

# REPLACEMENT SYSTEM VARIANCE REQUEST

Map 2 Lot 60

Town Copy

## 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.

2-60

## GENERAL INFORMATION

Town of Augusta

Permit No. # 1324 E Date Permit Issued \_\_\_\_\_  
MONTH/DAY/YEAR

Property Owner's Name: William Brooke Tel. No. 622-0457

System's Location: West River Road STREET  
Augusta TOWN Maine 04330 ZIP

Property Owner's Address: Same (Box 155) 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.

Bill Brooke  
PROPERTY OWNER'S SIGNATURE

5-May-88  
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
		TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
SOILS					
Soil Profile	Ground Water Table		to 6"	0	inches
Soil Condition	Restrictive Layer		to 6"		inches
from HHE-200	Bedrock		to 10"		inches
SETBACK DISTANCES (IN FEET)	FROM:				
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'	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 <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.

David P. Rosque  
SITE EVALUATOR'S SIGNATURE

5/6/88  
DATE

**LPI STATEMENT**

I, Gary F. 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: \_\_\_\_\_

Gary F. Tuttle  
LPI'S SIGNATURE

May 17, 1988  
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.

Brent J. McCarthy WW & PC  
SIGNATURE OF THE DEPARTMENT

May 17, 1988  
DATE

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

<b>PROPERTY ADDRESS</b>	
Town Or Plantation	<u>AUGUSTA</u>
Street / Division Lot #	<u>West River Road</u>
<b>PROPERTY OWNERS NAME</b>	
Last: <u>Brooke</u>	First: <u>Bill</u>
Applicant Name:	<u>Same</u>
Mailing Address of Owner/Applicant (if Different)	<u>Box 155 West River Rd. Augusta, Me.</u>

AUGUSTA	PERMIT # <u>1,324</u>	TOWN COPY
Date Permit Issued: <u>5/17/88</u>	FEE: <u>\$410.00</u>	<input type="checkbox"/> Double Fee Charged
<u>Larry R. Tuttle</u> Local Plumbing Inspector Signature		L.P.I. # <u>1850</u>

**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.

Bill Brooke      5/17/88  
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]      7/7/88  
 Local Plumbing Inspector Signature      Date Approved

### PERMIT INFORMATION

<p><b>THIS APPLICATION IS FOR:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NEW SYSTEM</li> <li><input checked="" type="checkbox"/> REPLACEMENT SYSTEM</li> <li><input type="checkbox"/> EXPANDED SYSTEM</li> <li><input type="checkbox"/> EXPERIMENTAL SYSTEM</li> </ol> <p><b>SEASONAL CONVERSION</b> to be completed by the LPI <u>N/A</u></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SYSTEM COMPLIES WITH RULES</li> <li><input type="checkbox"/> CONNECTED TO SANITARY SEWER</li> <li><input type="checkbox"/> SYSTEM INSTALLED - P# _____</li> <li><input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</li> </ol>	<p><b>THIS APPLICATION REQUIRES:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NO RULE VARIANCE</li> <li><input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</li> <li><input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form                     <ol style="list-style-type: none"> <li><input type="checkbox"/> Requiring Local Plumbing Inspector Approval</li> <li><input checked="" type="checkbox"/> Requires State and Local Plumbing Inspector Approval</li> </ol> </li> <li><input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</li> </ol>	<p><b>INSTALLATION IS:</b></p> <p>COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</li> <li><input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</li> <li><input type="checkbox"/> ENGINEERED (+ 2000 gpd)</li> </ol> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> TREATMENT TANK (ONLY)</li> <li><input type="checkbox"/> HOLDING TANK _____ GAL</li> <li><input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</li> <li><input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> </ol>
<p><b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED <u>1969</u></p> <p>THE FAILING SYSTEM IS: ?</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> BED</li> <li><input type="checkbox"/> CHAMBER</li> <li><input checked="" type="checkbox"/> TRENCH</li> <li><input type="checkbox"/> OTHER: _____</li> </ol>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</li> <li><input type="checkbox"/> MODULAR OR MOBILE HOME</li> <li><input type="checkbox"/> MULTIPLE FAMILY DWELLING</li> <li><input type="checkbox"/> OTHER _____ SPECIFY _____</li> </ol>	<p><b>TYPE OF WATER SUPPLY</b> <u>Drilled well</u></p>
<p>SIZE OF PROPERTY <u>1.7 AC.</u></p>	<p>ZONING <u>Rural</u></p>	

