

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 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. # 3122 E

Town of Augusta

Date Permit Issued 11/22/94
MONTH/DAY/YEAR

Property Owner's Name: Peter Dube Tel. No. 622-2565

System's Location: Townsend Road STREET

Augusta TOWN Maine 04330 ZIP

Property Owner's Address: Route 5 Box 540 STREET

(if different from above) Augusta TOWN Me STATE 04330 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.

Peter Dube PROPERTY OWNER'S SIGNATURE

10/31/94 DATE

01/31/94

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 ^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'		
	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'		5'
Property Line		4'	5'		5'

OTHER

1. Fill extension Grade—to 3:1 To be placed on Abutters Land with Permission
2. ~~Municipal Sewer~~ Abutting Property owned by ~~Henry McDaniel~~
3. Bed To Be 25' wide

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.

[Signature]

SITE EVALUATOR'S SIGNATURE

10-17-94

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 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

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

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'	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'		5'
Property Line		4'	5'		5'

OTHER

1. Fill extension Grade—to 4:1 To be placed on Abutters Land with Permission
2. ~~in order to place~~ Abutting Property owners ~~Shirley M. Haskins~~
3. Bed To Be 25' wide

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.

[Signature]

SITE EVALUATOR'S SIGNATURE

10-17-94

DATE

LPI STATEMENT

I, Ray R. Lobb, 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: _____

[Signature]

LPI'S SIGNATURE

11/14/94

DATE

FOR USE BY THE DEPARTMENT ONLY

Department has reviewed the variance(s) and does does not) give its approval. Any additional requirements, recommendations, reasons for the Variance denial, are given in the attached letter.

[Signature]

SIGNATURE OF THE DEPARTMENT

11-17-94

DATE

November 17, 1994

I give permission and easement to Peter P. Dube
to place the fill extentions of his replacement septic
system on my property.

signed

Henry M. Fuller
Pat Jackson

attention:

Gary Fuller

11/21/94

Resonator Peter 622-2567

M5 L127
Department of Human Services
Division of Health Engineering
(207)289-3826

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: Augusta

Street Subdivision Lot #: Townsend Road

PROPERTY OWNERS NAME

Last: Dube First: Peter

Applicant Name: Peter Dube

Mailing Address of Owner/Applicant (if Different): Route 5 Box 540

AUGUSTA

Permit No: 3122 TOWN COPY

Date Permit Issued: 11/12/94 \$ 60.00 If Double Fee Charged

LPI # 850

James R. Tully
Local Plumbing Inspector Signature

RET

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] 10/31/94
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

12/1/94
Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
 - Requiring Local Plumbing Inspector Approval
 - Requires State and Local Plumbing Inspector Approval
- MINIMUM LOT SIZE VARIANCE

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

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 20+

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 Acres

ZONING: Rural

TYPE OF WATER SUPPLY

Existing Drilled Well

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: 1000 one piece GALS.

WATER CONSERVATION

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET
SPECIFY: _____

PUMPING

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

DOSE: _____ GALS.

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

3 Bedroom Min Flow = 270 Gpd

+ 1 Bedroom Min Flow = 90 Gpd

+ 12 Day Care 86 Gpd = 96 Gpd

DESIGN FLOW: 456 Gpd
(GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
<u>D</u>	<u>C</u>

DEPTH TO LIMITING FACTOR: 30"

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

- BED 1875 Sq. Ft.
- CHAMBER _____ Sq. Ft.
 REGULAR H-20
- TRENCH _____ Linear Ft.
- OTHER: _____

