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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. 3155 E Town of Augusta Date Permit Issued 1/26/95
MONTH/DAY/YEAR

Property Owner's Name: MIKE PECHER Tel. No. _____

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

Property Owner's Address: RR 3 Box 1197 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.

Michael Pecher
PROPERTY OWNER'S SIGNATURE

1/26/95
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 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	100'	300'		
	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'		
Property Line		4'	5'		

OTHER

1. Fill extension Grade—to 3:1

Downslope on length of system 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.

Paul Skypop
SITE EVALUATOR'S SIGNATURE 1/19/95
DATE

LPI STATEMENT

I, Jay R. Lulker, 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:

Jay R. Lulker
LPI'S SIGNATURE 1/26/95
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: AUGUSTA

Street Division Lot #: EIGHT ROD ROAD.

PROPERTY OWNERS NAME

Last: PICHER First: MIKE.

Applicant Name: SAME

Mailing Address of Owner/Applicant (If Different): RR 3 BOX 1197
AUGUSTA ME 04330

PERMIT INFORMATION

AUGUSTA
 Date Permit Issued: 1/26/95 \$ 160 FEE If Double Fee Charged

3155 8 DOWN COPY

Wm K. Walker
 Local Plumbing Inspector Signature L.P.I. # 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.

Michael Picher
 Signature of Owner/Applicant Date: 1/26/95

Caution: Inspection Required

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

Wm K. Walker
 Local Plumbing Inspector Signature Date Approved: 1/26/95

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>SEASONAL CONVERSION</p> <p>to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED <u>1970</u></p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH ?</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____</p> <p>SPECIFY _____</p>
<p>SIZE OF PROPERTY <u>5.15</u></p> <p>ZONING <u>RES.</u></p>	<p>TYPE OF WATER SUPPLY</p> <p><u>Drilled well</u></p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input checked="" type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>4 BEDROOMS</u></p> <p><u>20x60' Bed.</u></p> <p>DESIGN FLOW: <u>360</u> (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE <u>5</u> CONDITION <u>C</u></p> <p>DEPTH TO LIMITING FACTOR: <u>24.</u></p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input checked="" type="checkbox"/> BED <u>1200</u> Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft.</p> <p><input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	

SITE EVALUATOR STATEMENT

On 1/18/95 (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.

David S. Knapp
 Site Evaluator Signature SE# 260 Date 1/19/95

(Local Plumbing Inspector's Signature if permit is for Separated Sanitation)

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 HHE-200 Rev. 11/86

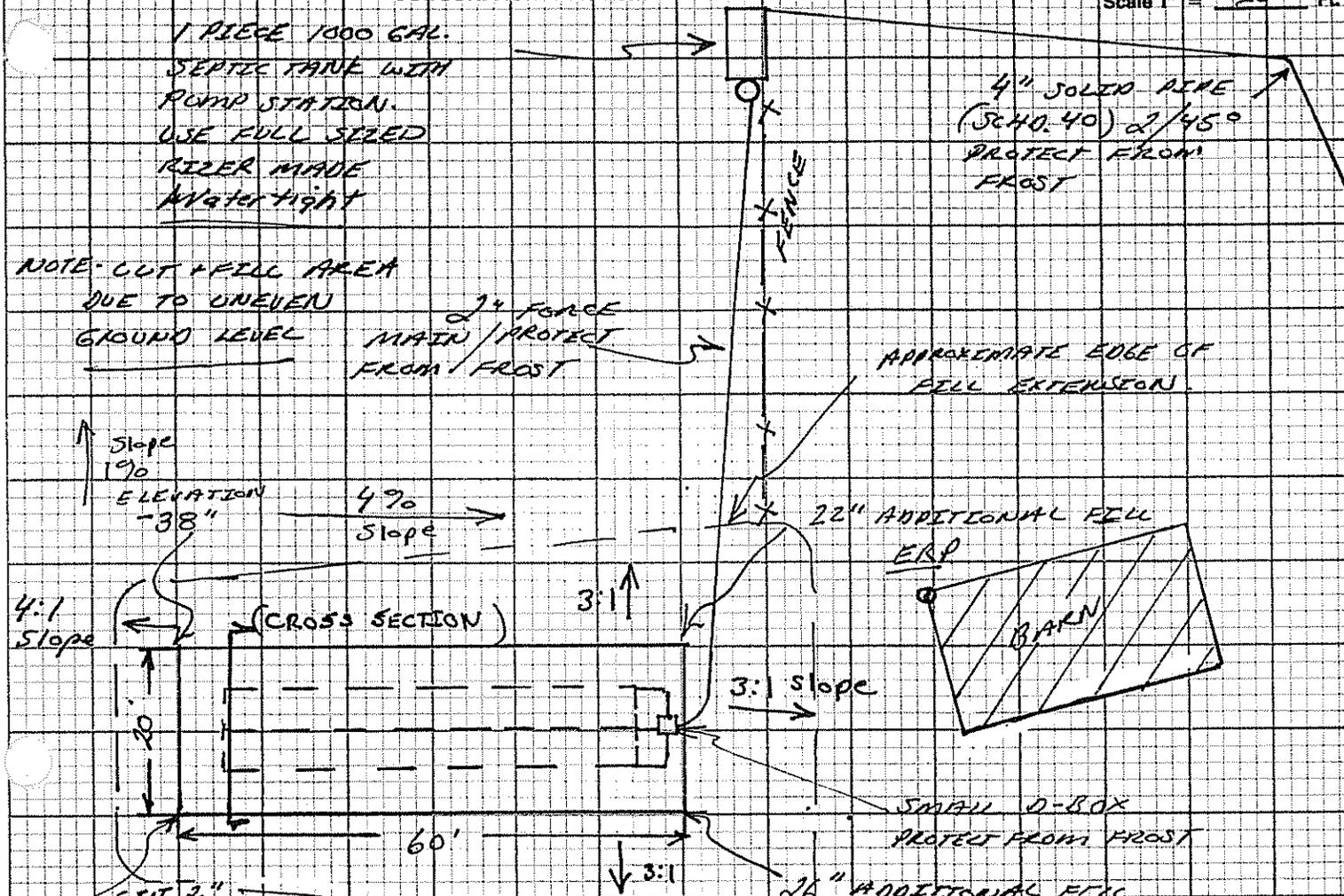
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: AUGUSTA Street, Road, Subdivision: EIGHT RD ROAD Owners Name: MIKE DICHER