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

<p><b>TREATMENT TANK</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</li> <li><input type="checkbox"/> AEROBIC</li> </ol> <p>SIZE: <u>1000</u> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NONE</li> <li><input type="checkbox"/> LOW VOLUME TOILET</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> <li><input type="checkbox"/> ALTERNATIVE TOILET</li> </ol> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NOT REQUIRED</li> <li><input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</li> <li><input checked="" type="checkbox"/> REQUIRED</li> </ol> <p>DOSE: <u>50</u> GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p><u>3 bedroom Home-Min. Design Flow</u></p>		
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table style="width: 100%;"> <tr> <td>PROFILE <u>9</u></td> <td>CONDITION <u>E</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>0-8.</u></p>	PROFILE <u>9</u>	CONDITION <u>E</u>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SMALL</li> <li><input type="checkbox"/> MEDIUM</li> <li><input type="checkbox"/> MEDIUM-LARGE</li> <li><input type="checkbox"/> LARGE</li> <li><input checked="" type="checkbox"/> EXTRA LARGE</li> </ol>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> BED _____ Sq. Ft.</li> <li><input checked="" type="checkbox"/> CHAMBER <u>675</u> Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</li> <li><input type="checkbox"/> TRENCH _____ Linear Ft.</li> <li><input type="checkbox"/> OTHER: _____</li> </ol>	<p><b>DESIGN FLOW:</b> <u>270</u> (GALLONS/DAY)</p>
PROFILE <u>9</u>	CONDITION <u>E</u>				