SITE EVALUATOR STATEMENT

On 10-13-94 (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

241
SE#

10-17-94
Date

(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
Aggustik

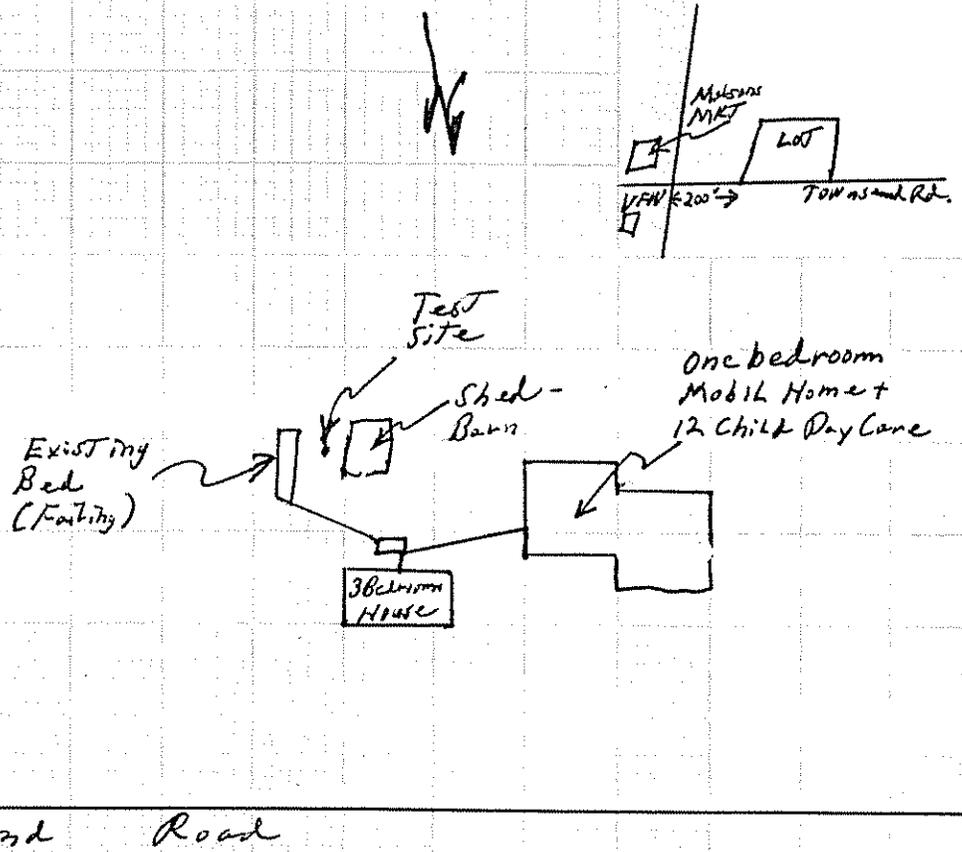
Street, Road, Subdivision
Townsend Rd

Owners Name
Peter Dube

SITE PLAN

Scale 1" = 100' FL.

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



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole Test Pit Boring

" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Fine sand	Friable	Brown	None
6		To Firm	Red Brown	
10			Yellow Brown	
15	Sand		Oliva	
20	To Fine sand in layers			
30				Common Distinct
40				
50	STT Comp Firm			

Soil Profile <u>Z</u>	Classification Condition <u>C</u>	Slope <u>6%</u>	Limiting Factor <u>30</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Observation Hole Test Pit Boring

" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Profile	Classification Condition	Slope %	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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[Signature]
Site Evaluator Signature

241
SE#

10-17-94
Date

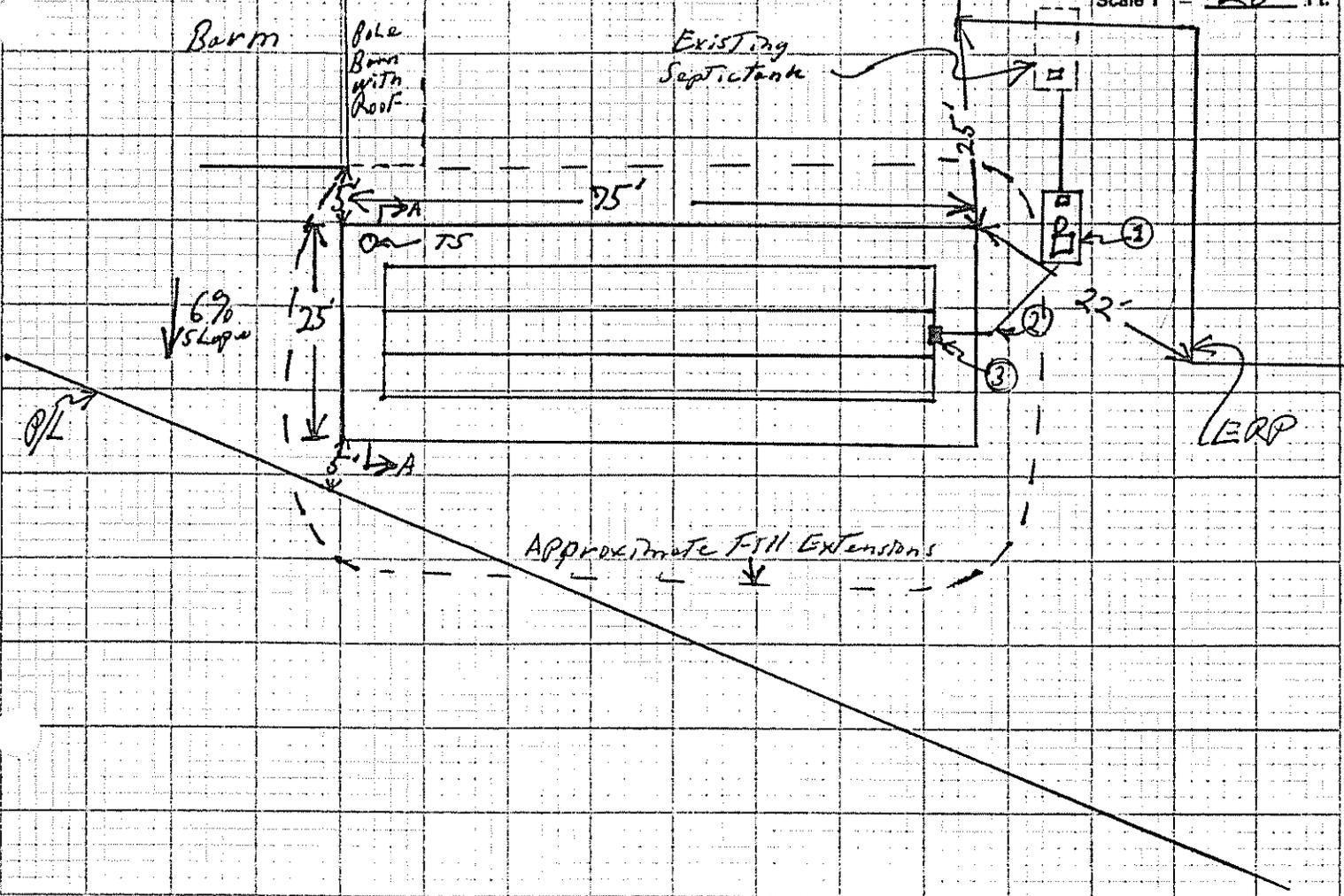
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: Agusta Me Street, Road, Subdivision: Townsend Rd Owners Name: Peter Dobe

