M 77 lot 1

# REPLACEMENT SYSTEM VARIANCE REQUEST

Town

## 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. 2403 E

Date Permit Issued 3/4/92 (MONTH/DAY/YEAR)

Property Owner's Name: LEO DUMONT

Tel. No.

System's Location: OLD BELGRADE RD (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, 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.

Leo R. Dumont

PROPERTY OWNER'S SIGNATURE

DATE

| VARIANCE CATEGORY | VARIANCE REQUESTED | LIMIT OF LPI'S APPROVAL AUTHORITY | | VARIANCE REQUESTED TO: | |
|---|---|---|---|---|---|
| SOILS | | | | | |
| Soil Profile | Ground Water Table | to 6" | | — 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' | — | 25' |
| | 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' | — | — |
| 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.

SITE EVALUATOR'S SIGNATURE — DATE 4/22/92

**LPI STATEMENT**

I, Bernard A. Lewis 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:

LPI'S SIGNATURE — DATE 5/11/92

**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

M77C1 11100849

## PROPERTY ADDRESS

| | |
|---|---|
| Town Or Plantation | Augusta |
| Street Division Lot # | Old Belgrade Road |

## PROPERTY OWNER'S NAME

Last: Dumont First: Leo

| | |
|---|---|
| Applicant Name: | Leo Dumont |
| Mailing Address of Owner/Applicant (If Different) | R-3 B-1252<br>Augusta ME 04330 |

AUGUSTA 2403 TOWN COPY

Date Permit Issued: 5 4 92 $ 60.99 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 88

## 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.

Leo R. Dumont

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.

Local Plumbing Inspector Signature 5/12/92 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# _____
8.☐ SYSTEM DESIGN RECORDED AND ATTACHED

### IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED 1972

THE FAILING SYSTEM IS

1.☐ BED 3.■ TRENCH
2.☐ CHAMBER 4.☐ OTHER _____

| SIZE OF PROPERTY | ZONING |
|---|---|
| .9+-ac | |

### 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

### DISPOSAL SYSTEM TO SERVE:

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

### 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

### TYPE OF WATER SUPPLY

Augusta W.D.

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

**TREATMENT TANK**

1.■ SEPTIC: ■ Regular ☐ Low Profile
2.☐ AEROBIC

SIZE 1000 GALS.

**WATER CONSERVATION**

1.■ NONE
2.☐ LOW VOLUME TOILET
3.☐ SEPARATED LAUNDRY SYSTEM
4.☐ ALTERNATIVE TOILET
SPECIFY _____

**PUMPING**

1.☐ NOT REQUIRED
2.■ MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION & ELEVATION)
3.☐ REQUIRED
DOSE: 69 GALS.

**CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING) EMPLOYEES, WATER RECORDS, ETC.)**

3 bedrooms

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

| PROFILE | CONDITION |
|---|---|
| 7 | C |

DEPTH TO LIMITING FACTOR: 24 "

**SIZE RATINGS USED FOR DESIGN PURPOSES**

1.☐ SMALL
2.☐ MEDIUM
3.■ MEDIUM-LARGE
4.☐ LARGE
5.☐ EXTRA-LARGE

**DISPOSAL AREA TYPE/SIZE**

1.■ BED 1000 Sq. Ft.
2.☐ CHAMBER _____ Sq. Ft.
☐ REGULAR ☐ H-20
3.☐ TRENCH _____ Linear Ft.
4.☐ OTHER: _____

DESIGN FLOW: 300 (GALLONS/DAY)

## SITE EVALUATOR STATEMENT

4/21/92 (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]

