

P.O. mch.

626-5666 called 9/7/93 8:20

M12159

# 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.

### GENERAL INFORMATION

Town COPY

Permit No. # 2792 E

Town of Augusta

Date Permit Issued 9/3/93  
MONTH/DAY/YEAR

Property Owner's Name: Debra Gilbert Tel. No. \_\_\_\_\_

System's Location: Burns Road STREET

Augusta TOWN Maine 04320 ZIP

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

\_\_\_\_\_ 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.

Debra I. Gilbert  
PROPERTY OWNER'S SIGNATURE

8/16/93  
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS	Soil Profile	to 6"		6" inches	
	Soil Condition	to 6"		inches	
	from HHE-200	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 <sup>a</sup>	300 <sup>a</sup>		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50 <sup>ab</sup>	60 <sup>ab</sup>		
	b. Property Owner's	25'	50'		55'
	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 <sup>c</sup>	10 <sup>c</sup>		
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.

*[Signature]* SE 241  
 SITE EVALUATOR'S SIGNATURE

5-18-1993  
 DATE

**LPI STATEMENT**

I, *[Signature]*, 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.
- 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: \_\_\_\_\_

*[Signature]*  
 LPI'S SIGNATURE

9/3/93  
 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

M12159  
 Department of Human Services  
 Division of Health Engineering  
 (207)289-3826

**PROPERTY ADDRESS**

Town Or Plantation: Augusta Maine

Street bdivision Lot #: Burns Road

**PROPERTY OWNERS NAME**

Last: Gilbert First: Debra

Applicant Name: Same

Mailing Address of Owner/Applicant (If Different): RR 5 Augusta Maine 04330

**AUGUSTA**

Date Permit Issued: 9/3/93 \$ 16 TOWN COPY  Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 8501

**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.

[Signature] 9/3/93  
 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.

[Signature] 9/10/93  
 Local Plumbing Inspector Signature Date Approved

## PERMIT INFORMATION

**THIS APPLICATION IS FOR:**

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

**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

**INSTALLATION IS:**

**COMPLETE SYSTEM**

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM  
(Includes Alternative Toilet)
- ENGINEERED (+ 2000 gpd)

**SEASONAL CONVERSION**  
to be completed by the LPI

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

**DISPOSAL SYSTEM TO SERVE:**

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER \_\_\_\_\_

SPECIFY

**INDIVIDUALLY INSTALLED COMPONENTS:**

- TREATMENT TANK (ONLY)
- HOLDING TANK \_\_\_\_\_ GAL
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

**IF REPLACEMENT SYSTEM:**

YEAR FAILING SYSTEM INSTALLED 20+-

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: \_\_\_\_\_

SIZE OF PROPERTY: 20,000 sq. ft +/-

ZONING: Rural

**TYPE OF WATER SUPPLY**

Drilled Well

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

**TREATMENT TANK**

- SEPTIC:  Regular  Low Profile
- AEROBIC

SIZE: 1000-1200 GALS.  
2 compartments optional

**WATER CONSERVATION**

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: \_\_\_\_\_

**PUMPING**

- NOT REQUIRED
- MAY BE REQUIRED  
(DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: 50 GALS.

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

3 Bedroom Moderate Flow

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE	CONDITION
<u>7</u>	<u>0</u>

DEPTH TO LIMITING FACTOR: 6"

**SIZE RATINGS USED FOR DESIGN PURPOSES**

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

**DISPOSAL AREA TYPE/SIZE**

- BED 1200 Sq. Ft.
- CHAMBER \_\_\_\_\_ Sq. Ft.  
 REGULAR  H-20
- TRENCH \_\_\_\_\_ Linear Ft.
- OTHER: \_\_\_\_\_

20'x60' Bed

DESIGN FLOW: 360  
 (GALLONS/DAY)

## SITE EVALUATOR STATEMENT

On 4-24-1993 (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]  
 Site Evaluator Signature

