

Finnegan, John V.

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 is in noncompliance 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 with LPI approval limitations can be met.

1. The replacement system is correcting a malfunction or an unlicensed wastewater discharge system.
2. A replacement 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 does not conflict with Seasonal Conversion Permit (30 MRSA § 3223) or with Mandatory Shoreland Zoning (12 MRSA § 4811).
6. 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

Town Code 11030

Permit No. 55607E

Date Permit Issued 4/6/83
month/day/yr.

Property Owner's Name: John V Finnegan Tel. No. 622-9646

System's Location: Young Road
Street

Augusta Town MAINE 04330 Zip

Property Owner's Address:
(if different from above) _____
Street

_____ 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, then 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.

John V Finnegan
Property Owner's Signature

4/6/83
Date

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"		inches	
	Restrictive Layer	to 6"		inches	
	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	100a	300a		
	2. Well: < 2000 gal/day a. Neighbor's	100b	100b		
	b. Property Owner's	50'	60'	62'	75'
Waterbodies	3. Water Supply Line	See Note 'a'			
	1. Perennial	60'	60'	60'	
	2. Intermittent	25'	25'		
Downhill Slope	3. Manmade drainage ditch	15'	15'		
	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With basement	See Note	15'		
	2. Without basement	'a'	10'		
Property Line		5'	5'		

Other Specify:

Footnotes:

- This setback distance cannot be reduced by variance. See Table 6-2.
- A variance to reduce the 100 foot setback distance to a minimum of 80 feet may be granted only with the neighbor's written permission.
- Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

Roger M. Meehan
Site Evaluator's Signature

3-17-83
Date

LPI Statement

I, Archie K. Bickford, 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 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, do not approve) 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:

Archie K. Bickford
LPI's Signature

4/6/83
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

This Is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

This Application Is For: <input type="radio"/> New System <input checked="" type="radio"/> Replacement Of Entire System <input type="radio"/> Expanded System <input type="radio"/> Replacement Of Disposal Area Only <input type="radio"/> Conversion Permit		Variance: <input type="radio"/> None Required <input checked="" type="radio"/> Replacement System Variance With: <input checked="" type="radio"/> LPI Approval <input type="radio"/> Dept. Review
PROPERTY LOCATION Augusta Town, Plantation		Young Rd Street, Road
PROPERTY OWNER or APPLICANT Finnegan John V		Young's Point Subdivision Name
Mailing Address Box 1178 Street		Lot No.
Augusta Maine State 04330 Zip Code		
LOCATION PLAN OF PROPERTY 		TYPE OF STRUCTURE, DESIGN FLOW <input checked="" type="radio"/> Single Family Dwelling Number of Bedrooms <u>2</u> Design Flow <u>180</u> GPD Design Flow based on <input checked="" type="radio"/> Minimum <input type="radio"/> Moderate <input type="radio"/> Conservative <input type="radio"/> Reduction in Design Flow due to Water Conservation If so, specify type (s) _____ <input type="radio"/> Other Establishment. Specify _____ Type of Facility _____ (Number of Employees, Seating Capacity, Building Size, etc.) Design Flow _____ GPD If greater than 2000 GPD, Specify Professional Engineer _____
SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2		PROPERTY INFORMATION Area of Property <u>13000</u> <input checked="" type="radio"/> Sq. Ft. <input type="radio"/> Acres <input type="radio"/> Zoned <input type="radio"/> Not Zoned If zoned, type of zoning _____ Property on Water Body, If so, Name of Water Body <u>Togus Pd</u> Water Supply is: <input type="radio"/> Public Utility, <input checked="" type="radio"/> Drilled Well <u>135</u> depth <input type="radio"/> Dug Well _____ depth <input type="radio"/> Well Point <input type="radio"/> Spring <input type="radio"/> Surface Water

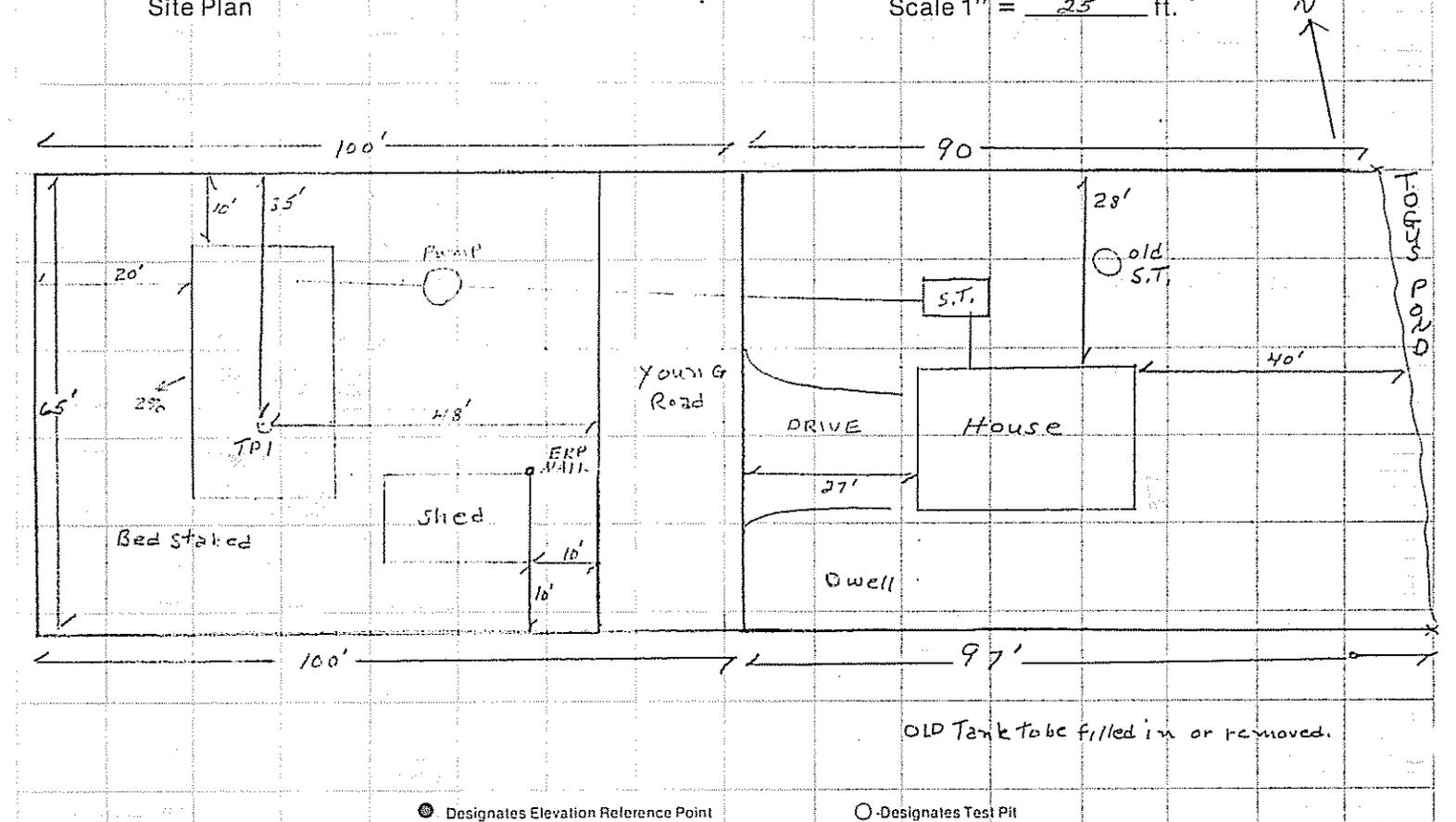
TEXTURAL DESCRIPTION OF EACH SOIL STRATA ENCOUNTERED	Observation Hole No. <u>1</u>			Observation Hole No. _____			Observation Hole No. _____		
	<input checked="" type="radio"/> Test Pit <input type="radio"/> Boring			<input type="radio"/> Test Pit <input type="radio"/> Boring			<input type="radio"/> Test Pit <input type="radio"/> Boring		
Organic Strata or (Existing Fill)	Forest Litter Thickness <u>2</u> "			Organic Strata or (Existing Fill) Thickness _____ "			Organic Strata or (Existing Fill) Thickness _____ "		
1st Original Mineral Soil Strata	Depth from <u>0</u> " to <u>0</u> " Thickness <u>9</u> "			1st Original Mineral Soil Strata Depth from 0 " to _____ " Thickness _____ "			1st Original Mineral Soil Strata Depth from 0 " to _____ " Thickness _____ "		
2nd	Depth from <u>9</u> " to <u>14</u> " Thickness <u>5</u> "			2nd Depth from _____ " to _____ " Thickness _____ "			2nd Depth from _____ " to _____ " Thickness _____ "		
3rd	Depth from <u>14</u> " to <u>36</u> " Thickness <u>22</u> "			3rd Depth from _____ " to _____ " Thickness _____ "			3rd Depth from _____ " to _____ " Thickness _____ "		
4th	Depth from _____ " to _____ " Thickness _____ "			4th Depth from _____ " to _____ " Thickness _____ "			4th Depth from _____ " to _____ " Thickness _____ "		
Total Depth of Observation Hole	<u>36</u> "			Total Depth of Observation Hole _____ "			Total Depth of Observation Hole _____ "		
Depth from top of ORIGINAL MINERAL SOIL	Maximum Seasonal High Ground <input type="radio"/> None evident <input type="radio"/> Water Table Depth <u>11</u> "			Maximum Seasonal High Ground <input type="radio"/> None Evident <input type="radio"/> Water Table Depth _____ "			Maximum Seasonal High Ground <input type="radio"/> None evident <input type="radio"/> Water Table Depth _____ "		
	Depth to Restrictive Layer <input checked="" type="radio"/> None evident _____ "			Depth to Restrictive Layer <input type="radio"/> None evident _____ "			Depth to Restrictive Layer <input type="radio"/> None evident _____ "		
	Depth to Bedrock <input checked="" type="radio"/> None evident _____ "			Depth to Bedrock <input type="radio"/> None evident _____ "			Depth to Bedrock <input type="radio"/> None evident _____ "		
PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE	
		<u>2 %</u>			<u>%</u>			<u>%</u>	

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2			
TYPE OF SYSTEM <input checked="" type="radio"/> Combined System <input type="radio"/> Separated System If separated system, type of black waste disposal system to be used: <input type="radio"/> Compost <input type="radio"/> Pit Privy <input type="radio"/> Sealed Vault Privy <input type="radio"/> Other: _____ Specify: _____ <input type="radio"/> Separated Laundry System <input type="radio"/> Primitive System <input type="radio"/> Holding Tank	TREATMENT TANK <input checked="" type="radio"/> Septic Tank <input type="radio"/> Aerobic Tank Size <u>700</u> Gals. DOSAGE <input type="radio"/> Pumping is not required <input checked="" type="radio"/> Pumping is required The dose should be: <u>100</u> Gals. Dosage chamber capacity shall be _____ gals. <input checked="" type="radio"/> System should be vented	SUBSURFACE DISPOSAL AREA/TYPE <input type="radio"/> Trench Disposal Area Total linear feet of trench _____ ft. Number of Trench lines _____ ft. Length of each trench line _____ ft. Depth of Stone _____ inches. Reduction on trench length due to stone depth _____ % <input checked="" type="radio"/> Bed Disposal Area Total bed area <u>720</u> sq. ft. Number of beds <u>1</u> Width <u>30</u> ft. Length <u>36</u> ft. <input type="radio"/> Chamber Disposal Area Total chamber area _____ sq. ft. Number of clusters _____ Width _____ ft. Length _____ ft. <input type="radio"/> H-20 required	SYSTEM SIZE RATING <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Medium Large <input checked="" type="radio"/> Large <input type="radio"/> Extra Large DISPOSAL AREA ELEVATION Depth of Upslope Fill required <u>26</u> inches. Depth of Downslope Fill required <u>26</u> inches. Reference Elevation Point established at _____ Elevation. Disposal Area Bottom to be established at <u>63" below ERP</u> Elevation. Top of Distribution Lines or Top of Chambers <u>52" below ERP</u> Elevation. <input type="radio"/> Yes <input checked="" type="radio"/> No: The proposed subsurface disposal area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook stream, river), swamps, marshes, and bogs. <input checked="" type="radio"/> Yes <input type="radio"/> No: The proposed subsurface disposal area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.

FOR USE BY SITE EVALUATOR On <u>12 March 83</u> (date), a site investigation for this project was completed. I conducted this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.	Signature of Site Evaluator Date signed <u>3-17-83</u>	Site Evaluator License Number <u>106</u>
FOR USE BY OWNER/APPLICANT I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.	Signature of Owner/Applicant Date Signed <u>4/5/83</u>	
FOR USE BY LPI: <input checked="" type="radio"/> This Application is approved. If conditions, specify: _____ <input type="radio"/> This Application is Denied due to: <input type="radio"/> System is not in accordance with Rules. <input type="radio"/> Application is incomplete. <input type="radio"/> Application is unclear. <input type="radio"/> Development is in violation of other Regulations. Specify _____	Signature of LPI Date <u>4/16/83</u>	PERMIT NO. <u>55607</u> E Date Issued <u>4/16/83</u>

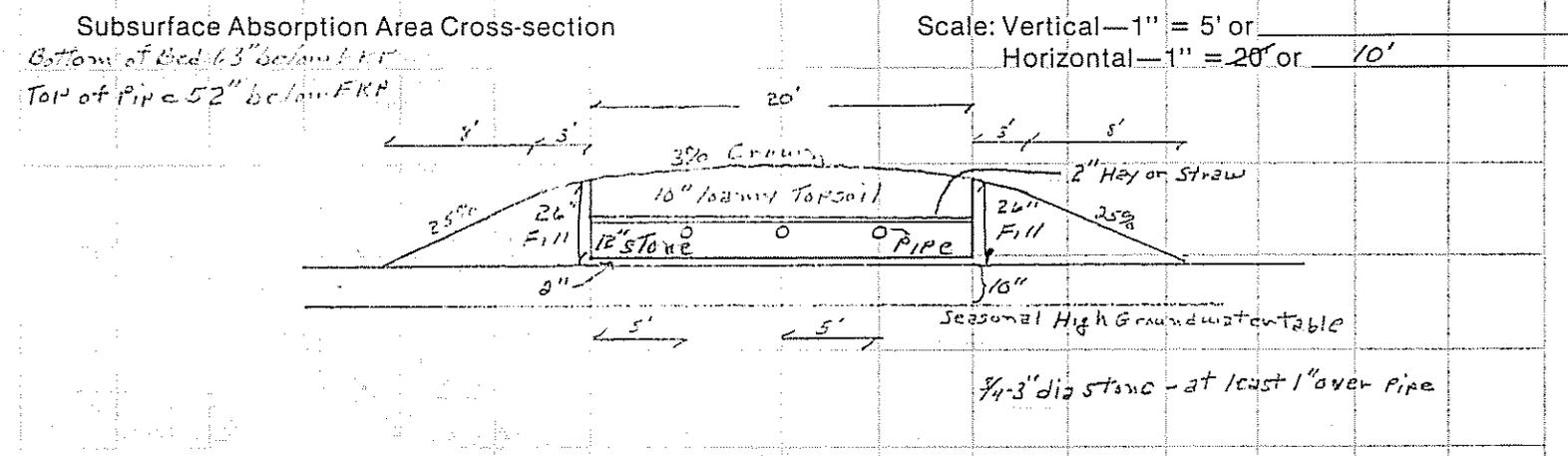
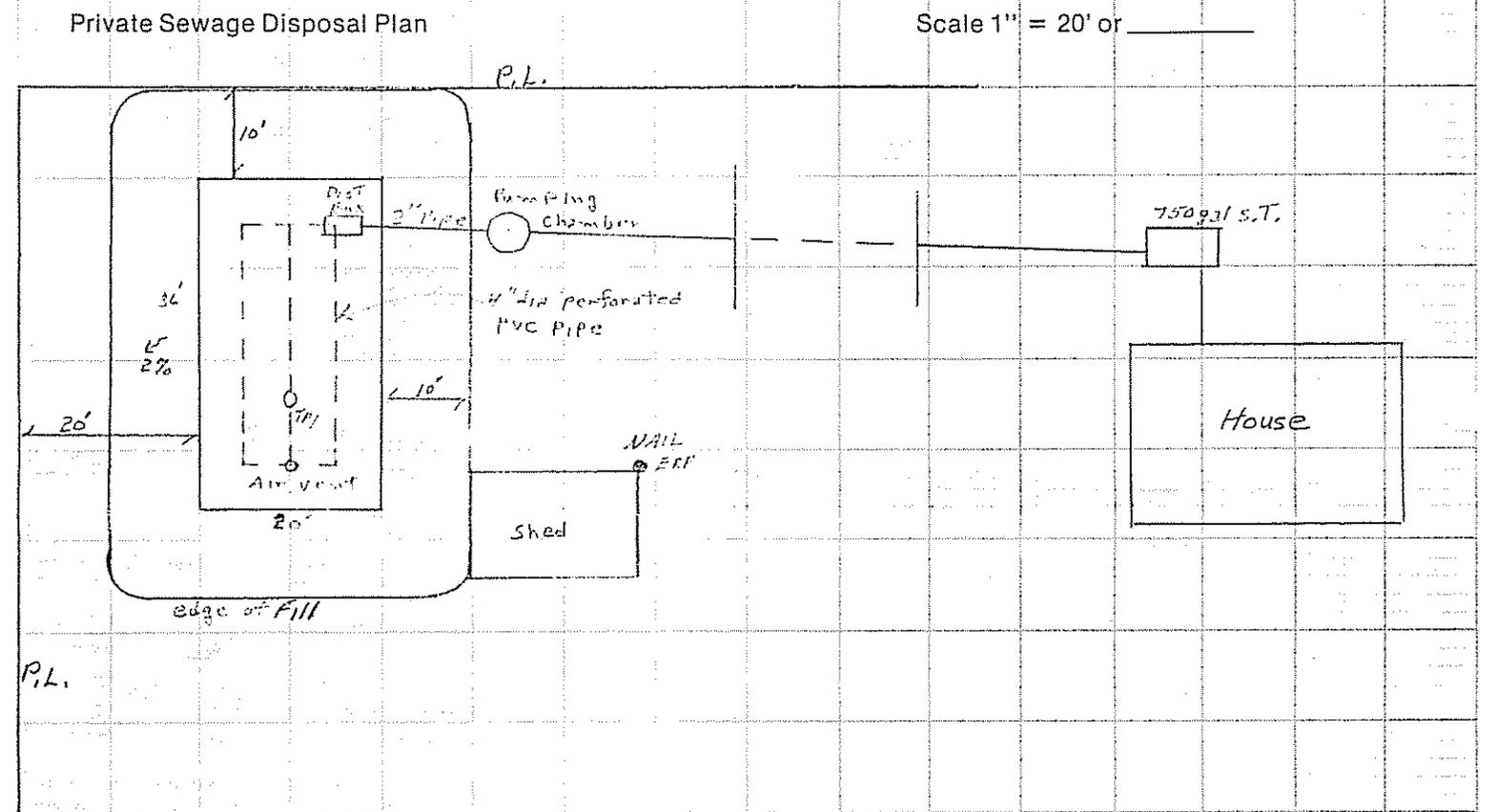
APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT
(For systems disposing of less than 2000 gallons per day)

Town: Augusta Street, Road, etc.: Young Road Owner of Property: John Finnegan
 If on water body, give name: Togas Pond



OLD Tank to be filled in or removed.

● Designates Elevation Reference Point ○ Designates Test Pit

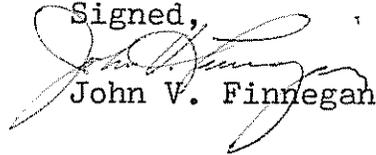


Site Evaluator's Signature: [Signature] Date: 3-17-83 License Number: 106 Signature Required: [Signature]
 Date: 4/8/83
 Applicant: [Signature]
 Owner: [Signature]
 HHE-200 1/78

Statement (no permit may be issued unless signed)
 I certify that all the information submitted to be true and correct; and I understand that issuance of a permit is based upon the information and plans submitted by the applicant. I also understand that any falsification of this application is reason to deny a permit to install a private sewage disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I understand that no guarantee is intended or implied by reason of any advice or approval given by the Administrative Authority or its agent.

I, John V. Finnegan, do hereby hold the City of Augusta harmless for any and all property damage resulting to septic lines from the direct repair or maintenance by the City of Augusta on the Young Rd. in Augusta, Maine.

Signed,



John V. Finnegan

MAR 19 1964

AMT 1964

