

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.

GENERAL INFORMATION

Town of AUGUSTA

Town Code 11020

Permit No. 48519EP

Date Permit Issued 5/21/82
month/day/yr.

Property Owner's Name: NORMAN NEWCOMBE Tel. No. _____

System's Location: 452 EASTERN AVE
Street

AUGUSTA MAINE ME 04330
Town 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, 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.

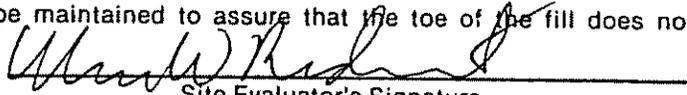
Norman Newcombe 5-21-82
Property Owner's Signature Date

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"		6 17 inches inches inches	
	Restrictive Layer	to 6"			
	Bedrock	to 10"			
Setback Distances (in feet)	From:	Treatment Tank	Disposal Area	Treatment Tank	Disposal Area
Potable Water Supplies	1. Well: > 2000 gal/day	100a	300a	—	—
	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'	—	—
	2. Intermittent	25'	25'	—	—
	3. Manmade drainage ditch	15'	15'	—	15
Downhill Slope	Greater than 3:1 (33%)	5'	10'	—	—
Buildings	1. With basement	See Note	15'	—	—
	2. Without basement	'a'	10'	—	—
Property Line		5'	5'	—	—

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.


 Site Evaluator's Signature

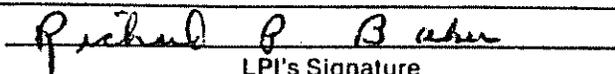
4/29/82
 Date

LPI Statement

I, Richard P. Baber, 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. (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: _____


 LPI's Signature

5-21-82
 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

COPY

LIPMAN, PARKS, LIVINGSTON, LIPMAN & KATZ, P. A.

COUNSELLORS AT LAW

72 WINTHROP STREET

AUGUSTA, MAINE 04330

SUMNER H. LIPMAN
BRUCE R. LIVINGSTON
JOHN M. PARKS
DAVID M. LIPMAN
ROGER J. KATZ

BARBARA L. RAIMONDI

TELEPHONE
207 - 622-3711

May 14, 1982

Mr. Donald A. Bonenfant
Assistant Vice President
Gardiner Savings Institution
190 Water Street
Gardiner, Maine 04345

Re: Richard and Peggy Newcombe

Dear Don:

I am enclosing herewith a Partial Release of Mortgage which I have prepared in regard to the easement which is being granted by Peggy and Richard Newcombe to Norman and Lucienne Newcombe for the purpose of installation and maintenance of a subsurface disposal system. I have enclosed a copy of the deed creating that easement which I am in the process of getting signed at the present time. If this instrument appears acceptable to you, would you please execute it on behalf of the bank and return it to me for recording.

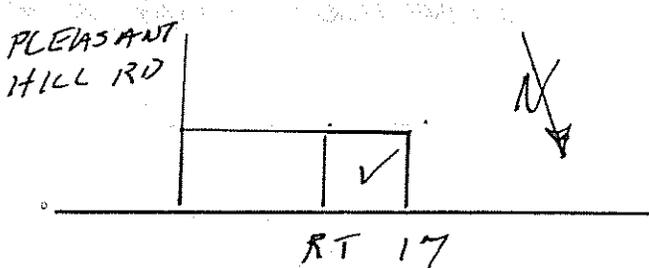
I thank you for your attention in this matter and should you have any questions, please feel free to contact me at your earliest convenience.

Best regards,

John M. Parks

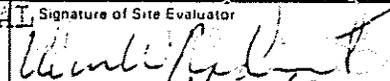
JMP/km
Enclosures
cc: Mr. and Mrs. Newcombe

