

0748 L70

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.

Handwritten: Know Copy

GENERAL INFORMATION

Town of Augusta

Permit No. 3218 E Date Permit Issued 5/8/95
MONTH/DAY/YEAR

Property Owner's Name: JOHN BRADLEY Tel. No. _____

System's Location: 263 RIVERSIDE DRIVE
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.

Handwritten Signature: John M. Bradley
PROPERTY OWNER'S SIGNATURE

6-8-95
DATE

| VARIANCE CATEGORY | VARIANCE REQUESTED | LIMIT OF LPI'S APPROVAL AUTHORITY | | VARIANCE REQUESTED TO: | |
|-----------------------------|---------------------------|-----------------------------------|------------------|------------------------|---------------|
| SOILS | Soil Profile | Ground Water Table | to 6" | | 6 inches |
| | Soil Condition | Restrictive Layer | to 6" | | — inches |
| | from HHE-200 | 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 ^a | 300 ^a | } | } |
| | 2. Well: < 2000 gal/day | | | | |
| | a. Neighbor's | 50 ^b | 60 ^b | | |
| | 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 ^c | 10 ^c | | |
| Buildings | 1. With Basement | 5' | 10' | 5' | |
| | 2. Without Basement | 5' | 10' | 5' | |
| Property Line | | 4' | 5' | 5' | |

OTHER

1. Fill extension Grade—to 3:1 *N/A*

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

4-27-95
DATE

LPI STATEMENT

I, *Gay R. Fuller*, 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: _____

Gay R. Fuller
LPI'S SIGNATURE

5/8/95
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

M48 L70
 Department of Human Services
 Division of Health Engineering
 (207)289-3826

| | |
|---|--|
| PROPERTY ADDRESS | |
| Town Or Plantation | AUGUSTA |
| Street Subdivision Lot # | RIVERSIDE DRIVE |
| PROPERTY OWNERS NAME | |
| Last: | BRADLEY First: JOHN |
| Applicant Name: | |
| Mailing Address of Owner/Applicant (If Different) | 263 RIVERSIDE DRIVE AUGUSTA, ME 04330 |

AUGUSTA

Date Permit Issued: 4/25/95 \$ 6.00 FEE Double Fee Charged

3218 6 TOWN COPY

L.P.I. # 850

Local Plumbing Inspector Signature

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.

John Bradley
 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.

Ru / 4/27/95
 Local Plumbing Inspector 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</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>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED 1950'S</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>SIZE OF PROPERTY 1.25 +/- ACRES</p> <p style="text-align: center;">ZONING RESIDENTIAL</p> | <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>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 _____ <p style="text-align: center;">SPECIFY</p> | <p>INSTALLATION IS: 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>TYPE OF WATER SUPPLY AUGUSTA WATER DIST</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: 1000 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 type="checkbox"/> NOT REQUIRED <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) <input type="checkbox"/> REQUIRED <p>DOSE: _____ GALS.</p> | <p style="text-align: center;">CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p style="text-align: center; font-size: 1.2em;">3 BEDROOM</p> | | | | |
| <p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table style="width: 100%;"> <tr> <td style="text-align: center;">PROFILE</td> <td style="text-align: center;">CONDITION</td> </tr> <tr> <td style="text-align: center;">9</td> <td style="text-align: center;">D</td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: 6</p> | PROFILE | CONDITION | 9 | D | <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 type="checkbox"/> BED _____ Sq. Ft. <input checked="" type="checkbox"/> CHAMBER 750 Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 <input type="checkbox"/> TRENCH _____ Linear Ft. <input type="checkbox"/> OTHER: _____ | <p>DESIGN FLOW: 270 (GALLONS/DAY)</p> |
| PROFILE | CONDITION | | | | | | |
| 9 | D | | | | | | |

SITE EVALUATOR STATEMENT

On 4/24/95 (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 Bradley
 Site Evaluator Signature

