

TOWN

REPLACEMENT SYSTEM VARIANCE REQUEST

7-15A

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

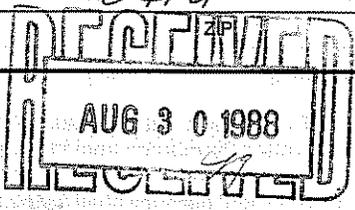
This form shall be attached to an application for the proposed replacement system which does not comply with the Rules. The LPI shall review the Replacement System Variance Request and Application and may approve the Request if all of the following requirements can be met, and the variance(s) requested 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.

4:00
Inspect
9/30/88

GENERAL INFORMATION

Permit No. 1417 E Town of Augusta
 Date Permit Issued Sep. 2 1988
MONTH/DAY/YEAR
 Property Owner's Name: Riverside Associates Tel. No. 871-1080
 System's Location: Church Hill Road
STREET
Augusta Maine
TOWN ZIP
 Property Owner's Address: 90 Dirigo Management Company 178 Middle St.
(if different from above) STREET STATE
Portland ME
TOWN STATE
04101
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.

Majorie M Smith for David Lakari 8.30.88
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"		0-6"	inches
	Restrictive Layer	to 6"		12"	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 ^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'		
Property Line		4'	5'		

OTHER

1. Fill extension Grade—to 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.

Oliver W. Kuhl
SITE EVALUATOR'S SIGNATURE

8/18/88
DATE

LPI STATEMENT

I, Gay R. Tuller, 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:

Gay R. Tuller
LPI'S SIGNATURE

Sep. 2, 1988
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.

David P. Bream
SIGNATURE OF THE DEPARTMENT

9/2/88
DATE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

08188430

PROPERTY ADDRESS

Town Or Plantation: Augusta

Street: Church Hill Road

Division Lot #: _____

PROPERTY OWNER'S NAME

Last: Spurwink First: School

Applicant Name: JAMES D. NORRIS

Mailing Address of Owner/Applicant (if Different): 128 STATE ST. AUGUSTA, MAINE

AUGUSTA CAUTIONS PERMIT # 1,417 TOWN COPY

Date Permit Issued: 9/2/88 Fee: \$40.00 Double Fee Charged

Local Plumbing Inspector Signature: Jay R. Fuller 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.

Signature of Owner/Applicant: [Signature] Date: _____

CAUTION: INSPECTION REQUIRED

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

Local Plumbing Inspector Signature: Jay R. Fuller Date Approved: Sep. 30, 1988

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"/> Requires Local Plumbing Inspector Approval</p> <p>b. <input checked="" 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 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 ? _____</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 checked="" 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 _____ SPECIFY _____</p>
<p>SIZE OF PROPERTY _____ ZONING _____</p>	<p>TYPE OF WATER SUPPLY</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE <u>1500</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 checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION & ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED DOSE: <u>164</u> GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>5 bedrooms</u></p> <p>DESIGN FLOW: <u>450</u> (GALLONS/DAY)</p>			
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td><u>9</u></td> <td><u>E</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>0-6"</u></p>	PROFILE	CONDITION		<u>9</u>	<u>E</u>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input checked="" type="checkbox"/> EXTRA-LARGE</p>
PROFILE	CONDITION					
<u>9</u>	<u>E</u>					

SITE EVALUATOR STATEMENT

On 8/18/88 (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.

Site Evaluator Signature: [Signature] SE# 51 Date 8/18/88

Approved for use as HHE 200 by Division of Health Engineering 9/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

