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022-4238
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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. 3304 E Town of Augusta
 Date Permit Issued 7/13/91
MONTH/DAY/YEAR

Property Owner's Name: CARLENE WITHAM Tel. No. _____

System's Location: 15 HASKELL ST.
STREET

AUGUSTA Maine 04330
TOWN 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.

X Carlene Witham
PROPERTY OWNER'S SIGNATURE

| VARIANCE CATEGORY | VARIANCE REQUESTED | LIMIT OF LPI'S APPROVAL AUTHORITY | | VARIANCE REQUESTED TO: | |
|---|---------------------------|-----------------------------------|---------------|------------------------|---------------|
| SOILS Soil Profile 7 Soil Condition C 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' | 60' | | |
| | b. Property Owner's | 25' | 50' | | |
| | 3. Water Supply Line | See note 'a' | | | |
| Waterbodies | 1. Perennial | 50' | 60' | | |
| | 2. Intermittent | 15' | 20' | | |
| | 3. Manmade drainage ditch | 10' | 15' | | |
| Downhill Slope | Greater than 3:1 (33%) | 5' | 10' | | |
| Buildings | 1. With Basement | 5' | 10' | 5' | 10' |
| | 2. Without Basement | 5' | 10' | | |
| Property Line | | 4' | 5' | 5' | 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.

[Signature]
SITE EVALUATOR'S SIGNATURE

11/5/91
DATE

LPI STATEMENT

I, Barbara C. King, Jr., 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.

—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:

[Signature]
LPI'S SIGNATURE

11-13-91
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.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

| PROPERTY ADDRESS | |
|---|--------------------------------------|
| Town Or Plantation | AUGUSTA |
| Street Subdivision Lot # | 15 HASKELL ST. |
| PROPERTY OWNERS NAME | |
| Last: | WITHAM |
| First: | CARLENE |
| Applicant Name: | SAME |
| Mailing Address of Owner/Applicant (if Different) | 15 HASKELL ST. AUGUSTA, ME, 04330 |

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| | | |
|--|--------------------------|---|
| AUGUSTA | Caution: Permit No. 2304 | TOWN COPY |
| Date Permit Issued: 11/13/91 | \$ 1600.00 | <input type="checkbox"/> Double Fee Charged |
| Local Plumbing Inspector Signature | | L.P.I. # 1808 |

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 of Owner/Applicant: Carlene Witham Date: 11/4/91

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: 11/4/91

| 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 style="margin-left: 20px;">a. <input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p style="margin-left: 20px;">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 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>?</u></p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: <u>?</u></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: <u>1/4 ± 1</u></p> | <p>ZONING: <u>RURAL</u></p> | <p>TYPE OF WATER SUPPLY</p> <p style="text-align: center;"><u>PUBLIC</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 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 type="checkbox"/> NOT REQUIRED</p> <p>2. <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: <u>50</u> GALS.</p> | <p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p style="text-align: center; font-size: 1.2em;"><u>2 BEDROOM</u></p> | | | | |
| <p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PROFILE: <u>7</u></td> <td style="width: 50%;">CONDITION: <u>C</u></td> </tr> <tr> <td colspan="2">DEPTH TO LIMITING FACTOR: <u>24</u></td> </tr> </table> | PROFILE: <u>7</u> | CONDITION: <u>C</u> | DEPTH TO LIMITING FACTOR: <u>24</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 checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p> | <p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>360</u> Sq. Ft. <input checked="" 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>180 G.P.D.</u></p> <p style="text-align: right;">(GALLONS/DAY)</p> |
| PROFILE: <u>7</u> | CONDITION: <u>C</u> | | | | | | |
| DEPTH TO LIMITING FACTOR: <u>24</u> | | | | | | | |

SITE EVALUATOR STATEMENT

On 11/4/91 (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.

