

REPLACEMENT SYSTEM VARIANCE REQUEST

Town copy

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form must be attached to an application (HHE-200) for any 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 are met.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 1906.0)
2. The replacement system is determined by the Site Evaluator to be the most practical method to treat and dispose of the wastewater.
3. 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. 6525 Date Permit Issued 12/21/10

Property Owner's Name: Janelle Dowling Tel. No.: 207 824 2193

System's Location: 320 Church Hill Road, Tax Map 7 Lot 17

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:
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. The Site Evaluator has considered the site/soil restrictions and has 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.

Janelle Dowling
SIGNATURE OF OWNER

12-21-2010
DATE

LOCAL PLUMBING INSPECTOR

I, Wayne R. Fother, 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 (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.

Comments: _____

Wayne R. Fother
LPI SIGNATURE

12/21/10
DATE

FORMS

Replacement System Variance Request

VARIANCE CATEGORY							VARIANCE REQUESTED TO:		
SOILS									
Soil Profile	Ground Water Table					"			
Soil Condition	Restrictive Layer					"			
from HHE-200	Bedrock					"			
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 system wells	300 ft	300 ft	300 ft	150 ft	150 ft	150 ft			
Private Potable Water Supply	100 ft [a]	200 ft	300 ft	50 ft	100 ft	100 ft			
Water supply line	10 ft	20 ft	25 ft [g]	10 ft	10 ft	10 ft [g]			
Water course, major <i>WETLANDS ASSOCIATED WITH STREAM</i>	100 ft [c]	200 ft [c]	300 ft [c]	100 ft	100 ft	100 ft	78'		
Water course, minor	50 ft [d]	100 ft [d]	150 ft [d]	50 ft [d]	50 ft [d]	50 ft [d]			
Drainage ditches	25 ft	50 ft	75 ft	25 ft	25 ft	25 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 [f]	18 ft [f]	25 ft [f]	N/A	N/A	N/A			
No full basement [e.g. slab, frost wall, columns]	15 ft	30 ft	40 ft	8 ft	14 ft	20 ft			
Full basement [below grade foundation]	20 ft	30 ft	40 ft	8 ft	14 ft	20 ft			
Property lines	10 ft [b]	18 ft [b]	20 ft [b]	10 ft [b]	15 ft [b]	20 ft [b]			
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.] Private Potable water Supply setbacks may be reduced as prescribed in Chapter 7
 [b.] Additional setbacks may be needed to prevent fill material extensions from encroaching onto abutting property.
 [c.] Additional setbacks may be required by local Shoreland zoning.
 [d.] Natural Resource Protection Act requires a 25 feet setback, on slopes of less than 20%, from the edge of soil disturbance and 100 feet on slopes greater than 20%. See Chapter 15.
 [e] May not be any closer to a private potable water supply than the existing disposal field or septic tank. This setback may be reduced for single family houses with Department approval. See Section 702.3.
 [f.] The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.
 [g.] See Section 1402.8 for special procedures when these minimum setbacks cannot be achieved.

[Signature]

 SITE EVALUATOR'S SIGNATURE

12/19/2010

 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

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Division of Health Engineering, 10 8118
(207) 287-6072 Fax: (207) 287-3106

PROPERTY LOCATION

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

City, Town, or Plantation: **AUGUSTA**

Street or Road: **320 CHURCH HILL ROAD**

Subdivision, Lot #: _____

OWNER/APPLICANT INFORMATION

Name (Last, First, MI): **POWING, JANUVE R.** Owner Applicant

Mailing Address of Owner/Applicant: **320 CHURCH HILL ROAD
AUGUSTA, ME 04330**

Daytime Tel. #: **207 624 2193**

AUGUSTA

Date Permit Issued: **12/26/10**

Local Plumbing Inspector Signature: *Wayne R. Fuller*

PERMIT # **6525** TOWN COPY **15.00**

FEE: **\$1801.50** Double Fee Charged

L.P.I. # **850**

Municipal Tax Map # **7** Lot # **17**

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: *Januvel Powing* Date: **12-21-2010**

