

Brann Robert

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 11020

Permit No. 55617E

Date Permit Issued 4/29/82
month/day/yr.

Property Owner's Name: ROBERT BRANN Tel. No. _____

System's Location: MAUREEN DRIVE
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.

Robert Brann
Property Owner's Signature

4/29/82
Date

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	100a	300a	
	2. Well: < 2000 gal/day				
	a. Neighbor's	100b	100b		
	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:

EXISTING SYSTEM HAS MOTTED SIDE WALLS. SOIL IS TO BE REMOVED AND REPLACED WITH A WELL GRADED GRAVEL.

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.

GERALD C POUTIA
Site Evaluator's Signature

4-26-83
Date

LPI Statement

I, _____, LPI for the Town of _____ 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: _____

Archie R. Dickford
LPI's Signature

4/29/83
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	<u>AUGUSTA</u>
Street Subdivision Lot #	<u>MAUREEN AVE</u>
PROPERTY OWNERS NAME	
Last: <u>BRANN</u>	First: <u>ROBERT</u>
Applicant Name:	<u>MAUREEN AVE</u>
Mailing Address of Owner/Applicant (If Different)	<u>AUGUSTA ME 04330</u>

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

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 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
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
- Requires only Local Plumbing Inspector Approval
- Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS COMPLETE SYSTEM

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

INDIVIDUALLY INSTALLED COMPONENTS:

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

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED 1978

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: _____

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER _____ SPECIFY _____

SIZE OF PROPERTY 1 1/2 A ± ZONING RESIDENTIAL

TYPE OF WATER SUPPLY
DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

EXISTING
SIZE: 1000 GALS.

WATER CONSERVATION

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

SPECIFY: _____

PUMPING

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

DOSE: _____ GALS.

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

SINGLE FAMILY DWELLING
3 BEDROOM

TABLE 7-1 MODERATE FLOW
DESIGN FLOW: 360 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
<u>5</u>	<u>C</u>

DEPTH TO LIMITING FACTOR: _____

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

- BED 1000 Sq. Ft.
- CHAMBER _____ Sq. Ft.
 REGULAR H-20
- TRENCH _____ Linear Ft.
- OTHER: _____

SITE EVALUATOR STATEMENT SITE EVALUATION WAIVED BY LOCAL OPTION

On 4-23-83 (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.

Gerald Choulin 79 4-26-83
Site Evaluator or Professional Engineer's Signature SE# / PE# Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

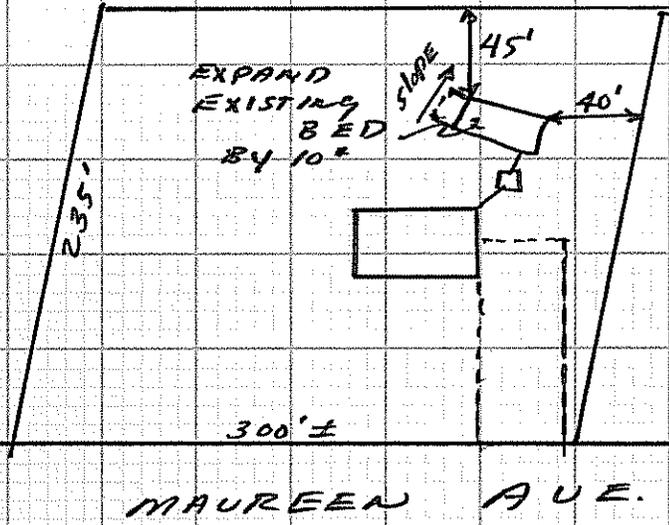
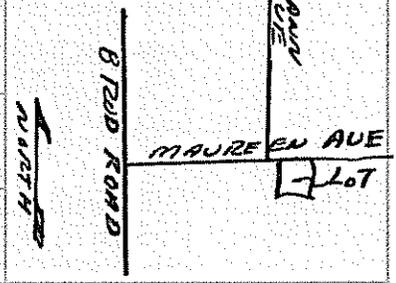
To: Augusta Street, Road, Subdivision MAUREEN AVE Owners Name ROBERT BRANN

SITE PLAN

Scale 1" = _____ Ft.

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

NOTE BED IS TO BE MODIFIED AND EXPANDED. THE PERIPHERY LAYER IS TO BE REPLACED.



