

Town Copy

FF 622-1970

# 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 of AUGUSTA

Permit No. 1639 E

Date Permit Issued 6-12-89  
MONTH/DAY/YEAR

Property Owner's Name: DUANE TRACY

Tel. No. \_\_\_\_\_

System's Location: 654 EASTERN AVE  
STREET

AUGUSTA TOWN Maine 04330 ZIP

Property Owner's Address: 644 WEST RIVER ROAD  
(if different from above) STREET

AUGUSTA TOWN ME. STATE 04330 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.

X Duane C Tracy  
PROPERTY OWNER'S SIGNATURE

6-12-89  
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
<b>SOILS</b>					
Soil Profile	Ground Water Table	to 6"		inches	
Soil Condition	Restrictive Layer	to 6"		inches	
from HHE-200	Bedrock	to 10"		inches	
<b>SETBACK DISTANCES (IN FEET)</b>	<b>FROM:</b>	<b>TREATMENT TANK</b>	<b>DISPOSAL AREA</b>	<b>TREATMENT TANK</b>	<b>DISPOSAL AREA</b>
Potable Water Supplies	1. Well: > 2000 gal/day	100*	300*		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50 <sup>bb</sup>	60 <sup>bb</sup>		
	b. Property Owner's	25'	50'	25' <sup>c</sup>	90' <sup>c</sup>
	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 <sup>cc</sup>	10 <sup>cc</sup>		
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.

Saul C. Tseus  
SITE EVALUATOR'S SIGNATURE

5/23/89  
DATE

**LPI STATEMENT**

I, Mary 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:

Mary R. Tuller  
LPI'S SIGNATURE

6-12-89  
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

Department of Human Services  
Division of Health Engineering  
(207)289-3826

PROPERTY ADDRESS	
Town Or Plantation	AUGUSTA
Street Subdivision Lot #	654 EASTERN AVE
PROPERTY OWNERS NAME	
Last: TRACY	First: SUANE
Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	644 WEST RIVER RD. AUGUSTA, ME. 04330

AUGUSTA PERMIT # 1,639 TOWN COPY

Date Permit Issued: 6/12/89 \$ 1410.00 FEE  Double Fee Charged

*John R. Fuller*  
Local Plumbing Inspector Signature

L.P.I. # 8518

**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.*

X *Suane E. Tracy*  
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.*

*John D. Fucarelli*  
Local Plumbing Inspector Signature

7-6-89  
Date Approved

### PERMIT INFORMATION

<p><b>THIS APPLICATION IS FOR:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NEW SYSTEM</li> <li><input checked="" type="checkbox"/> REPLACEMENT SYSTEM</li> <li><input type="checkbox"/> EXPANDED SYSTEM</li> <li><input type="checkbox"/> EXPERIMENTAL SYSTEM</li> </ol>	<p><b>THIS APPLICATION REQUIRES:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NO RULE VARIANCE</li> <li><input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</li> <li><input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form                     <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval</li> <li><input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</li> </ol> </li> <li><input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</li> </ol>	<p><b>INSTALLATION IS:</b></p> <p>COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</li> <li><input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</li> <li><input type="checkbox"/> ENGINEERED (+ 2000 gpd)</li> </ol> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> TREATMENT TANK (ONLY)</li> <li><input type="checkbox"/> HOLDING TANK _____ GAL</li> <li><input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</li> <li><input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> </ol>
<p><b>SEASONAL CONVERSION</b> to be completed by the LPI <u>N/A</u></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SYSTEM COMPLIES WITH RULES</li> <li><input type="checkbox"/> CONNECTED TO SANITARY SEWER</li> <li><input type="checkbox"/> SYSTEM INSTALLED - P# _____</li> <li><input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</li> </ol>	<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED <u>?</u></p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> BED</li> <li><input type="checkbox"/> CHAMBER</li> <li><input checked="" type="checkbox"/> TRENCH</li> <li><input type="checkbox"/> OTHER: _____</li> </ol>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <u>+ 1 Bedroom Apt.</u></li> <li><input type="checkbox"/> MODULAR OR MOBILE HOME</li> <li><input type="checkbox"/> MULTIPLE FAMILY DWELLING</li> <li><input type="checkbox"/> OTHER _____</li> </ol> <p style="text-align: center;">SPECIFY</p>
<p>SIZE OF PROPERTY <u>1.4 ± ac.</u></p>	<p>ZONING <u>Res.</u></p>	<p><b>TYPE OF WATER SUPPLY</b> <u>Drilled Well</u></p>

