M78 L47

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.

GENERAL INFORMATION

Town Copy

Town of AUGUSTA

Permit No. 2421 E

Date Permit Issued 6/2/92 (MONTH/DAY/YEAR)

Property Owner's Name: CITY OF AUGUSTA Tel. No.

System's Location: SCHOOL BUS OFFICE NORTH STREET (STREET)

AUGUSTA (TOWN) Maine 04330 (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, 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.

Dir of City Services — PROPERTY OWNER'S SIGNATURE

2 JUN 92 — DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table	to 6"		10	inches
Soil Condition	Restrictive Layer	to 6"		14	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[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.

Wm W. Richard — SITE EVALUATOR'S SIGNATURE — 12/11/91 DATE

LPI STATEMENT

I, Ray R. Lillie, 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:

Ray R. Lillie — LPI'S SIGNATURE — 6/2/92 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

07010700

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Division Lot #	North Street

PROPERTY OWNER'S NAME

Last: City of First: Augusta

Applicant Name:	O'Connor Motors
Mailing Address of Owner/Applicant (If Different)	

AUGUSTA 2421 TOWN COPY

Date Permit Issued: 6 2 92 $ 68.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 850

Reg. insp. 6/4/92

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.

Dir. of City Services 2 JUN 92

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.

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1.☐ NEW SYSTEM
2.■ REPLACEMENT SYSTEM
3.☐ EXPANDED SYSTEM
4.☐ EXPERIMENTAL SYSTEM

SEASONAL CONVERSION

to be completed by the LPI

5.☐ SYSTEM COMPLIES WITH RULES
6.☐ CONNECTED TO SANITARY SEWER
7.☐ SYSTEM INSTALLED - P# _____
8.☐ SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED ?

THE FAILING SYSTEM IS

1.☐ BED 3.☐ TRENCH
2.☐ CHAMBER 4.■ OTHER Holding Tank

SIZE OF PROPERTY	ZONING
?	

THIS APPLICATION REQUIRES:

1.☐ NO RULE VARIANCE
2.☐ NEW SYSTEM VARIANCE
Attach New System Variance Form
3.■ REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
a.■ Requires Local Plumbing Inspector Approval
b.☐ Requires State and Local Plumbing Inspector Approval
4.☐ MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:

1.☐ SINGLE FAMILY DWELLING
2.☐ MODULAR OR MOBILE HOME
3.☐ MULTIPLE FAMILY DWELLING
4.■ OTHER Office
SPECIFY

INSTALLATION IS:

COMPLETE SYSTEM

1.■ NON-ENGINEERED SYSTEM
2.☐ PRIMITIVE SYSTEM
(Includes Alternative Toilet)
3.☐ ENGINEERED (+ 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS

4.☐ TREATMENT TANK (ONLY)
5.☐ HOLDING TANK _____ GAL.
6.☐ ALTERNATIVE TOILET (ONLY)
7.☐ NON-ENGINEERED DISPOSAL AREA (ONLY)
8.☐ ENGINEERED DISPOSAL AREA (ONLY)
9.☐ SEPARATED LAUNDRY SYSTEM

TYPE OF WATER SUPPLY

Augusta Water Dist.

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1.■ SEPTIC: ■ Regular ☐ Low Profile
2.☐ AEROBIC

SIZE 1000 GALS.

WATER CONSERVATION

1.■ NONE
2.☐ LOW VOLUME TOILET
3.☐ SEPARATED LAUNDRY SYSTEM
4.☐ ALTERNATIVE TOILET
SPECIFY _____

PUMPING

1.☐ NOT REQUIRED
2.☐ MAY BE REQUIRED
(DEPENDING ON TREATMENT TANK LOCATION & ELEVATION)
3.■ REQUIRED
DOSE: 100 GALS.

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

28 employees @ 10 gpd based on non-standard work hours. Meter readings 167gpd max.

DESIGN FLOW: 280 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
9	D

DEPTH TO LIMITING FACTOR: 10 "

SIZE RATINGS USED FOR DESIGN PURPOSES

1.☐ SMALL
2.☐ MEDIUM
3.☐ MEDIUM-LARGE
4.☐ LARGE
5.■ EXTRA-LARGE

DISPOSAL AREA TYPE/SIZE

1.☐ BED _____ Sq. Ft.
2.■ CHAMBER 700 Sq. Ft.
■ REGULAR ☐ H-20
3.☐ TRENCH _____ Linear Ft.
4.☐ OTHER: _____

SITE EVALUATOR STATEMENT

On 12/11/91 (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.

