

178229

# 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

Permit No.  E

Date Permit Issued 8/16/91  
month/day/yr.

Property Owner's Name: Mark A. Beaulieu Tel. No. 622 5693

System's Location: so called Middle Road on Bog Road  
Street

Augusta MAINE 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.

Mark A. Beaulieu 8-8-91  
Property Owner's Signature Date

M 82 L 9

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207)289-3826

## PROPERTY ADDRESS

In Or  
tation Augusta  
Street  
Subdivision Lot # So called  
Middle Road on Bog Road

## PROPERTY OWNERS NAME

Last: Beaulieu First: Mark A.

Applicant  
Name:

Mailing Address of  
Owner/Applicant  
(If Different) Box 764 Bog Rd.

Date Permit  
Issued: 12/16/91 \$ 2250 TOWN COPY  
FEE Double Fee  
Charged

[Signature] L.P.I. # 1188

Local Plumbing Inspector Signature

## 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] Signature of Owner/Applicant Date 12/16/91

## Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

[Signature] Local Plumbing Inspector Signature Date Approved 12/16/91

## PERMIT INFORMATION

### THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM

8:30 SEPT 10 SP  
KENNER RD  
AMHI  
M&GEE CONST  
572-8710  
FOR  
DENO WEBBER

### THIS APPLICATION REQUIRES:

- NO RULE VARIANCE
  - NEW SYSTEM VARIANCE  
Attach New System Variance Form
  - REPLACEMENT SYSTEM VARIANCE  
Attach Replacement System Variance Form
  - Requiring Local Plumbing Inspector Approval
  - Requires State and Local Plumbing Inspector Approval
- MINIMUM LOT SIZE VARIANCE

### SPOSAI SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER \_\_\_\_\_ SPECIFY \_\_\_\_\_

### INSTALLATION IS:

- COMPLETE SYSTEM
- NON-ENGINEERED SYSTEM
  - PRIMITIVE SYSTEM  
(includes Alternative Toilet)
  - ENGINEERED (+ 2000 gpd)
- INDIVIDUALLY INSTALLED COMPONENTS:
- TREATMENT TANK (ONLY)
  - HOLDING TANK \_\_\_\_\_ GAL
  - ALTERNATIVE TOILET (ONLY)
  - NON-ENGINEERED DISPOSAL AREA (ONLY)
  - ENGINEERED DISPOSAL AREA (ONLY)
  - SEPARATED LAUNDRY SYSTEM

### TYPE OF WATER SUPPLY

Existing Drilled well  
EXACT DEPTH UNKNOWN

5 (SYSTEM LAYOUT SHOWN ON PAGE 3)

### TREATMENT TANK

- SEPTIC:  Regular  Low Profile
- AEROBIC

SIZE: 1000 GALS.

### WATER CONSERVATION

- NONE
- LOW VOLUME TOILETS
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: Recommended

### PUMPING

- NOT REQUIRED
- MAY BE REQUIRED  
(DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: \_\_\_\_\_ GALS.

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

Existing 2-3 Bedroom Modular Home  
Min. Flow Table 7-1  
"270" gpd  
(GALLONS/DAY)

### SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
<u>fill</u>	<u>over</u>
<u>8</u>	<u>D</u>

DEPTH TO LIMITING FACTOR: 7"

### SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

### DISPOSAL AREA TYPE/SIZE

- BED \_\_\_\_\_ Sq. Ft.
- CHAMBER \_\_\_\_\_ Sq. Ft.
- TRENCH \_\_\_\_\_ Linear Ft.
- OTHER: 22 Infiltrators

## SITE EVALUATOR STATEMENT

On 7/20/91 (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.

Steve Hamilton  
Site Evaluator Signature

173  
SE#

7/28/91  
Date

(Local Plumbing Inspector's Signature)

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Profile Soil Condition from HHE-200	Ground Water Table	to 6"		7" Inches Inches Inches	
	Restrictive Layer	to 6"			
	Bedrock	to 10"			
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'	65-70'	intended to be > 100' 100'
	3. Water Supply Line	See Note 'a'			
Waterbodies	1. Perennial	60'	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		45-50'
Downhill Slope	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:

To reduce the slope fill from 4:1 slope to 3:1 slope.