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: *Wayne R. Fuller* Date approved (1st): **12/29/10**

Date approved (2nd): **12/30/10**

PERMIT INFORMATION

TYPE OF APPLICATION

1. First Time System

2. Replacement System
Type replaced: **SEWER TANK UNKNOWN**
Year installed: **1960±**

3. Expanded System
 a. Minor Expansion
 b. Major Expansion

4. Experimental System

5. Seasonal Conversion

SIZE OF PROPERTY

3± SQ. FT. ACRES

SHORELAND ZONING

Yes No

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 TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: **3**

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

3. Other: _____ (specify)

Current Use Seasonal Year Round Undeveloped

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

TYPE OF WATER SUPPLY

EXISTENCE

1. Drilled Well 2. Dug Well 3. Private

4. Public 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. Concrete
 a. Regular
 b. Low Profile

2. Plastic

3. Other: _____

CAPACITY: **1000** 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: **6107** 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

EFFLUENT/EJECTOR PUMP

1. Not Required

2. May Be Required

3. Required

Specify only for engineered systems:
DOSE: _____ gallons

DESIGN FLOW

270 gallons per day

BASED ON:

1. Table 501.1 (dwelling unit(s))

2. Table 501.2 (other facilities)

SHOW CALCULATIONS for other facilities

3. Section 503.0 (meter readings)

ATTACH WATER METER DATA

LATITUDE AND LONGITUDE

at center of disposal area

Lat. **N44° 20' 21.1" S**

Lon. **W69° 43' 46.7" W**

If g.p.s., state margin of error: **7±**

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN: **B / C / 1**

at Observation Hole # **TPI**

Depth **15** "

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

SITE EVALUATOR STATEMENT

I certify that on **12/18/10** (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 VARIANCE.**

Site Evaluator Signature: *John W. Lord Jr.* SE # **168** Date: **12/19/10**

Site Evaluator Name Printed: **JOHN W. LORD JR.** Telephone Number: **207 445 3402** FAX: **207 445 3149** E-mail Address: _____

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

PS 10 of 4
HHE-200 Rev. 4/05

DESIGN SUBJECT TO LOCAL, STATE + FEDERAL ORDINANCES.

