

Called 6/11/07 10:15

# 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**

Permit No. 5986 Town of AUGUSTA  
 Date Permit Issued 6/11/07  
 Property Owner's Name: BILL HIXON Tel. No.: \_\_\_\_\_  
 System's Location: 887 RIVERSIDE DR.  
 Property Owner's Address: AUGUSTA, ME. 04330  
 (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.

Melissa Hixon 6-11-07  
 SIGNATURE OF OWNER DATE

**LOCAL PLUMBING INSPECTOR**

I, Steve R. Sutter, 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: \_\_\_\_\_

Steve R. Sutter 6/11/07  
 LPI SIGNATURE DATE

HHE-204 Rev 10-02

**FORMS**

**Replacement System Variance Request**

VARIANCE CATEGORY	LIMIT OF LPP'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
<b>SOILS</b>								
Soil Profile <u>7</u>	Ground Water Table							
Soil Condition <u>0</u>	Restrictive Layer						to 7"	
from HHE-200	Bedrock						to 7"	
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		
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		
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]		
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]	18'	5'
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		
<b>OTHER</b>								
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 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 onto abutting property.  
 [d.] Additional setbacks may be required by local Shoreland zoning.  
 [e.] 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.  
 [f.] May not be any closer to neighbors 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.

*[Signature]*  
 SITE EVALUATOR'S SIGNATURE

6/5/07  
 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

**PROPERTY LOCATION** >> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

City, Town, or Plantation: AUGUSTA  
 Street or Road: 887 STEVENS RD + RIVERSIDE DR.  
 Subdivision, Lot #: \_\_\_\_\_

AUGUSTA PERMIT # 5986 TOWN COPY  
 Date Permit Issued: 6/11/07 \$ 120.00  If Double Fee FEE Charged  
 L.P.I. # 850

**OWNER/APPLICANT INFORMATION**  
 Name (last, first, MI): HIXON, BILL  Owner  Applicant  
 Mailing Address of Owner/Applicant: 887 RIVERSIDE DR. AUGUSTA, ME, 04330  
 Daytime Tel. #: 623-5222 ext. 403

Local Plumbing Inspector Signature: [Signature]  
 Municipal Tax Map # 55 Lot # 12

**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: [Signature] Date: 6-8-07

**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] (7/24) date approved: 6/19/07

## 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 & all. 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

**SIZE OF PROPERTY**  
3/4 ±  SQ. FT.  ACRES

**DISPOSAL SYSTEM TO SERVE**  
 1. Single Family Dwelling Unit, No. of Bedrooms: 3  
 2. Multiple Family Dwelling, No. of Units: \_\_\_\_\_  
 3. Other: \_\_\_\_\_ (specify)

**TYPE OF WATER SUPPLY**  
 1. Drilled Well  2. Dug Well  3. Private  
 4. Public  5. Other

**SHORELAND ZONING**  
 Yes  No

Current Use  Seasonal  Year Round  Undeveloped

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

**TREATMENT TANK**  
 1. Concrete  
 a. Regular  
 b. Low Profile  
 2. Plastic  
 3. Other: \_\_\_\_\_  
 CAPACITY: 4000 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: 900 sq. ft.  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

**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

**SOIL DATA & DESIGN CLASS**  
 PROFILE CONDITION DESIGN  
7 1 0 1 3  
 at Observation Hole # 1  
 Depth 10  
 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

**EFFLUENT/EJECTOR PUMP**  
 1. Not Required  
 2. May Be Required  
 3. Required  
 Specify only for engineered systems:  
 DOSE: \_\_\_\_\_ gallons

3. Section 503.0 (meter readings)  
 ATTACH WATER METER DATA  
 LATITUDE AND LONGITUDE  
 at center of disposal area  
 Lat. 44 d 22 m 171 s  
 Lon. 69 d 43 m 691 s  
 If g.p.s., state margin of error: 18'

## SITE EVALUATOR STATEMENT

I certify that on 6/5/07 (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 #: 256 Date: 6/5/07  
 Site Evaluator Name Printed: JOHN PHILBRICK Telephone Number: 547-3732 E-mail Address: \_\_\_\_\_

