

582-5549

# REPLACEMENT SYSTEM VARIANCE REQUEST

## THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

TOWN COPY

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. # 1772 E

Date Permit Issued 10-11-89  
MONTH/DAY/YEAR

Property Owner's Name: Joseph Gagnon

Tel. No. 622-6097

System's Location: Spring Road

STREET

Augusta

TOWN

Maine 04330

ZIP

Property Owner's Address: Rt 7 Box 431

(if different from above)

STREET

Augusta

TOWN

Maine

STATE

04330

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.

Joseph Gagnon  
PROPERTY OWNER'S SIGNATURE

10/16/89  
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
<b>SOILS</b>					
Soil Profile	Ground Water Table	to 8"		Inches	
Soil Condition	Restrictive Layer	to 6"		Inches	
from HHE-200	Bedrock	to 10"		Inches	
<b>SETBACK DISTANCES (IN FEET)</b>	<b>FROM:</b>	<b>TREATMENT TANK</b>	<b>DISPOSAL AREA</b>	<b>TREATMENT TANK</b>	<b>DISPOSAL AREA</b>
Potable Water Supplies	1. Well: > 2000 gal/day	100'	300'		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50' <sup>b</sup>	60' <sup>b</sup>		
	b. Property Owner's	25'	50'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		
	2. Intermittent	15'	20'	21'	
	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.

William P. Brown  
SITE EVALUATOR'S SIGNATURE

9/24/89  
DATE

**LPI STATEMENT**

I, Shay R. Lutter, 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.
- 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:** \_\_\_\_\_

Shay R. Lutter  
LPI'S SIGNATURE

10-16-89  
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 or Division Lot #	Route 17
PROPERTY OWNERS NAME	
Last: Gaqnon	First: Joseph
Applicant Name:	Rt 7 Box 431
Mailing Address of Owner/Applicant (If Different)	Augusta, Maine 04330

AUGUSTA

1772 TOWN COPY

Date Permit Issued: 10/16/89 Fee: \$ 400.00  Double Fee Charged

*James R. Tubley*  
Local Plumbing Inspector Signature

L.P.I. # 550

**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.

*Joseph Gaqnon*  
Signature of Owner/Applicant

10/16/89  
Date

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

*James R. Tubley*  
Local Plumbing Inspector Signature

11/22/89  
Date Approved

## PERMIT INFORMATION

**THIS APPLICATION IS FOR:**

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- EXPERIMENTAL SYSTEM

**SEASONAL CONVERSION**  
to be completed by the LPI

- SYSTEM COMPLIES WITH RULES
- CONNECTED TO SANITARY SEWER
- SYSTEM INSTALLED - P# \_\_\_\_\_
- SYSTEM DESIGN RECORDED AND ATTACHED

**THIS APPLICATION REQUIRES:**

- NO RULE VARIANCE
- NEW SYSTEM VARIANCE  
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE  
Attach Replacement System Variance Form
  - Requiring Local Plumbing Inspector Approval
  - Requires State and Local Plumbing Inspector Approval
- MINIMUM LOT SIZE VARIANCE

**INSTALLATION IS:**

COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM  
(Includes Alternative Toilet)
- ENGINEERED (+ 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK \_\_\_\_\_ GAL
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

**IF REPLACEMENT SYSTEM:**  
YEAR FAILING SYSTEM INSTALLED 50's

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: \_\_\_\_\_

**DISPOSAL SYSTEM TO SERVE:**

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER \_\_\_\_\_  
SPECIFY \_\_\_\_\_

SIZE OF PROPERTY: 10ac ±

ZONING: Residential

**TYPE OF WATER SUPPLY**  
City Water

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

**TREATMENT TANK**

- SEPTIC:  Regular  Low Profile
- AEROBIC

SIZE: 1000 GALS.

**WATER CONSERVATION**

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET  
SPECIFY: \_\_\_\_\_

**PUMPING**

- NOT REQUIRED
- MAY BE REQUIRED  
(DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED  
DOSE: 50 GALS.

**CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)**

3 bedroom minimum

DESIGN FLOW: 270  
(GALLONS/DAY)

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE	CONDITION
<u>3</u>	<u>A-III</u>

DEPTH TO LIMITING FACTOR: 18

**SIZE RATINGS USED FOR DESIGN PURPOSES**

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

**DISPOSAL AREA TYPE/SIZE**

- BED \_\_\_\_\_ Sq. Ft.
- CHAMBER 450 Sq. Ft.  
 REGULAR  H-20
- TRENCH \_\_\_\_\_ Linear Ft.
- OTHER: \_\_\_\_\_

## SITE EVALUATOR STATEMENT

On Sept 23, 1989 (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.

William P Brown  
Site Evaluator Signature

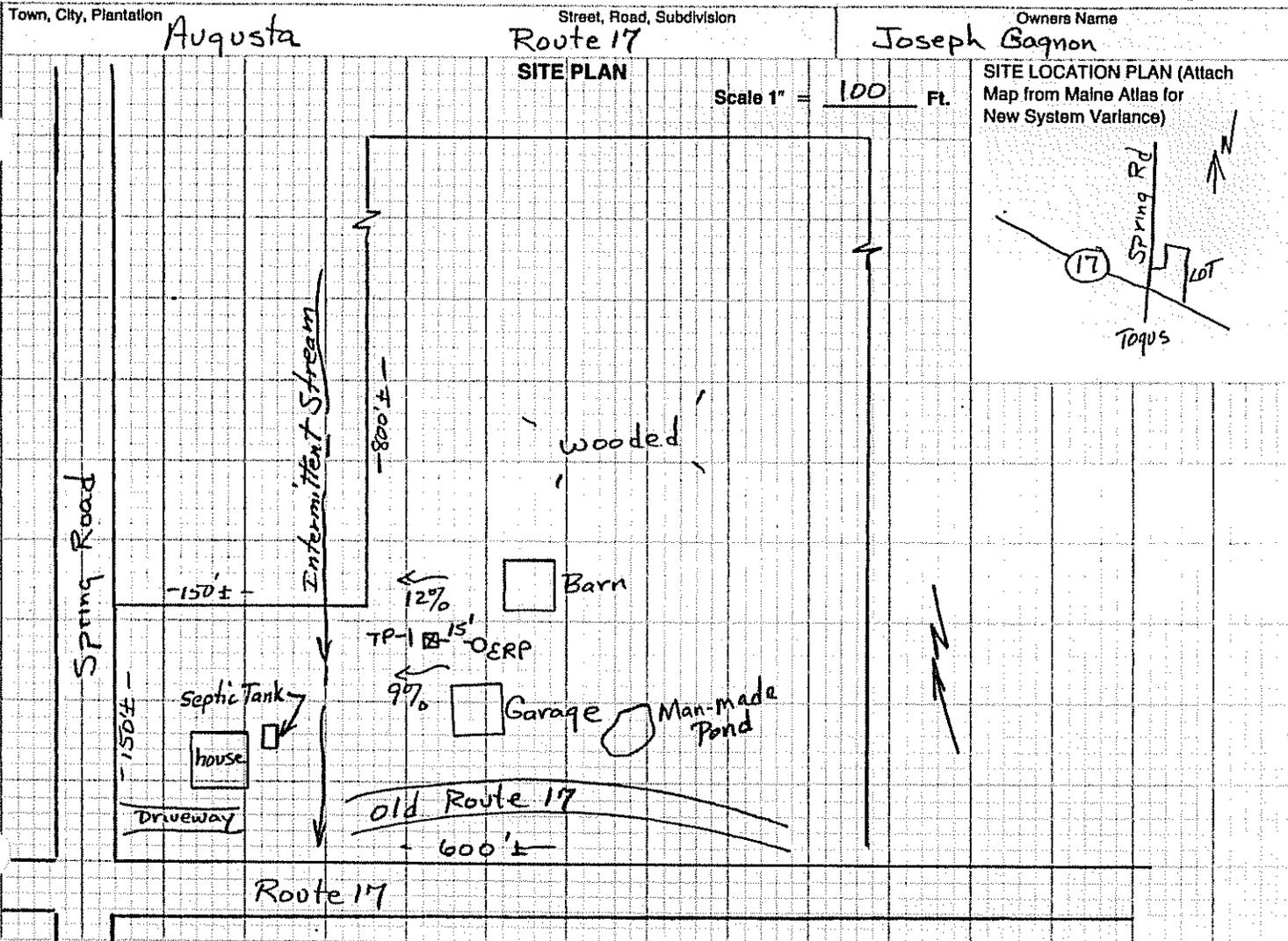
188  
SE#

9/24/89  
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



## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP-1  Test Pit  Boring

1/2" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0			Black	
6	Sandy Loam	friable	Orange BROWN	
10				None
15			Yellow BROWN	
20			Light BROWN	Common
25		FIRM	olive	
40				
45				
50				

Soil Profile: <u>3</u>	Classification Condition: <u>A-III</u>	Slope: <u>9-12</u> %	Limiting Factor: <u>18</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Observation Hole \_\_\_\_\_  Test Pit  Boring

\_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Profile: _____	Classification Condition: _____	Slope: _____ %	Limiting Factor: _____	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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William P Brown  
Site Evaluator Signature

188  
SE#

9/24/89  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health Engineering  
Division of Health Engineering

