

10-6221590 MS L81

REPLACEMENT SYSTEM VARIANCE REQUEST

office

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

Permit No. 2698 E Town of AUGUSTA
Date Permit Issued 6/11/93
Property Owner's Name: WAYNE KASPERSON Tel. No. 622-2131
System's Location: LEIGHTON RD 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.)

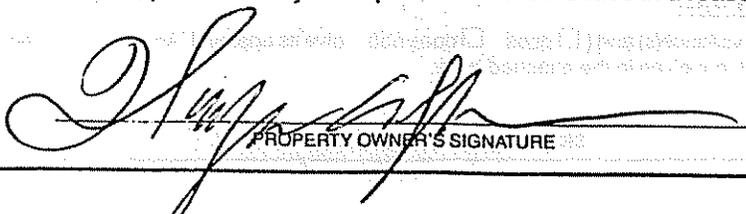
SITE EVALUATOR:

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.


PROPERTY OWNER'S SIGNATURE

6/11/93
DATE

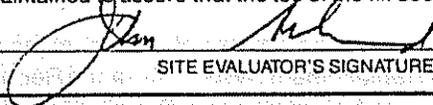
VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
		TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
SOILS					
Soil Profile	Ground Water Table		to 6"	19	inches
Soil Condition	Restrictive Layer		to 6"	5	inches
from HHE-200	Bedrock		to 10"		inches
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'	60'		
	b. Property Owner's	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'	10'		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

OTHER

1. Fill extension Grade—to 3:1 AS NEEDED
- 2.
- 3.

Footnotes:

- This setback distance cannot be reduced by variance. See Table 6-2.
- 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.


SITE EVALUATOR'S SIGNATURE

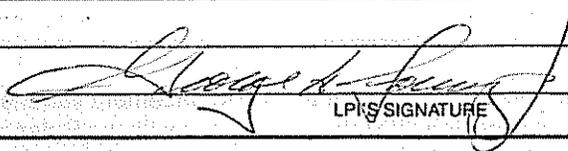
5-31-93
DATE

LPI STATEMENT

I, George A. Souza, Jr., LPI for the Town of Andover 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: _____


LPI'S SIGNATURE

6/14/93
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

MS 281

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Subdivision Lot #	LEIGHTON RD.
PROPERTY OWNERS NAME	
Last: KASPERSON	First: WAYNE
Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	LEIGHTON RD AUGUSTA, ME 04330

Caution: Permit Required

AUGUSTA Wastewater Disposal System

Date Permit Issued: 6/14/93 \$ 2698 TOWN COPY

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # 181

FEE Double Fee Charged

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]
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]
Local Plumbing Inspector Signature Date Approved 6/17/93

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NEW SYSTEM <input checked="" type="checkbox"/> REPLACEMENT SYSTEM <input type="checkbox"/> EXPANDED SYSTEM <input type="checkbox"/> EXPERIMENTAL SYSTEM 	<p>THIS APPLICATION REQUIRES:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NO RULE VARIANCE <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form <ol style="list-style-type: none"> <input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE 	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) <input type="checkbox"/> ENGINEERED (+ 2000 gpd) <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> TREATMENT TANK (ONLY) <input type="checkbox"/> HOLDING TANK _____ GAL <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
<p>SEASONAL CONVERSION to be completed by the LPI</p> <ol style="list-style-type: none"> <input type="checkbox"/> SYSTEM COMPLIES WITH RULES <input type="checkbox"/> CONNECTED TO SANITARY SEWER <input type="checkbox"/> SYSTEM INSTALLED - P# _____ <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED 	<p>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED 1960's</p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> BED <input type="checkbox"/> CHAMBER <input checked="" type="checkbox"/> TRENCH <input type="checkbox"/> OTHER: _____ 	<p>DISPOSAL SYSTEM TO SERVE:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER _____ SPECIFY
<p>SIZE OF PROPERTY: 2 ± ACRES</p> <p>ZONING: RESIDENTIAL</p>	<p>TYPE OF WATER SUPPLY Avg Wtr Dist</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC <p>SIZE: 1,000 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 checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION) <input type="checkbox"/> REQUIRED <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>3 BEDROOM</p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td>7/8</td> <td>B/D</td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: 14</p>	PROFILE	CONDITION	7/8	B/D	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> MEDIUM-LARGE <input checked="" type="checkbox"/> LARGE <input type="checkbox"/> EXTRA LARGE 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> <input type="checkbox"/> BED _____ Sq. Ft. <input checked="" type="checkbox"/> CHAMBER _____ Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20 <input type="checkbox"/> TRENCH _____ Linear Ft. <input type="checkbox"/> OTHER: _____ 	<p>DESIGN FLOW: 270 (GALLONS/DAY)</p>
PROFILE	CONDITION						
7/8	B/D						

