

Town Copy

# 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

Permit No. # 1762 E Town of Augusta  
 Date Permit Issued Oct. 14, 1989  
MONTH/DAY/YEAR  
 Property Owner's Name: Charles Mills Tel. No. 622-3771  
 System's Location: Spring Road  
STREET  
AUGUSTA TOWN Maine 04330  
ZIP  
 Property Owner's Address: 54 Eastern Ave.  
(if different from above)  
AUGUSTA TOWN Maine STATE 04330  
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.

Charles Mills  
 PROPERTY OWNER'S SIGNATURE  
Ray Colwell  
 DATE 10/12/89

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table	to 6"		7	inches
Soil Condition	Restrictive Layer	to 6"		7	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 <sup>a</sup>	300 <sup>a</sup>		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50 <sup>b</sup>	60 <sup>b</sup>		
	b. Property Owner's	25'	50'	50' <sup>±</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>c</sup>	10 <sup>c</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.

David P. Roegue  
 SITE EVALUATOR'S SIGNATURE

10/2/89  
 DATE

**LPI STATEMENT**

I, Nancy R. Zullo, 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: \_\_\_\_\_

Nancy R. Zullo  
 LPI'S SIGNATURE

Oct. 11, 1989  
 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 #	Spring Road
PROPERTY OWNERS NAME	
Last: Mills	First: Charles
Applicant Name:	Same
Mailing Address of Owner/Applicant (if Different)	54 Eastern Ave. Augusta, Maine 04330

Caution: Permit Required

AUGUSTA Office Wastewater Disposal 1762 shall be TOWN COPY

Date Permit Issued: 10/11/89 \$ 140.00 FEE Double Fee Charged

Local Plumbing Inspector Signature: *Harry R. Zeller* L.P.I. # 85D

**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.

*Charles Mills*  
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.

*George [Signature]*  
Local Plumbing Inspector Signature

Date Approved: 3-2-90

## 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>SEASONAL CONVERSION</b> to be completed by the LPI</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>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>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED <u>1938±</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 type="checkbox"/> TRENCH</li> <li><input checked="" 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</li> <li><input type="checkbox"/> MODULAR OR MOBILE HOME</li> <li><input type="checkbox"/> MULTIPLE FAMILY DWELLING</li> <li><input type="checkbox"/> OTHER _____ SPECIFY _____</li> </ol>	<p><b>TYPE OF WATER SUPPLY</b></p> <p style="font-size: 1.2em;">Drilled (existing)</p>
<p>SIZE OF PROPERTY: <u>38,000±</u></p>	<p>ZONING: <u>Residential</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 checked="" type="checkbox"/> Regular <input 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 checked="" type="checkbox"/> NONE</li> <li><input 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 (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</li> <li><input checked="" type="checkbox"/> REQUIRED</li> </ol> <p>DOSE: <u>50</u> GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p style="font-size: 1.2em;">Three bedroom Dwelling - Min. Design Flow PLUS 10%</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;">3</td> <td style="text-align: center;">D</td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>7</u></p>	PROFILE	CONDITION	3	D	<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>525</u> Sq. Ft.             <ul style="list-style-type: none"> <li><input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</li> </ul> </li> <li><input type="checkbox"/> TRENCH _____ Linear Ft.</li> <li><input type="checkbox"/> OTHER: _____</li> </ol>	<p>DESIGN FLOW: <u>295</u> (GALLONS/DAY)</p>
PROFILE	CONDITION						
3	D						

**SITE EVALUATOR STATEMENT**

On 9/16 & 10/2/89 (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.

*David P. Roague*      154      10-2-89

Site Evaluator Signature      SE#      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

