

REPLACEMENT SYSTEM VARIANCE REQUEST

(B)
CJA

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.

46-23

GENERAL INFORMATION

Permit No. 1341 E Town of Augusta
Date Permit Issued 6-10-88
MONTH/DAY/YEAR
Property Owner's Name: Shirley McDougal Tel. No. 622-5880
System's Location: Tasker Road (Apartment)
STREET
Augusta Maine 04330
TOWN ZIP
Property Owner's Address: 46 Pearl Street
(if different from above) Augusta Maine 04330
STREET STATE ZIP
TOWN

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.

Ronald W. McDougal
PROPERTY OWNER'S SIGNATURE

6-21-88
DATE

New Owner - Manis Raymond

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"		in original 0 inches	
	Restrictive Layer	to 6"		inches	
	Bedrock	to 10"		inches	
	SETBACK DISTANCES (IN FEET)	FROM:	TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK
Potable Water Supplies	1. Well: > 2000 gal/day	100 ^a	300 ^a		
	2. Well: < 2000 gal/day			90' ±	81'
	a. Neighbor's	50 ^b	60 ^b		92' ±
	b. Property Owner's	25'	50'	65' ±	87' ±
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'	55'	36'
	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

2. Base design on Fill due to depth and limited working area

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.

David P. Roague
SITE EVALUATOR'S SIGNATURE

5/21/88
DATE

LPI STATEMENT

I, George A. Smith Jr., LPI for the Town of Andover 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. Smith Jr.
LPI'S SIGNATURE

6-12-88
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.

Brent A. McCarty
SIGNATURE OF THE DEPARTMENT

WW & PC

JUNE 10, 1988
DATE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS	
Town Or Plantation	AUGUSTA
Street	TASKER ROAD
Subdivision Lot #	
PROPERTY OWNERS NAME	
Last: McDougal	First: Shirley
Applicant Name:	Ronald McDougal
Mailing Address of Owner/Applicant (If Different)	46 Pearl Street Augusta, Maine

AUGUSTA	PERMIT # 1,341	TOWN COPY 30.00	7/14/88
Date Permit Issued: 6/10/88	FEE: 1,400.00	<input type="checkbox"/> Double Fee Charged	
Local Plumbing Inspector Signature: <i>[Signature]</i>		L.P.I. # 18010	

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.

Ronald W. McDougal 5-21-88
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] 7/13/88
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NEW SYSTEM <input checked="" type="checkbox"/> REPLACEMENT SYSTEM <input type="checkbox"/> EXPANDED SYSTEM <input type="checkbox"/> EXPERIMENTAL SYSTEM <p>SEASONAL CONVERSION to be completed by the LPI</p> <ol style="list-style-type: none"> <input type="checkbox"/> SYSTEM COMPLIES WITH RULES <input type="checkbox"/> CONNECTED TO SANITARY SEWER <input type="checkbox"/> SYSTEM INSTALLED - P# _____ <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED <p>IF REPLACEMENT SYSTEM: <i>Prior to 1970</i> YEAR FAILING SYSTEM INSTALLED <i>1970</i></p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> BED <input type="checkbox"/> CHAMBER <input checked="" type="checkbox"/> TRENCH <input type="checkbox"/> OTHER: _____ <p>SIZE OF PROPERTY: <i>25,000 sq ft</i> ZONING: <i>Shoreland</i></p>	<p>THIS APPLICATION REQUIRES:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NO RULE VARIANCE <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form <ol style="list-style-type: none"> <input type="checkbox"/> Requiring Local Plumbing Inspector Approval <input checked="" type="checkbox"/> Requires State and Local Plumbing Inspector Approval <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE <p>DISPOSAL SYSTEM TO SERVE:</p> <ol style="list-style-type: none"> <input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input checked="" type="checkbox"/> OTHER <i>Apartment</i> SPECIFY _____ 	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <input type="checkbox"/> NON-ENGINEERED SYSTEM <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) <input type="checkbox"/> ENGINEERED (+ 2000 gpd) <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> TREATMENT TANK (ONLY) <input type="checkbox"/> HOLDING TANK _____ GAL <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) <input checked="" type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) <input checked="" type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM <p>TYPE OF WATER SUPPLY <i>Drilled Well</i></p>
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DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC <i>EXISTING</i> SIZE: <i>1000</i> GALS. 	<p>WATER CONSERVATION</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> LOW VOLUME TOILET <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____ 	<p>PUMPING</p> <ol style="list-style-type: none"> <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) <input checked="" type="checkbox"/> REQUIRED DOSE: <i>40</i> GALS. 	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><i>Two Bedroom Apartment Minimum Design Flow + 5%</i></p> <p>DESIGN FLOW: <i>180</i> (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <i>DEEP FILL</i></p> <p>CONDITION: _____</p> <p>DEPTH TO LIMITING FACTOR: <i>20</i></p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> MEDIUM-LARGE <input type="checkbox"/> LARGE <input type="checkbox"/> EXTRA LARGE 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> <input type="checkbox"/> BED _____ Sq. Ft. <input checked="" type="checkbox"/> CHAMBER <i>320</i> Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 <input type="checkbox"/> TRENCH _____ Linear Ft. <input type="checkbox"/> OTHER: _____ 	