181 SE#

4/27/95 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 **AUGUSTA**

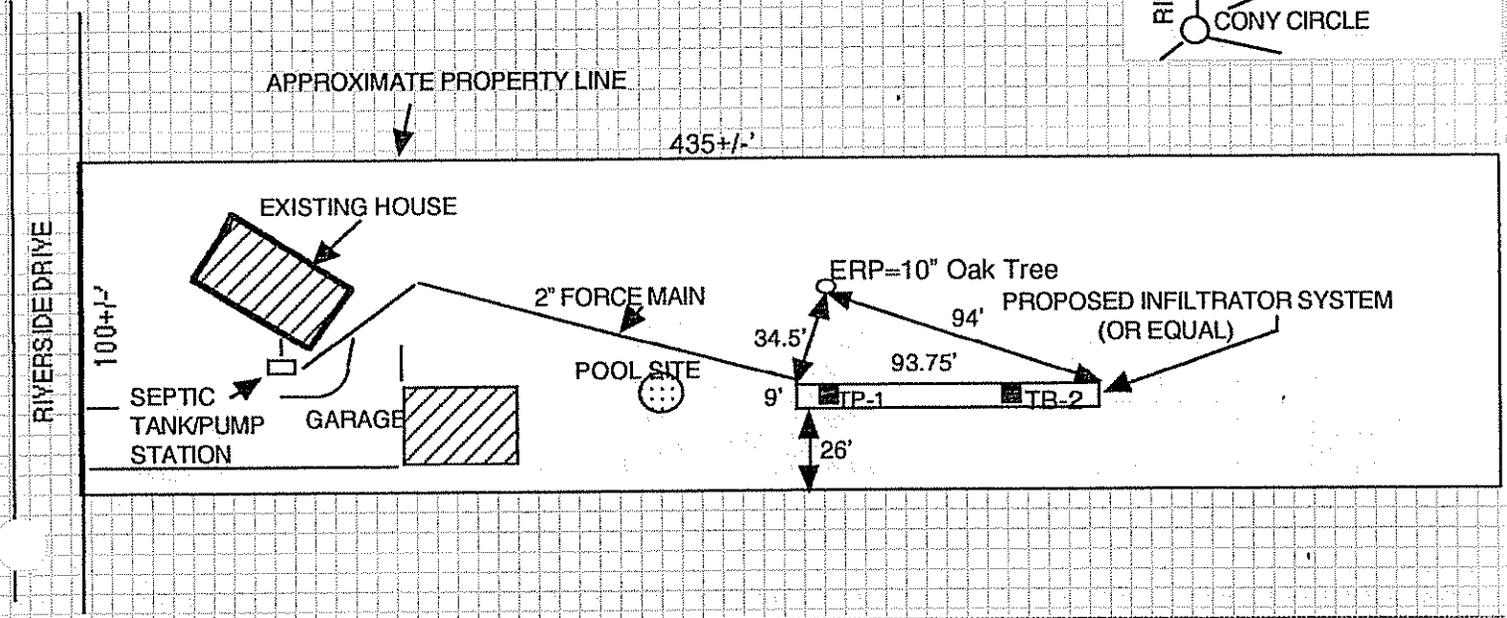
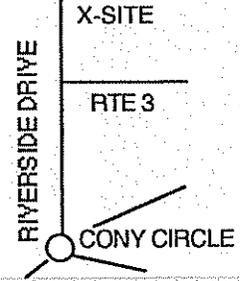
Street, Road, Subdivision
RIVERSIDE DRIVE

Owner's Name
JOHN BRADLEY

SITE PLAN

Scale 1" = 60 Ft.

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



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP-1 Test Pit Boring

Observation Hole TB-2 Test Pit Boring

N/A " Depth of Organic Horizon above Mineral Soil

N/A " Depth of Organic Horizon above Mineral Soil

| Texture | Consistency | Color | Mottling |
|-------------------|-------------|------------|-------------------------|
| 0 SILT LOAM | FRIABLE | BROWN | NONE EVIDENT |
| 6 SILTY CLAY LOAM | FIRM | OLIVE GREY | FEW TO COMMON PROMINENT |
| 10 | | | |
| 15 | | | |
| 20 | | | |
| 30 | | | |
| 40 | | | |
| 50 | | | |

| Texture | Consistency | Color | Mottling |
|-------------------|-------------|------------|-------------------------|
| 0 SILT LOAM | FRIABLE | BROWN | NONE EVIDENT |
| 6 SILTY CLAY LOAM | FIRM | OLIVE GREY | FEW TO COMMON PROMINENT |
| 10 | | | |
| 15 | | | |
| 20 | | | |
| 30 | | | |
| 40 | | | |
| 50 | | | |