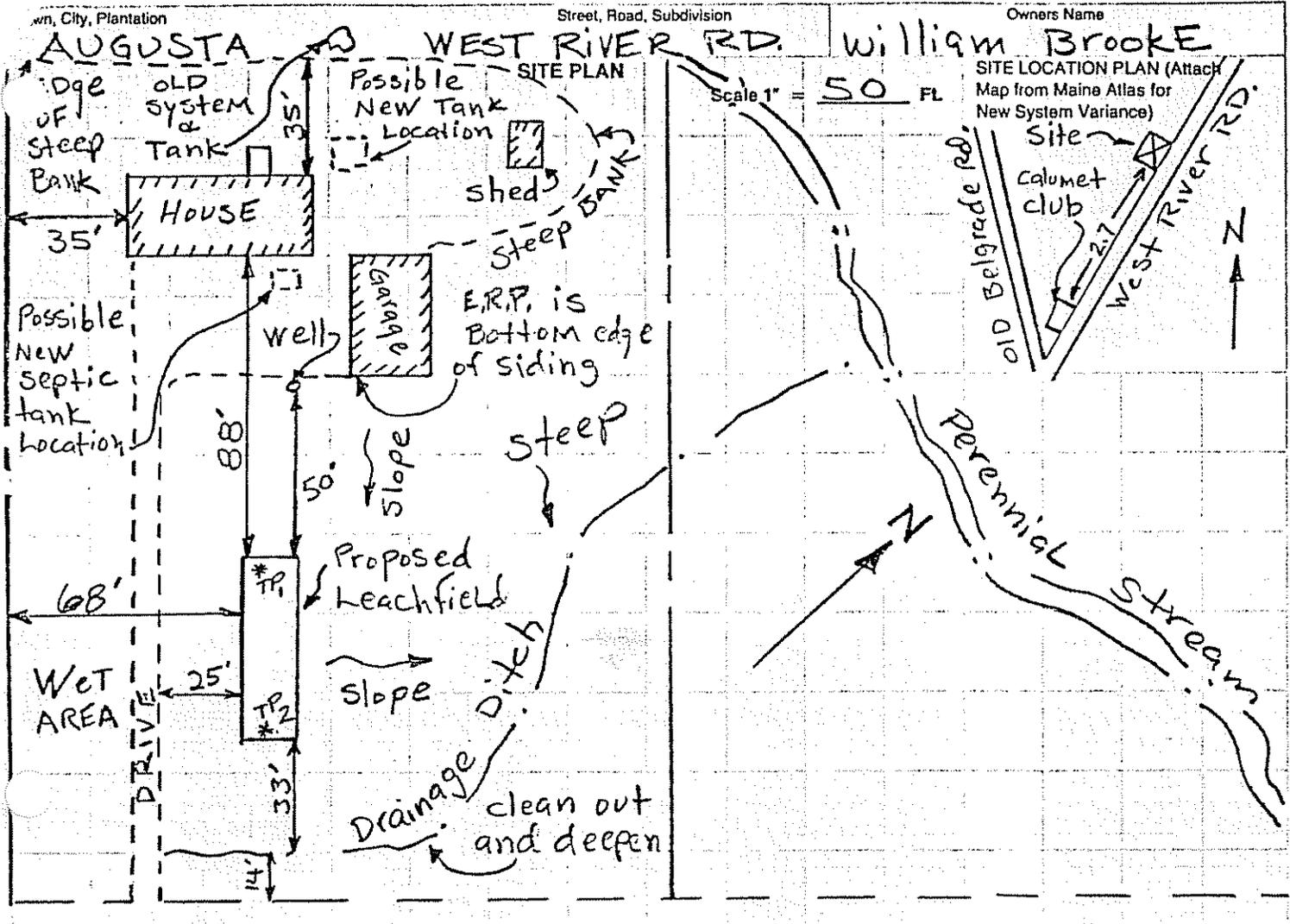
**SITE EVALUATOR STATEMENT**

On 5/17/88 (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.

David P. Roque      154      5/17/88  
Site Evaluator Signature      SE#      Date

# SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering



## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP1  Test Pit  Boring

0" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-6	SILT	Friable	DARK BROWN	NONE
6-10	loam		olive	COMMON
10-15		Firm	BROWN	DISTINCT
15-20		to Very Firm	to olive	
20-30		Firm	Gray	

Soil Profile: <u>9</u>	Classification Condition: <u>D</u>	Slope: <u>4</u> %	Limiting Factor: <u>8</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
------------------------	------------------------------------	-------------------	---------------------------	--

Observation Hole TP2  Test Pit  Boring

0" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-6	SILT	Friable	DARK BROWN	COMMON
6-10			BROWN	FAINT
10-15	loam	Firm	olive	COMMON
15-20		Becoming Very Firm	gray	DISTINCT

Soil Profile: <u>9</u>	Classification Condition: <u>E</u>	Slope: <u>4</u> %	Limiting Factor: <u>0</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
------------------------	------------------------------------	-------------------	---------------------------	--

