

REPLACEMENT SYSTEM VARIANCE REQUEST

Office copy

94-16

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 and 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 the LPI's authority.

- 1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 1903)
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. 4898
Date Permit Issued 7/16/02
Property Owner's Name: FRANCIS HEALY Tel. No.: 547-4958
System's Location: TOGUS STREAM ROAD AUGUSTA
Property Owner's Address: R1 BOX 901
(if different from above) BELGRADE, ME 04917

SPECIFIC INSTRUCTIONS TO THE:
LOCAL PLUMBING INSPECTOR (LPI):
If any of the variances exceed your approval authority and/or do not meet all 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.
SITE EVALUATOR:
If after completing the Application, you find that a variance for the proposed replacement system is needed, complete the Replacement System 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.
Francis Healy
6/20/02
SIGNATURE OF OWNER DATE

LOCAL PLUMBING INSPECTOR:
I, George D. Searcy 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.
a. () approve, () disapprove the variance request based on my authority to grant this variance.
b. find that one or more of the requested Variances exceeds my approval authority as LPI.
Comments
George D. Searcy Jr.
6/26/02
LPI SIGNATURE DATE

17'3" 212"

Replacement System Variance Request

VARIANCE CATEGORY	VARIANCE REQUESTED		LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS						
Soil Profile	Ground Water Table		to 7"		9 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	Less than 1000 gpd	1000 to 2000 gpd	To	To
Wells with water usage of 2000 or more gpd	300 ^a ft	300 ^a ft	100 ^a ft	100 ^a ft		
Owner's wells	100 down to 60 ft	200 down to 100 ft	100 ^b down to 50 ft	100 down to 50 ft	42'	+25'
Neighbor's wells	100 ^b down to 60 ft	200 ^b down to 120 ft	100 ^b down to 50 ft	100 ^b down to 75 ft		
Water supply line	10 ft ^a	20 ft ^a	10 ft ^a	10 ft ^a		
Water course, major - for replacements only, see Table 400.4 for exempted expansions	100 down to 60 ft	200 down to 120 ft	100 down to 50 ft	100 down to 50 ft	61'	+30'
Water course, minor	50 down to 25 ft	100 down to 50 ft	50 down to 25 ft	50 down to 25 ft		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	25 down to 12 ft	25 down to 12 ft		
Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams (edge of fill extension)	25 ft ^d	25 ft ^d	25 ft ^d	25 ft ^d		
Slopes greater than 3:1	10 ft	18 ft	N/A	N/A		
No full basement (e.g. slab, frost wall, columns)	15 down to 7 ft	30 down to 15 ft	8 down to 5 ft	14 down to 7 ft		
Full basement (below grade foundation)	20 down to 10 ft	30 down to 15 ft	8 down to 5 ft	14 down to 7 ft		
Property lines	10 down to 5 ^c ft	18 ft down to 9 ^c ft	10 ft down to 4 ^c ft	10 ft down to 7 ^c ft		
Burial sites or graveyards, measured from the downhill toe of the fill extension	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. Written Permission from the owner of a well is required when a replacement system will be located less than 100 (or 200 ft. for 1000-2000 gpd) feet and closer to that well than the system it is replacing.
- 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.

WILLIAM P BROWN

SITE EVALUATOR'S SIGNATURE

6/4/2002

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 Department of Human Services
Division of Health Engineering, 10SHS
(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: <u>7/16/02</u> 4898 TOWN COPY \$ <u>120.00</u> FEE <input type="checkbox"/> Double Fee Charged <input type="checkbox"/> L.P.I. # <u>1082</u> Local Plumbing Inspector Signature: <u>[Signature]</u>
Street or Road	TOGUS STREAM ROAD	
Subdivision, Lot #		
OWNER/APPLICANT INFORMATION		
Name (last, first, MI)	HEALY, FRANCIS <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	
Mailing Address of Owner/Applicant	R 1 BOX 901 BELGRADE, ME 04917	
Daytime Tel. #	547-4958	Municipal Tax Map # <u>94</u> Lot # <u>16</u>

