

1-54

# 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 is in noncompliance 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 with LPI approval limitations can be met.

1. The replacement system is correcting a malfunction or an unlicensed wastewater discharge system.
2. A replacement 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 does not conflict with Seasonal Conversion Permit (30 MRSA § 3223) or with Mandatory Shoreland Zoning (12 MRSA § 4811).
6. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

## GENERAL INFORMATION

Town of Augusta

Town Code 04330 Permit No. 1320E Date Permit Issued 5-16-88  
month/day/yr.

Property Owner's Name: Dennis Lettre Tel. No. 623-4567

System's Location: Rt 27 REO 41 Box 552  
Street

Augusta MAINE 04330  
Town Zip

Property Owner's Address:  
(if different from above) \_\_\_\_\_  
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, 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, 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.

Dennis Lettre  
Property Owner's Signature

5-13-88  
Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
<b>Soils</b> Soil Profile oil Condition from HHE-200	Ground Water Table	to 6"		inches	
	Restrictive Layer	to 6"		inches	
	Bedrock	to 10"		inches	
<b>Setback Distances</b> (in feet)	From:	Treatment Tank	Disposal Area	Treatment Tank	Disposal Area
	Potable Water Supplies				
	1. Well: > 2000 gal/day	100a	300a		
	2. Well: < 2000 gal/day				
	a. Neighbor's	100b	100b	* 35' (see 1518)	
	b. Property Owner's	50'	60'		
	3. Water Supply Line	See Note 'a'			
Waterbodies	1. Perennial	60'	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With basement	See Note	15'		
	2. Without basement	'a'	10'		
Property Line		5'	5'		

Other Specify:

7/87 code revisions allow LPI approval authority to 25' provided tested for water tightness, Also 35' would be as good or better than current location

Footnotes:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. A variance to reduce the 100 foot setback distance to a minimum of 80 feet may be granted only with the neighbor's written permission.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

Hannan Bishop  
Site Evaluator's Signature

5/9/88  
Date

**LPI Statement**

I, George Lough, 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 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,  do not approve) 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, he shall state his reasons in **Comments** Section below as to why the proposed replacement system is not being recommended.

Comments: \_\_\_\_\_

George Lough  
LPI's Signature

5-16-88  
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 ADDRESS	
Town Or Plantation	Augusta
Street Subdivision Lot #	Rt 27
PROPERTY OWNERS NAME	
Last: <u>Lettre</u> First: <u>Dennis</u>	
Applicant Name:	<u>Same</u>
Mailing Address of Owner/Applicant (if Different)	RFD 4 Box 552 Augusta Me 04330

AUGUSTA                      PERMIT # 1,320                      TOWN COPY

Date Permit Issued: 5/16/88                      \$ 140.00 FEE                       Double Fee Charged

*[Signature]*  
Local Plumbing Inspector Signature                      L.P.I. # 201

Owner/Applicant Statement	Caution: Inspection Required
<p>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.</p> <p><u>[Signature]</u> Signature of Owner/Applicant                      Date</p>	<p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.</p> <p><u>[Signature]</u> Local Plumbing Inspector Signature                      Date Approved <u>7-8-88</u></p>

PERMIT INFORMATION		
<p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input type="checkbox"/> NEW SYSTEM 2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p> <p><b>SEASONAL CONVERSION</b> to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____ 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p><b>INSTALLATION IS:</b></p> <p><b>COMPLETE SYSTEM</b></p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: <u>1875+</u></p> <p>1. <input type="checkbox"/> BED                      3. <input checked="" type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER                      4. <input type="checkbox"/> OTHER: _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p><u>Dug Well</u></p>
<p>SIZE OF PROPERTY                      ZONING</p> <p><u>25 ac</u>                      <u>Rural</u></p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)							
<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC                      <input checked="" type="checkbox"/> Regular    <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC</p> <p>SIZE <u>1000</u> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____</p>	<p><b>PUMPING</b></p> <p>1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input checked="" type="checkbox"/> REQUIRED DOSE <u>50</u> GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC)</b></p> <p><u>2 Bed room</u> <u>1 room</u> <u>1 room</u></p>				
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table style="width: 100%;"> <tr> <th style="width: 50%;">PROFILE</th> <th style="width: 50%;">CONDITION</th> </tr> <tr> <td style="text-align: center;"><u>S</u></td> <td style="text-align: center;"><u>C</u></td> </tr> </table> <p>DEPTH OF LIFTING FACTOR <u>24</u></p>	PROFILE	CONDITION	<u>S</u>	<u>C</u>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL 2. <input checked="" type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input checked="" type="checkbox"/> BED <u>600</u> Sq. Ft. 2. <input type="checkbox"/> CHAMBER _____ Sq. Ft.    <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____</p>	<p><b>DESIGN FLOW:</b> <u>270</u> (GALLONS/DAY)</p>
PROFILE	CONDITION						
<u>S</u>	<u>C</u>						

**SITE EVALUATOR STATEMENT**

On 5/9/88 (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.

