

Replacement System Variance Request

14-30A

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.

GENERAL INFORMATION

Town of AUGUSTA

Town Code 04350

Permit No. 1379E

Date Permit Issued 7-11-88
month/day/yr.

Property Owner's Name: JUNE TOBEY Tel. No. _____

System's Location: PLEASANT HILL RD
Street

AUGUSTA MAINE 04330
Town Zip

Property Owner's Address: (if different from above) RTE #2 Box 1546
Street

AUGUSTA ME 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, 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.

June C. Tobey
Property Owner's Signature

7-11-88
Date

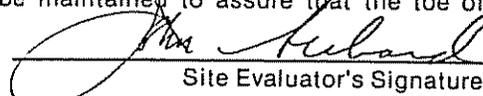
Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6'		8' inches	
	Restrictive Layer	to 6'		— inches	
	Bedrock	to 10'		— inches	
Setback Distances (in feet)	From:	Treatment Tank	Disposal Area	Treatment Tank	Disposal Area
	Potable Water Supplies				
	1. Well: > 2000 gal/day	100a	300a	—	—
	2. Well: < 2000 gal/day				
	a. Neighbor's	100b	100b	—	—
	b. Property Owner's	50'	60'	—	—
	3. Water Supply Line	See Note 'a'		—	—
Waterbodies	1. Perennial	60'	60'	—	—
	2. Intermittent	25'	25'	—	—
	3. Manmade drainage ditch	15'	15'	—	—
Downhill Slope	Greater than 3:1 (33%)	5'	10'	—	—
Buildings	1. With basement	See Note	15'	—	—
	2. Without basement	'a'	10'	—	—
Property Line		5'	5'	—	—

Other Specify:

1. INSTALL ON SLOPE GREATER THAN 20%
2. REDUCE SLOPE OF FILL EXTENSION TO 3:1

Footnotes:

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


Site Evaluator's Signature

7-5-88
Date

LPI Statement

I, _____, LPI for the Town of _____, 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):

- a. (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:
- 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: _____

LPI's Signature

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	Pleasant Hill Rd.
Division Lot #	
PROPERTY OWNERS NAME	
Last: Tobey	First: June
Applicant Name:	- SAME -
Mailing Address of Owner/Applicant (If Different)	Rte #2 Box 1546 Augusta, Me #4330

AUGUSTA	PERMIT # 1,372	TOWN COPY
Date Permit Issued: 6-21-88	\$ 400.00 FEE	<input type="checkbox"/> Double Fee Charged
Local Plumbing Inspector Signature		L.P.I. # 808

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.

June C. Tobey 7-1-88
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 8-27-88
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 checked="" 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. <input checked="" type="checkbox"/> 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</p> <p>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 UNKNOWN</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input checked="" 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 type="checkbox"/> OTHER _____</p> <p style="text-align: center;">SPECIFY</p>
<p>SIZE OF PROPERTY</p> <p>3.5 ± ACRES</p>	<p>ZONING</p> <p>RESIDENTIAL</p>	<p>TYPE OF WATER SUPPLY</p> <p>AUGUSTA WATER DISTRICT</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: 1,000 GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input 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 style="font-size: 2em; text-align: center;">3 BEDROOM</p>			
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">PROFILE</td> <td style="border: none;">CONDITION</td> </tr> <tr> <td style="border: none; text-align: center;">8</td> <td style="border: none; text-align: center;">D</td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: 8.</p>	PROFILE	CONDITION		8	D	<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 checked="" type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>
PROFILE	CONDITION					
8	D					

SITE EVALUATOR STATEMENT

In 6-21-88 (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.

