

622-5667

m8 4/2

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

10.00 9/7/94

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.

GENERAL INFORMATION

Town Copy

Permit No. 3153 E

Town of AUGUSTA

Date Permit Issued 9/10/94
MONTH/DAY/YEAR

Property Owner's Name: CHRIS CUR Tel. No. 622-5667

System's Location: WEEKS MILLS ROAD
STREET

AUGUSTA Maine 04330
TOWN ZIP

Property Owner's Address: P.O. BOX 4636
(if different from above) STREET

AUGUSTA ME 04330
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, 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.

Chris Cur
PROPERTY OWNER'S SIGNATURE

Sept 6 1994
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"		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'	60'		
	b. Property Owner's	25'	50'	40'±	
	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'	10'		
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.

[Signature]
SITE EVALUATOR'S SIGNATURE

8/31/94
DATE

LPI STATEMENT

I, *[Signature]*, 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:

[Signature]
LPI'S SIGNATURE

9/6/94
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 #: WEEKS MILLS ROAD

PROPERTY OWNERS NAME

Last: CYR First: CHARIS

Applicant Name:

Mailing Address of Owner/Applicant (If Different): PO BX 4636 AUGUSTA, 04330

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: Sept 6 94

ALBUQUERQUE PERMIT NUMBER: 3053 TOWN COPY
Date Permit Issued: 9/7/94 Fee: \$ 160.00 If Double Fee Charged:
Local Plumbing Inspector Signature: [Signature] L.P.I. #: 850

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: _____ Date Approved: _____

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- EXPERIMENTAL SYSTEM

SEASONAL CONVERSION

to be completed by the LPI

- SYSTEM COMPLIES WITH RULES
- CONNECTED TO SANITARY SEWER
- SYSTEM INSTALLED - P# _____
- SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED 1960E

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: STREET TANK

SIZE OF PROPERTY

ZONING

4.1 ACRES

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
 - Requiring Local Plumbing Inspector Approval
 - Requires State and Local Plumbing Inspector Approval
- MINIMUM LOT SIZE VARIANCE

INSTALLATION IS:

COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM
(Includes Alternative Toilet)
- ENGINEERED (+ 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK _____ GAL
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER _____

TYPE OF WATER SUPPLY

EXISTING DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular OR Low Profile?
 - AEROBIC
- SIZE: 1000 GALS.

WATER CONSERVATION

- NONE
 - LOW VOLUME TOILET
 - SEPARATED LAUNDRY SYSTEM
 - ALTERNATIVE TOILET
- SPECIFY: _____

PUMPING

- NOT REQUIRED
 - MAY BE REQUIRED
(DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
 - REQUIRED
- DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

3 BEDROOM SINGLE FAMILY DWELLING

DESIGN FLOW: 270

(GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 3 CONDITION: C
DEPTH TO LIMITING FACTOR: 19.

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

- BED 900 Sq. Ft.
- CHAMBER _____ Sq. Ft.
 REGULAR H-20
- TRENCH _____ Linear Ft.
- OTHER: _____

SITE EVALUATOR STATEMENT - DESIGN SUBJECT TO LOCAL, STATE & FEDERAL ORDINANCES

On 8/30/94 (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. -AS PER VARIANCE

Signature: [Signature]
Site Evaluator Signature

168
SE#

8/31/94
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

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

WEEKS MILLS ROAD

Owners Name

CHARIS CYR

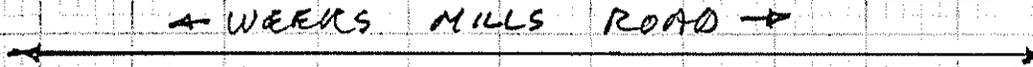
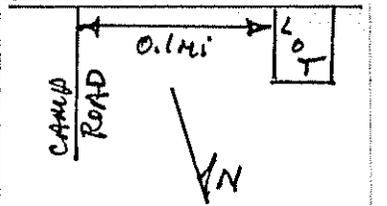
SITE PLAN

Scale 1" = 50 Ft.

