

REPLACEMENT SYSTEM VARIANCE REQUEST

M562

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.

Lowry
COPI

GENERAL INFORMATION

Permit No. 2892 E Town of AUGUSTA
Date Permit Issued 12/23/93
MONTH/DAY/YEAR
Property Owner's Name: DAVID GAUTHIER Tel. No. _____
System's Location: BALLARD ROAD STREET
AUGUSTA TOWN Maine 04330 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.

David J. Gauthier
PROPERTY OWNER'S SIGNATURE

Dec 23, 1993
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table	to 6"		_____	Inches
Soil Condition	Restrictive Layer	to 6"		_____	Inches
from HHE-200	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'	300'	_____	_____
	2. Well: < 2000 gal/day			_____	_____
	a. Neighbor's	50' ^b	60' ^b	_____	_____
	b. Properly Owner's	25'	50'	75'	60'
	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' ^c	10' ^c	_____	_____
Buildings	1. With Basement	5'	10'	_____	_____
	2. Without Basement	5'	10'	_____	13'
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.

Alan W. Rideout
SITE EVALUATOR'S SIGNATURE

12/22/93
DATE

LPI STATEMENT

I, Amy R. Zuber, LPI for the Town of Avon 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: _____

Amy R. Zuber
LPI'S SIGNATURE

12/23/93
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.

219.00
SIGNATURE OF THE DEPARTMENT

DATE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

MSL 2

01010000

PROPERTY ADDRESS	
Town Or Plantation	Augusta
Division Lot #	Ballard Road
PROPERTY OWNER'S NAME	
Last: Gauthier	First: David
Applicant Name:	David Gauthier
Mailing Address of Owner/Applicant (If Different)	R-3 B-1216 Augusta ME 04345

AUGUSTA		2B92	TOWN COPY
Date Permit Issued: 12/23/93	\$ 60.00	<input type="checkbox"/> If Double Fee Charged	
Local Plumbing Inspector Signature: <i>David R. Gauthier</i>		LPI. # 850	

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.
David Gauthier 12/23/93
 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.
 _____ Date Approved
 Local Plumbing Inspector Signature

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1. <input type="checkbox"/> NEW SYSTEM 2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input checked="" type="checkbox"/> Requires Local Plumbing Inspector Approval b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE	INSTALLATION IS: COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL. 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
SEASONAL CONVERSION to be completed by the LPI 5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____ <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY	TYPE OF WATER SUPPLY Drilled well
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED ? _____ THE FAILING SYSTEM IS 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input checked="" type="checkbox"/> OTHER <u>Cesspool</u>	SIZE OF PROPERTY ZONING 19 ac+-	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE 1000 GALS.	WATER CONSERVATION 1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____	PUMPING 1. <input type="checkbox"/> NOT REQUIRED 2. <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION & ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: 84 GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.) 4 bedrooms
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE CONDITION 3 C DEPTH TO LIMITING FACTOR: 16 "	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA-LARGE	DISPOSAL AREA TYPE/SIZE 1. <input checked="" type="checkbox"/> BED 1200 Sq. Ft. 2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	DESIGN FLOW: 360 (GALLONS/DAY)

EVALUATOR STATEMENT
 On 12/22/93 (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.
Don W. Ribick
 Site Evaluator Signature 51 SE# 12/22/93 Date Approved for use as HHE 200 by Division of Health Engineering 9/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

