

# REPLACEMENT SYSTEM VARIANCE REQUEST

(A)  
C.H.

## 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

66-23

Town of Augusta

Permit No. 1349 E

Date Permit Issued 6-10-88  
MONTH/DAY/YEAR

Property Owner's Name: Shirley McDougal

Tel. No. 622-5880

System's Location: Tasker Road (HOUSE)  
STREET

AUGUSTA Maine 04330  
TOWN ZIP

Property Owner's Address: 46 Pearl Street  
(if different from above) 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, 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

5-21-8  
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS				in original soil	
Soil Profile	Ground Water Table	to 6"		0 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				
	a. Neighbor's	50 <sup>b</sup>	60 <sup>b</sup>		87'±
	b. Property Owner's	25'	50'	65'±	57'±
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'	35'±	33'±
	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

May be necessary along southerly 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.

David P. Roque  
SITE EVALUATOR'S SIGNATURE

5/21/88  
DATE

**LPI STATEMENT**

I, George Seay 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.
- 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 Seay Jr.  
LPI'S SIGNATURE

6-10-88  
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.

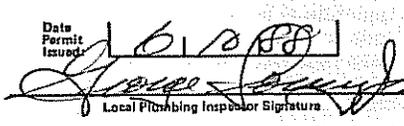
Brent J. McCall WW & PC  
SIGNATURE OF THE DEPARTMENT

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	<b>AUGUSTA</b>
Street Subdivision Lot #	<b>TASKER RD.</b>
PROPERTY OWNERS NAME	
Last:	<b>McDougal</b>
First:	<b>Shirley</b>
Applicant Name:	<b>Ronald McDougal</b>
Mailing Address of Owner/Applicant (if Different)	<b>46 Pearl Street Augusta, Maine</b>

AUGUSTA	PERMIT # <b>1,342</b>	TOWN COPY
Date Permit Issued: <b>5/21/88</b>	FEE: \$ <b>1400.00</b>	<input type="checkbox"/> If Double Fee Charged
 Local Plumbing Inspector Signature		L.P.I. # <b>1001</b>

**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]*  
Local Plumbing Inspector Signature 7-13-89  
Date Approved

## PERMIT INFORMATION

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

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p><b>TREATMENT TANK</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</li> <li><input type="checkbox"/> AEROBIC</li> </ol> <p>SIZE: <b>1000</b> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NONE</li> <li><input type="checkbox"/> LOW VOLUME TOILET</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> <li><input type="checkbox"/> ALTERNATIVE TOILET</li> </ol> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NOT REQUIRED</li> <li><input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</li> <li><input type="checkbox"/> REQUIRED</li> </ol> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><i>Two Bedroom Home - Minimum Design Flow</i></p> <p>DESIGN FLOW: <b>180</b> (GALLONS/DAY)</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <i>Fill over 9 E</i></p> <p>CONDITION: <i>in original</i></p> <p>DEPTH TO LIMITING FACTOR: _____</p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SMALL</li> <li><input type="checkbox"/> MEDIUM</li> <li><input type="checkbox"/> MEDIUM-LARGE</li> <li><input type="checkbox"/> LARGE</li> <li><input checked="" type="checkbox"/> EXTRA LARGE</li> </ol>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> BED _____ Sq. Ft.</li> <li><input checked="" type="checkbox"/> CHAMBER <b>450</b> Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</li> <li><input type="checkbox"/> TRENCH _____ Linear Ft.</li> <li><input type="checkbox"/> OTHER: _____</li> </ol>	

**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. Roque* 154 5/21/88  
Site Evaluator Signature SE# Date

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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

AUGUSTA

TASKER RD.

Shirley McDougal

SITE PLAN

Scale 1" = 50 FL

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

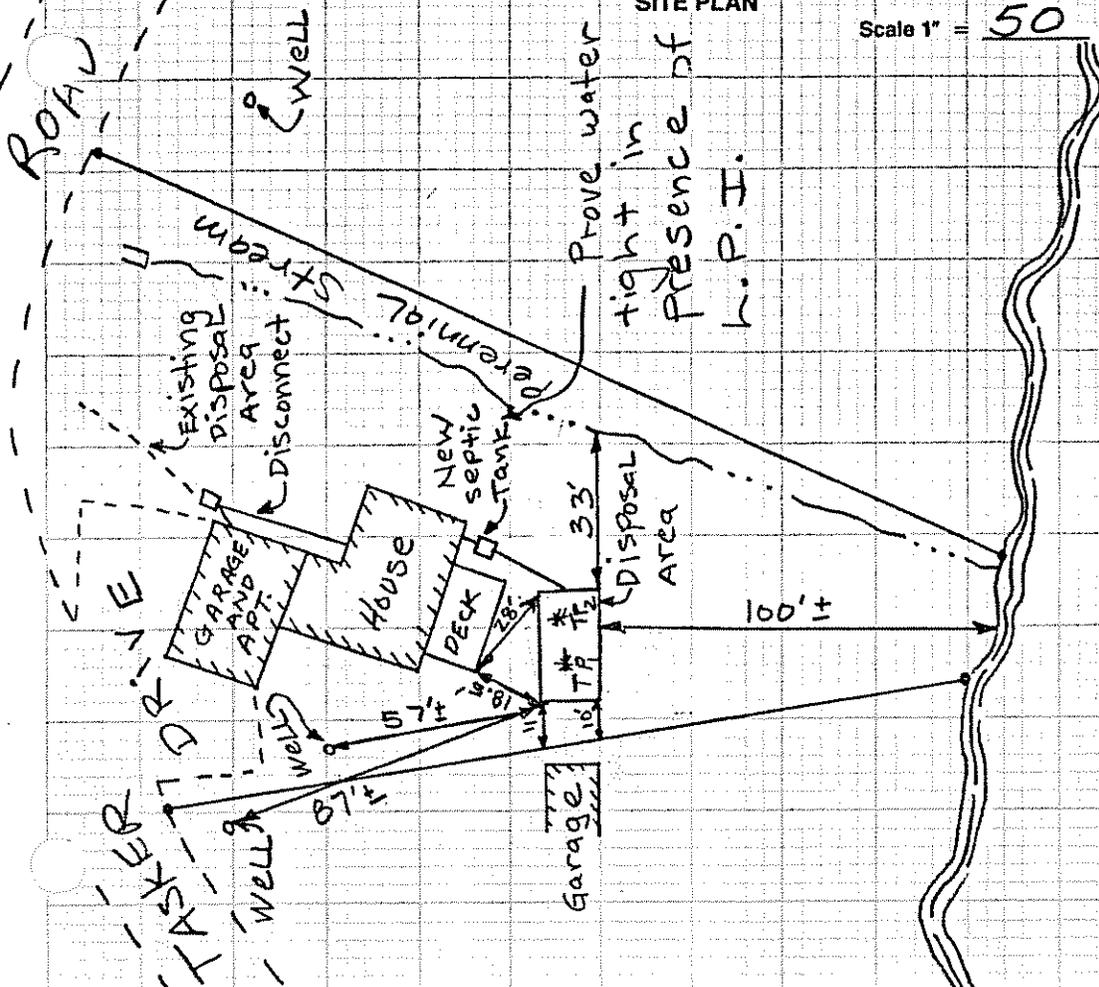
TOGUS POND

Tasker Rd.

0.3 mi.

RT. 105

TOGUS POND



## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP #1  Test Pit  Boring

Observation Hole \_\_\_\_\_  Test Pit  Boring

\_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

\_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	SOME	Brown	Can not distinguish
6	FILL	What	to	Any
10	Sandy loam	Firm	Dark	in fill
15	to loamy sand	Firm	Grayish	standing water
20	Many Stones			

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Fill Depth Varies			
6	From 4' to			
10	30" + over 9E			
15	0" Water Table is above original soil grade.			

Soil Profile 9 Classification E Slope 6-9% Limiting Factor 0  Ground Water  Restrictive Layer  Bedrock

Soil Profile \_\_\_\_\_ Classification \_\_\_\_\_ Slope \_\_\_\_\_ % Limiting Factor \_\_\_\_\_  Ground Water  Restrictive Layer  Bedrock

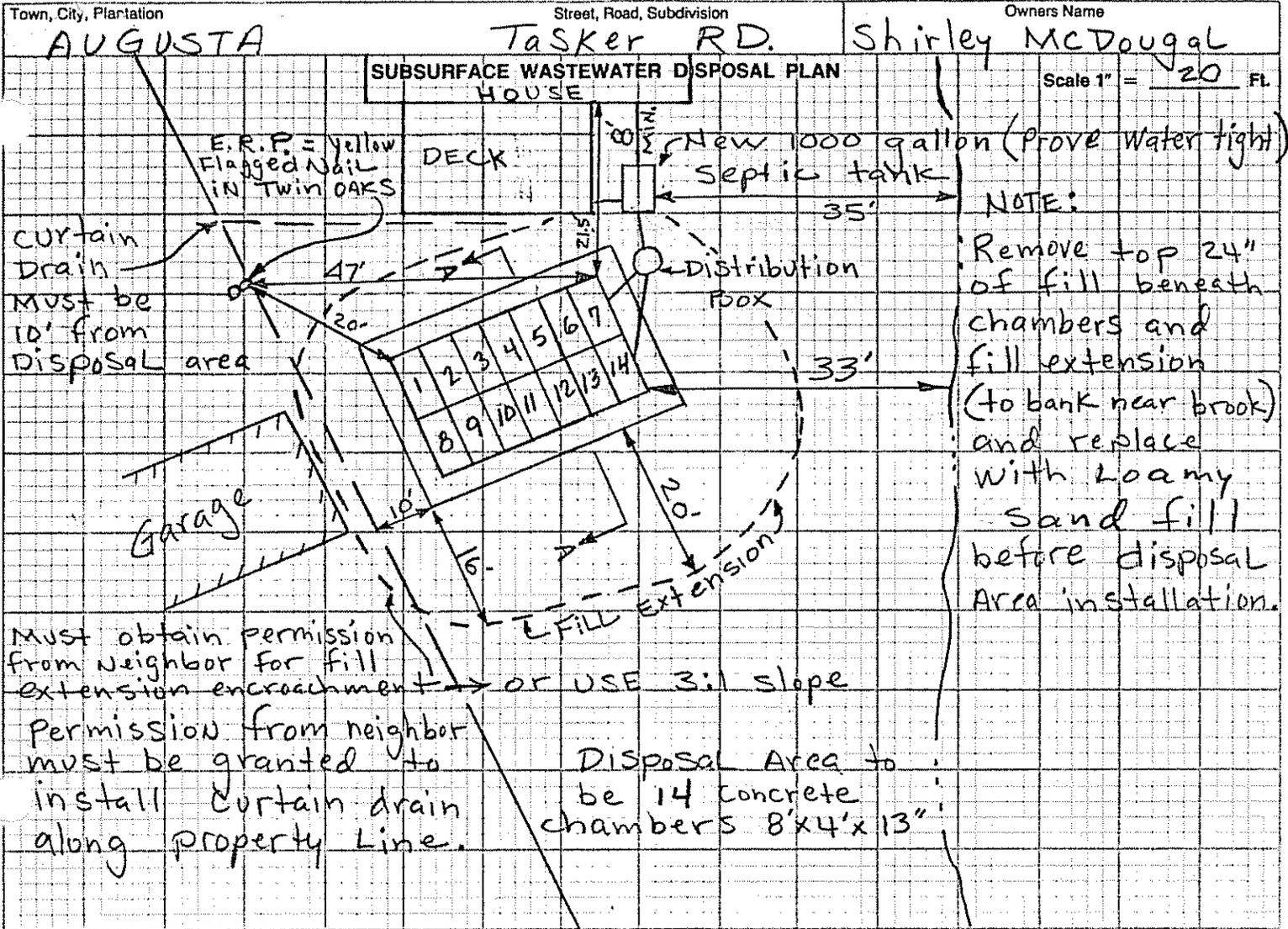
David P. Roogue  
Site Evaluator Signature

