

MS1 C3

# 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. 257P E Date Permit Issued 9-9-92  
MONTH/DAY/YEAR

Property Owner's Name: TIM JOHNSON Tel. No. 622-3020

System's Location: 544 RIVERSIDE DR. STREET  
Augusta TOWN Maine 04330 ZIP

Property Owner's Address: N/A STREET  
(if different from above)  
 \_\_\_\_\_ 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.)

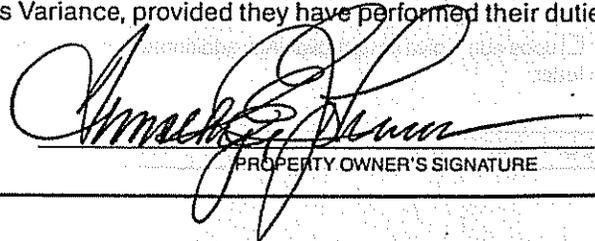
#### SITE EVALUATOR:

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.



PROPERTY OWNER'S SIGNATURE

9/9/92  
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
		TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
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 <sup>a</sup>	300 <sup>a</sup>		
	2. Well: < 2000 gal/day			S	S
	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'		
	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 ONLY AS NEEDED TO AVOID CROSSING  
THE PROPERTY LINES
- 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.

Jim Richard  
 SITE EVALUATOR'S SIGNATURE

6-21-92  
 DATE

**LPI STATEMENT**

I, George A. Seaman, 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: \_\_\_\_\_

George A. Seaman, Jr.  
 LPI'S SIGNATURE

9/9/92  
 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 Division Lot #: RIVERSIDE DR.

**PROPERTY OWNERS NAME**

Last: JOHNSON First: TIM

Applicant Name:

Mailing Address of Owner/Applicant (if Different): 599 RIVERSIDE DR AUGUSTA, MA 04330

MS/LS

AUGUSTA 2518 TOWN COPY

Date Permit Issued: 9/9/92 \$ 60.00 FEE  Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 1009

**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: 9/8/92

**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: \_\_\_\_\_

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> NEW SYSTEM</li> <li>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</li> <li>3. <input type="checkbox"/> EXPANDED SYSTEM</li> <li>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</li> </ol> <p><b>SEASONAL CONVERSION</b> to be completed by the LPI</p> <ol style="list-style-type: none"> <li>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</li> <li>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</li> <li>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</li> <li>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</li> </ol> <p><b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED <u>1950's</u></p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> BED</li> <li>2. <input type="checkbox"/> CHAMBER</li> <li>3. <input checked="" type="checkbox"/> TRENCH</li> <li>4. <input type="checkbox"/> OTHER: _____</li> </ol> <p>SIZE OF PROPERTY: <u>20,000 +/- sq ft</u> ZONING: <u>RESIDENTIAL</u></p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> NO RULE VARIANCE</li> <li>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</li> <li>3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form             <ol style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval</li> <li>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</li> </ol> </li> <li>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</li> </ol> <p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</li> <li>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</li> <li>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</li> <li>4. <input type="checkbox"/> OTHER: _____ SPECIFY _____</li> </ol>	<p><b>INSTALLATION IS:</b></p> <p><b>COMPLETE SYSTEM</b></p> <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</li> <li>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</li> <li>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</li> </ol> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <ol style="list-style-type: none"> <li>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</li> <li>5. <input type="checkbox"/> HOLDING TANK _____ GAL</li> <li>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</li> <li>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</li> <li>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</li> <li>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> </ol> <p><b>TYPE OF WATER SUPPLY</b> <u>AUGUSTA WATER DIST.</u></p>
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**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</li> <li>2. <input type="checkbox"/> AEROBIC</li> </ol> <p>SIZE: <u>4,000</u> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> NONE</li> <li>2. <input type="checkbox"/> LOW VOLUME TOILET</li> <li>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> <li>4. <input type="checkbox"/> ALTERNATIVE TOILET</li> </ol> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> NOT REQUIRED</li> <li>2. <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)</li> <li>3. <input type="checkbox"/> REQUIRED</li> </ol> <p>DOSE: _____ GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p><u>3 BED ROOM</u></p>				
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black;">PROFILE: <u>9</u></td> <td style="width: 50%;">CONDITION: <u>D</u></td> </tr> <tr> <td colspan="2">DEPTH TO LIMITING FACTOR: <u>6</u></td> </tr> </table>	PROFILE: <u>9</u>	CONDITION: <u>D</u>	DEPTH TO LIMITING FACTOR: <u>6</u>		<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> SMALL</li> <li>2. <input type="checkbox"/> MEDIUM</li> <li>3. <input type="checkbox"/> MEDIUM-LARGE</li> <li>4. <input type="checkbox"/> LARGE</li> <li>5. <input checked="" type="checkbox"/> EXTRA LARGE</li> </ol>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> BED _____ Sq. Ft.</li> <li>2. <input checked="" type="checkbox"/> CHAMBER <u>700</u> Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</li> <li>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</li> <li>4. <input type="checkbox"/> OTHER: _____</li> </ol> <p>DESIGN FLOW: <u>280</u> (GALLONS/DAY)</p>	
PROFILE: <u>9</u>	CONDITION: <u>D</u>						
DEPTH TO LIMITING FACTOR: <u>6</u>							

