

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. 3323 E

Town of Augusta

Date Permit Issued 9/19/95
MONTH/DAY/YEAR

Property Owner's Name: John Burns

Tel. No. 207-445-3298

System's Location: Cony Road

STREET

Augusta

Maine 04730

ZIP

Property Owner's Address: P.O. BOX 18

(if different from above)

WERKS MILLS,

TOWN

MAINE

STATE

04361

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.

John Burns
PROPERTY OWNER'S SIGNATURE

SEPT 19 1995
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"		Inches	
	Restrictive Layer	to 6"		Inches	
	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'	300'		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50' ^b	60' ^b		
	b. Property Owner's	25'	50'		50'
Waterbodies	3. Water Supply Line	See note 'a'			
	1. Perennial	50'	60'		
	2. Intermittent	15'	20'		
Downhill Slope	3. Manmade drainage ditch	10'	15'		
	Greater than 3:1 (33%)	5' ^c	10' ^c		
Buildings	1. With Basement	5'	10'	5	10'
	2. Without Basement	5'	7'		7'
Property Line		4'	5'		5'

OTHER

1. Fill extension Grade—to 3:1 *field will be placed in fill*
2. Well will be 50' from field
3. Field will be 7' from Garage slab & 5' from Property line

Footnotes:

- This setback distance cannot be reduced by variance. See Table 6-2.
- 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.
- Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

Timothy M. Bouch
SITE EVALUATOR'S SIGNATURE 9-14-95
DATE

LPI STATEMENT

I, May R. Lutter, LPI for the Town of August 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: _____

May R. Lutter
LPI'S SIGNATURE 9/19/95
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

M 13 415
 Department of Human Services
 Division of Health Engineering
 (207)289-3826

PROPERTY ADDRESS

Town Or Plantation: Augusta

Street division Lot #: Cony Rd.

PROPERTY OWNERS NAME

Last: Burns First: John

Applicant Name: Same

Mailing Address of Owner/Applicant (If Different): P.O. Box 18 Weeks Mills 04361

AUGUSTA 3323 TOWN COPY

Date Permit Issued: 9, 1995

Local Plumbing Inspector Signature: [Signature]

L.P.I. #: 850

FEE: 60.00 Double Fee Charged

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.

[Signature]
 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.

Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>SEASONAL CONVERSION to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED <u>73</u></p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input checked="" type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input checked="" type="checkbox"/> OTHER <u>Bedroom In Garage</u> SPECIFY</p>
<p>SIZE OF PROPERTY: <u>14000 sq ft</u></p> <p>ZONING: <u>Rural - Residential</u></p>	<p>TYPE OF WATER SUPPLY</p> <p><u>Drilled Well</u></p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>3 Bedrooms</u> <u>(2 in House + 1 in Garage)</u></p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PROFILE: <u>9</u></td> <td style="width: 50%;">CONDITION: <u>D</u></td> </tr> <tr> <td colspan="2">DEPTH TO LIMITING FACTOR: <u>7</u></td> </tr> </table>	PROFILE: <u>9</u>	CONDITION: <u>D</u>	DEPTH TO LIMITING FACTOR: <u>7</u>		<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input checked="" type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input checked="" type="checkbox"/> BED <u>1350</u> Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft.</p> <p style="padding-left: 20px;"><input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	<p>DESIGN FLOW: <u>270 gpd</u> (GALLONS/DAY)</p>
PROFILE: <u>9</u>	CONDITION: <u>D</u>						
DEPTH TO LIMITING FACTOR: <u>7</u>							

SITE EVALUATOR STATEMENT

On Sept 12, 1995 (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.

[Signature]
 Site Evaluator Signature

5-330
SE#

9/13/95
Date

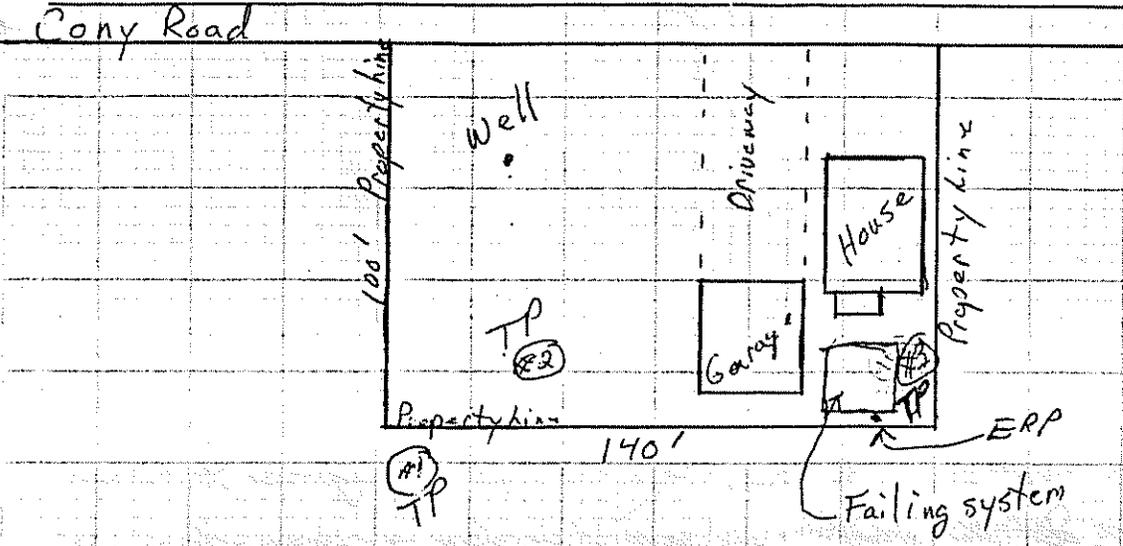
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HHE-200 Rev. 11/86

(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: Cony Rd. Owners Name: John Burns
SITE PLAN Scale 1" = 50' Ft. SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)



Material from old system must be removed

ERP - located on clothes line Pole (Flagging Ribbon nailed) also a Black Mark on Garage at Top of 13th piece of Vinyl siding

Low Volume Toilets + ^(Showers) faucets use encouraged

Refer to set backs + Maintain Code Requirements in all areas

SOIL DESCRIPTION AND CLASSIFICATION				(Location of Observation Holes Shown Above)					
Observation Hole <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring				Observation Hole <input checked="" type="checkbox"/> 2 + 3 <input type="checkbox"/> Test Pit <input checked="" type="checkbox"/> Boring					
○ _____ " Depth of Organic Horizon Above Mineral Soil				○ _____ " Depth of Organic Horizon Above Mineral Soil					
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling		
0	Silt	Somewhat	Brown	NONE	0	loamy	friable	light	NONE
6	loam	↓	Gray	Common	6	Coarse Sand	↓	Orange	
10		Somewhat			10				
15		firm			15				
20	Silt Clay				20	Fill Material			
30					30				
40					40				
50					50	Silt Loam		Brown	NONE
Soil Profile	Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock	Soil Profile	Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
9	D	2%	7		4	B	2%	48"	

Lemo M. Buck
Site Evaluator Signature

S-330
SE#

9/18/95
Date

