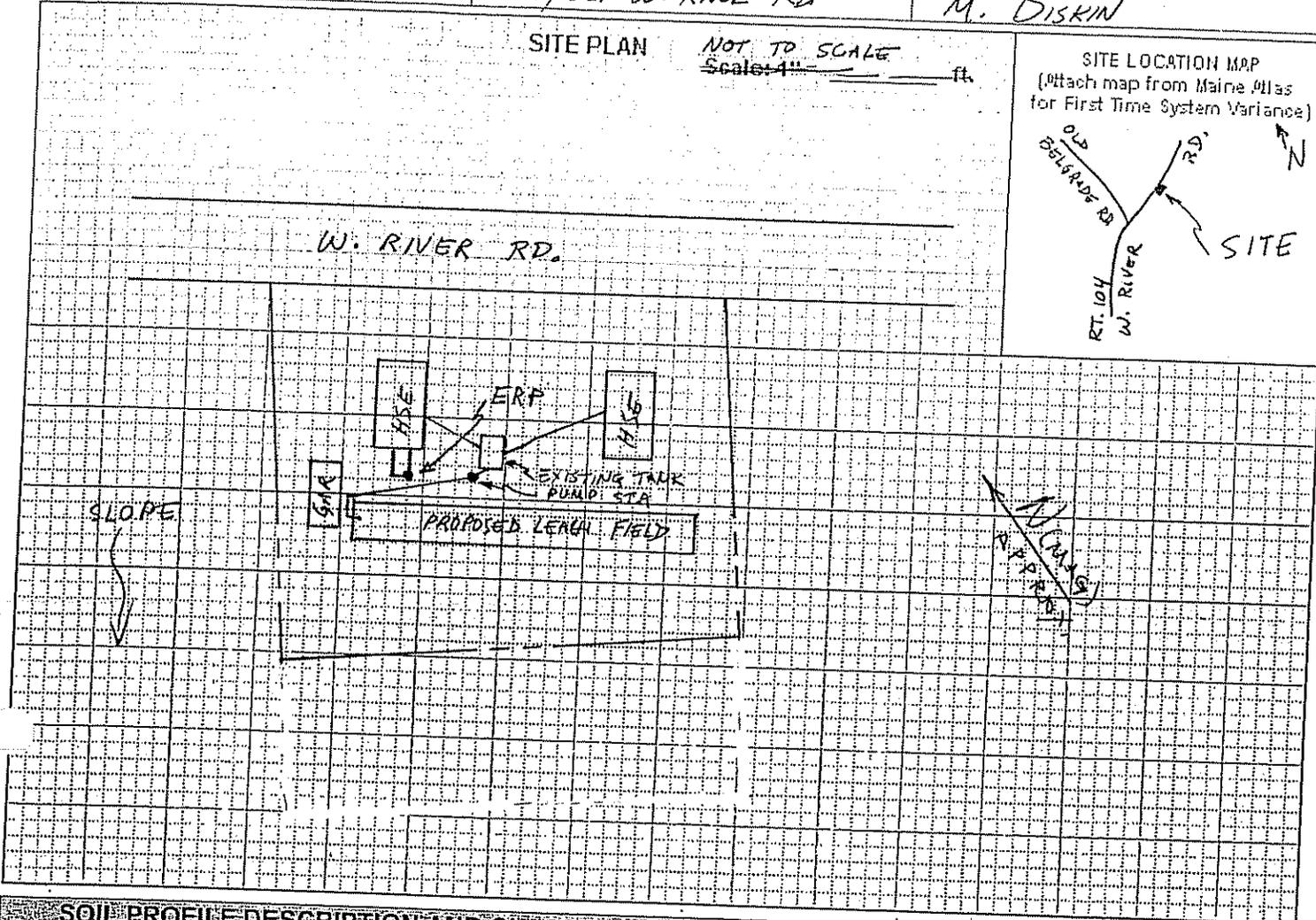
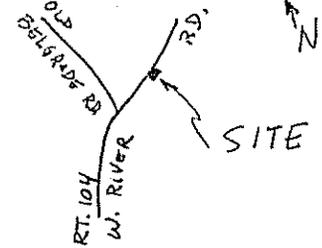
Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
319/321 W. RIVER RD

Owner or Applicant Name
M. DISKIN

SITE PLAN NOT TO SCALE
 Scale: 4" = _____ ft.