This Is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

This Application Is For: <input type="radio"/> New System <input checked="" type="radio"/> Replacement Of Entire System <input type="radio"/> Expanded System <input type="radio"/> Replacement Of Disposal Area Only <input type="radio"/> Conversion Permit		Variance: <input type="radio"/> None Required <input checked="" type="radio"/> Replacement System Variance With: <input checked="" type="radio"/> LPI Approval <input type="radio"/> Dept. Review <input type="radio"/> New System Variance	
PROPERTY LOCATION AUGUSTA Town, Plantation		RT 17 Street, Road	
PROPERTY OWNER OR APPLICANT NORMAN NEWCOMBE		TYPE OF STRUCTURE, DESIGN FLOW <input checked="" type="radio"/> Single Family Dwelling Number of Bedrooms 3 Design Flow 280 GPD	
Mailing Address 452 EASTERN AVE Street 6220128 Tel. No.		Design Flow based on <input checked="" type="radio"/> Minimum <input type="radio"/> Moderate <input type="radio"/> Conservative	
AUGUSTA, ME Town, State Zip Code		<input type="radio"/> Reduction in Design Flow due to Water Conservation	
LOCATION PLAN OF PROPERTY 		If so, specify type (s) _____	
		<input type="radio"/> Other Establishment. Specify _____ Type of Facility _____	
		(Number of Employees, Seating Capacity, Building Size, etc.) _____	
		Design Flow _____ GPD	
		If greater than 2000 GPD, Specify Professional Engineer _____	
PROPERTY INFORMATION			
Area of Property 35± <input type="radio"/> Sq. Ft. <input checked="" type="radio"/> Acres <input type="radio"/> Zoned <input type="radio"/> Not Zoned			
If zoned, type of zoning _____			
Property on Water Body, If so, Name of Water Body _____			
Water Supply is: <input type="radio"/> Public Utility, <input type="radio"/> Drilled Well _____ depth			
<input type="radio"/> Dug Well _____ depth <input type="radio"/> Well Point <input type="radio"/> Spring <input type="radio"/> Surface Water			

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2			
TEXTURAL DESCRIPTION OF SOIL STRATA ENCOUNTERED	Observation Hole No. <u>1</u> <input type="radio"/> Test Pit <input checked="" type="radio"/> Boring	Observation Hole No. _____ <input type="radio"/> Test Pit <input type="radio"/> Boring	Observation Hole No. _____ <input type="radio"/> Test Pit <input type="radio"/> Boring
	Organic Strata or (Existing Fill) Thickness _____	Organic Strata or (Existing Fill) Thickness _____	Organic Strata or (Existing Fill) Thickness _____
	1st Original Mineral Soil Strata B. S. L. Depth from 0 to 6 Thickness 6	1st Original Mineral Soil Strata Depth from 0 to _____ Thickness _____	1st Original Mineral Soil Strata Depth from 0 to _____ Thickness _____
	2nd O. G. C. B. Depth from 6 to 24 Thickness 18	2nd Depth from _____ to _____ Thickness _____	2nd Depth from _____ to _____ Thickness _____
	3rd Depth from _____ to _____ Thickness _____	3rd Depth from _____ to _____ Thickness _____	3rd Depth from _____ to _____ Thickness _____
	4th Depth from _____ to _____ Thickness _____	4th Depth from _____ to _____ Thickness _____	4th Depth from _____ to _____ Thickness _____
Total Depth of Observation Hole 24	Total Depth of Observation Hole _____	Total Depth of Observation Hole _____	
Depth from top of MINERAL SOIL	Maximum Seasonal High Ground <input type="radio"/> None evident Water Table Depth 6	Maximum Seasonal High Ground <input type="radio"/> None Evident Water Table Depth _____	Maximum Seasonal High Ground <input type="radio"/> None evident Water Table Depth _____
	Depth to Restrictive Layer <input type="radio"/> None evident 12	Depth to Restrictive Layer <input type="radio"/> None evident _____	Depth to Restrictive Layer <input type="radio"/> None evident _____
	Depth to Bedrock <input checked="" type="radio"/> None evident	Depth to Bedrock <input type="radio"/> None evident _____	Depth to Bedrock <input type="radio"/> None evident _____
PROFILE 9 CONDITION D SLOPE 9%	PROFILE _____ CONDITION _____ SLOPE %	PROFILE _____ CONDITION _____ SLOPE %	

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2			
TYPE OF SYSTEM <input checked="" type="radio"/> Combined System <input type="radio"/> Separated System If separated system, type of black waste disposal system to be used: <input type="radio"/> Compost <input type="radio"/> Pit Privy <input type="radio"/> Sealed Vault Privy <input type="radio"/> Other: Specify: _____ <input type="radio"/> Separated Laundry System <input type="radio"/> Primitive System <input type="radio"/> Holding Tank	TREATMENT TANK <input checked="" type="radio"/> Septic Tank <input type="radio"/> Aerobic Tank Size 1000 Gals. DOSAGE <input checked="" type="radio"/> Pumping is not required <input type="radio"/> Pumping is required The dose should be: _____ Gals. Dosage chamber capacity shall be _____ gals. <input type="radio"/> System should be vented	SUBSURFACE DISPOSAL AREA/TYPE <input type="radio"/> Trench Disposal Area Total linear feet of trench _____ ft. Number of Trench lines _____ ft. Length of each trench line _____ ft. Depth of Stone _____ inches. Reduction on trench length due to stone depth _____ % <input checked="" type="radio"/> Bed Disposal Area Total bed area 1400 sq. ft. Number of beds _____ Width 20 ft. Length 70 ft. <input type="radio"/> Chamber Disposal Area Total chamber area _____ sq. ft. Number of clusters _____ Width _____ ft. Length _____ ft. <input type="radio"/> H-20 required	SYSTEM SIZE RATING <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Medium Large <input type="radio"/> Large <input checked="" type="radio"/> Extra Large DISPOSAL AREA ELEVATION Depth of Upslope Fill required 30 inches. Depth of Downslope Fill required 50± inches. Reference Elevation Point established at 0 Elevation. Disposal Area Bottom to be established at -56" Elevation. Top of Distribution Lines or Top of Chambers -44" Elevation. <input checked="" type="radio"/> Yes <input type="radio"/> No: The proposed subsurface disposal area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook stream, river), swamps, marshes, and bogs. <input checked="" type="radio"/> Yes <input type="radio"/> No: The proposed subsurface disposal area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.

