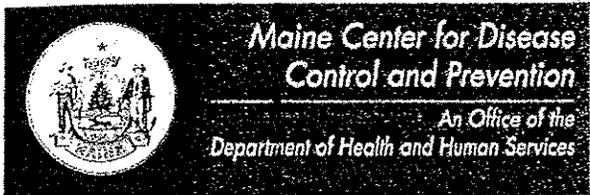


17266



Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
286 Water Street  
# 11 State House Station  
Augusta, Maine 04333-0011  
Tel: (207) 287-5672  
Fax: (207) 287-4172; TTY: 1-800-606-0215

### SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

**GENERAL INFORMATION** Town of AUGUSTA

Property Owner's Name: MICHAEL STEVENSON Tel. No.: \_\_\_\_\_

System's Location: 149 YOUNG ROAD

Property Owner's Address: 377 BRIGHTON AVE, PORTLAND, ME Zip Code 04102

e-mail address: \_\_\_\_\_

The subsurface wastewater disposal system design for the subject property requires a  replacement system variance  first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires  local approval  local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)	SECTION OF RULE
1. <u>POTABLE SUPPLY WELL 100' TO 80'</u>	<u>TABLE 8A</u>
2. <u>WATER COURSE MAJOR 100' TO 78'</u>	<u>TABLE 8A</u>
3. <u>FULL BASEMENT 20' TO 10'</u>	<u>TABLE 8A</u>

**SITE EVALUATOR**

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

REPLACEMENT SYSTEM IN LOCATION OF ORIGINAL SYSTEM. REUSE EXISTING CONCRETE CHAMBERS - ELEVATIONS RAISED BY 6"

I, RUSSELL G. MARTIN, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

Russell G Martin 07/09/2016  
SIGNATURE OF SITE EVALUATOR DATE

**PROPERTY OWNER**

I, MICHAEL STEVENSON, am the  owner  agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with 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.

Michael Stevenson 1 Aug 2016  
 SIGNATURE OF OWNER DATE  
 AGENT FOR THE OWNER

**LOCAL PLUMBING INSPECTOR - Approval at local level**

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, Gary R. Fultz, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system ( does  does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I ( do  do not) approve the requested variance. I ( will  will not) issue a permit for the system's installation as proposed by the application.

Gary R. Fultz  
LPI Signature

8/1/16  
Date

**LOCAL PLUMBING INSPECTOR - Referral to the Department**

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, \_\_\_\_\_, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system ( does  does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I ( do  do not) recommend the issuance of a permit for the system's installation as proposed by the application.

\_\_\_\_\_  
LPI Signature

\_\_\_\_\_  
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

Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)

2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).**

CHARACTERISTIC	POINT ASSESSMENT
Soil Profile	
Depth to Groundwater/Restrictive Layer	
Terrain	
Size of Property	
Waterbody Setback	
Water Supply	
Type of Development	
Disposal Area Adjustment	
Vertical Separation Distance	
Additional Treatment	
<b>TOTAL POINT ASSESSMENT:</b>	

Minimum Points (Check One):  Outside Shoreland Zone-50  Inside Shoreland Zone-65  Subdivision-65

PE 8/1/16

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Div of Environmental Health, 11 SHS  
(207) 287-2070 Fax: (207) 287-4172

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	AUGUSTA	AUGUSTA PERMIT #7266 Date Permit Issued: 8/1/16	TOWN COPY \$150.00 fee LPI # 850
Street or Road	149 YOUNG ROAD		
Subdivision, Lot #	M70/510		
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	STEVENSON, MICHAEL <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	377 BRIGHTON AVE. PORTLAND, ME 04102		
Daytime Tel. #			
<b>OWNER OR APPLICANT STATEMENT</b>		<b>WARNING: INSPECTION REQUIRED</b>	
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant _____ Date _____		Local Plumbing Inspector Signature: <i>Mary R. Fuller</i> (1st) date approved: 8/2/16 (2nd) date approved: _____	