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road, Subdivision

01040604

AUGUSTA

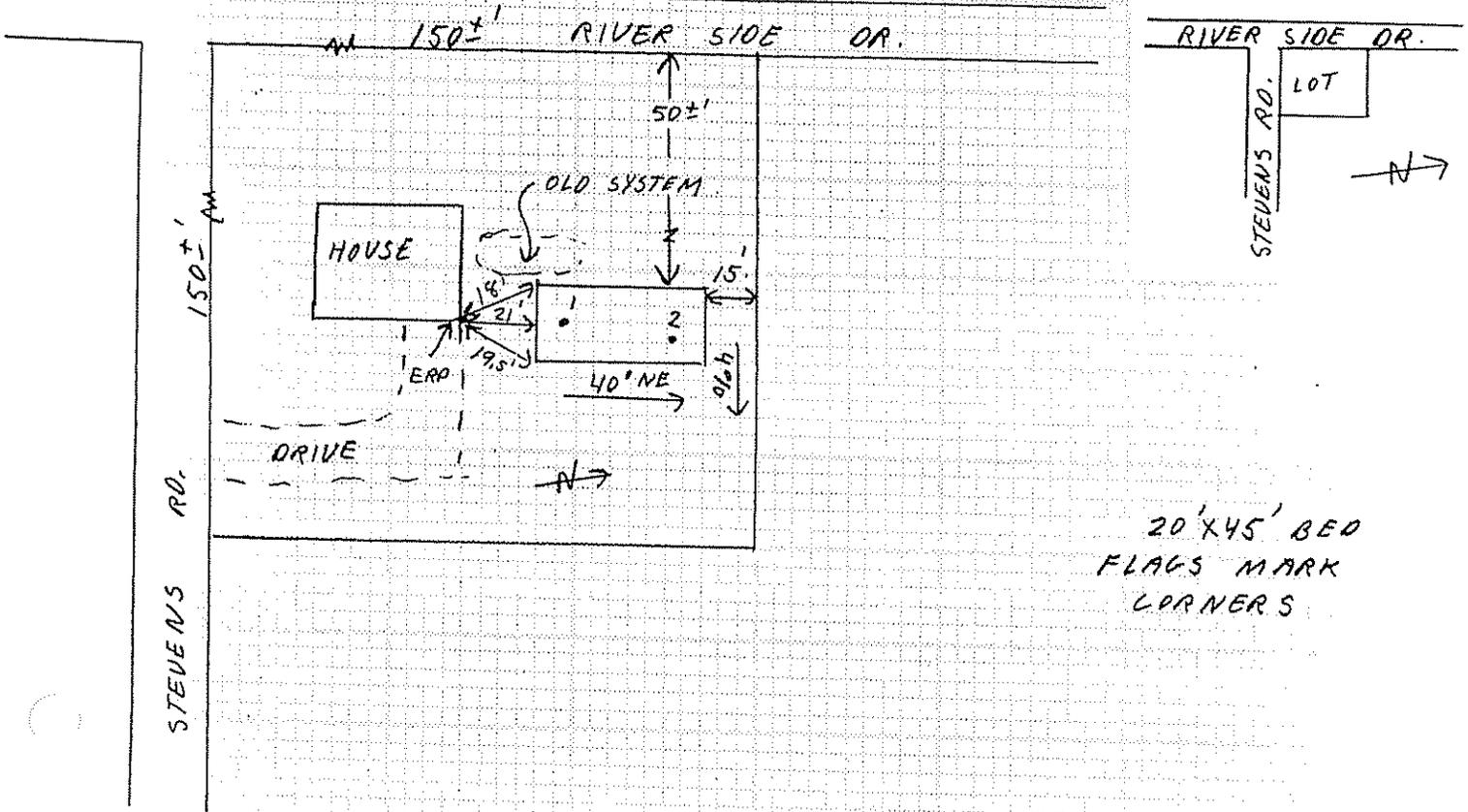
RIVERSIDE DR. + STEVENS RD. BILL HIXON

Owner's Name

## SITE PLAN

Scale: 1" = 50 Ft.  
or as shown

SITE LOCATION PLAN  
(Attach Map from Maine Atlas  
for New System Variance)



## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

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

Inches	Texture	Consistency	Color	Mottling
0	LOAMY	FRIABLE	DARK BR.	NONE
6	SAND			
10	EXISTING PRE 74 FILL		TAN	
15				
20	SILTY CLAY	FIRM	GRAY	COMMON DISTINCT
30				
40				
50				

Soil Classification: 7 Profile, C Condition  
 Slope: 4 %  
 Limiting Factor: 16  
 Ground Water  
 Restr. Layer  
 Bedrock

Observation Hole 2  Test Pit  Boring  
0 " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0	LOAMY	FRIABLE	DARK BR.	NONE
6	SAND			
10	SILTY		TAN	
15		FIRM	GRAY	COMMON
20	CLAY			DISTINCT
30				
40				
50				

Soil Classification: 7 Profile, D Condition  
 Slope: 4 %  
 Limiting Factor: 10  
 Ground Water  
 Restr. Layer  
 Bedrock

Site Evaluator Signature

256 SE#

Date

Approved for use as  
HHE 200 by Division of  
Health Engineering 9/87

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

08246445

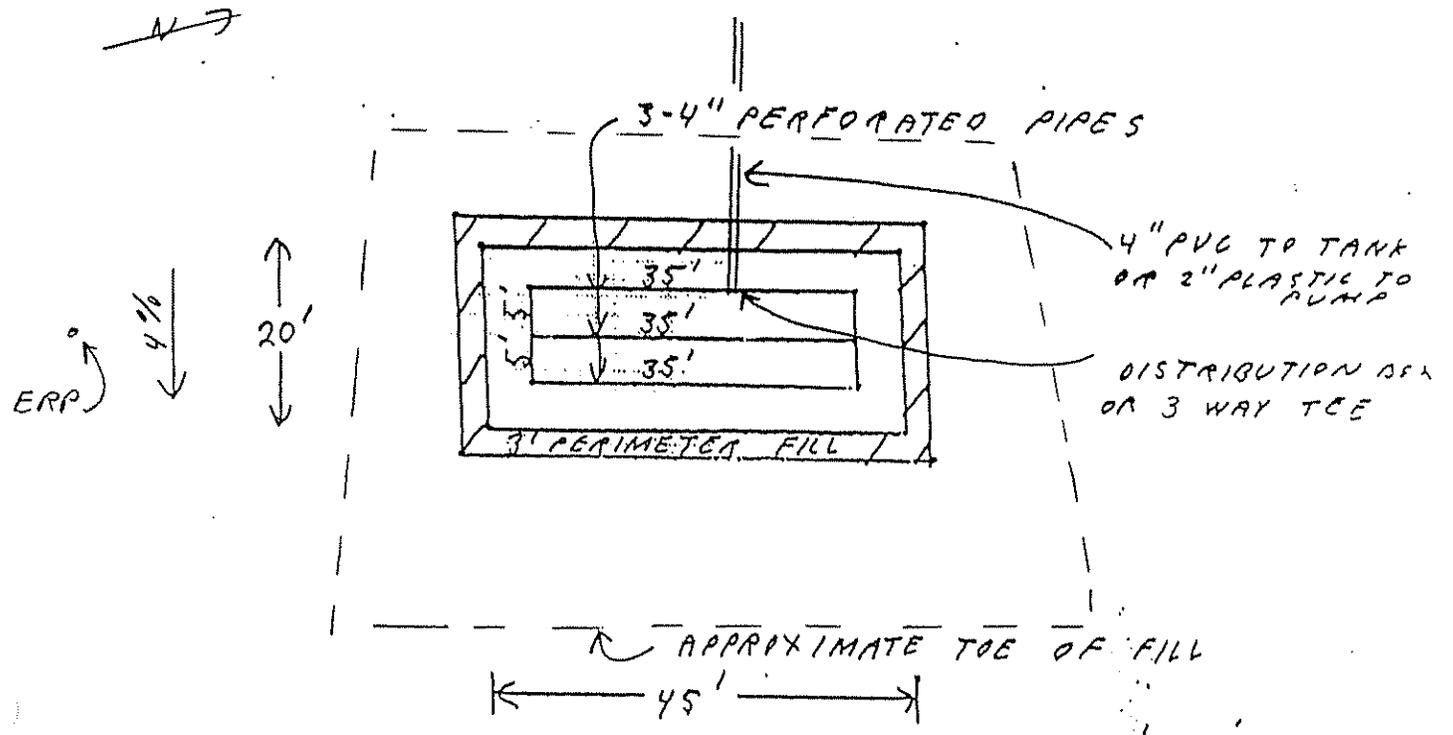
AUGUSTA

RIVERSIDE DR + STEVENS RD.

BILL NIXON

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' ft.  
or as shown



20' x 45' SEO  
FLAGS MARK CORNERS

FILL REQUIREMENTS  
Depth of fill (Upslope)  
Depth of fill (Downslope)

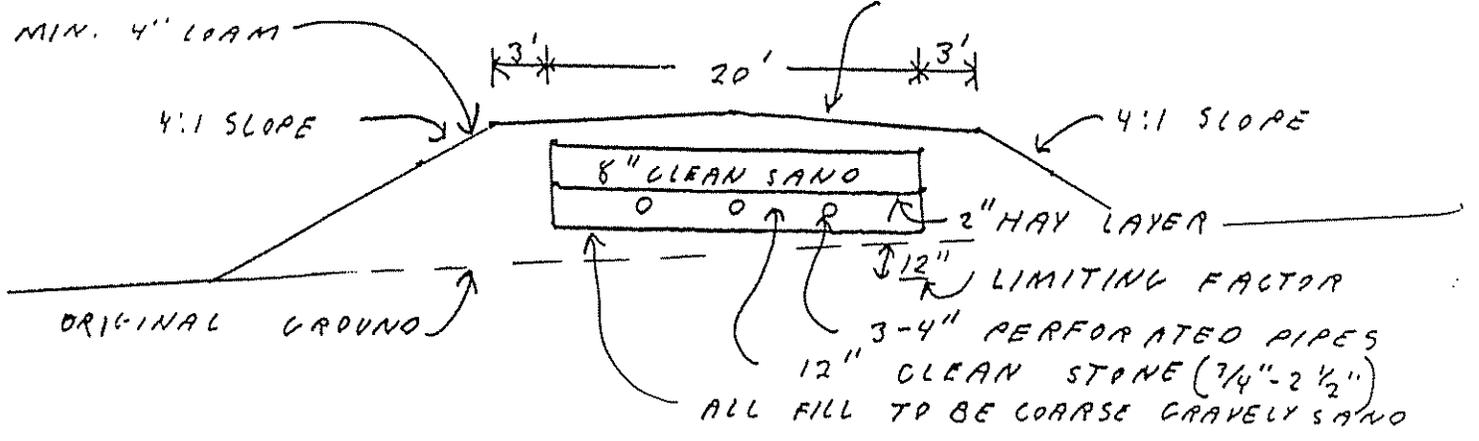
CONSTRUCTION ELEVATION  
26" Reference Elevation is  
36" Bottom of Disposal Area  
Top of Distribution Lines or Chambers

ELEVATION REFERENCE POINT  
0" ERP IS TOP OF HOUSE FOUNDATION,  
-34" 18' SOUTH OF SYSTEM, 48" ABOVE GROUND  
-23"

DISPOSAL AREA CROSS SECTION

Scale:  
Vertical: 1 inch = 5 ft.  
Horizontal: 1 inch = 10 ft.

CROWN WITH 3% GRADE + SEED + MULCH



*[Signature]*  
Site Evaluator Signature

256  
SEX

6/5/07  
Date

Approved for use as  
HHE 200 by Division of  
Health Engineering 9-57