

M/L157

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 may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of the 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.

GENERAL INFORMATION

Town of AUGUSTA

Permit No. 3620 E

Date Permit Issued _____
MONTH/DAY/YEAR

Property Owner's Name: MICHAEL BUTTERFIELD

Tel. No. 623-4223

System's Location: RR 5 BOX 1020 MURIEL ST

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 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 the 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.

PROPERTY OWNER'S SIGNATURE

12-27-96

DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table	to 6"		7 inches	
Soil Condition from HHE-200	Restrictive Layer	to 6"		inches	
	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	100a	300a		
	2. Well: < 2000 gal/day	50'b	60b		
	a. Neighbors				
	b. Property Owner's	50'	50'	75'	
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Waterbody Major	50'	60'		
	2. Waterbody Minor	25'	25'		
	3. Manmade drainage ditch	12'	12'		
Downhill Slope	Greater than 3:1 (33%)	N/A	10b		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	7'		
Property Line		4'	5'		

OTHER

1. Fill Extension Grade--to 3:1 **REDUCE SEPARATION DISTANCE FROM 18 INCHES TO 12 INCHES TO MAINTAIN FILL ON PROPERTY AND REDUCE IMPACT ON ENVIRONMENT**
- 2.
- 3.

Footnotes:

- a. This setback 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 fill does not extend to the 3:1 slope.

WILLIAM P BROWN

SITE EVALUATOR'S SIGNATURE

12/23/96

DATE

LPI STATEMENT

I, George H. Soudy Jr., LPI for the Town of Madison 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.

--OR--

b. find that one or more of the requested Variances exceeds my 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 the **Comments** Section below as to why the proposed replacement system is not being recommended.

Comments:

George H. Soudy Jr.
LPI'S SIGNATURE

12/27/96
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

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

m1 4157

PROPERTY LOCATION	
Town or Plantation	AUGUSTA
Street	MURIEL STREET
Subdivision Lot #	
PROPERTY OWNERS NAME	
Last: BUTTERFIELD	First: MICHAEL
Mailing Address of Owner	RR 5 BOX 1020
	AUGUSTA, ME 04330
Daytime Tel. #	623-4223

AUGUSTA	3620	TOWN COPY
Date Permit Issued: <i>12-27-96</i>	\$ <i>10.00</i>	<input type="checkbox"/> Double Fee Charged
<i>[Signature]</i>	L.P.I. # <i>101A</i>	
Local Plumbing Inspector Signature		

Owner Statement

I state 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.

