REPLACEMENT SYSTEM VARIANCE REQUEST

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. _____ Date Permit Issued _____

Property Owner's Name: MARSHALL RUST Tel. No.: 733-4265

System's Location: 1108 So. BELFAST AVENUE

Property Owner's Address: 544 NORTH LUBEC ROAD

(if different from above) LUBEC, ME 04652

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. 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.

Home 441-2129 — SIGNATURE OF OWNER — 12/20/13 DATE

LOCAL PLUMBING INSPECTOR

I, Gary R. Fuller, 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: _____

LPI SIGNATURE — 12/23/13 DATE

HHE-204 Rev 08/05

FORMS

Replacement System Variance Request

VARIANCE CATEGORY							VARIANCE REQUESTED TO:	
SOILS								
Soil Profile	Ground Water Table			"			— inches	
Soil Condition	Restrictive Layer			"			— inches	
from HHE-200	Bedrock			"			— 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 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	77'	— *
Water supply line	10 ft	20 ft	25 ft [g]	10 ft	10 ft	10 ft [g]	—	—
Water course, major	100 ft [c]	200 ft [c]	300 ft [c]	100 ft	100 ft	100 ft	—	—
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 5 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. NOT CLOSER THAN THE SYSTEM IT IS REPLACING
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.

Vaughn L. Smith — SITE EVALUATOR'S SIGNATURE

STATE OF MAINE VAUGHN L. SMITH 226 LICENSED SITE EVALUATOR

12/19/13 — 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

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept.Health & Human Services
Div of Environmental Health 11 SHS
2

AUGUSTA PERMIT #6884 TOWN COPY
Date Permit Issued: 12/23/13 $150.00 fee
15.00
LPI # 850

PROPERTY LOCATION

City, Town, or Plantation	AUGUSTA
Street or Road	1108 So. BELFAST AVE.
Subdivision, Lot #	

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	RUST, MARSHALL ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant	544 NORTH LUBEC ROAD LUBEC, ME 04652
Daytime Tel. #	207-733-4265

with this application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map # 64 Lot # 16

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 — Date 12/20/13

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

(1st) date approved

Local Plumbing Inspector Signature — (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION
- ☐ 1. First Time System
- ☒ 2. Replacement System
  - Type replaced: TRENCH
  - Year installed: 1960's ?
- ☐ 3. Expanded System
  - ☐ a. <25% Expansion
  - ☐ b. ≥25% 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. Pre-treatment, specify: _____
- ☐ 12. Miscellaneous Components

SIZE OF PROPERTY
± 0.21 ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING
☒ Yes ☐ No

DISPOSAL SYSTEM TO SERVE
- ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 2
- ☐ 2. Multiple Family Dwelling, 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)

TREATMENT TANK
- ☒ 1. Concrete
  - ☒ a. Regular
  - ☐ b. Low Profile
- ☐ 2. Plastic
- ☐ 3. Other:

CAPACITY: 1000 GAL.
EXISTING

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: 20'X80'

SIZE: 800 ☒ 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
180 gallons per day
BASED ON:
- ☒ 1. Table 4A (dwelling unit(s))
- ☐ 2. Table 4C(other facilities)
  SHOW CALCULATIONS for other facilites
- ☐ 3. Section 4G (meter readings)
  ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION
2, C
at Observation Hole # 1
Depth 16 "
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING
- ☐ 1. Medium---2.6 sq. ft. / gpd
- ☒ 2. Medium---Large 3.3 sq. ft / gpd
- ☐ 3. Large---4.1 sq. ft. / gpd
- ☐ 4. Extra Large---5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP
- ☐ Not Required
- ☐ May Be Required
- ☒ Required

Specify only for engineered systems:
DOSE: _____ gallons

LATITUDE AND LONGITUDE
at center of disposal area
Lat. 44 d 18 m 44 s
Lon. 69 d 39 m 38 s
if g.p.s. state margin of error: ± 10 M

SITE EVALUATOR STATEMENT

I certify that on 12/14/13 (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 — VAUGHN L. SMITH #226 — Date 12/19/13

Site Evaluator Name Printed — Telephone Number 441-3887 — E-mail Address SOILTESTMAN@AOL.COM