Notes:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. 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.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

Steve Hamilton  
Site Evaluator's Signature

7/28/91  
Date

**LPI Statement**

I, George A. Lewis Jr., LPI for the Town of Alameda, 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:

George A. Lewis Jr.  
LPI's Signature

8-19-91  
Date

**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

Town, City, Plantation <b>Augusta</b>	Street, Road, Subdivision <b>So called Middle Road on Bog Rd</b>	Owners Name <b>MARK BEAULIEU</b>
<b>SUBSURFACE WASTEWATER DISPOSAL PLAN</b>		Scale 1" = _____ Ft.

Additional Notes For L.P.I., Applicant & Contractor.

① The intent of this design is to have the replacement system in original soil. If any of the old system is found or dug up during construction, it should be dug up hauled away and the area should be back filled with clean fill sandy loam or coarser.

② This method should include slope fill

<b>FILL REQUIREMENTS</b>	<b>CONSTRUCTION ELEVATIONS</b>	<b>ELEVATION REFERENCE POINT LOCATION &amp; DESCRIPTION</b>
Depth of Fill (Upslope) _____"	Reference Elevation is _____	
Depth of Fill (Downslope) _____"	Bottom of Disposal Area _____	
	Top of Distribution Lines or Chambers _____	

**DISPOSAL AREA CROSS SECTION**

and extensions.

Scale:

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

③ The proposed system may be moved up-slope as long as the stated grades and elevations match the design, and is approved by the local authorities.

④ This evaluator may be reached at any time to discuss this design and intended options

Steve Hamilton  
Site Evaluator Signature

173  
SE#

9/4/91  
Date

# UBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

own, City, Plantation

50 Circle Street, Road, Subdivision

Owners Name

gusta middle road on Bog Rd

## SUBSURFACE WASTEWATER DISPOSAL PLAN

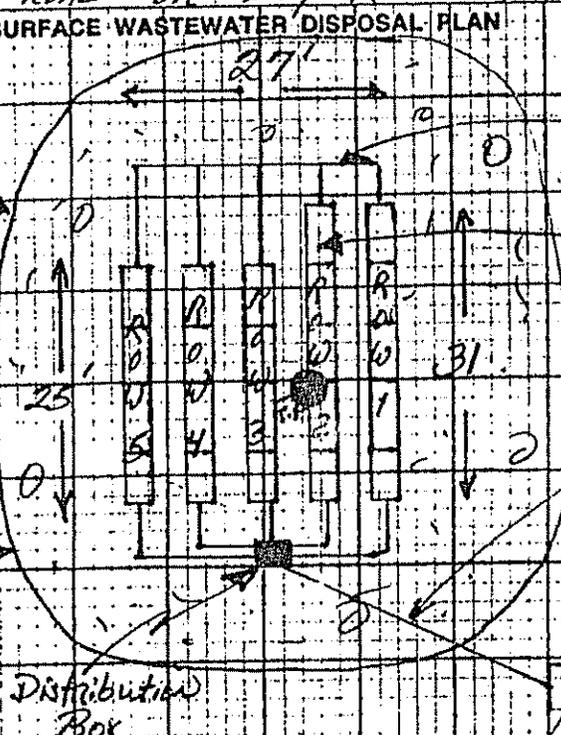
Scale: 1" = 20' Ft

general notes to owner / Applicant

1) The Infiltrators must be > 20 feet from all house sites and > 10 feet from all property lines.

2) The Infiltrators must be > 100 feet from all wells, lakes, and streams.

3) The location of the septic tank may change and on new construction the foundation height is critical to avoid pumping of the system. Be sure that the pipes in the house are higher than the infiltrators.