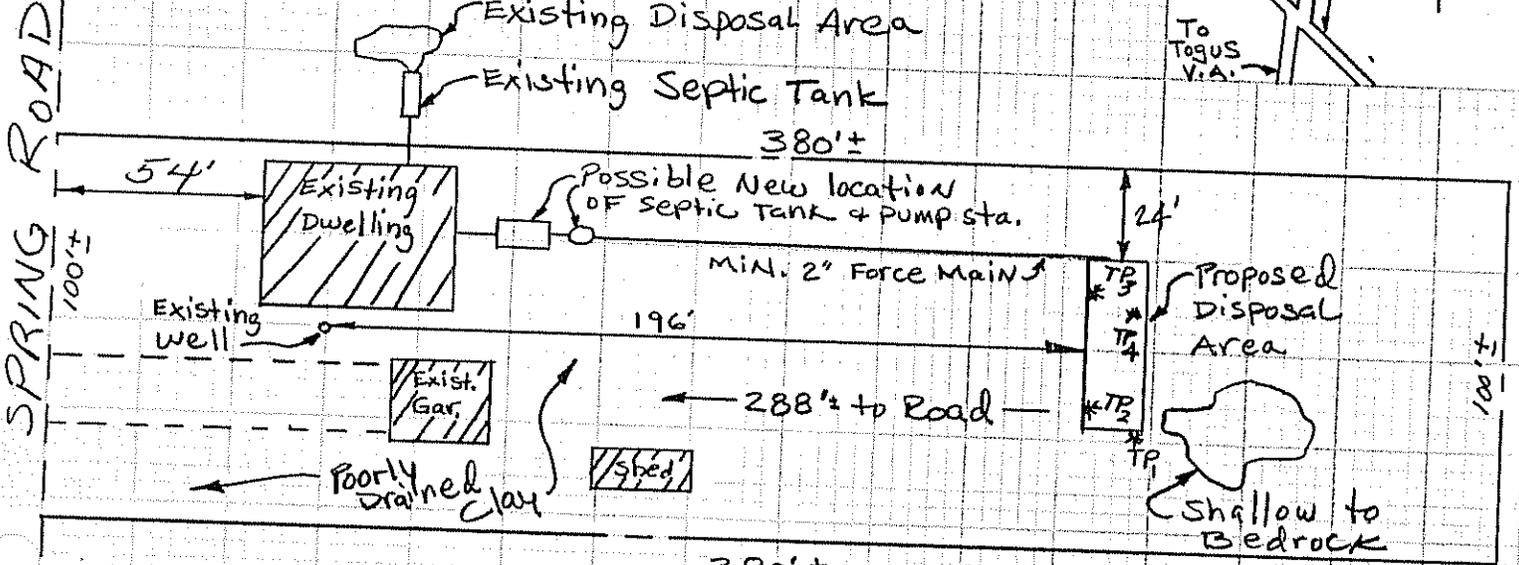
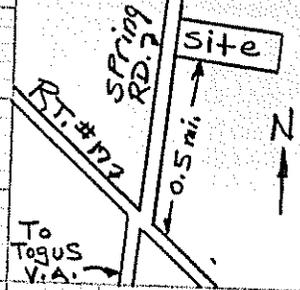
Charles Mills

## SITE PLAN

Scale 1" = 50 Ft.

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

Notes: Owners to get easement for septic tank on Neighbors Property or install New septic tank. Pump Sta. will also be needed with easement, if on neighbors land.



Insulate Force Main if buried less than 4' deep.

### SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP<sub>1</sub>  Test Pit  Boring  
SOD \_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Stony fine		Dark	
6	Sandy loam	Friable	Brown	
10	Stony		Red	
15	Sandy loam		Brown	None
20	Bedrock			

Soil Profile <u>2</u>	Classification <u>A</u> Condition	Slope <u>8</u> %	Limiting Factor <u>16</u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock
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Observation Hole TP<sub>2</sub>  Test Pit  Boring  
SOD \_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Stony	Friable	Dark	
6	Fine		Brown	None
10	Sandy loam	V. Firm	Gray	Many
15				Promi.

Soil Profile <u>3</u>	Classification <u>D</u> Condition	Slope <u>8</u> %	Limiting Factor <u>7</u>	<input checked="" type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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David P. Roque  
Evaluators Signature

154  
SE#

10/2/89  
Date

SOIL DESCRIPTION AND CLASSIFICATION				(Location of Observation Holes Shown Above)							
Observation Hole <u>TP<sub>3</sub></u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring				Observation Hole <u>TP<sub>4</sub></u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring							
SOD _____ * Depth of Organic Horizon Above Mineral Soil				SOD _____ * Depth of Organic Horizon Above Mineral Soil							
DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling	DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling		
0	Stony	Friable	Dark		0	Stony		Dark			
6	fine		Brown	NONE	6	fine		Brown			
10	Sandy		Yellow		10	Sandy	Friable	Yellow	NONE		
15	Loam	Very	Gray	Many	15	Loam		Brown			
20		Firm		ProM.	20	Stony					
30					30	fine					
40					40	Sandy	Firm	olive	Common		
50					50	Loam		Brown			
Soil Profile <u>3</u>		Classification Condition <u>D</u>	Slope <u>7</u> %	Limiting Factor <u>11</u>	Soil Profile <u>3</u>		Classification Condition <u>C</u>	Slope <u>7</u> %	Limiting Factor <u>16</u>	<input checked="" type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock	

SOIL DESCRIPTION AND CLASSIFICATION				(Location of Observation Holes Shown Above)							
Observation Hole _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring				Observation Hole _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring							
_____ * Depth of Organic Horizon Above Mineral Soil				_____ * Depth of Organic Horizon Above Mineral Soil							
DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling	DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling		
0					0						
6					6						
10					10						
15					15						
20					20						
30					30						
40					40						
50					50						
Soil Profile _____		Classification Condition _____	Slope _____ %	Limiting Factor _____	Soil Profile _____		Classification Condition _____	Slope _____ %	Limiting Factor _____	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock	