01010000

Town, City, Plantation
Augusta

Street, Road, Subdivision
Ballard Road

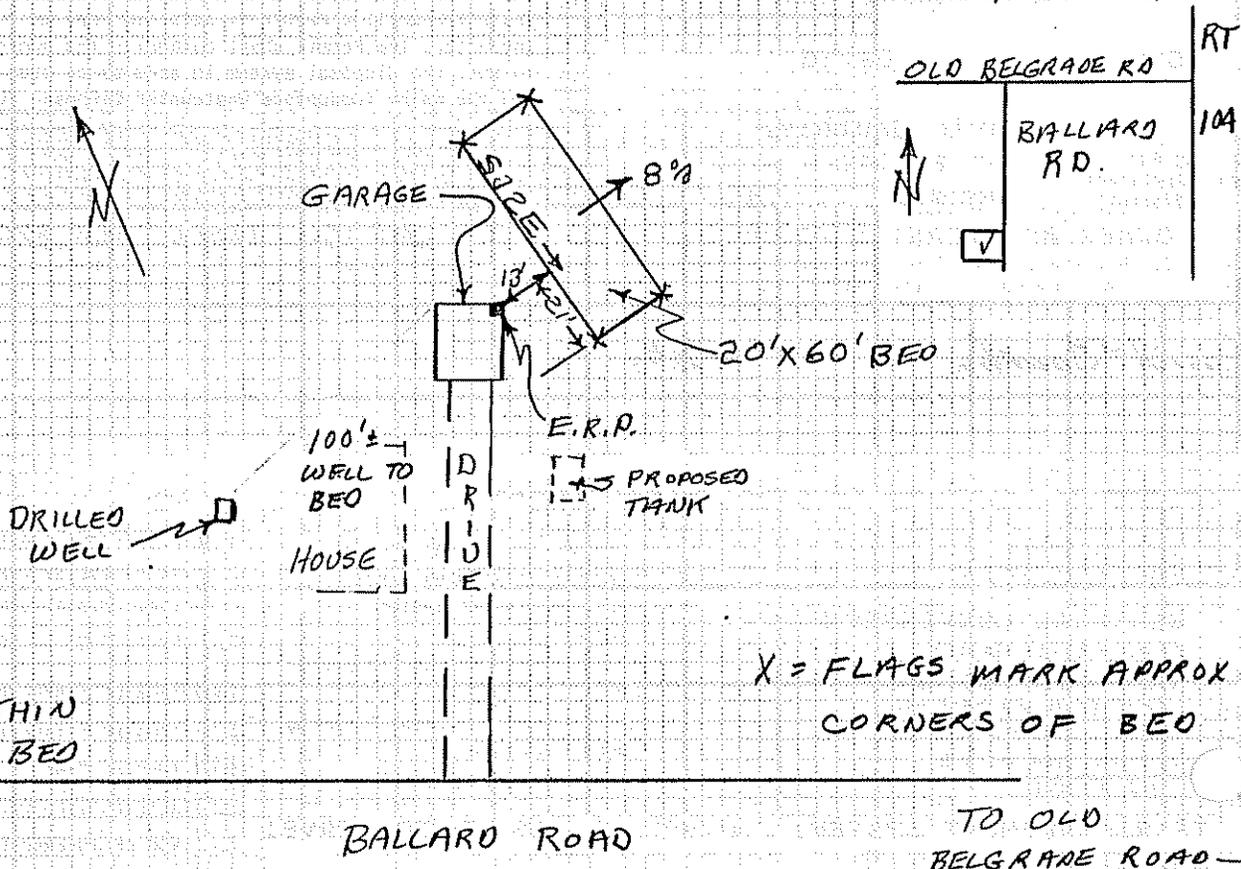
Owner's Name

Gauthier, David

SITE PLAN

Scale: 1" = 50 Ft.
or as shown

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



NO R WITHIN
100' OF BEO

X = FLAGS MARK APPROX
CORNERS OF BEO

BALLARD ROAD

TO OLD
BELGRADE ROAD →

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Inches Depth Below Mineral Surface	Observation Hole 1			
	Texture	Consistency	Color	Mottling
0				
6	L.S	FRIABLE	13	
10	S.L			
15				
20				16
30	G.T	FIRM	G.B.	
40				
50				

Soil Profile	Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water
3	C	8%	16	<input type="checkbox"/> Restr. Layer
	Condition			<input type="checkbox"/> Bedrock

Inches Depth Below Mineral Surface	Observation Hole			
	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
		%		<input type="checkbox"/> Restr. Layer
	Condition			<input type="checkbox"/> Bedrock

