

# 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

Permit No. 1868 E Date Permit Issued \_\_\_\_\_  
Property Owner's Name: Gary Washburn Tel. No. 622-4372  
System's Location: Tester Road  
Town of Augusta  
Property Owner's Address: Rte 7 Box 2220 Maine 04330  
(if different from above) Augusta ME 04330  
TOWN STREET 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.

Gary Washburn  
PROPERTY OWNER'S SIGNATURE

6/13/90  
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS	Soil Profile	to 6"		inches	
	Soil Condition	to 6"		inches	
	from HHE-200	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>		
	b. Property Owner's	25'	50'		
Waterbodies	3. Water Supply Line	See note 'a'			
	1. Perennial	50'	60'	75	60
	2. Intermittent	15'	20'		
Downhill Slope	3. Manmade drainage ditch	10'	15'		
	Greater than 3:1 (33%)	5 <sup>c</sup>	10 <sup>c</sup>		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'	7	12
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.

*Charles H. King*  
SITE EVALUATOR'S SIGNATURE

9 June 80  
DATE

**LPI STATEMENT**

I, George H. Soucy, 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: \_\_\_\_\_

*George H. Soucy, Jr.*  
LPI'S SIGNATURE

JIF-70  
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 #: Tasker Road  
**PROPERTY OWNERS NAME**  
 Last: Washburn First: Gary  
 Applicant Name: 622-4372  
 Mailing Address of Owner/Applicant (If Different): Rte 7 Box 2220 Augusta, ME 04330

AUGUSTA **Caution: Permit No. 1868** TOWN COPY  
 Subsurface Wastewater Disposal System shall not be installed until approved by the Department of Human Services.  
 Date Permit Issued: 6/16/90 \$ 160.00 FEE  If Double Fee Charged  
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 1987A

**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.  
Tammy R. Washburn 6/14/90  
 Signature of Owner/Applicant Date

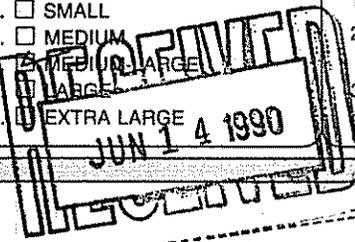
**Caution: Inspection Required**  
 I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules. 6/16/90  
 Local Plumbing Inspector Signature Date Approved

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></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><b>THIS APPLICATION REQUIRES:</b></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"/> Requiring 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><b>INSTALLATION IS:</b></p> <p><b>COMPLETE SYSTEM</b></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)  <b>INDIVIDUALLY INSTALLED COMPONENTS:</b>                  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><b>SEASONAL CONVERSION</b>                  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# _____                  9. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p><b>IF REPLACEMENT SYSTEM:</b>                  YEAR FAILING SYSTEM INSTALLED <u>30's</u>                  THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED      3. <input type="checkbox"/> TRENCH                  2. <input type="checkbox"/> CHAMBER      4. <input checked="" type="checkbox"/> OTHER: _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING                  2. <input checked="" type="checkbox"/> MODULAR OR MOBILE HOME                  3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING                  4. <input type="checkbox"/> OTHER _____                  SPECIFY _____</p>
<p>SIZE OF PROPERTY: <u>3 Acre</u>                  ZONING: <u>Shoreland</u></p>	<p><b>TYPE OF WATER SUPPLY</b>  <u>Lake Now - Drilled Well Planned</u></p>	