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

POLE #08
204

WEEKS MILLS ROAD



INSTALL 1000 GALLON CONCRETE SEPTIC TANK

NO NEAR PROPERTY LINES

FLAGGED APPLE TREE (ERP)

PROPOSED 20'x45' DISPOSAL BED

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-8	LOAM		BROWN	
8-15		FRIABLE	YELLOW	
15-20	SANDY		BROWN	
20-30	LOAM	FIRM	GRAY	COMMON
30-50			BROWN	DISTINCT

Soil Profile 3 Classification C Slope 3 % Limiting Factor 19
 Ground Water Restrictive Layer Bedrock

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

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

Soil Profile _____ Classification _____ Slope _____ % Limiting Factor _____
 Ground Water Restrictive Layer Bedrock

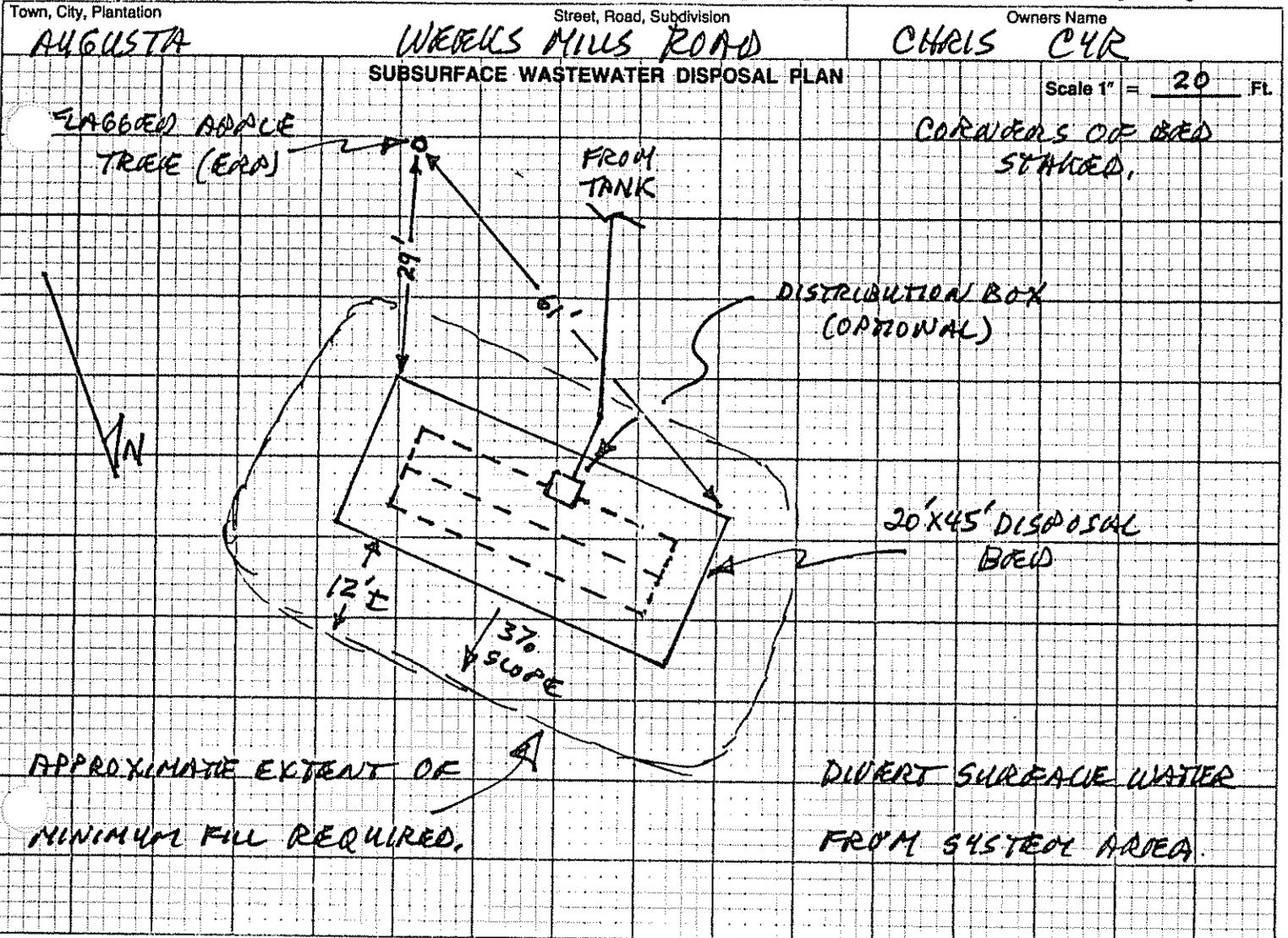
John Wolf
Site Evaluator Signature

168
SE#

8/31/94
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



FILL REQUIREMENTS
Depth of Fill (Upslope) 17"
Depth of Fill (Downslope) 23"

CONSTRUCTION ELEVATIONS
Reference Elevation Is 0
Bottom of Disposal Area -59"
Top of Distribution Lines -48"

ELEVATION REFERENCE POINT (ERP)
LOCATION & DESCRIPTION
FLAGGED NAIL IN APPLE TREE
39" ABOVE EXISTING GRADE AT TREE.