Wm W. Ribicoff
Site Evaluator Signature

51
SE#

12/22/93
Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

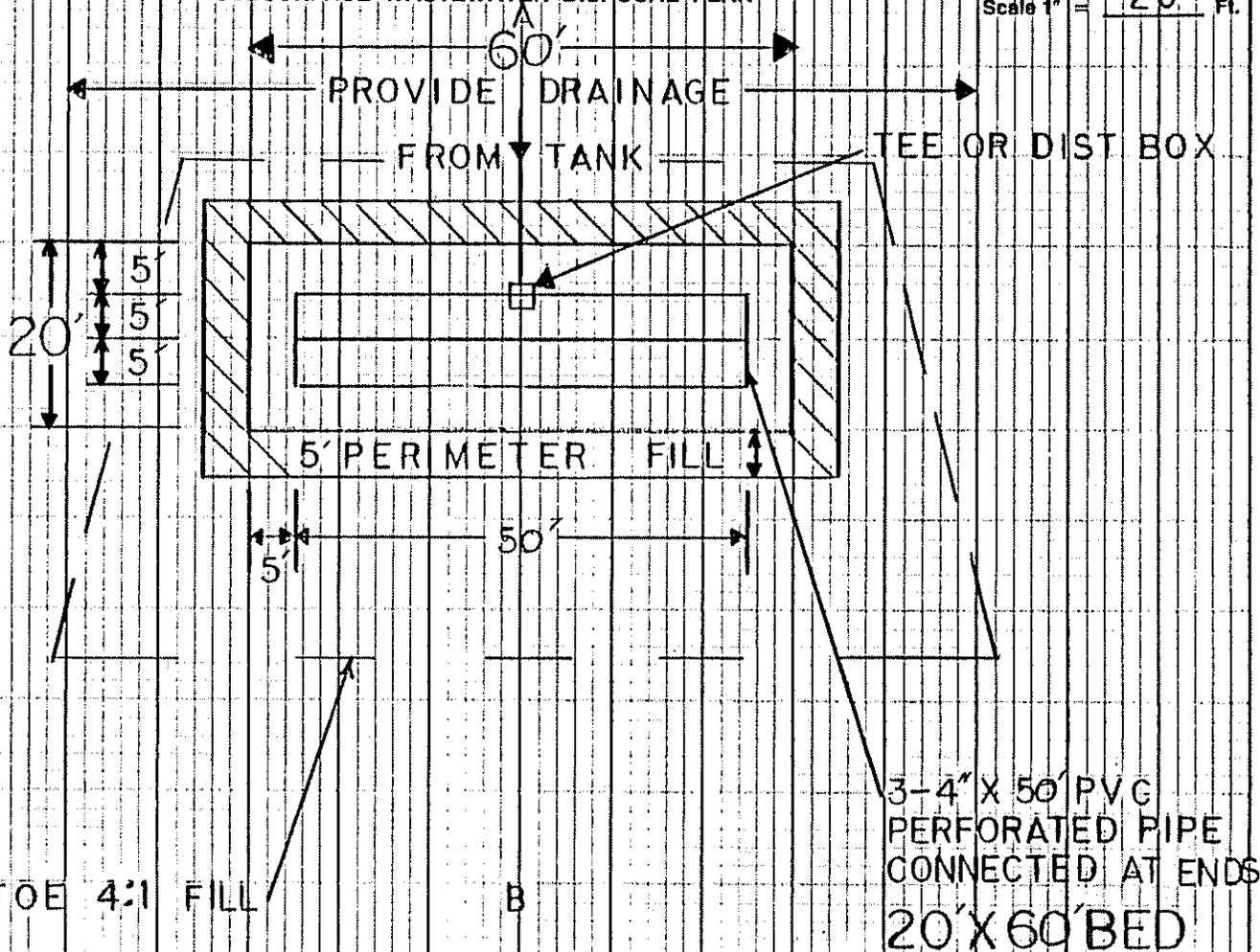
AUGUSTA

BALLARD ROAD

GAUTHIER

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) 20'
Depth of Fill (Downslope) 40'