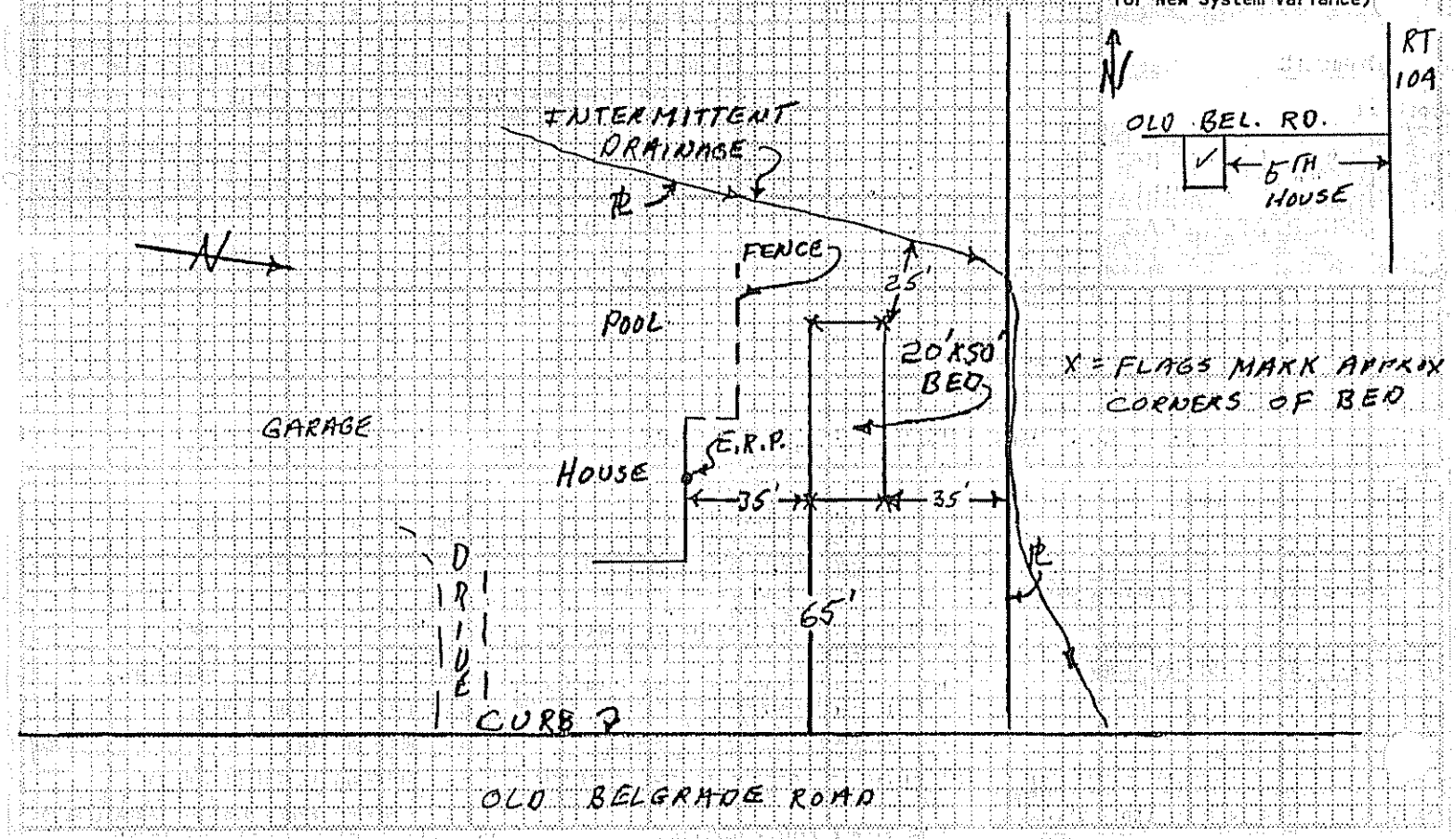
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

11100849

| Town, City, Plantation | Street, Road, Subdivision | Owner's Name |
|---|---|---|
| Augusta | Old Belgrade Road | Dumont, Leo |

## SITE PLAN

Scale: 1" = 50 Ft. or as shown




## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 ☐ Test Pit ☒ Boring

" Depth of Organic Horizon Above Mineral Soil

| Inches | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–6 | SAND | FRIABLE | B | |
| 6–15 | | | | |
| 15–30 | C/S | FIRM | G.B. | 24" |
| 30–50 | | | | |

| Soil Profile | Classification Condition | Slope | Limiting Factor | |
|---|---|---|---|---|
| 7 | C | 2 % | 24 | ☒ Ground Water ☐ Restr. Layer ☐ Bedrock |

Observation Hole _____ ☐ Test Pit ☐ Boring

" Depth of Organic Horizon Above Mineral Soil

| Inches | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–6 | | | | |
| 6–15 | | | | |
| 15–30 | | | | |
| 30–50 | | | | |

| Soil Profile | Classification Condition | Slope | Limiting Factor | |
|---|---|---|---|---|
| | | % | | ☐ Ground Water ☐ Restr. Layer ☐ Bedrock |