<p style="text-align: center;">OWNER OR APPLICANT STATEMENT</p> <p>I state 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.</p> <p><u>[Signature]</u> <u>[Date]</u> Signature of Owner/Applicant Date</p>	<p style="text-align: center;">CAUTION: INSPECTION REQUIRED</p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application</p> <p style="text-align: right;">(1st) Date Approved _____ Local Plumbing Inspector Signature _____ (2nd) Date Approved _____</p>
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PERMIT INFORMATION		
<p>TYPE OF APPLICATION</p> <p><input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced <u>TRENCH</u> Year installed <u>60'S</u></p> <p><input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion</p> <p><input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion</p>	<p>THIS APPLICATION REQUIRES</p> <p><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</p> <p><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</p> <p><input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit</p>	<p>DISPOSAL SYSTEM COMPONENTS</p> <p><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. Pretreatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components</p>
<p>SIZE OF PROPERTY</p> <p>0.45 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p><input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> <input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____ <input type="checkbox"/> 3. Other _____ (specify)</p> <p>Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	<p>TYPE OF WATER SUPPLY</p> <p><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</p>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p>TREATMENT TANK</p> <p><input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input checked="" type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other _____</p> <p>CAPACITY <u>1000</u> GAL.</p>	<p>DISPOSAL FIELD TYPE & SIZE</p> <p><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 checked="" type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load</p> <p><input type="checkbox"/> 4. Other _____</p> <p>SIZE <u>900</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.</p>	<p>GARBAGE DISPOSAL UNIT</p> <p><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</p>	<p>DESIGN FLOW</p> <p><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)</p> <p>SHOW CALCULATIONS -for other facilities-</p>
<p>SOIL DATA & DESIGN CLASS</p> <p>PROFILE <u>9</u> / CONDITION <u>D</u> / DESIGN <u>3</u> at Observation Hole # <u>TP-1</u> Depth <u>9</u> " of Most Limiting Soil Factor</p>	<p>DISPOSAL FIELD SIZING</p> <p>1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq. ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq. ft./gpd</p>	<p>EFFLUENT/EJECTOR PUMP</p> <p>1. <input type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input checked="" type="checkbox"/> Required >> Specify only for engineered or experimental systems DOSE _____ gallons</p>	<p><input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA</p>

SITE EVALUATOR'S STATEMENT		
I certify that on <u>6/3/2002</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).		
<u>[Signature]</u> Site Evaluator Signature	188 SE#	<u>6/4/2002</u> Date
WILLIAM P BROWN Site Evaluator Name Printed	293-2110 Telephone #	

