

Replacement System Variance Request

Town Copy

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an Application for the proposed replacement system which is in noncompliance 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 with LPI approval limitations can be met.

1. The replacement system is correcting a malfunction or an unlicensed wastewater discharge system.
2. A replacement 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 does not conflict with Seasonal Conversion Permit (30 MRSA § 3223) or with Mandatory Shoreland Zoning (12 MRSA § 4811).
6. 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 of AUGUSTA

Town Code

Permit No. E

Date Permit Issued 10/2/89
month/day/yr.

Property Owner's Name: ANDREW LEVESQUE Tel. No. _____

System's Location: WEST RIVER RD. #3 Box 35
Street

AUGUSTA MAINE 04330
Town Zip

Property Owner's Address: (if different from above) _____
Street

_____ 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, 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 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.

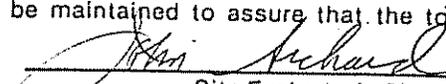
X Andrew Levesque
Property Owner's Signature Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		12"	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 2. Well: < 2000 gal/day a. Neighbor's b. Property Owner's 3. Water Supply Line	100a 100b 50' See Note 'a'	300a 100b 60'
Waterbodies	1. Perennial	60'	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With basement	See Note	15'		
	2. Without basement	'a'	10'		
Property Line		5'	5'		

Other Specify:

Footnotes:

- This setback distance cannot be reduced by variance. See Table 6-2.
- A variance to reduce the 100 foot setback distance to a minimum of 80 feet may be granted only with the neighbor's written permission.
- Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.


 Site Evaluator's Signature

9-21-89
 Date

LPI Statement

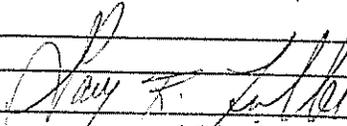
I, Clay F. Latta, LPI for the Town of Augusta have conducted an on-site inspection for the proposed replacement system and have determined, to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Ordinances, or the Local Shoreland Zoning Ordinance. 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, do not approve) 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

10/2/89
 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

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

PROPERTY ADDRESS	
Town Or Plantation	Augusta
Street Division Lot #	W. River Rd
PROPERTY OWNERS NAME	
Last: LEVESQUE	First: ANDREW
Applicant Name:	
Mailing Address of Owner/Applicant (if Different)	Rt 3 Box 35 W. River Rd. Augusta, ME 04330

Caution: Permit Required

AUGUSTA Subsurface Wastewater Disposal, 1755 ... TOWN COPY

Date Permit Issued: 10/2/89 \$ 30.00 If Double Fee Charged

Local Plumbing Inspector Signature: *Ray R. Fuller* L.P.I. # 1850

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.

Andrew Levesque
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.

Ray R. Fuller
Local Plumbing Inspector Signature Date Approved: 10/24/1989

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>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 1979± THE FAILING SYSTEM IS: <ol style="list-style-type: none"> <input type="checkbox"/> BED <input type="checkbox"/> CHAMBER <input checked="" type="checkbox"/> TRENCH <input type="checkbox"/> OTHER: _____ </p> <p>SIZE OF PROPERTY: 2± ACRE ZONING: RESIDENTIAL</p>	<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>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>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <input 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 checked="" type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM <p>TYPE OF WATER SUPPLY DRILLED WELL</p>
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DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC <p>SIZE: <u>EXISTING 1,000</u> 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 style="font-size: 2em; text-align: center;">3 BEDROOM</p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">D</td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>12</u></p>	PROFILE	CONDITION	8	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 <u>600</u> 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: <u>270</u> (GALLONS/DAY)</p>
PROFILE	CONDITION						
8	D						

SITE EVALUATOR STATEMENT

On 9-11-89 (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.

