

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 <u>AUGUSTA</u>
Permit No. <u>6884</u>		Date Permit Issued <u>12-23-13</u>
Property Owner's Name: <u>MARSHALL RUST</u>		Tel. No.: <u>733-4265</u>
System's Location: <u>1108 So. BELFAST AVENUE</u>		
Property Owner's Address: <u>544 NORTH LUBEC ROAD</u>		
(if different from above) <u>LUBEC, ME 04652</u>		

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 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.

J. Lore
441-2129 J. Lore 12/20/13
 SIGNATURE OF OWNER DATE

LOCAL PLUMBING INSPECTOR

I, James R. Miller, 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: _____

James R. Miller 12/23/13
 LPI SIGNATURE DATE

HHE-204 Rev 08/05

Replaced by
 469510

Fax
 julianharwood@aol.com

1264/L16

REPLACEMENT SYSTEM VARIANCE REQUEST

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
Town of AUGUSTA
Permit No. 6951
Date Permit Issued 6/20/14
Property Owner's Name: MATTHEW HAYDEN
Tel. No.: 215-0102
System's Location: 1108 SOUTH BELFAST AVENUE
Property Owner's Address:
(if different from above) 215-0102

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.
Signature: Matthew Hayden
Date: 6-24-14

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 (check and complete either a or b):
a. (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. --OR--
b. find that one or more of the requested Variances exceeds my approval authority as LPI. I (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:
Signature: Gary R. Fuller
Date: 6/20/14
HHE-204 Rev 6/00

New Design

FORMS

Replacement System Variance Request

VARIANCE CATEGORY							VARIANCE REQUESTED TO:	
SOILS								
Soil Profile			Ground Water Table				10	inches
Soil Condition			Restrictive Layer				12	inches
from HHE-200			Bedrock					
SETBACK DISTANCES (in feet)			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	Disposal Fields To	Septic Tanks 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	—	—

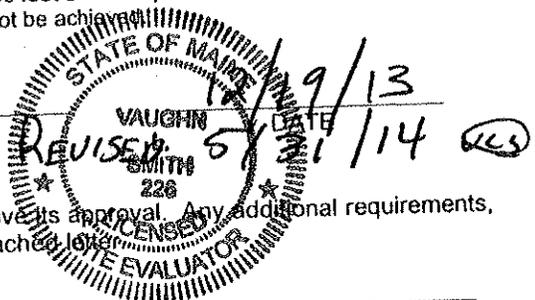
OTHER

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



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.

 SIGNATURE OF THE DEPARTMENT

 DATE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
 Div of Environmental Health, 11 SHS
 (207) 287-5872 Fax: (207) 287-4172

PROPERTY LOCATION

>> CAUTION: LPI APPROVAL REQUIRED <<

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

Street or Road: **1108 SOUTH BELFAST AVE.**

Subdivision, Lot #:

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **HAYDEN, MATTHEW** Owner Applicant

Mailing Address of Owner/Applicant: **1108 SO. BELFAST AVE. AUGUSTA, ME 04330**

Daytime Tel. #: **215-0102**

AUGUSTA PERMIT #6951 TOWN COPY

Date Permit Issued: **6/20/14** \$ **150.00** fee

Mary R. Fuller LPI # **850**

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.

Matthew Hayden 6/24/14
 Signature of Owner or Applicant 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.

Mary R. Fuller 7/29/14
 Local Plumbing Inspector Signature (1st) date approved (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

1. First Time System

2. Replacement System

Type replaced: **TRENCH**

Year installed: **1960?**

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 **PUMP CHAMBER**

TYPE OF WATER SUPPLY

1. Drilled Well 2. Dug Well 3. Private

4. Public 5. Other

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

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: **16' X 50'**

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 facilities

3. Section 4G (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION: **L.D.**

at Observation Hole # **1**

Depth **10**

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

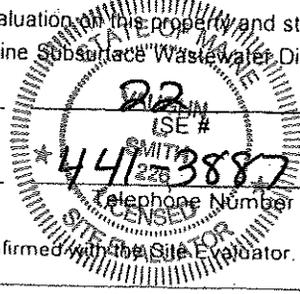
if g.p.s. state margin of error.