| | | | | |
|-----------------------|-------------------------|------------------|----------------------------|--|
| Soil Profile 9 | Classification D | Slope 3 % | Limiting Factor 6 " | <input checked="" type="checkbox"/> Ground Water |
| | Condition | | | <input type="checkbox"/> Restrictive Layer |
| | | | | <input type="checkbox"/> Bedrock |

| | | | | |
|-----------------------|-------------------------|------------------|----------------------------|--|
| Soil Profile 9 | Classification D | Slope 3 % | Limiting Factor 6 " | <input checked="" type="checkbox"/> Ground Water |
| | Condition | | | <input type="checkbox"/> Restrictive Layer |
| | | | | <input type="checkbox"/> Bedrock |

[Signature]
Site Evaluator Signature

131
SE#

7-27-95
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

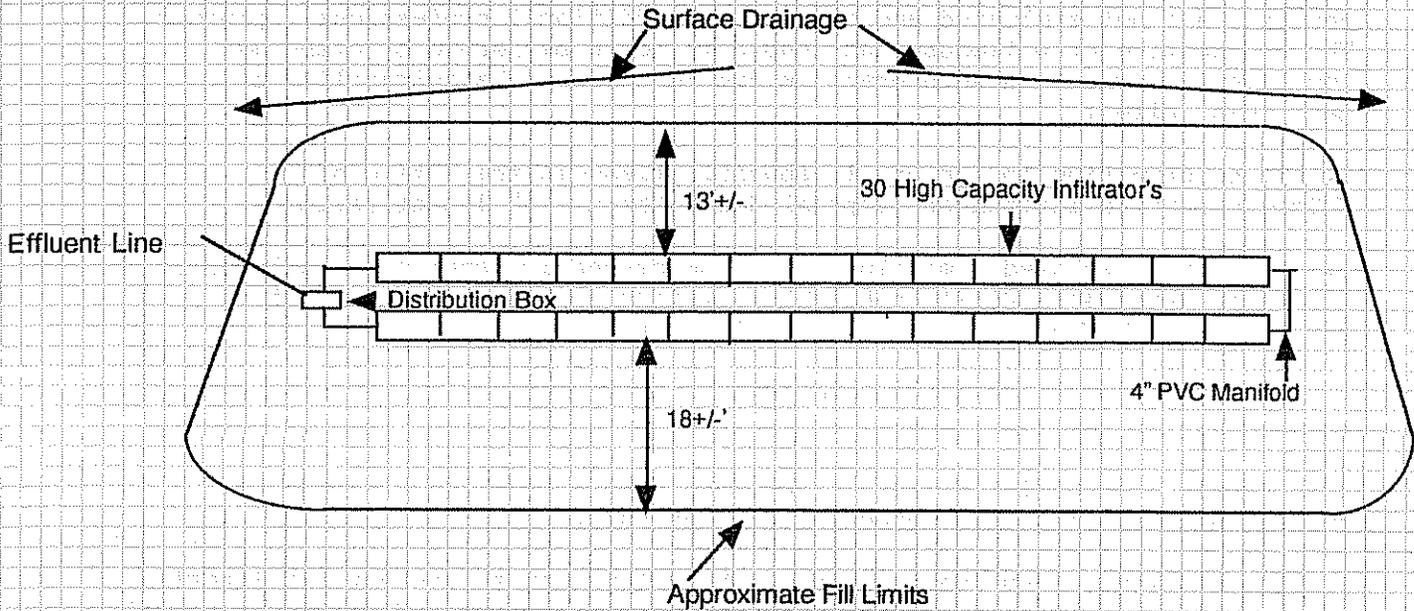
RIVERSIDE DRIVE

Owner's Name

JOHN BRADLEY

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS

| | |
|---------------------------|-------|
| Depth of Fill (Upslope) | 36" " |
| Depth of Fill (Downslope) | 39" " |

CONSTRUCTION ELEVATIONS

| | |
|--------------------------------------|------|
| Reference elevation is | 00" |
| Bottom of Disposal Area | -41" |
| Top of Distribution Lines or Chamber | -25" |

