

Called 12/6 11:00

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### REPLACEMENT SYSTEM VARIANCE REQUEST

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. 5682 Date Permit Issued \_\_\_\_\_

Property Owner's Name: JUDIE LEINO Tel. No.: 622-6926

System's Location: 143 OUTLET ROAD W 622-9215

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.

Judith D. Leino 5-26-05  
SIGNATURE OF OWNER DATE

**LOCAL PLUMBING INSPECTOR**

I, Wayne R. Pugh, 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: \_\_\_\_\_

Wayne R. Pugh \_\_\_\_\_  
LPI SIGNATURE DATE

HHE-204 Rev 6/00

FORMS

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"			8	inches
Soil Condition	Restrictive Layer			to 7"			11	inches
from HHE-200	Bedrock			to 12"			11	inches
SETBACK DISTANCES (in feet)	Disposal Fields			Septic Tanks			Disposal Fields	Septic Tanks
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	—	35'
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	50'	40'
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]	30'	—
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	—	—

SEE 2.

OTHER

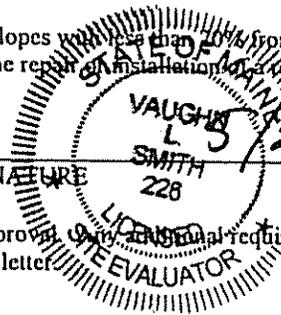
1. Fill extension Grade - to 3:1

2. PUMP CHAMBER NEEDS TO BE INSTALLED ABOUT 35 TO 40 FEET FROM WATER

3. CURRENT SEPTIC TANK/HOLDING TANKS ARE 50 FEET FROM HIGH WATER MARK

- 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. Smith*  
 SITE EVALUATOR'S SIGNATURE



VAUGHN L. SMITH  
 228  
 DATE 5/20/05

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

# SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

<b>PROPERTY LOCATION</b>		>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<
City, Town, or Plantation	AUGUSTA	
Street or Road	143 OUTLET ROAD	

<b>OWNER/APPLICANT INFORMATION</b>		AUGUSTA PERMIT # 5682 TOWN COPY Date Permit Issued: 11/16/05 \$ 195.00 FEE Double Fee Charged <input type="checkbox"/>
Name (last, first, MI)	LEINO, JUDIE <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	
Mailing Address of Owner/Applicant	143 OUTLET ROAD AUGUSTA, ME 04330	Local Plumbing Inspector Signature: <i>[Signature]</i> L.P.I. # 1850
Daytime Tel. #	622-6926	Municipal Tax Map # 95 Lot # 9

<b>OWNER OR APPLICANT STATEMENT</b>	<b>CAUTION: INSPECTION REQUIRED</b>
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.	I have inspected the installation authorized above and found it to be in compliance with the Surface Wastewater Disposal Rules Application.
Signature of Owner or Applicant: <i>Judith S. Leino</i> Date: 5-26-05	Local Plumbing Inspector Signature: <i>[Signature]</i> (1st) date approved: 7/11/06 (2nd) date approved: <i>[Blank]</i>

PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENTS</b>
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>HOLDING TANKS</u> Year installed: <u>TANKS</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	<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	<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 type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input checked="" 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
<b>SIZE OF PROPERTY</b>	<b>DISPOSAL SYSTEM TO SERVE</b>	<b>EXISTING TYPE OF WATER SUPPLY</b>
10.6 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<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)	<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
<b>SHORELAND ZONING</b>	Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	