241  
 SE#

5-18-1993  
 Date

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

Attachment To Form HHE-200  
Additional Information About Your Septic System

1. You should have your septic tank pumped out and checked every two years or more often to prolong the life of your system.
2. If you plan to install a garbage disposal in your home, you should have the next available size septic tank installed. An alternative to this is the installation of a Zabel Industries Inc. Multi-purpose filter, Model #A-100 or equivalent on the outlet end of the septic tank.
3. Water softeners should drain to a separate gray water disposal system.
4. Your septic tank must be installed level and all joints, inspection covers etc. must be water tight. The same is necessary for a pump tank if your system requires one.
5. The outlet invert elevation should be equal to or higher than the finish grade of the septic field to avoid flooding of the tank and solids entering the field.
6. Your system is designed to handle laundry waste water provided a separated laundry system is not indicated on page 1 of your HHE-200 form and the total daily design flow shown on page 1 is not exceeded. If a low water toilet is required it must use less than 1.5 gallons per flush.
7. All construction shall conform with section 11-D "State of Maine-Subsurface Wastewater Disposal Rules-Chapter 241" and all pertinent sections.
8. All fill shall be sandy loam coarser with sufficient fines for adequate compaction, unless otherwise stated.
9. Wells shall be located a minimum of 100 feet from subsurface disposal system.
10. Property lines shown are as provided by owner and no guarantee of accuracy is implied. Actual property lines must be confirmed by survey.
11. Applicability of design must be reevaluated when location of structures are substantially different than those shown on the site plan or when other structures, additions, or appurtenances (i.e. swimming pools) are considered.
12. Systems put into service prior to establishing proper cover shall be provided with adequate erosion control to prevent damage to the system.
13. Provide low profile septic tank when determined as necessary in the field.
14. Lots not meeting the requirements if the "Minimum lot size Rule" but recorded prior to its effective date require a "Minimum Lot size waiver" as issued by the Department of Human Services-Division of Health Engineering.
15. Force mains, pump stations, and/or gravity piping subject to freezing shall be adequately installed.
16. The L.P.I. shall inform the owner and designer of any local ordinance exceeding the rules(Chapter 241), prior to issuing a permit, so that the application may be properly amended to conform to such ordinances.



