

Department of Health and Human Services  
 Maine Center for Disease Control and Prevention  
 286 Water Street  
 # 11 State House Station  
 Augusta, Maine 04333-0011  
 Tel: (207) 287-5672  
 Fax: (207) 287-4172; TTY: 1-800-606-0215

## SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

**GENERAL INFORMATION** Town of AUGUSTA

Property Owner's Name: MARK & BETTY DAWSON Tel. No.: 207 441 4374

System's Location: 9 SUNRISE CIRCLE - TAX MAP 2, LOT 11

Property Owner's Address: SAAR Zip Code 04330

e-mail address: \_\_\_\_\_

The subsurface wastewater disposal system design for the subject property requires a  replacement system variance  first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires  local approval  local and state approval.

**SPECIFIC VARIANCE REQUESTED** (To be filled in by Site Evaluator. Use additional sheets if needed.)

<u>1. ALLOW DISPOSAL FIELD 14' FROM BUNG WITH BASEMENT + 12' FROM GARAGE SLAB.</u>	<u>TABLE BA</u>
<u>2. ALLOW DISPOSAL FIELD 5' FROM PROPERTY LINE.</u>	<u>TABLE BA</u>
<u>3. ALLOW SEPTIC TANK 5' OR MORE FROM DWELLING.</u>	<u>TABLE BA</u>

**SITE EVALUATOR**

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

SMALL LOT SIZE DOES NOT ALLOW SET BACKS TO BE MAINTAINED ON OWNERS LAND. ADJUTTING LAND NOT AVAILABLE. VARIANCES DESCRIBED WILL ALLOW FULL SIZE DISPOSAL SYSTEM ALL CONTAINED ON OWNERS LAND.

I, JOHN W. LORD, JR. S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

[Signature] 11/19/2015  
 SIGNATURE OF SITE EVALUATOR DATE

**PROPERTY OWNER**

I, \_\_\_\_\_, am the  owner  agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with 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  AGENT FOR THE OWNER

\_\_\_\_\_ DATE

Rob

**LOCAL PLUMBING INSPECTOR - Approval at local level**

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, Yang R. Fother, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system ( does  does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I ( do  do not) approve the requested variance. I ( will  will not) issue a permit for the system's installation as proposed by the application.

Yang R. Fother  
LPI Signature

5/4/16  
Date

**LOCAL PLUMBING INSPECTOR - Referral to the Department**

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, \_\_\_\_\_, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system ( does  does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I ( do  do not) recommend the issuance of a permit for the system's installation as proposed by the application.

\_\_\_\_\_  
LPI Signature

\_\_\_\_\_  
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

- Notes:
1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)
  2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).**

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
<b>TOTAL POINT ASSESSMENT:</b>		

Minimum Points (Check One):  Outside Shoreland Zone-50  Inside Shoreland Zone-65  Subdivision-65

PTF S/14/16

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Div of Environmental Health, 11 SHS  
(207) 287-5672 Fax: (207) 287-4172

**PROPERTY LOCATION**

City, Town, or Plantation: AUGUSTA

Street or Road: 9 SUNRISE CIRCLE

Subdivision, Lot #: M2/L11

**OWNER/APPLICANT INFORMATION**

Name (last, first, MI): DANSON, MARK + BETTY  Owner  Applicant

Mailing Address of Owner/Applicant: 9 SUNRISE CIRCLE AUGUSTA, ME 04330

Daytime Tel. #: 207 441 4374

**>> CAUTION: LPI APPROVAL REQUIRED <<**

AUGUSTA PERMIT #7222

Date Permit Issued: 5/4/16

TOWN COPY \$ 250.00 fee

LPI # 850

*Yany R. Furrer*

**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.

*Betty Danson*  
Signature of Owner or Applicant Date

**INSPECTION REQUIRED**

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

*Yany R. Furrer*  
Local Plumbing Inspector Signature

(1st) date approved: 6/2/16  
(2nd) date approved:

**PERMIT INFORMATION**

<p><b>TYPE OF APPLICATION</b></p> <p><input type="checkbox"/> 1. First Time System</p> <p><input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>SEWER TANK</u> Year installed: <u>1965</u></p> <p><input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. &lt;25% Expansion <input type="checkbox"/> b. &gt;25% Expansion</p> <p><input type="checkbox"/> 4. Experimental System</p> <p><input type="checkbox"/> 5. Seasonal Conversion</p>	<p><b>THIS APPLICATION REQUIRES</b></p> <p><input type="checkbox"/> 1. No Rule Variance</p> <p><input type="checkbox"/> 2. First Time System Variance</p> <p><input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State &amp; Local Plumbing Inspector Approval</p> <p><input checked="" type="checkbox"/> 3. Replacement System Variance</p> <p><input checked="" type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State &amp; Local Plumbing Inspector Approval</p> <p><input type="checkbox"/> 4. Minimum Lot Size Variance</p> <p><input type="checkbox"/> 5. Seasonal Conversion Permit</p>	<p><b>DISPOSAL SYSTEM COMPONENTS</b></p> <p><input checked="" type="checkbox"/> 1. Complete Non-engineered System</p> <p><input type="checkbox"/> 2. Primitive System (graywater &amp; alt. toilet)</p> <p><input type="checkbox"/> 3. Alternative Toilet, specify: _____</p> <p><input type="checkbox"/> 4. Non-engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 5. Holding Tank, _____ gallons</p> <p><input type="checkbox"/> 6. Non-engineered Disposal Field (only)</p> <p><input type="checkbox"/> 7. Separated Laundry System</p> <p><input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more)</p> <p><input type="checkbox"/> 9. Engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 10. Engineered Disposal Field (only)</p> <p><input type="checkbox"/> 11. Pre-treatment, specify: _____</p> <p><input type="checkbox"/> 12. Miscellaneous Components</p>
<p><b>SIZE OF PROPERTY</b></p> <p><u>10,000</u> SQ. FT. <input checked="" type="checkbox"/> ACRES</p>	<p><b>DISPOSAL SYSTEM TO SERVE</b></p> <p><input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u></p> <p><input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____</p> <p><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><b>TYPE OF WATER SUPPLY</b></p> <p><input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private</p> <p><input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other</p>
<p><b>SHORELAND ZONING</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <p><input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile</p> <p><input type="checkbox"/> 2. Plastic</p> <p><input type="checkbox"/> 3. Other: _____</p> <p>CAPACITY: <u>1000</u> GAL.</p>	<p><b>DISPOSAL FIELD TYPE &amp; SIZE</b></p> <p><input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench</p> <p><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>89L</u> sq. ft. <input type="checkbox"/> lin. ft.</p>	<p><b>GARBAGE DISPOSAL UNIT</b></p> <p><input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe</p> <p>If Yes or Maybe, specify one below:</p> <p><input type="checkbox"/> a. multi-compartment tank</p> <p><input type="checkbox"/> b. _____ tanks in series</p> <p><input type="checkbox"/> c. increase in tank capacity</p> <p><input type="checkbox"/> d. Filter on Tank Outlet</p>	<p><b>DESIGN FLOW</b></p> <p><u>270</u> gallons per day</p> <p>BASED ON:</p> <p><input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s))</p> <p><input type="checkbox"/> 2. Table 4C (other facilities)</p> <p>SHOW CALCULATIONS for other facilities</p>
<p><b>SOIL DATA &amp; DESIGN CLASS</b></p> <p>PROFILE CONDITION: <u>12/31 C</u></p> <p>at Observation Hole # <u>T01</u></p> <p>Depth <u>15"</u> in original <u>SOILS</u></p> <p>of Most Limiting Soil Factor: <u>54" OF OLD FILL IN SYSTEM AREA.</u></p>	<p><b>DISPOSAL FIELD SIZING</b></p> <p><input type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd</p> <p><input checked="" type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd</p> <p><input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd</p> <p><input type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd</p>	<p><b>EFFLUENT/EJECTOR PUMP</b></p> <p><input checked="" type="checkbox"/> 1. Not Required</p> <p><input type="checkbox"/> 2. May Be Required</p> <p><input type="checkbox"/> 3. Required</p> <p>Specify only for engineered systems: DOSE: _____ gallons</p>	<p><input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA</p> <p><b>LATITUDE AND LONGITUDE</b></p> <p>at center of disposal area</p> <p>Lat: <u>N 44° d 22' m 28.7" s</u></p> <p>Lon: <u>W 69° d 43' m 39.1" s</u></p> <p>If g.p.s., state margin of error: <u>12'</u></p>

**SITE EVALUATOR STATEMENT**

I certify that on 11/3/15 (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). AS PER VARIANCES.