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

Street, Road, Subdivision

Owners Name

AUGUSTA

TOGUS STREAM ROAD

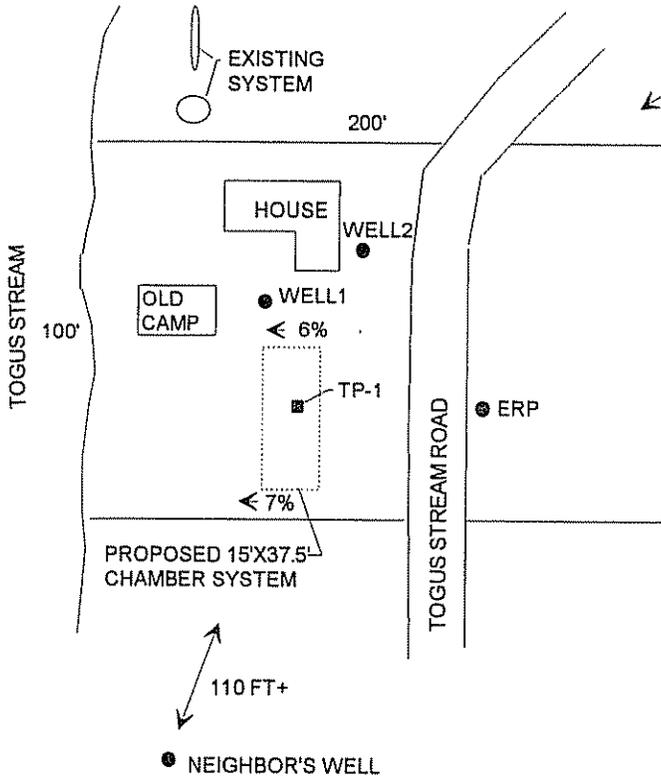
FRANCIS HEALY

SITE PLAN

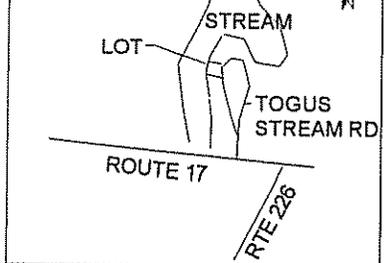
Scale 1" = **50** Ft.

SITE LOCATION PLAN

(Map from Maine Atlas recommended)



NORTH



ERP TO TP-1 = 40'

THE EXISTING SEPTIC TANK IS ON NEIGHBORING PROPERTY THE PROPOSAL IS TO INSTALL A NEW ONE-PIECE COMBINATION SEPTIC TANK / PUMP STATION AT LEAST 30 FEET FROM THE STREAM AND AT LEAST 25 FEET FROM THE OWNER'S WELL (WELL2) WELL 1 IS NOT CONNECTED AND IS NOT USED AS A POTABLE WATER SUPPLY.

THE PROPOSED SYSTEM WILL BE GREATER THAN 100 FEET FROM NEIGHBORING WELLS AND 42 FEET FROM OWNER'S WELL 2.

LEDGE AND LARGE BOULDERS ARE EVIDENT IN THE AREA. A LOW-BOY TANK MAY BE REQUIRED

THE PROPOSED SYSTEM WILL SERVE THE 2 BDRM HOUSE. NO PROVISION IS MADE FOR THE OLD CAMP ON THE PROPERTY

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP-1 Test Pit Boring
0" Depth of Organic Horizon Above Mineral Soil

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

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	MEDIUM BROWN	NONE
10	SILT CLAY LOAM	FIRM	OLIVE BRN	COMMON
20				
30				
40				
50				

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification 9 Profile	Slope D Condition	Limiting Factor 6-7 %	Limiting Factor 9 "	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Soil Classification Profile	Slope Condition	Limiting Factor %	Limiting Factor "	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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WILLIAM P BROWN *William P Brown*
Site Evaluator Signature

188
SE #

6/4/2002
Date

Page 2 of 3
HHE-200 Rev. 7/97

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
Department of Human Services