Wm. W. Rickart 51 12/11/91

Site Evaluator Signature SE# Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

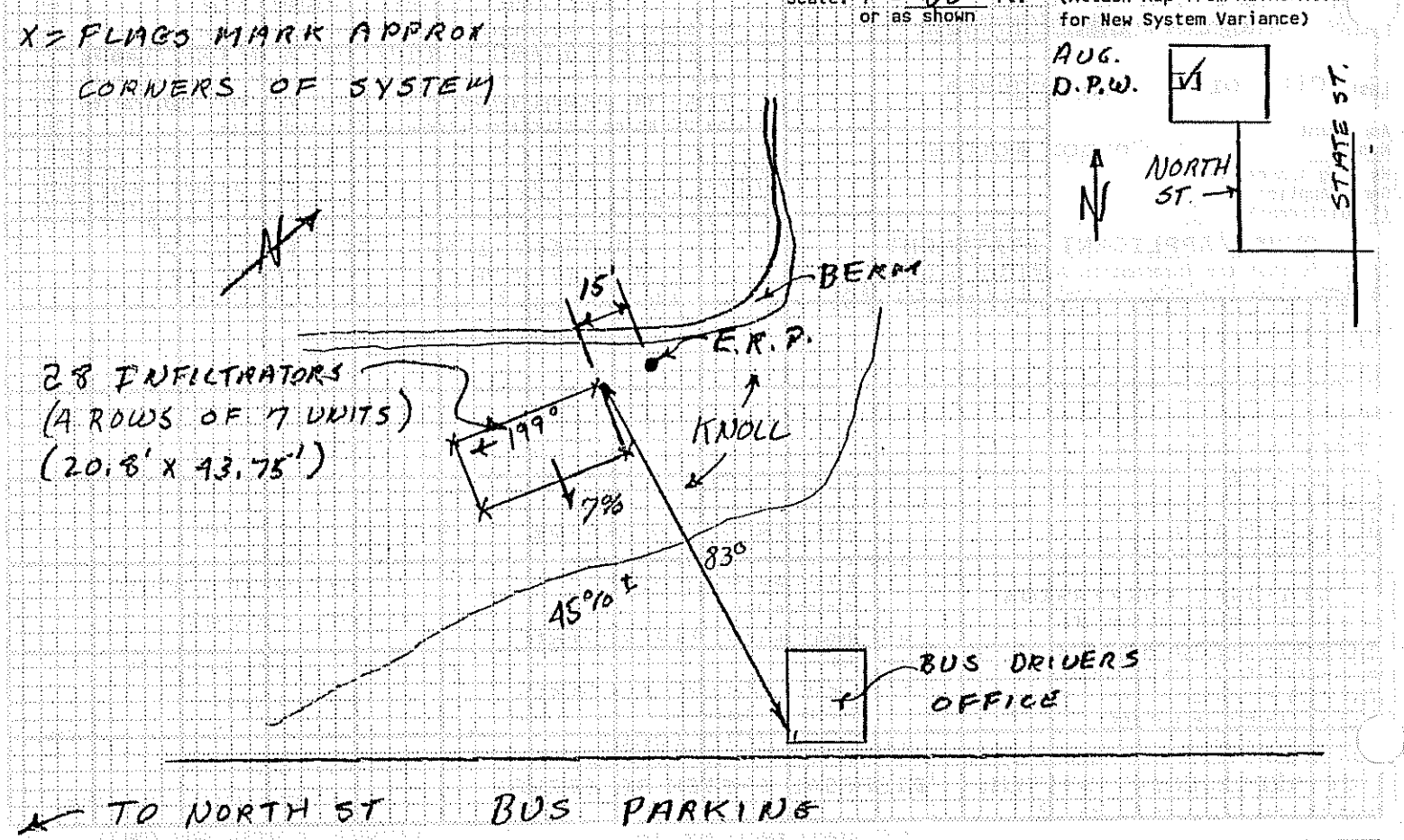
07010700

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
Augusta	North Street	City of, Augusta

SITE PLAN

Scale: 1" = 50' Ft. or as shown

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



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 ☐ Test Pit ☒ Boring

+1" Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0	SiL	FRIABLE	B	
6				10%
10				
15		18"		
20	CLS	FIRM	O.G.	
30				
40				
50				

Soil Profile	Classification Condition	Slope	Limiting Factor	
9	D	7 %	10/14	☒ Ground Water ☐ Restr. Layer ☒ Bedrock

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 Profile	Classification Condition	Slope	Limiting Factor	
		%		☐ Ground Water ☐ Restr. Layer ☐ Bedrock

