

Town Copy 11-194

# Replacement System Variance Request

## E 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.

### GENERAL INFORMATION

Town of Augusta

Town Code

Permit No.  E

Date Permit Issued 5/12/88  
month/day/yr.

Property Owner's Name: Donald Rodrigue Tel. No. 1022-0981

System's Location: # 607 Eastern Ave.  
Street

Augusta Town MAINE 04330 Zip

Property Owner's Address: (if different from above) 315 Eastern Ave.  
Street

Augusta Town Me. 04330 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.

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.

Donald Rodrigue Property Owner's Signature 5/12/88 Date

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

Other Specify:

**Footnotes:**

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. 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.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

William W. Reed  
Site Evaluator's Signature

5/7/88  
Date

**LPI Statement**

I, Mary R. Tuttle, 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 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. (I  approve,  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:
- 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:

Mary R. Tuttle  
LPI's Signature

5/12/88  
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

## 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 #A100 or equivalent on the outlet end of the septic tank.

3. Water softeners should drain to a separate grey 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.

## EXCERPTS FROM MAINE PLUMBING CODE

1. The vegetation in the proposed disposal area and fill extensions shall be removed and the ground surface scarified to minimize glazing of the original soil.

2. The bottom of the disposal area and distribution line shall be level with a maximum grade tolerance of 1 inch per 100 feet.

3. Fill shall be free of foreign material, placed in 8 inch lifts and compacted as placed. Fill shall be sandy loam or coarser and specified on application.

4. The finish grade of the backfill over the disposal area shall be crowned from the center of the disposal area at a 3% slope and extend 3 ft. beyond the edge of the disposal area. At that point the fill shall be sloped at a uniform grade of no greater than 25% to the original ground.

5. The land adjacent to the disposal area shall be graded to prevent both the accumulation of surface water on the disposal area, and the flow of surface water across the disposal area.

6. The finished disposal area and fill extensions shall be seeded to prevent erosion. (a) Grass, clover, trefoil, vetch, perennial wildflowers, or other herbaceous perennials may be utilized for disposal area surfaces. Woody shrubs are unacceptable. (b) Woody shrubs in conjunction with a hardy perennial ground cover may be used on fill extensions only.

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

05098610

PROPERTY ADDRESS	
Town Or Plantation	Augusta
Street	Vision Lot # 667 Eastern Avenue
PROPERTY OWNER'S NAME	
Last: Rodrigue	First: Donald
Applicant Name:	Donald Rodrigue
Mailing Address of Owner/Applicant (If Different)	315 Eastern Avenue Augusta Me 04330

AUGUSTA	PERMIT # 1,316	TOWN COPY
Date Permit Issued: 5/12/88	\$ 400.00	<input type="checkbox"/> Double Fee Charged
<i>Way R. Tuttle</i> Local Plumbing Inspector Signature	L.P.I. # 1850	

**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.

*Donald Rodrigue*  
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.

*Way R. Tuttle*  
Local Plumbing Inspector Signature      Date Approved 6/30/88

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input type="checkbox"/> NEW SYSTEM          2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM          3. <input type="checkbox"/> EXPANDED SYSTEM          4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE          2. <input type="checkbox"/> NEW SYSTEM VARIANCE              Attach New System Variance Form          3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE              Attach Replacement System Variance Form              a. <input checked="" type="checkbox"/> Requires Local Plumbing Inspector Approval              b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval          4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p><b>INSTALLATION IS:</b></p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM          2. <input type="checkbox"/> PRIMITIVE SYSTEM              (Includes Alternative Toilet)          3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)          5. <input type="checkbox"/> HOLDING TANK _____ GAL.          6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)          7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)          8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)          9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>SEASONAL CONVERSION</b> to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES          6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER          7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____  <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p><b>IF REPLACEMENT SYSTEM:</b>          YEAR FAILING SYSTEM INSTALLED ? _____          THE FAILING SYSTEM IS</p> <p>1. <input type="checkbox"/> BED      3. <input type="checkbox"/> TRENCH          2. <input type="checkbox"/> CHAMBER    4. <input type="checkbox"/> OTHER _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING          2. <input type="checkbox"/> MODULAR OR MOBILE HOME          3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING          4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>
<p>SIZE OF PROPERTY      ZONING</p> <p>4 ac+-      _____</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p>City water</p>	