[Signature]                      201                      5/9/88  
Site Evaluator Signature                      SE#                      Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

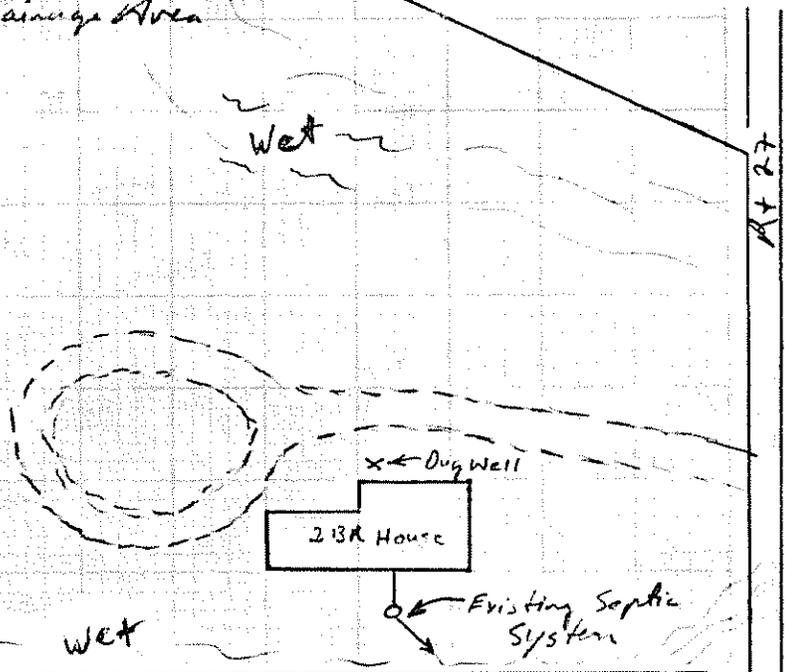
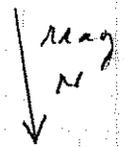
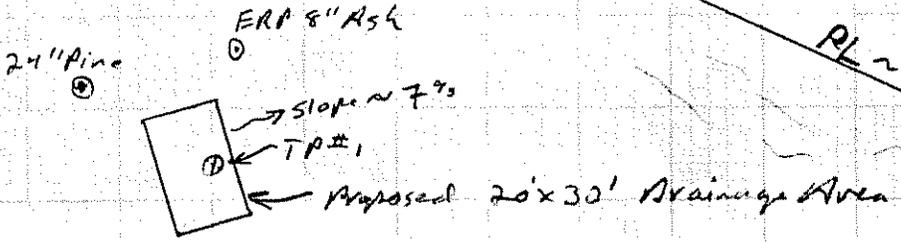
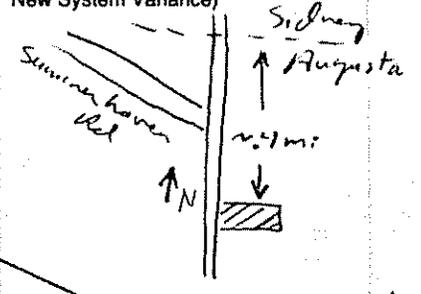
Town, City, Plantation  
*Augusta*

Street, Road, Subdivision  
*Rt 27*  
SITE PLAN

Owners Name  
*Dennis L. Lettre*

Scale 1" = 50 Ft.

