

REPLACEMENT SYSTEM VARIANCE REQUEST

TOWN 69 53-27
120 PD

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. 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 <u>AUGUSTA</u>
Permit No. <u>5731</u>		Date Permit Issued <u>2/28/06</u>
Property Owner's Name: <u>KEVIN KEENE</u>		Tel. No.: <u>557-1123</u>
System's Location: <u>741 RIVERSIDE DRIVE AUGUSTA</u>		
Property Owner's Address: <u>52 MEADOWHILL DRIVE</u>		
(if different from above) <u>FARMINGDALE, ME 04344</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 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. 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.

Kevin Keene
SIGNATURE OF OWNER _____ DATE _____

LOCAL PLUMBING INSPECTOR:

I, Gary R. Peltier, 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 _____

Gary R. Peltier
LPI SIGNATURE _____ DATE 2/28/06

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
	SOILS							
Soil Profile	Ground Water Table			to 7"			10 inches	
Soil Condition	Restrictive Layer			to 7"			inches	
from HHE-200	Bedrock			to 12"			inches	
SETBACK DISTANCES (In feet)	Disposal Fields (total design flow)			Septic Tanks (total design flow)			Disposal Fields	Septic Tanks
	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	To	To
from								
Wells with water usage of 2000 or more gpd or public water supply wells	300 ft	300 ft	300 ft	100 ft	100 ft	100 ft		
Owner's wells	100 down to 60 ft [a]	200 down to 100 ft	300 down to 150 ft	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft		
Neighbor's wells	100 down to 60 ft [f]	200 down to 120 ft [f]	300 down to 180 ft [f]	100 down to 50 ft [f]	100 down to 75 ft [f]	100 down to 75 ft [f]		
Water supply line	10 ft [h]	20 ft [h]	25 ft [h]	10 ft [h]	10 ft [h]	10 ft [h]		
Water course, major - for replacements only, see Table 400.4 for major expansions	100 down to 60 ft [d]	200 down to 120 ft [d]	100 down to 180 ft [d]	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft [e]	100 down to 50 ft [e]	150 down to 75 ft [e]	50 down to 25 ft [e]	50 down to 25 ft [e]	50 down to 25 ft [e]		
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 [e]	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]		
Slopes greater than 3:1	10 ft [g]	18 ft [g]	25 ft [g]	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 downhill 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] Single-family well setbacks may be reduced as prescribed in Section 701.2

[b] This distance may be reduced to 25 feet, if the septic tank or holding tank is tested in the plumbing inspector's presence and shown to be watertight or of monolithic construction.

[c] Additional setbacks may be needed to prevent fill material extensions from encroaching on abutting property.

[d] Additional setbacks may be required by local Shoreland zoning.

[e] Natural Resources Protection Act requires a 25 foot setback on slopes of less than 20%, from the edge of soil disturbance and 100 feet on slopes greater than 20%. See Chapter 15.

[f] 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. This setback may be reduced for single family houses with Department approval. See Section 702.3.

[g] The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.

[h] See Section 1402.10 for special procedures when these minimum setbacks cannot be achieved.

WILLIAM P BROWN



SITE EVALUATOR'S SIGNATURE

1/29/2006

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 Dept of Health & 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**

Street or Road: **741 RIVERSIDE DRIVE**

Subdivision, Lot #: _____

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **KEENE, KEVIN** Owner Applicant

Mailing Address of Owner/Applicant: **52 MEADOWHILL DRIVE FARMINGDALE, ME 04344**

Daytime Tel. #: **557-1123**

Municipal Tax Map #: 53 Lot #: 27

Date Permit Issued: 1/29/06

Local Plumbing Inspector Signature: [Signature]

PERMIT # 5731 TOWN COPY

\$ 1200.00 FEE Double Fee Charged

L.P.I. # 8501

OWNER OR APPLICANT STATEMENT

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.