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

Augusta

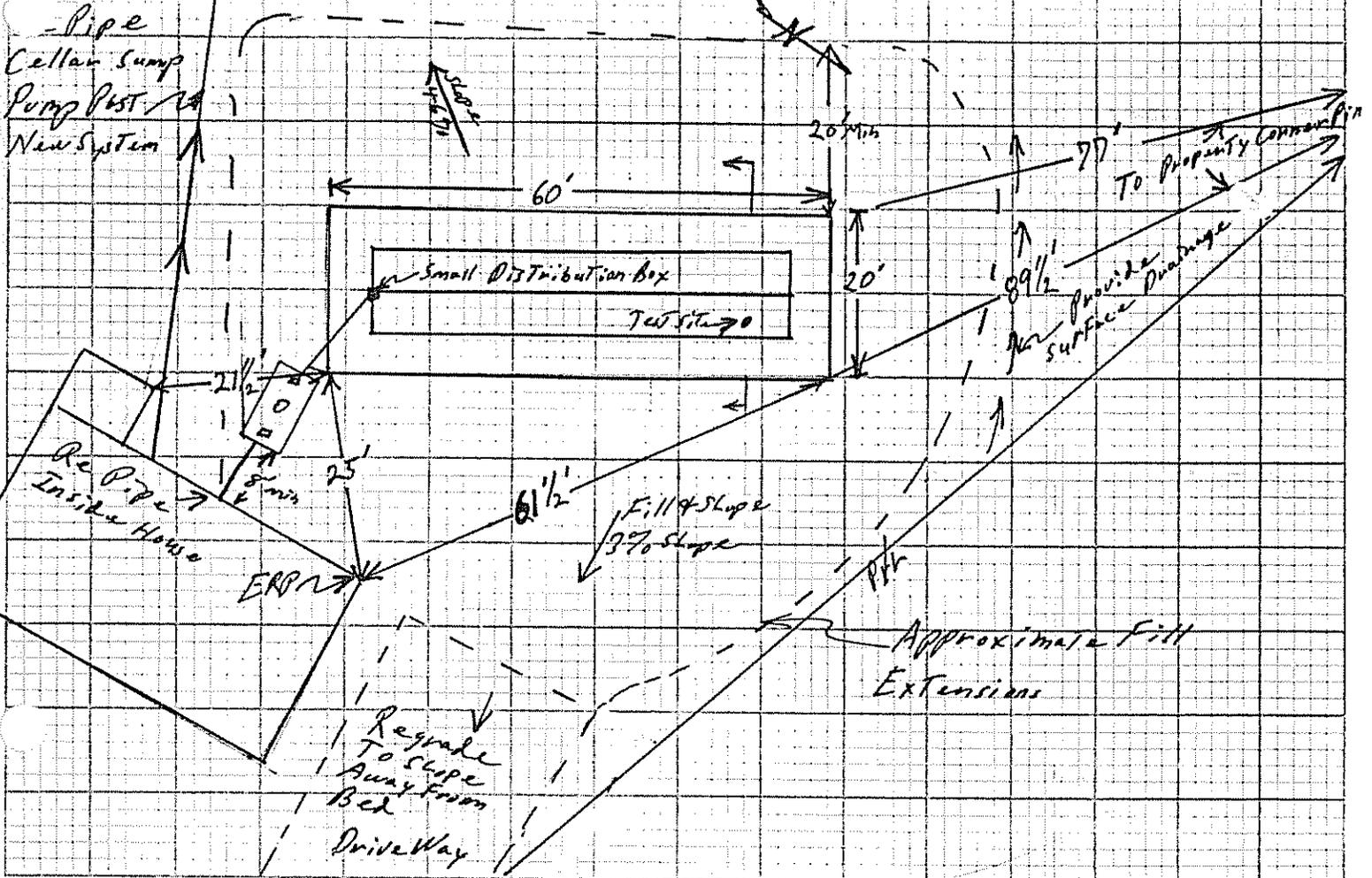
Burns Road

Debra Gilbert

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL

- Pipe  
Cellar Sump  
Pump Post  
New System



### FILL REQUIREMENTS

Depth of Fill (Upslope) 30"  
Depth of Fill (Downslope) \_\_\_\_\_

### CONSTRUCTION ELEVATIONS

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

### ELEVATION REFERENCE POINT

LOCATION & DESCRIPTION  
0  
40" Nails in Tag # 165 in  
-27" Corner of House

### DISPOSAL AREA CROSS SECTION

See Page 4.

Scale:

Vertical: 1 inch = \_\_\_\_\_ Ft.  
Horizontal: 1 inch = \_\_\_\_\_ Ft.

*ED Duke*

Site Evaluator Signature

241

SE#

5-18-1993

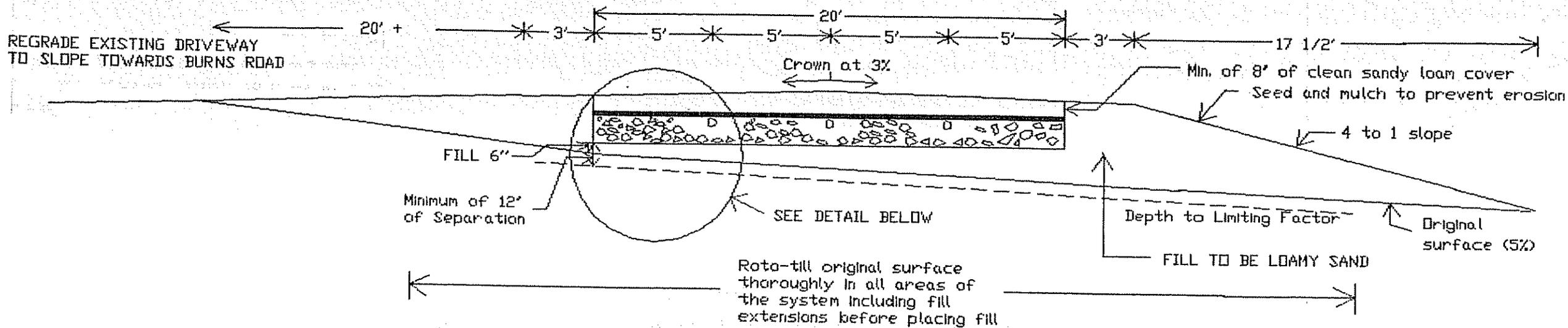
Date

# ATTACHMENT TO FORM HHE-250

DEBRA GILBERT PAGE 4 OF 4  
BURNS ROAD AUGUSTA, ME.

## ELEVATIONS

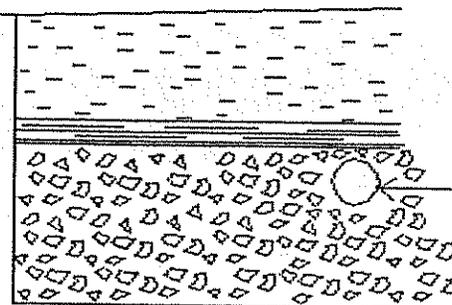
Reference Elevation Is -0  
Bottom of Disposal Area Is -40"  
Top of Distribution Lines Is -27"



Minimum of 8'  
of clean, sandy  
loam fill

2' of compacted hay

Minimum of 14' of  
1 1/2-inch diameter  
clean crushed stone



DETAIL OF BED

NOTE: Keep 1' of stone  
over pipe and a minimum  
of 9' of stone under  
the pipe

Depth of Fill (Upslope) = 30"

Depth of Fill (Downslope) = 42"

SCALE:

Vertical: 1 inch = 5 feet  
Horizontal: 1 inch = 5 feet

DATE: 5-18-1991