

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.

TOWN
CAPL

GENERAL INFORMATION

Town of AUGUSTA
Permit No. 3933 E Date Permit Issued 5-20-98
MONTH/DAY/YEAR
Property Owner's Name: FRANK MULLEN Tel. No. _____
System's Location: PULLEN RD. STREET
AUGUSTA TOWN Maine 04330 ZIP
Property Owner's Address: RT # 7 BOX 1915 STREET
(if different from above) 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, 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.

X Frank Mullen

PROPERTY OWNER'S SIGNATURE

10/25/97

DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS Soil Profile <u>3</u> Soil Condition <u>0</u> from HHE-200	Ground Water Table	to 6"		11" 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	100'	300'		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50'	60'		85'
b. Property Owner's	25'	50'		69'	
	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"	10"		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		7'

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.

[Signature]
SITE EVALUATOR'S SIGNATURE

9/30/97
DATE

LPI STATEMENT

I, Henry R. Fuller, 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: _____

[Signature]
LPI'S SIGNATURE

5-20-98
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

BSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Map 74 Lot 14

10147840

PROPERTY ADDRESS

Own Or Plantation: AUGUSTA
 Str. Sub. Division Lot #: PULLIN RD.
PROPERTY OWNER'S NAME

Last: MULLEN First: FRANK

Applicant Name: SAME
 Mailing Address of Owner/Applicant (If Different): RT. # 7 BOX 1915 AUGUSTA, ME. 04330

AUGUSTA 3933 TOWN COPY
 Date Permit Issued: 9/15/97 FEE: \$120.00 Double Fee Charged
 Local Plumbing Inspector Signature: [Signature] L.P.I. #: 850

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 of Owner/Applicant: [Signature] Date: 9/29/97

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

THIS APPLICATION IS FOR:

- 1. NEW SYSTEM
- 2. REPLACEMENT SYSTEM
- 3. EXPANDED SYSTEM
- 4. EXPERIMENTAL SYSTEM

SEASONAL CONVERSION
 to be completed by the LPI
 5. SYSTEM COMPLIES WITH RULES
 6. CONNECTED TO SANITARY SEWER
 7. SYSTEM INSTALLED - P# _____
 SYSTEM DESIGN RECORDED AND ATTACHED

THIS APPLICATION REQUIRES:

- 1. NO RULE VARIANCE
- 2. NEW SYSTEM VARIANCE
Attach New System Variance Form
- 3. REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
 - a. Requires Local Plumbing Inspector Approval
 - b. Requires State and Local Plumbing Inspector Approval
- 4. MINIMUM LOT SIZE VARIANCE

INSTALLATION IS:

- COMPLETE SYSTEM
- 1. NON-ENGINEERED SYSTEM
 - 2. PRIMITIVE SYSTEM
(Includes Alternative Toilet)
 - 3. ENGINEERED (+ 2000 gpd)
- INDIVIDUALLY INSTALLED COMPONENTS
- 4. TREATMENT TANK (ONLY)
 - 5. HOLDING TANK _____ GAL.
 - 6. ALTERNATIVE TOILET (ONLY)
 - 7. NON-ENGINEERED DISPOSAL AREA (ONLY)
 - 8. ENGINEERED DISPOSAL AREA (ONLY)
 - 9. SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED: ?
 THE FAILING SYSTEM IS:
 1. BED 3. TRENCH ?
 2. CHAMBER 4. OTHER _____

DISPOSAL SYSTEM TO SERVE:

- 1. SINGLE FAMILY DWELLING
- 2. MODULAR OR MOBILE HOME
- 3. MULTIPLE FAMILY DWELLING
- 4. OTHER CAMP
SPECIFY _____

SIZE OF PROPERTY: 44' x 50' ZONING: SHORE LAND

TYPE OF WATER SUPPLY: PRIVATE

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>750</u> GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION & ELEVATION)</p> <p>3. <input checked="" type="checkbox"/> REQUIRED DOSE: <u>50</u> GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING) EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>2 BEDROOM</u></p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>3</u> CONDITION: <u>0</u></p> <p>DEPTH TO LIMITING FACTOR: <u>11</u> "</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA-LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input checked="" type="checkbox"/> BED <u>600</u> Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	<p>DESIGN FLOW: <u>180 G.P.D.</u> (GALLONS/DAY)</p>

EVALUATOR STATEMENT

On 9/29/97 (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: [Signature]
 John A. Philbrick, Licensed Site Evaluator

256 SE#

Date: 9/30/97

Approved for use as HHE 200 by Division of Health Engineering 9/87

UNDESURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

10147840

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

AUGUSTA

PULLIN ST.