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular                                            <input type="checkbox"/> Low Profile          2. <input type="checkbox"/> AEROBIC</p> <p>SIZE 1500 GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input checked="" type="checkbox"/> NONE          2. <input type="checkbox"/> LOW VOLUME TOILET          3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM          4. <input type="checkbox"/> ALTERNATIVE TOILET          SPECIFY _____</p>	<p><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED          2. <input type="checkbox"/> MAY BE REQUIRED              (DEPENDING ON TREATMENT TANK LOCATION &amp; ELEVATION)          3. <input type="checkbox"/> REQUIRED          DOSE: 87 GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p>1-2 bedroom apt @20          1-1 bedroom apt @160</p>				
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table border="1"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td>3</td> <td>C</td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: 15 "</p>	PROFILE	CONDITION	3	C	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL          2. <input type="checkbox"/> MEDIUM          3. <input checked="" type="checkbox"/> MEDIUM-LARGE          4. <input type="checkbox"/> LARGE          5. <input type="checkbox"/> EXTRA-LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input checked="" type="checkbox"/> BED 1200 Sq. Ft.          2. <input type="checkbox"/> CHAMBER _____ Sq. Ft.              <input type="checkbox"/> REGULAR   <input type="checkbox"/> H-20          3. <input type="checkbox"/> TRENCH _____ Linear Ft.          4. <input type="checkbox"/> OTHER: _____</p>	<p><b>DESIGN FLOW:</b> 360 (GALLONS/DAY)</p>
PROFILE	CONDITION						
3	C						

**E EVALUATOR STATEMENT**

On 5/3/88 (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.

*Way R. Tuttle*  
Site Evaluator Signature      51 SE#      5/7/88 Date

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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

05098610

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

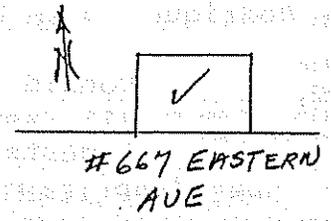
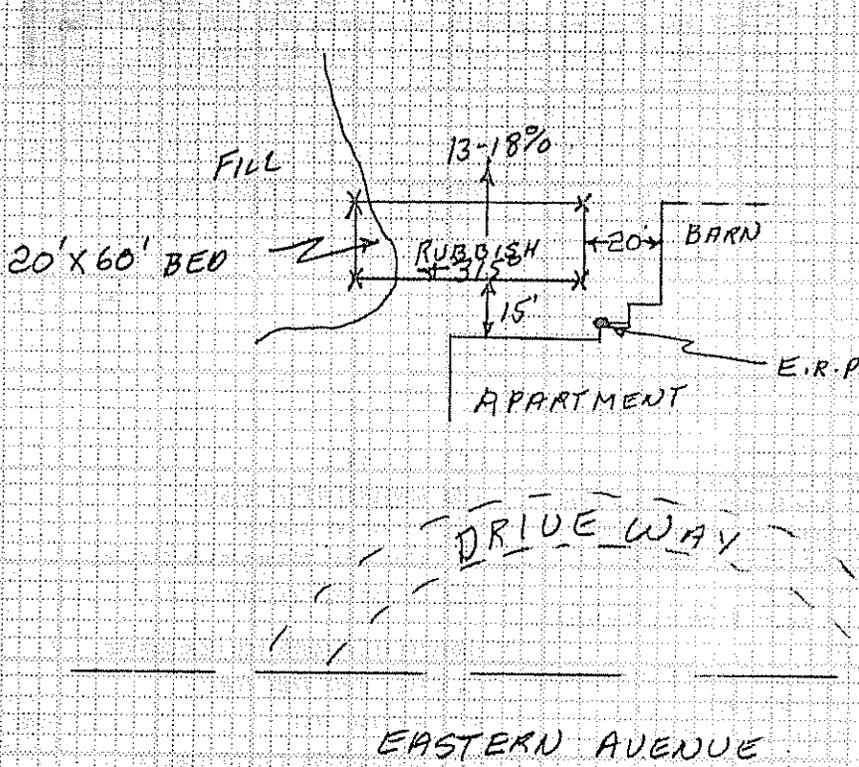
667 Eastern Avenue

Rodrigue, Donald

## SITE PLAN

Scale: 1" = 50 Ft.  
or as shown

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



X = FLAGS MARK APPROX  
CORNERS OF BED

REMOVE RUBBISH AND FILL  
FROM BED AND NEW  
FILL EXTENSIONS.  
REMOVE EXISTING SYSTEMS.

EASTERN AVENUE

## 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	FILL OVER			
6	S.L.	FRAGILE	B	
15				TS
20	S.T.	FIRM	G.B.	
30				
40				
50				

Soil Classification 3 Slope 13-18% Limiting Factor 15  Ground Water  
Profile Condition C  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 Classification \_\_\_\_\_ Slope \_\_\_\_\_% Limiting Factor \_\_\_\_\_  Ground Water  
Profile Condition \_\_\_\_\_  Restr. Layer  Bedrock

*Wm W. Rod...*  
Site Evaluator Signature

51  
SF#

5/7/88  
Date

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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

**AUGUSTA**

Street, Road, Subdivision

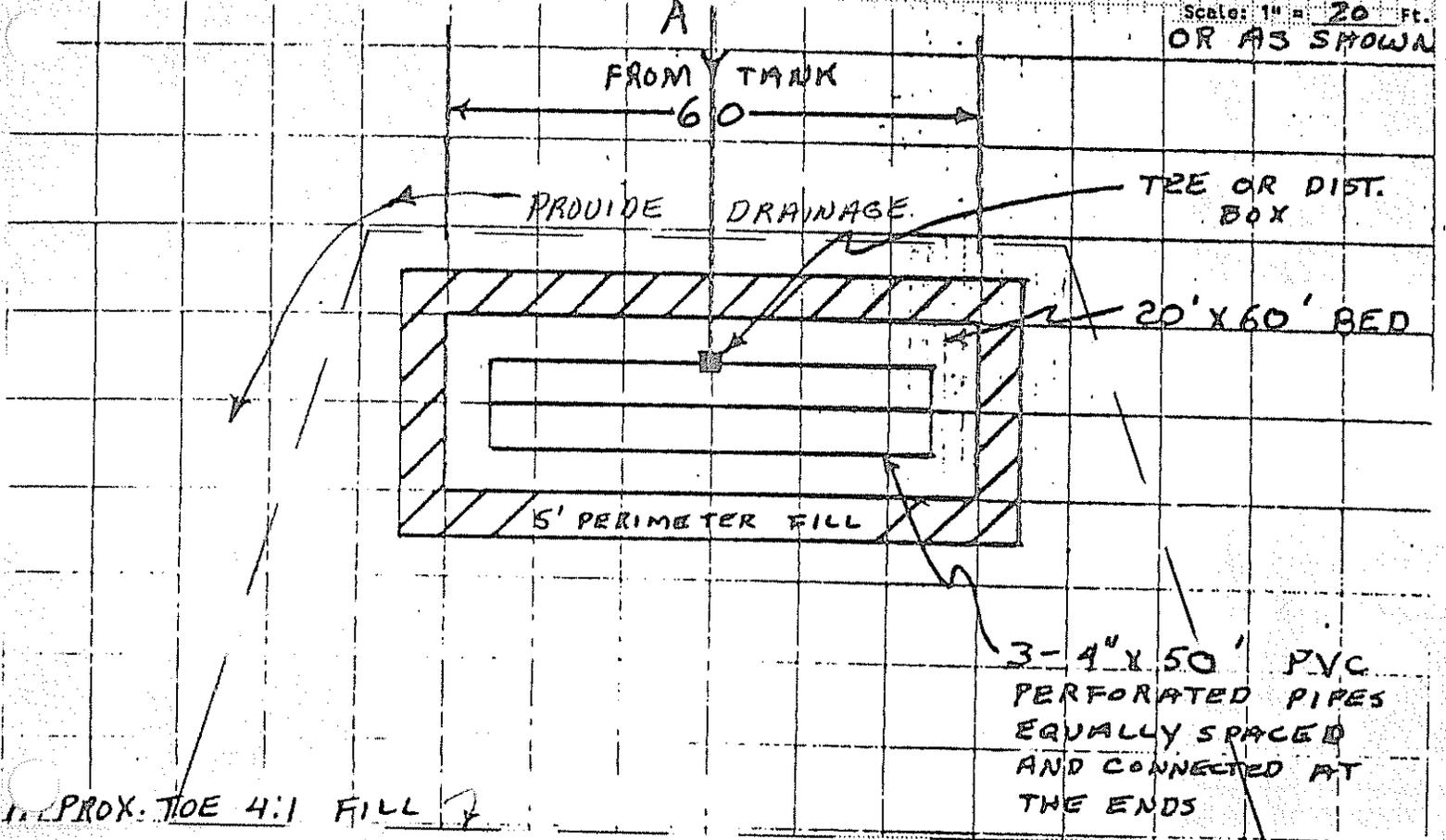
**667 EASTERN AVE**

Owner's Name

**RODRIGUE**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft.  
OR AS SHOWN



PROX. TOE 4:1 FILL

FILL REQUIREMENTS  
Depth of Fill (Upslope)  
Depth of Fill (Downslope)

VARIABLE  
60"

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

0  
-15"  
-4"

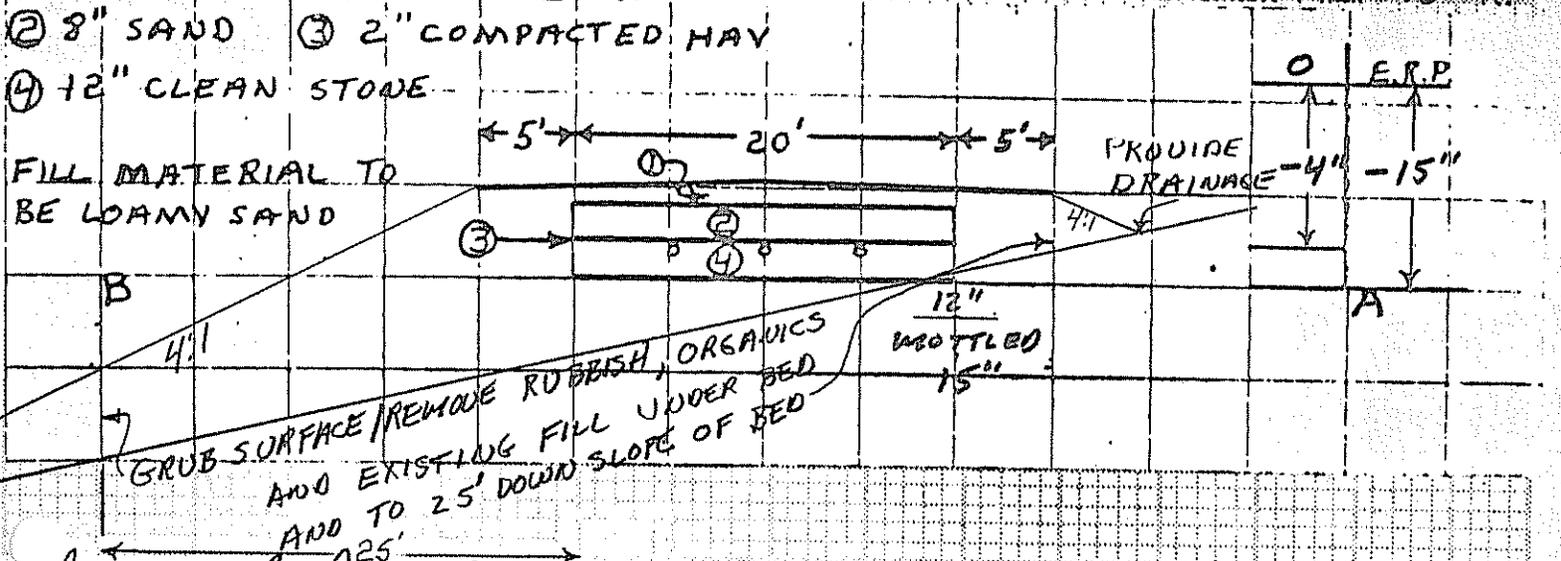
ELEVATION REFERENCE POINT  
TOP OF CEMENT  
AT CORNER OF BUILDING

### 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



*Alan W. Rude*  
Site Evaluator Signature

#51  
SE#

5/7/88  
Date

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