

Town Copy

54-18

1318 ✓

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 is in noncompliance 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 with LPI approval limitations can be met.

1. The replacement system is correcting a malfunction or an unlicensed wastewater discharge system.
2. A replacement 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 does not conflict with Seasonal Conversion Permit (30 MRSA § 3223) or with Mandatory Shoreland Zoning (12 MRSA § 4811).
6. 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

Town Code

Permit No. E

Date Permit Issued _____ month/day/yr.

Property Owner's Name: Dana Pooler Tel. No. 622-2328

System's Location: 785 Riverside Drive
Street

Augusta, MAINE 04330
Town Zip

Property Owner's Address: (if different from above) Box 1016 Churchhill Road
Street

Augusta MAINE 04330
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, then 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.

Dana J. Pooler
Property Owner's Signature

5/11/88
Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils Soil Profile Soil Condition on HHE-200	Ground Water Table	to 6"		7 12 12	inches inches inches
	Restrictive Layer	to 6"			
	Bedrock	to 10"			
Setback Distances (in feet)	From:	Treatment Tank	Disposal Area	Treatment Tank	Disposal Area
Potable Water Supplies	1. Well: > 2000 gal/day	100a	300a	}	}
	2. Well: < 2000 gal/day				
	a. Neighbor's	100b	100b		
	b. Property Owner's	50'	60'		
	3. Water Supply Line	See Note 'a'			
Waterbodies	1. Perennial	60'	60'	25	25
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'	}	}
Buildings	1. With basement	See Note	15'		
	2. Without basement	'a'	10'	}	15
Property Line		5'	5'		

Other Specify:

Footnotes:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. A variance to reduce the 100 foot setback distance to a minimum of 80 feet may be granted only with the neighbor's written permission.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

W. W. Rad
Site Evaluator's Signature

4/26/88
Date

LPI Statement

I, Jay R. Tubler, 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 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, do not approve) 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:

Jay R. Tubler
LPI's Signature

5/13/88
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

04278133

PROPERTY ADDRESS	
Town Or Plantation	Augusta
Section / Vision Lot #	785 Riverside Drive
PROPERTY OWNER'S NAME	
Last: Pooler	First: Dana
Applicant Name:	Dana Pooler
Mailing Address of Owner/Applicant (if Different)	785 Riverside Drive Augusta Me 04330

AUGUSTA	PERMIT # 1,318	TOWN COPY
Date Permit Issued: 5/13/88	\$ 40.00 FEE	<input type="checkbox"/> If Double Fee Charged
<i>Dana Pooler</i> Local Plumbing Inspector Signature	L.P.I. # 1850	

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.

Dana Pooler
Signature of Owner/Applicant

5/9/88
Date

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Gregory [Signature]
Local Plumbing Inspector Signature

6-7-88
Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input type="checkbox"/> NEW SYSTEM 2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p> <p>SEASONAL CONVERSION to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____ <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p> <p>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED ? _____ THE FAILING SYSTEM IS 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p> <p>SIZE OF PROPERTY: 53000'+- ZONING: _____</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input checked="" type="checkbox"/> Requires Local Plumbing Inspector Approval b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p> <p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER <u>Convenience store</u> SPECIFY _____</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL. 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>TYPE OF WATER SUPPLY City water</p>
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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 2. <input type="checkbox"/> AEROBIC <u>750 TANK + 500 GAL GREASE TRAP OR 1500 S.T.</u> SIZE _____ GAL. _____ S.T.</p> <p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td>8</td> <td>D</td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: 7 "</p>	PROFILE	CONDITION	8	D	<p>WATER CONSERVATION</p> <p>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>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM-LARGE 4. <input checked="" type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA-LARGE</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION & ELEVATION) 3. <input checked="" type="checkbox"/> REQUIRED DOSE: 25 _____ GAL.</p> <p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input checked="" type="checkbox"/> BED <u>600</u> Sq. Ft. 2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.)</p> <p>4 employees and allowance for food preparation and meat cutting.</p> <p>DESIGN FLOW: 146 (GALLONS/DAY)</p>
PROFILE	CONDITION						
8	D						

EVALUATOR STATEMENT

On 4/26/88 (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.

Ulmer W. [Signature]
Site Evaluator Signature

51
SE#

4/26/88
Date

Approved for use as
HHE 200 by Division of
Health Engineering 9/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

04278133

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Augusta

785 Riverside Drive

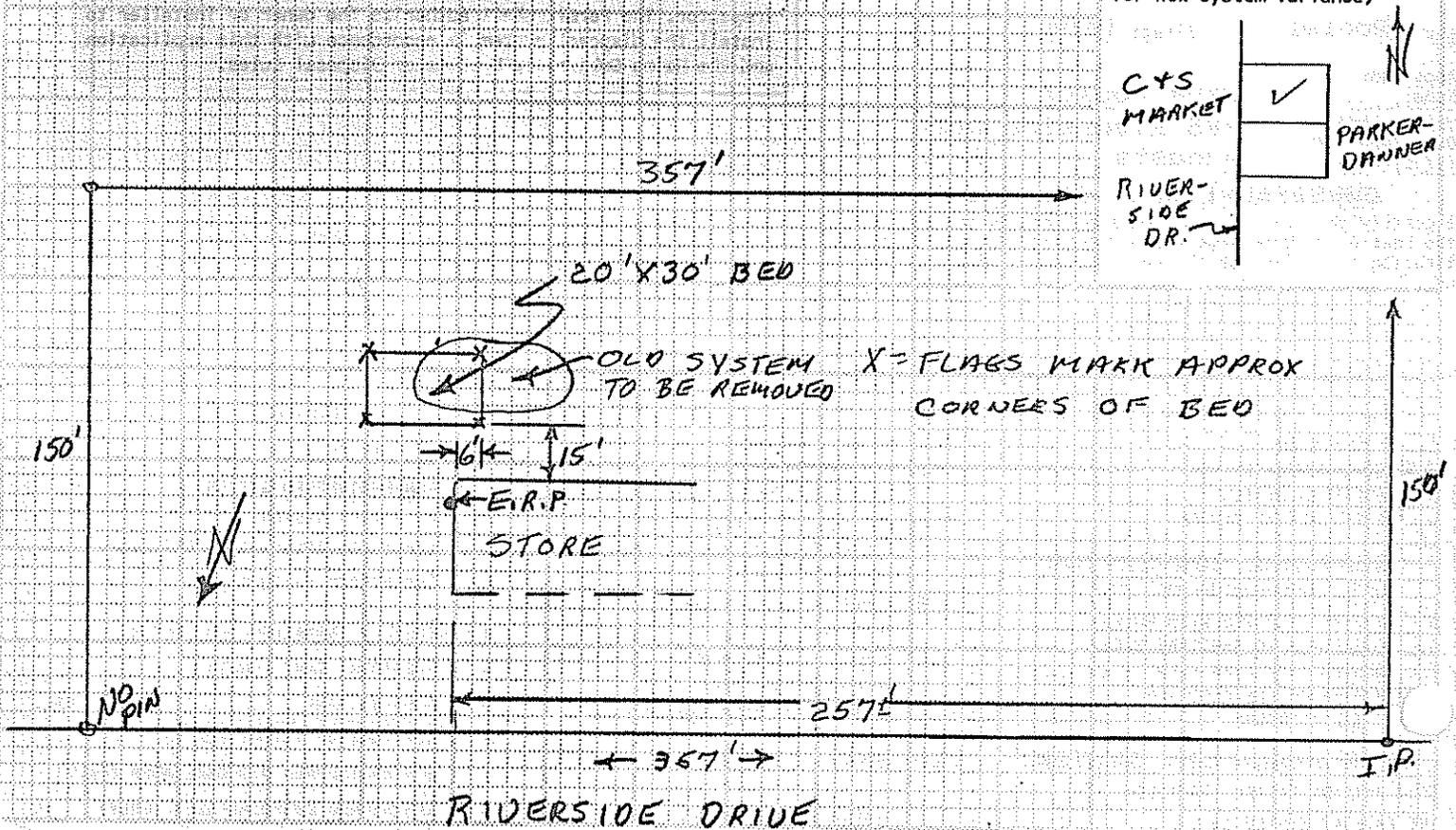
Pooler, Dana

SITE PLAN

Scale: 1" = 50 Ft.
or as shown

SITE LOCATION PLAN

(Attach Map from Maine Atlas for New System Variance)



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring
" Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0				
6	GRAVEL		B	
10				
15				
17	<u>17" OLD GROUND</u>			
20	ENTER.	24	24	7" (24)
30	F.S	FIRM	G.B.	
40	SI			
40	CI			
50				

Soil Classification FILL OVER 8-D Slope 3 % Limiting Factor 7 Ground Water Restr. Layer Bedrock
Profile Condition

Observation Hole _____ Test Pit Boring
" Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Classification _____ Slope _____ % Limiting Factor _____ Ground Water Restr. Layer Bedrock
Profile Condition

Donald W. Rusk
Site Evaluator Signature

51
SE#

4/26/88
Date

Approved for use as
HHE 200 by Division of
Health Engineering 9/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
Owners Name

Town, City, Plantation

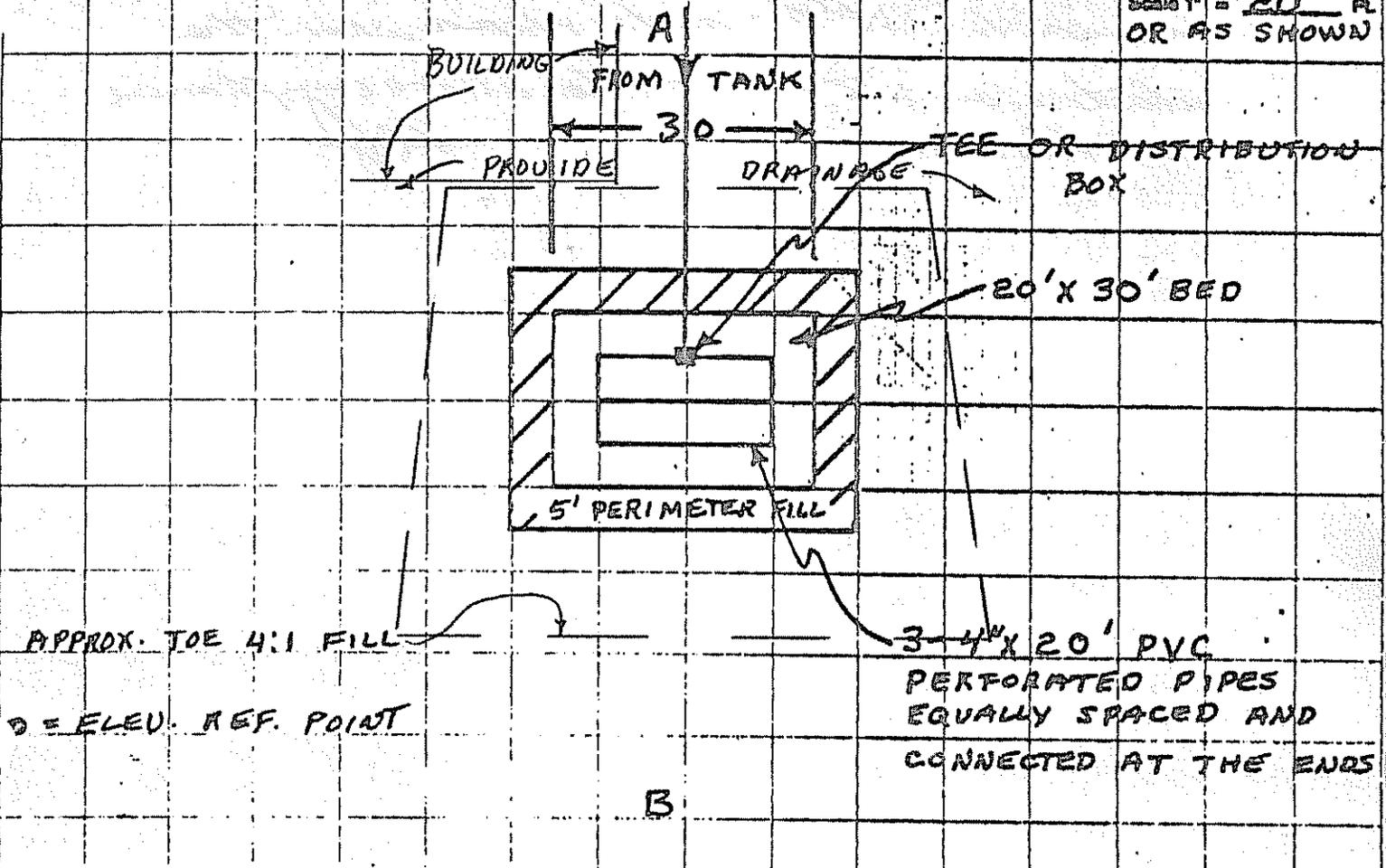
Street, Road, Subdivision

AUGUSTA

RIVERSIDE DR.

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' PL
OR AS SHOWN



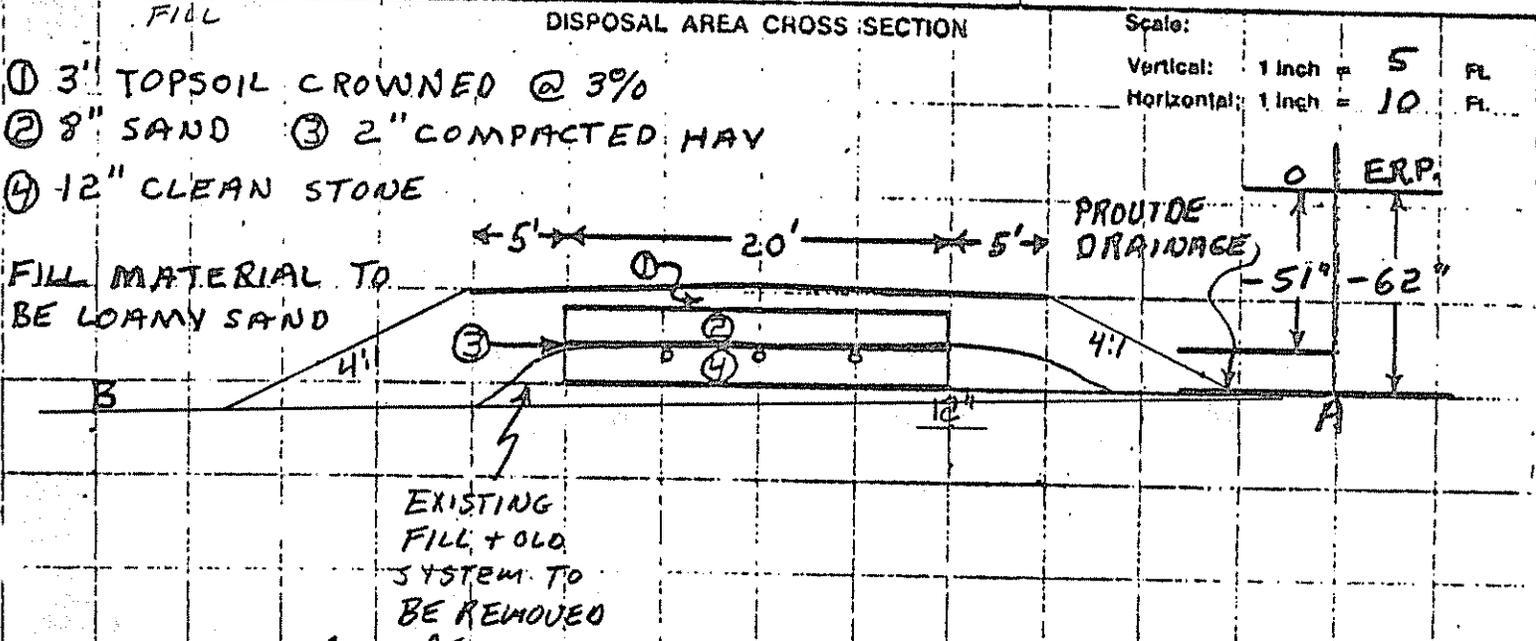
APPROX. TOE 4:1 FILL

0 = ELEV. REF. POINT

3-4" x 20' PVC PERFORATED PIPES EQUALLY SPACED AND CONNECTED AT THE ENDS

B

FILL REQUIREMENTS Depth of Fill (Upslope) <u>33"</u> Depth of Fill (Downslope) <u>36"</u> *AFTER REMOVING EXISTING FILL		CONSTRUCTION ELEVATIONS Reference Elevation is <u>0</u> Bottom of Disposal Area <u>-62"</u> Top of Distribution Lines or Chambers <u>-51"</u>		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION TOP OF ELECTRIC METER BOX
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FILL MATERIAL TO BE LOAMY SAND

5

10

20

Wm W Redmont
Site Evaluator or Professional Engineer's Signature

51
SE 01 PE 0

4/26/88
Date

6-7-88 I requested that the owner call us for an inspection of the audio alarm when the electrician installs it. Ted assure compliance and function.

[Signature]

