

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. #2047 E Town of Augusta
 Date Permit Issued 12/18/90
MONTH/DAY/YEAR
 Property Owner's Name: Lucienne Boucher Tel. No. 623-8714
 System's Location: Church Hill Road STREET
Augusta TOWN Maine 04330 ZIP
 Property Owner's Address: RT#1 Box 1180 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.

DEC 17 1990

Lucienne Boucher

PROPERTY OWNER'S SIGNATURE

623-8714

DATE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Subdivision Lot #	Churchill Road
PROPERTY OWNERS NAME	
623-8714	
Last:	Boucher
First:	Lucienne
Applicant Name:	Harald Boucher
Mailing Address of Owner/Applicant (if Different)	Rt 1 Box 1180 Churchill Road Augusta Me

AUGUSTA	Caution: Permit 2047	TOWN COPY
Date Permit Issued: 12-18-90	\$ 4.00	<input type="checkbox"/> Double Fee Charged
Local Plumbing Inspector Signature: <i>Nancy R. Fuller</i>	L.P.I. # 1851	
12-11 10:00 AM with the electrician		

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.

Lucienne Boucher 12-14-90
Signature of Owner/Applicant Date

Caution: Inspection Required 12-14-90
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature Date Approved

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+ 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 type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER _____ <p>SPECIFY _____</p>
<p>SIZE OF PROPERTY 30 Acres+ ZONING Rural</p>	<p>TYPE OF WATER SUPPLY Drilled Wells</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC <p>New SIZE: 1500 GALS. With Zeeb Filter</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 type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION) <input checked="" type="checkbox"/> REQUIRED <p>DOSE: 50 GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>Multiple Family 1 bedroom Unit 120 Gpd 2-2 bedroom Units 360 Gpd 480 Gpd</p>			
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td>9</td> <td>D</td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: 10"</p>	PROFILE	CONDITION	9	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 type="checkbox"/> LARGE <input checked="" type="checkbox"/> EXTRA LARGE 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> BED 2400 Sq. Ft. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> TRENCH _____ Linear Ft. <input type="checkbox"/> OTHER: _____ <p>DESIGN FLOW: 480 Gpd (GALLONS/DAY)</p>
PROFILE	CONDITION					
9	D					

SITE EVALUATOR STATEMENT

On 12-12-1990 (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]

DEC 14 1990

241

12-12-1990

Site Evaluator Signature

SE#

Date

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

ATTACHMENT TO FORM HHE-200
ADDITIONAL INFORMATION ABOUT YOUR SEPTIC SYSTEM

1. YOU SHOULD HAVE YOUR SEPTIC TANK PUMPED OUT AND CHECKED EVERY TWO YEARS OR MORE OFTEN TO PROLONG THE LIFE OF YOUR SYSTEM.
2. IF YOU PLAN TO INSTALL A GARBAGE DISPOSAL IN YOUR HOME, YOU SHOULD HAVE THE NEXT AVAILABLE SIZE SEPTIC TANK INSTALLED. An alternative to this is the installation of a Zabel Industries Inc. Multi-purpose Filter, Model #A-100 or equivalent on the outlet end of the septic tank.
3. Water softeners should drain to a separate gray water disposal system.
4. Your septic tank must be installed level and all joints, inspection covers etc. must be water tight. The same is necessary for a pump tank if your system requires one.
5. The outlet invert elevation should be equal to or higher than the finish grade of the septic field to avoid flooding of the tank and solids entering the field.
6. Your system is designed to handle laundry waste water provided a separated laundry system is not indicated on Page 1 of your HHE-200 form and the total daily design flow shown on Page 1 is not exceeded. If a low water toilet is required it must use less than 1.5 gallons per flush.
7. All construction shall conform with section 11-D "State of Maine-Subsurface Wastewater Disposal Rules-Chapter 241" and all other pertinent sections.
8. All fill shall be sandy loam coarser with sufficient fines for adequate compaction, unless otherwise stated.
9. Wells shall be located a minimum 100' from subsurface disposal system.
10. Property lines shown are as provided by owner and no guarantee of accuracy is implied. Actual property lines must be confirmed by survey.
11. Applicability of design must be reevaluated 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.
12. Systems put into service prior to establishing proper cover shall be provided with adequate erosion control to prevent damage to the system.
13. Provide low profile septic tank when determined as necessary in the field.
14. Lots not meeting the requirements if the "Minimum lot size Rule" but recorded prior to its effective date require a "Minimum Lot Size Waiver" as issued by the Department of Human Services - Division of Health Engineering.
15. Force mains, pump stations, and/or gravity piping subject to freezing shall be adequately installed.
16. The L.P.I. shall inform the owner and designer of any local ordinance exceeding the rules (Chapter 241), prior to issuing a permit, so that the application may be properly amended to conform to to such ordinances.