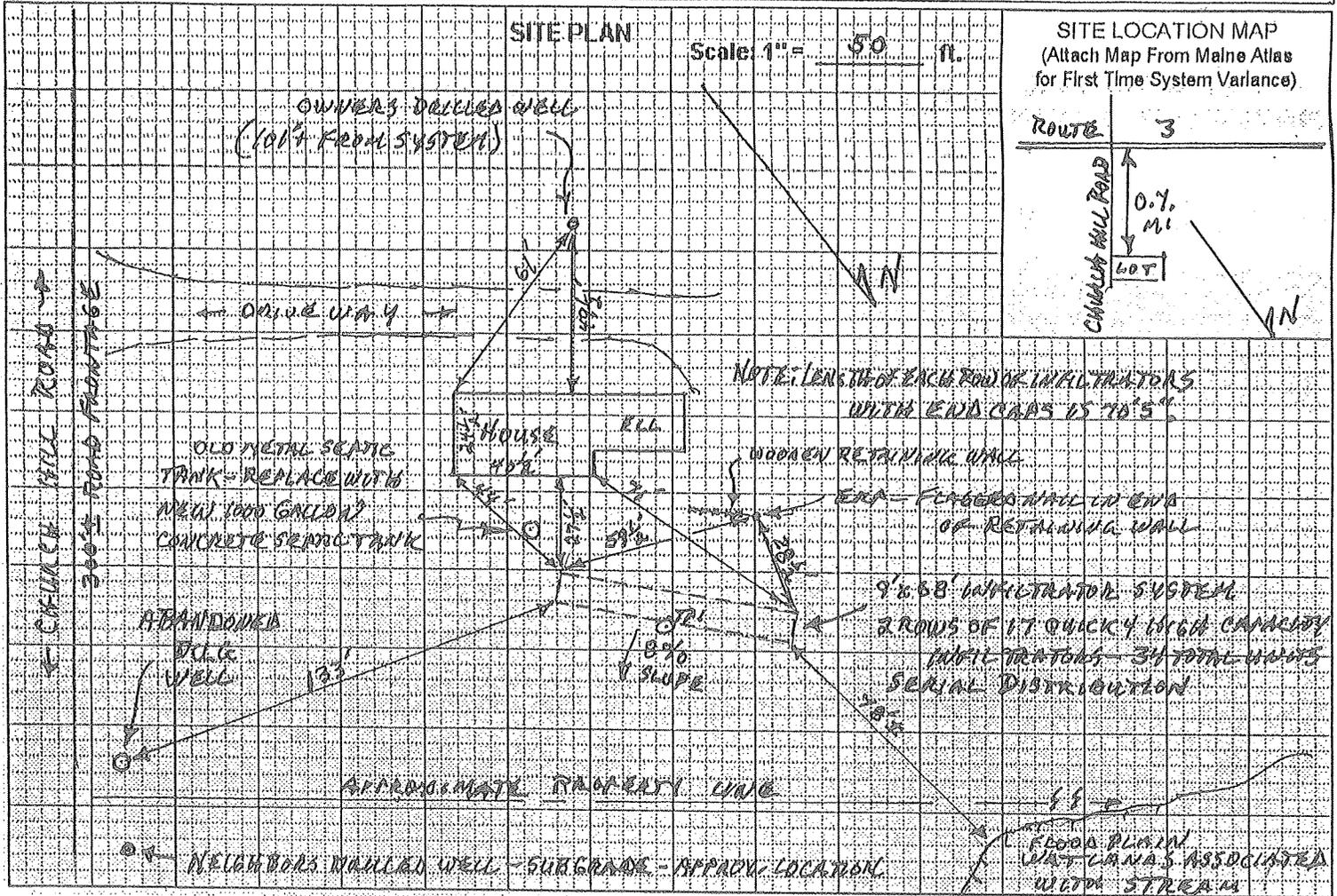
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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
320 Church Hill Road

Owner or Applicant Name
JANELLE DOWNING



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

Observation Hole # TP1 Test Pit Boring

ONE " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	LOAM		BROWN	
6				
12	SILT	FIRM	YELLOW BROWN	
18	LOAM			
24			OCIDE	COMMON
30	SILTY CLAY	FIRM	BROWN	DISTINCT
36	CLAY			
42	LOAM			
48	Soil Profile B	Classification C	Slope B Percent	Limiting Factor 15 Depth

Groundwater
 Restrictive Layer
 Bedrock

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 Percent	Limiting Factor Depth