SITE EVALUATOR STATEMENT

I certify that on **5/20/14** (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).

Vaughan L. Smith
 Site Evaluator Signature

VAUGHAN L. SMITH
 Site Evaluator Name Printed



5/31/14
 Date

SOILTESTMAN@AOL.COM
 E-mail Address

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) 287-5472 FAX (207) 287-4172

Town, City, Plantation **AUGUSTA** Street, Road Subdivision **1108 So. BELFAST AVE.**

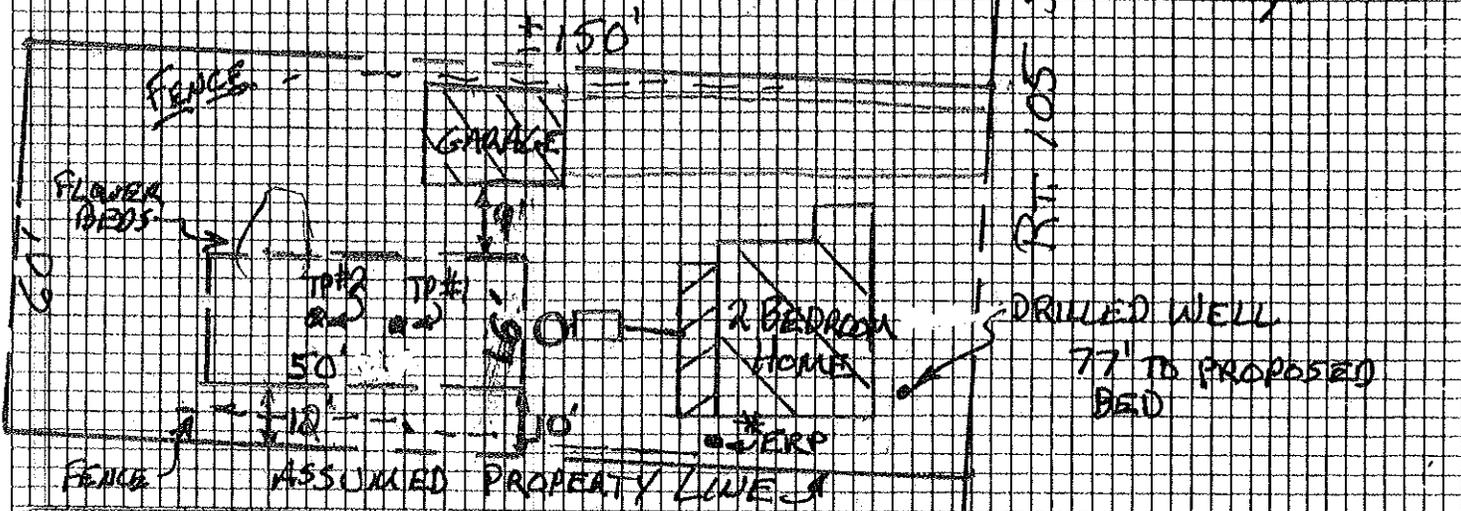
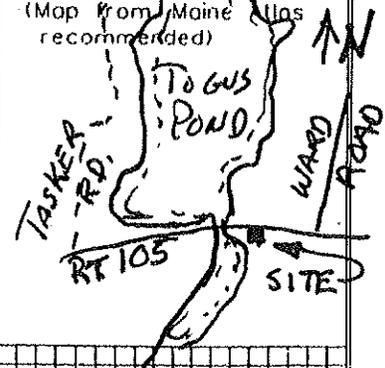
Owner's **MATTHEW HAYDEN**

SITE PLAN

Scale 1" = 30' Ft.
or as shown

SITE LOCATION PLAN
(Map from Maine Atlas recommended)

