

2/20

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

Town Copy!

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

Permit No. # 1559 E

Town of Augusta

Date Permit Issued 4-19-89
MONTH/DAY/YEAR

Property Owner's Name: Paul - LaChance

Tel. No. 622-4744 off-
8-5

System's Location: Bog Road

STREET

Augusta Maine

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.

Paul J. LaChance
PROPERTY OWNER'S SIGNATURE

4/18/89
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'		79'
	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'		
Property Line		4'	5'		

OTHER

1. Fill extension Grade—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.

ED... #241

SITE EVALUATOR'S SIGNATURE

4-16-1989

DATE

LPI STATEMENT

I, *Ray F. Fuller*, LPI for the Town of *Angueta* 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:

Ray F. Fuller
LPI'S SIGNATURE

4-19-89

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, Me
Street	Boq Road
Division Lot #	
PROPERTY OWNERS NAME	
Last: Lachance	First: Paul
Applicant Name:	Paul Lachance
Mailing Address of Owner/Applicant (if Different)	RT 4 Augusta Me

Caution: Permit Required

AUGUSTA PERMIT # 1,559 TOWN COPY

Date Permit Issued: 4/19/89 \$ \$410.00 FEE Double Fee Charged

Paul R. Tuttle
Local Plumbing Inspector Signature L.P.I. # 1850

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.

Paul Lachance 4/18/89
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.

Paul R. Tuttle May 10, 1989
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>1924</u> THE FAILING SYSTEM IS: <ol style="list-style-type: none"> <input type="checkbox"/> BED <input type="checkbox"/> CHAMBER <input checked="" type="checkbox"/> TRENCH <input type="checkbox"/> OTHER: _____ </p> <p>SIZE OF PROPERTY: <u>12 Acres</u> ZONING: <u>Residential</u></p>	<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 checked="" 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 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>Dug Well</u></p>
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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 checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC <p>SIZE: <u>1000</u> GALS. <u>With Zeebe Filter</u></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>PUMPING</p> <ol style="list-style-type: none"> <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) <input checked="" type="checkbox"/> REQUIRED <p>DOSE: <u>50</u> GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>3 Bedroom Moderate Flow + 436 gpd</u></p> <p><u>2</u> Infiltrators Total <u>3</u> Rows of Infiltrators <u>15' x 43 3/4'</u></p> <p>DESIGN FLOW: <u>403</u> (GALLONS/DAY)</p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1" style="width: 100%;"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td style="text-align: center;"><u>5</u></td> <td style="text-align: center;"><u>B</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>None</u></p>	PROFILE	CONDITION	<u>5</u>	<u>B</u>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> <input type="checkbox"/> SMALL <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> MEDIUM-LARGE <input type="checkbox"/> LARGE <input type="checkbox"/> EXTRA LARGE 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> <input type="checkbox"/> BED _____ Sq. Ft. <input checked="" type="checkbox"/> CHAMBER <u>525</u> Sq. Ft. <ul style="list-style-type: none"> <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20 <input type="checkbox"/> TRENCH _____ Linear Ft. <input checked="" type="checkbox"/> OTHER: <u>Infiltrators</u> 	
PROFILE	CONDITION						
<u>5</u>	<u>B</u>						

SITE EVALUATOR STATEMENT

On 4-10-1989 (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.

CD Dubois 241 4-16-1989
Site Evaluator Signature SE# Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Augusta