4" P.V.C. Pipe manifold  
22 Infiltrators  
2 Rows of 5  
3 Rows of 4

4" P.V.C. Pipe  
CODE must be taken to avoid pumping of the system when setting tank

New 1000 gallon Septic Tank Recommended

EXISTING Plumbing From Structure (Type unknown)

**FILL REQUIREMENTS**  
Depth of Fill (Upslope) 51" ±  
Depth of Fill (Downslope) 51-64"

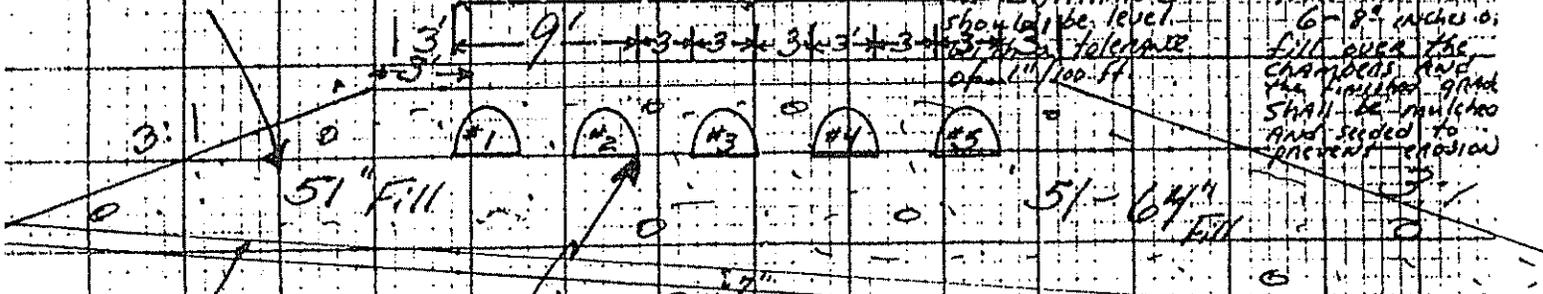
**CONSTRUCTION ELEVATIONS**  
Reference Elevation is 0"  
Bottom of Infiltrators at each Row - 21"  
Top of Infiltrators at each Row - 6"

**ELEVATION REFERENCE POINT LOCATION & DESCRIPTION**  
NAI set in a 4" maple tree - Please refer to pg 2 of 3

CLEAN foamy Sand Type FILL AND Compacted in 8" inch lifts

### DISPOSAL AREA CROSS SECTION

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



For Infiltrators should be level. 1/8" tolerance open 1" / 100 ft

Minimum of 6-8" inches of fill over the channels and the finished grade shall be finished and seeded to prevent erosion

original soil surface  
22 Infiltrators

\* A SMALL AMOUNT OF FINE SAND IS desirable UNDER the infiltrators and will help leveling easier 4-9% when installing the system

\* Remove vegetation GRASS, ROOTS, AND OTHER Debris before bringing the fill on site

\* Provide surface drainage TO PREVENT SURFACE WATER FLOW ACROSS & stabilize

2 Rows of 5  
3 Rows of 4  
surface slope

Steve Hamilton  
Site Evaluator Signature

173  
SEP

7/28/91  
Date

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

So called Street, Road, Subdivision

Owners Name

Augusta

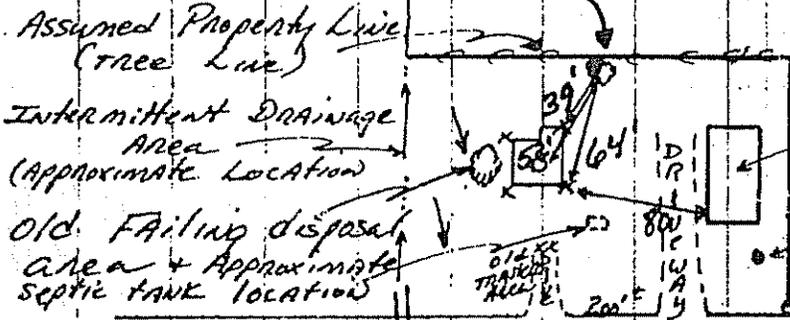
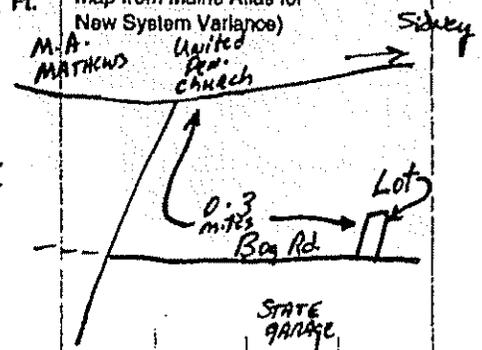
Middle Road on Bog Rd

**SITE PLAN**

Scale 1" = 100'

Fl. SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)

⊙ = The Ref. Elev. Pt. is a nail set in a flagged 4" maple tree. The infiltrators to the bottom at each row will be 21" inches below the nail set in the Ref. Elev. Pt. The nail measures 32" inches up from the soil surface.



