

Need Variance Form

603-835

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: 1145 VISTA

Street: LEESINGTON ROAD

Subdivision Lot #: _____

PROPERTY OWNERS NAME

Last: _____ First: _____

Applicant Name: _____

Mailing Address of Owner/Applicant (If Different): 1145 VISTA RD # 24330

M9 L27

AUGUSTA PERMIT # 457 TOWN COPY

Date Permit Issued: 5, 21, 85 \$ 1140 Double Fee Charged

Robert St Pierre L.P.I. # 1759
Local Plumbing Inspector Signature

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.

Robert St Pierre
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.

Robert St Pierre 6/4/85
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
- Requires only Local Plumbing Inspector Approval
- Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (Includes Alternative Toilet)
- ENGINEERED (1000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS

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

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER _____

DISPOSAL SYSTEM TO SERVE:

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

SIZE OF PROPERTY: 175 X 235

ZONING: _____

TYPE OF WATER SUPPLY

CITY

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC Regular 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.)

4 BEDROOMS (2 APARTMENTS) SYSTEM DESIGN

VOLUME BASED ON WATER METER READING 1/7/85 PLUS 40% DESIGN FLOW: 1400 FT X 100 X 7.5

91 DAYS (GALLONS DAY)

115 X 1.40 = 200 G.P.D.

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 9 CONDITION: D

DEPTH TO LIMITING FACTOR: 12"

