

M1 241B

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application for the proposed replacement system which does not comply with the Rules. The LPI shall review the Replacement System Variance Request and Application 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 from the rules.
2. A system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

TOWN COPY

GENERAL INFORMATION

Permit No. 3069 E Town of AUGUSTA
 Date Permit Issued 9/22/94
MONTH/DAY/YEAR
 Property Owner's Name: JEFF DAMON Tel. No. 622-3334
 System's Location: NORTH AUGUSTA MARKET BELGRADE RD.
STREET
AUGUSTA Maine 04330
TOWN ZIP
 Property Owner's Address: RR 4 Box 532
(if different from above) AUGUSTA ME 04330
STREET TOWN STATE ZIP

SPECIFIC INSTRUCTIONS TO THE:

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, they 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, then complete the Replacement 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.

The OWNER shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

Jeffrey M. Damon
PROPERTY OWNER'S SIGNATURE

9-16-94
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table	to 6"		2 inches	
Soil Condition	Restrictive Layer	to 6"		inches	
from HHE-200	Bedrock	to 10"		inches	
SETBACK DISTANCES (IN FEET)	FROM:	TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
Potable Water Supplies	1. Well: > 2000 gal/day	100'	300'		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50'	60'		
	b. Property Owner's	25'	50'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

OTHER

1. Fill extension Grade—to 3:1

2.

3.

Footnotes:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but closer to that well than the system it is replacing.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

James Skemp
SITE EVALUATOR'S SIGNATURE

8/25/94
DATE

LPI STATEMENT

I, *Jay P. Loh*, LPI for the Town of *Augusta* have conducted an on-site inspection for the proposed replacement system and have determined to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Wastewater Disposal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System 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.
- 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 shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments:

Jay P. Loh
LPI'S SIGNATURE

9/19/94
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

M1 241B

Department of Human Services
Division of Health Engineering
(207)289-3826

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: AUGUSTA

Street division Lot #: BELGRADE RD

PROPERTY OWNERS NAME

Last: DIAMON First: JEFF

Applicant Name: SAME

Mailing Address of Owner/Applicant (If Different): RR 4 Box 532
BELGRADE RD. AUGUSTA

AUGUSTA **Subs. W. Permit** Permit # 3069 TOWN COPY

Date Permit Issued: 9/22/94 \$ 160.00 Double Fee Charged

Ray R. Gull Local Plumbing Inspector Signature L.P.I. # 850

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Charles P. Gverin 9/16/94
Signature of Owner/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.

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- EXPERIMENTAL SYSTEM

SEASONAL CONVERSION

to be completed by the LPI

- SYSTEM COMPLIES WITH RULES
- CONNECTED TO SANITARY SEWER
- SYSTEM INSTALLED - P# _____
- SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED ?

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: _____

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
 - Requiring Local Plumbing Inspector Approval
 - Requires State and Local Plumbing Inspector Approval
- MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER N. AUGUSTA MARKET
SPECIFY

INSTALLATION IS:

- COMPLETE SYSTEM
- NON-ENGINEERED SYSTEM
 - PRIMITIVE SYSTEM
(Includes Alternative Toilet)
 - ENGINEERED (+ 2000 gpd)
- INDIVIDUALLY INSTALLED COMPONENTS:
- TREATMENT TANK (ONLY)
 - HOLDING TANK _____ GAL
 - ALTERNATIVE TOILET (ONLY)
 - NON-ENGINEERED DISPOSAL AREA (ONLY)
 - ENGINEERED DISPOSAL AREA (ONLY)
 - SEPARATED LAUNDRY SYSTEM

SIZE OF PROPERTY

2 ACRES

ZONING

N/A

TYPE OF WATER SUPPLY

DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: 1000 GALS.

WATER CONSERVATION

- NONE
 - LOW VOLUME TOILET
 - SEPARATED LAUNDRY SYSTEM
 - ALTERNATIVE TOILET
- SPECIFY: _____

PUMPING

- NOT REQUIRED
 - MAY BE REQUIRED
(DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)
 - REQUIRED
- DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

STORE + GAS STATION

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
<u>5</u>	<u>E</u>

DEPTH TO LIMITING FACTOR: 2.

