

M5 4120

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 may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of the 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

TOWN COPY

Town of AUGUSTA

Permit No. 3578 E Date Permit Issued 10/25/96
MONTH/DAY/YEAR

Property Owner's Name: RICHARD MELANSON Tel. No. 622-2800

System's Location: TOWNSEND ROAD STREET
AUGUSTA TOWN Maine 04330 ZIP

Property Owner's Address: RFD # 5 BOX 115 STREET
AUGUSTA TOWN ME STATE 04330 ZIP

SPECIFIC INSTRUCTIONS TO THE:

LPI:

If any of the variances exceed your 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 the 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.

Richard Melanson

PROPERTY OWNER'S SIGNATURE

10/10/96

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	100a	300a		
	2. Well: < 2000 gal/day	50'b	60b		
	a. Neighbors				
	b. Property Owner's	50'	50'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Waterbody Major	50'	60'		
	2. Waterbody Minor	25'	25'		
	3. Manmade drainage ditch	12'	12'		
Downhill Slope	Greater than 3:1 (33%)	N/A	10c		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	7'		13.5'
Property Line		4'	5'		5'

OTHER

1. Fill Extension Grade--to 3:1 **FILL EXTENSION WILL EXTEND ONTO NEIGHBORING PROPERTY WHICH IS UNDER THE SAME OWNERSHIP**
- 2.
- 3.

Footnotes:

- a. This setback 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 fill does not extend to the 3:1 slope.

WILLIAM P BROWN

William P Brown
SITE EVALUATOR'S SIGNATURE

9/5/96

DATE

LPI STATEMENT

I, *Gay R. Luther*, LPI for the Town of *Angusta* 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 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 the Comments Section below as to why the proposed replacement system is not being recommended.

Comments:

Gay R. Luther
LPI'S SIGNATURE

10/25/96
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 L128

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)287-5672 FAX (207)287-4172

PROPERTY LOCATION

Town or Plantation: **AUGUSTA**

Street Subdivision Lot #: **TOWNSEND ROAD**

PROPERTY OWNERS NAME

Last: **MELANSON** First: **RICHARD**

Mailing Address of Owner: **RFD# 5 BOX 105
AUGUSTA, ME 04330**

Daytime Tel. #: **622-2800**

AUGUSTA Date Permit Issued: **10/25/96** 3578 TOWN COPY

Local Plumbing Inspector Signature: *[Signature]* L.P.I. #: **850**

FEE: \$ **189** If Double Fee Charged

Owner Statement

I state that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: *[Signature]* Date: **10/23/96**

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application

Local Plumbing Inspector Signature: *[Signature]* Date Approved: **11/14/96**

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- First Time System
- Multi-User System
- Replacement System
- Expanded System
 - One-time exempted
 - Non-exempted
- Experimental System
- Seasonal Conversion

THIS APPLICATION REQUIRES:

- No Rule Variance
- First Time System Variance (Municipal)
- First Time System Variance (State)
- Replacement System Variance
 - Local Plumbing Inspector approval
 - State & Local Plumbing Inspector approval
- Minimum Lot Size Variance
- Seasonal Conversion Variance

DISPOSAL SYSTEM COMPONENT(S):

- Non-Engineered System
- Primitive System
- Alternative Toilet specify _____
- Non-Engineered Treatment Tank _____ Gallons
- Holding Tank _____ Gallons
- Non-Engineered Disposal Area
- Separated Laundry System
- Engineered System (+2000 gpd)
- Engineered Treatment Tank (only)
- Engineered Disposal Area (only)

SIZE OF PROPERTY

0.5 ACRES

DISPOSAL SYSTEM TO SERVE:

- Single Family Dwelling Unit
- Multiple Family Dwelling Unit
Number of Units _____
- OTHER _____ SPECIFY _____

SHORELAND ZONING

Yes No

TYPE OF WATER SUPPLY

SHARED DUG WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- Concrete
 - Regular
 - Low Profile
- Plastic **EXISTING**
SIZE: **1000** Gallons

DISPOSAL AREA TYPE/SIZE

- Stone Bed **900** Sq. Ft.
- Proprietary Device _____ Sq. Ft.
 - Clustered Linear
 - Regular H-20
- Trench _____ Lin. Ft.
- Other _____

GARBAGE DISPOSAL UNIT

- No
- Yes
 - Multi-compartment Tank
 - Tank in Series
 - Increase in tank capacity
 - Filter on Tank Outlet

RECOMMENDED

CRITERIA USED FOR DESIGN FLOW (Show Calculations)

3 BEDROOM

DESIGN FLOW: **270**
(Gallons/Day)

PROFILE & DESIGN CLASS

PROFILE: **7** DESIGN: **C**

DEPTH TO MOST LIMITING FACTOR: **17** "

DISPOSAL AREA SIZING

- Small 2.0
- Medium 2.60
- Medium-Large 3.30
- Large 4.10
- Extra-Large 5.00

PUMPING

- Not Required
- May Be Required
- Required

DOSE _____ Gallons

SITE EVALUATOR'S STATEMENT

On **9 / 5 / 96** (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules.