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

<p><b>TREATMENT TANK</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</li> <li><input type="checkbox"/> AEROBIC</li> </ol> <p>SIZE: <u>1000</u> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NONE</li> <li><input checked="" type="checkbox"/> LOW VOLUME TOILET</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> <li><input type="checkbox"/> ALTERNATIVE TOILET</li> </ol> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NOT REQUIRED</li> <li><input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)</li> <li><input checked="" type="checkbox"/> REQUIRED</li> </ol> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>(1) 2 Bedroom Home @ 180</u></p> <p><u>(1) 1 Bedroom Apt @ 120</u></p> <p><u>300 GPD - 10% For Low Vol FLUSHES</u></p> <p>DESIGN FLOW: <u>270 G.P.D</u></p> <p style="text-align: right;">(GALLONS/DAY)</p>				
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table style="width: 100%;"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td style="text-align: center;"><u>3</u></td> <td style="text-align: center;"><u>C/A</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>15</u></p>	PROFILE	CONDITION	<u>3</u>	<u>C/A</u>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SMALL</li> <li><input type="checkbox"/> MEDIUM</li> <li><input checked="" type="checkbox"/> MEDIUM-LARGE</li> <li><input type="checkbox"/> LARGE</li> <li><input type="checkbox"/> EXTRA LARGE</li> </ol>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> BED _____ Sq. Ft.</li> <li><input checked="" type="checkbox"/> CHAMBER <u>486</u> Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</li> <li><input type="checkbox"/> TRENCH _____ Linear Ft.</li> <li><input type="checkbox"/> OTHER: _____</li> </ol>	
PROFILE	CONDITION						
<u>3</u>	<u>C/A</u>						

### SITE EVALUATOR STATEMENT

On 5/20/89 (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.

*Suane E. Tracy*  
Site Evaluator Signature

#56  
SE#

5/23/89  
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: 654 EASTERN AVE Owners Name: DUANE TERRY

**SITE PLAN** Scale 1" = 50 Ft.

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

2 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0			dk BROWN	
6	FINE SAND	FRIABLE	dk BROWN	
10	SANDY LOAM	FRIABLE	dk BROWN	FINE FAINT ORANGE
15	LOAM	FRIABLE	dk BROWN	ORANGE
20	LOAM	FIRM	dk BROWN	FINE FAINT ORANGE
30	CLAY	FIRM	dk BROWN	ORANGE
40	CLAY	FIRM	dk BROWN	ORANGE
50	BEDROCK			

Soil Profile: <u>3</u>	Classification Condition: <u>C/A</u>	Slope: <u>7</u> %	Limiting Factor: <u>15</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Observation Hole 2  Test Pit  Boring

2 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0			dk BROWN	
6	FINE SAND	FRIABLE	dk BROWN	
10	SANDY LOAM	FRIABLE	dk BROWN	FINE FAINT ORANGE
15	LOAM	FRIABLE	dk BROWN	ORANGE
20	LOAM	FIRM	dk BROWN	FINE FAINT ORANGE
30	CLAY	FIRM	dk BROWN	ORANGE
40	CLAY	FIRM	dk BROWN	ORANGE
50	BEDROCK			

Soil Profile: _____	Classification Condition: _____	Slope: _____ %	Limiting Factor: _____	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Paul C. Reis  
Site Evaluator Signature

#56  
SE#

5/23/89  
Date

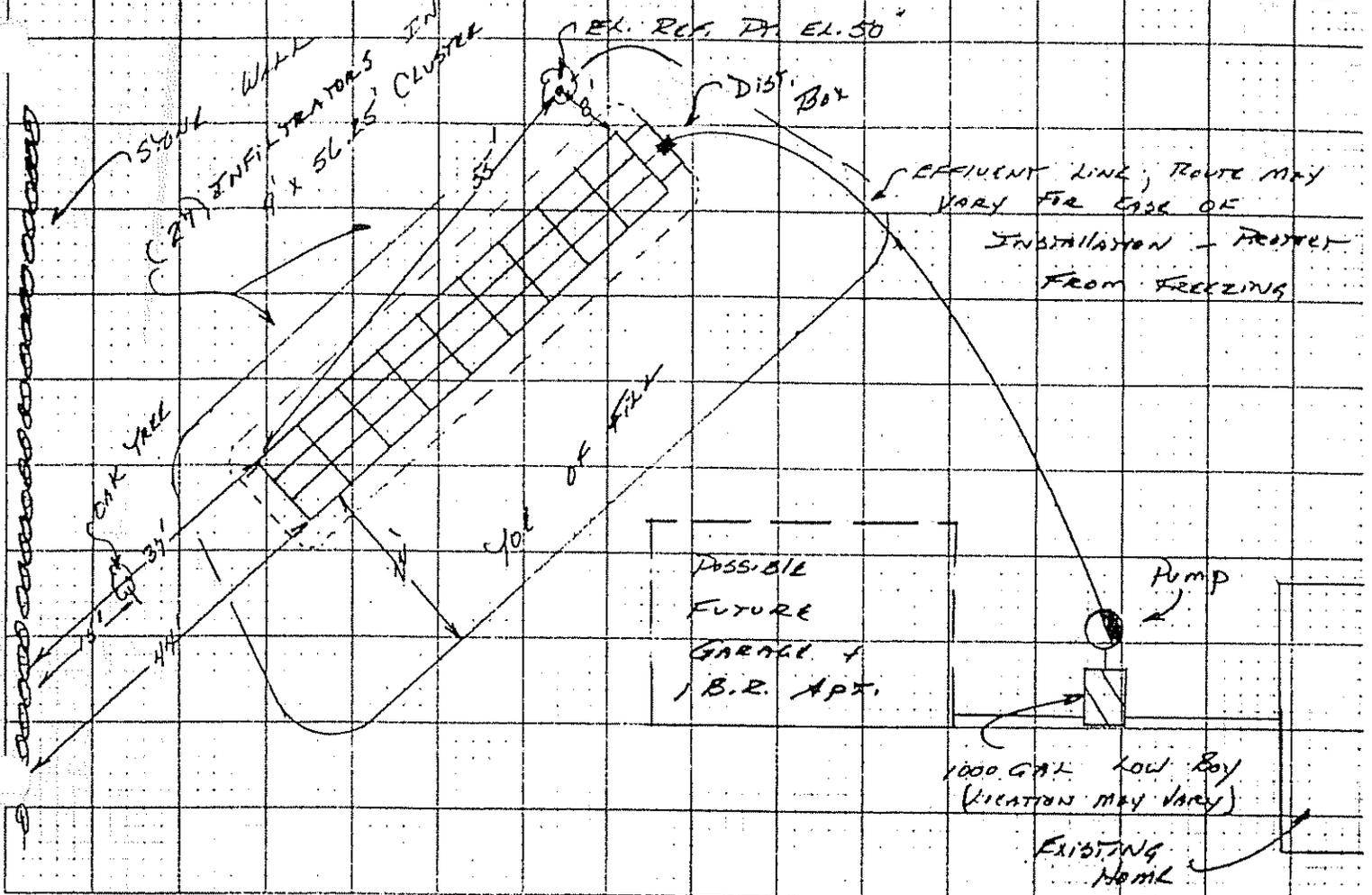
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: AUGUSTA Street, Road, Subdivision: EASTERN AVE Owners Name: DVANE TRACY