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq. Ft.
- CHAMBER 800 Sq. Ft.
 REGULAR H-20
- TRENCH _____ Linear Ft.
- OTHER: _____

DESIGN FLOW: 470
(GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 8/19/94 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Raymond Skarpe
Site Evaluator Signature

260
SE#

8/25/94
Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

AUGUSTA

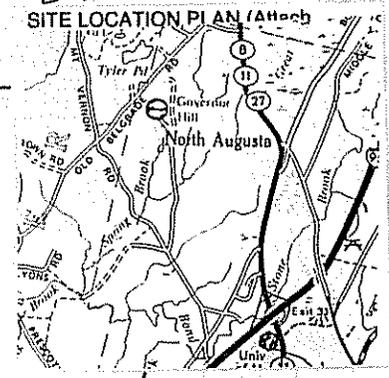
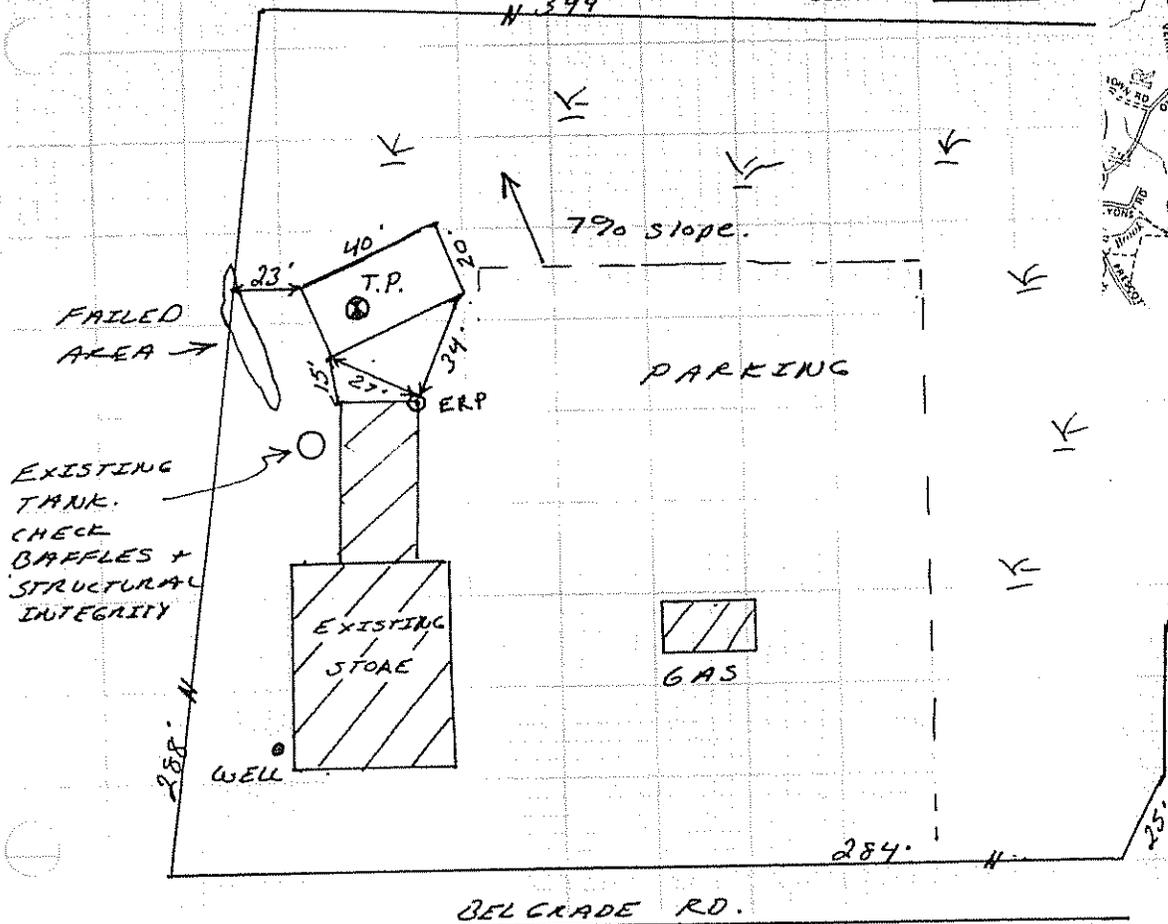
BELGRADE RD.

JEFF DAMON

SITE PLAN

SITE LOCATION PLAN (Attach)

Scale 1" = 50' Ft.



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole #1 Test Pit Boring
4' FILL " Depth of Organic Horizon Above Mineral Soil

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

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0		FRAGILE	DARK	COMMON
6				
10	MEDIUM		BROWN	DISTINCT
15	AND			
20	FINE			
25	SANDS			
30			OLIVE BROWN	
40			GRAY	
50				

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
25				
30				
40				
50				

Soil Profile	Classification Condition	Slope %	Limiting Factor	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
S	E	7	2	

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

Paul Skuyper
Site Evaluator Signature

260
SE#

8/25/94
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

AUGUSTA

BELGRADE RD.