Signature: *[Signature]*
Site Evaluator Signature
WILLIAM P BROWN
Print Name

188
SE#
293-2110
Telephone

9/5/96
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

TOWNSEND ROAD

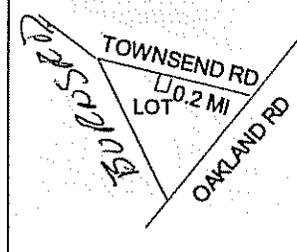
Owners Name

RICHARD MELANSON

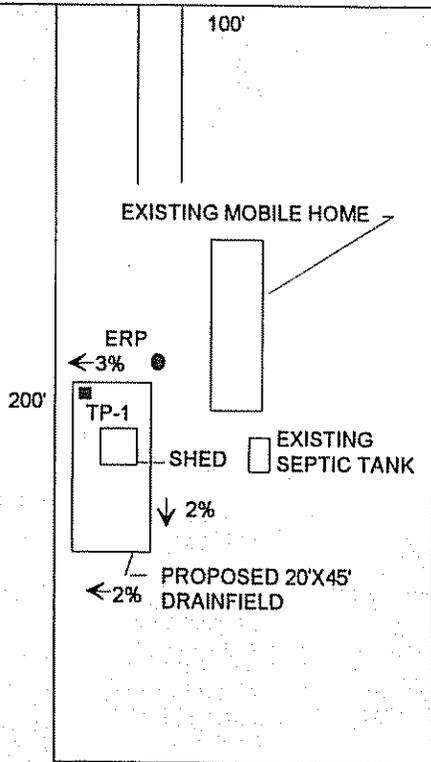
SITE PLAN

Scale 1" = 50 Ft.

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



TOWNSEND ROAD



DUG WELL

DUG WELL IS GREATER THAN 100 FEET FROM PROPOSED SYSTEM

ERP TO TP-1 = 20'

NORTH



SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole TP-1 Test Pit Boring
1' Depth of Organic Horizon Above Mineral Soil

(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			DARK BRN	
6	LOAMY SAND	FRIABLE	LIGHT OLIVE BROWN	NONE
20			OLIVE BRN	COMMON
30	LOAMY SAND W/ SILT	FIRM		
40				
50				

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

Soil Profile <u>7</u>	Classification Condition <u>C</u>	Slope <u>2-3 %</u>	Limiting Factor <u>17'</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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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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WILLIAM P BROWN *William P Brown*
Site Evaluator Signature

188
SE #

9/5/96
Date

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

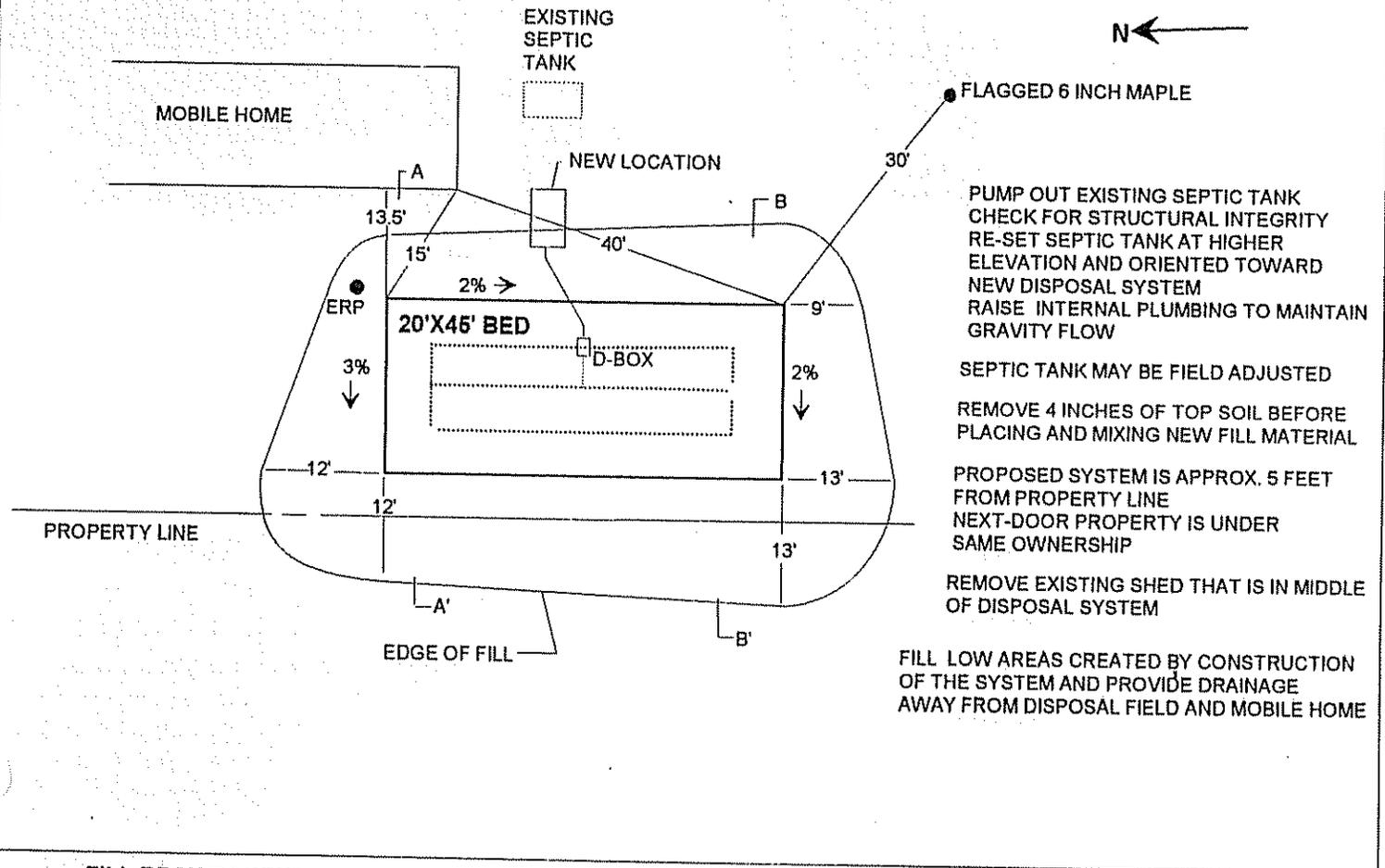
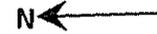
Town, City, Plantation
AUGUSTA