<b>PERMIT INFORMATION</b>		
<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENTS</b>
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>CHAMBER</u> Year installed: <u>1986</u> <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input checked="" type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input checked="" type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
<b>SIZE OF PROPERTY</b>	<b>DISPOSAL SYSTEM TO SERVE</b>	<b>TYPE OF WATER SUPPLY</b>
0.47± <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<input checked="" type="checkbox"/> 1. Single-Family Dwelling Unit, No. of Bedrooms: <u>2</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
<b>SHORELAND ZONING</b>	<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>	<b>DESIGN FLOW</b>
<input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1000 GAL</u> <u>EXISTING</u>	<input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>5' x 2'</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	<u>180</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>DISPOSAL FIELD SIZING</b>	<b>EFFLUENT/EJECTOR PUMP</b>	<b>LATITUDE AND LONGITUDE</b>
PROFILE CONDITION: <u>D2/C</u> at Observation Hole # <u>1</u> Depth <u>36"</u> of Most Limiting Soil Factor	<input type="checkbox"/> 1. Medium--2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 2. Medium--Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large--4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large--5.0 sq. ft. / gpd	<input type="checkbox"/> Not Required <input type="checkbox"/> May Be Required <input checked="" type="checkbox"/> Required <u>EXISTING</u> Specify only for engineered systems: DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA at center of disposal area Lat. <u>N 44° d 19 m 48 s</u> Lon. <u>W 69° d 39 m 42 s</u> if g.p.s, state margin of error: _____

<b>SITE EVALUATOR STATEMENT</b>		
I certify that on <u>06/27/2016</u> (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).		
<i>Russell G. Martin</i> Site Evaluator Signature	<u>099</u> SE #	<u>07/09/2016</u> Date
<u>RUSSELL G. MARTIN</u> Site Evaluator Name Printed	<u>207 449-0339</u> Telephone Number	<u>R6MPE@PHSPLU.COM</u> 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 Health & Human Services  
 Division of Environmental Health  
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

AUGUSTA

149 YOUNG ROAD

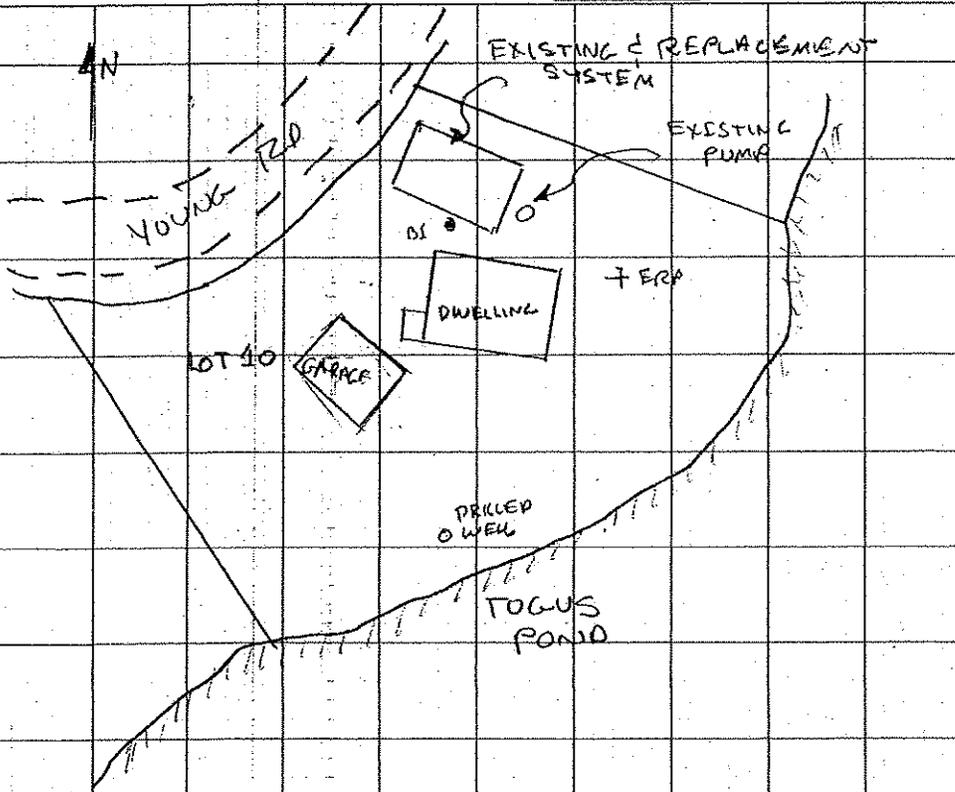
STEVENSON, MICHAEL

## SITE PLAN

Scale 1" = 50 ft. or as shown

## SITE LOCATION PLAN

(map from Maine Atlas recommended)