Street, Road, Subdivision

Bog Road

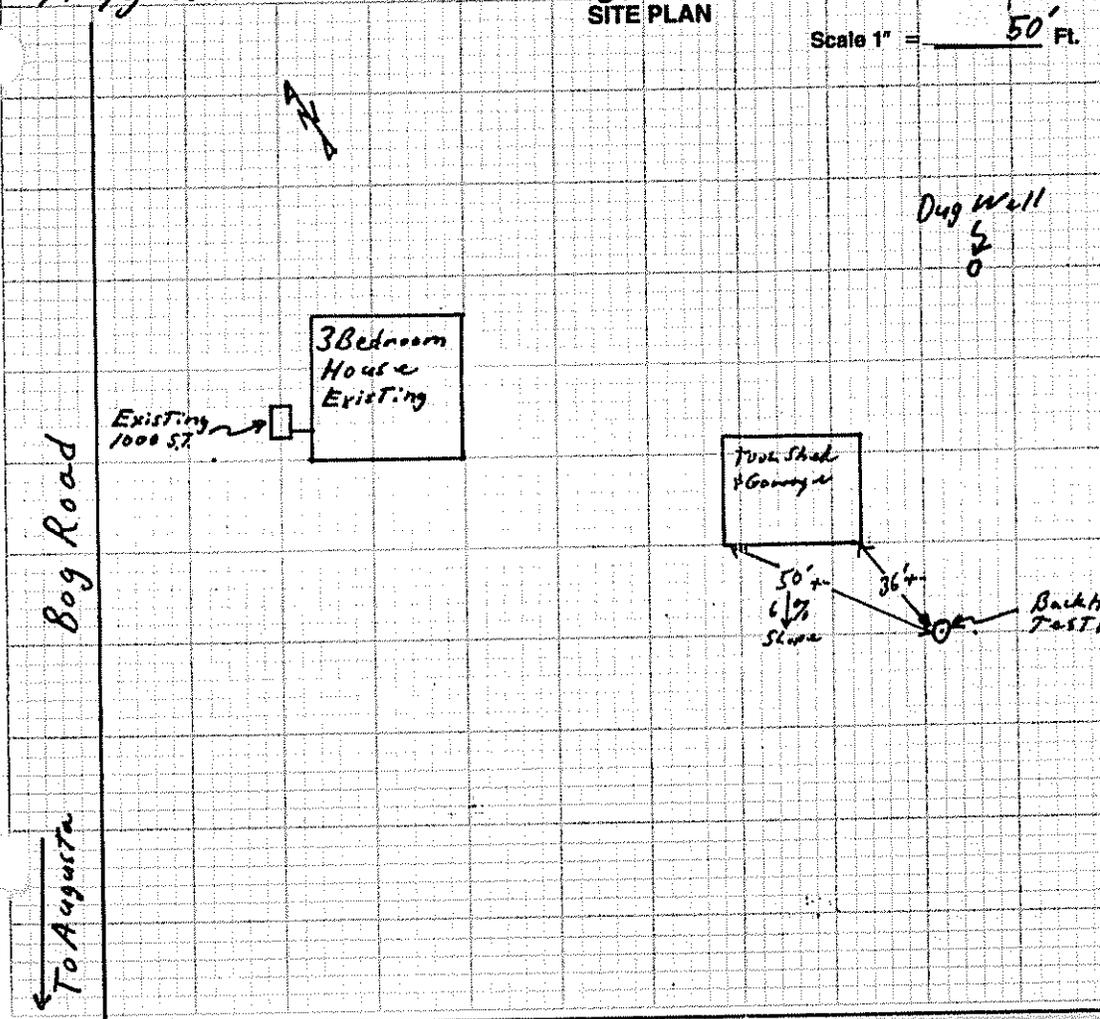
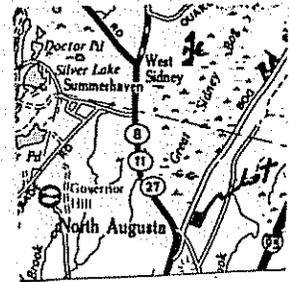
Owners Name

Paul Lachance

SITE PLAN

Scale 1" = 50' 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 Backhoe Test Pit Boring

" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
Loamy Sand	Friable	Brown	None
		Red Brown	
		Yellow Brown	
		Olive	
Fine Loamy Sand	Some what Firm		
Loamy Sand	Friable		
Loamy Sand	Friable		

Soil Profile	Classification Condition	Slope %	Limiting Factor	<input type="checkbox"/> Ground Water
5	B	6	None	<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

EXCERPTS FROM MAINE PLUMBING CODE

D. Construction Details.

(1) The vegetation and the organic horizon in the proposed disposal area and fill extensions shall be removed and the ground surface scarified to minimize glazing of the original soil.

(2) The bottom of the disposal area and distribution line shall be level with a maximum grade tolerance of 1 inch per 100 ft.

(3) Fill shall be free of foreign material, placed in 8 inch lifts and compacted as placed. Fill shall be sandy loam or coarser and specified on Application.

(4) The finish grade of the backfill over the disposal area shall be crowned from the center of the disposal area at a 3% slope and extend 3 ft. beyond the edge of the disposal area. At that point the fill shall be sloped at a uniform grade of no greater than 25% [4:1] to the original ground. All stone used in disposal areas shall be clean and conform to one of the size rating from Table 11-2.