Dan W. Richard

Site Evaluator Signature

51

SE#

12/11/91

Date

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

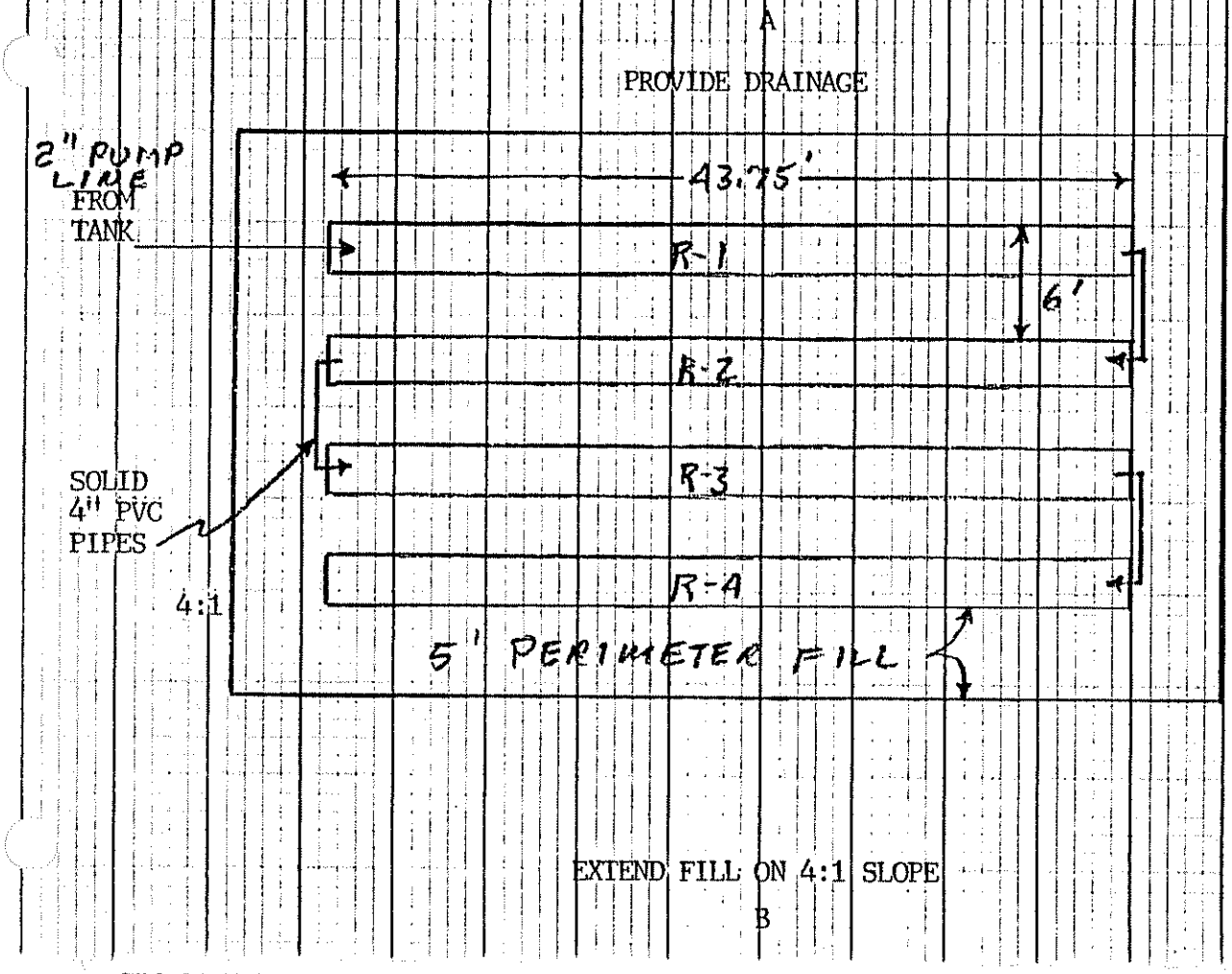
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	NORTH ST.	CITY OF AUGUSTA

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 10 Ft. or as shown



FILL REQUIREMENTS

Depth of Fill (Upslope) 25"
Depth of Fill (Downslope) 36" ± (3)

CONSTRUCTION ELEVATIONS

Reference Elevation is Row 1 only? ✓ 0
Bottom of Disposal Area All rows? -58"
Top of Distribution Lines or Chambers -43"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