Wm W. Richard

Site Evaluator Signature

51

SE#

4/22/92

Date

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

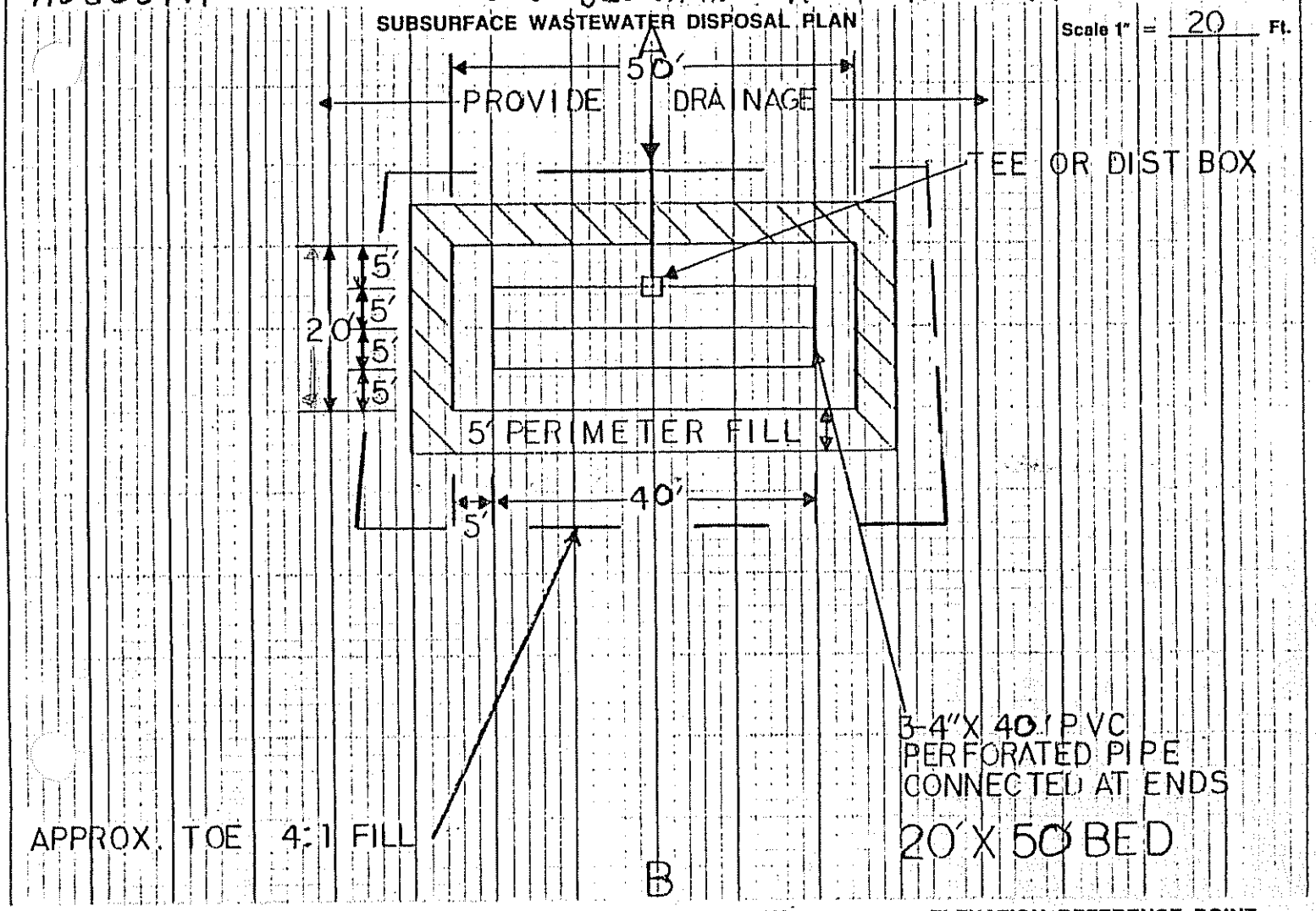
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

| Town, City, Plantation | Street, Road, Subdivision | Owners Name |
|---|---|---|
| AUGUSTA | OLD BELGRADE RD | DUMONT |

