

please call before going out 622-7388 M12 L64A

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. 2560 E

Date Permit Issued 10/15/92
MONTH/DAY/YEAR

Property Owner's Name: CHRIS WHITESIDE

Tel. No. _____

System's Location: R-7 B-2300

STREET

AUGUSTA

TOWN

Maine 04330

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, 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.

Chris Whiteside Jr

PROPERTY OWNER'S SIGNATURE

10/15/92

DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS	Soil Profile	to 6"		12	inches
	Soil Condition	to 6"		—	inches
	from HHE-200	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'	80'
	3. Water Supply Line	See note 'a'		—	—
Waterbodies	1. Perennial	50'	60'	—	—
	2. Intermittent	15'	20'	—	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 = 16 0:1~~

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.

Wm W. Redant

SITE EVALUATOR'S SIGNATURE

10/13/92

DATE

LPI STATEMENT

I, *George J. Goyette*, LPI for the Town of *Aspen* 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 J. Goyette

LPI'S SIGNATURE

10/22/92

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

M12-664

05040422

PROPERTY ADDRESS	
Town Or Plantation	Augusta
Division Lot #	Route 105 <i>So. Belmont Ave</i>
PROPERTY OWNER'S NAME	
Last: Whiteside	First: Chris
Applicant Name:	Chris Whiteside
Mailing Address of Owner/Applicant (If Different)	R-7 B-2300 Augusta ME 04330

AUGUSTA CAUTION: PERMIT REQUIRED		2560	TOWN COPY
Date Permit Issued: 10/12/92	\$ 1000.00	FEE	<input type="checkbox"/> Double Fee Charged
<i>[Signature]</i> Local Plumbing Inspector Signature		L.P.I. #	<i>[Signature]</i>

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.

Chris Whiteside & Co 10/15/92

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] 8/12/93

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 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 SEASONAL CONVERSION to be completed by the LPI 5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____ SYSTEM DESIGN RECORDED AND ATTACHED	THIS APPLICATION REQUIRES: 1. <input 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	INSTALLATION IS: COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS 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
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED <u>1964</u> THE FAILING SYSTEM IS 1. <input type="checkbox"/> BED 3. <input checked="" type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____	TYPE OF WATER SUPPLY Drilled well
SIZE OF PROPERTY: 1.5ac+- ZONING: _____		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE <u>1000</u> GALS.	WATER CONSERVATION 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 _____	PUMPING 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION & ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING) EMPLOYEES, WATER RECORDS, ETC.) 3 bedrooms
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: <u>3</u> CONDITION: <u>D</u> DEPTH TO LIMITING FACTOR: <u>12</u> "	SIZE RATINGS USED FOR DESIGN PURPOSES 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	DISPOSAL AREA TYPE/SIZE 1. <input checked="" type="checkbox"/> BED <u>1000</u> 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: _____	DESIGN FLOW: <u>300</u> (GALLONS/DAY)

E EVALUATOR STATEMENT

On 10/13/92 (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.

Wm W. Ribicoff 51 10/13/92

Site Evaluator Signature SE# Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