John Allover 256 11/5/91
 Site Evaluator Signature SE# Date

Page 1 of 3
HHE-200 Rev. 11/86

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

AUGUSTA

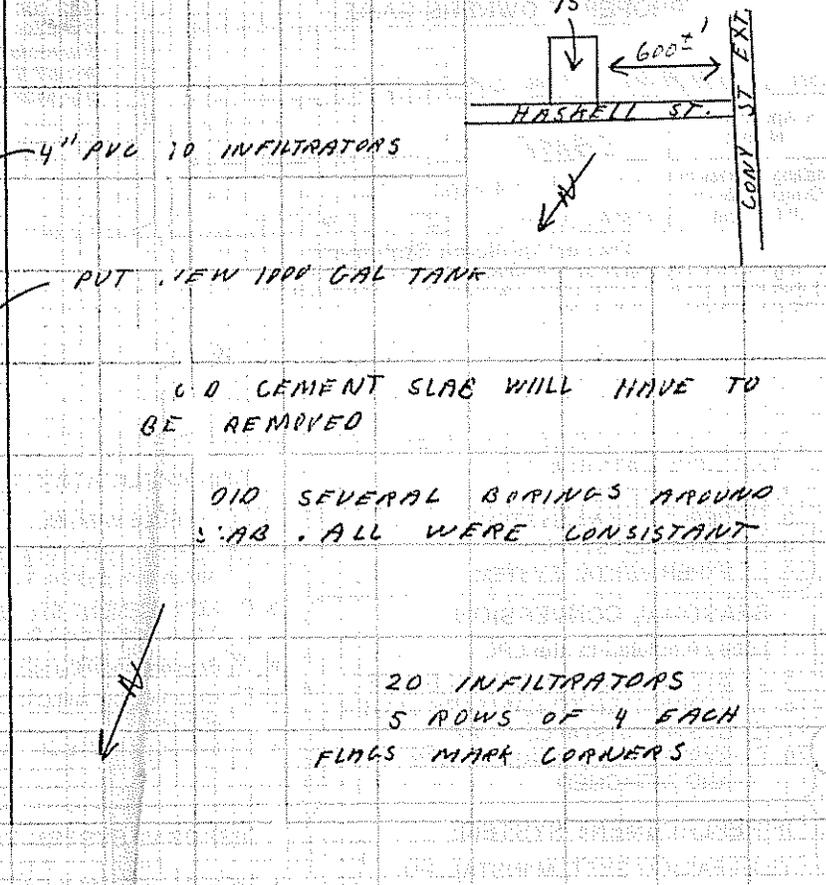
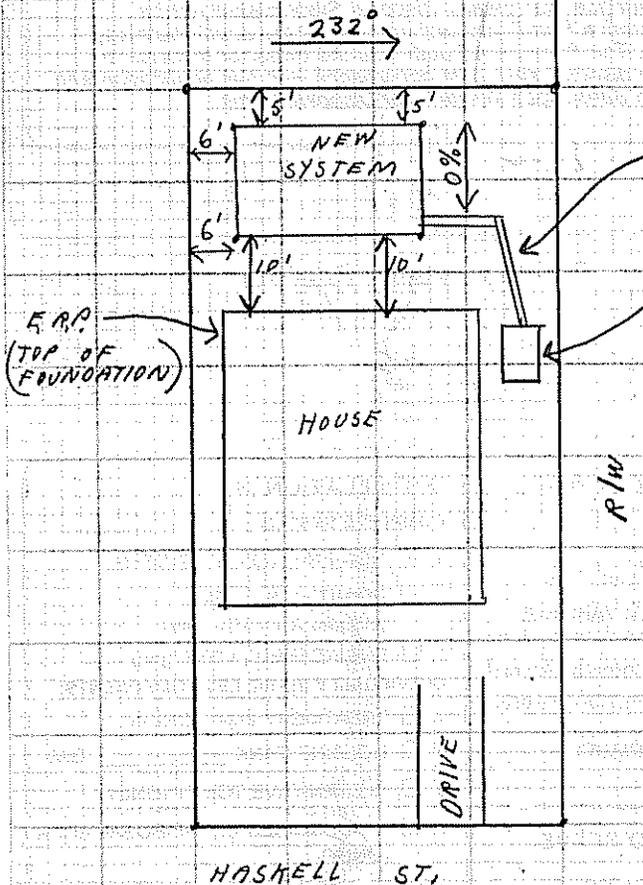
15 HASKELL ST.

DARLENE WITHAM

SITE PLAN

Scale 1" = 25' Ft.