**SITE EVALUATOR STATEMENT**

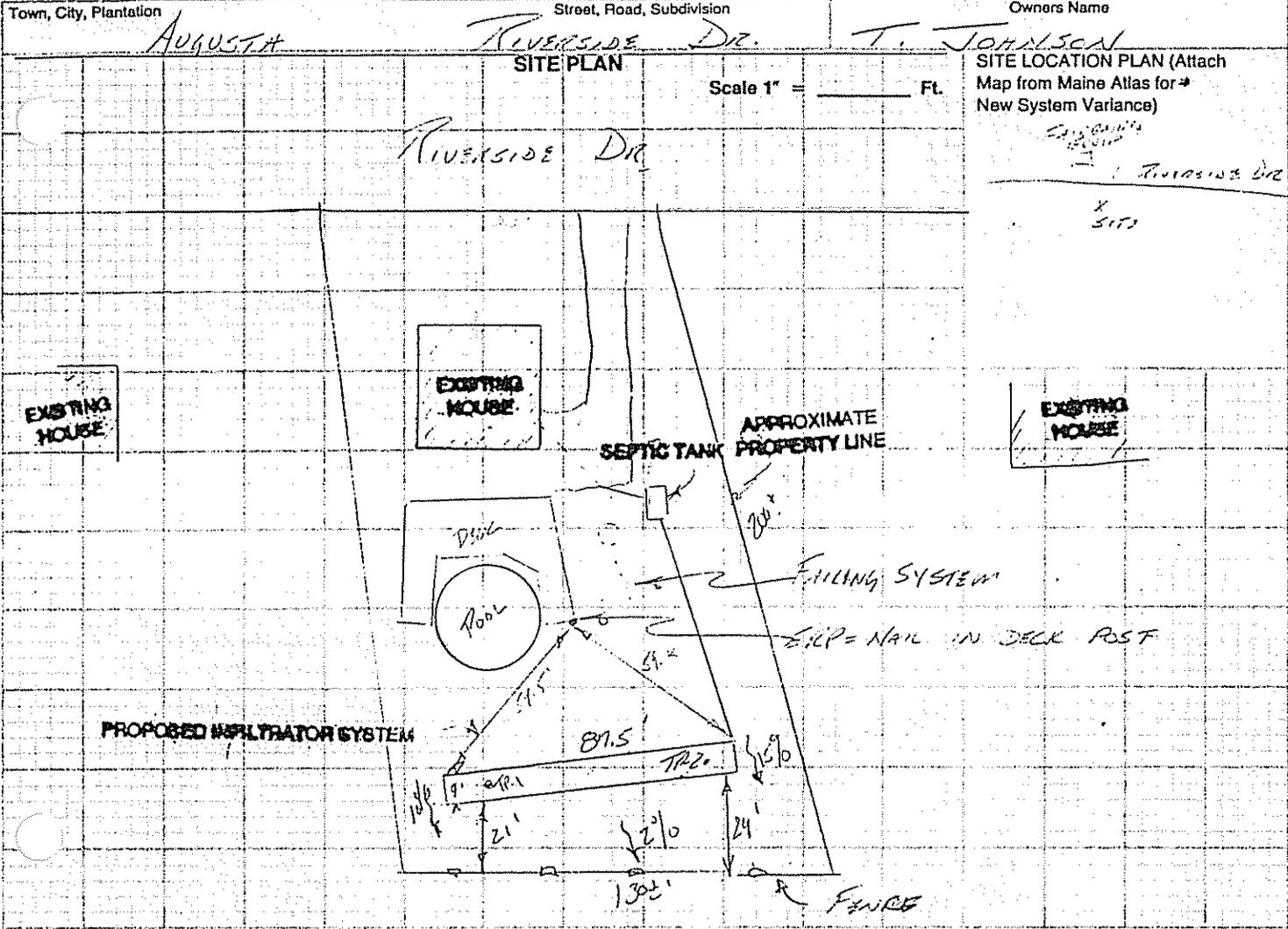
On 10-18-92 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Site Evaluator Signature: [Signature] SE#: 101 Date: 6-21-92