DISPOSAL AREA CROSS SECTION

Scale: N/A
Vertical: 1 Inch = Ft.
Horizontal: 1 Inch = Ft.

(SEE ATTACHED DIAGRAM)

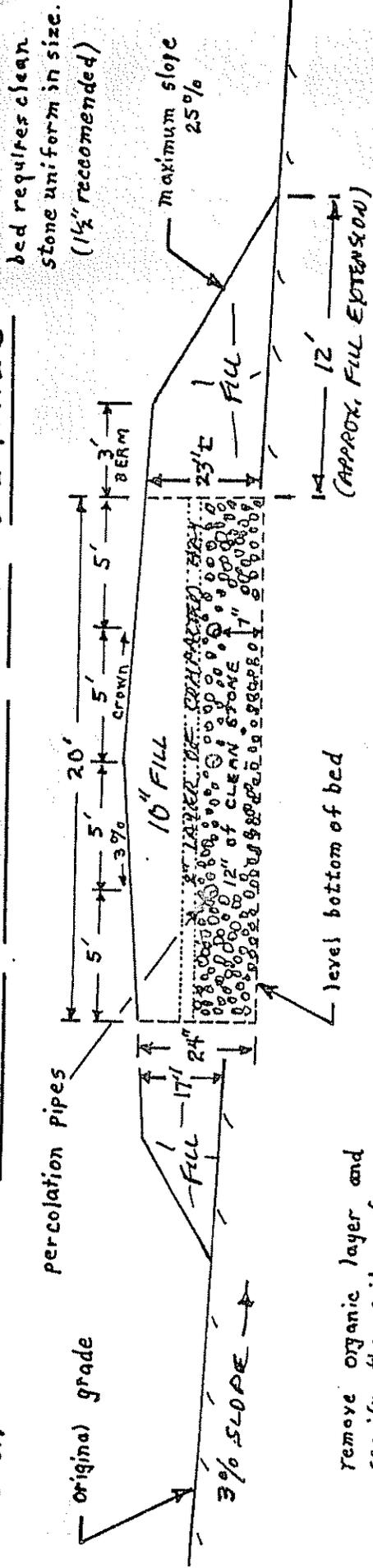
[Signature]
Site Evaluator Signature

168
SE #

8/31/94
Date

SEWAGE DISPOSAL BED DETAILS

to be covered



Bed Cross Section (no scale)

Remove organic layer and scarify the soil surface before installing fill.

level bottom of bed

10" FILL

23" FILL

12" (APPROX. FILL EXTENSION)

maximum slope 25%

bed requires clean stone uniform in size. (1 1/2" recommended)

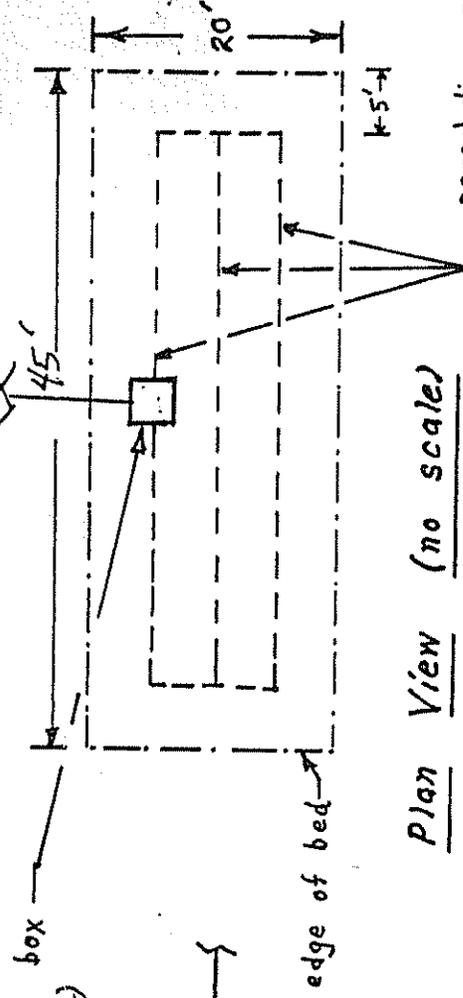
percolation pipes (4" dia. PVC)

edge of bed

distribution box (OPTIONAL)

from dwelling

septic tank



Plan View (no scale)

NOTES

- 1.) 17 inches of fill is required at uphill side of bed.
- 2.) texture of fill shall be coarse sandy loam to loamy sand, gravelly loamy coarse sand recommended
- 3.) refer to the MAINE STATE PLUMBING CODE, PART II for further details regarding installation procedures.