Signature of Owner/Applicant: [Signature] Date: _____

CAUTION: INSPECTION REQUIRED

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

Local Plumbing Inspector Signature: [Signature] (1st) Date Approved: 3/3/06

(2nd) Date Approved: 3/6/06

PERMIT INFORMATION

TYPE OF APPLICATION

1. First Time System

2. Replacement System

Type replaced _____

Year installed _____

3. Expanded System

a. Minor Expansion

b. Major Expansion

4. Experimental System

5. Seasonal Conversion

THIS APPLICATION REQUIRES

1. No Rule Variance

2. First Time System Variance

a. Local Plumbing Inspector approval

b. State & Local Plumbing Inspector approval

3. Replacement System Variance

a. Local Plumbing Inspector approval

b. State & Local Plumbing Inspector approval

4. Minimum Lot Size Variance

5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS

1. Complete Non-engineered System

2. Primitive System (graywater & alt. toilet)

3. Alternative Toilet, specify _____

4. Non-Engineered Treatment Tank (only)

5. Holding Tank, _____ gallons

6. Non-engineered Disposal Field (only)

7. Separated Laundry System

8. Complete Engineered System (2000 gpd or more)

9. Engineered Treatment Tank (only)

10. Engineered Disposal Field (only)

11. Pretreatment, specify: _____

12. Miscellaneous Components

SIZE OF PROPERTY

0.3 sq. ft. acres

SHORELAND ZONING

Yes No

DISPOSAL SYSTEM TO SERVE:

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

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

3. Other _____ (specify)

Current Use Seasonal Year Round Undeveloped

TYPE OF WATER SUPPLY

1. Drilled Well 2. Dug Well 3. Private

4. Public 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p><input checked="" type="checkbox"/> 1. Concrete</p> <p><input checked="" type="checkbox"/> a. Regular</p> <p><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>DISPOSAL FIELD TYPE & SIZE</p> <p><input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench</p> <p><input checked="" type="checkbox"/> 3. Proprietary Device</p> <p><input type="checkbox"/> a. cluster array <input checked="" type="checkbox"/> c. Linear</p> <p><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>960</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> ln. ft.</p>	<p>GARBAGE DISPOSAL UNIT</p> <p>1. <input checked="" type="checkbox"/> No <input type="checkbox"/> 3. Maybe</p> <p>2. <input type="checkbox"/> Yes >> 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>DESIGN FLOW</p> <p><u>270</u> gallons per day</p> <p>BASED ON:</p> <p><input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s))</p> <p><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>3</u> / CONDITION <u>D</u> / DESIGN <u>3</u></p> <p>at Observation Hole # <u>TP-1</u></p> <p>Depth <u>10</u> "</p> <p>of Most Limiting Soil Factor</p>	<p>DISPOSAL FIELD SIZING</p> <p>1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd</p> <p>2. <input type="checkbox"/> Medium - 2.6 sq. ft./gpd</p> <p>3. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq. ft./gpd</p> <p>4. <input type="checkbox"/> Large - 4.1 sq. ft./gpd</p> <p>5. <input type="checkbox"/> Extra-Large - 5.0 sq. ft./gpd</p>	<p>EFFLUENT/EJECTOR PUMP</p> <p>1. <input type="checkbox"/> Not Required</p> <p>2. <input type="checkbox"/> May Be Required</p> <p>3. <input checked="" type="checkbox"/> Required >> Specify only for engineered or experimental systems</p> <p>DOSE _____ gallons</p>	<p><input type="checkbox"/> 3. Section 503.0 (meter readings)</p> <p>ATTACH WATER METER DATA</p> <p>LATITUDE AND LONGITUDE</p> <p>at center of disposal area</p> <p>Lat. <u>44</u> d <u>21</u> m <u>44</u> s</p> <p>Long. <u>69</u> d <u>44</u> m <u>13</u> s</p> <p>if gps, state margin of error: _____</p>

SITE EVALUATOR'S STATEMENT

I certify that on 1/27/06 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature: [Signature] SE# 188 Date 1/29/2006

Site Evaluator Name Printed: WILLIAM P BROWN Telephone Number 293-2110 E-mail Address _____