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

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular  <input type="checkbox"/> Low Profile                  2. <input type="checkbox"/> AEROBIC                  SIZE: <u>750</u> GALS.</p>	<p><b>WATER CONSERVATION</b></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><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED                  2. <input type="checkbox"/> MAY BE REQUIRED                  (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)                  3. <input type="checkbox"/> REQUIRED                  DOSE: _____ GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p><u>Two Bed Room</u>  <u>3x3x45</u>  <u>1.7</u>                  DESIGN FLOW: <u>238</u>                  (GALLONS/DAY)</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <u>7</u>      CONDITION: <u>C</u>                  DEPTH TO LIMITING FACTOR: <u>15.</u></p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL                  2. <input type="checkbox"/> MEDIUM                  3. <input checked="" type="checkbox"/> MEDIUM-LARGE                  4. <input type="checkbox"/> LARGE                  5. <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.                  2. <input checked="" type="checkbox"/> CHAMBER <u>405</u> Sq. Ft.  <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20                  3. <input type="checkbox"/> TRENCH _____ Linear Ft.                  4. <input type="checkbox"/> OTHER: _____</p>	



**SITE EVALUATOR STATEMENT**

On 8 June 90 (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.

Charles H. King      094      9 June 90  
 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  
Augusta

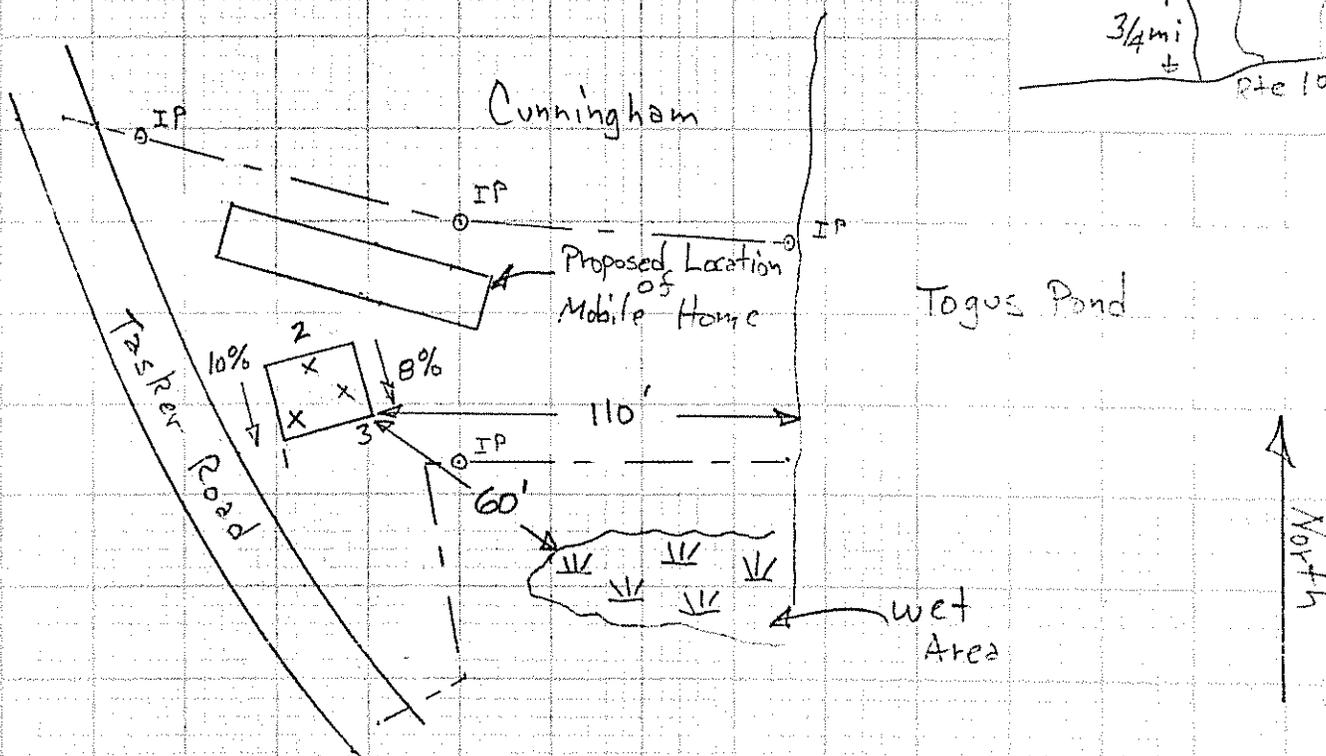
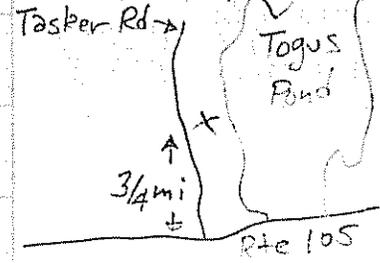
Street, Road, Subdivision  
Tasker Road / Togus Pond

