

17425

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 may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of the 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.

Handwritten: Town Copy

GENERAL INFORMATION

Town of AUGUSTA

Permit No. 3319 E Date Permit Issued 9/7/95
MONTH/DAY/YEAR

Property Owner's Name: JOHN STULL Tel. No. 622-4926

System's Location: RT 7 BOX 1004 PULLEN ROAD
STREET

AUGUSTA Maine 04330
TOWN ZIP

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

_____ STATE _____ ZIP
TOWN STATE ZIP

SPECIFIC INSTRUCTIONS TO THE:

LPI:

If any of the variances exceed your 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 the 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.

Handwritten Signature: John Stull

PROPERTY OWNER'S SIGNATURE

9/7/95

DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table		to 6"	12	Inches
Soil Condition from HHE-200	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	50'b	60b		
	a. Neighbors				
	b. Property Owner's	25'	50'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'	60'	
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'c	10c		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		12'
Property Line		4'	5'		

OTHER

1. Fill Extension Grade--to 3:1 **steepen slope to 3:1 near property line and near driveway if necessary**

2.

3.

Footnotes:

- a. This setback 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 fill does not extend to the 3:1 slope.

WILLIAM P BROWN

William P Brown
SITE EVALUATOR'S SIGNATURE

8/31/95

DATE

LPI STATEMENT

I, *Nancy R. Tulke*, LPI for the Town of *Angusta* 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 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 the Comments Section below as to why the proposed replacement system is not being recommended.

Comments:

Nancy R. Tulke
LPI'S SIGNATURE

9/7/95
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

M7425

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)287-5672 FAX (207)287-4172

PROPERTY LOCATION

Town or Plantation: **AUGUSTA**

Street Subdivision Lot #: **PULLEN ROAD**

PROPERTY OWNERS NAME

Last: **STULL** First: **JOHN**

Mailing Address of Owner: **RT 7 BOX 1004**
AUGUSTA, ME 04330

Daytime Tel. #: **622-4926**

AUGUSTA 3319 TOWN COPY

Date Permit Issued: **9/7/95** \$ **60** FEE # Double Fee Charged

May R. Fuller
Local Plumbing Inspector Signature

L.P.I. #: **850**

Owner Statement

I state that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

John Stull 9/7/95
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 Application

May R. Fuller 9/29/95
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- First Time System
- Multi-User System
- Replacement System
- Expanded System
 - One-time exempted
 - Non-exempted
- Experimental System
- Seasonal Conversion

THIS APPLICATION REQUIRES:

- No Rule Variance
- First Time System Variance (Municipal)
- First Time System Variance (State)
- Replacement System Variance
 - Local Plumbing Inspector approval
 - State & Local Plumbing Inspector approval
- Minimum Lot Size Variance
- Seasonal Conversion Variance

DISPOSAL SYSTEM COMPONENT(S):

- Non-Engineered System
- Primitive System
- Alternative Toilet specify _____
- Non-Engineered Treatment Tank
- Holding Tank _____ Gallons
- Non-Engineered Disposal Area
- Separated Laundry System
- Engineered System (+2000 gpd)
- Engineered Treatment Tank (only)
- Engineered Disposal Area (only)

SIZE OF PROPERTY

1 ACRE

DISPOSAL SYSTEM TO SERVE:

- Single Family Dwelling Unit
- Multiple Family Dwelling Unit
Number of Units _____
- OTHER _____ SPECIFY _____

SHORELAND ZONING

Yes No

TYPE OF WATER SUPPLY

LAKE WATER

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- Concrete
 - Regular
 - Low Profile
- Plastic

ONE-PIECE W/PUMP

SIZE: **1000** Gallons

DISPOSAL AREA TYPE/SIZE

- Stone Bed _____ Sq. Ft.
- Proprietary Device **900** Sq. Ft.
 - Clustered Linear
 - Regular H-20
- Trench _____ Lin. Ft.
- Other _____

GARBAGE DISPOSAL UNIT

- No
- Yes
 - Multi-compartment Tank
 - Tank in Series
 - Increase in tank capacity
 - Filter on Tank Outlet

RECOMMENDED

CRITERIA USED FOR DESIGN FLOW (Show Calculations)

3 BEDROOM

DESIGN FLOW: **270** Gallons/Day

PROFILE & DESIGN CLASS

PROFILE	DESIGN
7	D

DEPTH TO MOST LIMITING FACTOR **12** "

DISPOSAL AREA SIZING

- Small 2.0
- Medium 2.60
- Medium-Large 3.30
- Large 4.10
- Extra-Large 5.00

PUMPING

- Not Required
- May Be Required
- Required

DOSE **50** Gallons

SITE EVALUATOR'S STATEMENT

On **AUGUST 31, 1995** (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules.