Town, City, Plantation

Street, Road, Subdivision

Owners Name

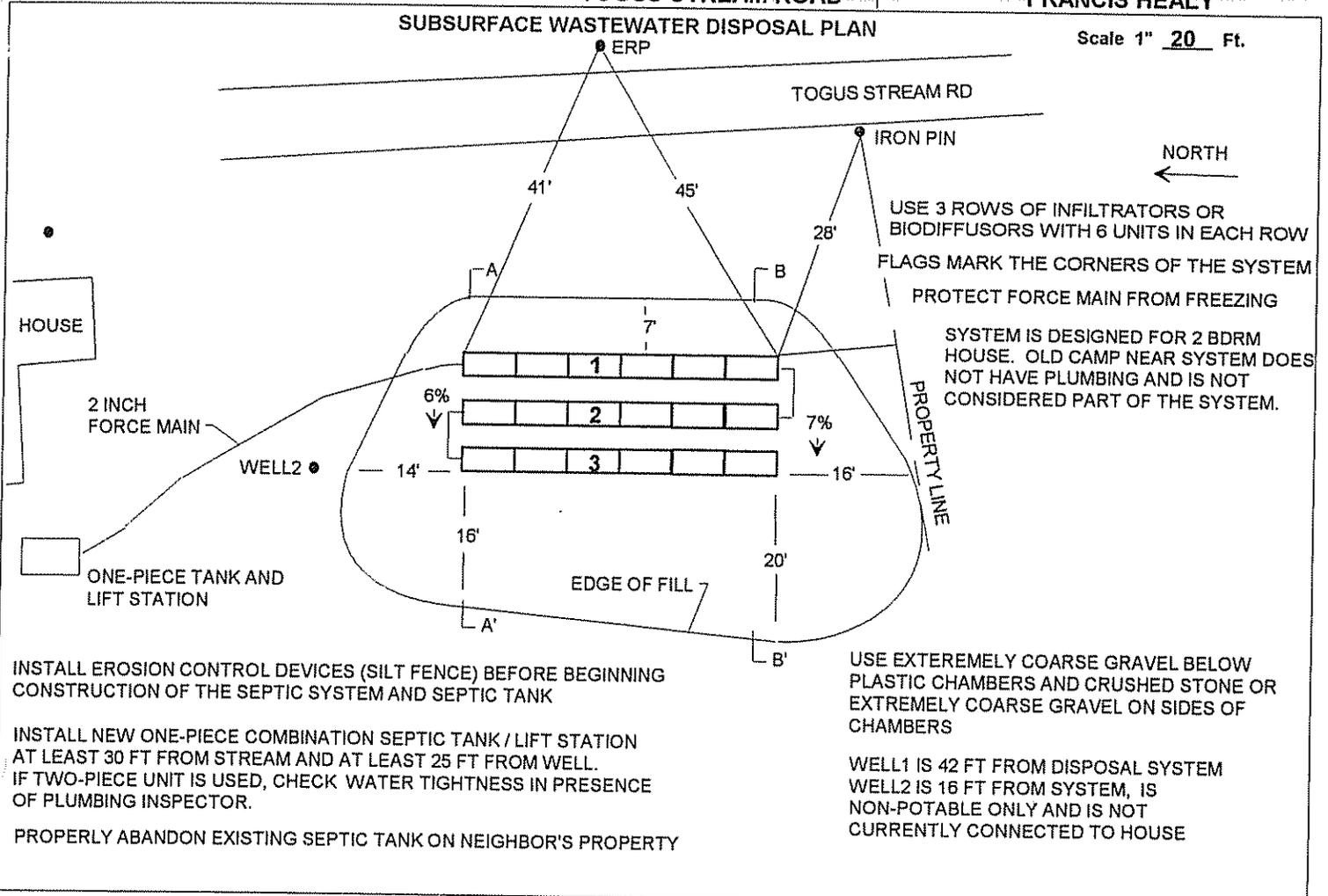
AUGUSTA

TOGUS STREAM ROAD

FRANCIS HEALY

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) 33-35"
Depth of Fill (Downslope) 35-41"

CONSTRUCTION ELEVATIONS

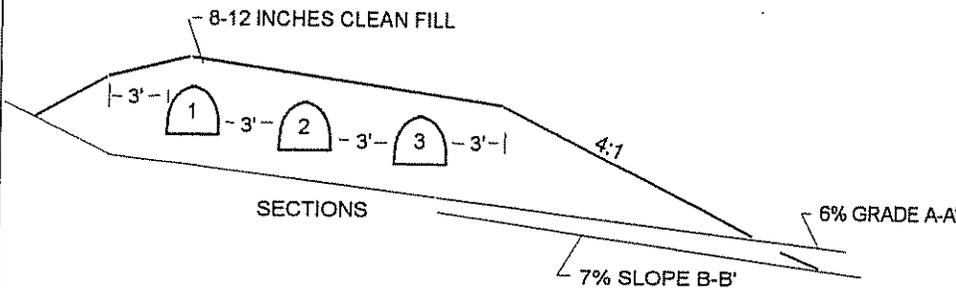
Reference Elevation is 00"
Bottom of Disposal Area SEE BELOW
Top of distribution Lines or Chambers

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
FLAGGED NAIL IN POWER POLE, 2 FEET ABOVE GROUND

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.