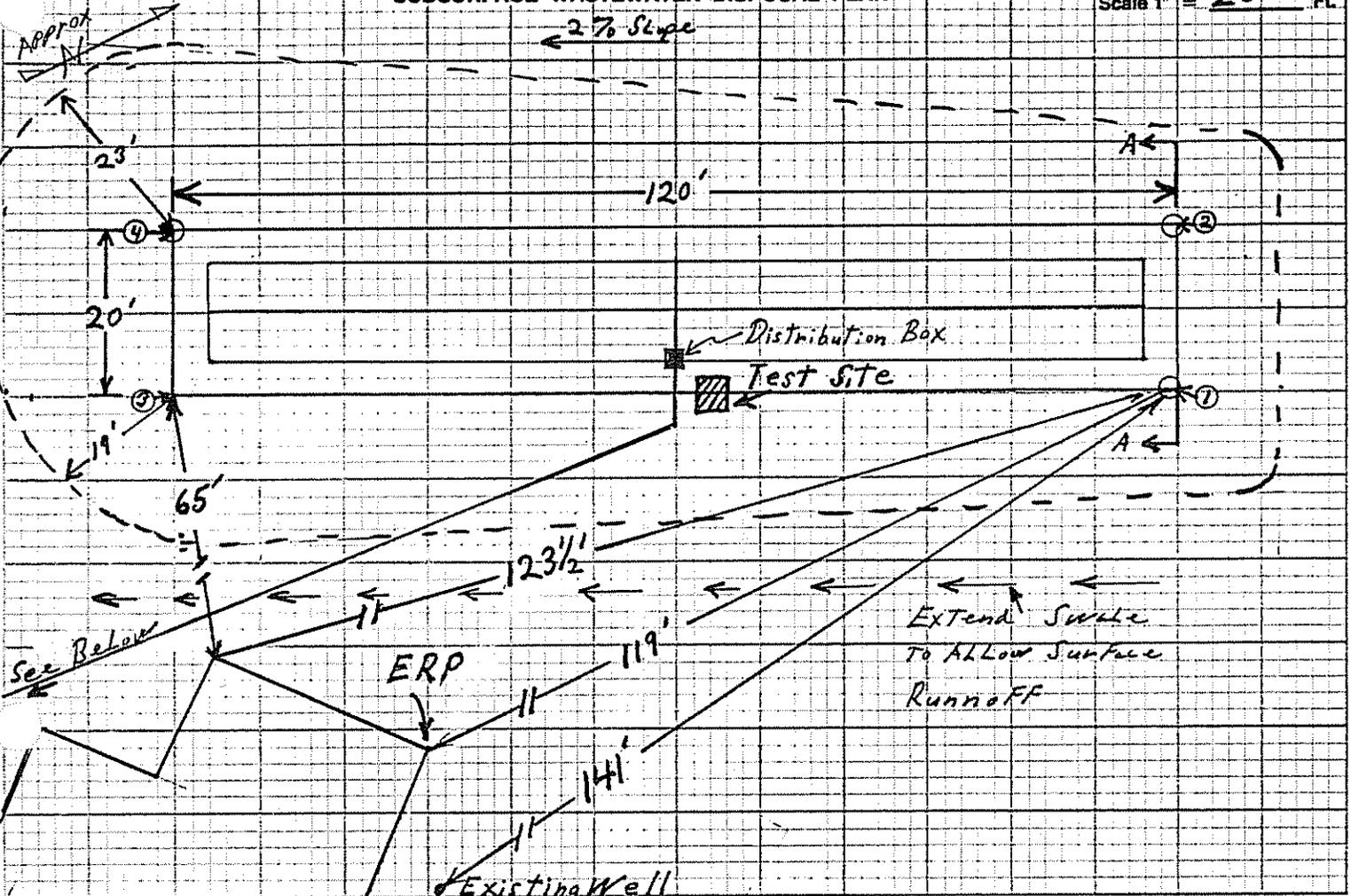
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