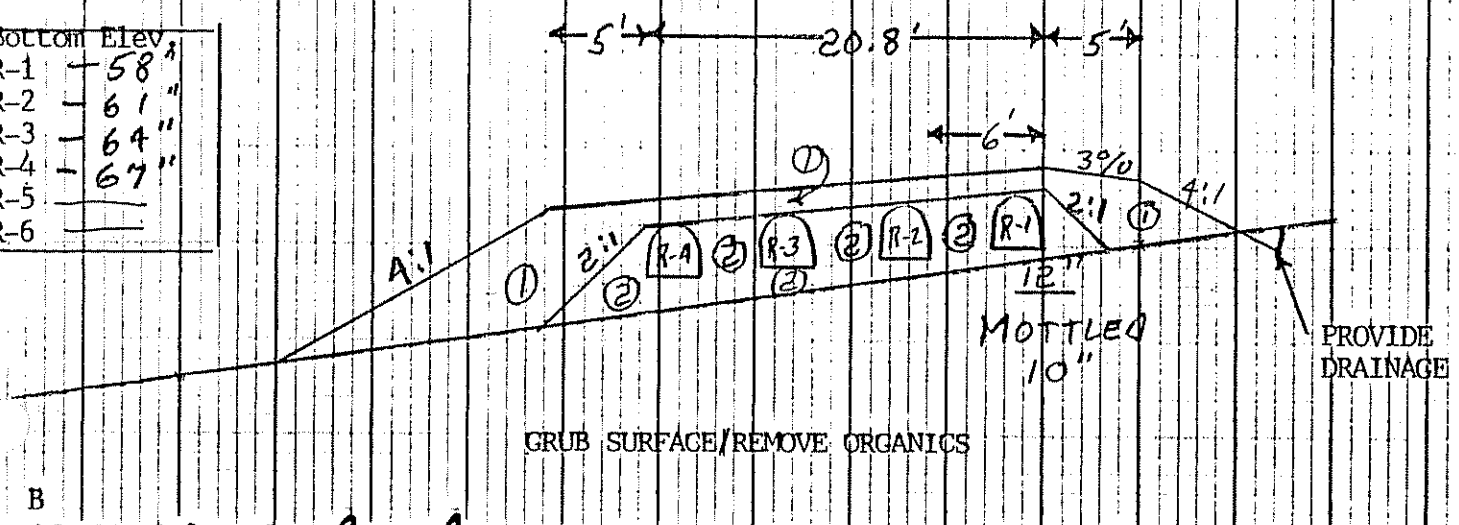
NAIL IN 7" LOCUST TREE

DISPOSAL AREA CROSS SECTION

1;Loamy sand fill, loamed and seeded.(8" cover over units)(Extend to 4:1)
2;Sandy gravel fill under between and out to 2:1 slope.
R-1 through R-4 ;4-rows,7-Infiltrators each row.

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

Bottom Elev.	
R-1	-58"
R-2	-61"
R-3	-64"
R-4	-67"
R-5	
R-6	



Wm W. Richard
Site Evaluator Signature

51
SE#

12/11/91
Date

ADDITIONAL EXCERPTS FOR BED TYPE DISPOSAL SYSTEMS

1.The distribution system shall be designed to uniformly distribute wastewater throughout the entire bed disposal area using one of the following distribution methods:(a) perforated distribution pipe installed and aligned so that the holes are located in the lower half of the pipe and meet the materials standards listed in Table 8-1. (b) Small diameter pressure pipe in a pressure distribution system.

2.Distribution lines shall be installed a maximum of 5 feet from the bed's stone edge and equally spaced with a maximum separation distance between lines of 5 feet.

3.A minimum total of 12 inches of stone as specified in Section 11.D.4 shall be used on the bottom of the bed disposal area. The distribution system shall be installed totally within the stone.

Section 11.D.4 Table 11-2 Stone Size Ratings %passing sieve

Rating	3"	2-1/2"	2"	1-1/2"	1"	3/4"	1/2"	#200
2-1/2"	100	90/100	50/100	0/35	0/10	0/8	0/5	0/3
2"	100	100	90/100	50/100	0/35	0/8	0/5	0/3
1-1/2"	100	100	100	90/100	60/100	0/35	0/8	0/3
1"	100	100	100	100	90/100	70/100	0/35	0/3
3/4"	100	100	100	100	100	80/100	0/35	0/3

4.The stone shall be completely covered with one of the following materials:(a) a minimum of 2 inch layer of compressed hay.(b)one layer of an approved non-woven filter fabric. (c) one inch of fiberglass insulation.

5. Clean backfill, 8-12 inches in depth, shall be carefully placed over the hay layer or approved substitute.

6. No portion of any bed disposal area shall be located under a paved area or any driveway or roadway.

ADDITIONAL EXCERPTS FOR CHAMBER TYPE DISPOSAL SYSTEMS

1.Only those chambers listed in Appendix D or having the Department's written approval shall be installed. 2.Only H-20 rated chambers shall be installed under driveways or parking areas. 3.Chambers shall be vented per manufacturer's specifications. 4.Allowance for use of sidewall shall be as specified in Appendix D. 5. When stone is required for chamber installation, the stone shall conform to Table 11-2,above.

Note: Due to the many chamber's on the market you should consult with your contractor and/or supplier of the chambers for specific recommendations. Infiltrator* chambers may be substituted for concrete chambers but the HHE-200 form and design must be changed. The reverse of this is also true.

IF YOU HAVE ANY QUESTIONS OR DOUBT THAT YOUR SYSTEM IS BEING INSTALLED PROPERLY, CONTACT THE SITE EVALUATOR THAT PERFORMED YOUR SITE EVALUATION AND PREPARED THE PLANS.