David P. Rozque  
Site Evaluator Signature

154  
SE#

5/7/88  
Date

# SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

City, Plantation

Street, Road, Subdivision

Owners Name

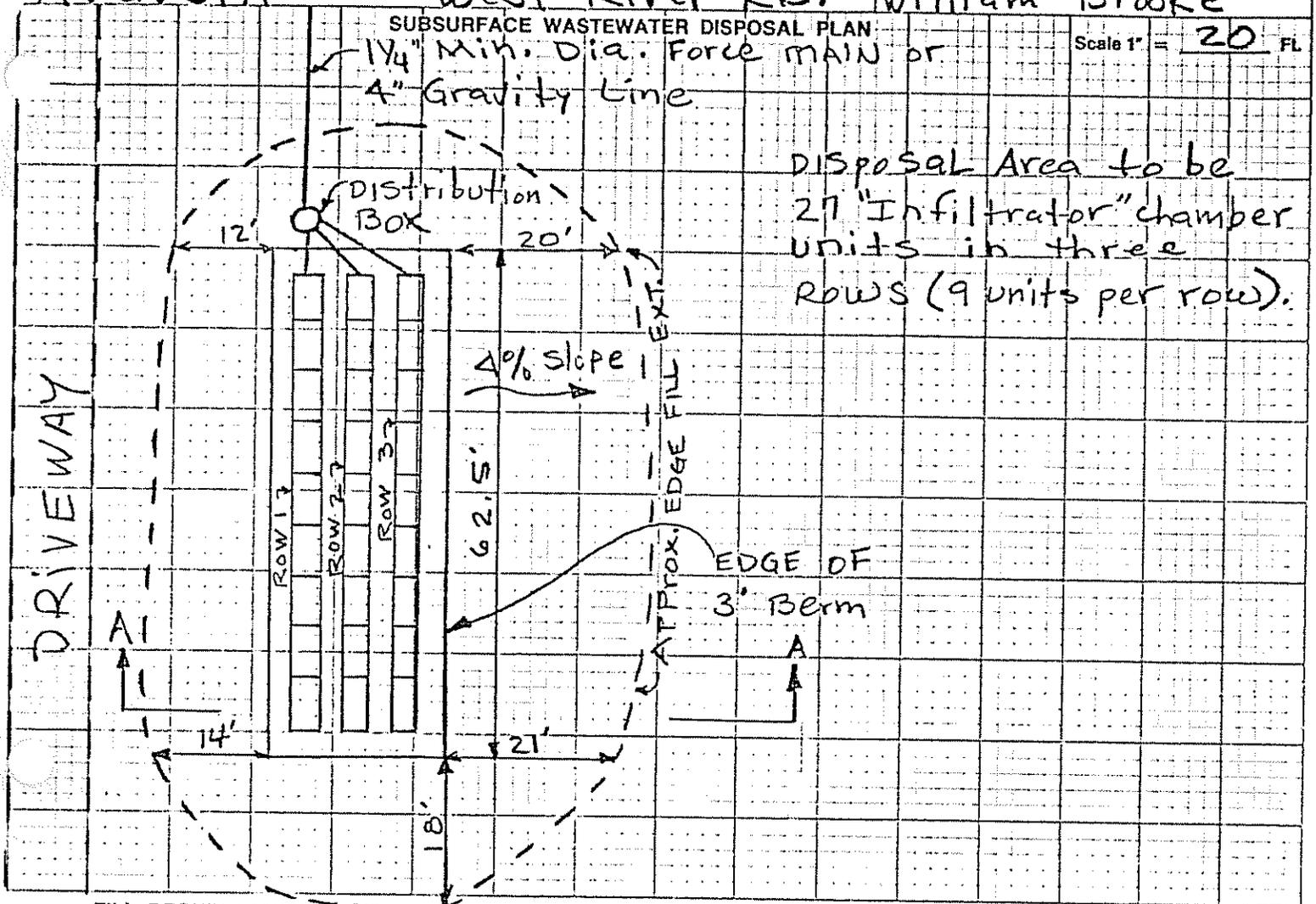
AUGUSTA

West River RD.

William Brooke

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



### FILL REQUIREMENTS

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

48"  
48"

### CONSTRUCTION ELEVATIONS

Reference Elevation is 0  
Bottom of Disposal Area SEE BELOW  
Top of Distribution Lines or Chambers

ELEVATION REFERENCE POINT  
LOCATION & DESCRIPTION  
BOTTOM EDGE OF Garage  
siding AT South EAST corner

### DISPOSAL AREA CROSS SECTION

Scale:  
Vertical: 1 Inch = Ft.  
Horizontal: 1 Inch = Ft.