Michael Butterfield *12-27-96*
Signature of Owner/Applicant Date

Municipal Tax Map # _____ Page # _____

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Applicant

Ruff insp. 1/9/97
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1. <input type="checkbox"/> First Time System 2. <input type="checkbox"/> Multi-User System 3. <input checked="" type="checkbox"/> Replacement System 4. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non-exempted 5. <input type="checkbox"/> Experimental System 6. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES: 1. <input type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance (Municipal) 3. <input type="checkbox"/> First Time System Variance (State) 4. <input checked="" type="checkbox"/> Replacement System Variance a. <input checked="" type="checkbox"/> Local Plumbing Inspector approval b. <input type="checkbox"/> State & Local Plumbing Inspector approval 5. <input type="checkbox"/> Minimum Lot Size Variance 6. <input type="checkbox"/> Seasonal Conversion Variance	DISPOSAL SYSTEM COMPONENT(S): 1. <input checked="" type="checkbox"/> Non-Engineered System 2. <input type="checkbox"/> Primitive System 3. <input type="checkbox"/> Alternative Toilet specify _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank 5. <input type="checkbox"/> Holding Tank _____ Gallons 6. <input type="checkbox"/> Non-Engineered Disposal Area 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Engineered System (+2000 gpd) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Area (only)
SIZE OF PROPERTY 0.5 ACRES	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit 2. <input type="checkbox"/> Multiple Family Dwelling Unit Number of Units _____ 3. <input type="checkbox"/> OTHER SPECIFY _____	TYPE OF WATER SUPPLY EXISTING DRILLED WELL
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic ONE-PIECE SIZE: 1000 Gallons	DISPOSAL AREA TYPE/SIZE 1. <input checked="" type="checkbox"/> Stone Bed 1100 Sq. Ft. 2. <input type="checkbox"/> Proprietary Device _____ Sq. Ft. <input type="checkbox"/> Clustered <input type="checkbox"/> Linear <input type="checkbox"/> Regular <input type="checkbox"/> H-20 3. <input type="checkbox"/> Trench _____ Lin. Ft. 4. <input type="checkbox"/> Other _____	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes <input type="checkbox"/> Multi-compartment Tank <input type="checkbox"/> Tank in Series <input type="checkbox"/> Increase in tank capacity <input type="checkbox"/> Filter on Tank Outlet RECOMMENDED	CRITERIA USED FOR DESIGN FLOW (Show Calculations) 3 BEDROOM DESIGN FLOW: 270 (Gallons/Day)
PROFILE & DESIGN CLASS PROFILE 8 DESIGN D DEPTH TO MOST LIMITING FACTOR 7 "	DISPOSAL AREA SIZING 1. <input type="checkbox"/> Small 2.0 2. <input type="checkbox"/> Medium 2.60 3. <input type="checkbox"/> Medium-Large 3.30 4. <input checked="" type="checkbox"/> Large 4.10 5. <input type="checkbox"/> Extra-Large 5.00	PUMPING 1. <input type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input checked="" type="checkbox"/> Required DOSE 50 Gallons	

SITE EVALUATOR'S STATEMENT

On 12/22/96 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules.

William P Brown 188 12/23/96
Site Evaluator Signature SE# Date

WILLIAM P BROWN 293-2110
Print Name Telephone

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Town, City, Plantation
AUGUSTA

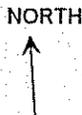
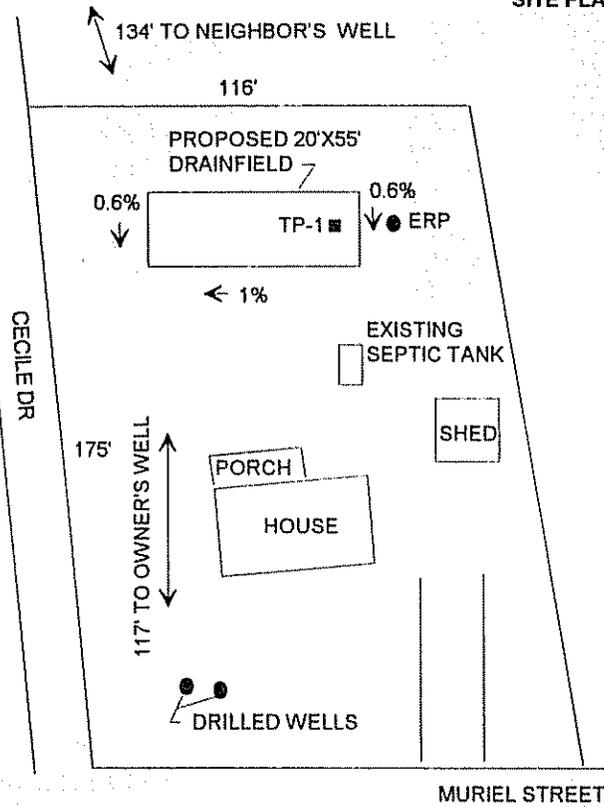
Street, Road, Subdivision
MURIEL STREET

Owners Name
MICHAEL BUTTERFIELD

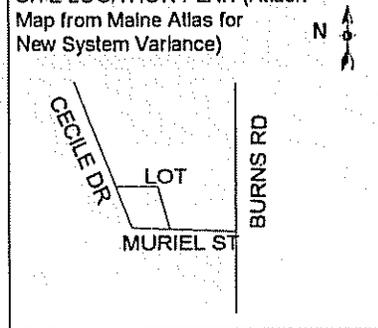
SITE PLAN

Scale 1" = 50 Ft.