STATE OF MAINE VAUGHN L. SMITH LICENSED SITE EVALUATOR

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

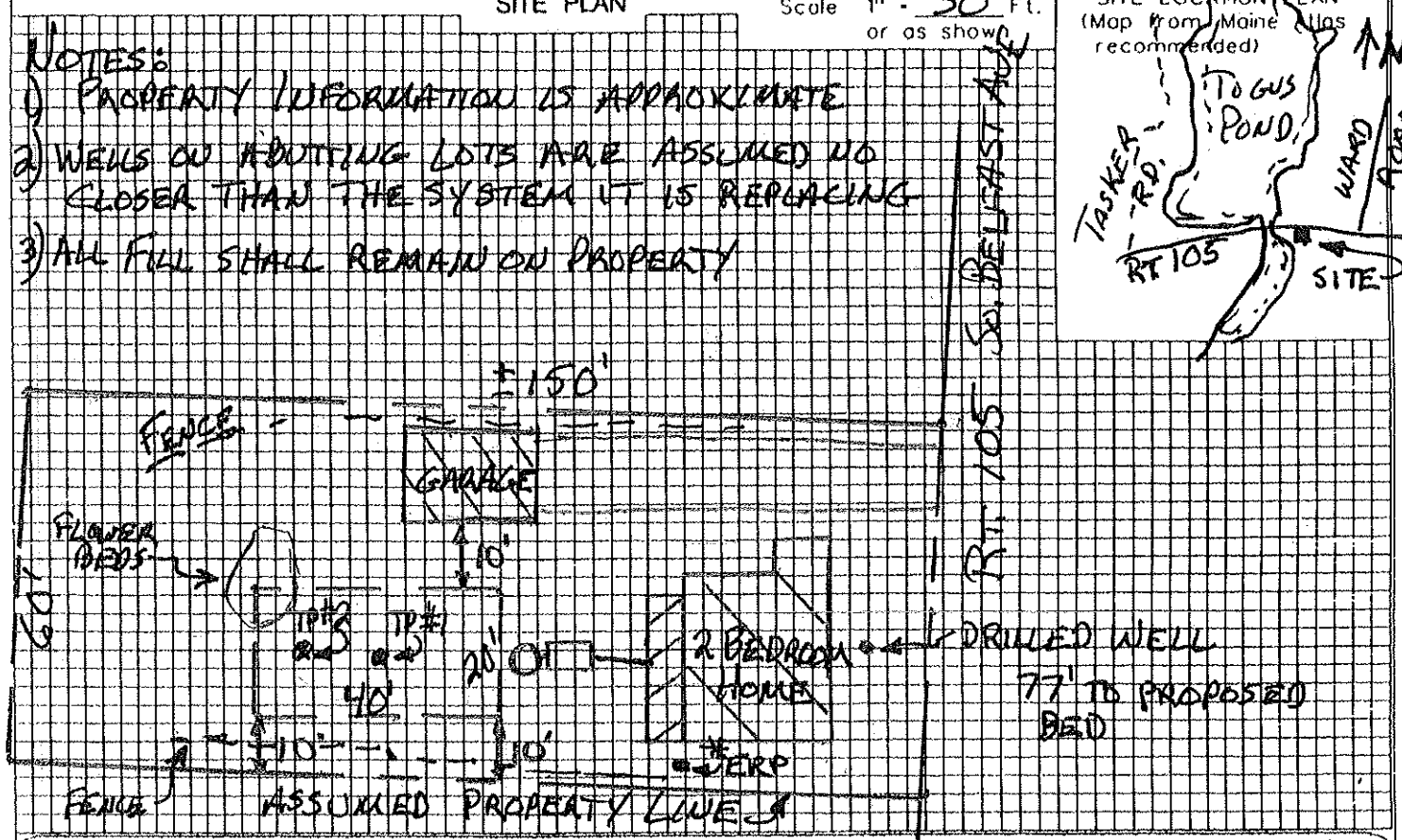
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: 1108 So. BELFAST AVE.
Owner's Name: MARSHALL RUST

SITE PLAN — Scale 1" = 30 Ft. or as shown

NOTES:
1) PROPERTY INFORMATION IS APPROXIMATE
2) WELLS ON ABUTTING LOTS ARE ASSUMED NO CLOSER THAN THE SYSTEM IT IS REPLACING
3) ALL FILL SHALL REMAIN ON PROPERTY



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

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

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	FINE SANDY LOAM		DARK BROWN	NONE
10	SANDY LOAM	FRIABLE	BROWN	
20				COMMON DISTINCT
30	SILT LOAM	FIRM	OLIVE BROWN	
40				
50				

Soil Classification: Profile 2, Condition C; Slope 3%; Limiting Factor 20"; ☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

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

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	FINE SANDY LOAM	FRIABLE	DARK BROWN	NONE
10	SANDY LOAM		BROWN	
20				
30	SILTY CLAY LOAM	FIRM	OLIVE BROWN	COMMON DISTINCT
40				

Soil Classification: Profile 2, Condition C; Slope 3%; Limiting Factor 16"; ☒ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