BOUNDARY INFORMATION  
 FROM CITY OF AUGUSTA  
 TAX MAP 70

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

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

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM FILL	LOOSE	BROWN	
10	SILT LOAM	FRIABLE	OLIVE BROWN	
20	SILTY CLAY LOAM	FIRM	OLIVE GREY	
30				
40				
50				

Soil Classification <u>12 C</u>	Slope <u>1</u> %	Limiting Factor <u>16</u> "	<input type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile Condition			

Observation Hole \_\_\_\_\_  Test Pit  Boring  
 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification	Slope _____ %	Limiting Factor _____ "	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile Condition			

*Russell O. Hunt*

099

07/09/2016

Site Evaluator Signature

SE #

Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services  
 Division of Environmental Health  
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

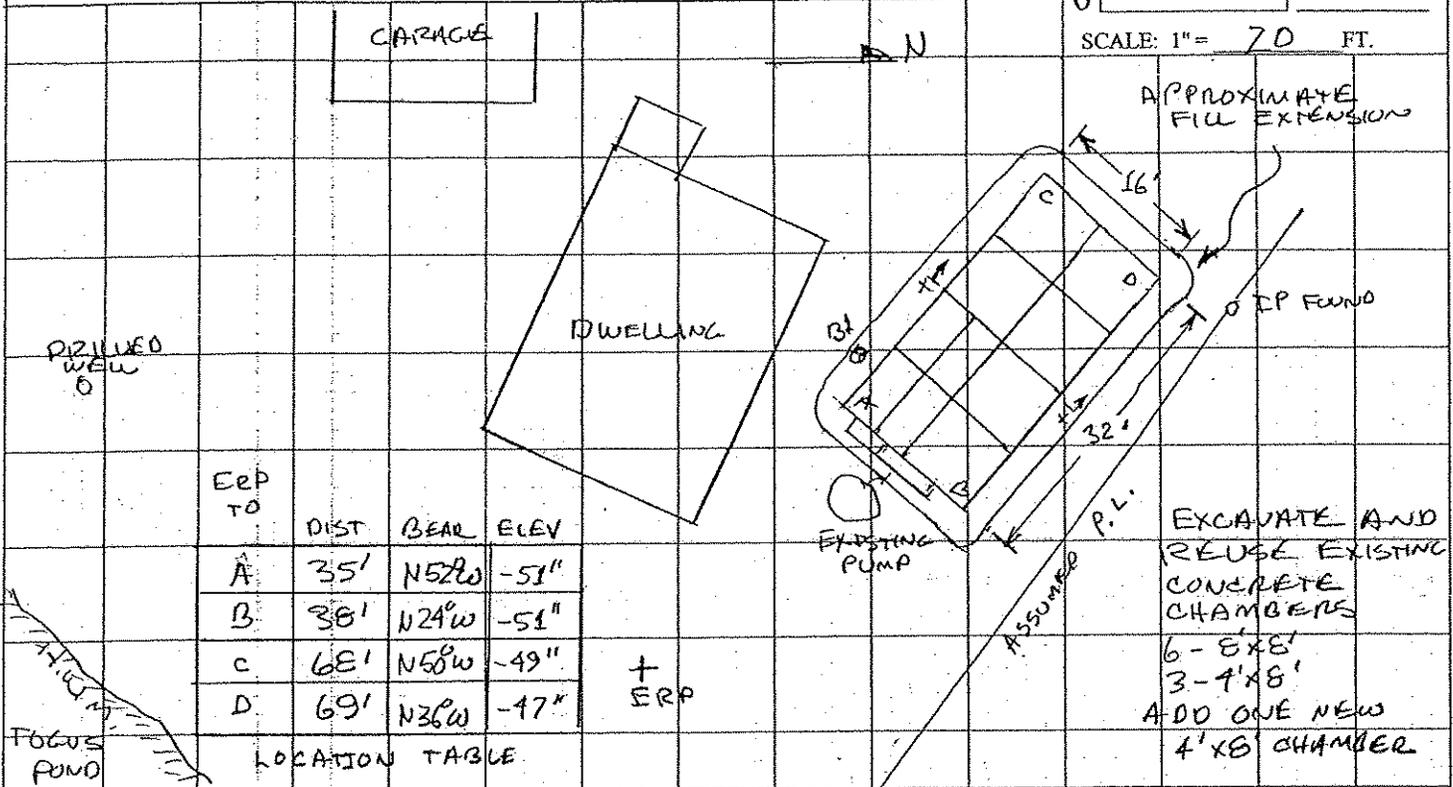
AUGUSTA

149 YOUNG ROAD

STEVENSON, MICHAEL

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 70 FT.



### FILL REQUIREMENTS

### CONSTRUCTION ELEVATIONS

### ELEVATION REFERENCE POINT

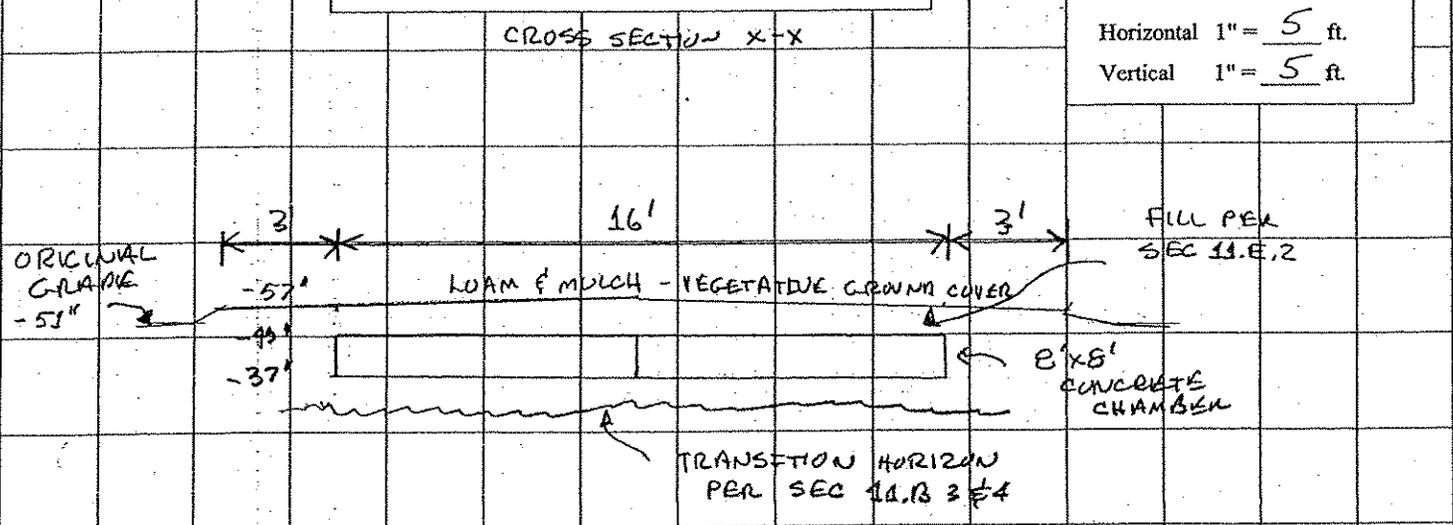
Depth of Fill (Upslope)	6"	Finished Grade Elevation	-57"	Location & Description: FLAGGED NAIL IN TREE +60"
Depth of Fill (Downslope)	6"	Top of Distribution Pipe or Proprietary Device	-49"	Reference Elevation: 0"
		Bottom of Disposal Area	-37"	

### DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = 5 ft.

Vertical 1" = 5 ft.



*Amel D. Hart*

099

07/09/2016

Site Evaluator Signature

SE #

Date