

REPLACEMENT SYSTEM VARIANCE REQUEST

RECEIVED
APR 27 1990

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. 1845 E Town of Augusta
Date Permit Issued _____ MONTH DAY YEAR
Property Owner's Name: DONALD L. DAYON Tel. No. _____
System's Location: 733 RIVERSIDE DRIVE STREET
AUGUSTA TOWN Maine 04330 ZIP
Property Owner's Address: R-1, B-39 STREET
(if different from above) SAME 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.

Frederica G. Dayon 04/27/90
PROPERTY OWNER'S SIGNATURE DATE

filed 5-10-90
Mary

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		_____ Inches	
	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	100 ^a	300 ^a	_____	_____
	2. Well: < 2000 gal/day			_____	_____
	a. Neighbor's	50 ^b	60 ^b	_____	_____
	b. Property Owner's	25'	50'	_____	_____
	3. Water Supply Line	See note 'a'		_____	_____
Waterbodies	1. Perennial	50'	60'	_____	70
	2. Intermittent	15'	20'	_____	_____
	3. Manmade drainage ditch	10'	15'	_____	_____
Downhill Slope	Greater than 3:1 (33%)	5 ^c	10 ^c	_____	_____
Buildings	1. With Basement	5'	10'	_____	_____
	2. Without Basement	5'	10'	_____	_____
Property Line		4'	5'	_____	_____

OTHER

1. _____
2. _____

NOTES:

- This setback distance cannot be reduced by variance. See Table B-2.
- 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.
- Sufficient distance shall be maintained to assure that the top of the fill does not extend to the 3:1 slope.

Don W. Rebert

 SITE EVALUATOR'S SIGNATURE 4/25/90
DATE

LPI STATEMENT

I, *Jay R. Tuttle*, 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: _____

Jay R. Tuttle

 LPI'S SIGNATURE 4-27-90
DATE

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

04189747

PROPERTY ADDRESS	
Town Or Plantation	Augusta
Street	733 Riverside Drive
Division Lot #	
PROPERTY OWNER'S NAME	
Last: Doyon	First: Donald L.
Applicant Name:	Donald L. Doyon
Mailing Address of Owner/Applicant (If Different)	R-1 B-39 Augusta Me 04330

CAUTION: PERMIT REQUIRED TOWN COPY

AUGUSTA

Date Permit Issued: 4/27/90 \$ 40.00 Double Fee Charged

L.P.I. # 850

Local Plumbing Inspector Signature: R. J. [Signature]

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] 4/23/90
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 ?

SIZE OF PROPERTY: 2.8+-ac ZONING: _____

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
 - Requires 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 _____ 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

TYPE OF WATER SUPPLY
City water

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC <p>SIZE <u>1000</u> GALS.</p>	<p>WATER CONSERVATION</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> LOW VOLUME TOILET <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM <input type="checkbox"/> ALTERNATIVE TOILET <p>SPECIFY _____</p>	<p>PUMPING</p> <ol style="list-style-type: none"> <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION & ELEVATION) <input checked="" type="checkbox"/> REQUIRED DOSE: <u>69</u> GALS. 	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING) EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>3 bedrooms</u></p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td><u>3</u></td> <td><u>C</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>15</u> "</p>	PROFILE	CONDITION	<u>3</u>	<u>C</u>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> MEDIUM-LARGE <input type="checkbox"/> LARGE <input type="checkbox"/> EXTRA-LARGE 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> BED <u>1000</u> Sq. Ft. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <ul style="list-style-type: none"> <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 <input type="checkbox"/> TRENCH _____ Linear Ft. <input type="checkbox"/> OTHER: _____ 	<p>DESIGN FLOW: <u>300</u> (GALLONS/DAY)</p>
PROFILE	CONDITION						
<u>3</u>	<u>C</u>						

E EVALUATOR STATEMENT

APR 23 1990

On 4/18/90 (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

51 SE#

4/18/90
Date

Approved for use as HHE 200 by Division of Health Engineering 9/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

04189747

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

733 Riverside Drive

Doyon, Donald L.

SITE PLAN

SITE LOCATION PLAN

Scale: 1" = _____ Ft.
or as shown

(Attach Map from Maine At
for New System Variance)

#733
BOX 39



RIVERSIDE
DRIVE

SEE P. - 4

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

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

Inches	Texture	Consistency	Color	Mottling
0				
6	S.L.	FRIABLE	B	
10				
15				15"
20	G.T.	FIRM	G.B.	
30				
40				
50				

Soil Classification 3 Slope 3 % Limiting Factor 15 Ground Water
 Profile Condition C Restr. Layer Bedrock

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

Inches	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Classification _____ Slope _____ % Limiting Factor _____ Ground W.
 Profile Condition _____ Restr. L. Bedrock

Wm W. Richard

Site Evaluator Signature

51
SE#

4/18/90
Date

Approved for use as
HHE 200 by Division of
Health Engineering 9/87

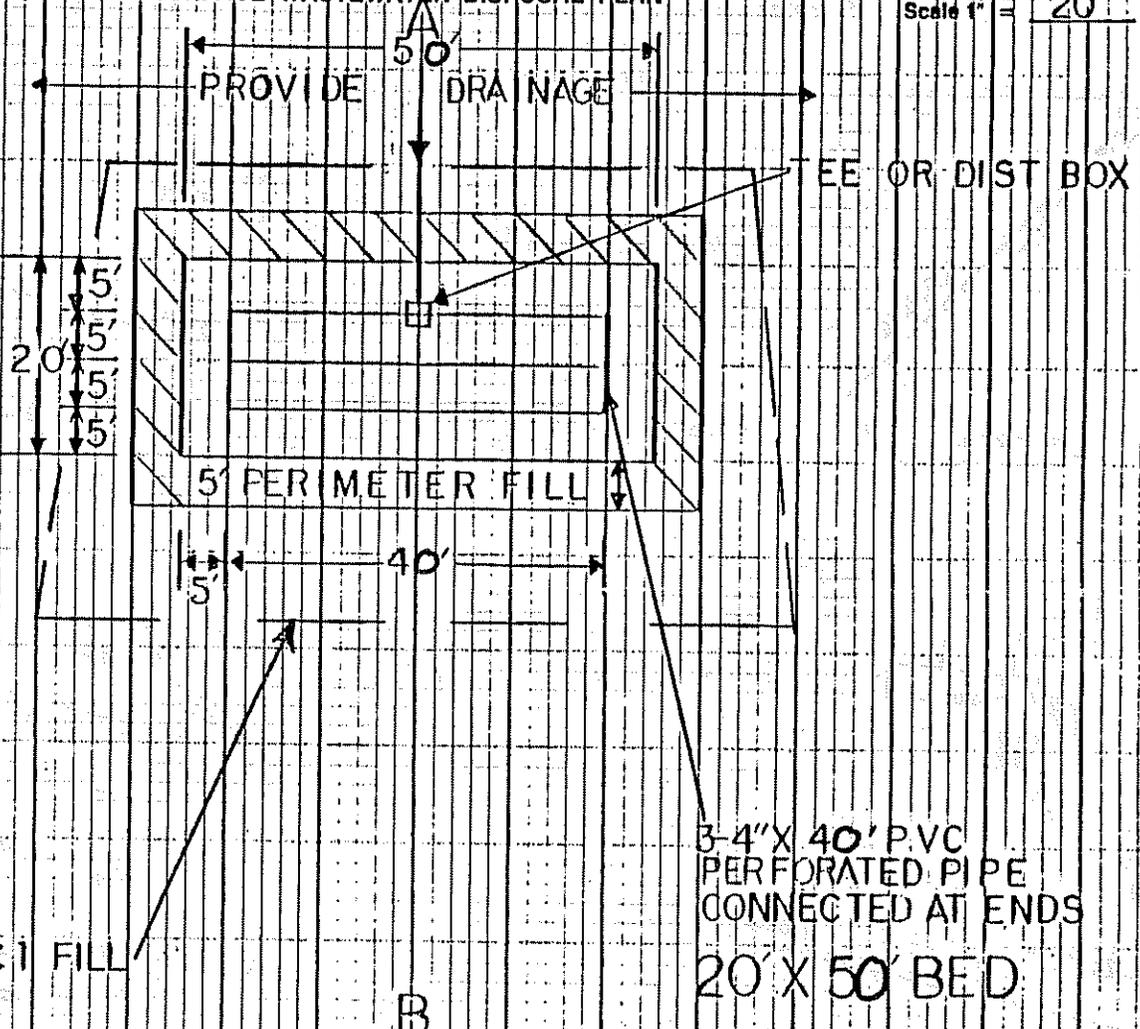
Town, City, Plantation

Street, Road, Subdivision

Owners Name

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL.



APPROX. TOE 4:1 FILL

3-4" X 40' PVC PERFORATED PIPE CONNECTED AT ENDS
20' X 50' BED

FILL REQUIREMENTS

Depth of Fill (Upslope)

21'
30"

Depth of Fill (Downslope)

CONSTRUCTION ELEVATIONS

Reference Elevation Is

0
-63"
-52"

Bottom of Disposal Area

Top of Distribution Lines or Chambers

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

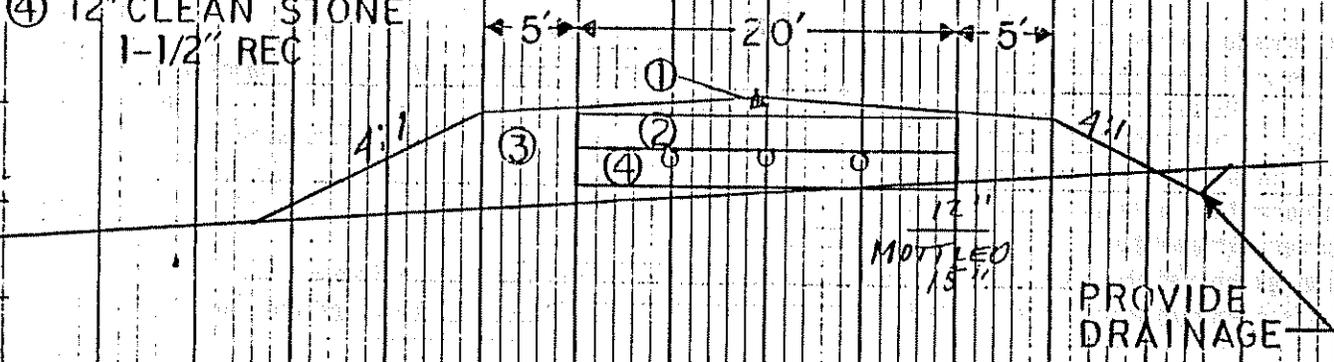
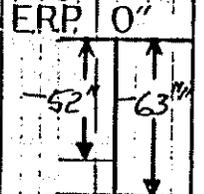
NAIL IN 30" PINE

DISPOSAL AREA CROSS SECTION

- ① 3" TOPSOIL CROWNED
- ② 8" CLEAN SAND
- ③ 2 COMPACTED HAY
- ④ 12" CLEAN STONE 1-1/2" REC

Scale:

Vertical: 1 inch = 5 FL.
Horizontal: 1 inch = 10 FL.