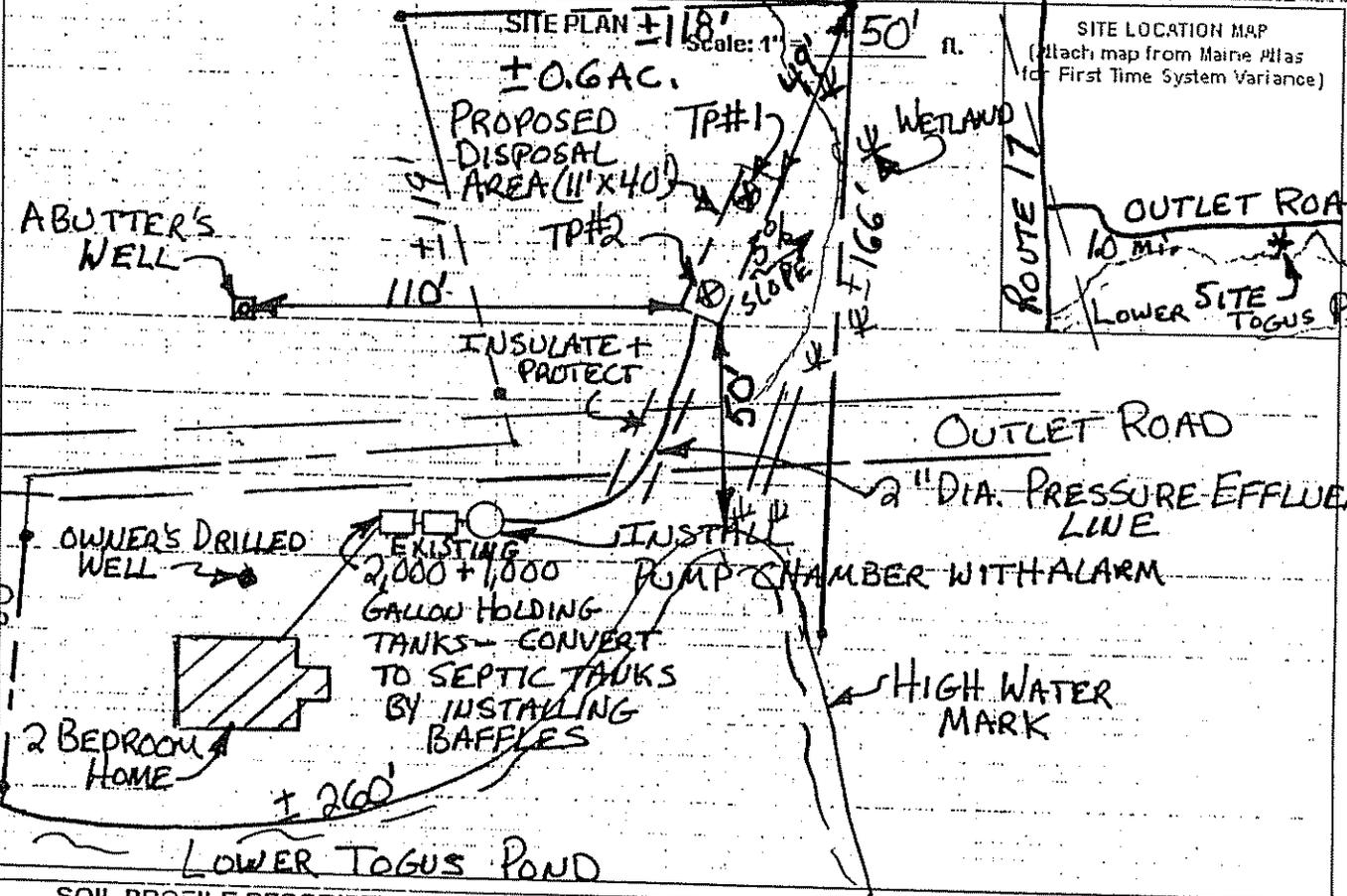
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>	<b>DESIGN FLOW</b>
<input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input checked="" type="checkbox"/> 3. Other: <u>CONVERT HOLDING TANK</u> CAPACITY: <u>2,000</u> GAL.	<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 type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. 11-20 load <input type="checkbox"/> 4. Other: <u>ENVIROSEPTICS</u> SIZE: <u>1000</u> sq. ft. <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<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	<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 ---
<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>DISPOSAL FIELD SIZING</b>	<b>EFFLUENT/EJECTOR PUMP</b>	
PROFILE CONDITION DESIGN: <u>8, D, 1</u> at Observation Hole # <u>1</u> Depth <u>8</u> " of Most Limiting Soil Factor	<input type="checkbox"/> 1. Small--2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium--2.6 sq. ft. / gpd <input type="checkbox"/> 3. Medium--Large 3.3 sq. ft. / gpd <input checked="" type="checkbox"/> 4. Large--4.1 sq. ft. / gpd <input type="checkbox"/> 5. Extra Large--5.0 sq. ft. / gpd	<input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" 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>4/21/05</u> (date) I completed a site evaluation and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Surface Wastewater Disposal Rules (10-144A CMR 241).	
Site Evaluator Signature: <i>[Signature]</i> Site Evaluator Name Printed: <u>VAUGHN L. SMITH</u>	Date: <u>5/20/05</u> State of Maine Seal: <i>[Seal]</i> S.M.B.E.#: <u>226</u> 724-5630
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.	