SITE EVALUATOR STATEMENT

On *5/21/88* (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.

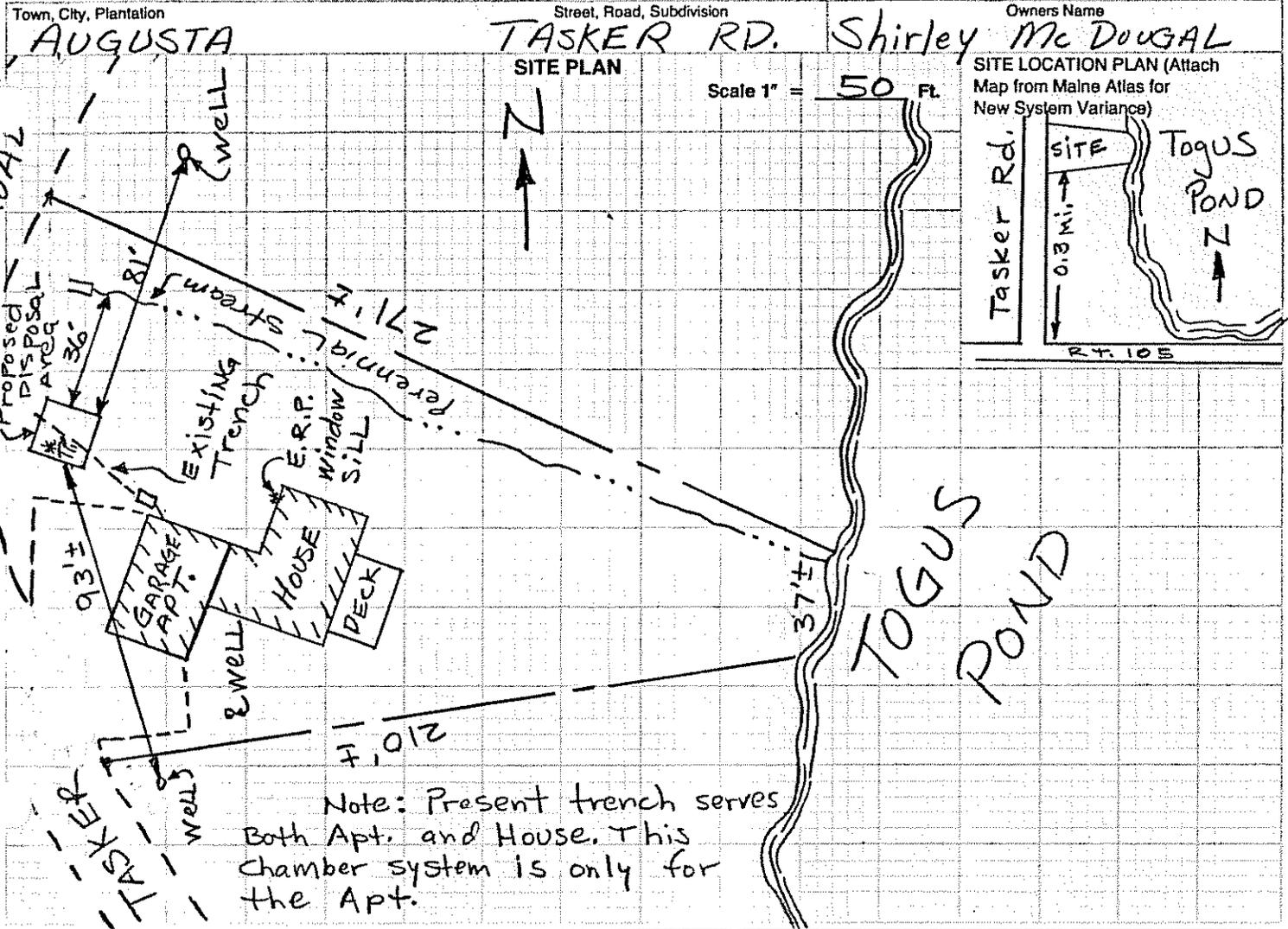
David P. Roegue *154* *5/21/88*
Site Evaluator Signature SE# Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