Page 1 of 3  
HHE-200 Rev. 11/85

# 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 TR-1  Test Pit  Boring

N/A " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0			NONE
0-6	FRAGILE	BROWN	EVIDENT
6-10		OLIVE BROWN	FEW
10-15	FIRM		TO
15-20		OLIVE	DISTINCT
20-30			
30-40			
40-50			

Soil Profile: 9 Classification: D Slope: 10 % Limiting Factor: 6

Ground Water  
 Restrictive Layer  
 Bedrock

Observation Hole TR-2  Test Pit  Boring

N/A " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0			NONE
0-6	FRAGILE	BROWN	EVIDENT
6-10		OLIVE BROWN	FEW
10-15	FIRM		TO
15-20		OLIVE	DISTINCT
20-30			
30-40			
40-50			

Soil Profile: 9 Classification: D Slope: 15 % Limiting Factor: 13/16

Ground Water  
 Restrictive Layer  
 Bedrock

John Richard  
Site Evaluator Signature

121  
SE#

6-21-92  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

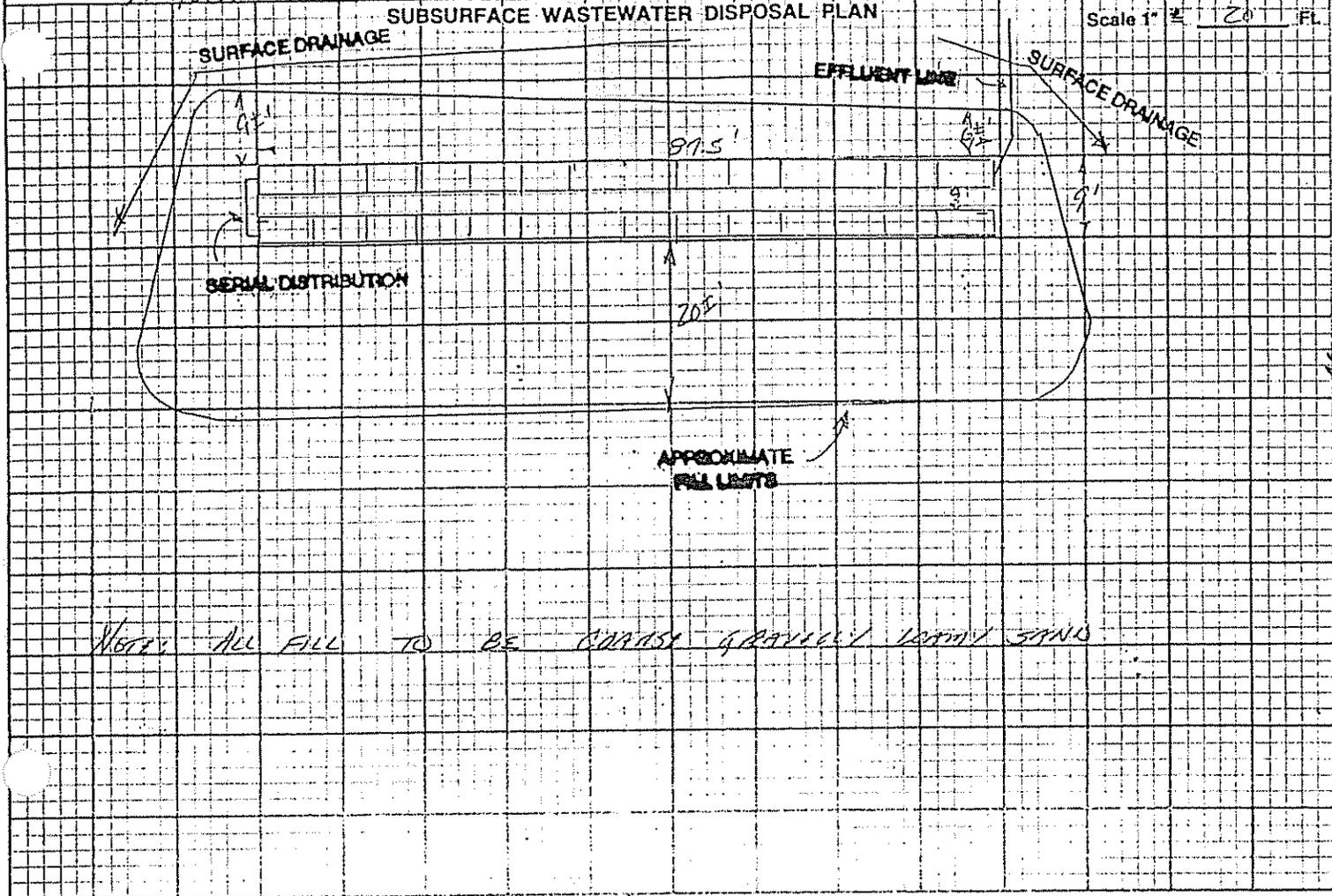
Augusta

Riverside Dr.

T. JOHNSON

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



### FILL REQUIREMENTS

Depth of Fill (Upslope) 18-30"  
Depth of Fill (Downslope) 36"

### CONSTRUCTION ELEVATIONS

Reference Elevation Is 00'  
Bottom of Disposal Area SEE BELOW  
Top of Distribution Lines or Chambers 8" ABOVE GRADE