FOR USE BY SITE EVALUATOR VALID COPY ONLY WITH EMBOSSED SEAL On 4/24/82 , a site investigation for this project was completed. I conducted this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.		Signature of Site Evaluator  Date signed 4/28/82	Site Evaluator License Number 51
FOR USE BY OWNER/APPLICANT I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.		Signature of Owned Applicant  Date Signed _____	
FOR USE BY LPI: <input type="radio"/> This Application is approved. If conditions, specify: _____ <input type="radio"/> This Application is Denied due to: <input type="radio"/> System is not in accordance with Rules. <input type="radio"/> Application is incomplete. <input type="radio"/> Application is unclear. <input type="radio"/> Development is in violation of other Regulations. Specify _____		Signature of LPI Richard P. Baber Date 5/21/82	PERMIT NO 48519 E Date Issued 5/21/82

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

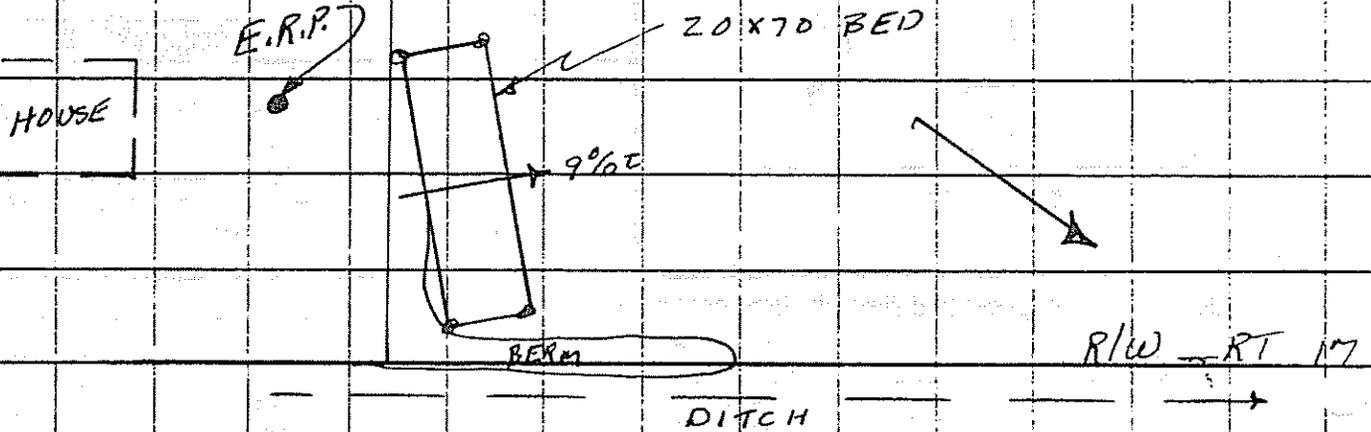
PROPERTY LOCATION		Town, Plantation		Street, Road		Subdivision Name		Lot No.	
PROPERTY OWNER or APPLICANT			DISPOSAL AREA ELEVATION			Reference Elevation Point established at <u>0</u> Elevation.			
			Depth of Upslope Fill required <u>30</u> inches.			Disposal Area Bottom to be established at <u>-36"</u> Elevation.			
			Depth of Downslope Fill required <u>50±</u> inches.			Top of Distribution Lines or Top of Chambers <u>-44"</u> Elevation.			

Site Plan

Scale 1" = 50' ft.