Existing 2-3 Bed. Rm. Modular Home  
owners Drilled well  
U. Pole cm pco

0.3 miles ←  
United Pres. Church

Bog Road

- ⊙ = symbol used to show wet soils
- X = stakes set with flags
- = Test Pit 1
- ⊙ = Reference Elevation Point
- ↔ = 4-7% surface slope and direction

\* Pumping of the system may be required, depending on septic tank location AND elevation

STATE GARAGE

**SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)**

Observation Hole 0"  Test Pit  Boring

\* Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
Loam fill		brown	
loamy sand fill	FRIABLE	olive-brown	many stains
Silt loam	some what firm	olive	
		gray	
stratified silts	firm		
(small lenses of fine sand)			

Soil Classification: SP-1 over D  
Slope: 4-7%  
Limiting Factor: 7

Observation Hole       Test Pit  Boring

\* Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
<p>X The fill that appeared on land have been for many years included part of the site.</p>			

Soil Classification:       
Slope:       
Limiting Factor:     

Steve Hamilton

173

7/28/91

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207)289-3826

PROPERTY ADDRESS	
Town Or Planitation	Augusta
Street Subdivision Lot #	Box RD.
PROPERTY OWNERS NAME	
Last: Beauvais	First: Mark
Applicant Name:	
Mailing Address of Owner/Applicant (if Different)	Box 764 Box RD Augusta, ME 04330

**Caution: Permit Required**

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

**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

\_\_\_\_\_  
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

\_\_\_\_\_  
Date Approved

## PERMIT INFORMATION

**THIS APPLICATION IS FOR:**

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- EXPERIMENTAL SYSTEM

**THIS APPLICATION REQUIRES:**

- NO RULE VARIANCE
- NEW SYSTEM VARIANCE  
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE  
Attach Replacement System Variance Form
  - Requiring Local Plumbing Inspector Approval
  - Requires State and Local Plumbing Inspector Approval
- MINIMUM LOT SIZE VARIANCE

**INSTALLATION IS:**

COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM  
(Includes Alternative Toilet)
- ENGINEERED (+ 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK \_\_\_\_\_ GAL
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

**SEASONAL CONVERSION**

to be completed by the LPI

- SYSTEM COMPLIES WITH RULES
- CONNECTED TO SANITARY SEWER
- SYSTEM INSTALLED - P# \_\_\_\_\_
- SYSTEM DESIGN RECORDED AND ATTACHED

**DISPOSAL SYSTEM TO SERVE:**

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER \_\_\_\_\_

SPECIFY

**IF REPLACEMENT SYSTEM:**

YEAR FAILING SYSTEM INSTALLED \_\_\_\_\_

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: \_\_\_\_\_

SIZE OF PROPERTY: 2800 ± A2

ZONING: RESIDENTIAL

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

**TREATMENT TANK**

- SEPTIC:  Regular  Low Profile
- AEROBIC

SIZE: 1000 GALS.

**WATER CONSERVATION**

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: \_\_\_\_\_

**PUMPING**

- NOT REQUIRED
- MAY BE REQUIRED  
(DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: \_\_\_\_\_ GALS.

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

2 BEDROOM  
MOBILE HOME  
REPLACES FORMER HOUSE ON PROPERTY 180 GPD  
3 BEDROOM  
EXISTING SYSTEM 270 GPD  
DESIGN (SEE NOTES)  
FLOW: 450  
(GALLONS/DAY)

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE	CONDITION
<u>8</u>	<u>D</u>

DEPTH TO LIMITING FACTOR: 7

**SIZE RATINGS USED FOR DESIGN PURPOSES**

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

**DISPOSAL AREA TYPE/SIZE**

- BED \_\_\_\_\_ Sq. Ft.
- CHAMBER \_\_\_\_\_ Sq. Ft.  
 REGULAR  H-20
- TRENCH \_\_\_\_\_ Linear Ft.
- OTHER: \_\_\_\_\_

### SITE EVALUATOR STATEMENT

On 7-8-92 (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.