SITE EVALUATOR STATEMENT

On 5-19-93 (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.

[Signature] Site Evaluator Signature SE# 181 Date 5-31-93

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

LEIGHTON RD

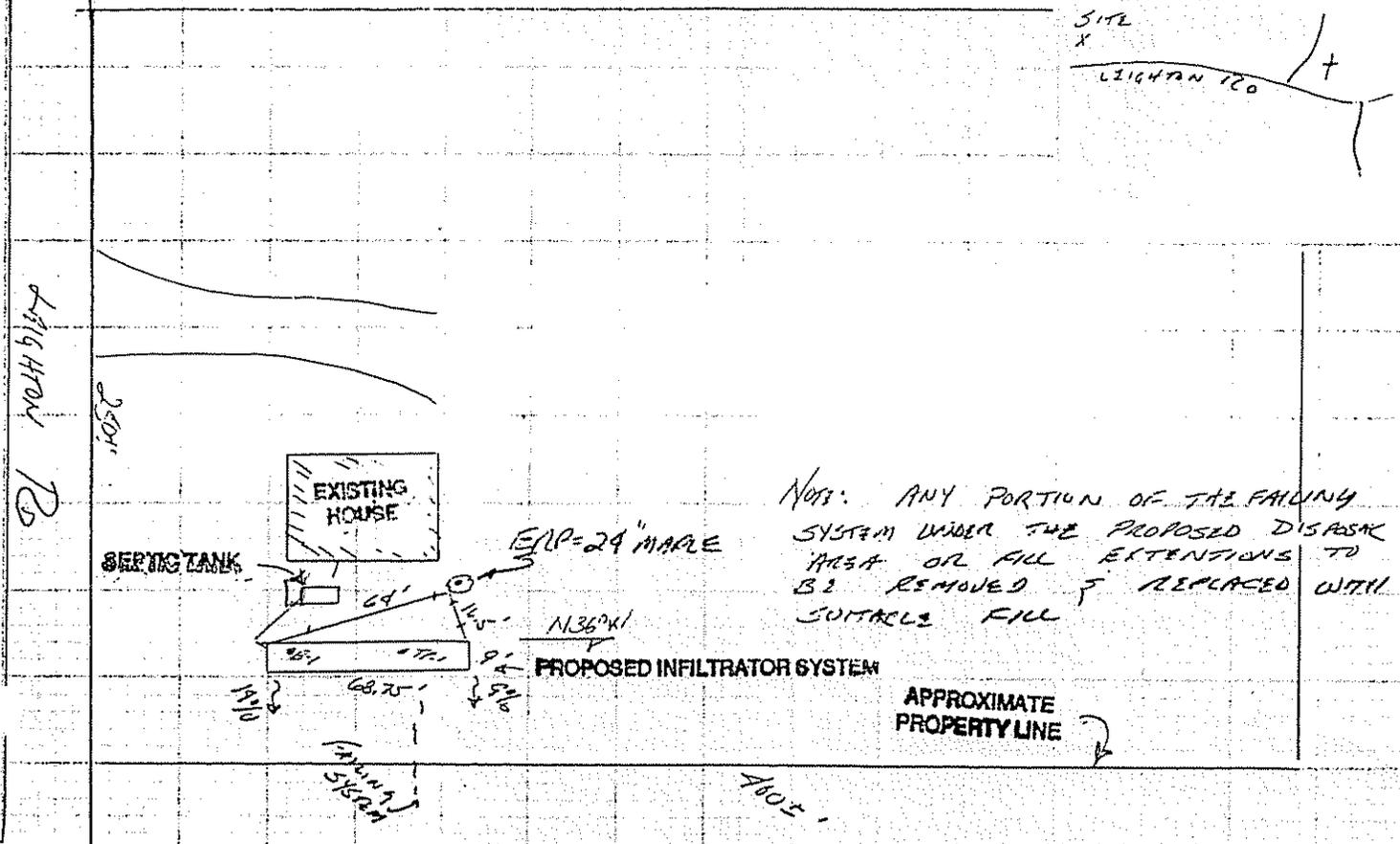
Owners Name

W. KASPERSON

SITE PLAN

Scale 1" = _____ Ft.

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



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole TR-1 Test Pit Boring
N/A * Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	CLAY & GRAVELLY FILL	FRIABLE	REDDISH BROWN	NONE EVIDENT
6				
10				
15				
20				
30				
40	SILT LOAM	FRIABLE	OLIVE	
50	MISS FILL			

Soil Profile 7 Classification B Slope 9 % Limiting Factor NE

Ground Water
 Restrictive Layer
 Bedrock

Observation Hole B-1 Test Pit Boring
N/A * Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	SILT LOAM	FRIABLE	BROWN	NONE EVIDENT
6				
10			OLIVE BROWN	
15				FEW
20		FIRM		TO COMMON
30	SILTY CLAY		OLIVE	COMMON
40				
50				

Soil Profile 8 Classification D Slope 14 % Limiting Factor 14

Ground Water
 Restrictive Layer
 Bedrock

[Signature]
Site Evaluator Signature

181
SE#

5-31-93
Date

NOTES

1. Site evaluations conform to criteria of the "State of Maine-Subsurface Wastewater Disposal Rules-Capt 241" latest revision. Other environmental concerns are not evaluated and may require additional professional opinions. The delineation of wetlands when needed is to be performed by competent consultants engaged in such practice and may affect the suitability of particular sites.
2. All construction to conform to specifications in the "State of Maine-Subsurface Wastewater Disposal Rules-Chart 241" latest revision.
3. Wells to be located a minimum 100' from disposal system. Systems to minimum 20' from structures with foundations 15' from other structures.