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



## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

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

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	Loamy Sand	Loose	dk Br	
6-15	med fine Sand	Friable	dk Br	
15-20				
20-30			Sand Grey	Faint
30-40				
40-50				

Soil Profile <u>S</u>	Classification <u>C</u>	Slope _____ %	Limiting Factor <u>24"</u>	<input checked="" type="checkbox"/> Ground Water
	Condition			<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

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

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

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

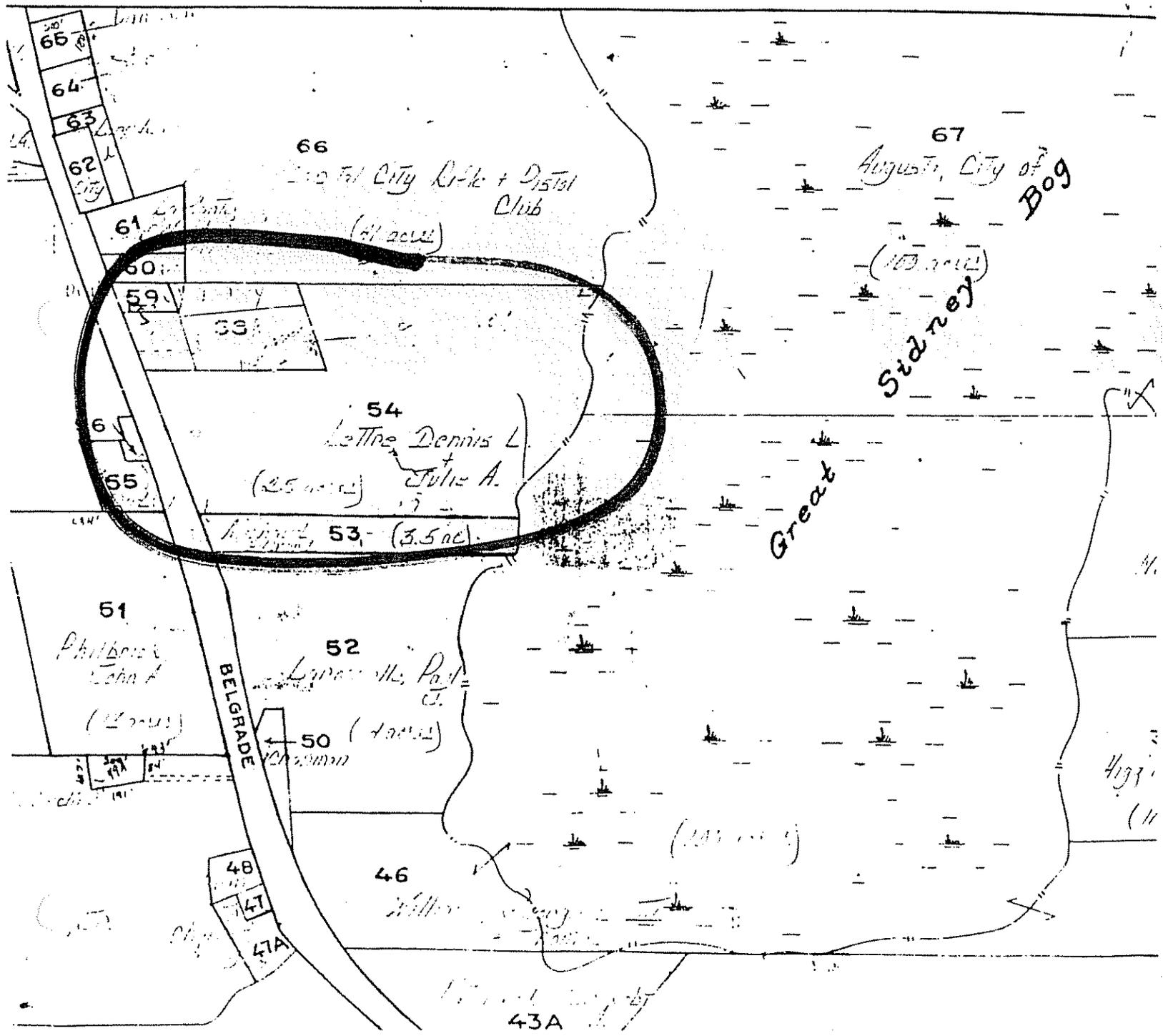
*Harold Bergh*  
Site Evaluator Signature

201  
SE#

5/9/88  
Date

Scale 1" = 500'