ROW	BOTTOM OF CHAMBER	TOP OF CHAMBER
1	-71"	-55"
2	-75"	-59"
3	-79"	-63"

INSTALL EROSION CONTROL DEVICES BEFORE BEGINNING CONSTRUCTION
REMOVE VEGETATION IN DISPOSAL AREA
SCARIFY SOIL UNDER THE ENTIRE FILL AREA
MIX 4 INCHES OF FILL MATERIAL WITH EXISTING SOIL TO FORM A TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE)
USE EXTREMELY COARSE GRAVEL UNDER SYSTEM
ALL FILL SHALL BE GRAVELLY COARSE SAND
SLOPE FINISH GRADE AS SHOWN OR ALL ONE-WAY LOAM, SEED, MULCH

USE HIGH CAPACITY CHAMBERS THAT ARE 16 INCHES HIGH
INSTALL CRUSHED STONE OR EXTREMELY COARSE GRAVEL ALONG SIDES OF CHAMBERS

WILLIAM P BROWN
Site Evaluator Signature

William P Brown

188
SE #

6/4/2002
Date

Page 3 of 3
HHE-200 Rev. 1/84

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Handwritten text in the lower middle section, continuing the list or notes.

Handwritten text in the lower section, including some bolded or emphasized words.

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

ANGUS S. KING, JR.
GOVERNOR

KEVIN W. CONCANNON
COMMISSIONER

July 11, 2002

Francis Healy
R 1 Box 901
Belgrade ME 04917

Subject: Approval, Replacement System Variance Request, Healy property, Togus Stream Road, Augusta

Dear Mr. Healy:

The Division has reviewed a Replacement System Variance Request for the subject property. The variance requested is to allow the installation of an onsite sewage disposal system with a setback distance reduction from the owner's well to the disposal field of 42 feet, septic tank of 25 feet and a major watercourse to the septic tank of 30 feet. Another variance required is a setback distance reduction from a major watercourse to the disposal field of 61 feet. The system design, prepared by William Brown, SE, dated June 4, 2002, is otherwise 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 property owner shall complete the enclosed Well Setback Release Form and file it at the County Registry of Deeds, cross-referenced to the subject property's deed. A copy of the filed release, with Registry's stamp, shall be forwarded to this office to complete and validate the variance approval within 90 days of the date of this letter.
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.

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
Enclosure: Well Setback Release Form
xc: File
George Soucy, LPI
William Brown, SE



PRINTED ON RECYCLED PAPER

1. The first part of the document discusses the importance of maintaining accurate records of all transactions.

2. It then goes on to describe the various methods used to collect and analyze data from different sources.

3. The final section provides a summary of the findings and offers recommendations for future research.

4. The data shows a clear trend of increasing activity over the period studied.

5. This increase is likely due to a combination of factors, including changes in market conditions and consumer behavior.

6. The results suggest that there is a need for more robust data collection and analysis techniques.

7. The study also highlights the importance of ensuring the accuracy and reliability of the data used.

8. In conclusion, the findings provide valuable insights into the current state of the market and its future prospects.

9. Further research is needed to explore the underlying causes of the observed trends and to develop effective strategies to address them.

10. The data indicates that there is a significant correlation between the variables studied.

11. This correlation suggests that the two variables are closely related and may influence each other.

12. The study also identifies several key areas for further investigation and research.

13. The findings are consistent with previous research in this area and provide additional support for the existing theory.

14. The study also identifies several limitations and areas for future research.

15. The results suggest that there is a need for more comprehensive data collection and analysis techniques.

16. The study also highlights the importance of ensuring the accuracy and reliability of the data used.

17. In conclusion, the findings provide valuable insights into the current state of the market and its future prospects.

18. Further research is needed to explore the underlying causes of the observed trends and to develop effective strategies to address them.

Replacement System Variance Request

VARIANCE CATEGORY	VARIANCE REQUESTED		LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
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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	Less than 1000 gpd	1000 to 2000 gpd	To	To
Wells with water usage of 2000 or more gpd	300 ^a ft	300 ^a ft	100 ^a ft	100 ^a ft		
Owner's wells	100 down to 60 ft	200 down to 100 ft	100 ^b down to 50 ft	100 down to 50 ft	42'	+25'
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Property lines	10 down to 5 ^c ft	18 ft down to 9 ^c ft	10 ft down to 4 ^c ft	10 ft down to 7 ^c ft		
Burial sites or graveyards, measured from the downhill toe of the fill extension	25 ft	25 ft	25 ft	25 ft		

OTHER

1. Fill extension Grade - to 3:1

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WILLIAM P BROWN

William P Brown

SITE EVALUATOR'S SIGNATURE

6/4/2002

DATE

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (it does does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance ~~denial~~, are given in the attached letter.