4. Property lines shown are as provided by owner/owner's agent no guarantee of accuracy is implied. Actual property lines must be confirmed by survey.
5. A septic tank outlet filter is required when installing a mechanical garbage disposal or solids handling grinder pump.
6. Pump stations, when required, shall be watertight to prevent infiltration. Pumps shall be installed to manufacturers specifications and sized for actual installed T.D.H.. For uninterrupted service during repair duplex pumps are required.
7. Force mains and pressure lines shall be flushed of foreign material and pumps checked for proper on/off cycle before being put in service.
8. Applicability of design must be reevaluated when location of structures are substantially different than shown on the site plan, or when other appurtenances(I.E. swimming pools) are considered.
9. Systems put into service prior to establishing proper cover shall be provided with adequate erosion controls.
10. Provide low profile tanks when determined needed in the field. All tanks may be field located at least 8' from structures.
11. All components subject to freezing must be adequately insulated.
12. The LPI shall inform the owner and designer of local ordinances exceeding the "Rules" prior to issuing a permit, so that necessary amendments can be made.
13. Systems must be maintained as outlined in "Septic Systems-How They Work and How to Keep Them Working" by Maine D.E.P.
14. All designs are subject to Local, State, or Federal review. Designers liability shall be limited to required revisions. In no case shall liability exceed designers fee.

The owner/applicants signature on page one acknowledges their understanding of the "Notes".

Attachment to Form HHE-200
J.A. S.E. #181