Groundwater
 Restrictive Layer
 Bedrock

Site Evaluator Signature: *Janelle Downing* SE # 168 Date 12/19/10

Page 2 of 3
 HHE-200 Rev. 10/02

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

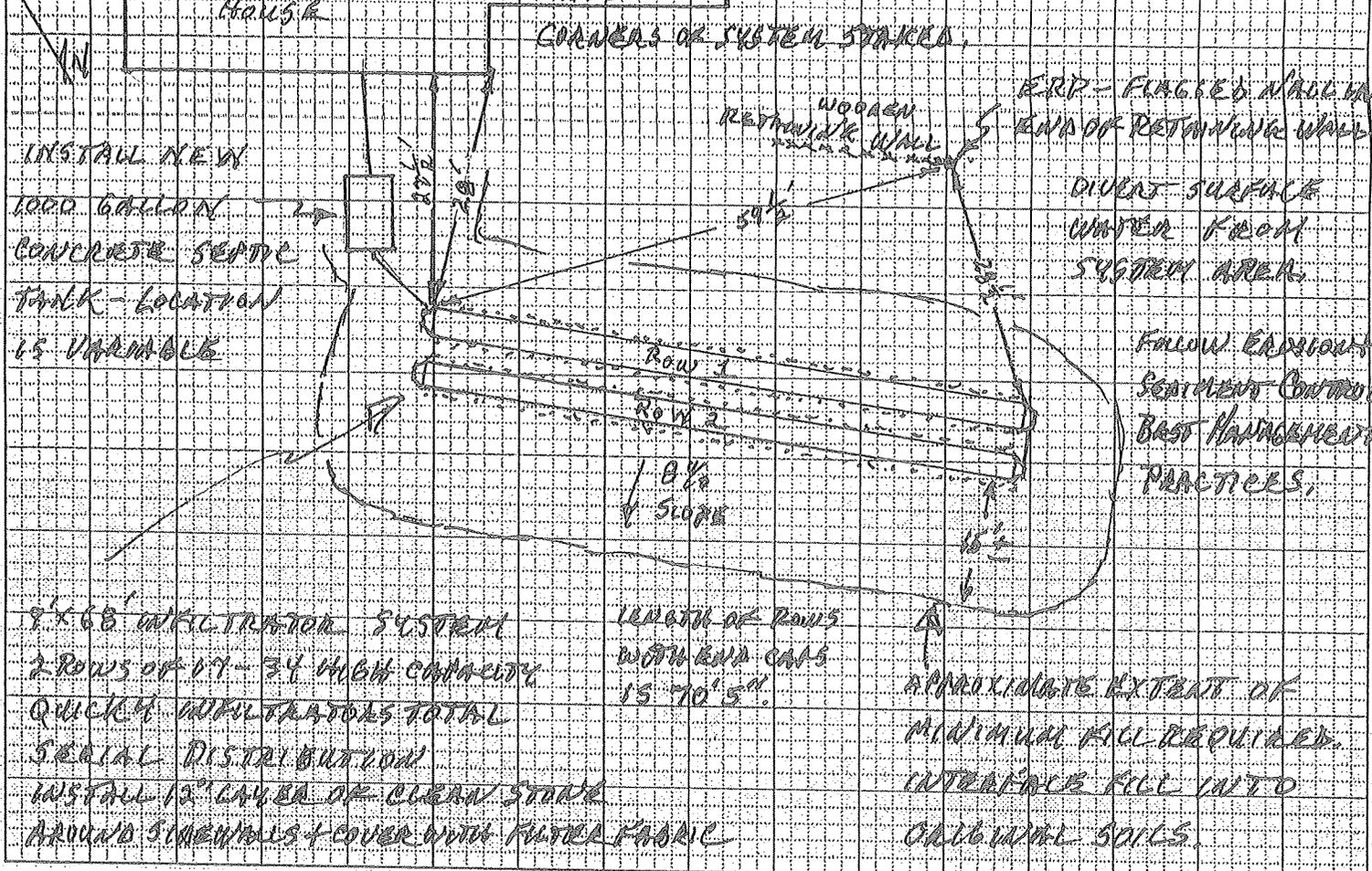
Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
320 CHURCH HILL ROAD

Owner or Applicant Name
JANELLE DOWLING

SUBSURFACE WASTEWATER DISPOSAL PLAN

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



BACKFILL REQUIREMENTS

Depth of Backfill (upslope) **21"**
 Depth of Backfill (downslope) **24 1/2"**
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation **SEE ATTACHED DRAWING AND BELOW**
 Top of Distribution Pipe or Proprietary Device
 Bottom of Disposal Field

ELEVATION REFERENCE POINT(S)

Location & Description: **FLAGGED NAIL WOOD END OF RETAINING WALL 14" ABOVE GRADE AT WALL**
 Reference Elevation is: **0.0'** at **WALL**

DISPOSAL FIELD CROSS SECTION

Scales:
 Vertical: 1" = **1 1/2'** ft.
 Horizontal: 1" = **N/A** ft.

CONSTRUCTION ELEVATIONS:
 BOTTOM OF INFILTRATORS TOP OF INFILTRATORS FINISHED GRADE

Row	Bottom of Infiltrators	Top of Infiltrators	Finished Grade
Row 1	-48"	-32"	-24"
Row 2	-54"	-38"	-30"

[Signature]