Linda Robinson

SIGNATURE OF THE DEPARTMENT

7/11/02

DATE



11/11/11

11/11/11

11/11/11

11/11/11

11/11/11



11/11/11

11/11/11

11/11/11

11/11/11

11/11/11

11/11/11



REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

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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>FRANCIS HEALY</u>	Tel. No.: <u>547-4958</u>
System's Location: <u>TOGUS STRE AM ROAD AUGUSTA</u>	
Property Owner's Address: <u>R1 BOX 901</u>	
(if different from above) <u>BELGRADE, ME 04917</u>	

SPECIFIC INSTRUCTIONS TO THE:
LOCAL PLUMBING INSPECTOR (LPI):
If any of the variances exceed your approval authority and/or do not meet all 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 tha a variance for the proposed replacement system is needed, complete the Replacement System 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.

Francis P Healy 4/26/02
SIGNATURE OF OWNER DATE

LOCAL PLUMBING INSPECTOR:
I, George H. Soucy 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, he/she shall state his/her reasons in Comments Section below as to why the proposed replacement system is not being recommended.

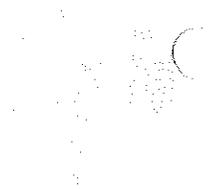
Comments _____

George H. Soucy Jr. 4/26/02
LPI SIGNATURE DATE



1917

1917



The following is a list of the names of the persons who have been
 appointed to the various positions in the office of the
 Secretary of the Board of Education for the year 1917.
 The names are listed in alphabetical order of the last name.
 The names of the persons who have been appointed to the
 positions of Secretary and Treasurer are listed in bold
 type. The names of the persons who have been appointed to
 the positions of Chairman and Vice-Chairman are listed in
 italics. The names of the persons who have been appointed to
 the positions of Members are listed in regular type.



Approved: _____
 Secretary of the Board of Education



STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
DIVISION OF HEALTH ENGINEERING
10 STATE HOUSE STATION
AUGUSTA, MAINE

ANGUS S. KING, JR.
GOVERNOR

04333-0010
021443

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 <1000 gpd disposal system and a well; 200 feet between a 1000-2000 gpd disposal system and a well; and 300 feet between a >2000 gpd disposal system and a well. (Please circle the appropriate category.)

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 well 1 42 feet.
component Septic tank 1 25 feet

Address of Property with Disposal System: _____
(Include Municipal Book & Page No. or Map & Lot No.) Book 6871 Pg 233

Owner(s) of Property with Disposal System: Francis P Healy Jr

Address of Property with Well: _____
(Include Municipal Book & Page No. or Map & Lot No.) _____

Owner(s) of Property with Well: Francis P Healy Jr

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 Francis P Healy Jr Date 7/16/02
_____ Date _____

State of Maine

County of Kennebec, ss Date 7/16/02

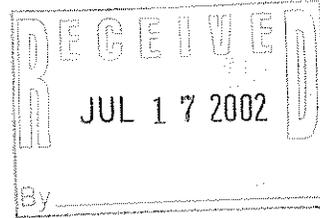
Then personally appeared the above named Francis P. Healy, Jr. (and _____)

RECEIVED KENNEBEC SS. _____) and (severally) acknowledged the foregoing instrument to be his
2002 (with) free and deed.



Before me, Josee M. Barter
Justice of the Peace or Notary Public

TEST: Rowley Bernice St. Pierre
OFFICE REGISTER OF DEEDS 101 STREET



[Faint, mostly illegible text covering the middle section of the page, possibly a letter or report.]

[Faint, mostly illegible text covering the bottom section of the page, possibly a signature block or footer.]