E.R.P. & NAIL AT BASE OF TREE
 ○ = 4 STAKES MARK BED

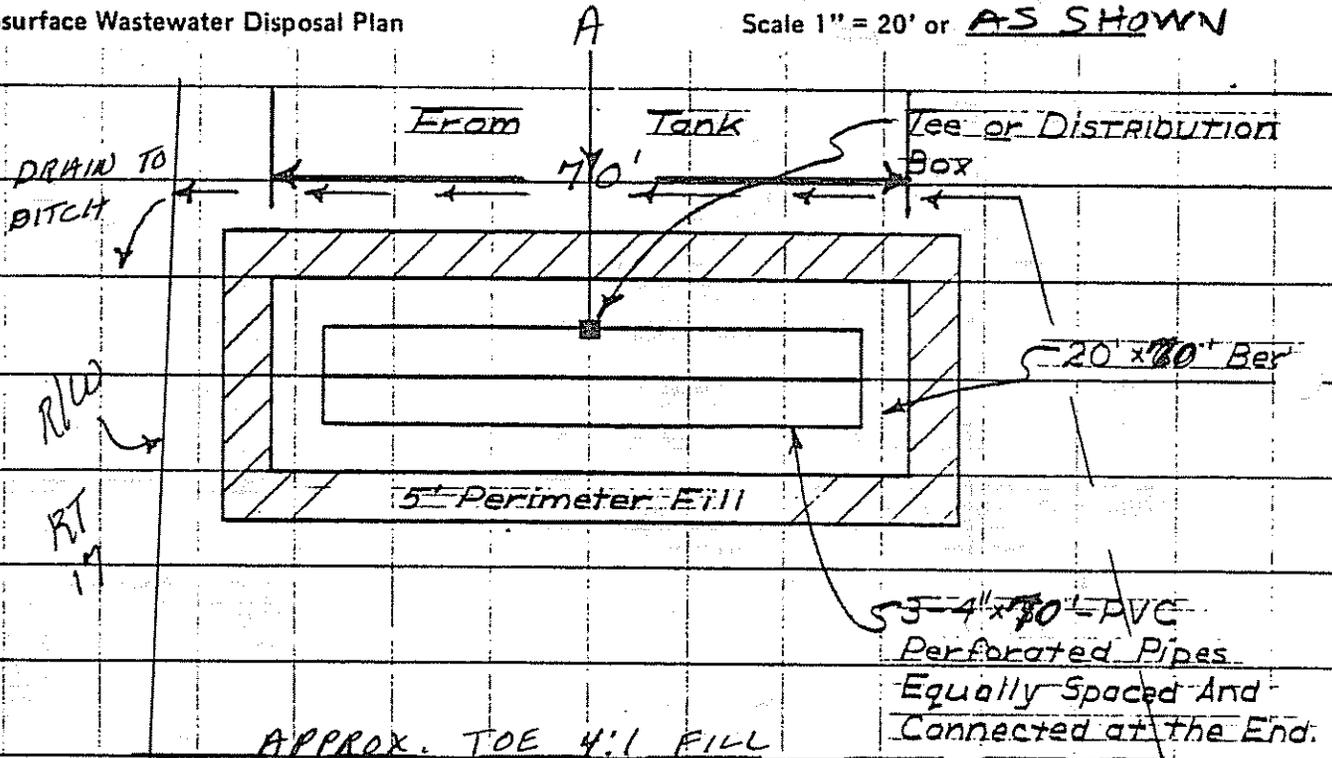
NOTE: THIS SYSTEM REQUIRES AN EASEMENT FROM ADJACENT



Subsurface Wastewater Disposal Plan

Scale 1" = 20' or AS SHOWN

- Designates Elevation Reference Point (ERP)
- Designates Observation Hole (TP or B)



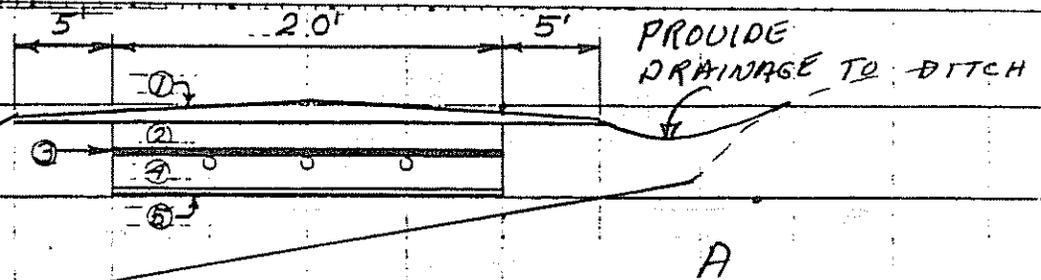
APPROX. TOE 4:1 FILL

Subsurface Wastewater Disposal Area Cross-section

Scale: Vertical: 1" = 5'
 Horizontal: 1" = 15'

- ① 3" Topsoil Crowned @ 3%
- ② 8" Sand
- ③ 2" Hay
- ④ 10" Stone
- ⑤ 2" Sand

Fill Material To Be Silty Sand



Remove Stumps, Boulders, and or Sod and Scarify Surface Before Fill is Placed

Site Evaluator's Signature

Date

License Number

[Signature]

4/28/82

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