William P Brown
Site Evaluator Signature

WILLIAM P BROWN
Print Name

188
SE#

293-2110
Telephone

8/31/95
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation
AUGUSTA

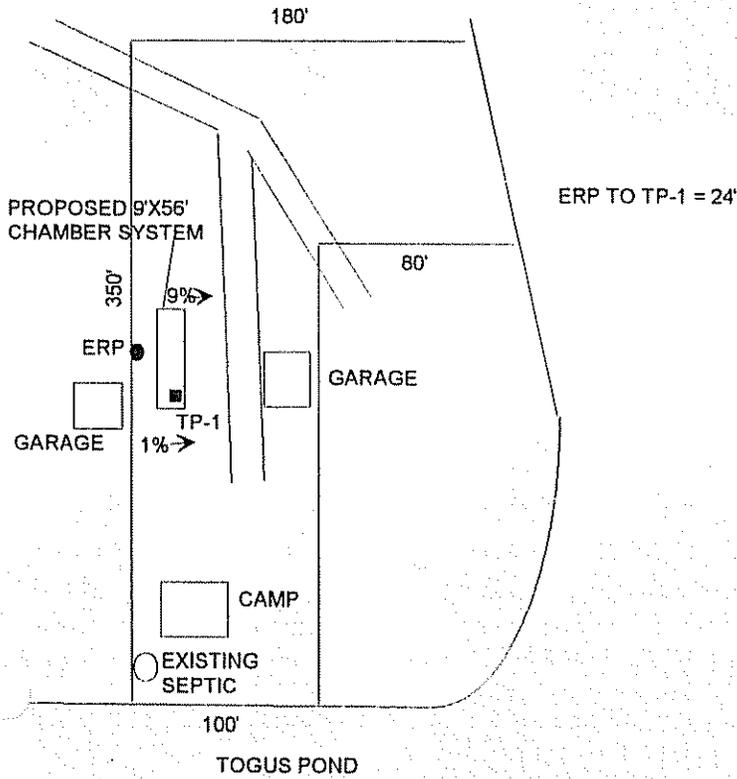
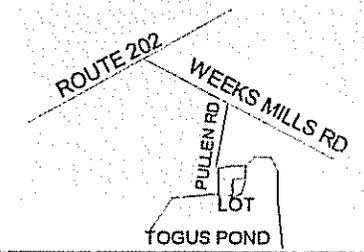
Street, Road, Subdivision
PULLEN ROAD

Owners Name
JOHN STULL

SITE PLAN

Scale 1" = 100 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 TP-1 Test Pit Boring

Observation Hole _____ Test Pit Boring

1 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			DARK BRN	
0-10	FINE SANDY LOAM	FRIABLE	YELLOW BROWN	NONE
10-20			LIGHT OLIVE	
20-50	SILT LOAM	FIRM	OLIVE BRN	COMMON

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Profile <u>7</u>	Classification Condition <u>D</u>	Slope <u>1-9</u> %	Limiting Factor <u>12</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Soil Profile _____	Classification Condition _____	Slope _____ %	Limiting Factor _____	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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WILLIAM P BROWN *William P Brown*
Site Evaluator Signature

188
SE #

8/31/95
Date

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HHE-200 Rev. 1/84

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
 Department of Human Services
 Owners Name
JOHN STULL

