

M52 L7

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.

660
Town Copy

GENERAL INFORMATION

Permit No. #2583 E Town of Augusta

Date Permit Issued 11/9/92
MONTH/DAY/YEAR

Property Owner's Name: Jane A. Morse Tel. No. 622-2777

System's Location: 660 Riverside Drive
STREET

Augusta TOWN Maine 04330 ZIP

Property Owner's Address: RFD 1, Box 24
(if different from above) STREET

Augusta TOWN Maine 04330 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 Jane A. Morse
PROPERTY OWNER'S SIGNATURE

11/9/92
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS Soil Profile Soil Condition 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 ^a	300 ^a		
	2. Well: < 2000 gal/day a. Neighbor's b. Property Owner's	50 ^b	60 ^b		
		25'	50'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		
	2. Intermittent	15'	20'		45-55 ft.
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5 ^c	10 ^c		
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 J. Noble, S.E. 75
SITE EVALUATOR'S SIGNATURE

11-7-92
DATE

LPI STATEMENT

I, *Gay A. Loller*, LPI for the Town of *Anguila* 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 A. Loller
LPI'S SIGNATURE

11/9/92
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

PROPERTY ADDRESS

Town Or Plantation: Augusta

Street Division Lot #: Riverside Drive

PROPERTY OWNERS NAME

Last: Morse First: Jane A.

Applicant Name: Jane A. Morse

Mailing Address of Owner/Applicant (if Different): RFD 1, Box 24
Augusta, Maine 04330

Caution: Permit Required 2583 TOWN COPY

AUGUSTA

Date Permit Issued: 11/9/92 \$ 145.00 FEE Double Fee Charged

[Signature] Local Plumbing Inspector Signature L.P.I. # 8501

Ruff inspection needs down seed

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] Jane A. Morse
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.

[Signature] Wm T Noble
Local Plumbing Inspector Signature

Date Approved: 11/18/92

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. NEW SYSTEM

2. REPLACEMENT SYSTEM

3. EXPANDED SYSTEM

4. EXPERIMENTAL SYSTEM

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. Requiring Local Plumbing Inspector Approval

b. Requires State and Local Plumbing Inspector Approval

4. MINIMUM LOT SIZE VARIANCE

INSTALLATION IS:

COMPLETE SYSTEM

1. NON-ENGINEERED SYSTEM

2. PRIMITIVE SYSTEM
(Includes Alternative Toilet)

3. ENGINEERED (+ 2000 gpd)

SEASONAL CONVERSION n/a

to be completed by the LPI

5. SYSTEM COMPLIES WITH RULES

6. CONNECTED TO SANITARY SEWER

7. SYSTEM INSTALLED - P# _____

8. SYSTEM DESIGN RECORDED AND ATTACHED

DISPOSAL SYSTEM TO SERVE:

1. SINGLE FAMILY DWELLING

2. MODULAR OR MOBILE HOME

3. MULTIPLE FAMILY DWELLING

4. OTHER _____

SPECIFY

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

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED 1962±

THE FAILING SYSTEM IS:

1. BED 3. TRENCH

2. CHAMBER 4. OTHER: _____

SIZE OF PROPERTY

0.6± acre

ZONING

TYPE OF WATER SUPPLY

public utility

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. SEPTIC: Regular Low Profile

2. AEROBIC

SIZE: 1000 GALS.
(existing)

WATER CONSERVATION

1. NONE

2. LOW VOLUME TOILET

3. SEPARATED LAUNDRY SYSTEM

4. ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

1. NOT REQUIRED

2. MAY BE REQUIRED
(DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)

3. REQUIRED

DOSE: _____ GALS.