FRANK MULLEN

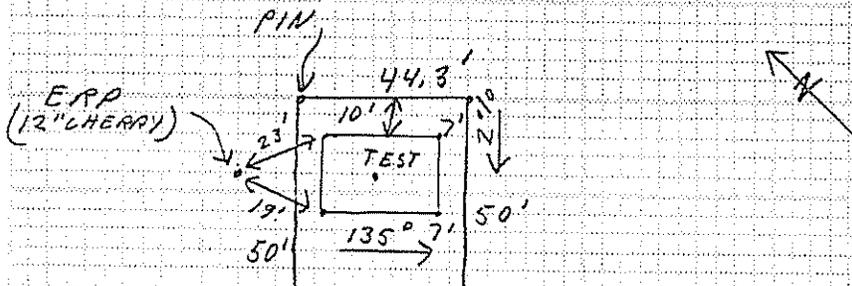
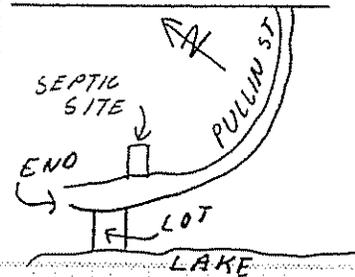
SITE PLAN

Scale: 1" = 50' Ft.
or as shown

SITE LOCATION PLAN

(Attach Map from Maine Atlas for New System Variance)

NOTE: GARAGE WOULD HAVE TO BE TORN DOWN BEFORE CONSTRUCTION



PULLIN ROAD

PUMP NEEDED

20x30' GEO
FLAGS MARK CORNERS

CAMP

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring
2 " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0	SANDY FRIABLE		DARK BR.	NONE
6	LOAM		TAN	
10	FINE			
15	LOAMY FIRM		GRAY	COMMON
20	SAND			DISTINCT
30				
40				
50				

Soil Classification 3D Slope 0 % Limiting Factor 11 Ground Water
 Profile Condition 0 % Restr. Layer Bedrock

Observation Hole _____ Test Pit Boring
 _____ " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Classification _____ Slope _____ % Limiting Factor _____ Ground Water
 Profile Condition _____ % Restr. Layer Bedrock

Site Evaluator Signature

256
SE#

9/30/97
Date

Approved for use as
HHE 200 by Division of
Health Engineering 9/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

08116004

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

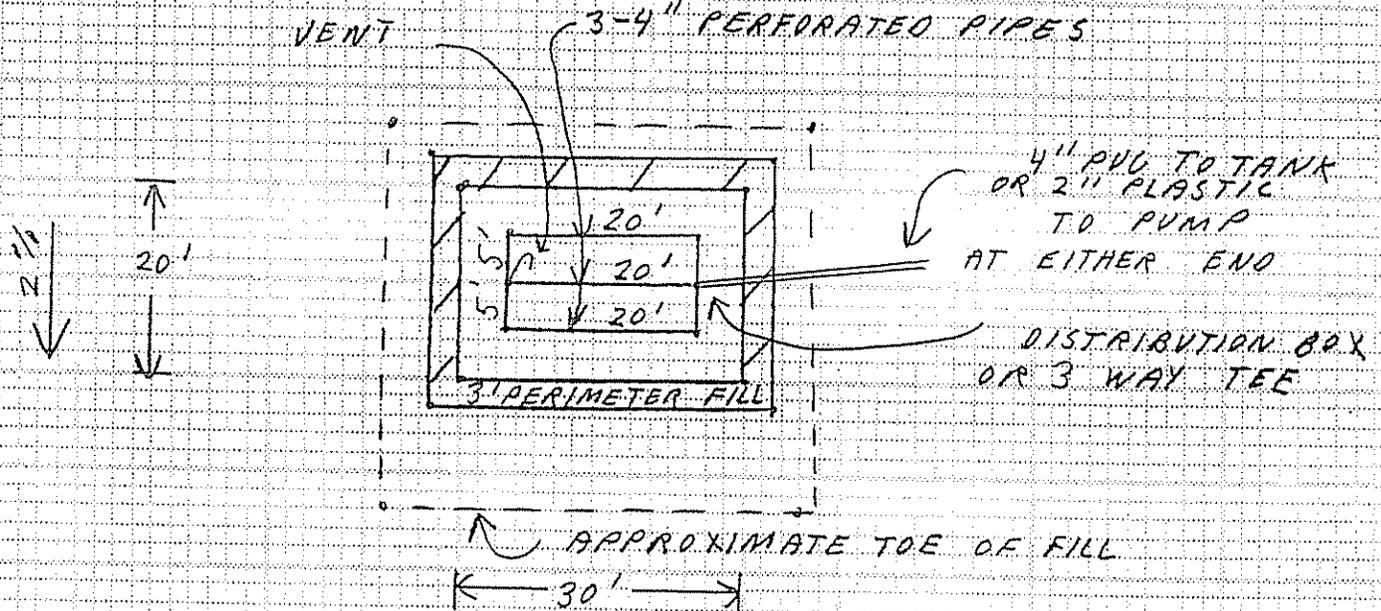
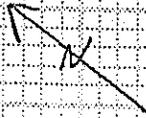
AUGUSTA