Site Evaluator Signature

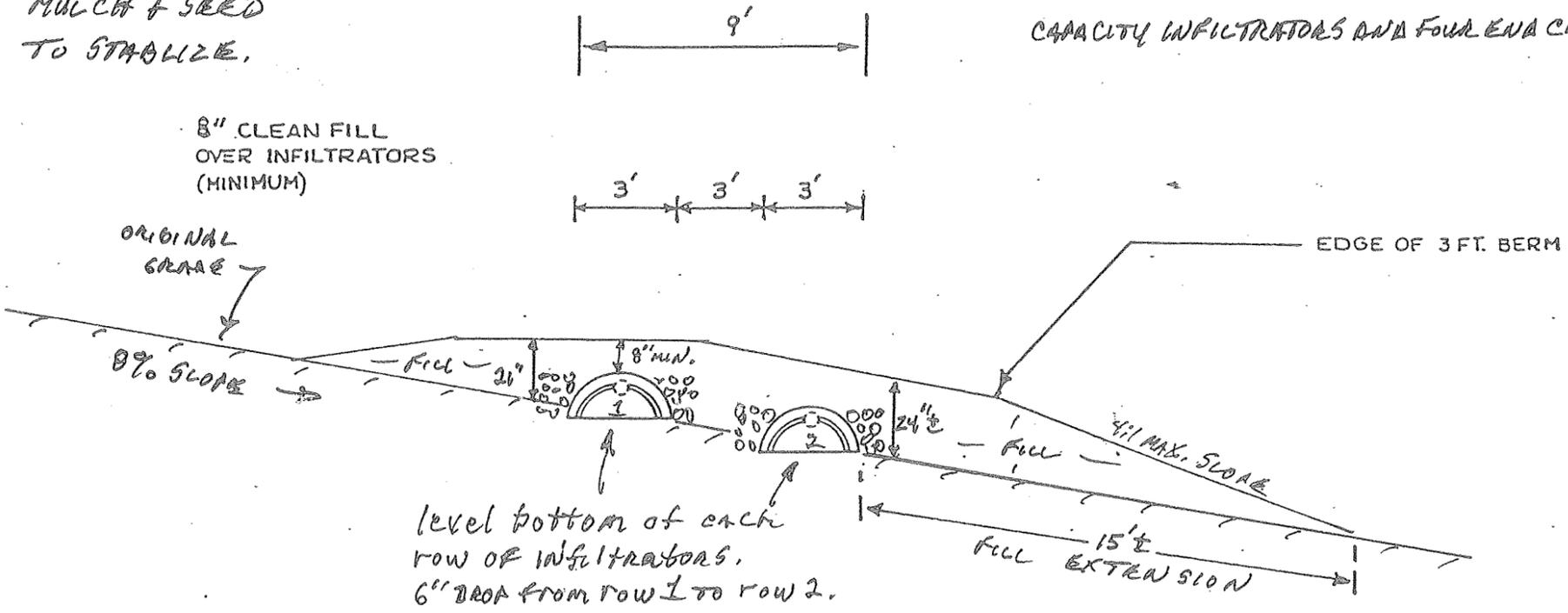
168
SE #

12/20/10
Date

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

INFILTRATOR CROSS SECTION 8%

SYSTEM REQUIRES 34 QUICK 4 HIGH
CAPACITY INFILTRATORS AND FOUR ENA CAPS.



level bottom of each
row of infiltrators.
6" DROP from row 1 to row 2.

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 SEEDING AND MULCHED TO PREVENT EROSION.

ORIGINAL GRADE INTERFACE GRAVELLY COARSE SAND INTO ORIGINAL SOILS TEXTURE.
FILL UNDER INFILTRATORS TO BE 1/2" CLEAN STONE FILL TEXTURE.
FILL AROUND INFILTRATORS TO BE GRAVELLY COARSE SAND TEXTURE.

SITE EVALUATOR: <i>[Signature]</i> JOHN W. GORD, JR. SE# 168		
OWNER: JANELE DOWLING	NUMBER OF INFILTRATORS: ROWS OF 14 34	PERCENT SLOPE: 8
LOCATION: AUGUSTA	ELEVATIONS: REFERENCE PT. 0 BOTTOM TRENCH#1 -48"	
DATE: 12/20/10	SCALE: 1 INCH = 5 FEET	BOTTOM TRENCH#2 -54"

12/20/10