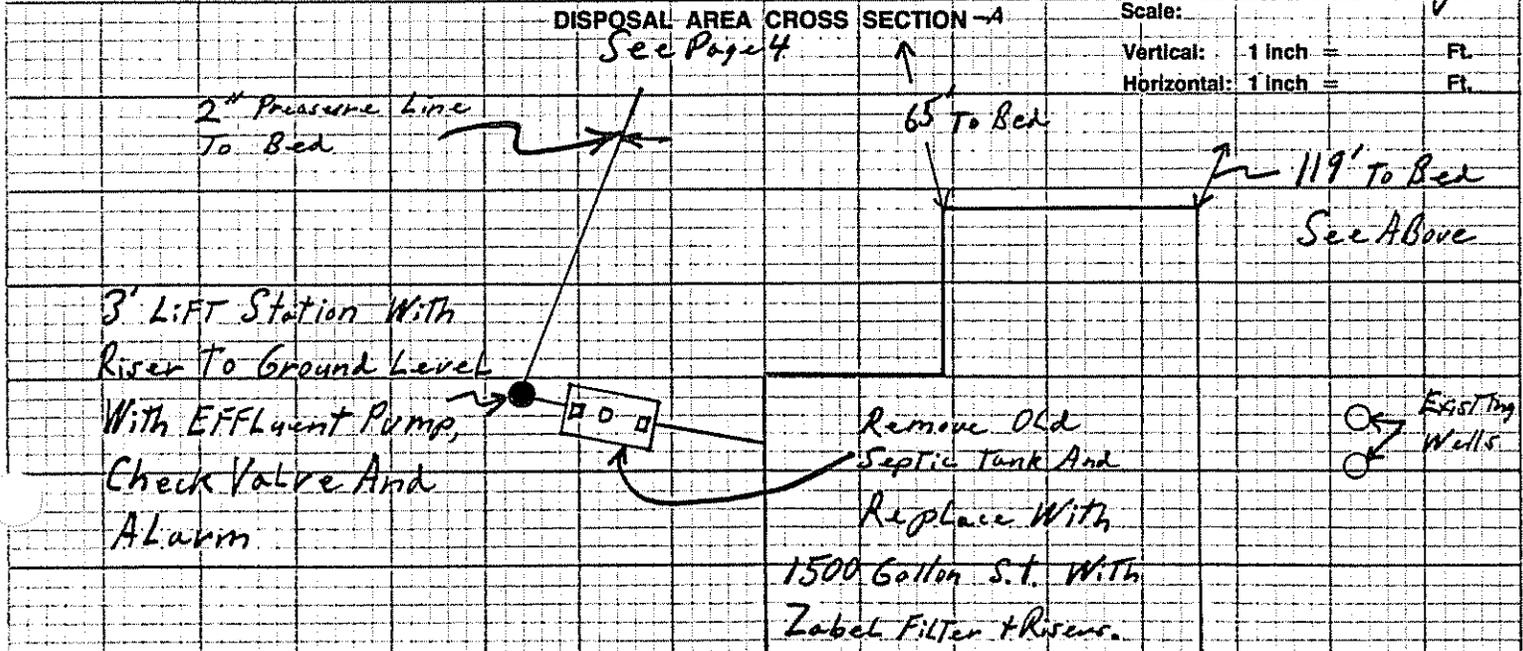
Town, City, Plantation <i>Augusta</i>	Street, Road, Subdivision <i>Church Hill Road</i>	Owners Name <i>Lucienne Roucher</i>
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SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL.