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Town, City, Plantation: **AUGUSTA** Street, Road, Subdivision: **143 OUTLET ROAD** Owner or Applicant Name: **JUDIE LEINO**

Maine Department of Human Services  
 Division of Health Engineering, Station 10  
 (207) 287-5872 Fax: (207) 287-3165



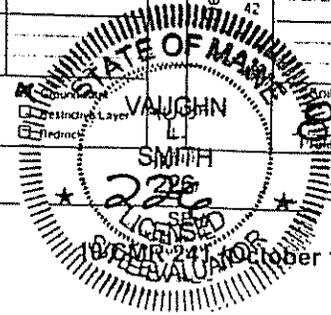
**SOIL PROFILE DESCRIPTION AND CLASSIFICATION** (Location of Observation Holes Shown Above)

Observation Hole # 1 Test Pit Boring				Observation Hole # 2 Test Pit Boring			
Depth of organic horizon above mineral soil				Depth of organic horizon above mineral soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
		OLIVE	NONE			OLIVE	NONE
LOAM	FRIABLE	BROWN	TTTTT	LOAM	FRIABLE	BROWN	TTTTT
		OLIVE	FEW			OLIVE	FEW
	FIRM		FAINT		FIRM		DISTINCT

Soil Classification: **D** Slope: **4** Limiting Factor: **8**

Soil Classification: **D** Slope: **4** Limiting Factor: **10**

*Vaughn L. Smith*  
 Site Evaluator Signature



**5/20/05**  
 Date

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Maine Department of Human Services  
 Division of Health Engineering, Station 10  
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner or Applicant Name

AUGUSTA

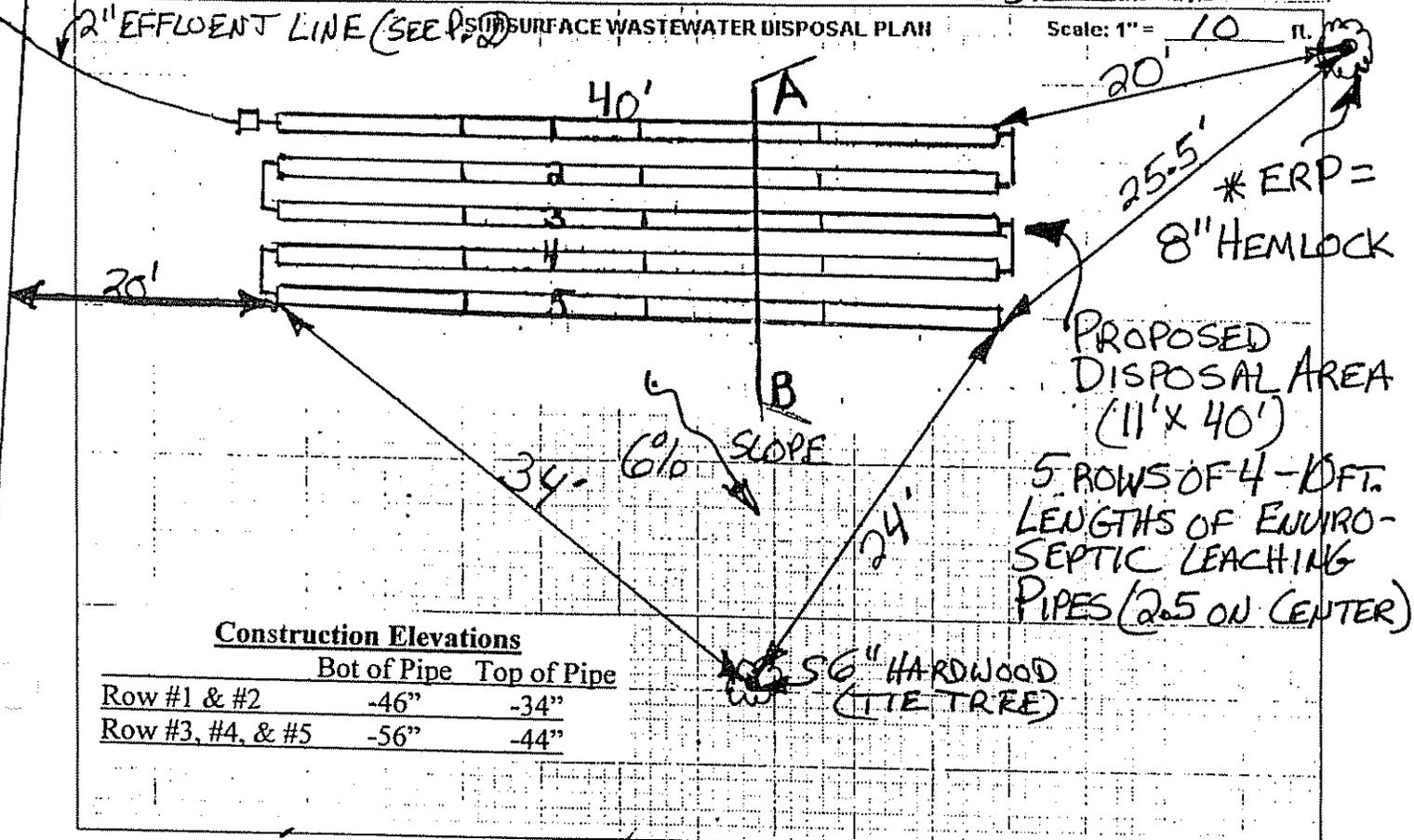
143 OUTLET ROAD

JUDIE LEINO

2" EFFLOENT LINE (SEE PLAN) SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 10 ft.