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

4-bedroom, single family dwelling

sized per Table 7-1 of the SSWD Rules (10-144A CMR 241)

(minimum design flow)

DESIGN FLOW: 360 gpd

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
<u>8</u>	<u>C</u>

DEPTH TO LIMITING FACTOR: 22

SIZE RATINGS USED FOR DESIGN PURPOSES

1. SMALL

2. MEDIUM

3. MEDIUM-LARGE

4. LARGE

5. EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. BED _____ Sq. Ft.

2. CHAMBER 750 Sq. Ft.
 REGULAR H-20

3. TRENCH _____ Linear Ft.

4. OTHER: _____

SITE EVALUATOR STATEMENT

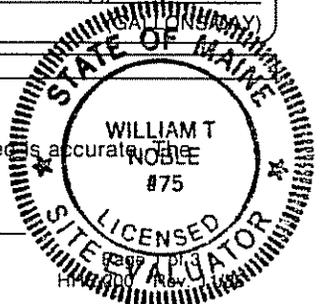
On 10-31-92 (date) I conducted a site evaluation for this project and certify that the data reported is accurate and the system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

William T. Noble
Site Evaluator Signature

75
SE#

11-7-92
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

02006

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

RIVERSIDE DRIVE

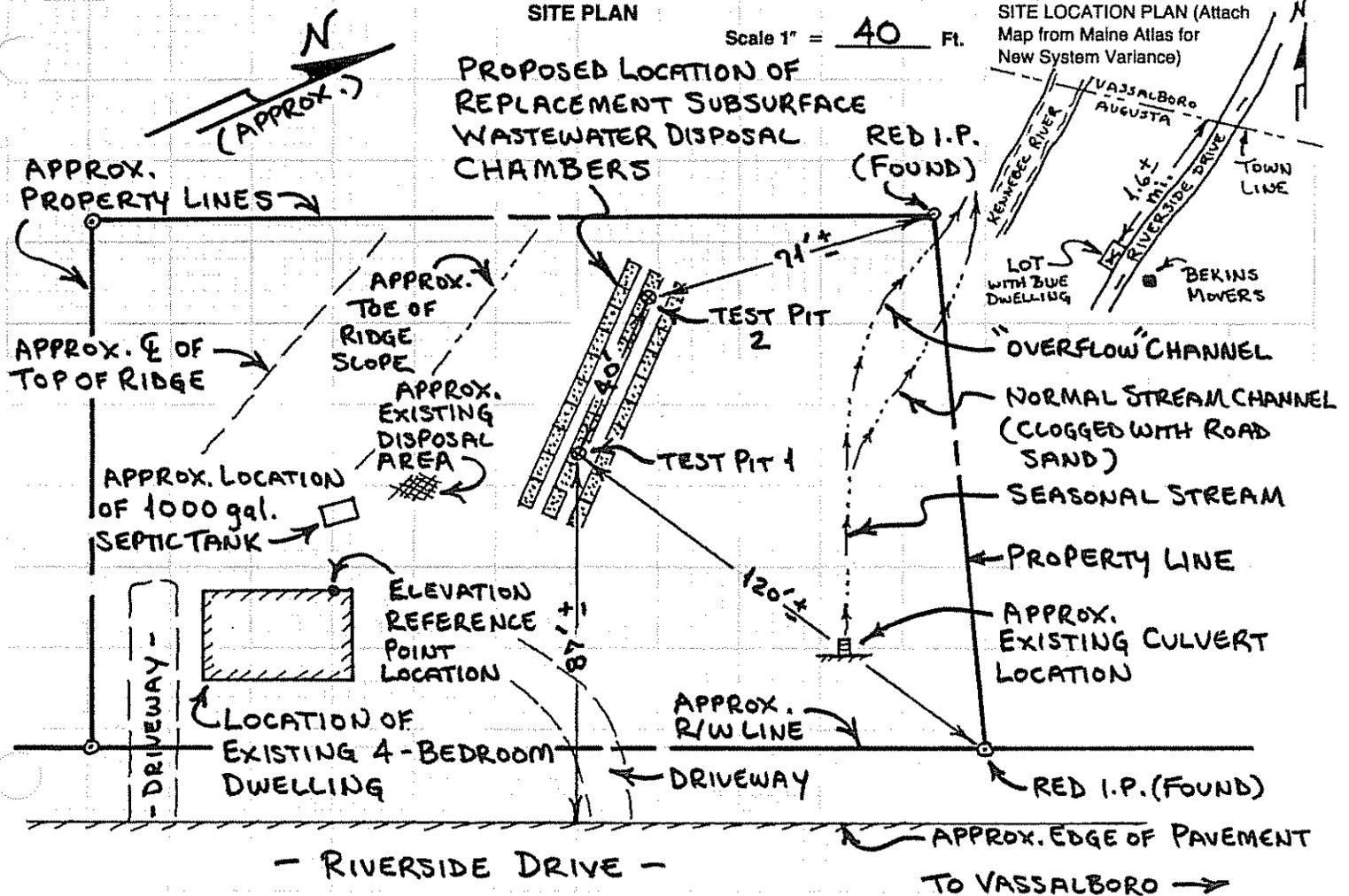
Owners Name

JANE A. MORSE

SITE PLAN

Scale 1" = 40 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 <u>1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring				Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring			
<u>1/2 ±</u> " Depth of Organic Horizon Above Mineral Soil				<u>1/2 ±</u> " Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
0				0			
6	FRIABLE	DARK BROWN		6	FRIABLE	DARK BROWN	
10		YELLOWISH BROWN		10		STRONG BROWN AND YELL. BROWN	
15		LIGHT OLIVE BROWN		15		OLIVE BROWN	
20	SOMEWHAT FIRM	OLIVE	COMMON DISTINCT	20	SOMEWHAT FIRM	LT. OL. BRN.	COMMON DISTINCT
30	FIRM		MANY PROMINENT	30	FIRM	OLIVE	MANY PROMINENT
* NOTE: SOIL AT BOTH TEST PITS DETERMINED TO BE AN "ATYPICAL", COARSE-GRAINED PHASE OF PROFILE 8 SOIL.							
Soil Profile	Classification Condition	Slope %	Limiting Factor	Soil Profile	Classification Condition	Slope %	Limiting Factor
<u>B</u>	<u>C</u>		<u>22</u>	<u>B</u>	<u>C</u>		<u>22</u>
<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock				<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock			