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring

Observation Hole _____ Test Pit Boring

_____ " Depth of Organic Horizon Above Mineral Soil

_____ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0 - 6	SANDY LOAM		RED BROWN	
6 - 15				
15 - 20				
20 - 30	LOAMY SAND	FRIABLE	BROWN	FAINT
30 - 40				
40 - 50				

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

Soil Profile 5 Classification C Slope 1 % Limiting Factor 29

Soil Profile _____ Classification _____ Slope _____ % Limiting Factor _____

Ground Water
 Restrictive Layer
 Bedrock

Ground Water
 Restrictive Layer
 Bedrock

Gerald Chouli

79

4-26-83

Site Evaluator or Professional Engineer's Signature

SE# / PE#

Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

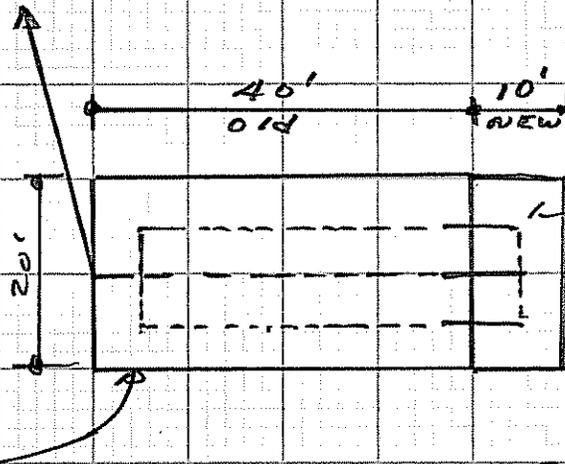
Department of Human Services
Division of Health Engineering

Town, City, Plantation: **AUGUSTA** Street, Road, Subdivision: **MAUREEN DR.** Owners Name: **ROBERT BRANN**

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = _____ Ft.

TO EXISTING SEPTIC TANK



REMOVE EXISTING EDGE OF BED AND REPLACE MATERIAL WITH A WELL GRADED GRAVEL

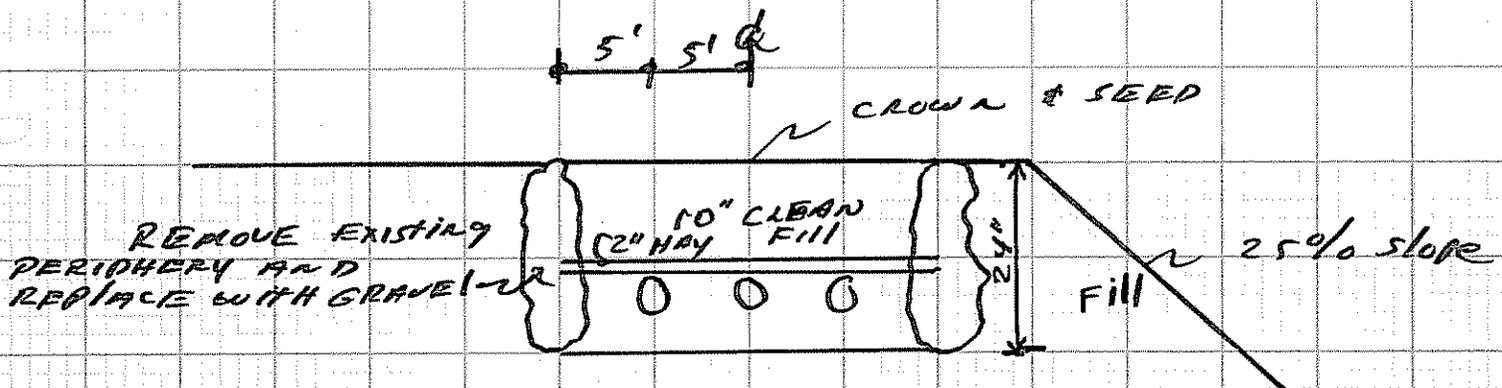
ADD 10 FEET TO END OF BED TO INCREASE CAPACITY

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	N/A	Reference Elevation is	N/A	MAINTAIN ELEV. OF EXISTING BED	
Depth of Fill (Downslope)	N/A	Bottom of Disposal Area	N/A		
		Top of Distribution Lines or Chambers			

DISPOSAL AREA CROSS SECTION

Scale:

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



REMOVE EXISTING PERIPHERY AND REPLACE WITH GRAVEL

CROWN & SEED

25% slope

Gerald C. Poulis
Site Evaluator or Professional Engineer's Signature

79
SE # / PE #

4-26-83
Date