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRALARGE

DISPOSAL AREA TYPE/SIZE

- BED 1000 Sq Ft
- CHAMBER _____ Sq Ft
- TRENCH _____ Linear Ft
- OTHER _____

[] REGULAR [] H-20

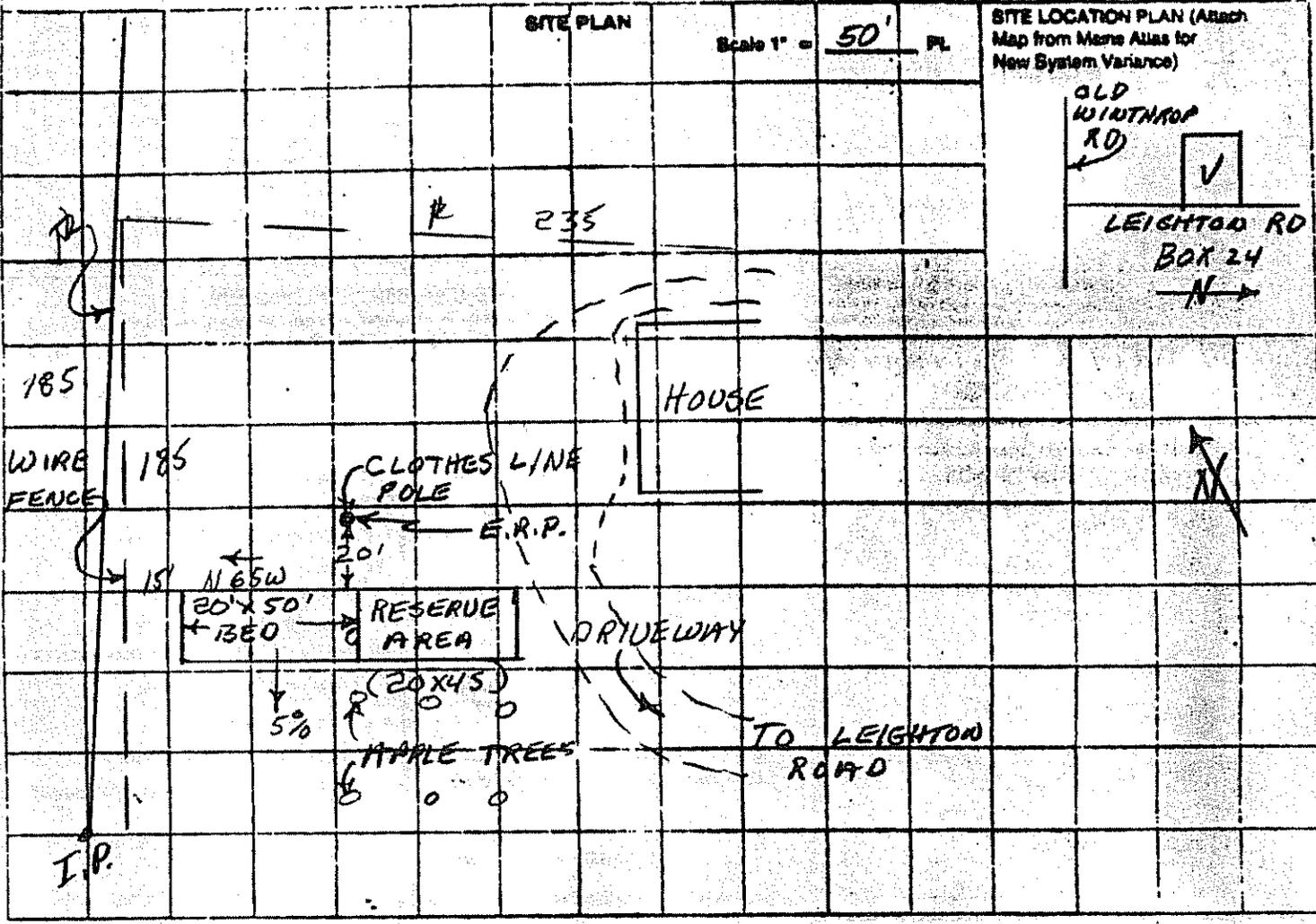
SITE EVALUATOR STATEMENT

On 4/25/85 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Wastewater Disposal Rules.

Alan W. Redmond
Site Evaluator or Professional Engineer's Signature

51
SE PE

4/28/85
Date



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)				
Observation Hole _____		<input type="checkbox"/> Test Pit <input type="checkbox"/> Boring		
_____		* Depth of Organic Horizon Above Mineral Soil _____		
DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	S.I.L.	FRIABLE	B	
12"				
20	C/S	FIRM	G.B.	
30				
40				
50				
60				
70				
80				
90				
100				

Observation Hole _____		<input type="checkbox"/> Test Pit <input type="checkbox"/> Boring		
_____		* Depth of Organic Horizon Above Mineral Soil _____		
DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				
60				
70				
80				
90				
100				

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Parish: **AUGUSTA**

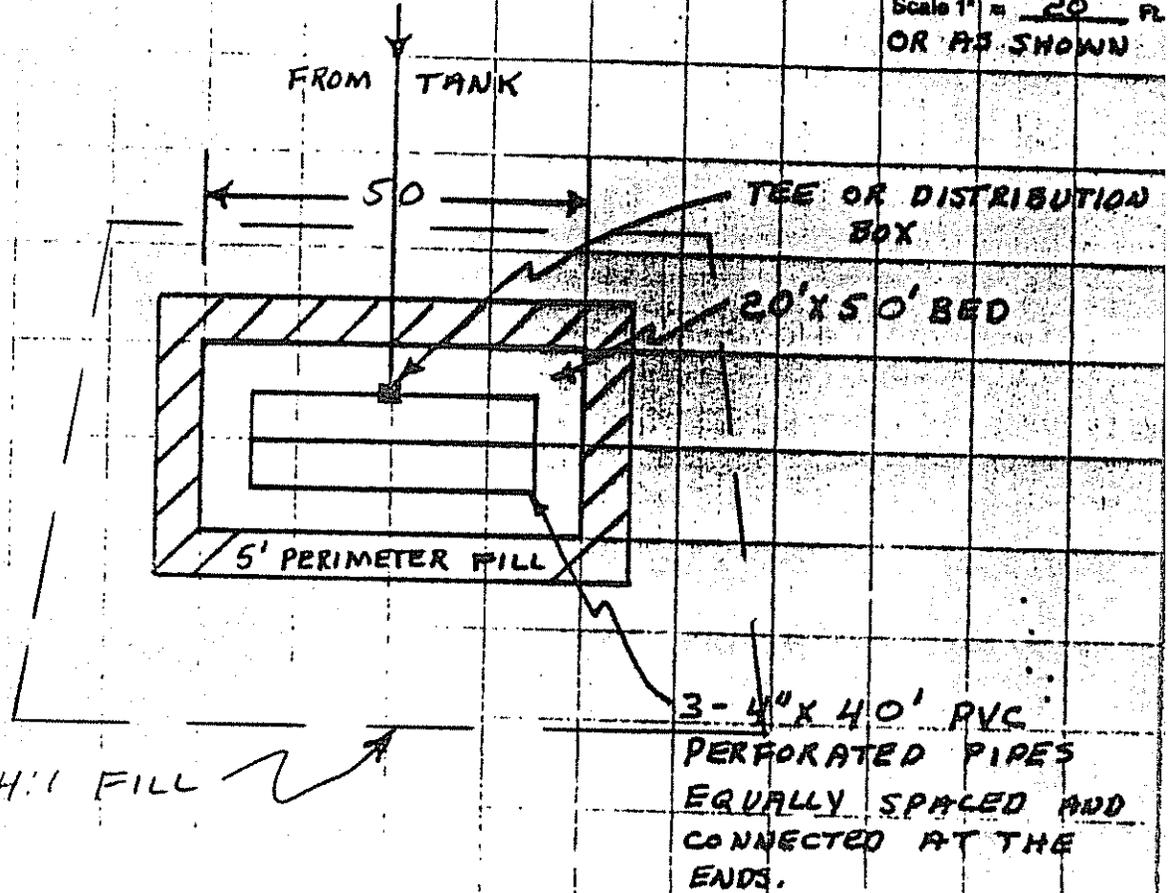
Street, Road, Subdivision: **LEIGHTON RD**