Site Evaluator Signature
 (Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

181
SE#

7-3-88
Date

NOTES

1. ALL CONSTRUCTION SHALL CONFORM TO "STATE OF MAINE-SUBSURFACE WASTEWATER DISPOSAL RULES-CHAPTER 241" LATEST REVISION.
2. ALL FILL SHALL BE SANDY LOAM OR COARSER WITH SUFFICIENT FINES FOR ADEQUATE COMPACTION.
3. WELLS SHALL BE LOCATED A MINIMUM 100' FROM SUBSURFACE DISPOSAL SYSTEM.
4. PROPERTY LINES SHOWN ARE AS PROVIDED BY OWNER AND NO GUARANTEE OF ACCURACY IS IMPLIED. ACTUAL PROPERTY LINES MUST BE CONFIRMED BY SURVEY.
5. A SEPTIC TANK OUTLET FILTER IS RECOMMENDED WHEN INSTALLING A MECHANICAL GARBAGE DISPOSAL.
6. PUMP STATIONS, WHEN REQUIRED, SHALL BE INSTALLED WATERTIGHT TO PREVENT THE INFILTRATION OF GROUND AND/OR SURFACE WATER. PUMPS SHALL BE INSTALLED TO MANUFACTURERS RECOMENDATIONS AND SIZED FOR ACTUAL INSTALLED T.D.H. . FOR UNINTERRUPTED SERVICE DURING MAINTAINANCE OR REPAIR DUPLEX PUMP SYSTEMS ARE REQUIRED.
7. FORCE MAINS AND PRESSURE LINES SHALL BE FLUSHED OF FOREIGN MATERIAL AND PUMPS SHALL BE CHECKED FOR PROPER ON/OFF CYCLE BEFORE BEING PUT INTO SERVICE.
8. APPLICABILITY OF DESIGN MUST BE REEVALUATED WHEN LOCATION OF STRUCTURES ARE SUBSTANTIALLY DIFFERENT THAN THOSE SHOWN ON THE SITE PLAN. OR WHEN OTHER STRUCTURES, ADDITIONS, OR APPURTENANCES (I.E. SWIMMING POOLS) ARE CONSIDERED.
9. SYSTEMS PUT INTO SERVICE PRIOR TO ESTABLISHING PROPER COVER SHALL BE PROVIDED WITH ADEQUATE EROSION CONTROL TO PREVENT DAMAGE TO THE SYSTEM.
10. PROVIDE LOW PROFILE SEPTIC TANK WHEN DETERMINED AS NECESSARY IN THE FIELD.
11. A "MINIMUM LOT SIZE VARIANCE" IS REQUIRED FOR ANY LOT LESS THAN 20,000 SQUARE FEET IN AREA. (UNLESS GRANDFATHERED)
12. FORCE MAINS, PUMP STATIONS, AND/OR GRAVITY PIPING SUBJECT TO FREEZING SHALL BE ADEQUATELY INSULATED.
13. THE LPI SHALL INFORM THE OWNER AND DESIGNER OF ANY LOCAL ORDINANCE EXCEEDING THE RULES (CHAPT-241) PRIOR TO ISSUEING A PERMIT, SO THAT THE APPLICATION MAY BE PROPERLY AMENDED TO CONFORM TO SUCH ORDINANCE.
14. ALL DESIGNS ARE SUBJECT TO REVIEW BY LOCAL, STATE, OR FEDERAL AUTHORITY. DESIGNERS LIABILITY SHALL BE LIMITED TO REVISIONS REQUIRED BY REGULATORY AGENCY.

ATTACHMENT TO FORM HHE-200
J.A. SE #181 4/20/87
revised 10/5/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