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	<u>6"</u>	Reference Elevation is	<u>0</u>	<u>Flagged Nail in Corner of House</u>	
Depth of Fill (Downslope)	<u>22"</u>	Bottom of Disposal Area	<u>-60"</u>		
		Top of Distribution Lines or Chambers	<u>-47"</u>		

DISPOSAL AREA CROSS SECTION A

See Page 4

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

NOTES :

- ① Install One piece 1000 gallon septic tank and lift station including, pump, checkvalve, and alarm.
- ② Install 2 inch pressure line, protect from freezing.
- ③ Install small distribution box.

[Signature]
Site Evaluator Signature

241

SE#

10-18-94

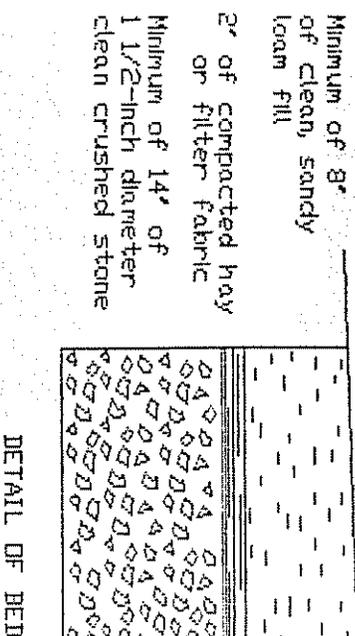
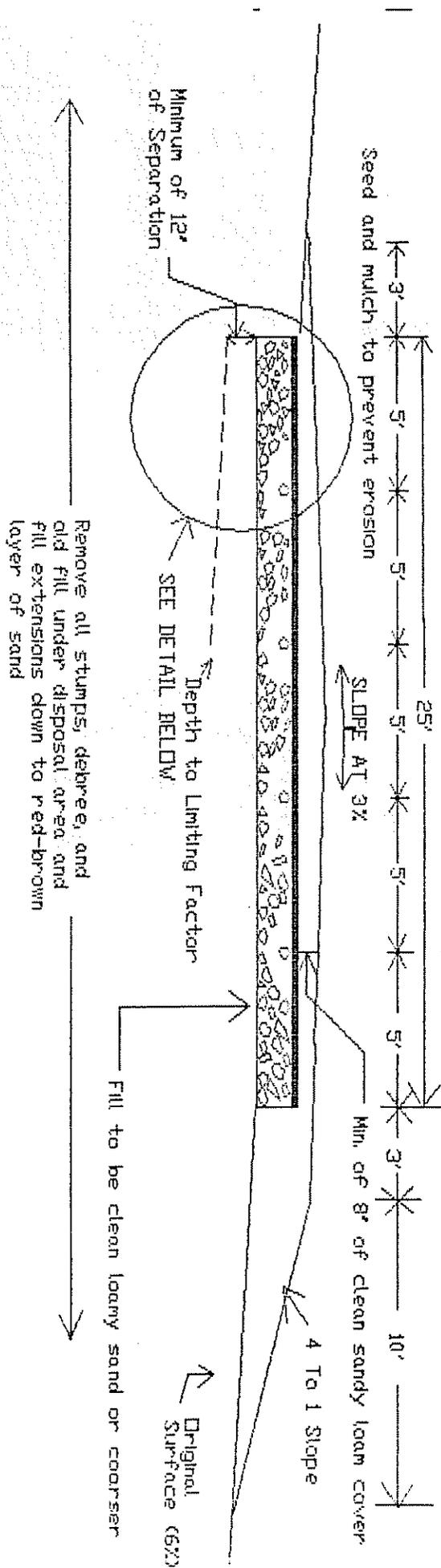
Date

ATTACHMENT TO FORM HHE-200

CROSSSECTION-A

ELEVATIONS

Reference Elevation is	- 0"
Bottom of Disposal Area is	-60"
Top of Distribution Lines is	-47"



NOTE: Keep 1' of stone over pipe and a minimum of 9' of stone under the pipe

Depth of Fill (Upslope) = 6"

Depth of Fill (Downslope) = 22"

SCALE:

Vertical: 1 inch = 5 feet

Horizontal: 1 inch = 5 feet

Eugene Duke S E # 241

DATE: 10-18-94