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 # JK1 Test Pit Boring

0 " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6	GRAVELLY LOAM	FRAGILE	DK BRN	
12	F SANDY SILT	(MOIST)	M-RD BRN	
18				
24				
30	SILTY CLAY	FIRM	OLIVE / GRAY	COMMON DISTROG
36				
42				
48				

Soil Profile 7 Classification C Slope 2-5 Limiting Factor 23
 Condition 2-5 Percent 23 Depth

Observation Hole # _____ Test Pit Boring

_____ " Depth of organic horizon above mineral soil

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

Opoko
 Site Evaluator Signature

255

11/28/09

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

319/321 W. RIVER RD.

Owner or Applicant Name

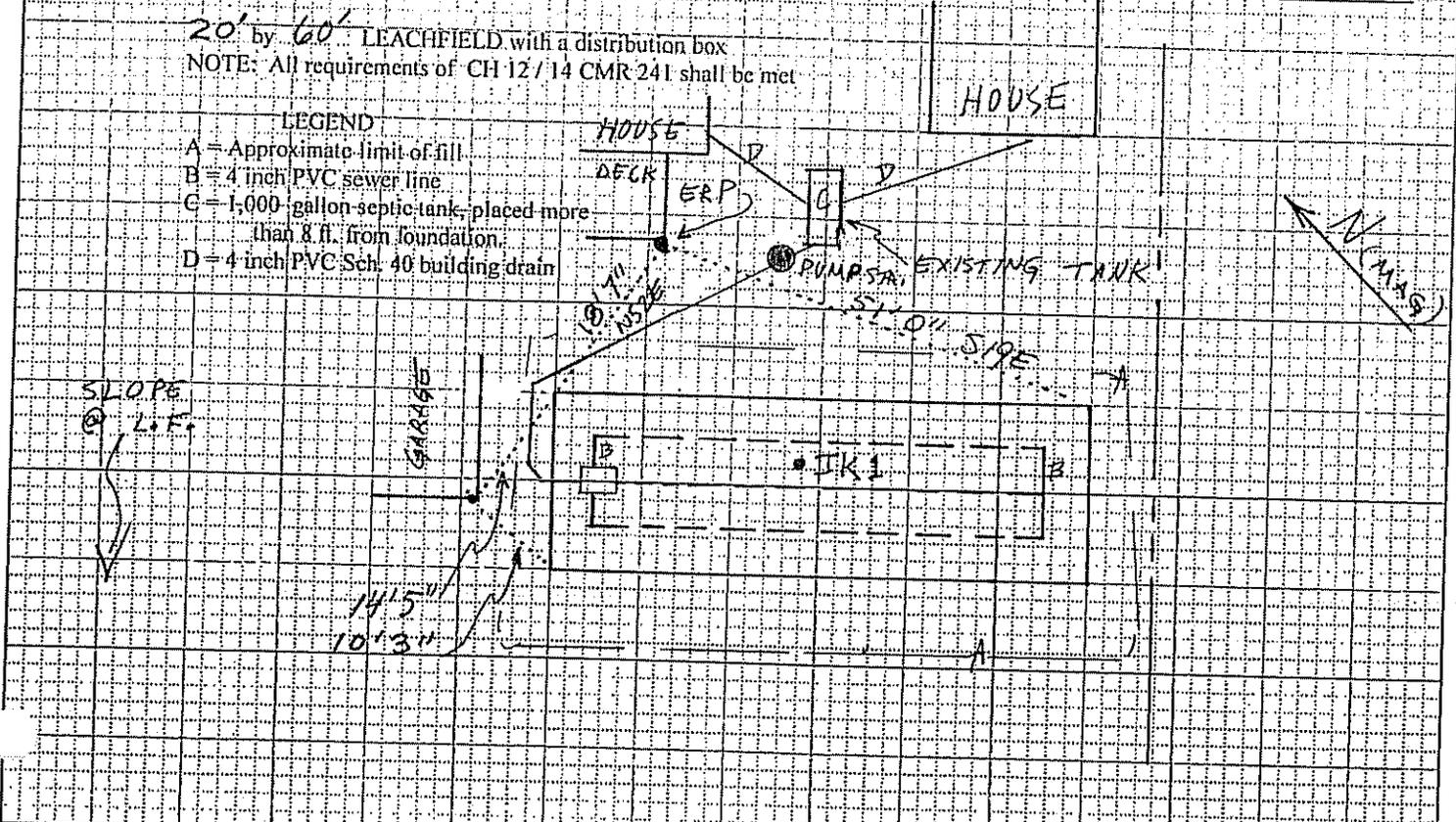
M. DISKIN

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' ft.

20' by 60' LEACHFIELD with a distribution box
 NOTE: All requirements of CH 12/14 CMR 241 shall be met

- LEGEND**
- A = Approximate limit of fill
 - B = 4 inch PVC sewer line