154  
SE#

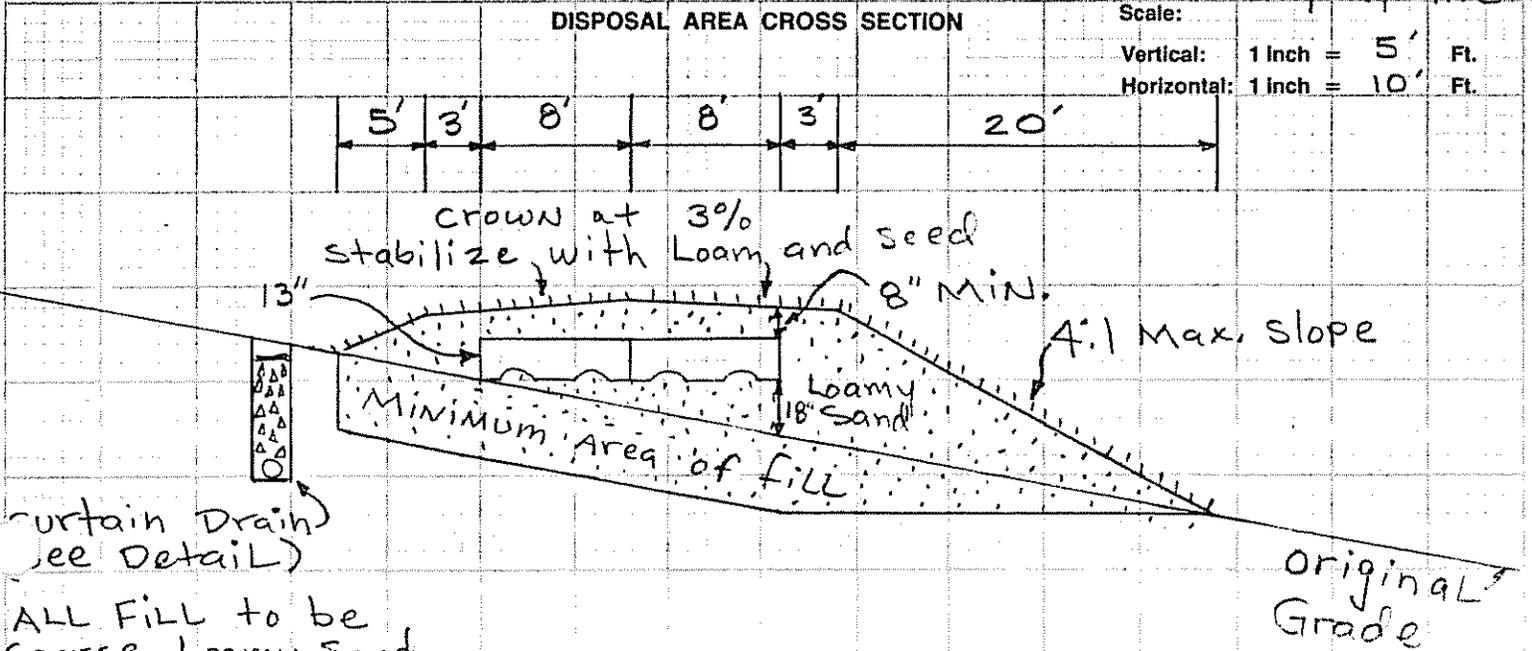
5/21/88  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope) <u>24"</u>	Reference Elevation is <u>0</u>	LOCATION & DESCRIPTION
Depth of Fill (Downslope) <u>42"</u>	Bottom of Disposal Area <u>-48"</u>	Yellow Flagged Nail in twin
	Top of Distribution Lines or Chambers <u>-35"</u>	12" x 15" OAKS on southerly
		Property line



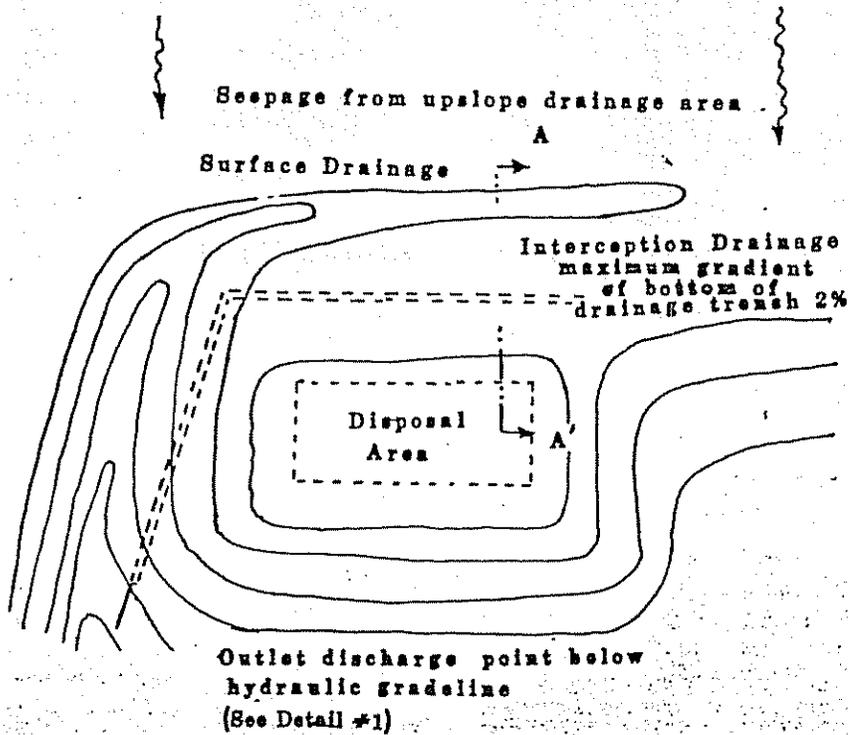
ALL FILL to be Coarse Loamy Sand  
 David P. Roque  
 Site Evaluator Signature