OUTLET ROAD



**Construction Elevations**

	Bot of Pipe	Top of Pipe
Row #1 & #2	-46"	-34"
Row #3, #4, & #5	-56"	-44"

**BACKFILL REQUIREMENTS**

Depth of Backfill (upslope) 34'  
 Depth of Backfill (downslope) 48'  
 DEPTHS AT CROSS-SECTION (shown below)

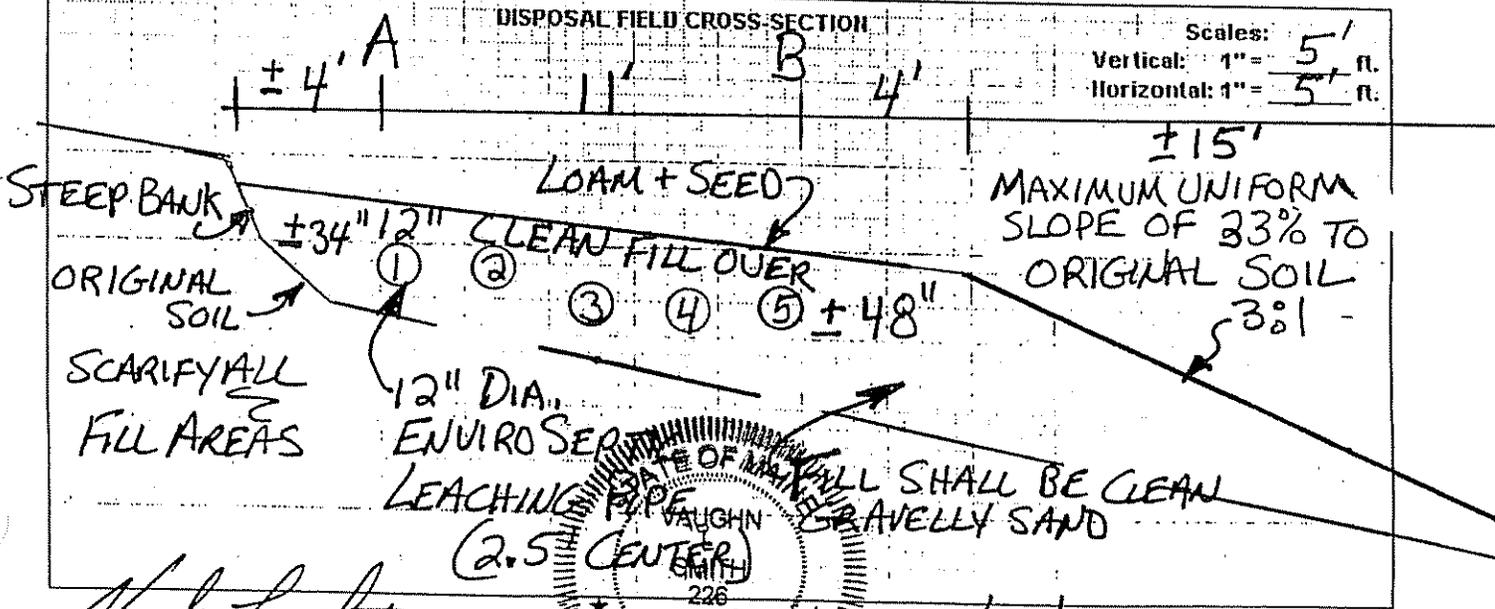
**CONSTRUCTION ELEVATIONS**

Finished Grade Elevation SEE ABOVE  
 Top of Distribution Pipe or Proprietary Device  
 Bottom of Disposal Field

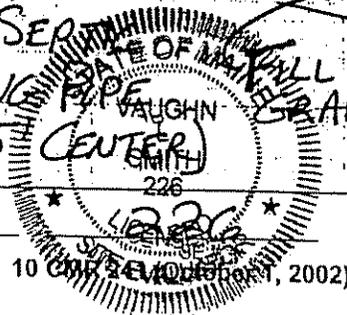
**ELEVATION REFERENCE POINT**

Location & Description: 8" HEMLOCK W/ NAIL 60" ABOVE GROUND  
 Reference Elevation is: 0.0" or:

**DISPOSAL FIELD CROSS-SECTION**



Vaughn L. Smith  
 Site Evaluator Signature



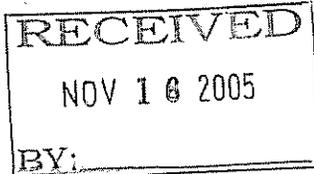
5/20/05  
 Date



STATE OF MAINE  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF HEALTH ENGINEERING  
 286 WATER STREET  
 AUGUSTA, MAINE  
 04333-0011

JOHN ELIAS BALDACCIO  
 GOVERNOR

JOHN R. NICHOLAS  
 COMMISSIONER



November 8, 2005

Judie Leino  
 143 Outlet Road  
 Augusta, ME 04330

SUBJECT: Approval, Replacement System Variance Request, Leino property, Augusta

Dear Ms. Leino:

The Division has reviewed a replacement system variance request for the subject property. The state variance requested is to install the system with a setback distance reduction from your well to the septic tank of 35 feet, a setback distance reduction from a major watercourse to the disposal field of 50 feet and to the septic tank of 40 feet, a setback distance reduction from the edge of a fill extension to a special freshwater wetland, great pond, or stream to the disposal field of 30 feet, a reduction in depth to the seasonal high ground water table from 15 inches to 8 inches, and a fill extension grade to 3:1 as needed. As we understand the situation, the variance request has been submitted because topography and existing development limit the potential system location. The system design prepared by Vaughn Smith, SE, dated 05/20/2005 is otherwise found to be in compliance with the Maine Subsurface Wastewater Disposal Rules.

We approve the requested variance 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 to the design be required at the time of construction, the site evaluator is to be notified prior to making any changes.
3. The contractor is to scarify the soils under the fill extensions to create a transitional zone more compatible with the disposal field area.
4. If the existing septic tank(s) are to be used, they must be inspected thoroughly and found to be in good condition and meeting the requirements set forth in chapter 9 of the Subsurface Wastewater Disposal Rules. If not, they must be replaced with a monolithic tank.
5. The pump chamber shall be installed as far from the water as possible.

By accepting this approval and the associated plumbing permit, the owner agrees to comply fully with the conditions of approval and the Subsurface Wastewater 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, please feel free to contact me at (207) 287-5687.

Sincerely,

Jennifer E. Sanborn, Environmental Specialist II  
 Wastewater and Plumbing Control Program  
 Division of Health Engineering  
 e-mail: Jennifer.E.Sanborn@maine.gov

/jes  
 xc: File  
 Gary Fuller, LPI  
 Vaughn Smith, SE

REPLACEMENT SYSTEM VARIANCE REQUEST

RECEIVED

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

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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.

JUL 03 2005  
PLUMBING PROGRAM

GENERAL INFORMATION

Town of AUGUSTA

Permit No. \_\_\_\_\_

Date Permit Issued \_\_\_\_\_

Property Owner's Name: JUDIE LEINO

Tel. No.: 622-6926

System's Location: 143 OUTLET ROAD

W = 622-9215

Property Owner's Address: \_\_\_\_\_

(if different from above)

SPECIFIC INSTRUCTIONS TO THE:

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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.

Judith D. Leino  
SIGNATURE OF OWNER

5-26-05  
DATE

LOCAL PLUMBING INSPECTOR

Mary E. Kulla, 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: \_\_\_\_\_

Mary E. Kulla  
LPI SIGNATURE

6/29/05  
DATE

HHE-204 Rev 6/00

FORMS

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
	Ground Water Table			Restrictive Layer			Bedrock	
SOILS								
Soil Profile							8 inches	
Soil Condition from HHE-200							11 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	—	35'
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	50'	40'
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]	30'	—
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	—	—

\* tanks to be spaced

SEE 2.

OTHER

1. Fill extension Grade - to 3:1
2. PUMP CHAMBER NEEDS TO BE INSTALLED ABOUT 35 TO 40 FEET FROM WATER
3. CURRENT SEPTIC TANK / HOLDING TANKS ARE 50 FEET FROM HIGH WATER MARK

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.

*Vaughan L. Smith*  
 VAUGHAN L. SMITH  
 226  
 STATE EVALUATOR'S SIGNATURE  
 DATE 5/20/05



FOR USE BY THE DEPARTMENT ONLY

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

*William J. Scarborough*  
 SIGNATURE OF THE DEPARTMENT  
 DATE 9/20/05