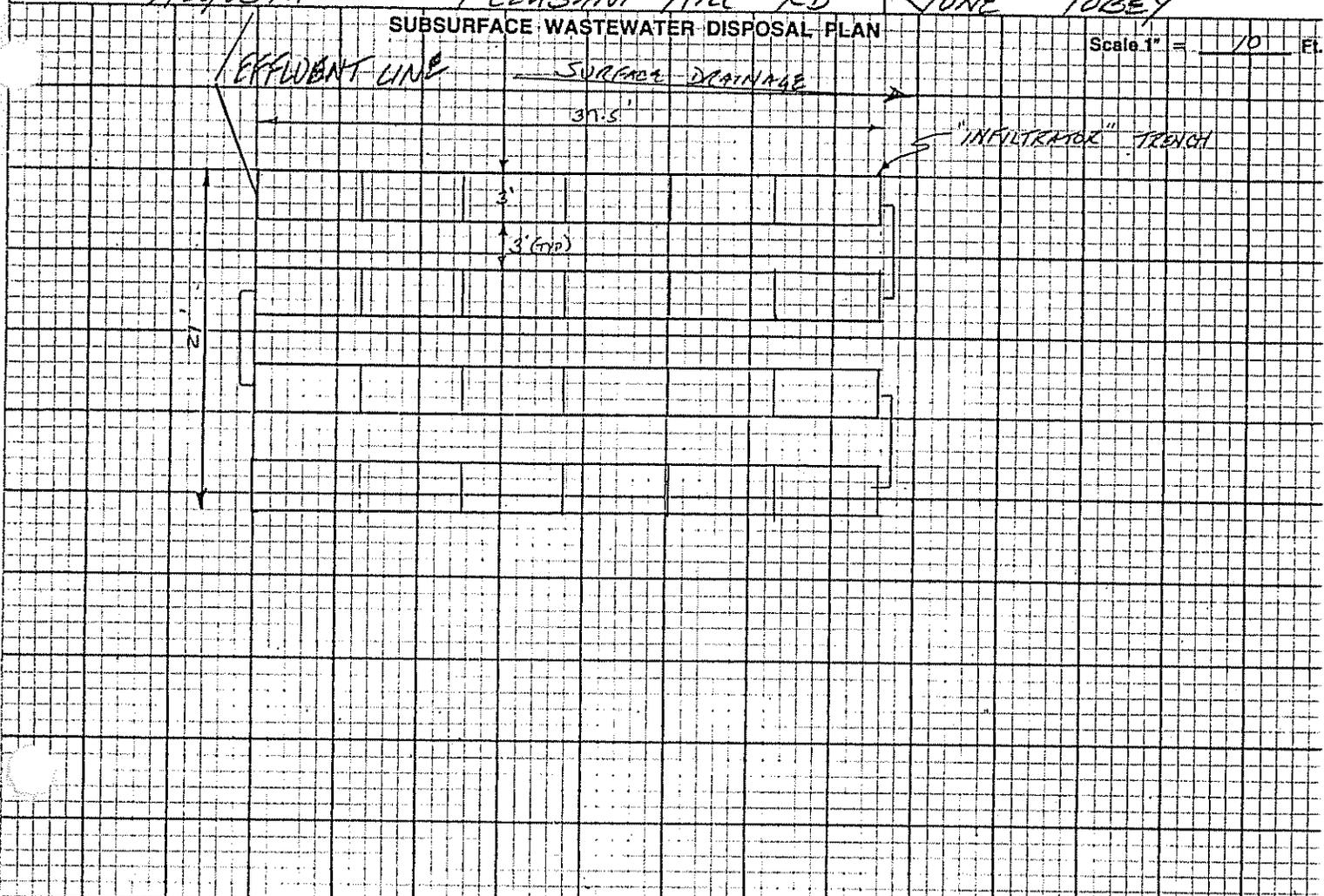
PLEASANT HILL RD

Owners Name

JUNE TOBEY

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 10' Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope)
Depth of Fill (Downslope)

28"
32"

CONSTRUCTION ELEVATIONS

Reference Elevation is
Bottom of Disposal Area
Top of Distribution Lines or Chambers

00"
SEE 84100
" "