ELEVATION REFERENCE POINT

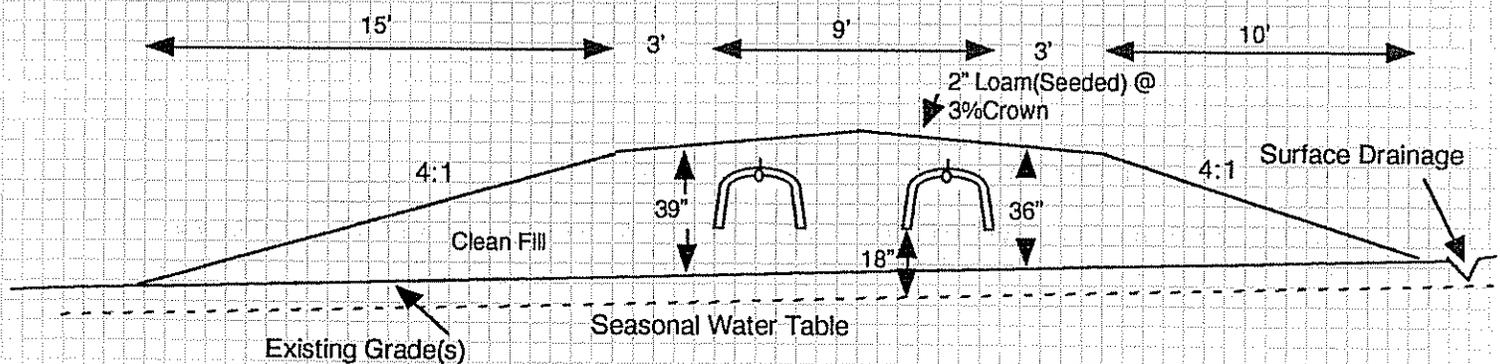
LOCATION & DESCRIPTION
FLAGGED NAIL IN 10" OAK
TREE 22" ABOVE GROUND

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1" = 4 Ft.
Horizontal: 1" = 6 Ft.

Note: All fill to be coarse, gravelly, sharp, clean, loamy sand.



Site Evaluator Signature

SE#

Date

7-27-95

NOTES

1. Site evaluations conform to criteria of the "State of Maine-Subsurface Wastewater Disposal Rules-Chart 241" latest revision. Other environmental concerns are not evaluated and may require additional professional opinions. The delineation of wetlands when needed is to be performed by competent consultants engaged in such practice and may affect the suitability of particular sites.
2. All construction to conform to specifications in the "State of Maine-Subsurface Wastewater Disposal Rules-Chart 241" latest revision.
3. Wells to be located a minimum 100' from disposal system or as allowed by "State of Maine-Well Drillers Rules". Systems to be a minimum 20' from structures with foundations 15' from other structures.
4. Property lines shown are as provided by owner/owner's agent no guarantee of accuracy is implied. Actual property lines must be confirmed by survey.
5. A septic tank outlet filter is required when installing a mechanical garbage disposal or solids handling grinder pump.
6. Pump stations, when required, shall be watertight to prevent infiltration. Pumps shall be installed to manufacturers specifications and sized for actual installed T.O.H.. For uninterrupted service during repair duplex pumps are required.
7. Force mains and pressure lines shall be flushed of foreign material and pumps checked for proper on/off cycle before being put in service.
8. Applicability of design must be reevaluated when location of structures are substantially different than shown on the site plan, or when other appurtenances(I.F. swimming pools) are considered.
9. Systems put into service prior to establishing proper cover shall be provided with adequate erosion controls.
10. Provide low profile tanks when determined needed in the field. All tanks may be field located at least 3' from structures.
11. All components subject to freezing must be adequately insulated.
12. The LPI shall inform the owner and designer of local ordinances exceeding the "Rules" prior to issuing a permit, so that necessary amendments can be made.
13. Systems must be maintained as outlined in "Septic Systems-How They Work and How to Keep Them Working" by Maine D.E.P.
14. All designs are subject to Local, State, or Federal review. Designers liability shall be limited to required revisions. In no case shall liability exceed designers fee.

The owner/applicants signature on page one acknowledges their understanding of the "Notes".