Bottom of Trench      Top of Chambers

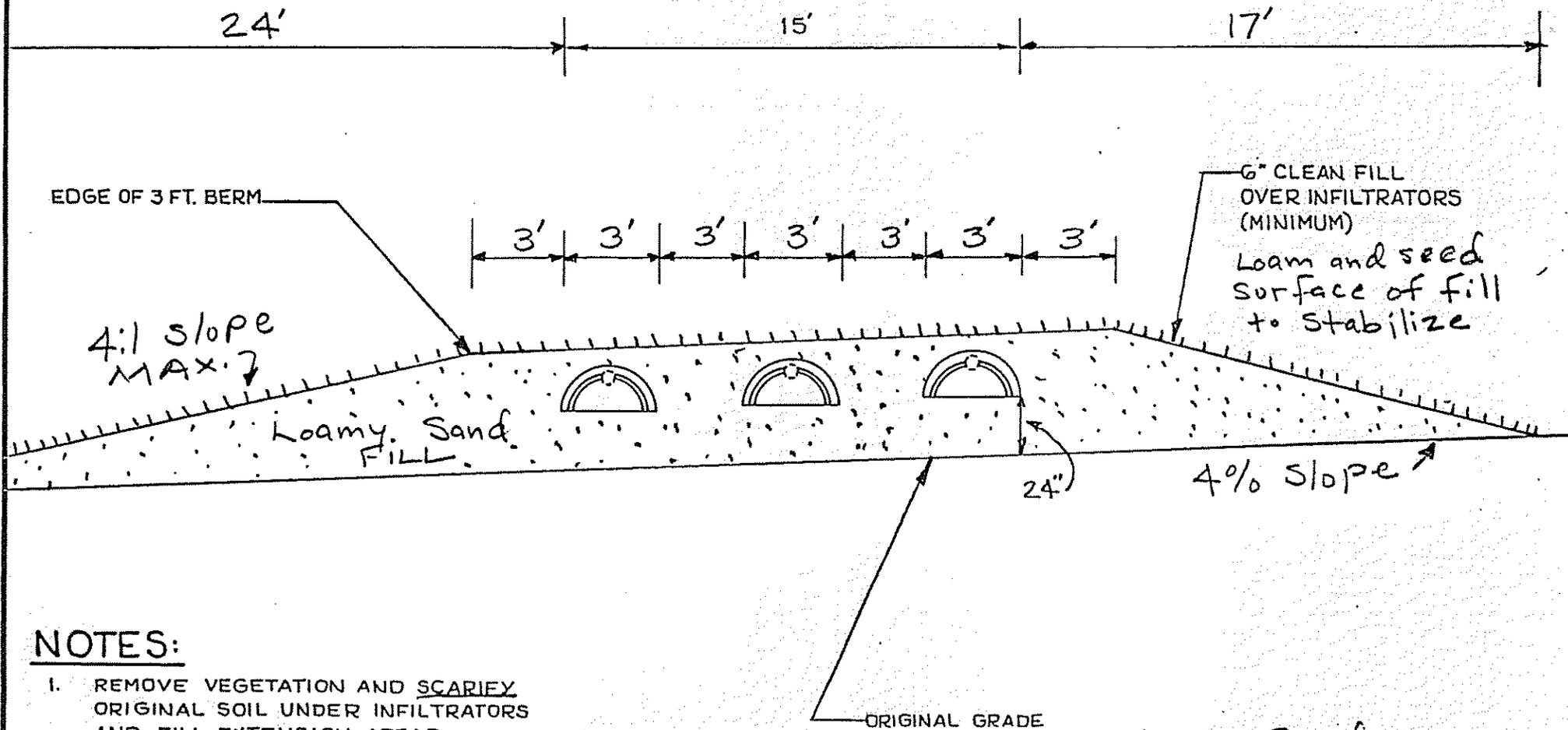
	Bottom of Trench	Top of Chambers
Row 1	-14"	+1"
Row 2	-17"	-2"
Row 3	-20"	-5"

David P. Rozyne  
Site Evaluator Signature

154  
SE#

5/7/88  
Date

# INFILTRATOR CROSS-SECTION 3-4%



## NOTES:

1. REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER INFILTRATORS AND FILL EXTENSION AREAS.
2. BOTTOM OF INFILTRATORS TO BE LEVEL WITH A MAXIMUM GRADE TOLERANCE OF 1" PER 100'.
3. PROVIDE FOR SURFACE DRAINAGE AWAY FROM INFILTRATOR AREA.
4. FINISHED GRADE SHALL BE SEEDED AND MULCHED TO PREVENT EROSION.