 - C = 1,000-gallon septic tank, placed more than 8 ft. from foundation
 - D = 4 inch PVC Sch. 40 building drain



NOTE: EXISTING TANK TO BE USED IF: - 1000 GAL CAPACITY
 - SUMP PUMP OUTLET TO BE EXTENDED - INTACT BAFFLES
 BEYOND L.F.

BACKFILL REQUIREMENTS

Depth of Backfill (upslope) $\pm 12"$
 Depth of Backfill (downslope) $\pm 24"$
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -40"
 Top of Distribution Pipe or Proprietary Device -52"
 Bottom of Disposal Field -64"

ELEVATION REFERENCE POINT

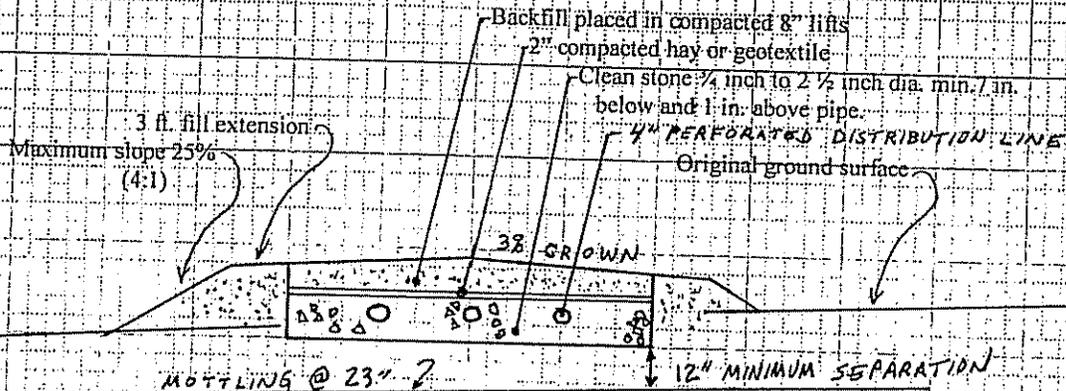
Location & Description: NAIL FLAGGED
ORANGE IN DECK CORNER POST
 Reference Elevation is: 0.0" or _____

NOTES

- Backfill to be coarse sand to gravelly coarse sand
- Minimum of 8" backfill above hay or geotextile
- Min. 4-inch loam, seed, mulch on finished surface

DISPOSAL FIELD CROSS-SECTION

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



8'-12' 3' 5' 5' 5' 5' 3' 3'-6"

Joshua B...