- NOTES:**
- 1) PROPERTY INFORMATION IS APPROXIMATE
 - 2) WELLS ON ADJUTING LOTS ARE ASSUMED TO BE 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
0-10	FINE SANDY LOAM	FRIABLE	DARK BROWN	NONE
10-20	COBBLY SILT LOAM	FR	BROWN	FR
20-30	SILT LOAM	FIRM	OLIVE	COMMON DISTINCT

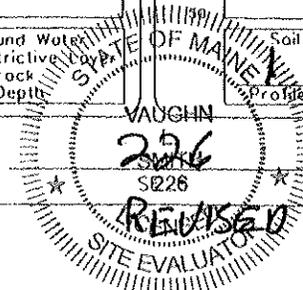
Observation Hole 2 Test Pit Boring
0" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-10	FINE SANDY LOAM	FRIABLE	DARK BROWN	NONE
10-20	COBBLY LOAM	FR	BROWN	FR
20-30	SILTY CLAY LOAM	FIRM	OLIVE	COMMON DISTINCT

Soil Classification **D** Slope **3%** Limiting Factor **10**
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Soil Classification **D** Slope **3%** Limiting Factor **10**
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Vaughn LeDuc
Site Evaluator Signature



12/19/13
Date

5/31/14 *VLD*

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 SOUTH BELFAST AVE** Owner's Name: **MATTHEW HAYDEN**

SUBSURFACE WASTEWATER DISPOSAL PLAN

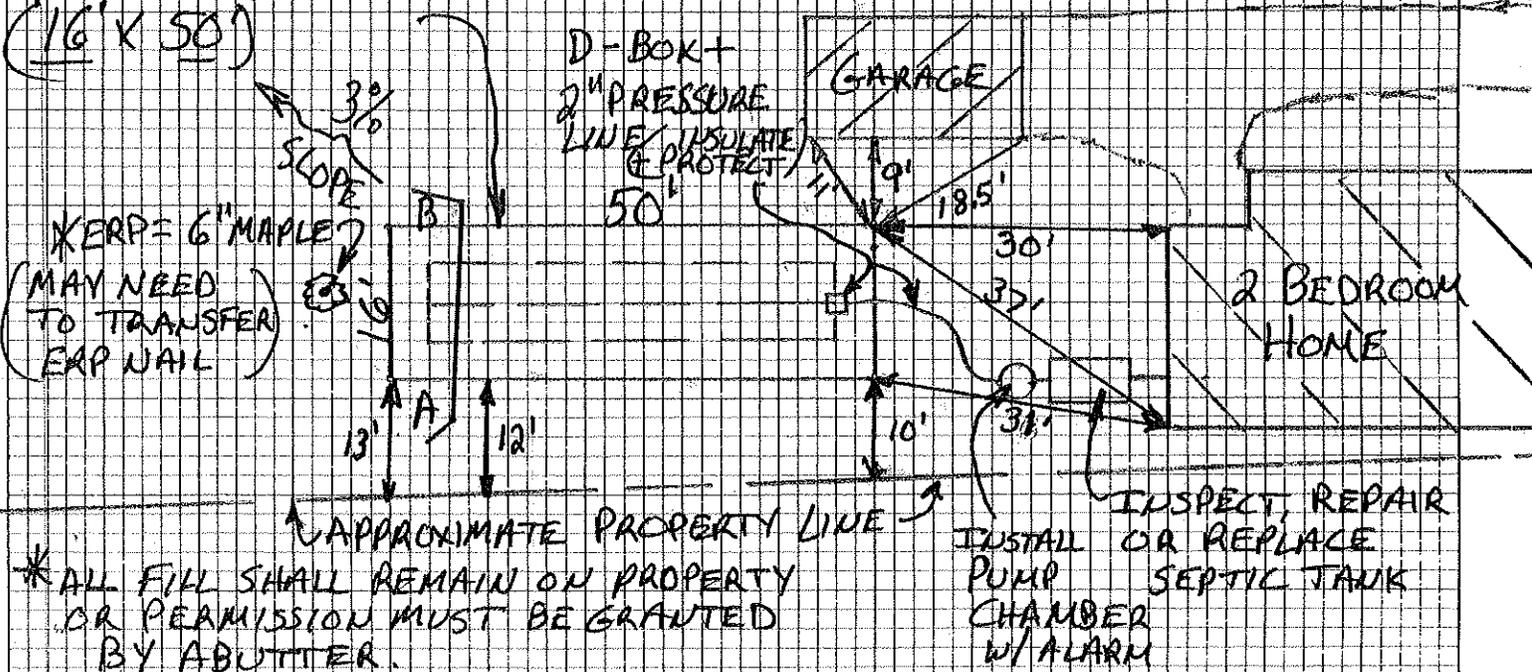
SCALE 1" = 20' FT.