Page 1 of 3
HHE-200 Rev. 11/86

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 TP Test Pit Boring
0" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0 V. Fine sandy loam		DARK BROWN	can not distinguish
10 FILL sandy loam	Friable	GRAYISH BROWN	any in FILL
20 to 30 Gravelly Loamy Sand			STANDING WATER

USE FOR DESIGN

Soil Profile <u>3</u>	Classification	Slope <u>0</u> %	Limiting Factor	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Observation Hole _____ Test Pit Boring
" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
DEEP FILL OVER a LOW wet area (probably 9E or worse). Water table is above original grade. also, very limited area to work in due to set-backs.			

Soil Profile	Classification	Slope %	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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David P. Roque
Site Evaluator Signature

154
SE#

5/21/88
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

AUGUSTA

TASKER ROAD

Shirley McDougal

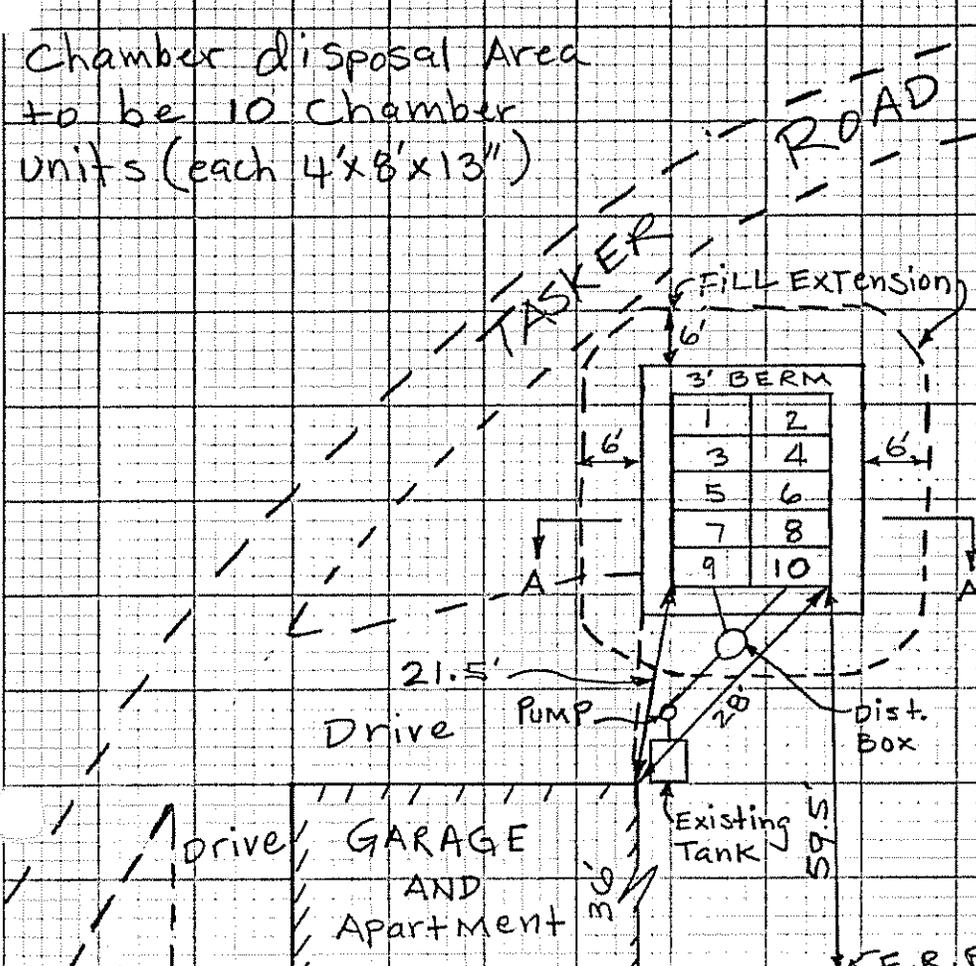
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

Chamber disposal Area
to be 10 Chamber
units (each 4'x8'x13")

NOTES:

1. Inspect existing septic Tank. If not in good working order, Replace.
2. Disconnect house from Tank. Only use Tank for Apartment.
3. Remove old Trench system and all contaminated fill and replace with coarse Loamy Sand.
4. Remove fine Sandy Loam top soil beneath disposal area and fill extensions and replace with coarse Loamy Sand prior to installation.