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



ERP TO TP-1 = 18'



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	LOAMY SAND	FRIABLE	ORANGE BROWN	NONE
6				
10	SILT WITH SAND	FIRM	OLIVE BRN	COMMON
15				
20				
30				
40				
50				

Soil Profile <u>8</u>	Classification Condition <u>D</u>	Slope <u>0.6-1 %</u>	Limiting Factor <u>7</u> "	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Observation Hole Test Pit Boring

 " Depth of Organic Horizon Above Mineral Soil

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

Soil Profile <u> </u>	Classification Condition <u> </u>	Slope <u> </u> %	Limiting Factor <u> </u> "	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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WILLIAM P BROWN
Site Evaluator Signature

William P Brown

188
SE #

12/23/96
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

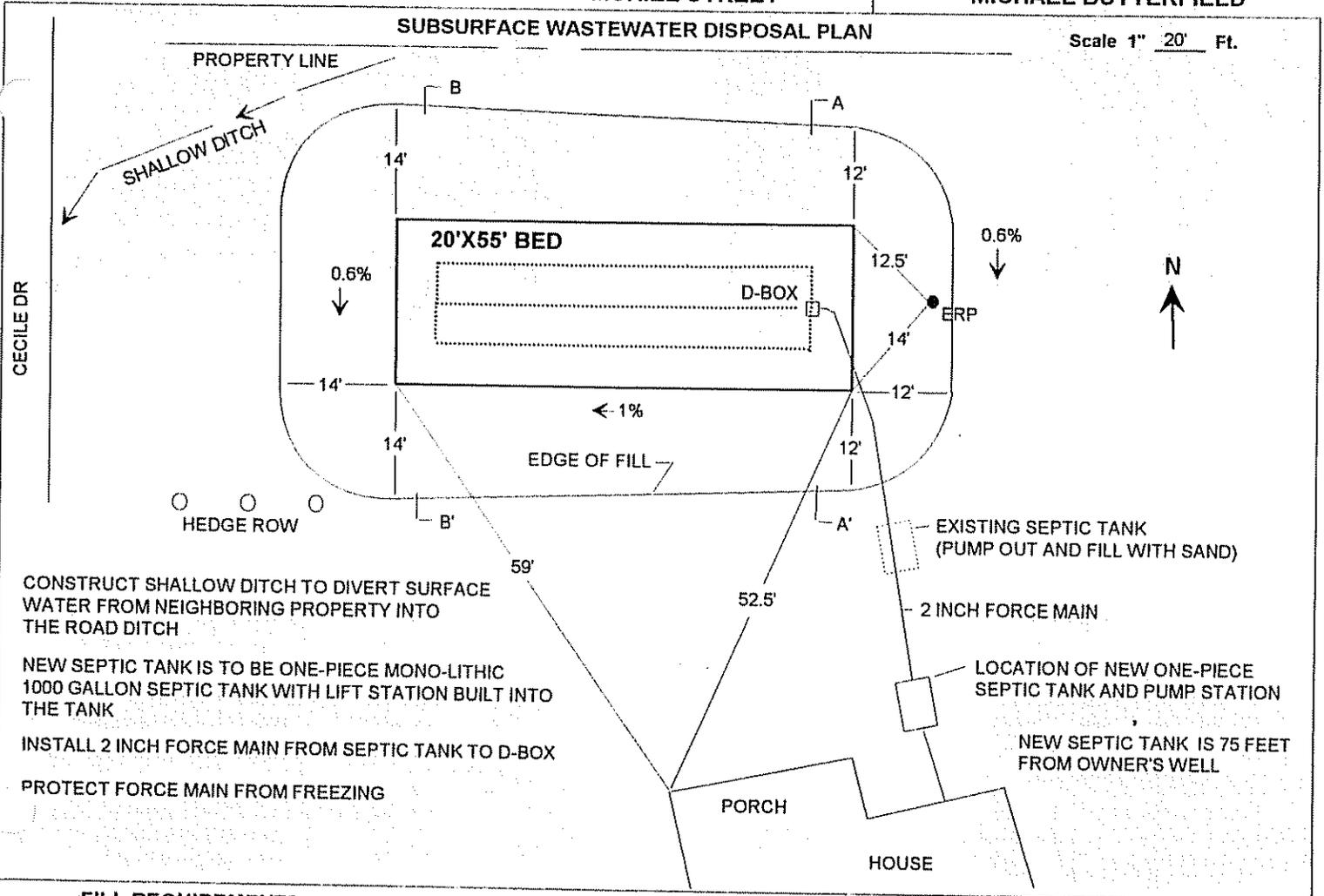
AUGUSTA

MURIEL STREET

MICHAEL BUTTERFIELD

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



CONSTRUCT SHALLOW DITCH TO DIVERT SURFACE WATER FROM NEIGHBORING PROPERTY INTO THE ROAD DITCH

NEW SEPTIC TANK IS TO BE ONE-PIECE MONO-LITHIC 1000 GALLON SEPTIC TANK WITH LIFT STATION BUILT INTO THE TANK