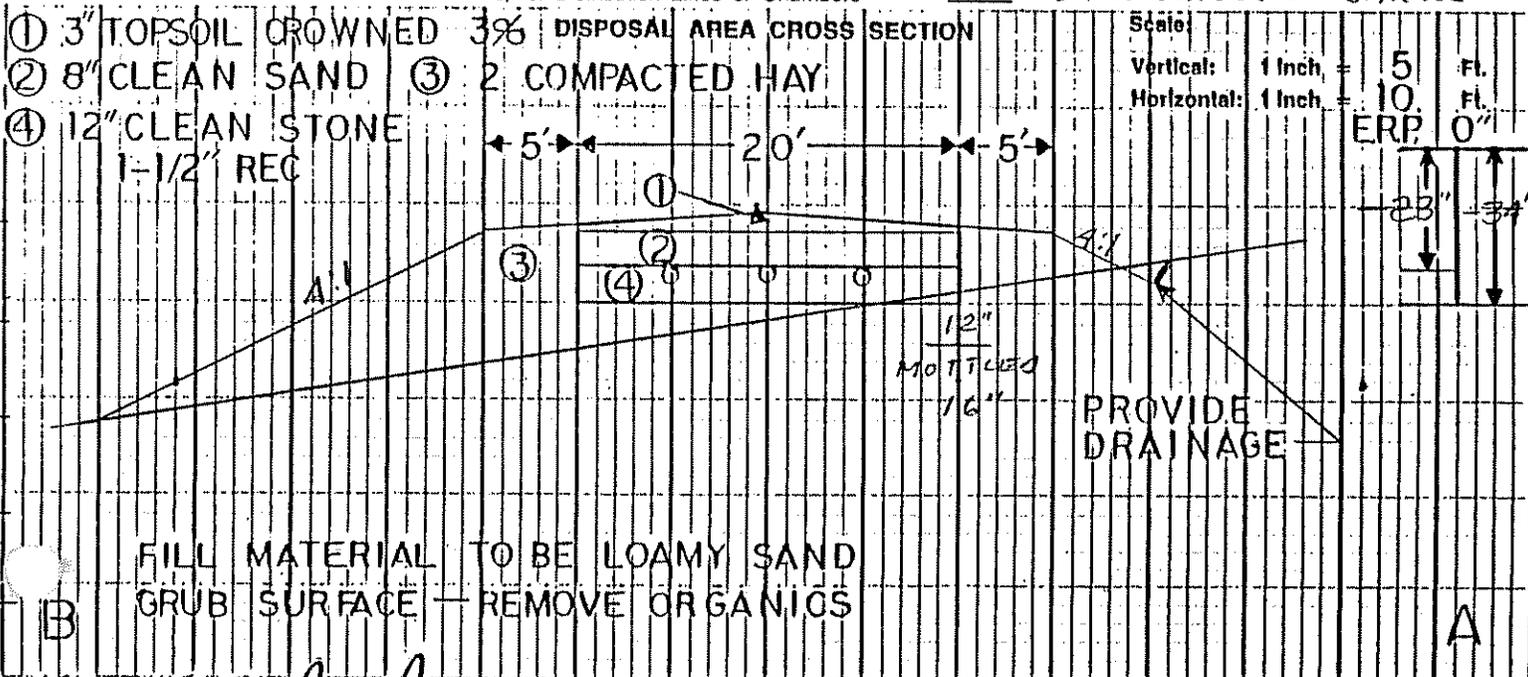
CONSTRUCTION ELEVATIONS

Reference Elevation Is 0
Bottom of Disposal Area -34"
Top of Distribution Lines or Chambers -23"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

0
-34" BOTTOM OF SIDING AT
-23" BACK CORNER OF GARAGE

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



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

FILL MATERIAL TO BE LOAMY SAND
GRUB SURFACE - REMOVE ORGANICS

Donald W. Rich
Site Evaluator Signature

51
SE#

12/22/93
Date