John Richard
Site Evaluator Signature

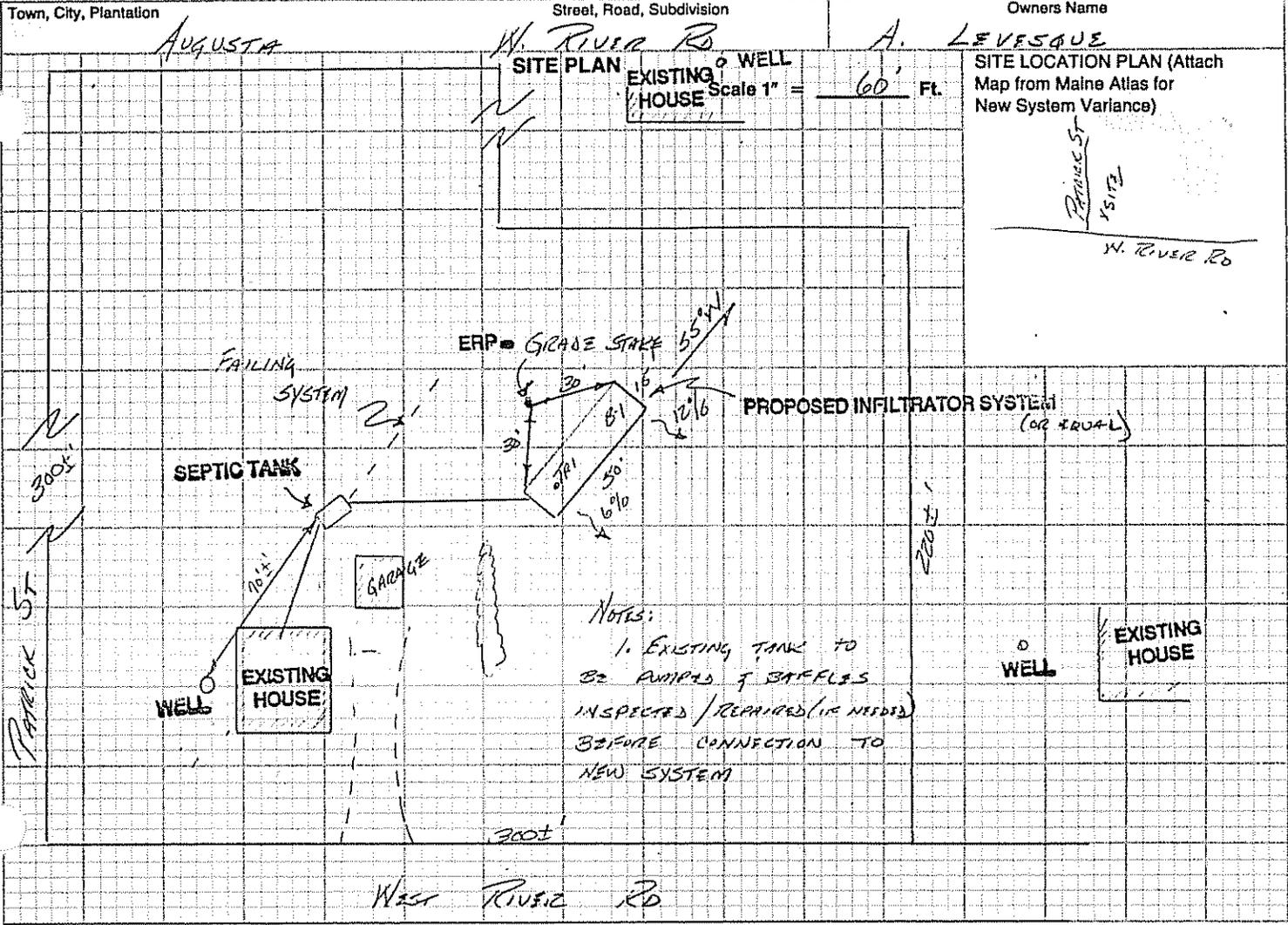
181
SE#

9-21-89
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



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

Texture	Consistency	Color	Mottling
SILT LOAM	FRIABLE	BROWN	NONE EVIDENT
		REDDISH BROWN	FEW FINE TO COMMON DISTINCT
SILTY CLAY LOAM	FIRM	OLIVE BROWN	

Soil Profile: B
 Classification: D
 Slope: 6 %
 Limiting Factor: 12
 Ground Water
 Restrictive Layer
 Bedrock

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

Texture	Consistency	Color	Mottling
SILT LOAM	FRIABLE	BROWN	NONE EVIDENT
		OLIVE BROWN	COMMON DISTINCT
SILTY CLAY LOAM	FIRM		

Soil Profile: B
 Classification: D
 Slope: 12 %
 Limiting Factor: 12
 Ground Water
 Restrictive Layer
 Bedrock

[Signature]
 Site Evaluator Signature

181
 SE#

9-21-89
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

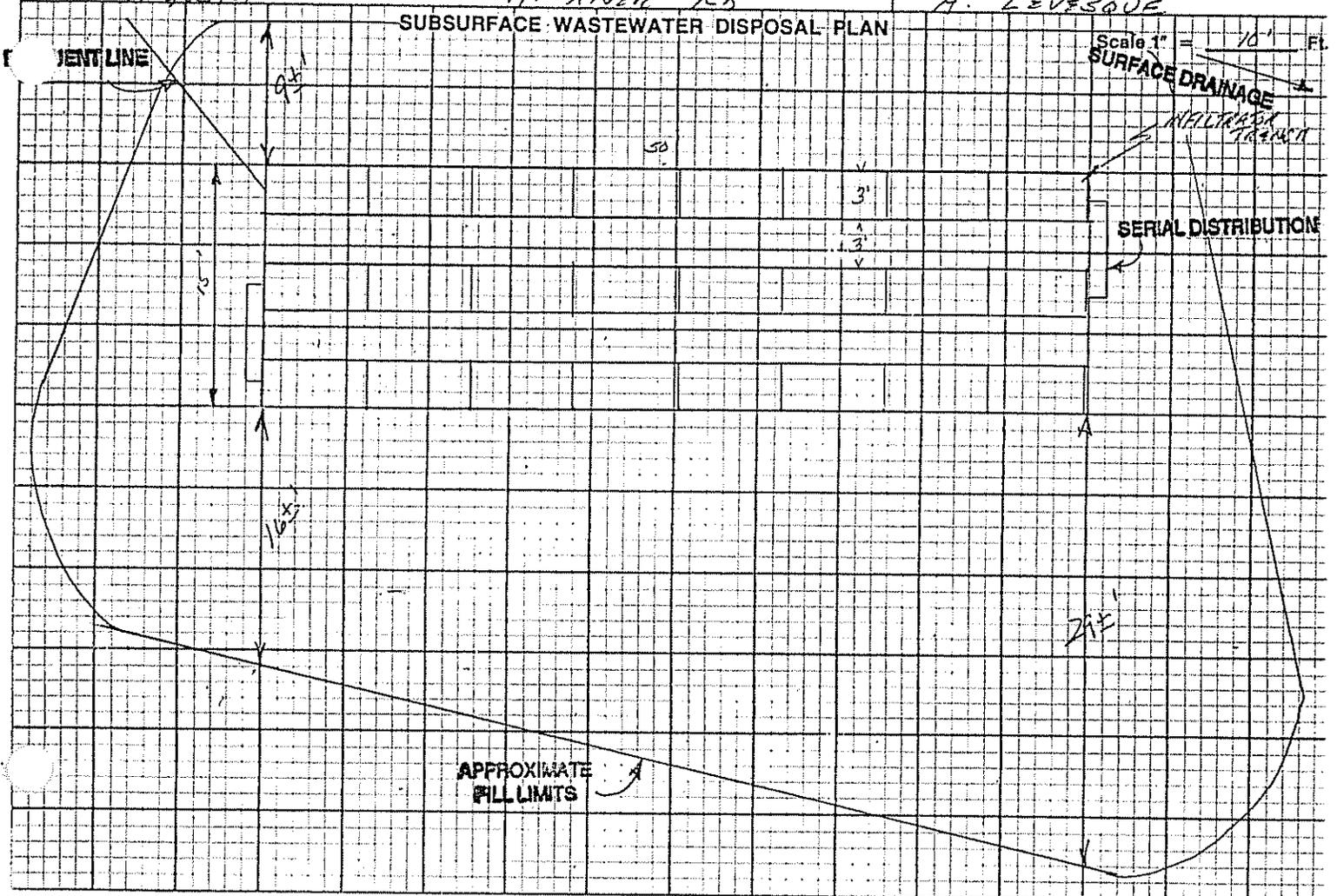
Augusta

W. River Rd

A. LEVESQUE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 10' Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope)

24"

Depth of Fill (Downslope)

29"-40"

CONSTRUCTION ELEVATIONS

Reference Elevation is

00'

Bottom of Disposal Area

SEE BELOW

Top of Distribution Lines or Chambers

" "

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

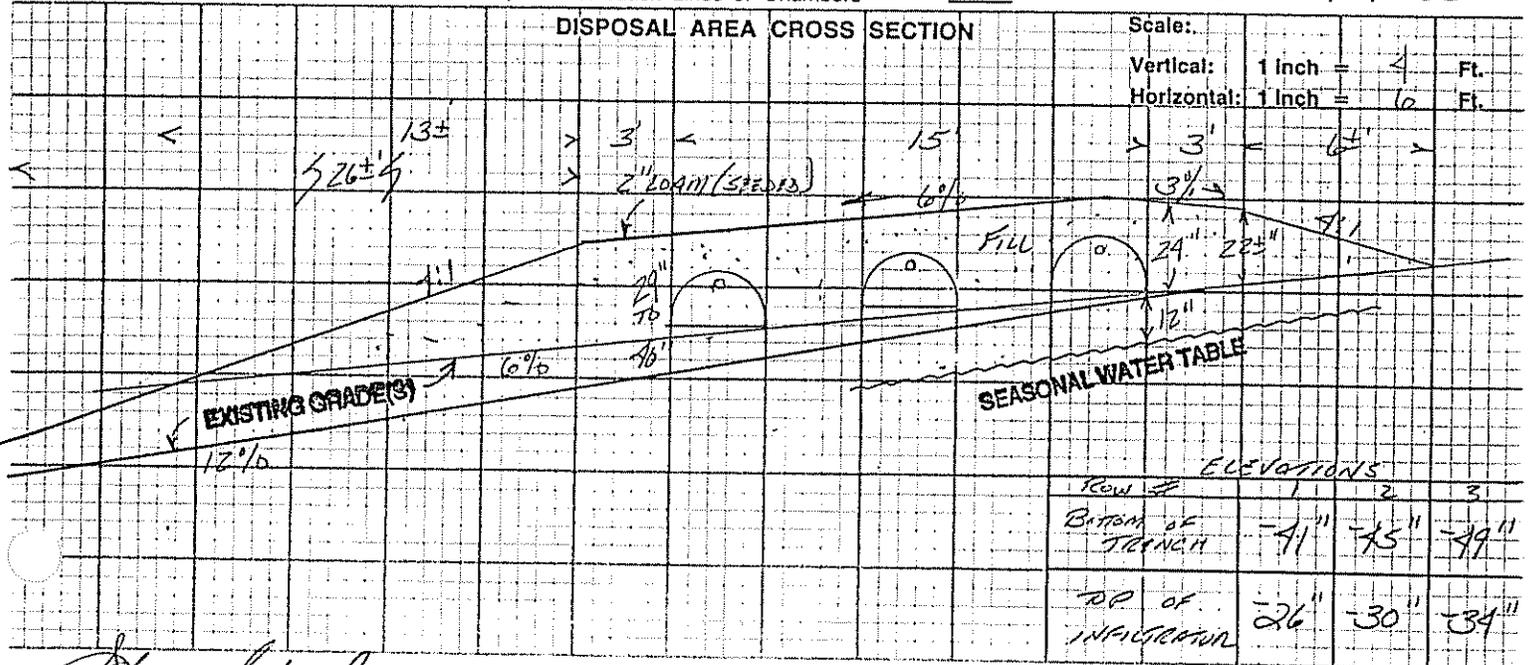
GRADE STAKE W/EXP AT 24" ABOVE EXISTING GRADE

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 4 Ft.

Horizontal: 1 inch = 6 Ft.



John Smith
Site Evaluator Signature

101
SE#

9-21-89
Date

NOTES

1. All constructions shall conform to "State of Maine - Subsurface Wastewater Disposal Rules-Chapter 241" latest revision.
2. All fill shall be sandy loam or coarser, with sufficient fines for adequate compaction.
3. Wells shall be located a minimum of 100' from subsurface disposal systems. Systems shall be a minimum of 20' from any structure.
4. Property lines shown are as provided by owner and no guarantee of accuracy is implied. Actual property lines must be confirmed by survey.
5. A septic tank outlet filter is recommended when installing a mechanical garbage disposal.
6. Pump stations, when required, shall be installed watertight to prevent the infiltration of ground and/or surface water. Pumps shall be installed to manufacturers recommendations and sized for actual installed T.D.H.. For uninterrupted service during maintenance or repair, duplex pump systems are required.
7. Force mains and pressure lines shall be flushed of foreign material and pumps shall be checked for proper on/off cycle before being put into service.
8. Applicability of design must be re-evaluated when location of structures are substantially different than those shown on the site plan, or when other structures, additions or appurtenances (I.E. Swimming pools) are considered.
9. Systems put into service prior to establishing proper cover shall be provided with adequate erosion control to prevent damage to the system.
10. Provide low profile septic tank when determined as necessary in the field. Septic tanks may be field located a minimum of 8' from any buildings.
11. A "Minimum Lot Size Variance" is required for any lot less than 20,000 square feet in area (unless grandfathered).
12. Force Mains, Pump Stations, and/or gravity piping subject to freezing shall be adequately insulated.
13. The LPI shall inform the owner and designer of any local ordinance exceeding the rules (Chapt-241) prior to issuing a permit, so that the application may be properly amended to conform to such ordinance.
14. All designs are subject to review by local, State, or Federal authority. Designers liability shall be limited to revisions required by regulatory agency.