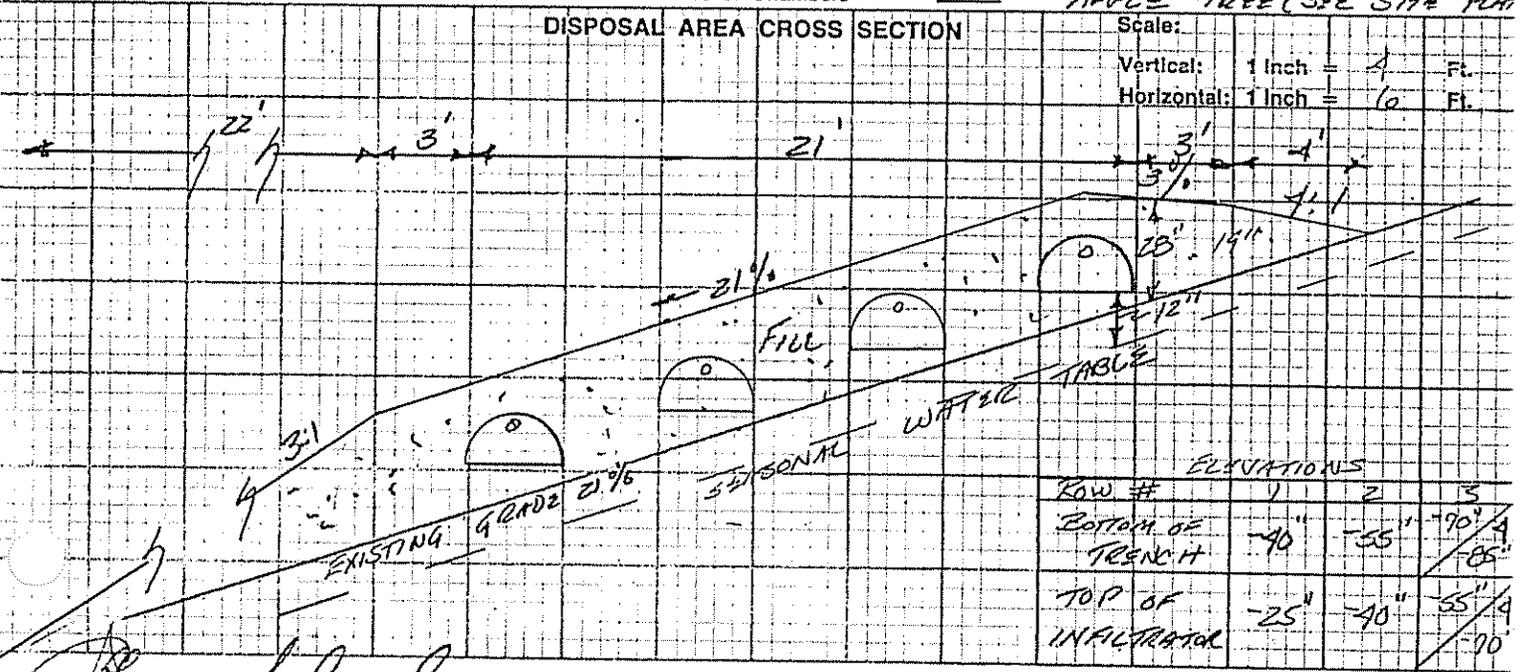
ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

FLAGGED NAIL IN OLD APPLE TREE (SEE SITE PLAN)

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 Inch = 4' Ft.
Horizontal: 1 Inch = 10' Ft.



ROW #	ELEVATIONS		
	1	2	3
BOTTOM OF TRENCH	-40"	-55"	-90" / 4' / -85"
TOP OF INFILTRATOR	-25"	-40"	-55" / 4' / -70"

John Subard
Site Evaluator Signature

181
SE#

7-3-88
Date

SIUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: AUGUSTA Street, Road, Subdivision: PLEASANT HILL RD. Owners Name: JUNE TOBEY

SITE PLAN Scale 1" = 50' FT.

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

ERP = OLD AREA TRENCH

EXISTING HOUSE

PAVED PARKING AREA

SEPTIC TANK

TP-1 8' x 15'

37.5' ± 21' 0"

6.25' ±

430'

520'

67.5'

230'

APPROXIMATE PROPERTY LINE

PLEASANT HILL RD. HYDRANT

REBECCA'S PLACE

RA 17

SYSTEM EXTENDS 6.25' TO 37.5'

SOIL DESCRIPTION AND CLASSIFICATION				(Location of Observation Holes Shown Above)			
Observation Hole <u>TP-1</u>	<input checked="" type="checkbox"/> Test Pit	<input type="checkbox"/> Boring	Depth of Organic Horizon Above Mineral Soil <u>N/A</u>	Observation Hole <u>B-2</u>	<input type="checkbox"/> Test Pit	<input checked="" type="checkbox"/> Boring	Depth of Organic Horizon Above Mineral Soil <u>N/A</u>
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
SILT	FRAGILE	BROWN	NONE	SILT	FRAGILE	BROWN	NONE
SILT	FIRM	OLIVE BROWN	FEW FINES TO COMMON DISTINCT	SILT	FIRM	OLIVE BROWN	FEW FINES TO COMMON DISTINCT
Soil Profile <u>B</u>	Classification <u>D</u>	Slope <u>21%</u>	Limiting Factor <u>8</u>	Soil Profile <u>B</u>	Classification <u>D</u>	Slope <u>21%</u>	Limiting Factor <u>12</u>
<input type="checkbox"/> Ground Water	<input type="checkbox"/> Restrictive Layer	<input type="checkbox"/> Bedrock		<input type="checkbox"/> Ground Water	<input type="checkbox"/> Restrictive Layer	<input type="checkbox"/> Bedrock	

[Signature]
Site Evaluator Signature

181
SE#

7-3-88
Date