

M 12 248

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. 2692 E

Date Permit Issued _____
MONTH/DAY/YEAR

Property Owner's Name: Joseph A. Donnell

Tel. No. 623-8084

System's Location: Spring Road

STREET

Augusta

TOWN

Maine 04330

ZIP

Property Owner's Address:
(if different from above)

RR #7, Box 1890

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, 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.

Joseph A. Donnell
PROPERTY OWNER'S SIGNATURE

6-24-93
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table	to 6"		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 ^a	300 ^a		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50 ^b	60 ^b		
	b. Property Owner's	25'	50'	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.

David P. Roque

 SITE EVALUATOR'S SIGNATURE

6/9/93

 DATE

LPI STATEMENT

I, *George A. Brown Jr.*, LPI for the Town of *Agawam* 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: _____

George A. Brown Jr.

 LPI'S SIGNATURE

10-2-93

 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

M12 L48

623-8084

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 #: Spring Road

PROPERTY OWNERS NAME

Last: Donnell First: Joseph A.

Applicant Name: Same

Mailing Address of Owner/Applicant (If Different): RR #7, BOX 1890 Spring Road, Augusta

Caution: Permit Required

AUGUSTA Date Permit Issued: 5/29/93 \$ 150.00 TOWN COPY FEE Double Fee Charged

L.P.I. # 10A

[Signature]
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.

Joseph A. Donnell 5/29/93
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.

[Signature]
Local Plumbing Inspector Signature

5/29/93
Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
 - Requiring Local Plumbing Inspector Approval
 - Requires State and Local Plumbing Inspector Approval
- MINIMUM LOT SIZE VARIANCE

INSTALLATION IS:

COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM
(Includes Alternative Toilet)
- ENGINEERED (+ 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

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

SEASONAL CONVERSION

to be completed by the LPI

- SYSTEM COMPLIES WITH RULES
- CONNECTED TO SANITARY SEWER
- SYSTEM INSTALLED P# _____
- SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED 1973

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 18,600 ± ZONING Rural/Resid.

TYPE OF WATER SUPPLY

Drilled Well

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC (May need)

SIZE: 1000 GALS.

WATER CONSERVATION

- NONE Existing
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

- NOT REQUIRED
- MAY BE REQUIRED
(DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: 30-45 GALS.

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

Minimum Design Flow for two Bedroom Dwelling

DESIGN FLOW: 180 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: Deep fill over fine sandy loam

CONDITION: fill over

DEPTH TO LIMITING FACTOR: 28.

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq. Ft.
- CHAMBER 375 Sq. Ft.
 - REGULAR
 - H-20
- TRENCH _____ Linear Ft.
- OTHER: _____

See note

SITE EVALUATOR STATEMENT

On 5/29/93 (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.