Owners Name  
Gary Washburn

## SITE PLAN

Scale 1" = 50 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 2  Test Pit  Boring  
" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Loam	Loose	Brown	None
6	Sandy	Very	Reddish	
10	Loam	Friable	Brown to Tan	None
15	Silt	Friable	Light	
20	Loam	Firm	Gray	
30				
40				
50				

Soil Profile Z Classification C Slope 10% Limiting Factor 18"  
 Ground Water  
 Restrictive Layer  
 Bedrock

Observation Hole 2+3  Test Pit  Boring  
" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Sandy			
6	Loam	Loose	Tan	None
10				
15	Silt	Friable	Light	
20	Loam	Firm	Gray	
30				
40				
50				

Soil Profile Z Classification C Slope 8% Limiting Factor 15-17"  
 Ground Water  
 Restrictive Layer  
 Bedrock

Charles H. King  
Site Evaluator Signature

094  
SE#

9 June 90  
Date

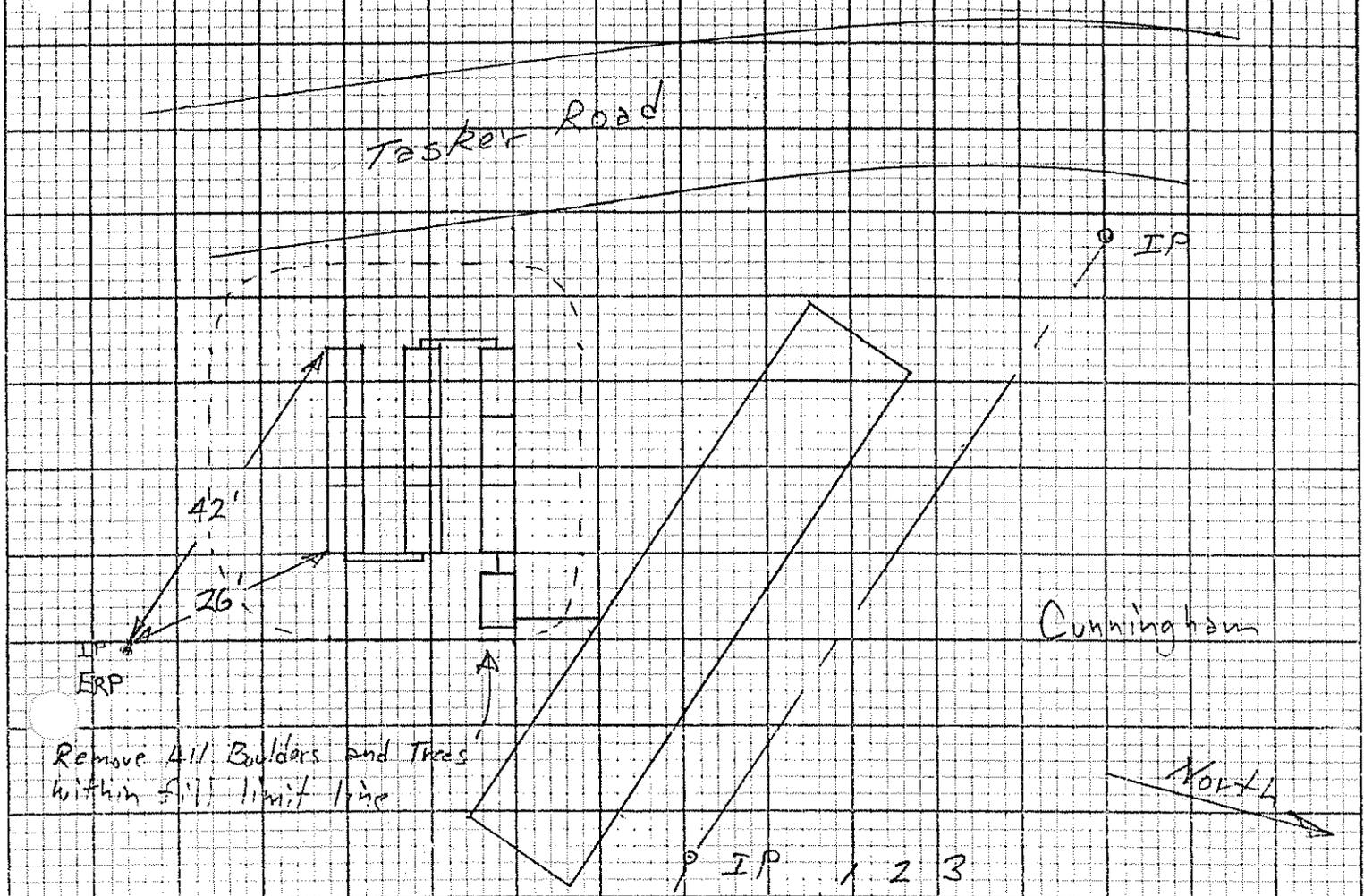
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: Augusta Street, Road, Subdivision: Tasker Road / Bogus Pond Owners Name: Gary Washburn

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

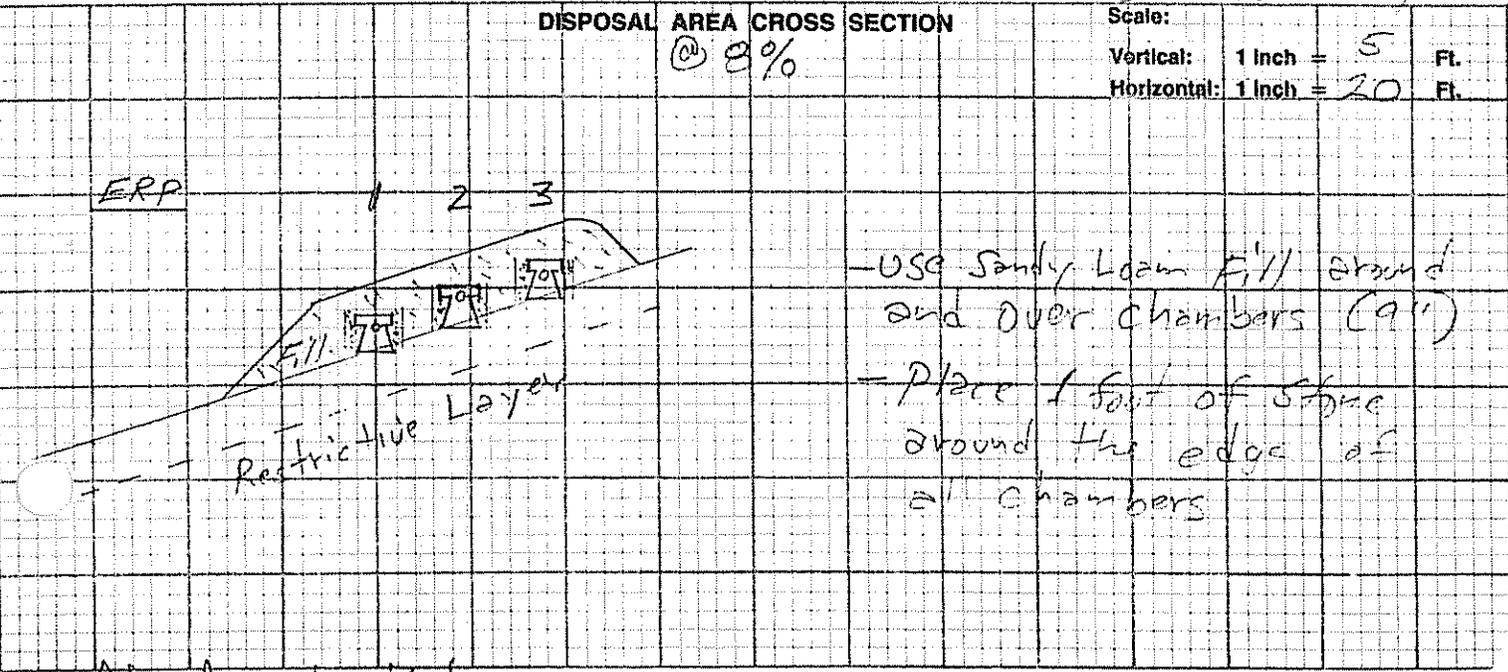


Remove All Boulders and Trees within fill limit line



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION		
		0"	0"	0"
Depth of Fill (Upslope)	<u>22"</u> Reference Elevation is	0"	0"	0"
Depth of Fill (Downslope)	<u>22"</u> Bottom of Disposal Area	48	39	30
	Top of Distribution Lines or Chambers	35	26	17

Scale:  
Vertical: 1 inch = 5 Ft.  
Horizontal: 1 inch = 20 Ft.



Charles H. King

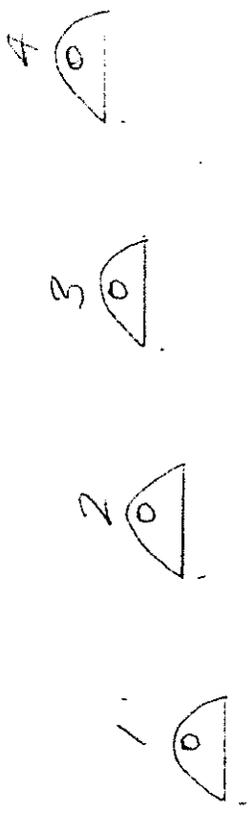
094

9 June 90

# INFILTRATOR CROSS-SECTION 8 %



6" CLEAN FILL  
OVER INFILTRATORS  
(MINIMUM)



EDGE OF 3 FT. BERM

## \* Infiltrator Option

USE 4 Rows of 4 each  
4 x 4 = 16

Infiltrator Area 21' x 25'  
Chamber Area 22' x 24' shown on HHE-200

- NOTES:**
1. REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER INFILTRATORS AND FILL EXTENSION AREAS.
  2. BOTTOM OF INFILTRATORS TO BE LEVEL WITH A MAXIMUM GRADE TOLERANCE OF 1" PER 100'.
  3. PROVIDE FOR SURFACE DRAINAGE AWAY FROM INFILTRATOR AREA.
  4. FINISHED GRADE SHALL BE SEEDED AND MULCHED TO PREVENT EROSION.

ORIGINAL GRADE  
FILL UNDER INFILTRATORS TO BE Sandy loam TEXTURE.  
FILL AROUND INFILTRATORS TO BE Sandy loam TEXTURE.

SITE EVALUATOR: <u>Charles H. King</u>		NUMBER OF INFILTRATORS: <u>16</u>	PERCENT SLOPE: <u>8</u>
OWNER: <u>Gary Washburn</u>	ELEVATIONS: REFERENCE PT. <u>0"</u> BOTTOM TRENCH #1 <u>-48"</u>	BOTTOM TRENCH #2 <u>-42"</u> BOTTOM TRENCH #3 <u>-36"</u>	
LOCATION: <u>Augusta</u>	DATE: <u>9 June 90</u>	SCALE: 1 INCH = 5 FEET	