William J. Noble
Site Evaluator Signature

75
SE#

11-7-92
Date

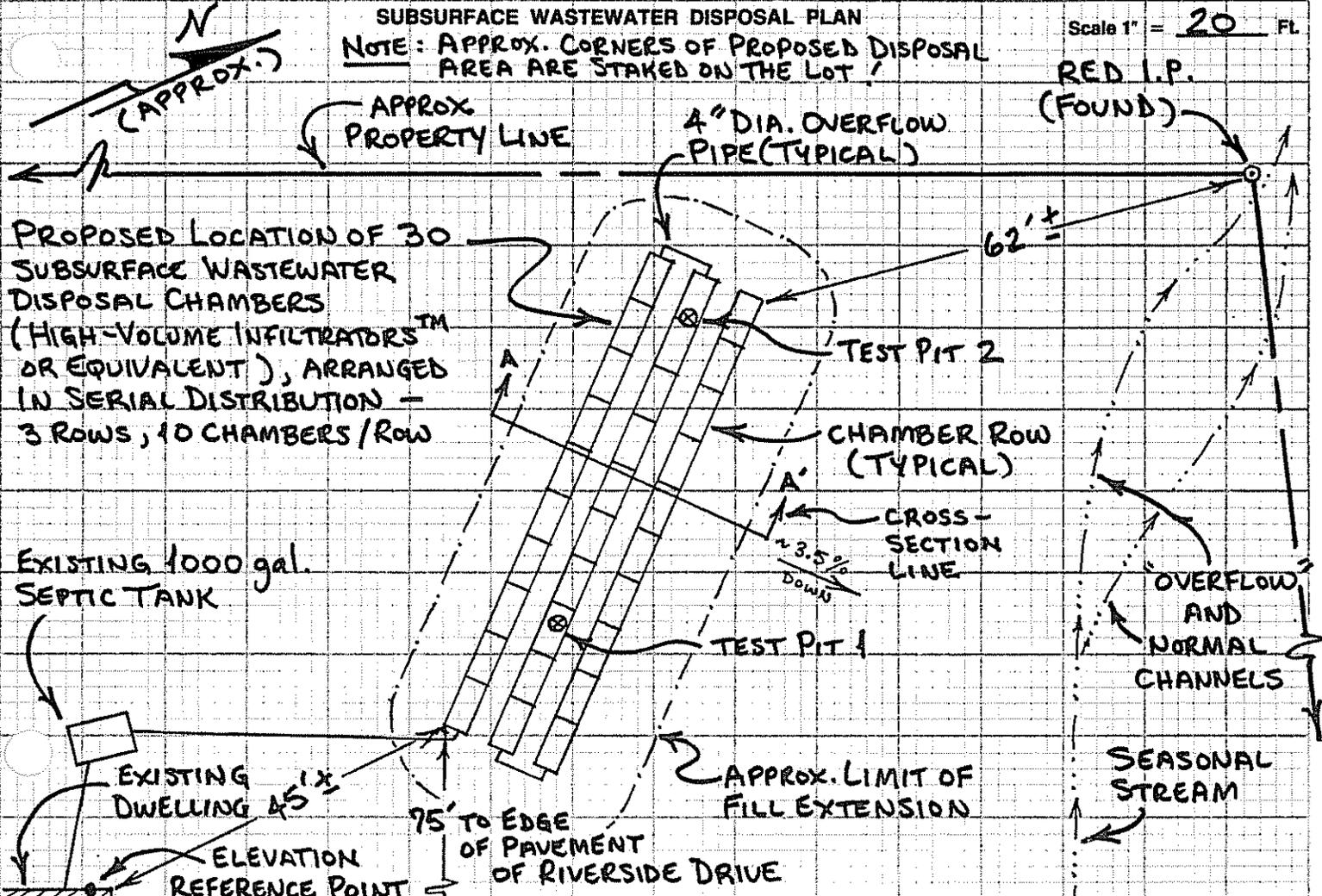
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

82006
 Department of Human Services
 Division of Health Engineering

Town, City, Plantation **AUGUSTA** Street, Road, Subdivision **RIVERSIDE DRIVE** Owners Name **JANE A. MORSE**

SUBSURFACE WASTEWATER DISPOSAL PLAN
NOTE: APPROX. CORNERS OF PROPOSED DISPOSAL AREA ARE STAKED ON THE LOT!

Scale 1" = 20 Ft.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) 14"	Reference Elevation is 0.0'	PIPE IN FOUNDATION OF DWELLING WITH ORANGE FLAGGING.
Depth of Fill (Downslope) 15.25'	Bottom of Disposal Area (SEE CROSS-SECTION BELOW)	
Top of Distribution Lines or Chambers		Scale:

- NOTES:**
1. INSTALL CHAMBERS AS DIRECTED BY MANUFACTURER/DISTRIBUTOR.
 2. BACKFILL & PERIMETER FILL TO BE "DIRTY" SHARP COARSE SAND IN TEXTURE.
 3. INSTALL 6" MIN. "DIRTY" GRAVEL OR STONE AROUND SIDES AND BENEATH CHAMBERS.
 4. GRADE LAND AROUND CHAMBERS TO DIVERT ANY WATER FROM THE AREA.
 5. REMOVE ORGANIC LAYER & SCARIFY (TILL) THE SOIL SURFACE BEFORE INSTALLING FILL.
 6. REQUIRED FILL DEPTHS MAY VARY FROM THOSE SHOWN DUE TO IRREGULARITIES IN SOIL SURFACE.
 7. UPHILL EDGE OF EACH CHAMBER ROW TO BE SET 10" MAX. BELOW ORIGINAL GRADE.
 8. BOTTOM OF CHAMBERS TO BE LEVEL WITH MAX. GRADE TOLERANCE OF 1" PER 100'.
 9. LOCATE TEST PITS ON THE LOT & POSITION CHAMBERS OVER PITS AS SHOWN IN ABOVE PLAN.