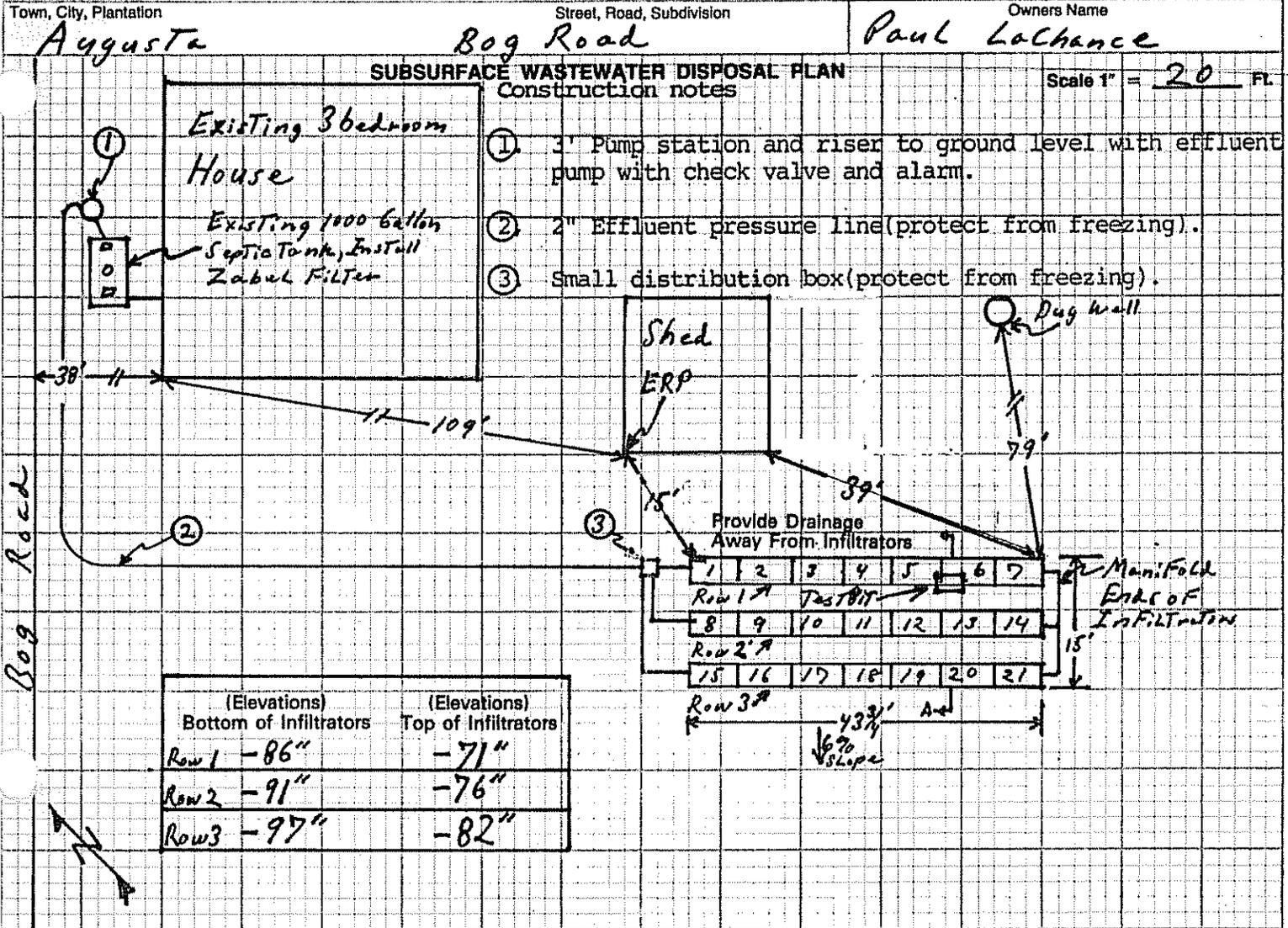
Profile	Condition	%	<input type="checkbox"/> Bedrock
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Paul Lachance
Site Evaluator Signature

241
SE#

4-16-1989
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION



FILL REQUIREMENTS

Depth of Fill (Upslope) 0"
Depth of Fill (Downslope) 0"

CONSTRUCTION ELEVATIONS

Reference Elevation is 0
Bottom of Disposal Area See Above
Top of Distribution Lines or Chambers See Above

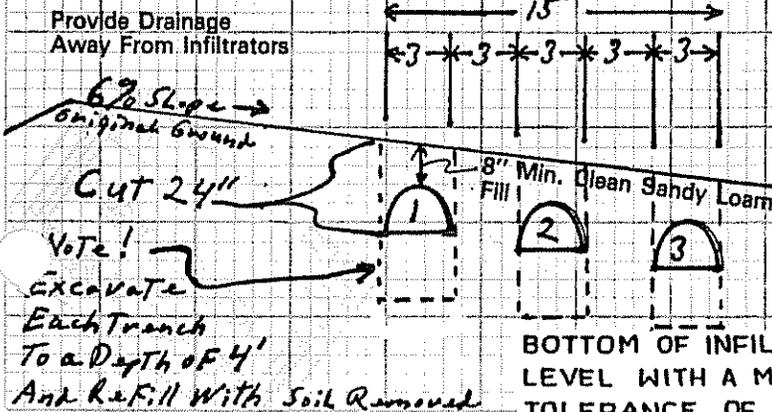
ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

Nail in Tag #31 in Corner OF Shed

DISPOSAL AREA CROSS SECTION - A

Scale:
Vertical: 1 Inch = 5' Ft.
Horizontal: 1 Inch = 10' Ft.

FINISHED GRADE SHALL BE SEEDED AND MULCHED TO PREVENT EROSION.



BOTTOM OF INFILTRATORS TO BE LEVEL WITH A MAXIMUM GRADE TOLERANCE OF 1" PER 100'.

Edube
Site Evaluator Signature

241
SE#

4-16-89
Date