08188430

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

Church Hill Road

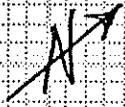
Spurwink, School

SITE PLAN

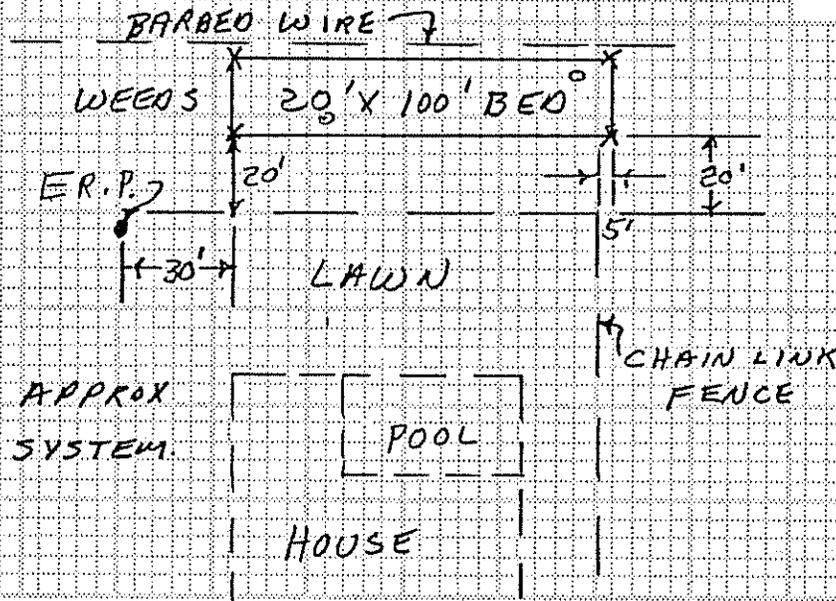
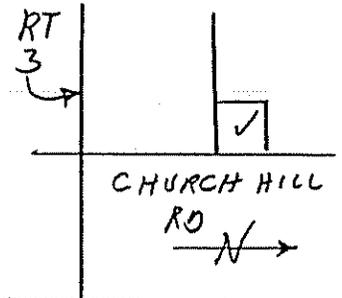
Scale: 1" = 50 Ft.
or as shown

SITE LOCATION PLAN

(Attach Map from Maine Atlas for New System Variance)



PASTURE/HAY FIELD



X = FLAGS MARK APPROX CORNERS OF SYSTEM.

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1+2 Test Pit Boring
31 " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0		MOR. FIRM		
6	SIL.		D.B.	0-6
10				
15				
20		FIRM		
30	C/S		O.G.	
40				
50				

Observation Hole _____ Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Classification 9 E Slope 2% Limiting Factor 0-6" Ground Water Restr. Layer Bedrock

Soil Classification _____ Slope _____ Limiting Factor _____ Ground Water Restr. Layer Bedrock

Wm W. Anderson
Site Evaluator Signature

51
SE#

8/18/88
Date

Approved for use as HHE 200 by Division of Health Engineering 9/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road, Subdivision