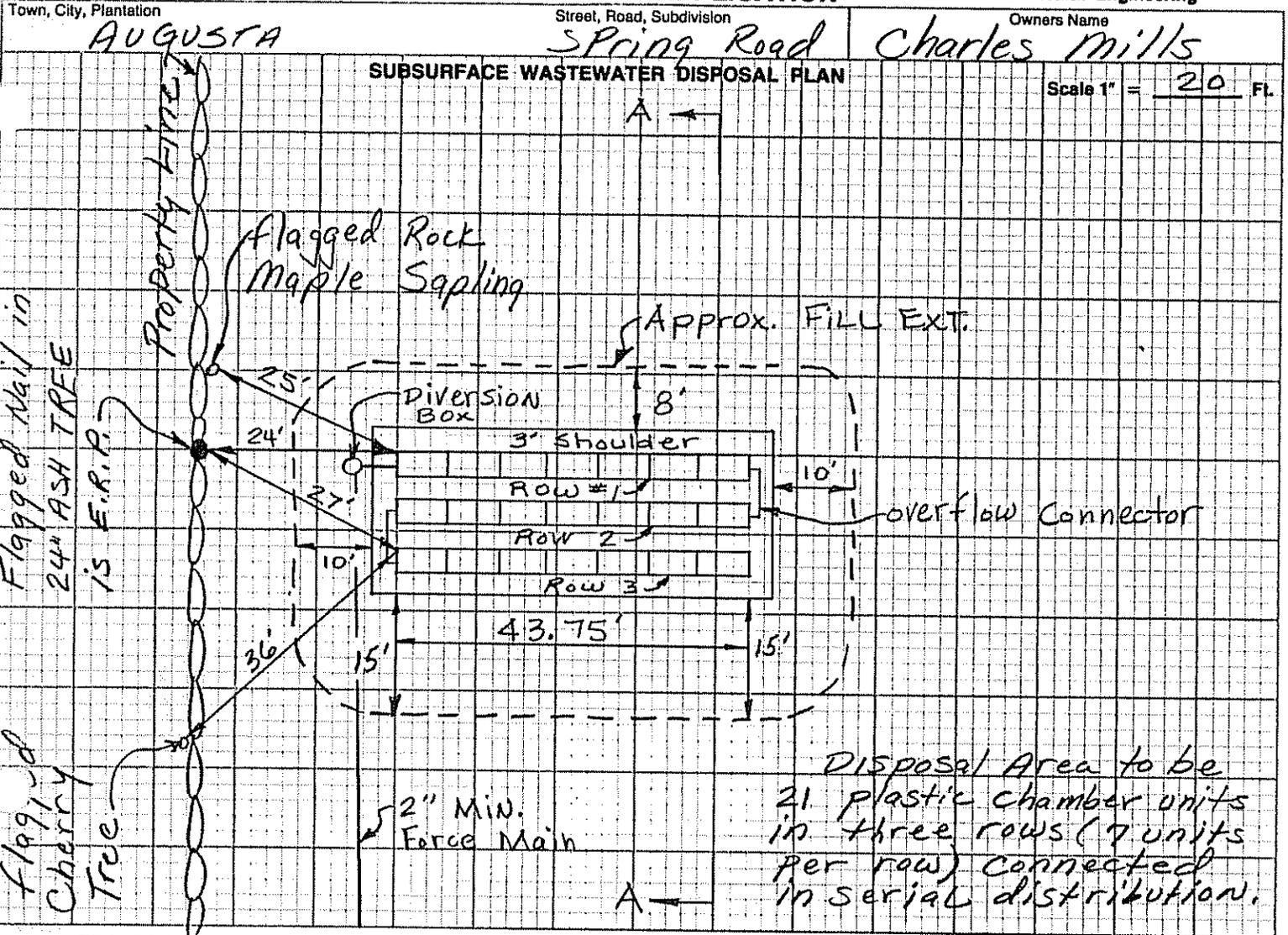
David P. Roque  
Site Evaluator Signature

154  
SE#

10/2/89  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering



**FILL REQUIREMENTS**

Depth of Fill (Upslope) 31 - 33"  
Depth of Fill (Downslope) 31 - 33"

**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 24" ASH tree on stone wall

**DISPOSAL AREA CROSS SECTION**

Scale:

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

Bottom Trench

Top Chambers

Row 1

-34"

-19"

Row 2

-40"

-25"

Row 3

-46"

-31"

*David P. Roque*  
Evaluator Signature

154  
SE#

10/2/89  
Date