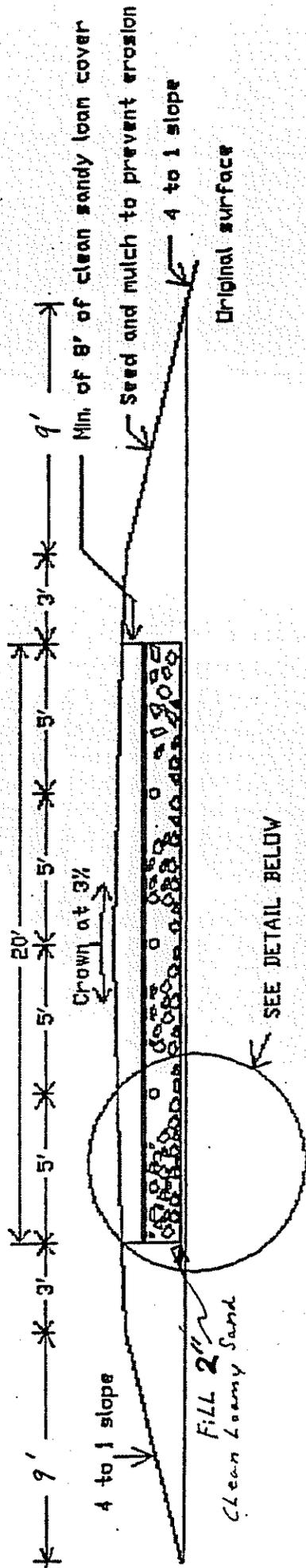
FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) ① 26" ② 26"	Reference Elevation is 0	-47" Tag # 183 in North -35" East Corner of Building
Depth of Fill (Downslope) ③ 44" ④ 52"	Bottom of Disposal Area	
	Top of Distribution Lines or Chambers	



ATTACHMENT TO FORM HHE-200

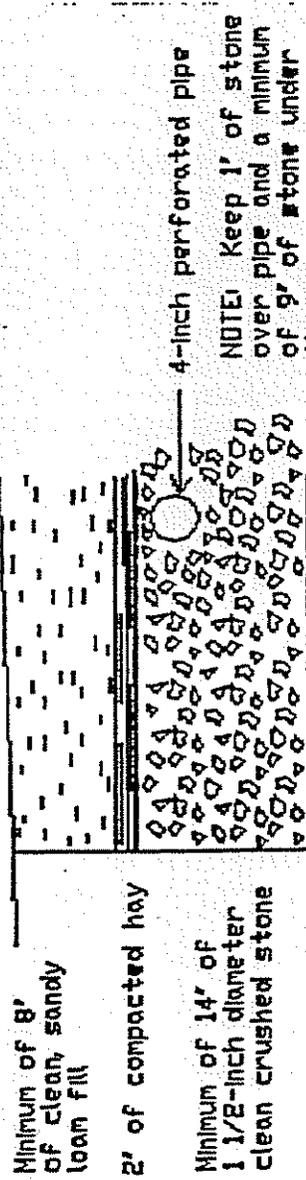
ELEVATIONS

Reference Elevation is 0
 Bottom of Disposal Area is -47"
 Top of Distribution Lines is -35"



SEE DETAIL BELOW

Roto-till original surface thoroughly in all areas of the system including fill extensions before placing fill And Roto-till Again AFTER Placing 8" of Fill. (To Blend Fill And Original Together)



Depth of Fill (Upslope) = See Page 3.
 Depth of Fill (Downslope) = See Page 3.

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

DATE:

B. Duber
 Eugene Duber S.E. # 241