Street, Road, Subdivision
TOWNSEND ROAD

Owners Name
RICHARD MELANSON

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



PUMP OUT EXISTING SEPTIC TANK
CHECK FOR STRUCTURAL INTEGRITY
RE-SET SEPTIC TANK AT HIGHER
ELEVATION AND ORIENTED TOWARD
NEW DISPOSAL SYSTEM
RAISE INTERNAL PLUMBING TO MAINTAIN
GRAVITY FLOW

SEPTIC TANK MAY BE FIELD ADJUSTED
REMOVE 4 INCHES OF TOP SOIL BEFORE
PLACING AND MIXING NEW FILL MATERIAL

PROPOSED SYSTEM IS APPROX. 5 FEET
FROM PROPERTY LINE
NEXT-DOOR PROPERTY IS UNDER
SAME OWNERSHIP

REMOVE EXISTING SHED THAT IS IN MIDDLE
OF DISPOSAL SYSTEM

FILL LOW AREAS CREATED BY CONSTRUCTION
OF THE SYSTEM AND PROVIDE DRAINAGE
AWAY FROM DISPOSAL FIELD AND MOBILE HOME

FILL REQUIREMENTS

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

19-29"
27-35"

CONSTRUCTION ELEVATIONS

Reference Elevation Is
Bottom of Disposal Area
Top of distribution Lines or Chambers

00"
-58"
-47"

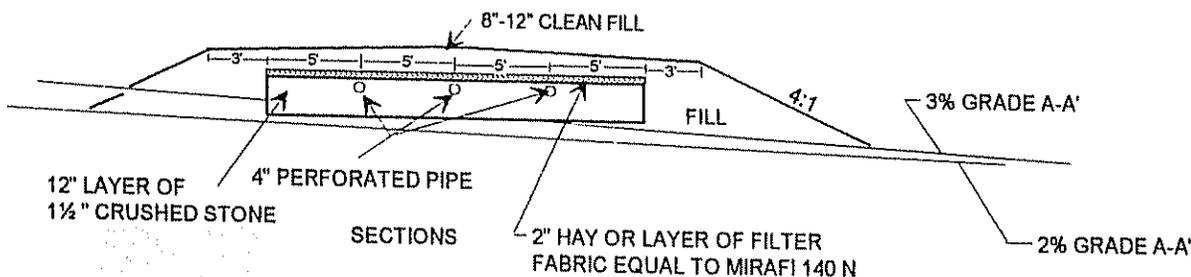
ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

FLAGGED NAIL IN POWER POLE,
4 FEET ABOVE GROUND

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.



REMOVE VEGETATION AND 4 INCHES OF TOPSOIL IN FILL AREA
SCARIFY ENTIRE FILL AREA
MIX 4 INCHES OF FILL MATERIAL WITH ORIGINAL SOIL TO FORM A
TRANSITION ZONE (ACCORDING TO CHAPTER 12 OF THE PLUMBING CODE)
*ALL FILL SHALL BE GRAVELLY COARSE SAND
*ROWN FINISH GRADE FROM CENTER AT 3%
*LOAM, SEED, MULCH DISTURBED AREAS

WILLIAM P BROWN
Site Evaluator Signature

William P Brown

188
SE #

9/5/96
Date

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