*John W. Lora, Jr.*  
Site Evaluator Signature

168 SE # 11/19/15 Date

JOHN W. LORA, JR. Site Evaluator Name Printed 207 445 3402 Telephone Number JWLORA@GMAIL.COM E-mail Address

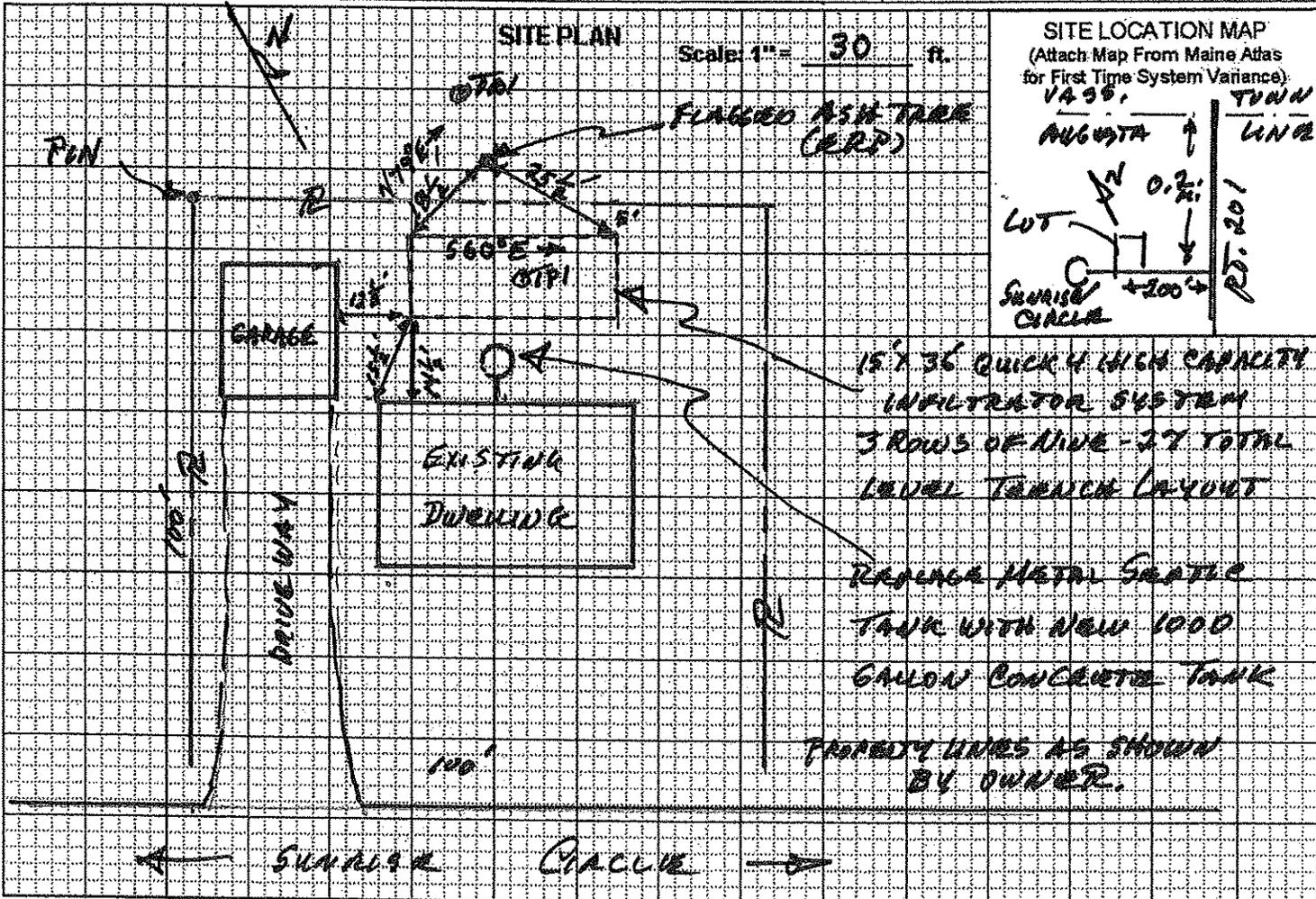
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services  
 Division of Environmental Health, STS 11  
 (207) 287-5338 FAX (207) 287-3165