Town, City, Plantation

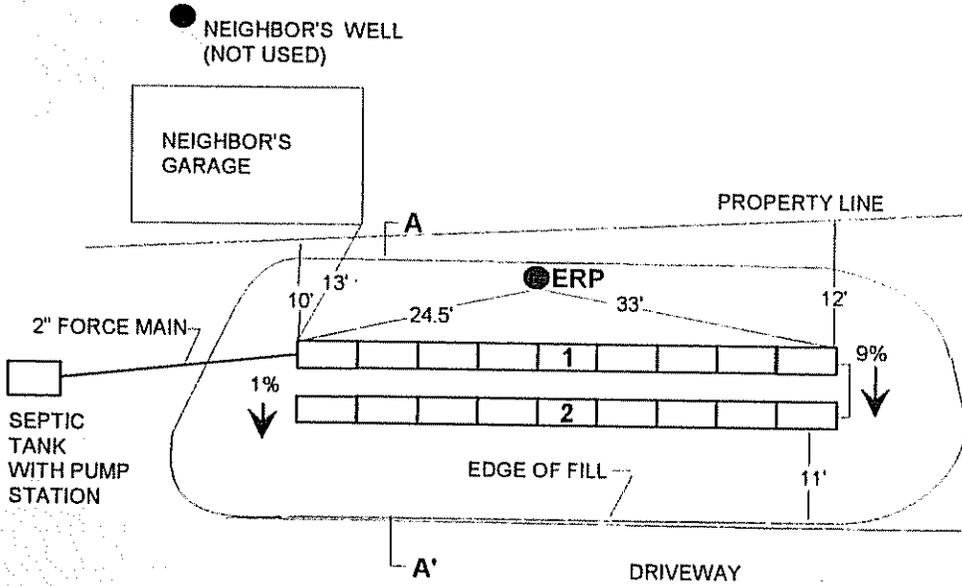
Street, Road, Subdivision

AUGUSTA

PULLEN ROAD

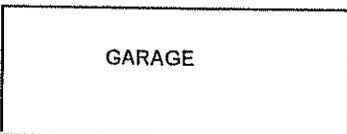
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



- USE 2 ROWS OF INFILTRATORS OR BIODIFFUSORS WITH 9 UNITS IN EACH ROW
- FLAGS MARK THE CORNERS OF THE SYSTEM
- INSTALL ONE-PIECE SEPTIC TANK WITH PUMP STATION APPROX. 8 FEET FROM CAMP
- SEPTIC TANK MAY BE FIELD ADJUSTED
- PROPERLY ABANDON EXISTING METAL SEPTIC TANK
- STEEPEN SLOPE SLIGHTLY NEAR PROPERTY LINE TO MAINTAIN FILL ON THE PROPERTY
- STEEPEN SLOPE NEAR DRIVEWAY TO KEEP FILL OUT OF DRIVEWAY
- POWER LINES CROSS THE SYSTEM

PROVIDE QUICK-DISCONNECT COUPLING IN PUMP STATION FOR MAINTENANCE OF PUMP
 SEPTIC TANK TO LAKE IS 60+ FEET
 DISPOSAL FIELD TO LAKE IS 136 FEET



FILL REQUIREMENTS

Depth of Fill (Upslope) **21-33"**
 Depth of Fill (Downslope) **27-30"**

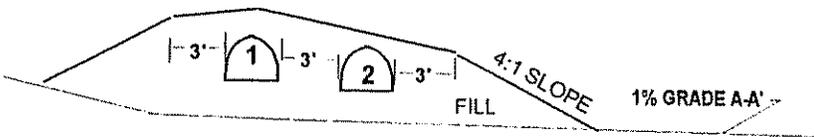
CONSTRUCTION ELEVATIONS

Reference Elevation is **00"**
 Bottom of Disposal Area **SEE**
 Top of distribution Lines or Chambers **BELOW**

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

FLAGGED NAIL IN 24 INCH WHITE PINE, 3 FEET ABOVE GROUND

DISPOSAL AREA CROSS SECTION



Scale:

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

ROW	1	2
BOTTOM OF CHAMBER	-38"	-41"
TOP OF CHAMBER	-22"	-25"

- INSTALL EROSION CONTROL DEVICES BEFORE BEGINNING CONSTRUCTION
- REMOVE VEGETATION IN DISPOSAL AREA
- SCARIFY SOIL UNDER THE ENTIRE FILL AREA
- INSTALL PLASTIC CHAMBERS PER MANUFACTURER'S INSTRUCTIONS
- ALL FILL SHALL BE GRAVELLY COARSE SAND
- SLOPE FINISH GRADE AS SHOWN OR ALL ONE-WAY OAM, SEED, MULCH

IF BIODIFFUSORS ARE USED THE TOP OF THE CHAMBERS IS ONE INCH LOWER

WILLIAM P BROWN *William P Brown*
 Site Evaluator Signature

188
 SE #

8/31/95
 Date