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	<u>27"</u>	Reference Elevation is	<u>50"</u>	NAIL IN ONE TREE 50" ABOVE BOTTOM OF INFILTRATORS	
Depth of Fill (Downslope)	<u>35"</u>	Bottom of Disposal Area	<u>0"</u>		
		Top of Chambers	<u>15"</u>		

### DISPOSAL AREA CROSS SECTION

{ SEE ATTACHED SHEET }  
FOR X-SECT.

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

### INSTALLATION NOTES

- REMOVE GRANUL PAD BENEATH INFILTRATORS + FILL EXT.
- DIRECT SURFACE WATER AWAY FROM SYSTEM.
- STABILIZE SYSTEM BY SAND + MULCH.

Paul Q. Reers

Site Evaluator Signature

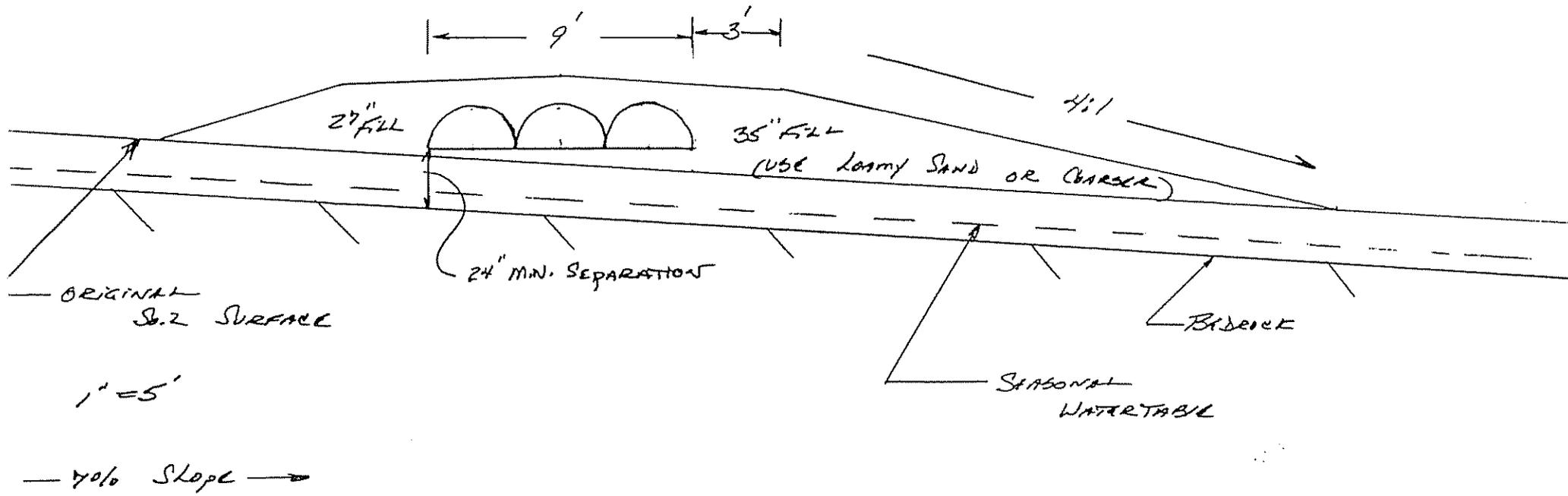
#56

SE#

5/23/89

Date

CROSS-SECTION OF INFILTRATION  
DUANE TERRY  
ANAUSTA, MARYLAND



DRAWN BY: FBERS