Town, City, Plantation  
**AUGUSTA**

Street, Road, Subdivision  
**9 SUNRISE CIRCLE**

Owner or Applicant Name  
**MARK + BETTY DAWSON**



Observation Hole # TP1  Test Pit  Boring

1 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
LOAM		10YR 2.5/3	
FINE	FINE	10YR 4/6	
SAND		2.5Y	COAT MOD
LOAM	FIRM	6/2	SIGNIF
IN ORIGINAL SOILS			
OFF BACK YARD			

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input checked="" type="checkbox"/> Groundwater
3	C	level	15	<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

Observation Hole # TP1  Test Pit  Boring

1 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
LOAM			
MEDIUM SAND	LOOSE	10YR 4/6	NONE
FILL			OBSERVED
BACK YARD HAS 54" OF OLD FILL, MAINLY MEDIUM SAND IF UNSUITABLE SOIL/FILL IS FOUND - REMOVE AS NEEDED			

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input type="checkbox"/> Groundwater
12/3	B	level	>54"	<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

*[Signature]*  
 Site Evaluator Signature

168  
 SE #

11/19/15  
 Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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 (207) 287-5338 FAX (207) 287-3165

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**MARK + BETTY DAWSON**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = **20** ft.

**15' x 36' QUICKY HIGH CAPACITY  
 INFILTRATOR SYSTEM  
 3 ROWS OF LINE - 2" INFILTRATORS  
 Level Trench Lay out**

**FLAGGED ASH TREE  
 (EAP)**

**SYSTEM TO BE**

**INSTALLED IN**

**OLD SAND FILL.**

**REMOVE ANY**

**UNSATURATED**

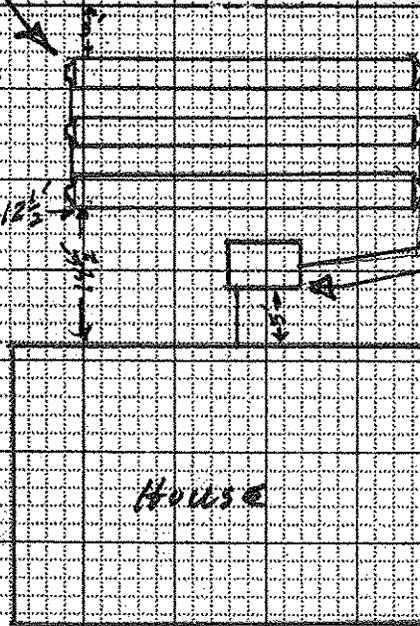
**SOILS OR FILL**

**AND INSTALL IN**

**NEW GRAVELLY**

**COARSE SAND**

**AS NEW BED.**



**INSTALL NEW  
 SEWER TANK**

### BACKFILL REQUIREMENTS

Depth of Backfill (upslope) - **CUT 36" -"**

Depth of Backfill (downslope) - **CUT 36" -"**

DEPTHS AT CROSS-SECTION (shown below)

### CONSTRUCTION ELEVATIONS

Finished Grade Elevation **-24.0"**

Top of Distribution Pipe/Proprietary Device **-44"**

Bottom of Disposal Field **-60"**

### ELEVATION REFERENCE POINT (EAP)

Location & Description: **FLAGGED NAIL IN  
 ASH TREE 59" ABOVE GARAGE**  
 Reference Elevation is: **0.0" at AT TREE**

### DISPOSAL FIELD CROSS-SECTION

Scales:  
 Vertical: 1" = **N/A** ft.  
 Horizontal: 1" = **N/A** ft.