STATE OF MAINE — VAUGHN SMITH 226 — LICENSED SITE EVALUATOR

Vaughn L. Smith
Site Evaluator Signature

12/19/13
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

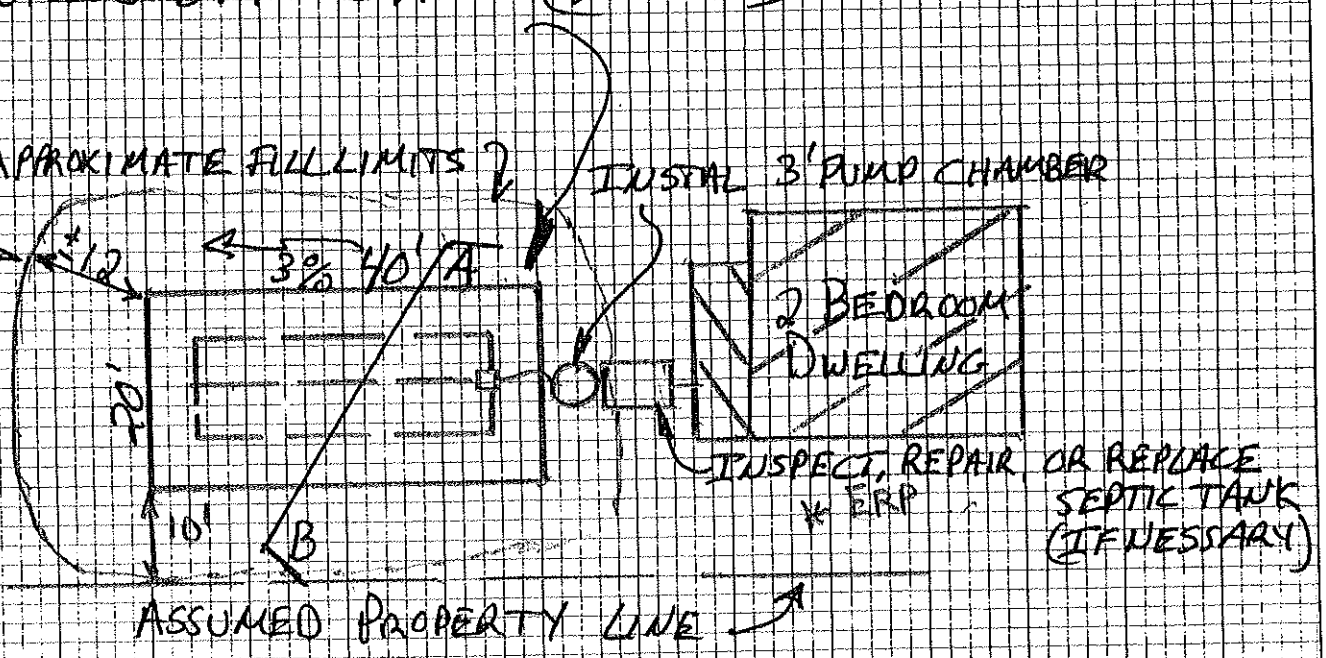
Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation: AUGUSTA
Street, Road, Subdivision: 1108 So. BELFAST AVE.
Owner's Name: MARSHALL RUST

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.

NOTE:
ALL TYES, ELEVATIONS, + PROPERTY LINES SHALL BE CONFIRMED PRIOR TO CONSTRUCTION
ALL FILL SHALL REMAIN ON PROPERTY

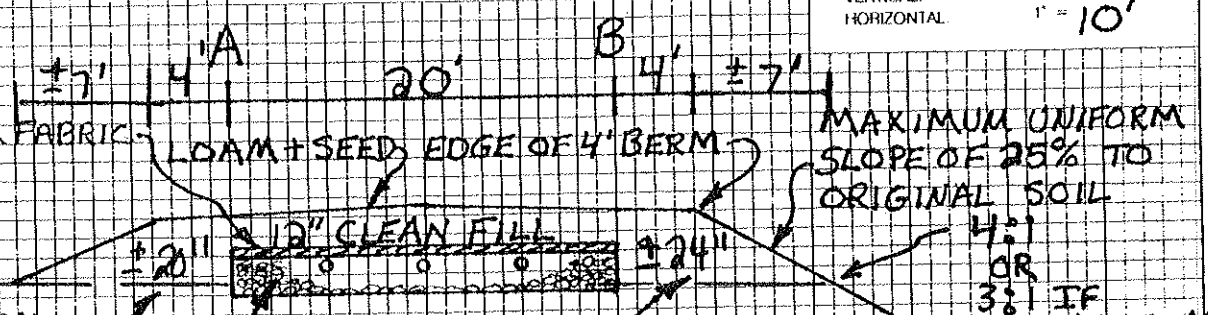


FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	±20"	Finished Grade Elevation	-42"	Location & Description: NAIL IN LARGE TREE 48" ABOVE GROUND
Depth of Fill (Downslope)	±24"	Top of Distribution Pipe or Proprietary Device	-54"	
		Bottom of Disposal Area	-66"	Reference Elevation: 0"

FILL DEPTHS WILL VARY

DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" = 5'
HORIZONTAL: 1" = 10'



REMOVE VEGETATION + SCARIFY ALL FILL AREAS & GENTLY
*CREATE TRANSITION LAYER WHEN APPROPRIATE

12" CLEAN, CRUSHED STONE (1½" DIA.)

FILL SHALL BE CLEAN GRAVELLY SAND PER TABLE 800.1 OF CODE

VAUGHN L. SMITH 226 LICENSED SITE EVALUATOR

Site Evaluator Signature

12/19/13
Date