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

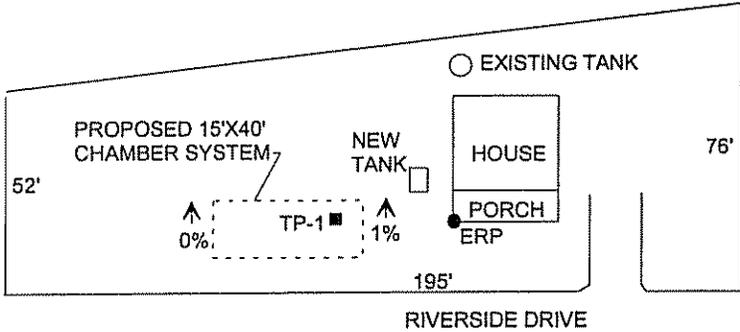
Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX 207 287-4165

Town, City, Plantation AUGUSTA	Street, Road, Subdivision 741 RIVERSIDE DRIVE	Owner or Applicant Name KEVIN KEENE
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SITE PLAN

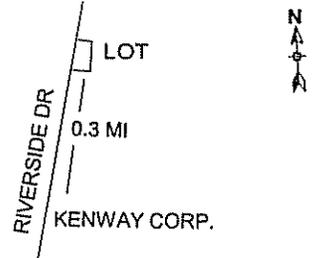
Scale 1" = 50 Ft.

NORTH ←



SITE LOCATION PLAN

(Attach map from Maine Atlas for First Time System Variance)



ERP TO TP-1 = 26'

THE EXISTING SEPTIC TANK IS LOCATED TO THE BACK OF THE BUILDING. THE INTERNAL PLUMBING MUST BE CHANGED TO EXIT THE FOUNDATION ON THE NORTH SIDE OF THE HOUSE.

THE EXISTING 2 BEDROOM HOUSE MAY BE EXPANDED TO A THREE BEDROOM HOUSE.

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

Observation Hole # TP-1 Test Pit Boring
0 " Depth of organic horizon above mineral soil

	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	MEDIUM BROWN	NONE
10		↓	LIGHT BROWN	COMMON
20	GRAVELLY LOAMY SAND	FIRM	OLIVE BROWN	
30				
40				
50				

Soil Profile 3	Classification Condition D	Slope Percent 0-1 %	Limiting Factor Depth 10 "	<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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(Location of Observation Holes Shown Above)

Observation Hole # _____ Test Pit Boring
 _____ " Depth of organic horizon above mineral soil

	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Profile _____	Classification Condition _____	Slope Percent _____	Limiting Factor Depth _____	<input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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WILLIAM P BROWN *William P Brown*
Site Evaluator Signature

188
SE #

1/29/2006
Date

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
Department of Human Services

Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
741 RIVERSIDE DRIVE

Owners Name
KEVIN KEENE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

USE 3 ROWS OF INFILTRATORS WITH 10 UNITS IN EACH ROW. EACH ROW IS 3 FEET APART. USE 4 FOOT LONG "QUICK 4" INFILTRATOR OR EQUIVALENT

LOCATE WATERMAIN BY CONTACTING DIG-SAFE.