FILL REQUIREMENTS

Depth of Fill (Upslope) 18"
Depth of Fill (Downslope) 18"

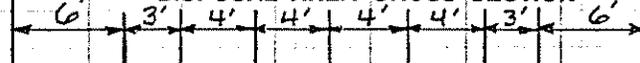
CONSTRUCTION ELEVATIONS

Reference Elevation is 0
Bottom of Disposal Area -58"
Top of Distribution Lines or Chambers -45"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

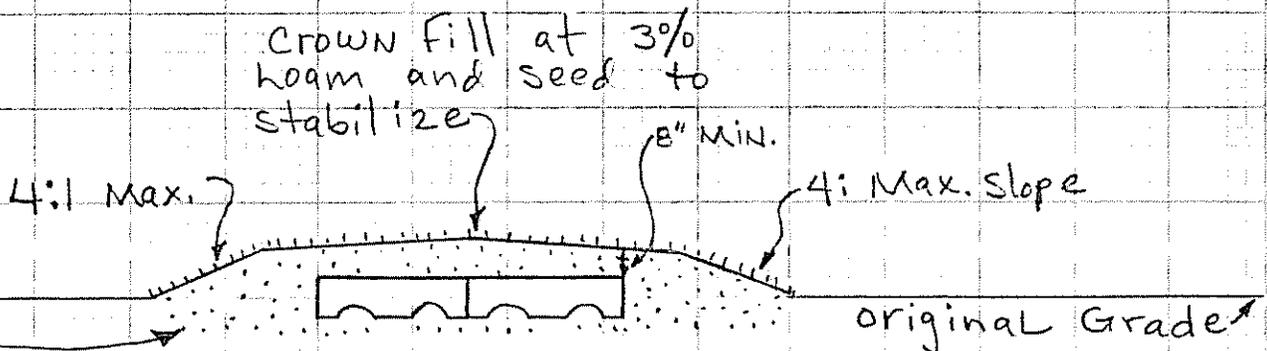
WINDOW SILL ON HOUSE (BOTTOM)

DISPOSAL AREA CROSS SECTION



Scale:

Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.



Coarse Loamy Sand fill to 8" below original Grade. Bottom of chambers to be installed 6" below original grade.

David P. Roque
Site Evaluator Signature

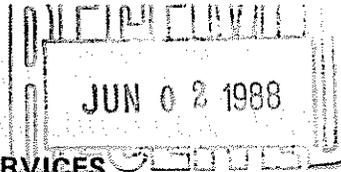
154
SE#

5/21/88
Date



JOSEPH E. BRENNAN
GOVERNOR

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333



MICHAEL R. PETIT
COMMISSIONER

WELL SETBACK RELEASE FORM

I, KEITH E. HART, permanent mailing address TASKER ROAD,
(name of well owner) (street, road, etc.)
AUGUSTA, hereby give my approval to SHIRLEY McDONALD,
(town) (owner of system being installed)
permanent mailing address 46 PEARL ST.
TASKER ROAD, AUGUSTA,
(street, road, etc.) (town)

For the purpose of locating and installing a wastewater disposal system (holding tank) no less than 80 feet (horizontal distance) to my drilled well
(drilled, dug, etc., plus depth to well)

located at SAME AS ABOVE.
(well location and address, if different from the above address)

Keith E. Hart 5-30-88
Signature - Owner of well Date

Shirley McDonald 5/30/88
Signature - Owner of disposal field Date

Nancy J. McDougall 5/30/88
Signature - Witness Date



STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333



JOSEPH E. BRENNAN
GOVERNOR

MICHAEL R. PETIT
COMMISSIONER

WELL SETBACK RELEASE FORM

I, STANLEY I. GAY, permanent mailing address TASKER RD. RFD 7 BOX 305
(name of well owner) (street, road, etc.)

AUGUSTA, hereby give my approval to SHIRLEY MC DOUGAL,
(town) (owner of system being installed)

permanent mailing address 46 PEARL STREET, AUGUSTA,
(street, road, etc.) (town)

for the purpose of locating and installing a wastewater disposal system (holding tank) no
less than 81 feet (horizontal distance) to my DRILLED well
(drilled, dug, etc., plus depth to well)

located at _____
(well location and address, if different from the above address)

Stanley I. Gay 5/30/1988
Signature - Owner of well Date

Shirley McDougal 5/30/1988
Signature - Owner of disposal Date
field

Nancy J. McDougal 5/30/1988
Signature - Witness Date