154 SE#

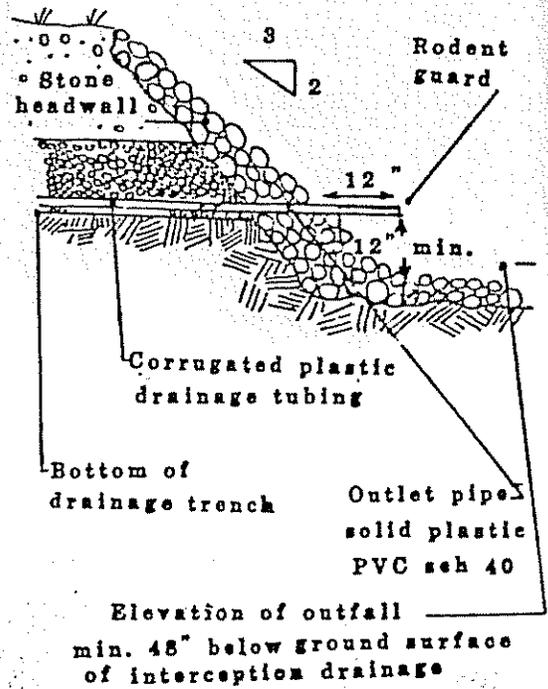
5/21/58 Date

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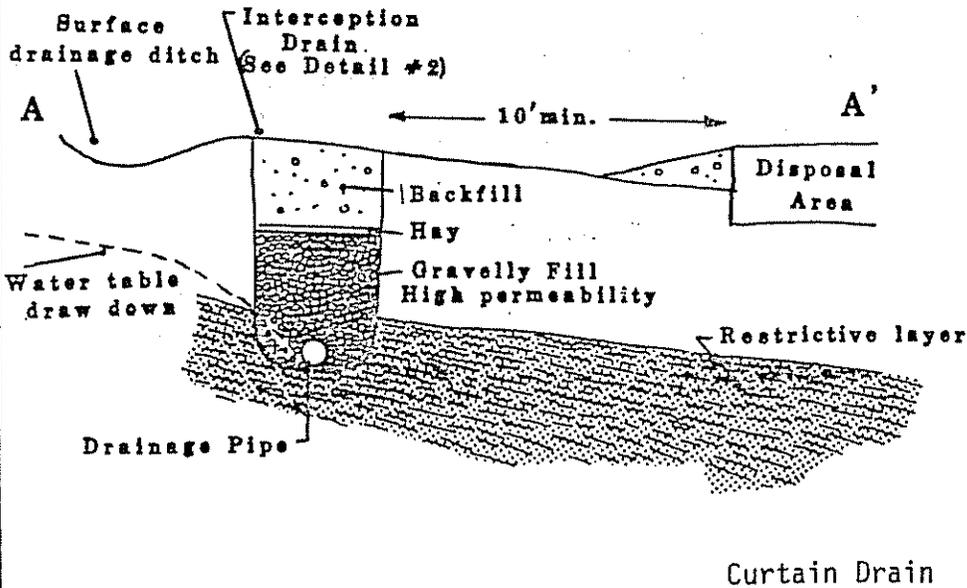
# PLAN VIEW



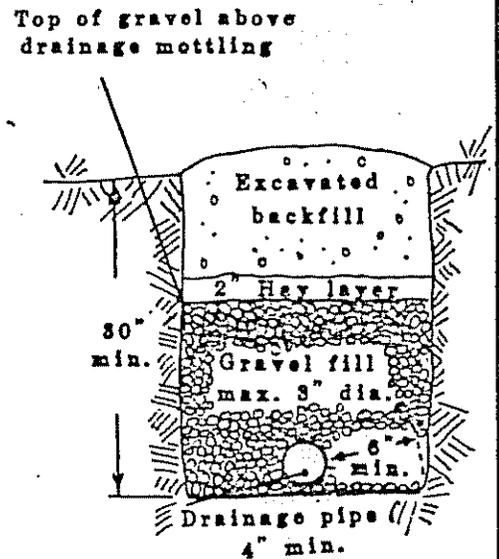
# DETAIL #1



# CROSS-SECTION



# DETAIL #2



George

JUN 02 1988

STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333



MICHAEL R. PETIT  
COMMISSIONER



JOSEPH E. BRENNAN  
GOVERNOR

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 Mc DONALD,  
(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 30 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. McDonald 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  
Signature - Owner of well

5/30/1988  
Date

Shirley McDougal  
Signature - Owner of disposal  
field

5/30/1988  
Date

Nancy J. McDougal  
Signature - Witness

5/30/1988  
Date

I Leith E. Hart, mailing address Tasker Road, Augusta, Maine,  
(Name of property owner) TEL# 623-9432

hereby grant permission to Shirley McDougal of 46 Pearl Street, Augusta,  
Maine and designated contractor to allow fill extension encroachment and  
installation of a curtain drain along my property line, for the purpose of  
locating and installing a wastewater disposal system.