JEFF DIAMON

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

ONE FOOT OF STONE
AROUND EDGE OF SYSTEM
6" STONE UNDER.

ERP

EXISTING 1000
GAL. SEPTIC

1000 GAL.
ONE PIECE SEPTIC
TANK.

7% Slope.

PUMP STATION
IF REQUIRED

2" FORCE MAIN
IF PUMPING
OR 4" SOLID
PIPE (SCH. 40)
GRAVITY FEED

EXCAVATE FILL 2' BEYOND
EDGE OF SYSTEM. EXCAVATE
FILL AND ORIGINAL SOIL
DOWN TO CLEAN SAND.
APPROXIMATELY 6'.

APPROXIMATE
EDGE OF
FILL EXTENSION

REGULAR

EXISTING
CELLAR DRAIN
RELOCATE IF
NECESSARY.

FILL REQUIREMENTS

Depth of Fill (Upslope)
Depth of Fill (Downslope)

1" / 17"

CONSTRUCTION ELEVATIONS

Reference Elevation is
Bottom of Disposal Area
Top of Distribution Lines or Chambers

0.00
- 72"
- 64

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

MARK ON SIDE
OF BUILDING 33" ABOVE
GRADE

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 Inch = Ft.

Horizontal: 1 Inch = Ft.

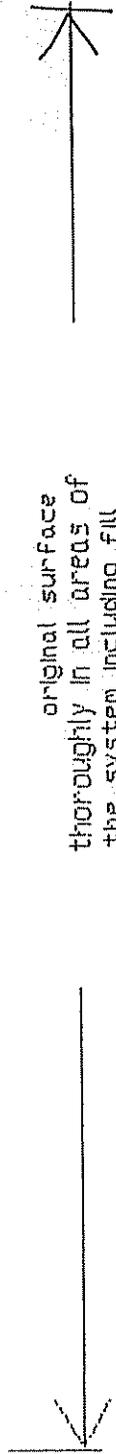
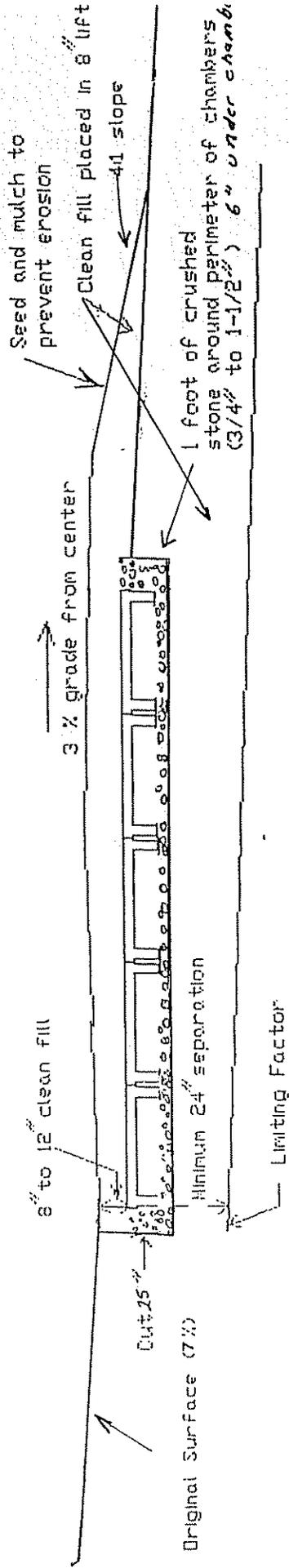
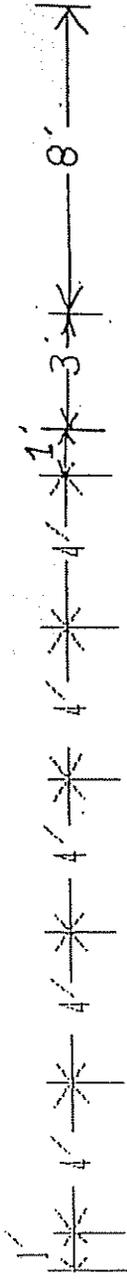
SEE ATTACHED CROSS SECTION

ATTACHMENT TO FORM HHE-200

ELEVATION NOTES

Top of Chambers	-64"
Bottom of Chambers	-77"

Reference elevation = 0"



SCALE

Vertical: 1 inch = 5 feet

Horizontal: 1 inch = 5 feet

Paul Skarp DATE: 8/25/94