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



OLD CEMENT SLAB WILL HAVE TO BE REMOVED

DID SEVERAL BORINGS AROUND SLAB. ALL WERE CONSISTANT

20 INFILTRATORS
5 ROWS OF 4 EACH
FLAGS MARK CORNERS

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring

0" Depth of Organic Horizon Above Mineral Soil

| DEPTH BELOW MINERAL SOIL SURFACE (Inches) | Texture | Consistency | Color | Mottling |
|---|-----------------|-------------|-------|--------------------|
| 0 | LOAMY | FRIABLE | TAN | NONE |
| 6 | | | TO | |
| 10 | SAND | | GRAY | |
| 15 | TO | | | |
| 20 | SAND (OLD FILL) | | | |
| 30 | SILTY CLAY | FIRM | | COMMON DISTINCT |
| 40 | | | | |
| 50 | | | | |

| | | | | |
|-----------------------|-------------------------|------------------|---------------------------|--|
| Soil Profile <u>7</u> | Classification <u>C</u> | Slope <u>0</u> % | Limiting Factor <u>24</u> | <input checked="" type="checkbox"/> Ground Water |
| | Condition | | | <input type="checkbox"/> Restrictive Layer |
| | | | | <input type="checkbox"/> Bedrock |

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 _____ | Slope _____ % | Limiting Factor _____ | <input type="checkbox"/> Ground Water |
| | Condition _____ | | | <input type="checkbox"/> Restrictive Layer |
| | | | | <input type="checkbox"/> Bedrock |

