

Replacement System Variance Request

14-23B

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.
7. Soil and setback distances are within approval authority of the LPI.

GENERAL INFORMATION

Town of Augusta

Permit No. 19030

Date Permit Issued 8/17/88
month/day/year

Property Owner's Name: Ben Garand Tel. No. 622-6525

System's Location: Spring Rd
Street

Augusta MAINE 04330
Town Zip

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

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

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"		7 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	100 ^(B)	100 ^(B)		
	b. Property Owner's	50'	60'		
	3. Water Supply Line	10'	10'		
Waterbodies	1. Perennial	60' ^(C)	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'	55	35
Downhill Slope	Greater than 3:1 (33%)	5'	10' ^(D)		
Buildings	1. With basement	8'	15'		
	2. Without basement	8'	10'		
Property Line		5'	5' ^(D)		

Other Specify:

Footnotes:

- 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.
- Sufficient distance shall be maintained to assure that the toe of the fill does not extend beyond the 3:1 slope or property line.
- May be reduced to 25' provided treatment tank is tested to be water tight in the presence of the Local Plumbing Inspector.

Roger Miller
Site Evaluator's Signature

28 June 88
Date

LPI Statement

I, Mary R. Tuttle, LPI for 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):

- 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:
- find that one or more of the requested Variances exceeds my approval authority as LPI. (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:

Mary R. Tuttle
LPI's Signature

6-17-88
Date

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.

Jeanette Garand
Property Owner's Signature

Date

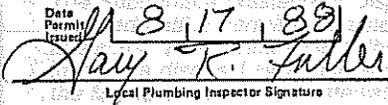
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street	Spring Rd
Subdivision Lot #	628-6525
PROPERTY OWNERS NAME	
Last: Garand	First: Ben
Applicant Name:	447 Spring R7
Mailing Address of Owner/Applicant (if Different)	Augusta, Me 04330

AUGUSTA PERMIT # 1,403 TOWN COPY

Date Permit Issued: 8.17.88 \$40.00 FEE Double Fee Charged


 Local Plumbing Inspector Signature

L.P.I. # 1859

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.

Jeanette Garand
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

[Signature]
Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NEW SYSTEM <input checked="" type="checkbox"/> REPLACEMENT SYSTEM <input type="checkbox"/> EXPANDED SYSTEM <input type="checkbox"/> EXPERIMENTAL SYSTEM <p>SEASONAL CONVERSION to be completed by the LPI <i>NA</i></p> <ol style="list-style-type: none"> <input type="checkbox"/> SYSTEM COMPLIES WITH RULES <input type="checkbox"/> CONNECTED TO SANITARY SEWER <input type="checkbox"/> SYSTEM INSTALLED - P# _____ <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED 	<p>THIS APPLICATION REQUIRES:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NO RULE VARIANCE <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form <ol style="list-style-type: none"> <input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE 	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) <input type="checkbox"/> ENGINEERED (+ 2000 gpd) <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> TREATMENT TANK (ONLY) <input type="checkbox"/> HOLDING TANK _____ GAL <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED <i>1956</i></p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> BED <input type="checkbox"/> CHAMBER <input checked="" type="checkbox"/> TRENCH <input type="checkbox"/> OTHER: _____ 	<p>DISPOSAL SYSTEM TO SERVE:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER _____ SPECIFY 	<p>TYPE OF WATER SUPPLY</p> <p style="text-align: center;"><i>City Water</i></p>
<p>SIZE OF PROPERTY</p> <p><i>1/2 Ac</i></p>	<p>ZONING</p> <p><i>Residential</i></p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC <p>SIZE: <i>1000</i> GALS.</p>	<p>WATER CONSERVATION</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> LOW VOLUME TOILET <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM <input type="checkbox"/> ALTERNATIVE TOILET <p>SPECIFY: _____</p>	<p>PUMPING</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NOT REQUIRED <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) <input type="checkbox"/> REQUIRED <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p style="text-align: center;"><i>Table 7-1</i></p> <p style="text-align: center;"><i>3-Bedroom</i></p> <p style="text-align: center;"><i>Minimum</i></p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table style="width: 100%;"> <tr> <td>PROFILE</td> <td>CONDITION</td> </tr> <tr> <td style="text-align: center;"><i>9</i></td> <td style="text-align: center;"><i>D</i></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <i>7</i></p>	PROFILE	CONDITION	<i>9</i>	<i>D</i>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> MEDIUM-LARGE <input type="checkbox"/> LARGE <input checked="" type="checkbox"/> EXTRA LARGE 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> BED <i>1400</i> Sq. Ft. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 <input type="checkbox"/> TRENCH _____ Linear Ft. <input type="checkbox"/> OTHER: _____ 	<p>DESIGN FLOW: <i>270</i> (GALLONS/DAY)</p>
PROFILE	CONDITION						
<i>9</i>	<i>D</i>						

EVALUATOR STATEMENT

On *27 June 88* (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

106
SE#

28 June 88
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

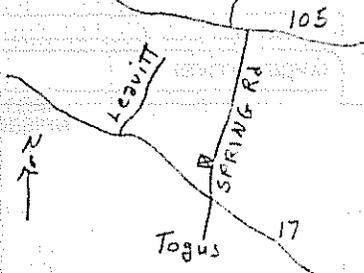
Augusta

Spring Rd

Ben Garant

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

Scale 1" = 50 Ft.