USE 2 INCH DIAMETER FORCE MAIN

PROTECT FORCE MAIN FROM FREEZING

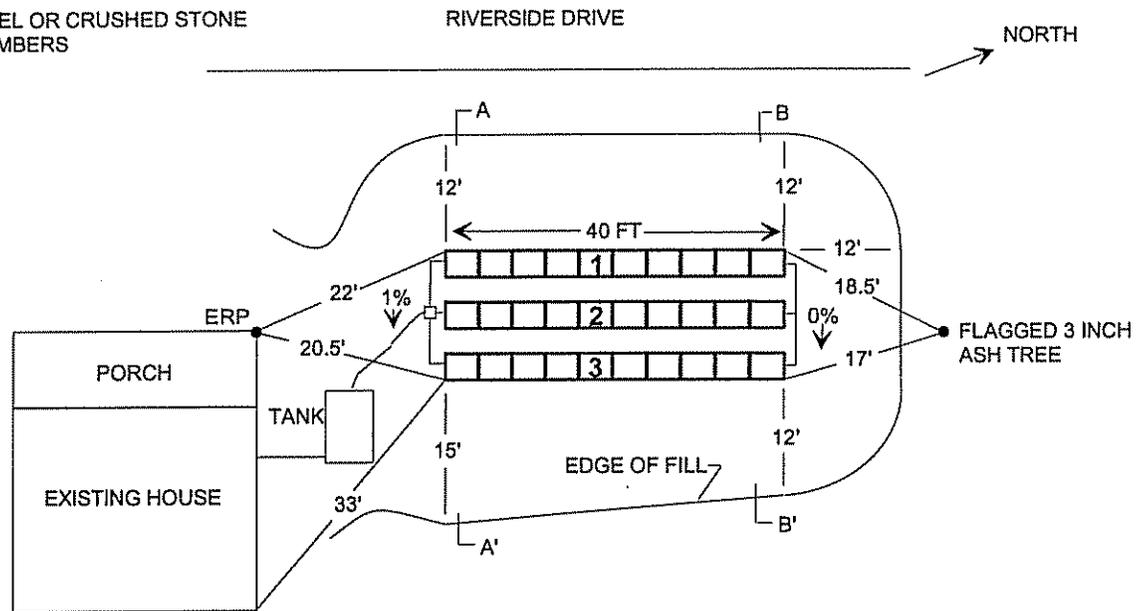
FLAGS MARK THE CORNERS OF THE SYSTEM WHICH MEASURE 15 FT X 40 FT

CONNECT THE ENDS OF ROWS

USE VERY COARSE GRAVEL NEAR INFILTRATORS

REMOVE EXISTING TANK, CHANGE INTERNAL PLUMBING TO EXIT HOUSE ON NORTH SIDE. PLACE NEW 1000 GALLON COMBINATION SEPTIC TANK / LIFT STATION, 8 FEET FROM HOUSE

USE VERY COARSE GRAVEL OR CRUSHED STONE BETWEEN ROWS OF CHAMBERS



FILL REQUIREMENTS

Depth of Fill (Upslope) **32-35"**
Depth of Fill (Downslope) **32-37"**
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation **VARIES**
Top of distribution Lines or Chambers **-10"**
Bottom of Disposal Area **-26"**

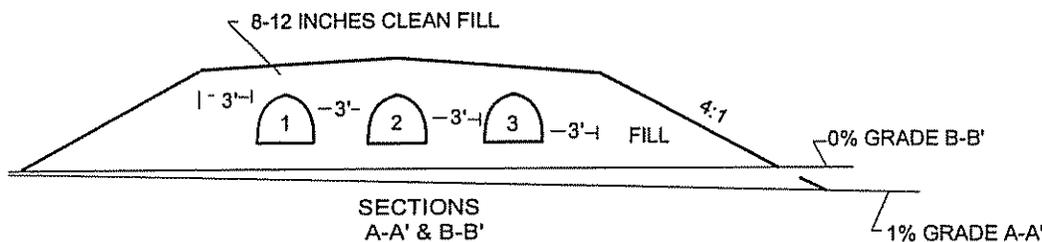
ELEVATION REFERENCE POINT

Location and Description:
BOTTOM OF SHINGLES AT CORNER OF PORCH, 18 INCHES ABOVE GRND
Reference Elevation is: **00"**

DISPOSAL AREA CROSS SECTION

Scale:

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



REMOVE VEGETATION IN DISPOSAL AREA
SCARIFY ENTIRE FILL AREA
MIX 4 INCHES OF FILL MATERIAL THOROUGHLY WITH EXISTING SOIL TO FORM A TRANSITION ZONE (ACCORDING TO CHAPTER 8, MAINE PLUMBING CODE)
INSTALL CHAMBERS PER MANUFACTURER'S RECOMMENDATIONS
USE VERY COARSE GRAVEL AROUND INFILTRATORS
ALL OTHER FILL SHALL BE GRAVELLY COARSE SAND
CROWN FINISH GRADE FROM CENTER AT 3%
LOAM, SEED, MULCH

USE HIGH CAPACITY CHAMBERS THAT ARE 16 INCHES HIGH

WILLIAM P BROWN

William P Brown

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SE #

1/29/2006

Date

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Site Evaluator Signature