Division of Health Engineering

Owner's Name: **DUMAS**

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.
OR AS SHOWN



APPROX. TOE 4:1 FILL

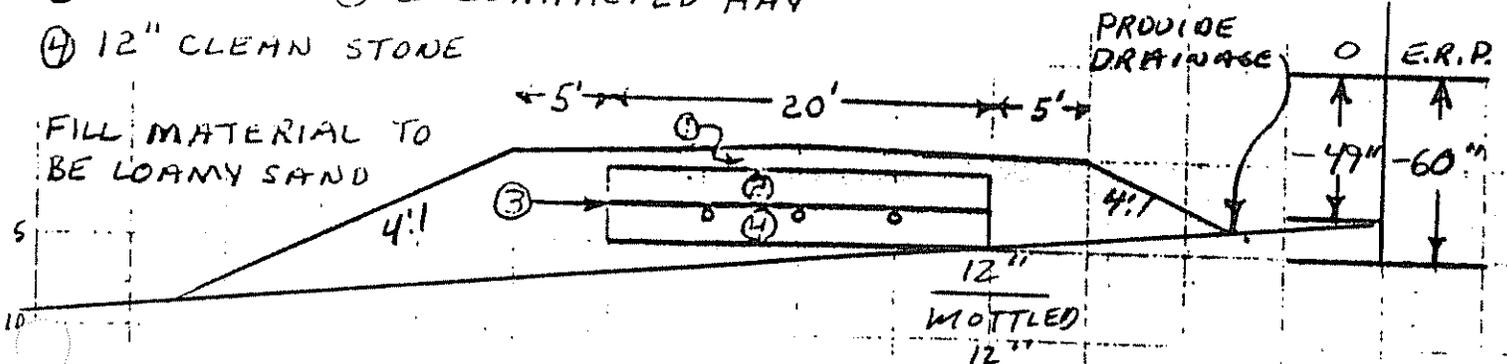
FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Up slope)	24	Reference Elevation to	0	NAIL IN CLOTHES POLE
Depth of Fill (Down slope)	36±	Bottom of Disposal Area	-60"	
		Top of Distribution Lines or Chambers	-49"	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.

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

FILL MATERIAL TO BE LOAMY SAND



AT:

LEIGHTON RD.

000951



AUGUSTA WATER DISTRICT
BOX 506 • 12 WILLIAMS ST.
AUGUSTA, MAINE 04330
PHONE: 622-3701

DATE OF BILLING	READINGS		CONSUMPTION IN 100 CU. FT.	SUB-TOTAL	REFERENCE	OTHER CHARGES
	PREVIOUS	PRESENT				
01 05 84	296	309	13	23.15	ARREARS	-50.00

WATER USED AT:

75 LEIGHTON RD.

000951



AUGUSTA WATER DISTRICT
BOX 506 • 12 WILLIAMS ST.
AUGUSTA, MAINE 04330
PHONE: 622-3701

DATE OF BILLING	READINGS		CONSUMPTION IN 100 CU. FT.	SUB-TOTAL	REFERENCE	OTHER CHARGES
	PREVIOUS	PRESENT				
04 09 84 04 09 84	309	320	11	22.20	MINIMUM CHG ARREARS	-26.85

WATER USED AT:

75 LEIGHTON RD.

000951



AUGUSTA WATER DISTRICT
BOX 506 • 12 WILLIAMS ST.
AUGUSTA, MAINE 04330
PHONE: 622-3701

DATE OF BILLING	READINGS		CONSUMPTION IN 100 CU. FT.	SUB-TOTAL	REFERENCE	OTHER CHARGES
	PREVIOUS	PRESENT				
07 09 84 07 09 84	320	332	12	22.20	MINIMUM CHG ARREARS	-4.65

WATER USED AT:

75 LEIGHTON RD.

000951



AUGUSTA WATER DISTRICT
BOX 506 • 12 WILLIAMS ST.
AUGUSTA, MAINE 04330
PHONE: 622-3701

DATE OF BILLING	READINGS		CONSUMPTION IN 100 CU. FT.	SUB-TOTAL	REFERENCE	OTHER CHARGES
	PREVIOUS	PRESENT				
10 09 84	332	341	9	22.20	MINIMUM CHG	

WATER USED AT:

75 LEIGHTON RD.

000951



AUGUSTA WATER DISTRICT
BOX 506 • 12 WILLIAMS ST.
AUGUSTA, MAINE 04330
PHONE: 622-3701

DATE OF BILLING	READINGS		CONSUMPTION IN 100 CU. FT.	SUB-TOTAL	REFERENCE	OTHER CHARGES
	PREVIOUS	PRESENT				
01 07 85	341	355	14	24.10	ARREARS	-45.00

FRANCIS DUMAS SR.
75 LEIGHTON ROAD
AUGUSTA, ME. 04330

SALES TAX	TOTAL BILL
.00	-20.90

\$457

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 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.
7. Soil and setback distances are within approval authority of the LPI.

GENERAL INFORMATION

Town of Augusta Maine

Permit No.

Date Permit Issued 5, 21, 85
month/day/year

Property Owner's Name: FRANCES DUMAS Tel. No. 623 3851

System's Location: LEIGHTON ROAD
Street

Augusta Me MAINE 09976
Town Zip

Property Owner's Address:
(if different from above) Rt 5 LEIGHTON Rd
Street

Augusta Maine 04320
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.

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

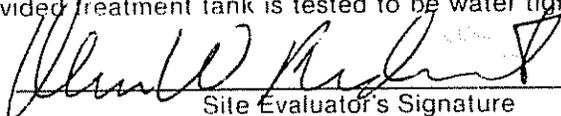
Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils					
Soil Profile	Ground Water Table	to 6"		12" inches	
Soil Condition	Restrictive Layer	to 6"		inches	
from HHE-200	Bedrock	to 10"		inches	
Setback Distances (in feet)	From:	Treatment Tank	Disposal Area	Treatment Tank	Disposal Area
Potable Water Supplies	1. Well: >2000 gal/day	100	300	—	—
	2. Well: <2000 gal/day	100 ^a	100 ^a	—	—
	a. Neighbor's	50'	60'	—	—
	b. Property Owner's	10'	10'	—	—
Waterbodies	3. Water Supply Line	60' ^c	60'	—	—
	1. Perennial	25'	25'	—	—
	2. Intermittent	15'	15'	—	—
Downhill Slope	3. Manmade drainage ditch	5'	10' ^b	—	—
	Greater than 3:1 (33%)	8'	15'	—	—
Buildings	1. With basement	8'	10'	—	—
	2. Without basement	5'	5' ^b	—	—
Property Line					

Other Specify:

Section 7-A. (1) SYSTEM SIZED ON WATER METER
READINGS WITH APPROPRIATE RESERVE AREA

Footnotes:

- 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 beyond the 3:1 slope or property line.
- May be reduced to 25' provided treatment tank is tested to be water tight in the presence of the Local Plumber Inspector.


Site Evaluator's Signature

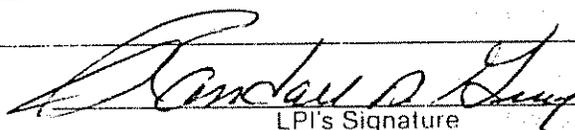
4/28/85
Date

LPI Statement

I, Randall D. Gray, LPI for Town of Augusta Maine 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 (check and complete either a or b):

- (I approve, I 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:
- find that one or more of the requested Variances exceeds my approval authority as LPI. (I recommend, I 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

5/21/85
Date

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.