PULLEN ST

FRANK MULLEN

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft.
or as shown



20' X 30' BED
FLAGS MARK
CORNERS

FILL REQUIREMENTS

Depth of Fill (Upslope) 25"
Depth of Fill (Downslope) 29"

CONSTRUCTION ELEVATION

Reference Elevation is 25"
Bottom of Disposal Area 29"
Top of Distribution Lines or Chambers -46"

ELEVATION REFERENCE POINT

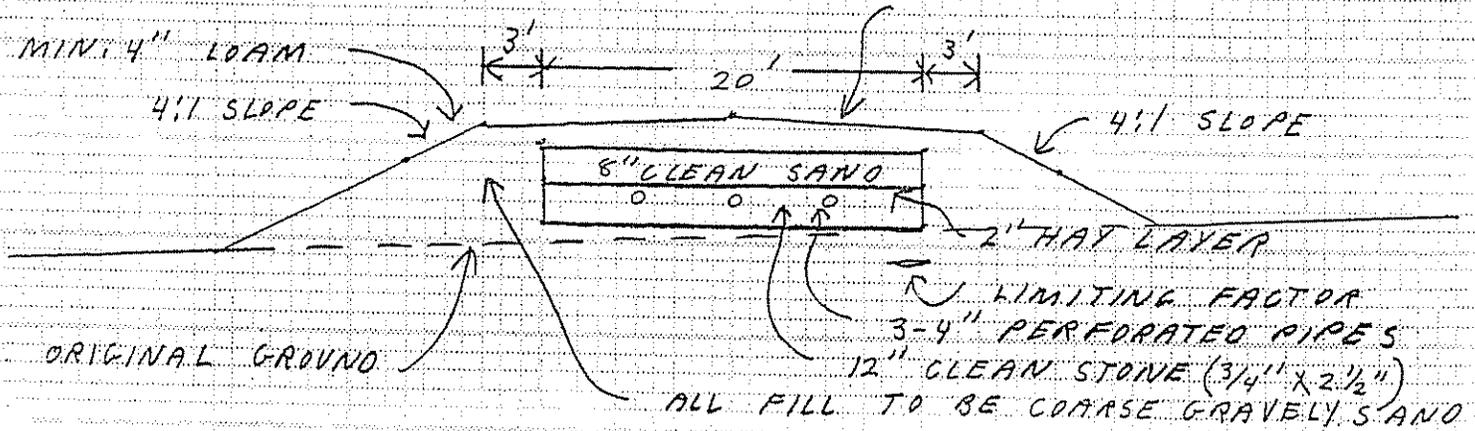
0" ERP IN 12" CHERRY TREE
-57" 17' NW OF SYSTEM, 50'
-46" ABOVE GROUND

DISPOSAL AREA CROSS SECTION

CROWN WITH 3% GRADE + SEED
+ MULCH

Scale:

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



[Signature]
Site Evaluator Signature

256
SE#

9/30/97
Date

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HHE 200 by Division of
Health Engineering 9/87