## SUBSURFACE WASTEWATER DISPOSAL PLAN

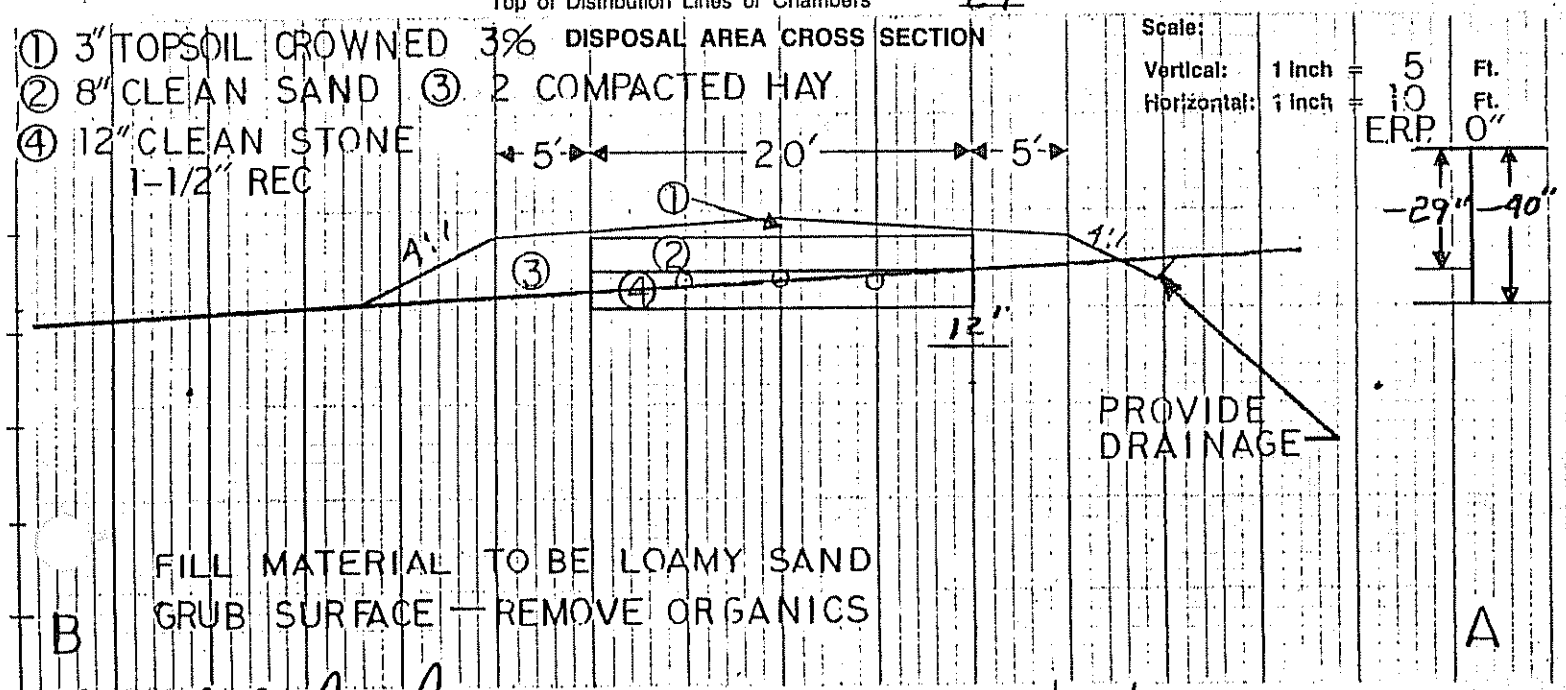
Scale 1" = 20 Ft.




| FILL REQUIREMENTS | | CONSTRUCTION ELEVATIONS | | ELEVATION REFERENCE POINT LOCATION & DESCRIPTION |
|---|---|---|---|---|
| Depth of Fill (Upslope) | 12" | Reference Elevation is | 0 | BOTTOM OF SIDING |
| Depth of Fill (Downslope) | 19" | Bottom of Disposal Area | -40" | |
| | | Top of Distribution Lines or Chambers | -29" | |

## DISPOSAL AREA CROSS SECTION

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




Site Evaluator Signature: [signature]

SE#: 51

Date: 4/22/92



HHE-200 Rev. 1/84