

M-7127

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. 2821 E

Date Permit Issued 10/11/93
MONTH/DAY/YEAR

Property Owner's Name: Ratten Williams

Tel. No. WK 624-5309 HM 625 2791

System's Location: Young Rd, Tegus Pond
STREET

Augusta

TOWN

Maine ZIP

Property Owner's Address: RFD 7

Box 1180

STREET

(if different from above)
Same location

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.

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.

PROPERTY OWNER'S SIGNATURE

10/11/93

DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table	to 6"		13 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'		8'
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.

Harold Bishop
SITE EVALUATOR'S SIGNATURE

5/16/93
DATE

LPI STATEMENT

I, *George A. Sweeney Jr.*, LPI for the Town of *Argyle* 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. Sweeney Jr.
LPI'S SIGNATURE

10/1/93
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

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

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street Division Lot #	Young Rd Togus Rd

PROPERTY OWNERS NAME

Last: Williams First: Patten

Applicant Name: _____

Mailing Address of Owner/Applicant (If Different): RFD 7 Box 1180 Augusta, Me. 04330

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.

[Signature] 10/1/93

Signature of Owner/Applicant Date

AUGUSTA 2821 TOWN COPY

Date Permit Issued: 10/4/93 \$ 50 SEPP Double Fee Charged

L.P.I. # 102

[Signature]
Local Plumbing Inspector Signature

Caution: Inspection Required

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

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: YEAR FAILING SYSTEM INSTALLED <u>1989</u></p> <p>THE FAILING SYSTEM IS:</p> <table style="width: 100%;"> <tr> <td>1. <input type="checkbox"/> BED</td> <td>3. <input type="checkbox"/> TRENCH</td> </tr> <tr> <td>2. <input checked="" type="checkbox"/> CHAMBER</td> <td>4. <input type="checkbox"/> OTHER: _____</td> </tr> </table> <p>SIZE OF PROPERTY: <u>1/4 acre</u> ZONING: <u>shorland</u></p>	1. <input type="checkbox"/> BED	3. <input type="checkbox"/> TRENCH	2. <input checked="" type="checkbox"/> CHAMBER	4. <input type="checkbox"/> OTHER: _____	<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 checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval <input 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 checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER _____ 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 type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM <p>TYPE OF WATER SUPPLY <u>Lake</u></p>
1. <input type="checkbox"/> BED	3. <input type="checkbox"/> TRENCH					
2. <input checked="" type="checkbox"/> CHAMBER	4. <input type="checkbox"/> OTHER: _____					

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>Existing TREATMENT TANK</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC <p>SIZE: <u>750 or 1000</u> GALS.</p>	<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 <p>SPECIFY: _____</p>	<p>Existing PUMPING</p> <ol style="list-style-type: none"> <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION) <input checked="" type="checkbox"/> REQUIRED <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>- 2 bed room minimum used for 6/3/89 replacement design</u></p> <p><u>- This repair design adds 7 infiltrators serially = 35</u></p> <p>DESIGN FLOW: <u>180 + 35 = 215</u> (GALLONS/DAY)</p>		
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table style="width: 100%;"> <tr> <td>PROFILE: <u>9</u></td> <td>CONDITION: <u>1</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>11</u></p>	PROFILE: <u>9</u>	CONDITION: <u>1</u>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> MEDIUM-LARGE <input type="checkbox"/> LARGE <input checked="" type="checkbox"/> EXTRA LARGE 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> <input type="checkbox"/> BED _____ Sq. Ft. <input type="checkbox"/> CHAMBER <u>see pg 3</u> Sq. Ft. <input type="checkbox"/> TRENCH _____ Linear Ft. <input type="checkbox"/> OTHER: _____ 	
PROFILE: <u>9</u>	CONDITION: <u>1</u>				

SITE EVALUATOR STATEMENT

5/10/93 (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]
Site Evaluator Signature

201
SE#

5/16/93
Date

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

UNDESURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

Augusta

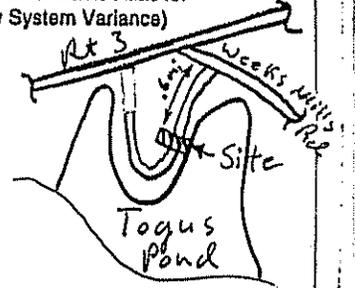
Young Rd Toques Rd

Patten Williams

SITE PLAN

Scale 1" = 40 Ft.

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

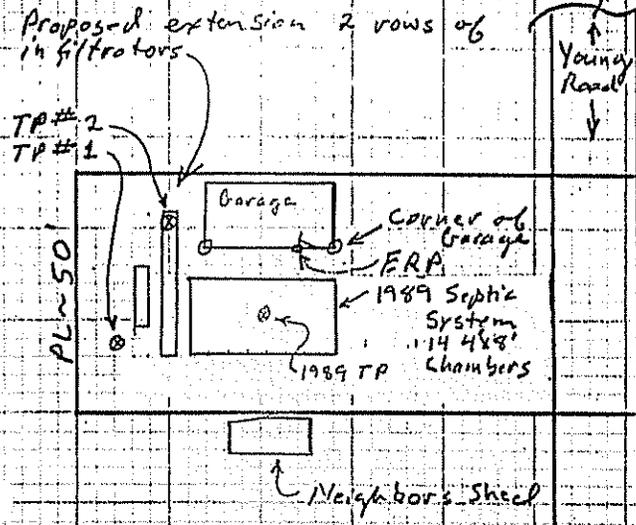


The 1989 septic system is malfunctioning. This application proposes; to replace a portion of the fill extension with courser textured fill, and to extend the concrete chamber disposal area serially to 2 rows of infiltrators w/ 5 infiltrators in row 1 and 2 infiltrators in row 2.

Additional septic capacity could be gained by: 1) removing tree to place 3 more infiltrators in row 2, 2) use of additional water conservation devices, such as 1.5 gal low flow toilet.

3) remove and inspect void space of under existing concrete chambers to be assured adequate septic storage capacity.

Proposed extension 2 rows of infiltrators



PL 218

PL 218

- Note: Dave Rocque assisted development of this repair plan.

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

Observation Hole TP #1 Test Pit Boring

Observation Hole TP #2 Test Pit Boring

1" Depth of Organic Horizon Above Mineral Soil

1" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
		Dr Br	
	Loose		
SL		Med Br	
		Yl Br	
	Fractile		
		owc Br	Common
			Distinct
SL	Firm		

Texture	Consistency	Color	Mottling
		Dr Br	
	Loose		
SL		Dr Br	
		Yl Br	
	Fractile		
		owc	Common
			Distinct
SL	Firm		

Soil Profile <u>9</u>	Classification <u>C</u>	Slope <u>~5%</u>	Limiting Factor <u>16"</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Soil Profile <u>9</u>	Classification <u>C</u>	Slope <u>~5%</u>	Limiting Factor <u>11"</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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46 am... Site Evaluator Signature

201 SE#

5/16/93 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

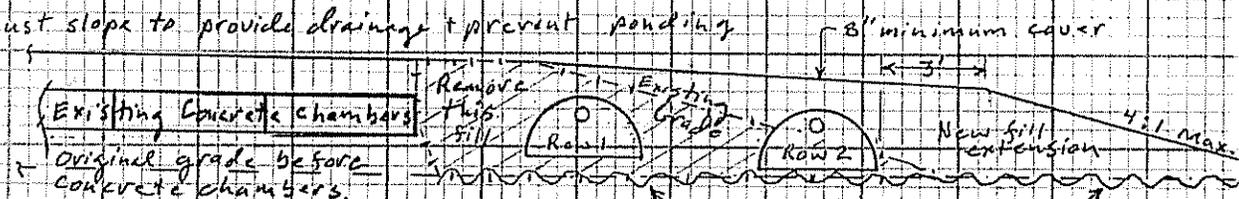
Department of Human Services
Division of Health Engineering

Town, City, Plantation Augusta	Street, Road, Subdivision Young Rd, Tegus Pond	Owners Name Patten Williams
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = 20' Ft.

- Infiltrator rows to be spaced 3' apart and 3' from concrete chambers.
- Infiltrator rows to be positioned in relation to concrete chambers as shown.

FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) ~ 36"	Reference Elevation is 0'00"	Top of Existing Concrete Chambers
Depth of Fill (Downslope) ~ 24"	Bottom of Disposal Area See	
	Top of Distribution Lines or Chambers Below	

DISPOSAL AREA CROSS SECTION	Scale:	Vertical: 1 inch = 5' Ft.	Horizontal: 1 inch = 5' Ft.									
<ul style="list-style-type: none"> - Use caution to avoid damage to existing chambers. - excavated fill may be used for grading only above or beyond new fill requirements shown. - Finish grade must slope to provide drainage & prevent ponding. 												
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th>Elevations</th> <th>Row 1</th> <th>Row 2</th> </tr> <tr> <td>Bottom of Row</td> <td>-19"</td> <td>-22"</td> </tr> <tr> <td>Top of In filt</td> <td>-4"</td> <td>-7"</td> </tr> </table>	Elevations	Row 1	Row 2	Bottom of Row	-19"	-22"	Top of In filt	-4"	-7"			
Elevations	Row 1	Row 2										
Bottom of Row	-19"	-22"										
Top of In filt	-4"	-7"										



- Do not prepare base or place fill in wet conditions. Prepare base
- Prepare base by: allowing base grade to dry in sunny weather avoid septic discharge, place 3" new fill, and rototill new fill 6" deep to mix w/ base grade.
- New fill to be gravelly loamy course sand.
- Inspect to confirm interior void space of existing concrete chambers not clogged, as possible

Hamilton *Beaphon*
Site Evaluator Signature

201
SE#

5/17/93
Date