INSTALL 2 INCH FORCE MAIN FROM SEPTIC TANK TO D-BOX

PROTECT FORCE MAIN FROM FREEZING

EXISTING SEPTIC TANK (PUMP OUT AND FILL WITH SAND)

2 INCH FORCE MAIN

LOCATION OF NEW ONE-PIECE SEPTIC TANK AND PUMP STATION

NEW SEPTIC TANK IS 75 FEET FROM OWNER'S WELL

FILL REQUIREMENTS

Depth of Fill (Upslope) **32-38"**

Depth of Fill (Downslope) **34-40"**

CONSTRUCTION ELEVATIONS

Reference Elevation is **00"**

Bottom of Disposal Area **-31"**

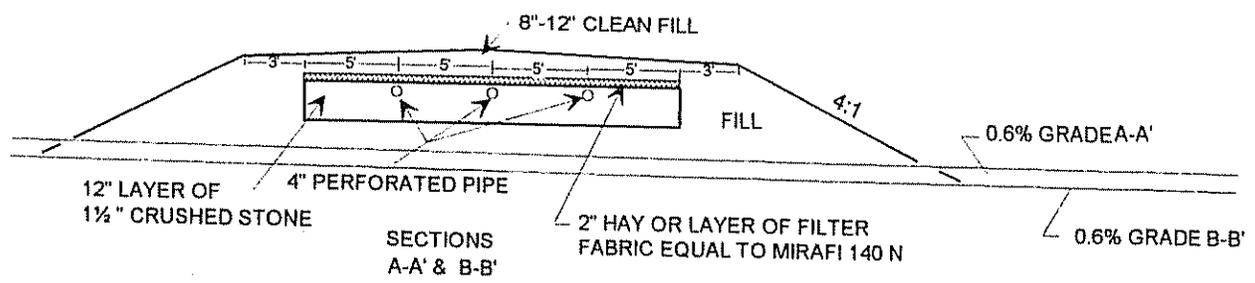
Top of distribution Lines or Chambers **-20"**

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

FLAGGED NAIL IN 3 INCH MOUNTAIN ASH TREE, 3 FEET ABOVE GROUND

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.



REMOVE VEGETATION IN DISPOSAL AREA

SCARIFY ENTIRE FILL AREA

ALL FILL SHALL BE GRAVELLY COARSE SAND

MIX 4 INCHES OF FILL MATERIAL WITH ORIGINAL SOIL TO FORM A TRANSITION ZONE (ACCORDING TO CHAPTER 12, PLUMBING CODE)

CROWN FINISH GRADE FROM CENTER AT 3% LOAM, SEED, MULCH DISTURBED AREAS

WILLIAM P BROWN *William P Brown*
Site Evaluator Signature

188
SE #

12/23/96
Date

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