Site Evaluator Signature

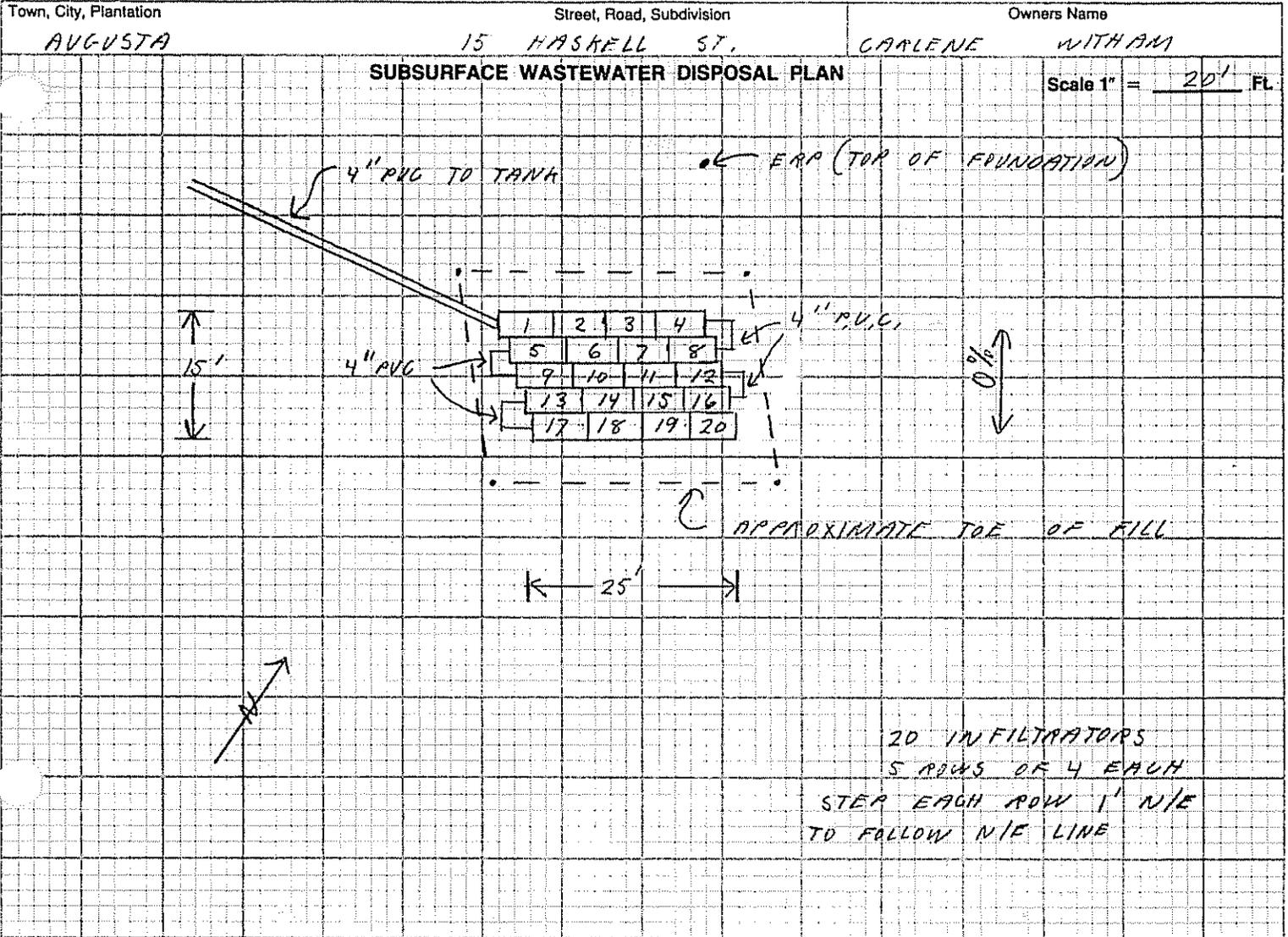
256 SE#

Date

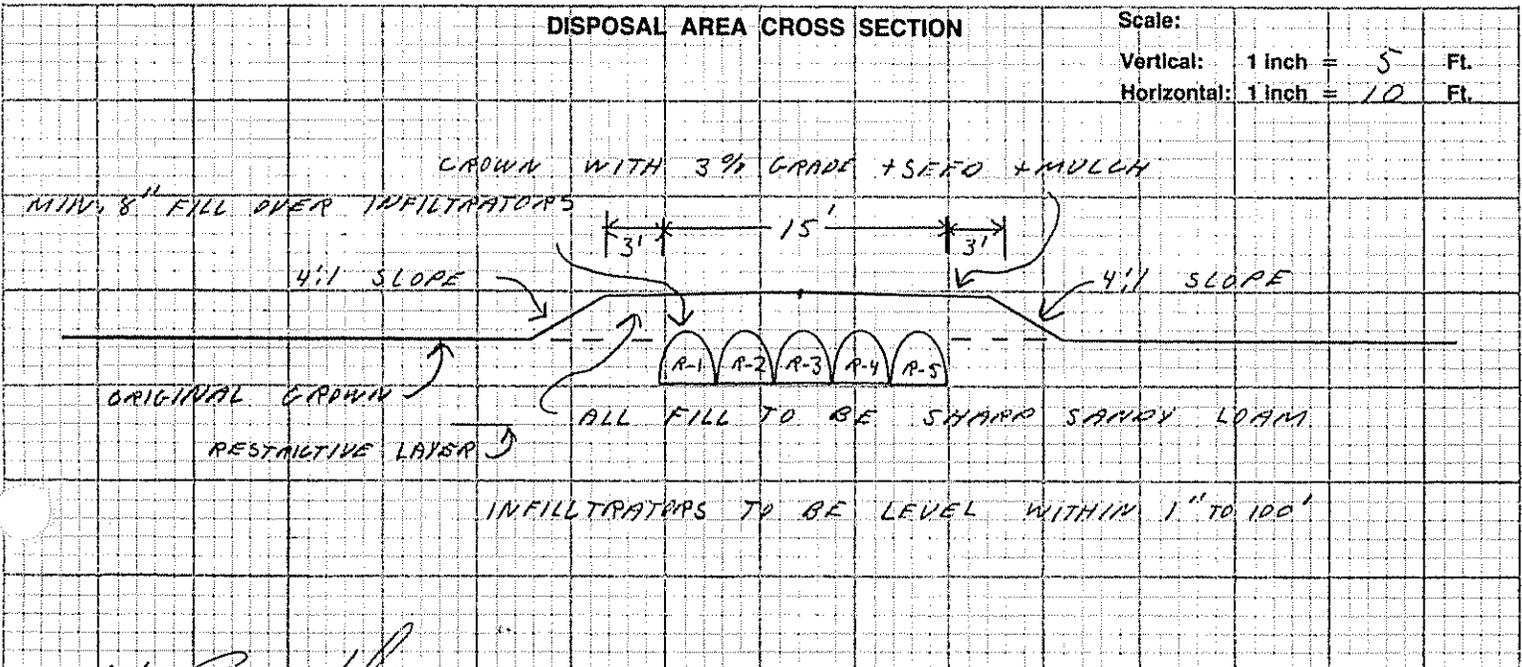
11/5/91

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



| FILL REQUIREMENTS | CONSTRUCTION ELEVATIONS | ELEVATION REFERENCE POINT LOCATION & DESCRIPTION |
|---------------------------|---------------------------------------|--|
| Depth of Fill (Upslope) | 11" Reference Elevation is | 0" |
| Depth of Fill (Downslope) | 11" Bottom of Disposal Area | -69" ERP IS TOP OF FOUNDATION |
| | Top of Distribution Lines or Chambers | -54" AT EXISTING HOUSE |



John Allman
Site Evaluator Signature

256
SE#

11/5/91
Date