**(SEE ATTACHED DIAGRAM)**

*John W. [Signature]*  
 Site Evaluator Signature

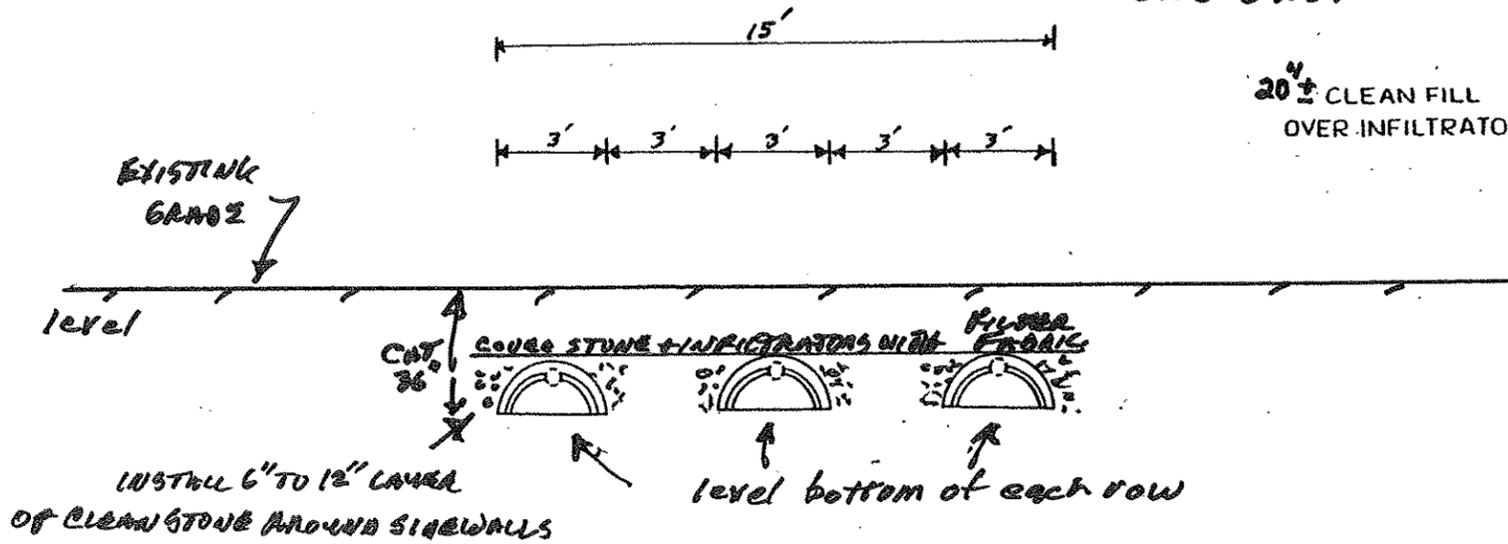
**168**  
 SE #

**11/19/15**  
 Date

TOP 4" OF FILL  
TO BE LOAM. - MULCH  
+ SEED TO STABILIZE.

INFILTRATOR CROSS-SECTION level%

SYSTEM REQUIRES 27  
QUICK 4 HIGH CAPACITY  
INFILTRATORS AND SIX  
END CAPS.



20% CLEAN FILL  
OVER INFILTRATORS

NOTES:

1. REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER INFILTRATORS AND FILL EXTENSION AREAS.
2. BOTTOM OF INFILTRATORS TO BE LEVEL WITH A MAXIMUM GRADE TOLERANCE OF 1' PER 100'.
3. PROVIDE FOR SURFACE DRAINAGE AWAY FROM INFILTRATOR AREA.
4. FINISHED GRADE SHALL BE SEEDED AND MULCHED TO PREVENT EROSION.

GRAVELLY COARSE SAND  
INTERPALED INTO EXISTING  
SOILS TEXTURE.  
FILL UNDER INFILTRATORS TO BE  
6" TO 12" CLEAN STONE  
FILL AROUND INFILTRATORS TO BE  
FINELY GRAVELLY  
COARSE SAND FILL

SITE EVALUATOR: <i>John W. Loo, Jr. S&amp;E 168</i>		
OWNER: <i>Mark + Betty Dawson</i>	NUMBER OF INFILTRATORS: <i>27</i>	PERCENT SLOPE: <i>level</i>
LOCATION: <i>Augusta</i>	ELEVATIONS:	
DATE: <i>6/19/15</i>	REFERENCE PT. <i>0</i>	BOTTOM TRENCH #1 <i>-60"</i>
SCALE: 1 INCH = 5 FEET	BOTTOM TRENCH #2 <i>-60"</i>	BOTTOM TRENCH #3 <i>-60"</i>

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