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) 22 + 48"
Depth of Fill (Downslope) 24 + 46"

CONSTRUCTION ELEVATIONS

Reference Elevation is 0.00
Bottom of Disposal Area -38"
Top of Distribution Lines or Chambers -25"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

FLAGGED NAIL IN CORNER OF BARN.

DISPOSAL AREA CROSS SECTION

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

NOTE - SCARCELY TO 24" DEPTH DUE TO COMPACT NATURE OF SAND.

DIG OUT AREA BENEATH BED & FILL EXTENSION THEN PLACE SAND BACK IN AREA.

(SEE ATTACHED CROSS SECTION)

Paul Skene
Site Evaluator Signature

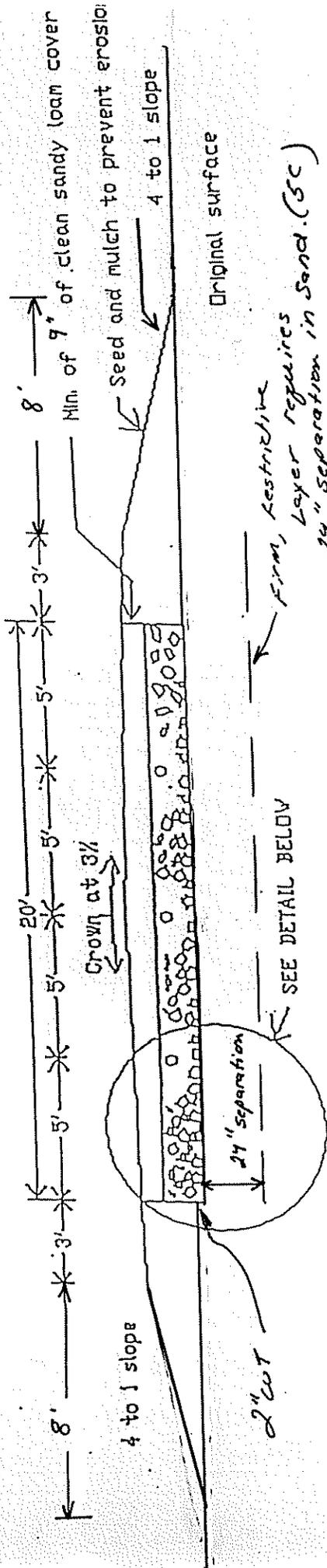
260
SE#

1/19/95
Date

ELEVATIONS

ATTACHMENT TO FORM HHE-200

Reference Elevation is 0.00
 Bottom of Disposal Area is -38"
 Top of Distribution Lines is -25"



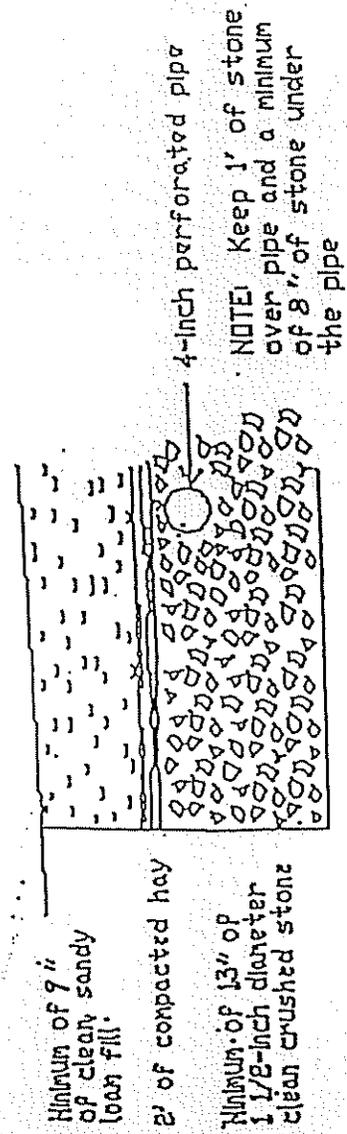
SEE DETAIL BELOW

Roto-till original surface thoroughly in all areas of the system including fill extensions before placing fill

Depth of Fill (Upslope) = 22" + 48"
 Depth of Fill (Downslope) = 24" + 46"

SCALE:

Vertical: 1 inch = 5 feet
 Horizontal: 1 inch = 5 feet



DETAIL OF BED

DATE: 1/19/95
 Corinne S. Knapp S.E. #260