SPRING RD

Garage

House

EXISTING S.T.

Trench

B2

B1

3%

36'

Tree

ditch

Grows progressively wetter

200' P.L.

P.M.

100' P.L.

P.M.

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring
" Depth of Organic Horizon Above Mineral Soil

Observation Hole 2 Test Pit Boring
" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Fill		Gray	
0-6	Med Gravel	Loose	Br	
6-10	Sil	friable	Dark Br	Common Reds +
10-15				
15-20	Silts	firm	Gray	Grays
20-30				
30-40				
40-50				

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Fill		Gray	
0-6	Med Gravel	Loose	Br	
6-10	Sil	friable	D. Br	Common
10-15				
15-20	Silts	firm	Gray	Reds + Grays
20-30				
30-40				
40-50				

Soil Profile <u>9</u>	Classification <u>D</u> Condition	Slope <u>2</u> %	Limiting Factor <u>7</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Soil Profile <u>9</u>	Classification <u>D</u> Condition	Slope <u>2</u> %	Limiting Factor <u>10</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Roger M. Leber
Site Evaluator Signature

106
SE#

28 June 88
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

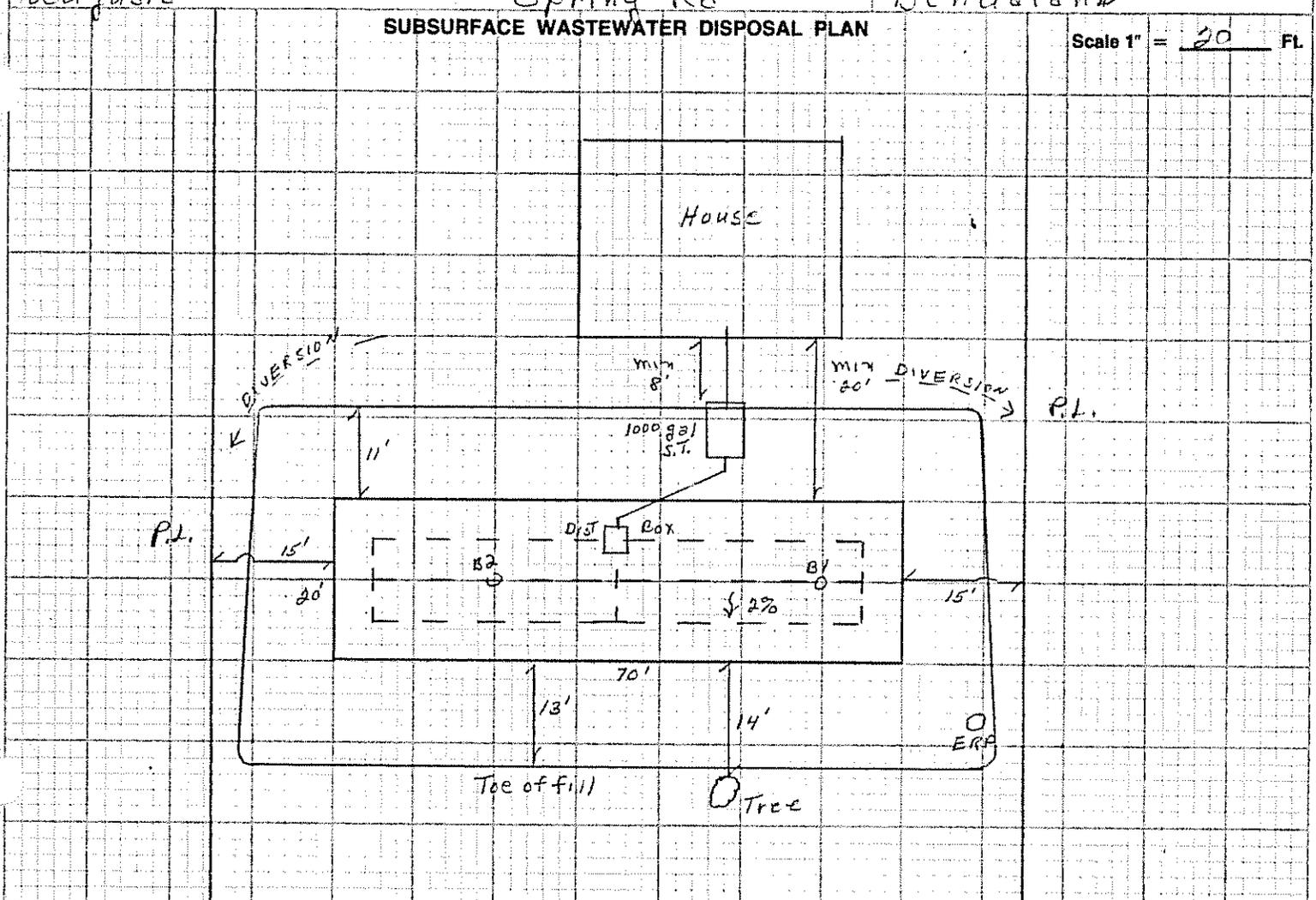
Augusta

Spring Rd

Ben Garant

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL



FILL REQUIREMENTS

Depth of Fill (Upslope) 30"
Depth of Fill (Downslope) 34"

CONSTRUCTION ELEVATIONS

Reference Elevation is 00
Bottom of Disposal Area -54"
Top of Distribution Lines or Chambers -43"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

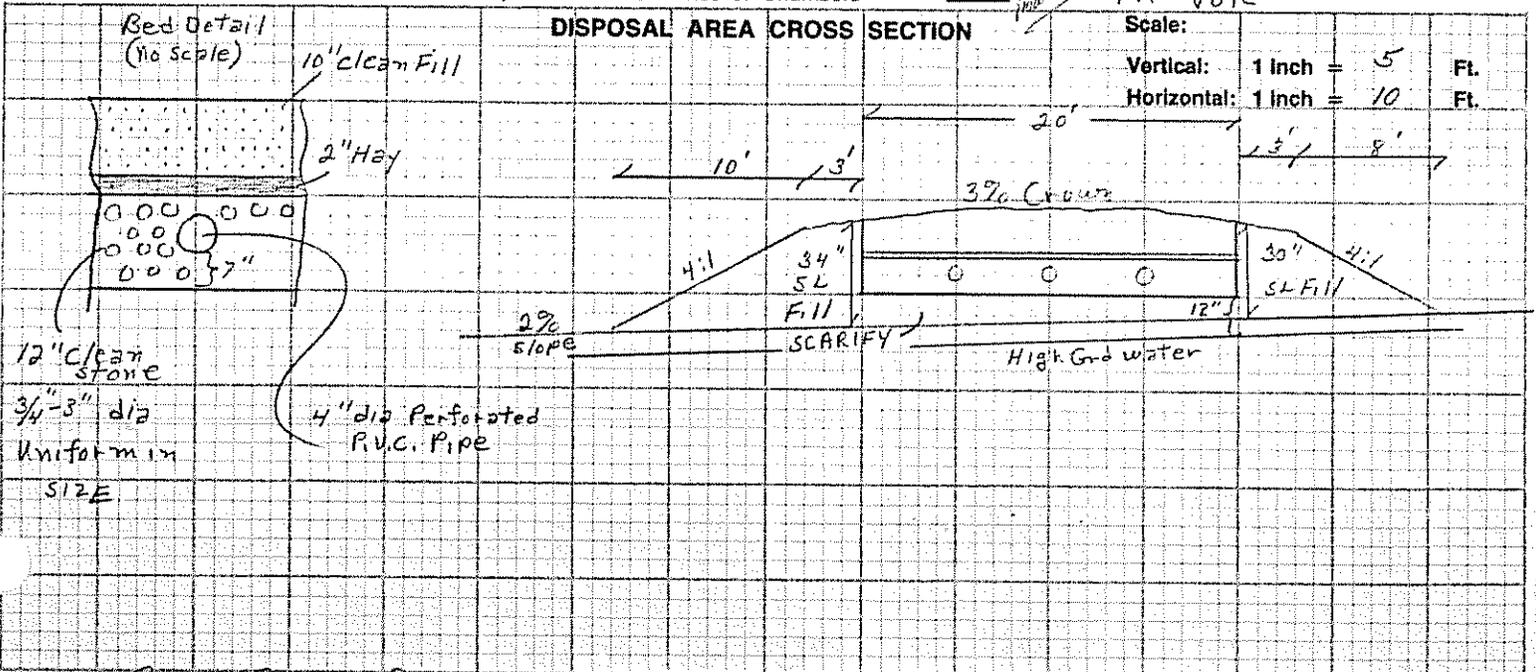
137
Nail + Red Flag
in Pole

Bed Detail
(No Scale)

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.



Roger Miller
Site Evaluator Signature

106
SE#

28 June 88
Date