David P. Roague
Site Evaluator Signature

154
SE#

5/29/93
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

Street, Road, Subdivision

Owners Name

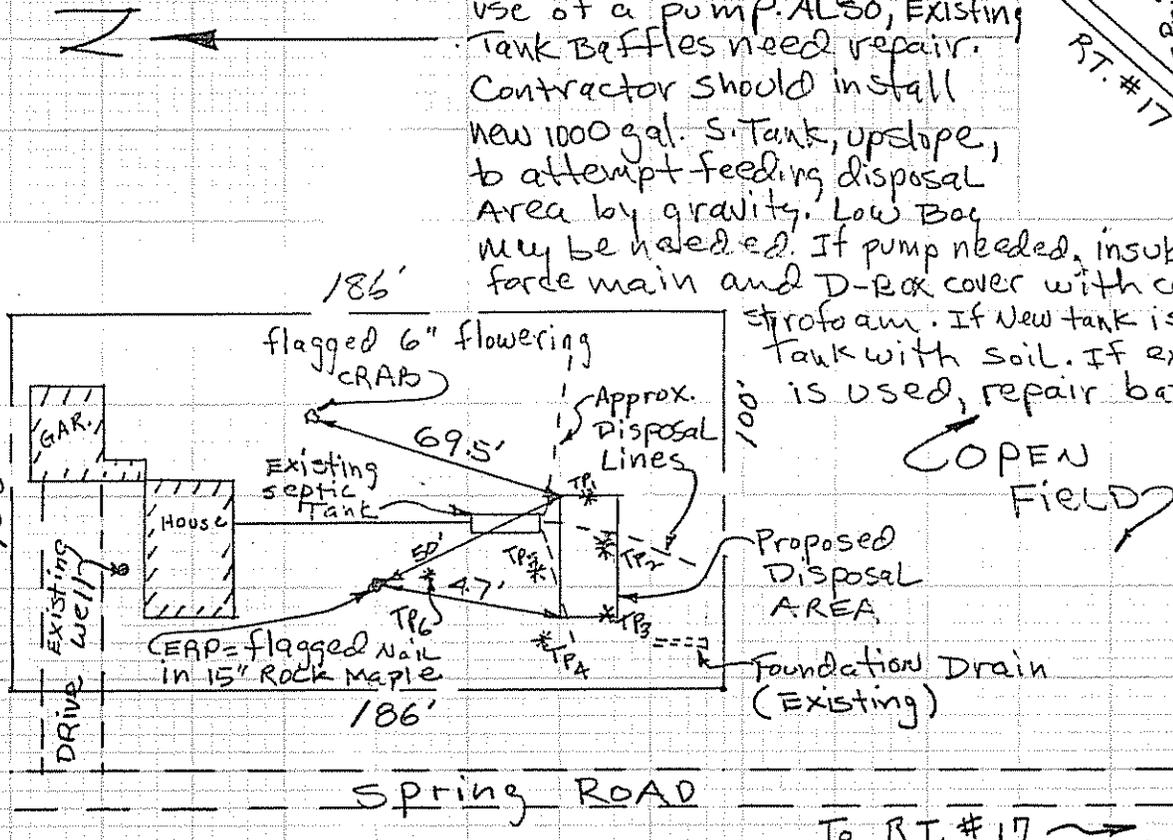
AUGUSTA

SPRING ROAD Joseph Donnell
SITE PLAN

Scale 1" = 50 Ft.

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

NOTE: Existing septic Tank Location would require the use of a pump. ALSO, Existing Tank Baffles need repair. Contractor should install new 1000 gal. S. Tank, upslope, to attempt feeding disposal Area by gravity. Low Bag may be needed. If pump needed, insulate cover, force main and D-Box cover with construction styrofoam. If new tank is used, fill old Tank with soil. If existing tank is used, repair baffles.



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP1-TP5 Test Pit Boring
SOD " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Sandy		Dark	
6	Loam fill		Brown	
10	Gravelly	Friable		NONE
15	Loamy		Brown	Evident
20	Sand			
25	fill			
30				effluent
35	Limit of Excavation			
40	Fill is over 40 yrs. old.			
45	Some old Leach field stone at			
50	Bottom which is moist (28")			
Soil Profile <u>7</u>		Classification <u>C</u>	Slope <u>5</u> %	Limiting Factor <u>28"</u>
		Condition		<input checked="" type="checkbox"/> Effluent <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock

Observation Hole TP6 Test Pit Boring
SOD " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	SANDY		Dark	
6	Loam		Brown	
10	Loamy	FRIABLE	Brown	NONE
15	fine			
20	Sand			observed
25	FILL			
30	fine		Yellow	
35	Sandy		Brown	
40	Loam			
45	(original)			
50	SOIL			
Soil Profile <u>7</u>		Classification <u>B</u>	Slope <u>5</u> %	Limiting Factor <u>N/A</u>
		Condition		<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock

David P. Kozzue
Site Evaluator Signature

154
SE#

5/29/93
Date

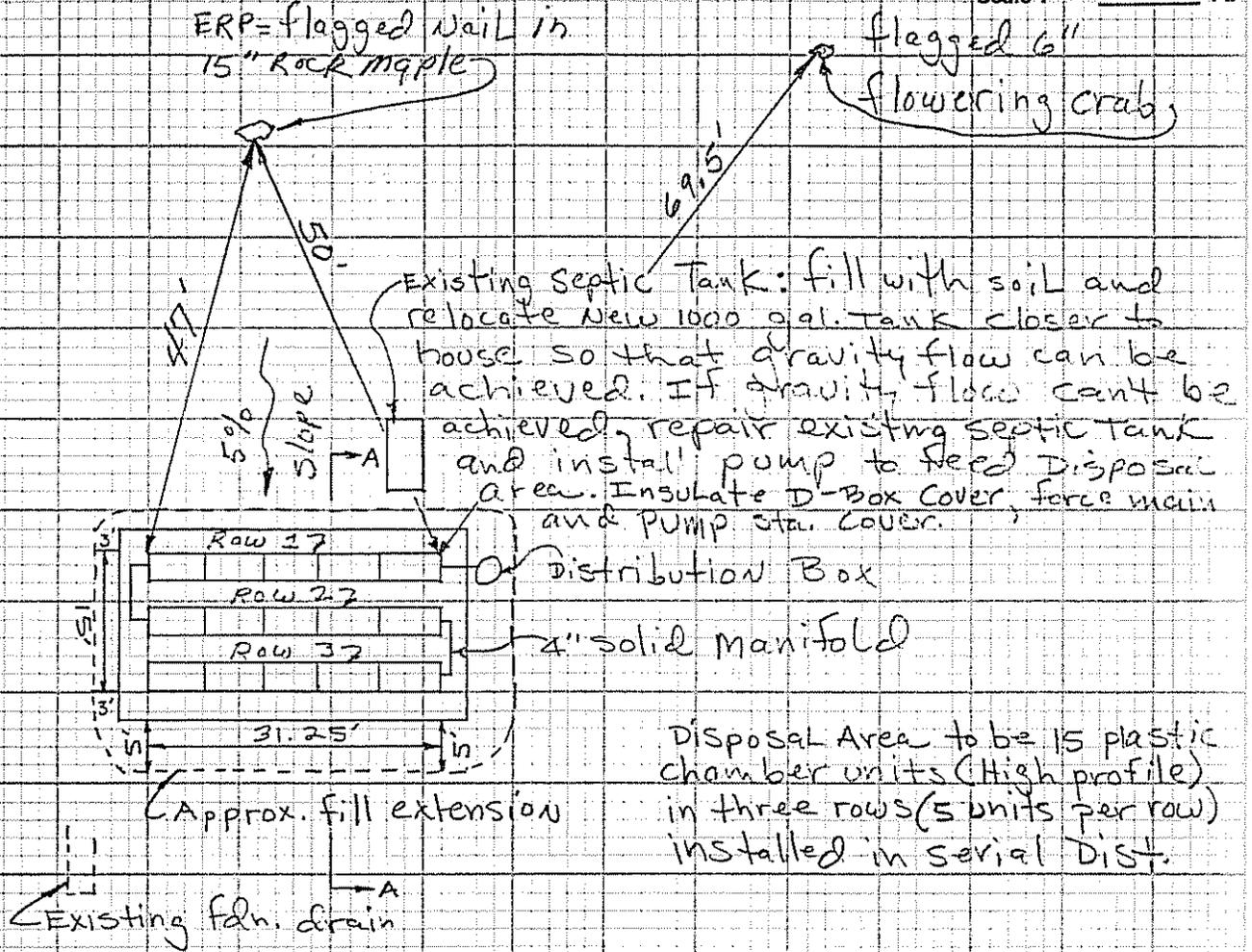
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **AUGUSTA** Street, Road, Subdivision: **SPRING ROAD** Owners Name: **JOSEPH DONNELL**

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) 8"
Depth of Fill (Downslope) 8"

CONSTRUCTION ELEVATIONS

Reference Elevation is 0"
Bottom of Disposal Area See below
Top of Distribution Lines or Chambers —

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

flagged Nail in 15" Rock Maple

DISPOSAL AREA CROSS SECTION

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

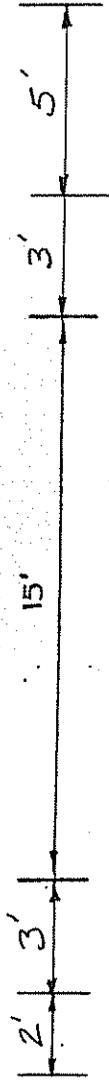
Row	Top Elevation	Bottom Elevation
Row 1	-64"	-48"
Row 2	-68"	-52"
Row 3	-72"	-56"

David P. Roome
Site Evaluator Signature

154
SE#

5/29/93
Date

INFILTRATOR CROSS SECTION 5-6%



9" CLEAN FILL OVER INFILTRATORS (MINIMUM)

Stabilize in accordance with Attached Spec.

4:1 or 25% Slope

EDGE OF 3 FT. BERM
MAX. fill extension
Slope = 4:1 or 25%

Original Grade @ 5%

Loosen up soil under chambers before installation

1. REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER INFILTRATORS AND FILL EXTENSION AREAS.
2. BOTTOM OF INFILTRATORS TO BE LEVEL WITH A MAXIMUM GRADE TOLERANCE OF 1" PER 100'.
3. PROVIDE FOR SURFACE DRAINAGE AWAY FROM INFILTRATOR AREA.
4. FINISHED GRADE SHALL BE SEEDED AND MULCHED TO PREVENT EROSION.

ORIGINAL GRADE
gravelly
FILL UNDER INFILTRATORS TO BE Loamy coarse Sand TEXTURE.
FILL AROUND INFILTRATORS TO BE Same as above TEXTURE.

SITE EVALUATOR: DAVID P. RAOUE		NUMBER OF INFILTRATORS:	15	PERCENT SLOPE:	5
OWNER: Joseph Donnell		ELEVATIONS:			
LOCATION: AUGUSTA		REFERENCE PT.	0	BOTTOM TRENCH #1	65"
DATE: 5/29/93	SCALE: 1 INCH = 5 FEET	BOTTOM TRENCH #2	69"	BOTTOM TRENCH #3	73"

NOTES: