M63 L/O

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. 298 E

Date Permit Issued 10/31/91 (MONTH/DAY/YEAR)

Property Owner's Name: WALTER SILVA

Tel. No.

System's Location: 185 S. BELFAST AVE (STREET)

AUGUSTA (TOWN) Maine 04330 (ZIP)

Property Owner's Address: RFD 1 BOX 1345 (STREET)
(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.

Walter Silva

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.

Walter Silva
PROPERTY OWNER'S SIGNATURE

10/31/91
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table	to 6"		12	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'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

OTHER

1. Fill extension Grade—to 3:1 AS NEEDED TO AVOID CROSSING PROPERTY LINE

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.

SITE EVALUATOR'S SIGNATURE — DATE 10-10-91

LPI STATEMENT

I, George A. Lowe, 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:

LPI'S SIGNATURE — DATE 10/31/91

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

M63 L10

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation	AUGUSTA
Street Subdivision Lot #	S. BELFAST AVE (RTE 105)

PROPERTY OWNERS NAME

Last: SLIVA First: WALTER

Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	RFD #1 BOX 1345 AUGUSTA, ME 04352

AUGUSTA 2298 TOWN COPY

Date Permit Issued: 10 31 91 $ 60.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 208

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.

Walter Sliva 10/15/91

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.

11-15-91

Local Plumbing Inspector Signature 11-26-91 Date Approved

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 – P# _____
8. ☐ SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED 1950±
THE FAILING SYSTEM IS:
1. ☐ BED 3. ☑ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

SIZE OF PROPERTY	ZONING
1 ACRE	RESIDENTIAL

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

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
AUGUSTA WTR DIST.

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☑ SEPTIC: ☑ Regular ☐ Low Profile
2. ☐ AEROBIC

SIZE: 1,000 GALS.

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.)
2 BEDROOM

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
8	D/ATT

DEPTH TO LIMITING FACTOR: 12/24

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 450 Sq. Ft. ☑ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN FLOW: 225 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 10-9-91 (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.

[signature] 181 10-10-91

Site Evaluator Signature SE# 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

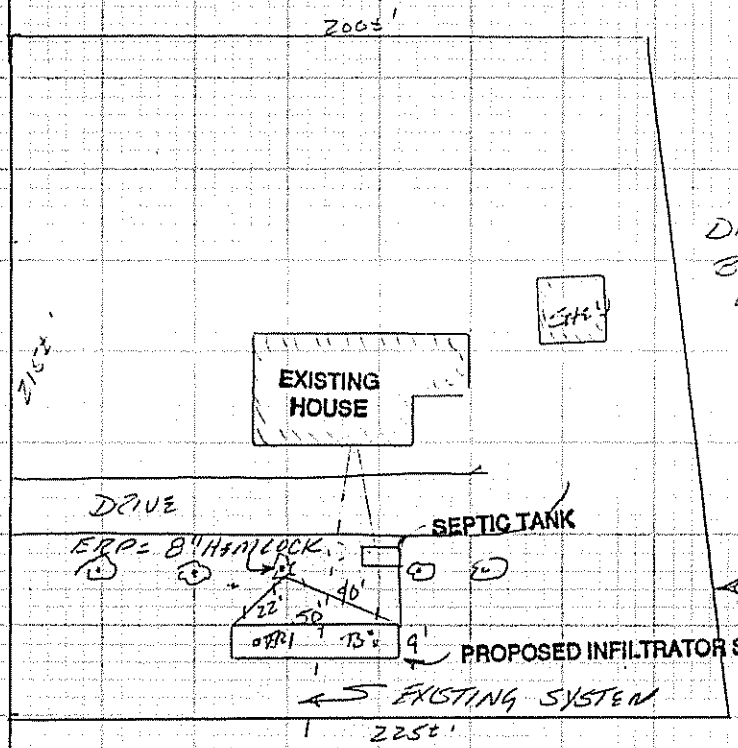
Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	S. BELFAST AVE	W. SLIVA

SITE PLAN Scale 1" = 60 Ft.

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

+ ST ANDREWS CHURCH
RTE 105

SITE



NOTES:

1. ANY PORTION OF EXISTING DISPOSAL AREA ENCOUNTERED TO BE REMOVED, DISPOSED OF & REPLACED WITH APPROPRIATE FILL.
2. CELLAR DRAIN TILE TO BE INTERCEPTED & DIRECTED AWAY FROM PROPOSED SYSTEM.
3. EXISTING BUILDING DRAIN MAY BE RAISED, IF NEEDED, TO ALLOW GRAVITY FLOW

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole TR1 ☑ Test Pit ☐ Boring

N/A " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	SILT LOAM	FRIABLE	BROWN	NONE EVIDENT
6–15			BRIGHT OLIVE BROWN	FEW FAINT TO COMMON FAINT
15–30	SILTY CLAY LOAM	FIRM		
30–50				

Soil Profile	Classification Condition	Slope	Limiting Factor	
B	D	15 %	12"	☑ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole B-1 ☐ Test Pit ☑ Boring

N/A " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	SILT LOAM	FRIABLE	BROWN	NONE EVIDENT
6–15			REDDISH BROWN	FEW FAINT
15–30		REFUSAL	OLIVE BROWN	
30–50		ASSUMED BEDROCK		

Soil Profile	Classification Condition	Slope	Limiting Factor	
B	D / AIII	15 %	12"	☑ Ground Water ☐ Restrictive Layer ☑ Bedrock 24"

Site Evaluator Signature

181
SE#

10-10-91
Date

HHE-200 Rev.1/84

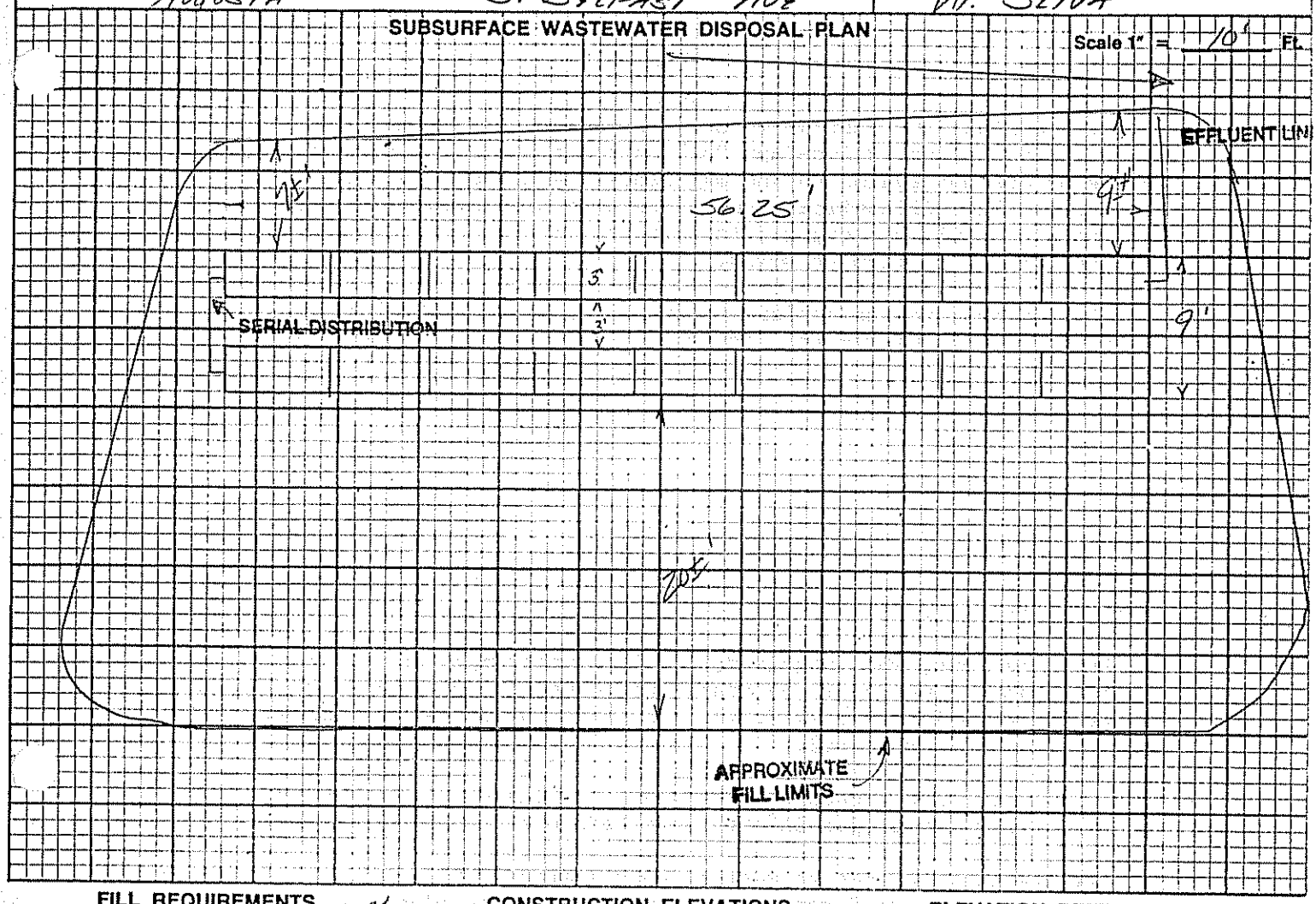
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
AUGUSTA	S. BELFAST AVE	W. SLIVA

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 10' Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) 24-34"

Depth of Fill (Downslope) 29-39"

CONSTRUCTION ELEVATIONS

Reference Elevation is 00"

Bottom of Disposal Area SEE BELOW

Top of Distribution Lines or Chambers " "

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

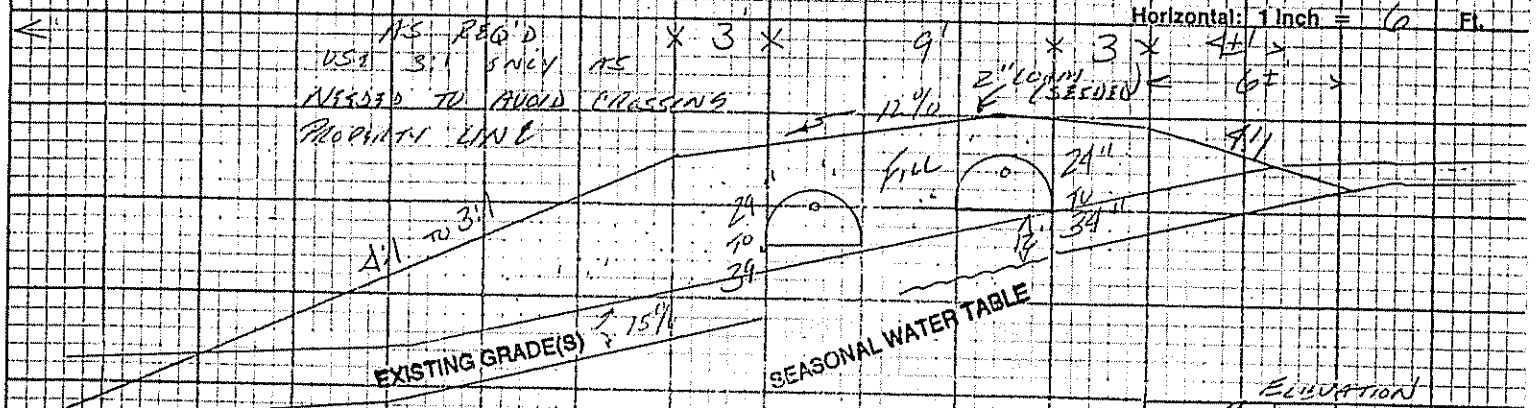
FLAGGED NAIL IN 8" HEMLOCK TREE 22" ABOVE GRADE

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 Inch = 4 Ft.

Horizontal: 1 Inch = 6 Ft.



NOTE: ALL FILL TO BE SHARP LOAMY SAND

ELEVATION		
ROW	1	2
BOTTOM OF TRENCH	-57	-66"
TOP OF INFILTRATING	-42"	-51"

[signature]
Site Evaluator Signature

181
SE#

10-24-90
Date

HHE-200 Rev.1/84