05040422

Town, City, Plantation
Augusta

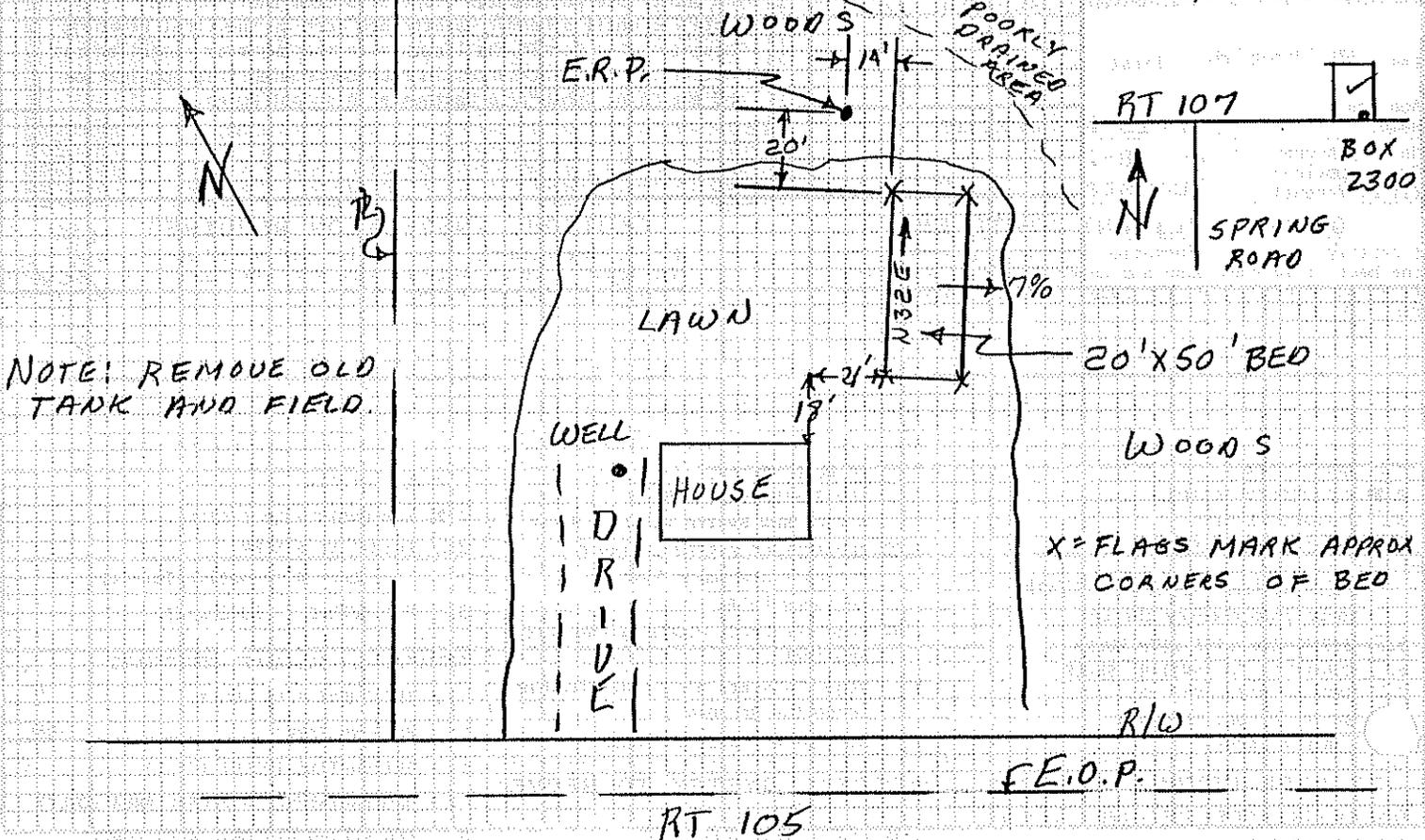
Street, Road, Subdivision
Route 105

Owner's Name
Whiteside, Chris

SITE PLAN

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

Scale: 1" = 50 Ft.
or as shown



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring

 " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0	SANDY			
6	GRAVEL	MOD	B	
10	FILL	FIRM		
15				C.G.R.D.
20	S.L.	FRIABLE	Y.B.	
30				12"
40	G.T.	FIRM	G.B.	
50				

Soil Classification Profile <u>3</u>	Soil Classification Condition <u>D</u>	Slope <u>7</u> %	Limiting Factor <u>12</u>	<input checked="" type="checkbox"/> Ground Water
				<input type="checkbox"/> Restr. Layer
				<input type="checkbox"/> 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 Profile <u> </u>	Soil Classification Condition <u> </u>	Slope <u> </u> %	Limiting Factor <u> </u>	<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Restr. Layer
				<input type="checkbox"/> Bedrock