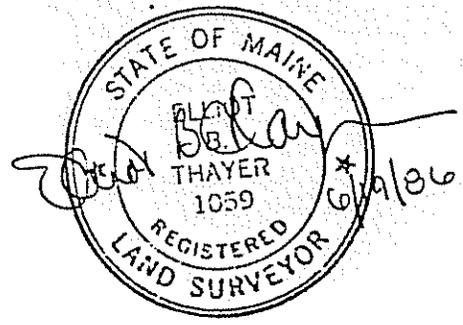
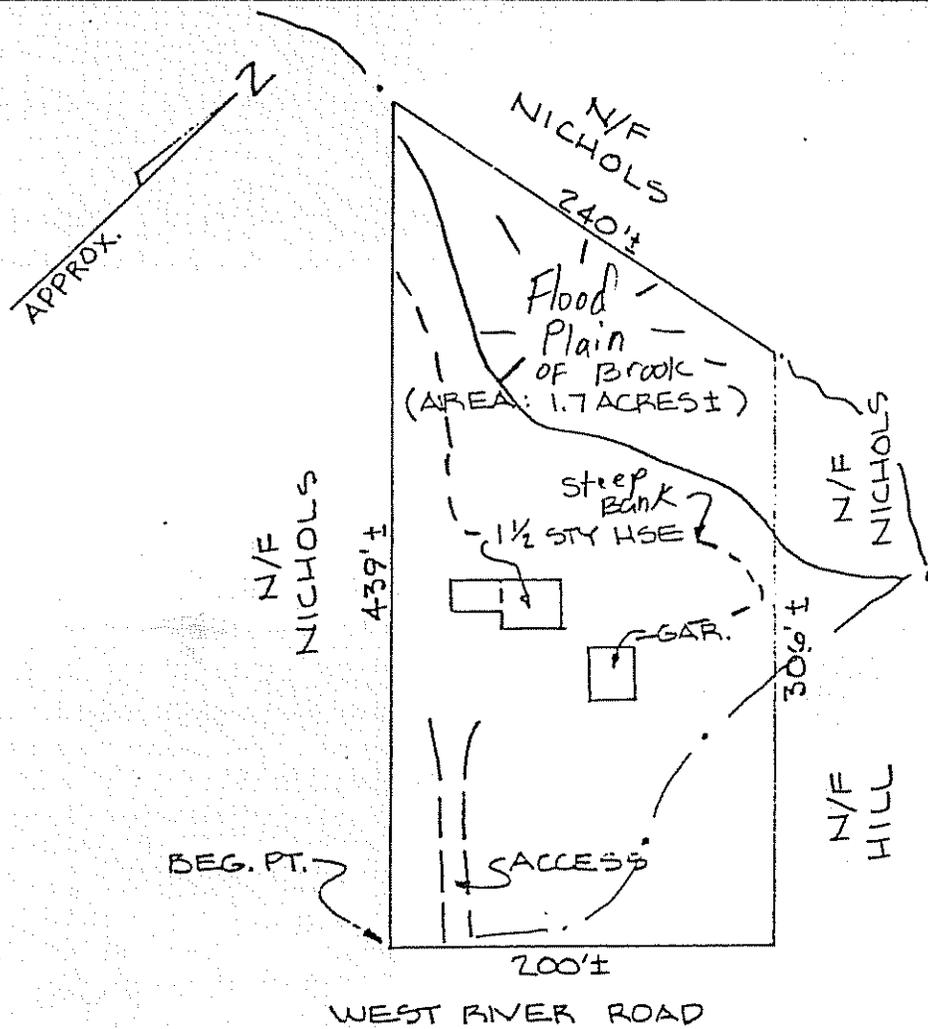
ORIGINAL GRADE

FILL UNDER INFILTRATORS TO BE Loamy Sand TEXTURE.

FILL AROUND INFILTRATORS TO BE Loamy Sand TEXTURE.

SITE EVALUATOR: <b>DAVID P. ROCQUE</b>			
OWNER: <b>William Brooke</b>		NUMBER OF INFILTRATORS: <b>27</b>	PERCENT SLOPE: <b>4</b>
LOCATION: <b>West River Rd. - Augusta</b>		ELEVATIONS:	
DATE: <b>5/7/88</b>	SCALE: <b>1" = 5 FEET</b>	REFERENCE PT. <b>0"</b>	BOTTOM TRENCH #1 <b>-14"</b>
		BOTTOM TRENCH #2 <b>-17"</b>	BOTTOM TRENCH #3 <b>-20"</b>

MORTGAGE LOAN INSPECTION SKETCH



BROOKE PROPERTY, WEST RIVER ROAD, AUGUSTA, MAINE

Date: June 17, 1986

Scale: 1 inch = 100 feet ±

Project #861079

**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 statements of warranty 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.

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

To: THE MERRILL TRUST COMPANY and its title insurer, 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 2343, Page 292, Kennebec County Registry of Deeds.