PROVIDE DRAINAGE

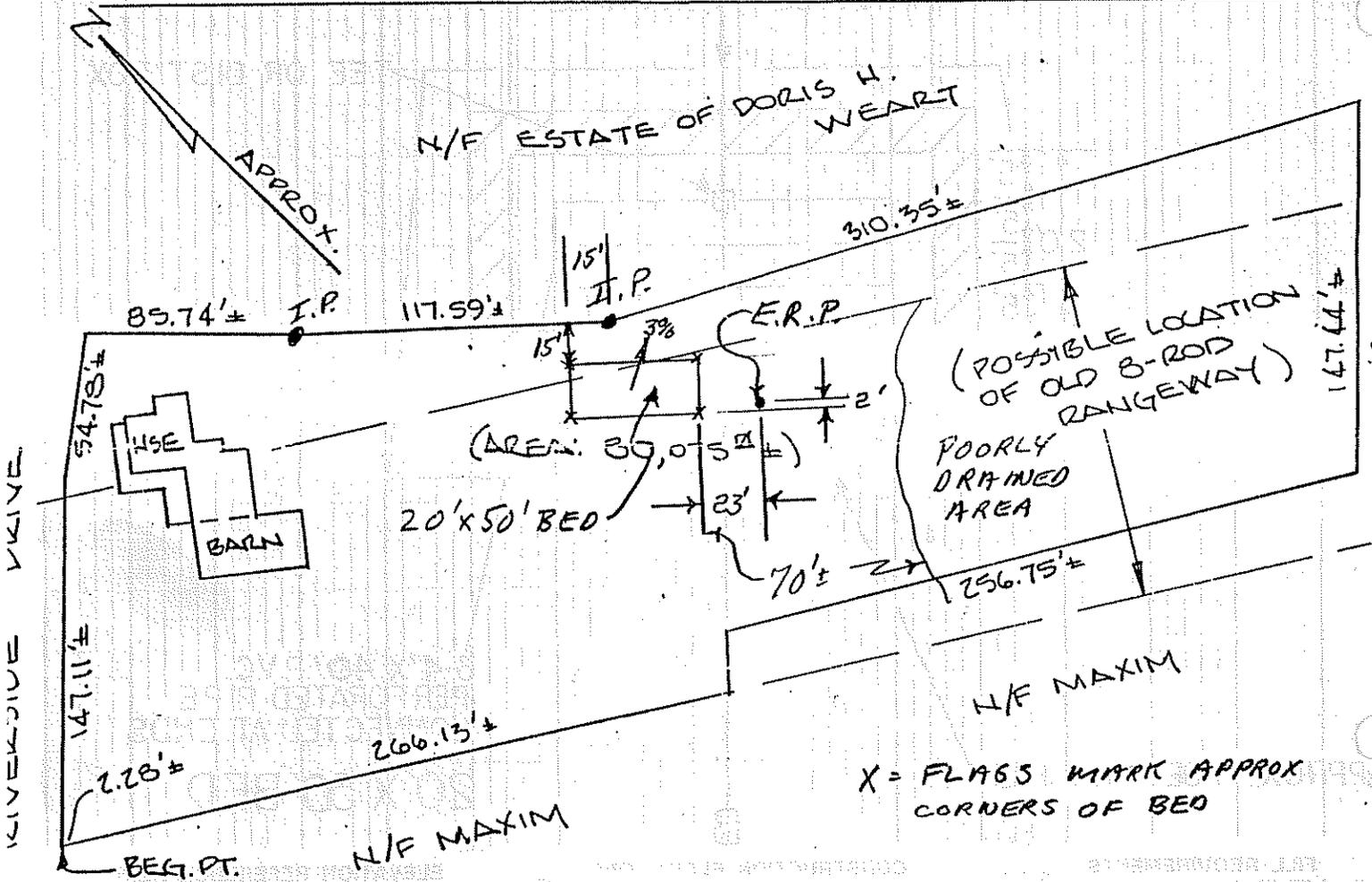
FILL MATERIAL TO BE LOAMY SAND
GRUB SURFACE - REMOVE ORGANICS

Donald W. Rider
Site Evaluator Signature

51
SE#

4/18/90
Date

MORTGAGE LOAN INSPECTION SKETCH



DOYON ACQUISITION, 733 RIVERSIDE DRIVE, AUGUSTA, MAINE

Date: February 28, 1986

Scale: 1 inch = 67 feet ±

Project #860281

NOTES:

- 1.) This mortgage loan inspection sketch shows apparent property lines but does not constitute a Standard Boundary Survey of the subject real property. It may not comply with the requirements set forth in "Standards of Practice, Rule 12, Rules and Regulations for the State Board of Registration for Land Surveyors" as adopted by the Maine State Board of Registration for Land Surveyors, and is not to be used for descriptive or recording purposes.
- 2.) Statements made hereon are not warranted but are statements of opinion made to the best of this surveyor's knowledge, information and belief.
- 3.) Distances are per deed description.
- 4.) The buildings depicted above are not located in a flood hazard zone according to H.U.D. flood maps.
- 5.) The premises depicted above did conform with dimensioned aspects of local zoning at time of construction.

THIS MORTGAGE LOAN INSPECTION IS NOT A BOUNDARY SURVEY BUT IS FOR MORTGAGE PURPOSES ONLY.

To: LAWYERS TITLE INSURANCE COMPANY, its successors in interest, exclusively; I hereby certify to the best of my knowledge, information and belief that I have inspected or have caused to be inspected the premises shown hereon and the evident easements, encroachments and buildings depicted above are located on the ground as shown subject to the qualifications set forth in the "Notes" above and the premises shown hereon are based on Book 812, Page 298, Book 861, Page 448, and Book 1100, Page 142, Kennebec County Registry of Deeds.