Wm. W. Richard

Site Evaluator Signature

51
SE#

10/13/92
Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

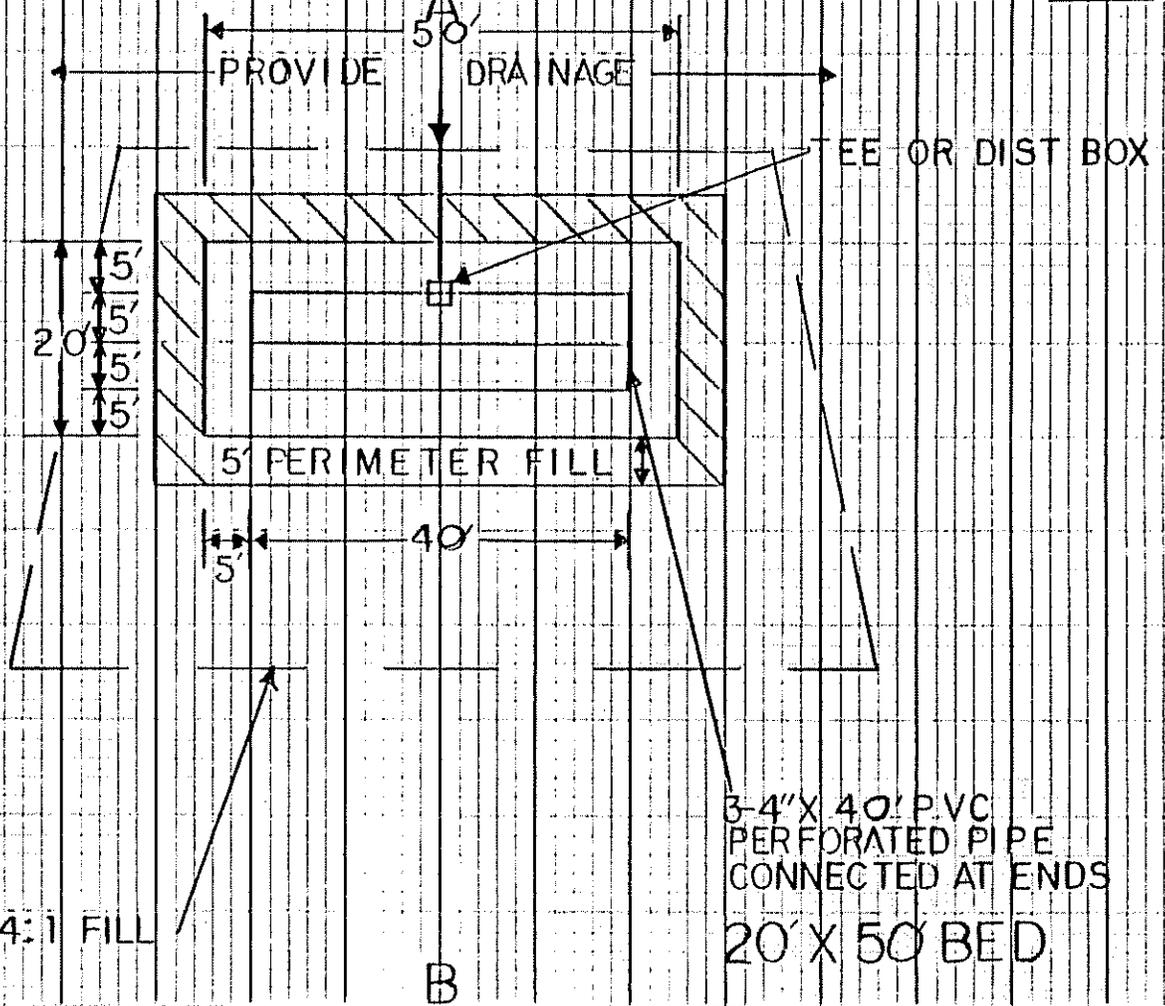
AUGUSTA

RT 105

WHITESIDE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



3-4" X 40' PVC PERFORATED PIPE CONNECTED AT ENDS
20' X 50' BED

FILL REQUIREMENTS

Depth of Fill (Upslope) 12" ±
Depth of Fill (Downslope) 40" ±

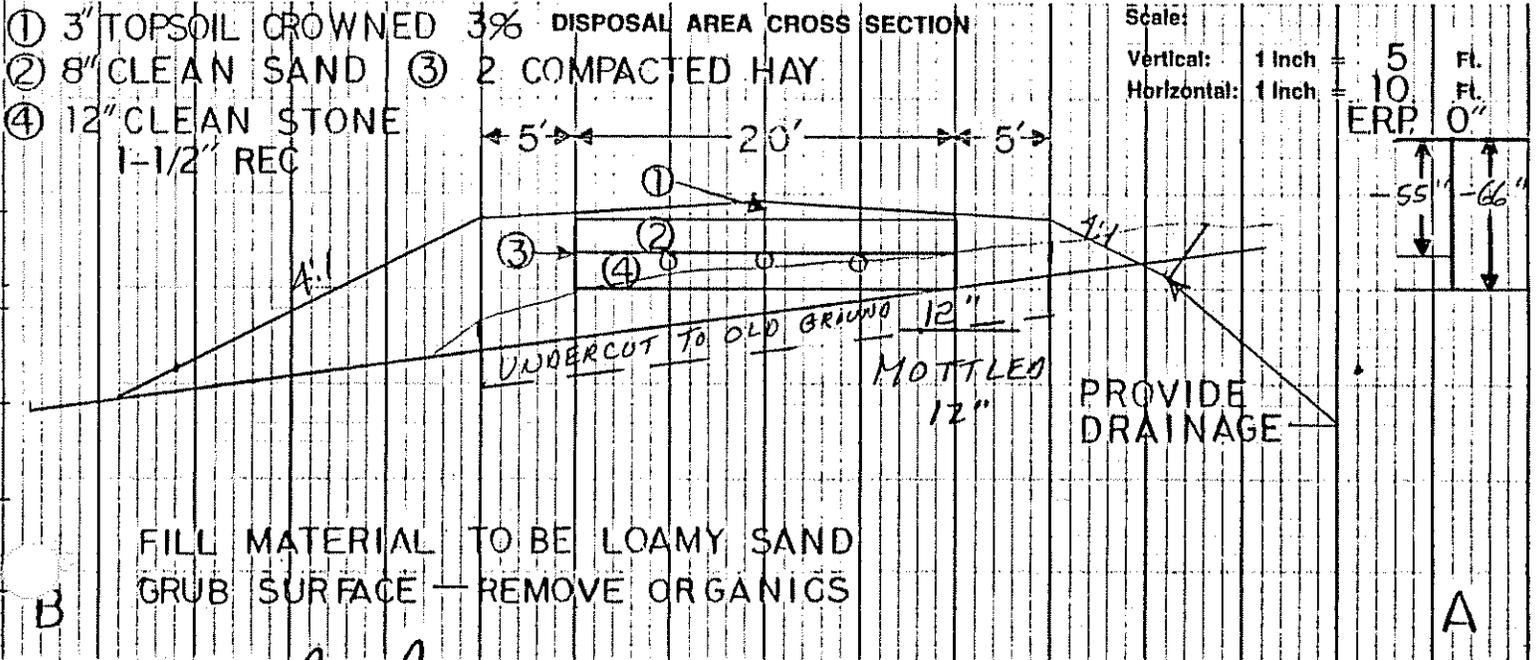
CONSTRUCTION ELEVATIONS

Reference Elevation is 0
Bottom of Disposal Area -66"
Top of Distribution Lines or Chambers -55"

ELEVATION REFERENCE POINT

LOCATION & DESCRIPTION
NAIL IN 7" ASH

- ① 3" TOPSOIL CROWNED 3% DISPOSAL AREA CROSS SECTION
- ② 8" CLEAN SAND
- ③ 2 COMPACTED HAY
- ④ 12" CLEAN STONE 1-1/2" REC



FILL MATERIAL TO BE LOAMY SAND
GRUB SURFACE - REMOVE ORGANICS

Donald W. Rider
Site Evaluator Signature

51
SE#

10/13/92
Date