S I D N E Y



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Augusta

Street, Road, Subdivision

Rt 27

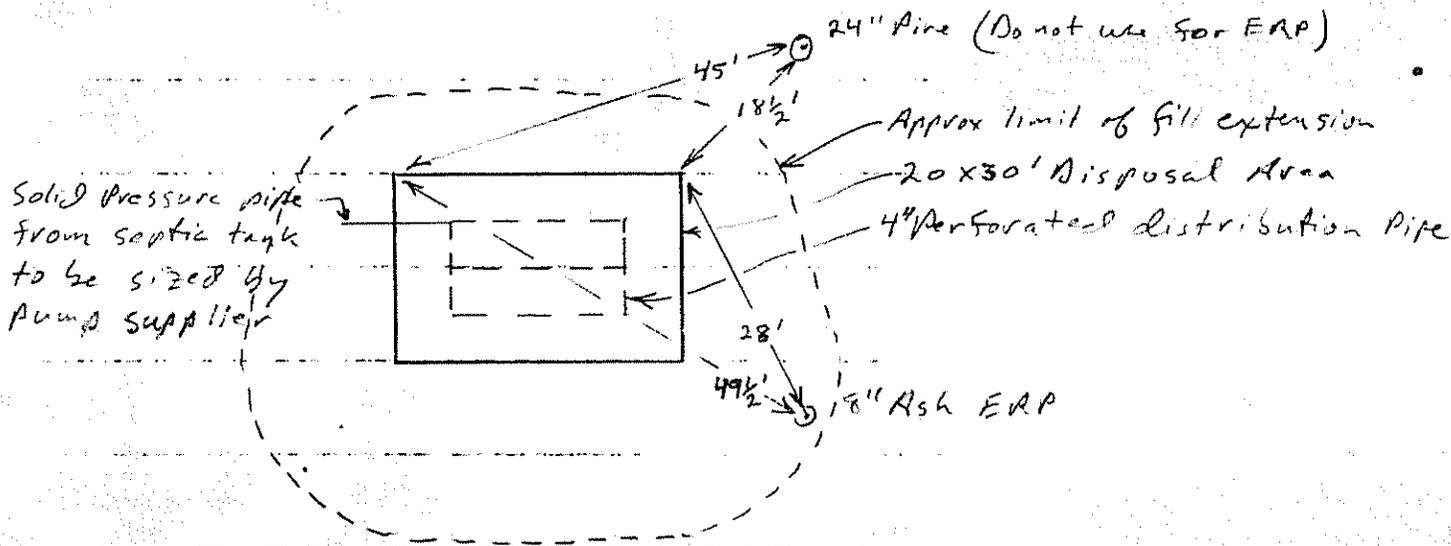
Owners Name

Dennis L Lettre

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

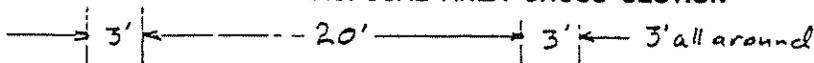
All construction to be in accordance w/ state Plumbing code



- Final grade to divert surface water runoff and prevent ponding  
- Septic tank must be at least 8' from house and 35' from well

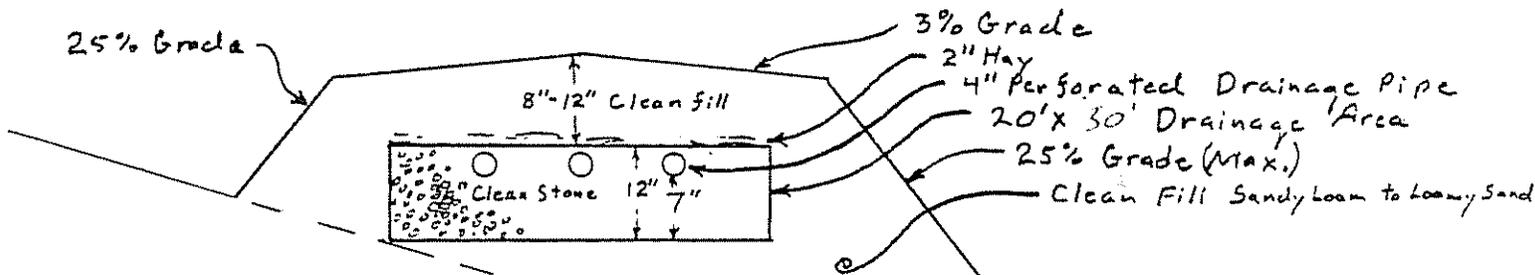
FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>22"</u>	Reference Elevation is <u>0'00"</u>	ERP is Red Flagged Nail in 8" Ash as shown
Depth of Fill (Downslope) <u>36"</u>	Bottom of Disposal Area <u>-43"</u>	
	Top of Distribution Lines or Chambers <u>-32"</u>	

### DISPOSAL AREA CROSS SECTION



Scale:

Vertical: 1 inch = 2 Ft.  
Horizontal: 1 inch = 10 Ft.



Remove Organic layer and Scarify Soil Surface

Hammond Beucher  
Site Evaluator Signature

2-01  
SE#

5/9/88  
Date