NOTES: ① ALL TIES, ELEVATIONS + PROPERTY LINE SHALL BE CONFIRMED PRIOR TO CONSTRUCTION
② THIS DESIGN IS A REVISION OF THE PLAN FOR MARSHALL RUST DATED 12/19/13.

PROPOSED DISPOSAL AREA

12/19/13.

(16' X 50')



FILL REQUIREMENTS

Depth of Fill (Upslope) $+39''$
Depth of Fill (Down Slope) $+42''$

FILL DEPTHS WILL VARY

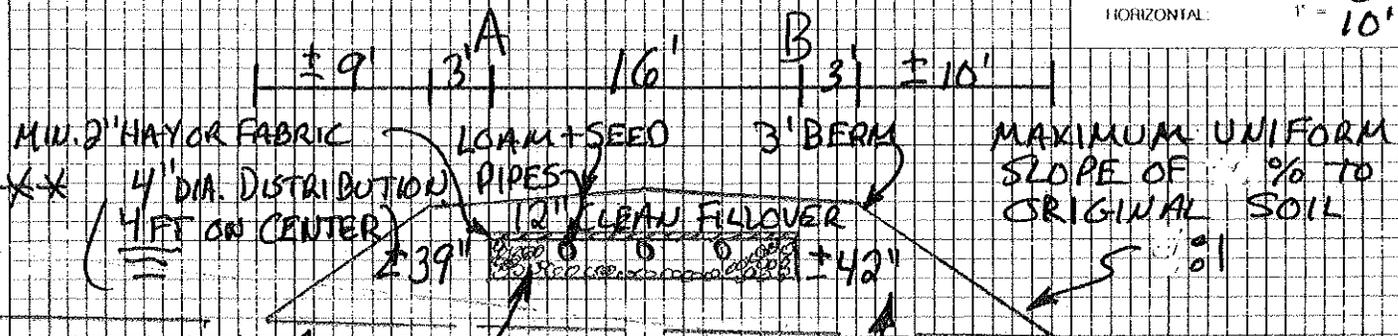
CONSTRUCTION ELEVATIONS

Finished Grade Elevation
Top of Distribution Pipe or Proprietary Device
Bottom of Disposal Area

ELEVATION REFERENCE POINT
Location & Description
Reference Elevation
 $-08''$
 $-20''$ 6" MAPLE W/ NAIL 55" ABOVE
 $-32''$ 0" GROUND

DISPOSAL AREA CROSS SECTION

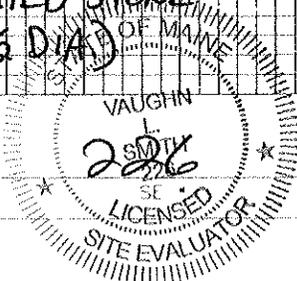
SCALE:
VERTICAL: 1" = 5'
HORIZONTAL: 1" = 10'



ORIGINAL SOIL
* REMOVE UNSUITABLE FILL + SCARIFY GENTLY (1/2 DIA) CREATE TRANSITION LAYER

FILL SHALL BE CLEAN GRAVELLY SAND PER TABLE 800.1 OF CODE

Vaughn L. Smith
Site Evaluator Signature



5/31/14
Date