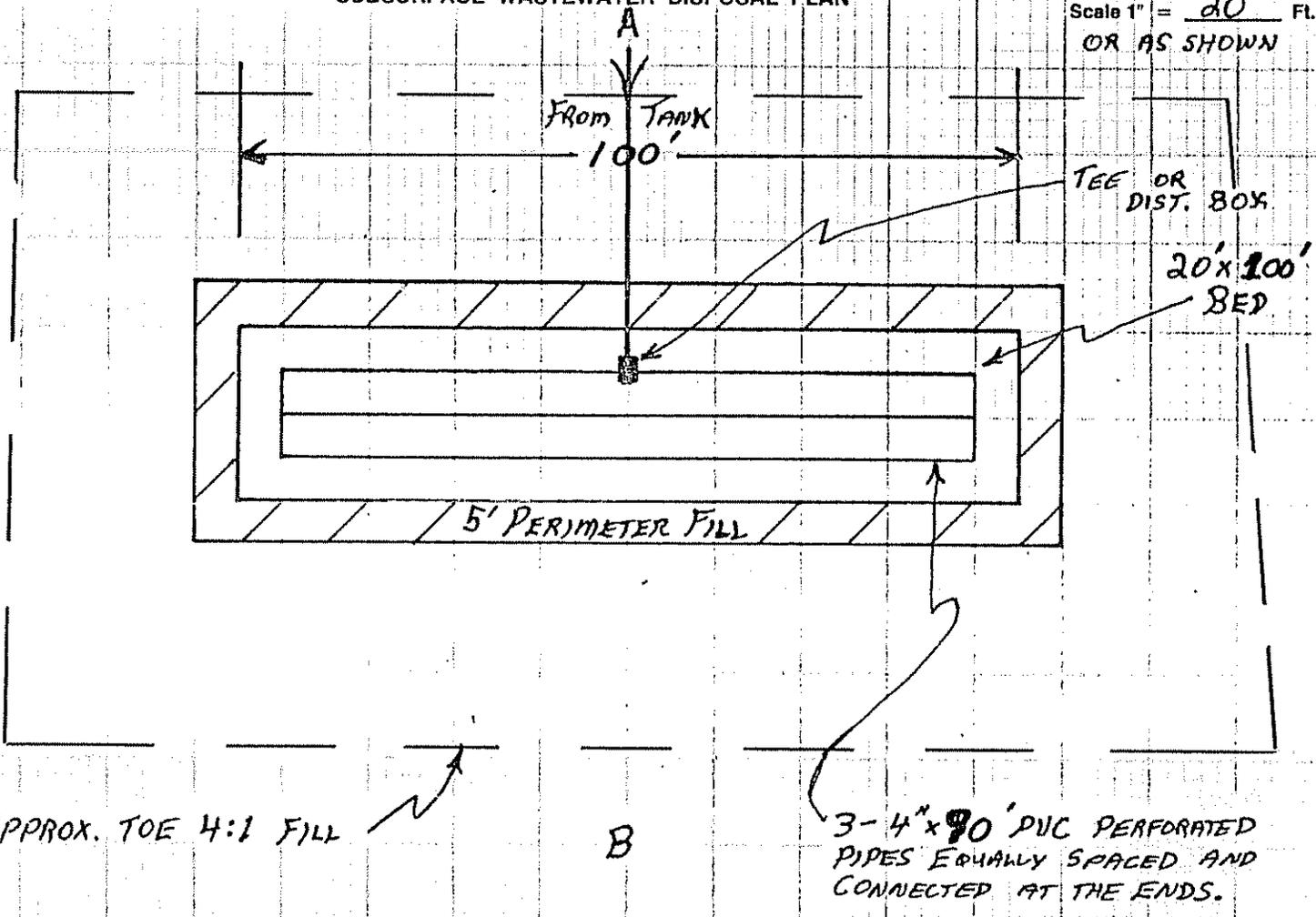
Division of Health Engineering

Owners Name

AUGUSTA

CHURCH HILL RD
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.
OR AS SHOWN



APPROX. TOE 4:1 FILL

3-4" x 90' PVC PERFORATED PIPES EQUALLY SPACED AND CONNECTED AT THE ENDS.

FILL REQUIREMENTS

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

48"
51"

CONSTRUCTION ELEVATIONS

Reference Elevation is
Bottom of Disposal Area
Top of Distribution Lines or Chambers

0
-36"
-25"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

NAIL IN 15" WILLOW

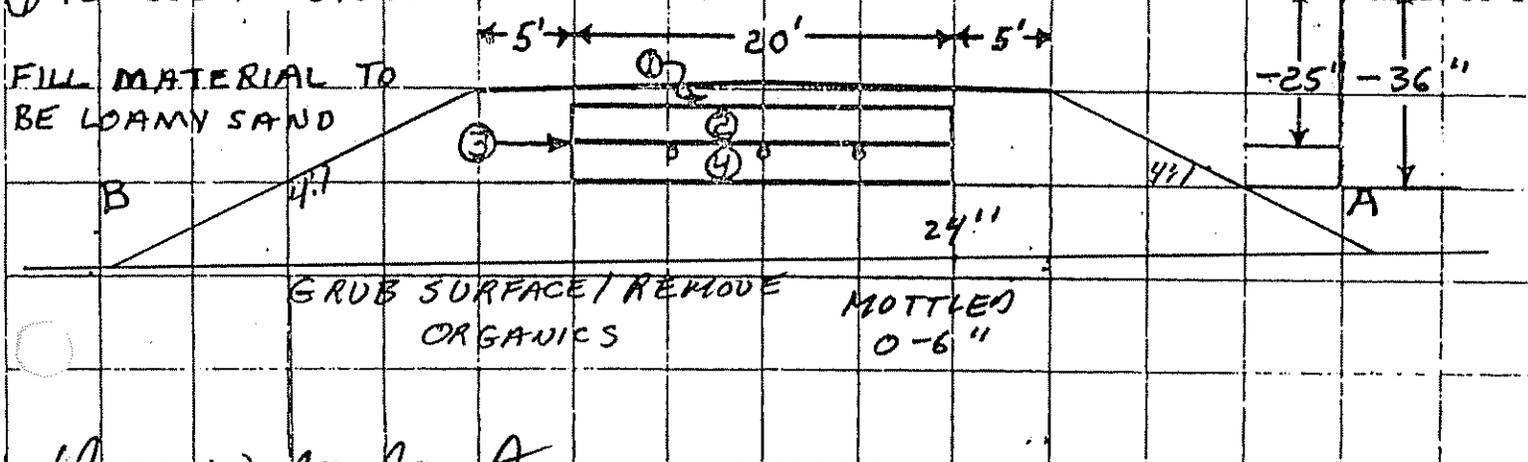
DISPOSAL AREA CROSS SECTION

Scale:

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

- ① 3" TOPSOIL CROWNED @ 3%
- ② 8" SAND
- ③ 2" COMPACTED HAY
- ④ 12" CLEAN STONE

FILL MATERIAL TO BE LOAMY SAND



GRUB SURFACE / REMOVE ORGANICS

MOTTLED 0-6"

Site Evaluator Signature

SE#51
SE#

8/18/88
Date