Town, City, Plantation

Augusta

Street, Road, Subdivision

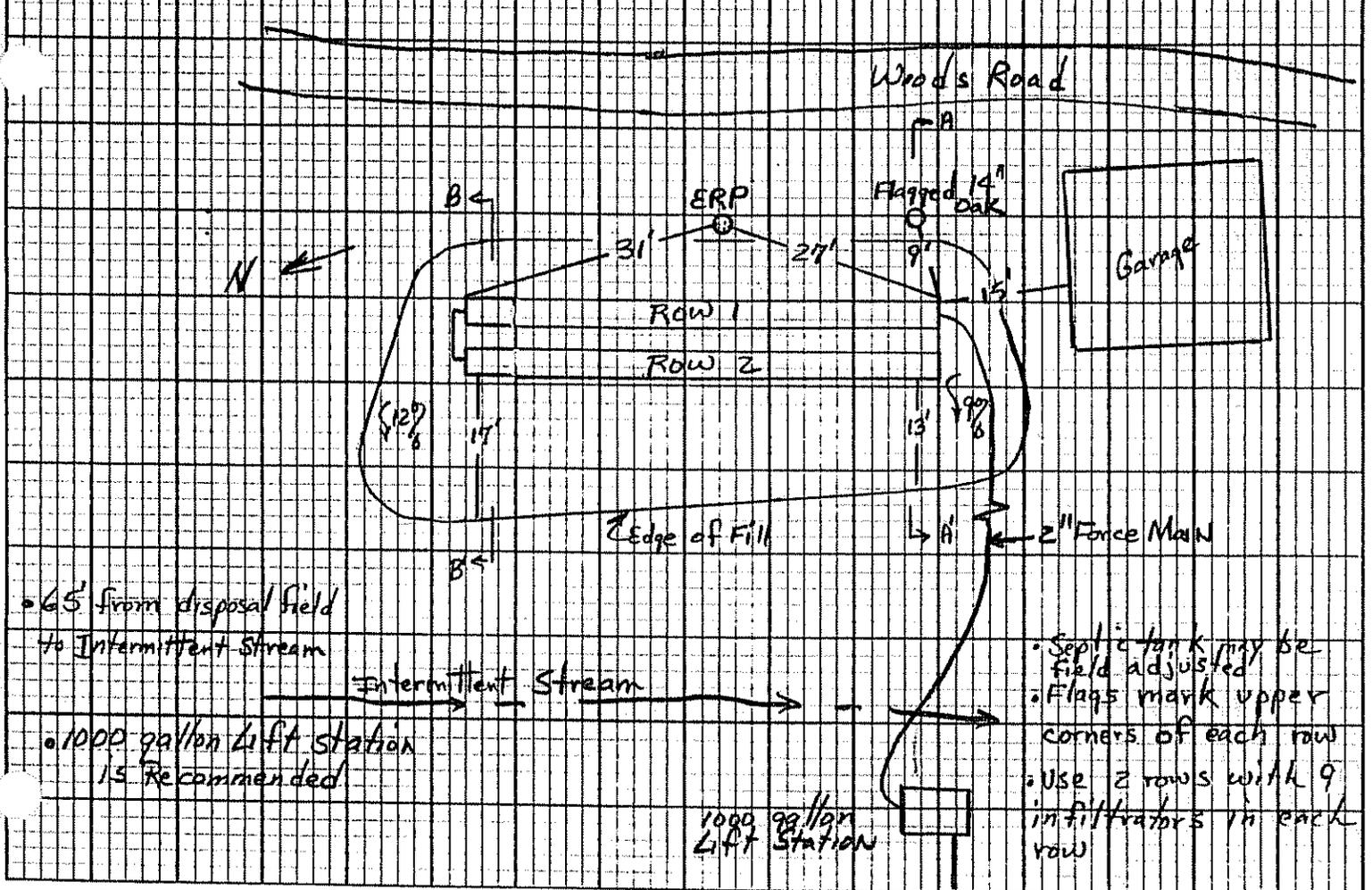
Route 17

Owners Name

Joseph Gagnon

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' F.



• 65' from disposal field to Intermittent Stream

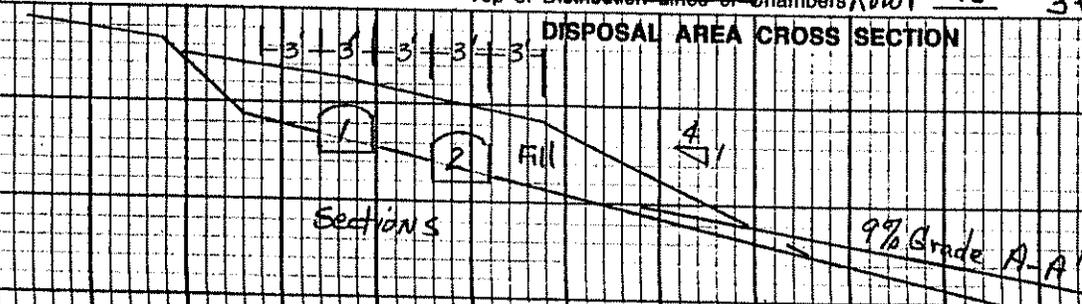
• 1000 gallon lift station is recommended

• Septic tank may be field adjusted  
• Flags mark upper corners of each row  
• Use 2 rows with 9 infiltrators in each row

**FILL REQUIREMENTS**  
Depth of Fill (Upslope) 18-22"  
Depth of Fill (Downslope) 22"

**CONSTRUCTION ELEVATIONS**  
Reference Elevation is 00"  
Bottom of Disposal Area Row 1 -61"  
Top of Distribution Lines or Chambers Row 1 -46"

**ELEVATION REFERENCE POINT LOCATION & DESCRIPTION**  
Flagged nail in Birch Oak Tree, 3 feet above ground



Scale:  
Vertical: 1 inch = 5' F.  
Horizontal: 1 inch = 10' F.

Row	Bottom Infiltr.	Top of Infiltr.
1	-61"	-46"
2	-70"	-55"

- Remove stumps and vegetation in disposal area
- Scarify soil under entire fill area
- Rake sides and bottom of trenches
- All fill shall be sandy loam or coarser
- Slope finish grade from center of slope all one-way as shown
- Loam, seed, mulch
- If Bio-diffusers are used, top of chambers is 1" lower

William P Brown  
Site Evaluator Signature

188  
SE#

9/24/89  
Date