

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

Town of AUGUSTA

Permit No. 3907 E

Date Permit Issued 4/29/98
MONTH/DAY/YEAR

Property Owner's Name: STEVE URAM

Tel. No. _____

System's Location: 468 RIVERSIDE DR.

STREET

AUGUSTA

TOWN

Maine 04330

ZIP

Property Owner's Address: 1 ORCHARD ST.

STREET

40 ASSET MAN.

(if different from above)

AUGUSTA

TOWN

ME

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.

Steve Uram, Pres. Asset Man. as Agent for Steve Uram

PROPERTY OWNER'S SIGNATURE

4-29-98

DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS Soil Profile 3 Soil Condition 0 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'		
	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 top of the fill does not extend to the 3:1 slope.

[Signature]
SITE EVALUATOR'S SIGNATURE

9/12/97
DATE

LPI STATEMENT

I, George S. Sawyer, 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

4/29/89
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.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION *Map 50, Lot 7* 09117713

PROPERTY ADDRESS
 Town Or Plantation: AUGUSTA
 Street: 468 RIVERSIDE DR.
 Division Lot #
PROPERTY OWNER'S NAME
 Last: URAM First: STEVE
 Applicant Name: SAME
 Mailing Address of Owner/Applicant (If Different): 1 ORCHID ST, AUGUSTA, ME. 04330

AUGUSTA 3907 TOWN COPY
 Date Permit Issued: 4-29-98 \$ 220.00 FEE Double Fee Charged
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 1201

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: [Signature] Date: 4-29-98

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: [Signature] Date Approved: [Signature]

PERMIT INFORMATION

THIS APPLICATION IS FOR:
 1. NEW SYSTEM
 2. REPLACEMENT SYSTEM
 3. EXPANDED SYSTEM
 4. EXPERIMENTAL SYSTEM

SEASONAL CONVERSION
 to be completed by the LPI
 5. SYSTEM COMPLIES WITH RULES
 6. CONNECTED TO SANITARY SEWER
 7. SYSTEM INSTALLED - # _____
 8. SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:
 YEAR FAILING SYSTEM INSTALLED ?
 THE FAILING SYSTEM IS
 1. BED 3. TRENCH ?
 2. CHAMBER 4. OTHER ?

SIZE OF PROPERTY: 1/4 AC. ZONING: R1C

THIS APPLICATION REQUIRES:
 1. NO RULE VARIANCE
 2. NEW SYSTEM VARIANCE Attach New System Variance Form
 3. REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
 a. Requires Local Plumbing Inspector Approval
 b. Requires State and Local Plumbing Inspector Approval
 4. MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:
 1. SINGLE FAMILY DWELLING
 2. MODULAR OR MOBILE HOME
 3. MULTIPLE FAMILY DWELLING
 4. OTHER _____ SPECIFY _____

INSTALLATION IS:
 COMPLETE SYSTEM
 1. NON-ENGINEERED SYSTEM
 2. PRIMITIVE SYSTEM (Includes Alternative Toilet)
 3. ENGINEERED (+ 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS
 4. TREATMENT TANK (ONLY)
 5. HOLDING TANK _____ GAL.
 6. ALTERNATIVE TOILET (ONLY)
 7. NON-ENGINEERED DISPOSAL AREA (ONLY)
 8. ENGINEERED DISPOSAL AREA (ONLY)
 9. SEPARATED LAUNDRY SYSTEM

TYPE OF WATER SUPPLY
PUBLIC

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC (IF NEEDED) SIZE: <u>1,000</u> GALS.</p>	<p>WATER CONSERVATION 1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____</p>	<p>PUMPING 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION & ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.) <u>3 BEDROOM</u> <u>18 IN FILTRATORS</u></p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: <u>3</u> CONDITION: <u>0</u> DEPTH TO LIMITING FACTOR: <u>11</u> "</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA-LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER <u>450</u> Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____</p>	

SITE EVALUATOR STATEMENT
 On 9/10/97 (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 A. Philbrick, Licensed Site Evaluator
 256 SE# 9/12/97 Date
 Approved for use as IHE 200 by Division of Health Engineering 9/87
 Page 1 of 3