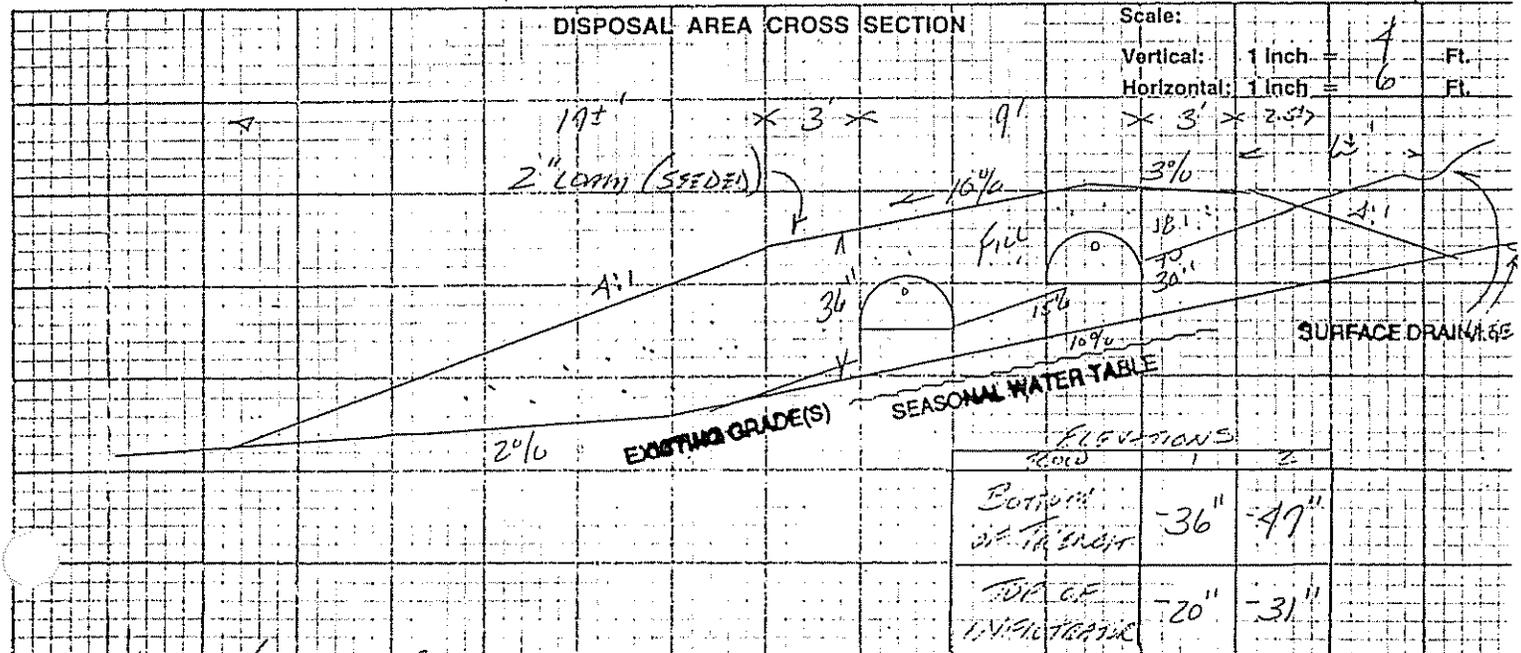
### ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

FLAGGED NAIL IN CORNER  
POST OF DECK 8" ABOVE GRADE

### DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 1 Ft.  
Horizontal: 1 inch = 6 Ft.



\* See back page for E.P.P. diff.

*Richard*  
Site Evaluator Signature

121  
SE#

6-21-92  
Date

**ALTERNATIVES IN DESIGN, LTD.**

John Archard  
 Site Evaluator  
 RFD #1, Box 615  
 Mt. Vernon, ME 04352  
 293-2674

**LETTER OF TRANSMITTAL**

DATE	9-9-92	JOB NO.	.
ATTENTION			
RE: REESTABLISH ERP			

TO Tim JOHNSON  
544 RIVERSIDE DR  
AUGUSTA, ME

**GENTLEMEN:**

WE ARE SENDING YOU  Attached  Under separate cover via \_\_\_\_\_ the following items:

Submittals       Prints       Plans       Samples       Specifications

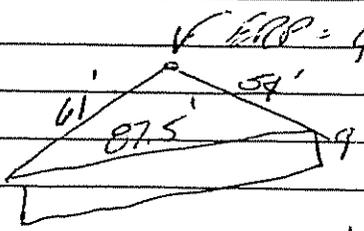
Copy of letter       Change order       \_\_\_\_\_

COPIES	DATE	NO.	DESCRIPTION

THESE ARE TRANSMITTED as checked below:

- For approval
- For your use
- As requested
- For review and comment
- FOR BIDS DUE \_\_\_\_\_ 19 \_\_\_\_\_
- Returning \_\_\_\_\_ corrected prints
- Approved as noted
- Returned with corrections
- \_\_\_\_\_
- Resubmitting \_\_\_\_\_ copies for approval
- PRINTS RETURNED AFTER LOAN TO US

REMARKS Tim,  
THE REESTABLISHED ERP IS  
THE GRADE STAKE MARKED AT 12"  
ABOVE THE GROUND. ELEVATIONS ON  
THE PLANS REMAIN THE SAME.



COPY TO \_\_\_\_\_

SIGNED: [Signature] SE