\_\_\_\_\_  
Site Evaluator Signature

\_\_\_\_\_  
SE#

\_\_\_\_\_  
Date

Page 1 of 3  
HHE-200 Rev. 11/86

**ALTERNATIVES IN DESIGN, LTD.**

John Archard  
 Site Evaluator  
 RFD #1, Box 615  
 Mt. Vernon, ME 04352  
 293-2674

**LETTER OF TRANSMITTAL**

DATE	10/16/92	JOB NO.
ATTENTION		
RE:		

TO MARK BENJUVIN  
Box 764 Bog Rd  
Augusta, Me 04330

GENTLEMEN:

- WE ARE SENDING YOU  Attached  Under separate cover via \_\_\_\_\_ the following items:
- Submittals       Prints       Plans       Samples       Specifications
- Copy of letter       Change order       \_\_\_\_\_

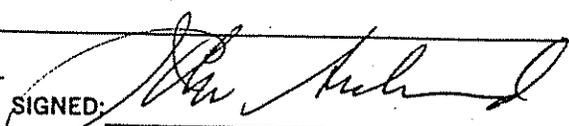
COPIES	DATE	NO.	DESCRIPTION
3	10/16/92		REVISED PAGE 1 HHE-200

THESE ARE TRANSMITTED as checked below:

- For approval       Returning \_\_\_\_\_ corrected prints       Resubmitting \_\_\_\_\_ copies for approval
- For your use       Approved as noted
- As requested       Returned with corrections
- For review and comment       \_\_\_\_\_
- FOR BIDS DUE \_\_\_\_\_ 19 \_\_\_\_\_       PRINTS RETURNED AFTER LOAN TO US

REMARKS MARK,  
HOPEFULLY THIS WILL SATISFY  
THE CITY AS IT INDICATES THE  
COMBINED FLOW OF THE EXISTING AND  
EXPANDED SYSTEM.

COPY TO GEORGE SOUCEY - LPL

SIGNED: 

# 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

Permit No.  E

Date Permit Issued \_\_\_\_\_  
month/day/yr.

Property Owner's Name: Mark Beaulieu Tel. No. 622-5693

System's Location: Boq Rd. Box 764  
Street

Augusta MAINE 04330  
Town Zip

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

\_\_\_\_\_ State Zip  
Town

## 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.

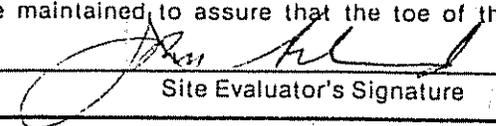
Mark A. Beaulieu  
Property Owner's Signature

7-20-92  
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"		7	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'	65'	95'
	3. Water Supply Line	See Note 'a'			
Waterbodies	1. Perennial	60'	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		75-80'
Downhill Slope	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: Reduce fill to 3:1 ONLY AS NEEDED TO MAINTAIN PROPERTY LINES

Footnotes:  
a. This setback distance cannot be reduced by variance. See Table 6-2.  
b. 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.  
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

7-13-97  
Date

**LPI Statement**

I, \_\_\_\_\_, LPI for the Town of \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_  
LPI's Signature

\_\_\_\_\_  
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
Street Subdivision Lot #	BOG RD.
PROPERTY OWNERS NAME	
Last:	BEAULIEU
First:	MARK
Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	Box 764 Bog Rd AUGUSTA, ME 04330

**Caution: Permit Required**

*The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.*

**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.*

*Mark A. Beaulieu*      7/12/92

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      Date Approved

## PERMIT INFORMATION

<p><b>THIS APPLICATION IS FOR:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NEW SYSTEM</li> <li><input type="checkbox"/> REPLACEMENT SYSTEM</li> <li><input checked="" type="checkbox"/> EXPANDED SYSTEM</li> <li><input type="checkbox"/> EXPERIMENTAL SYSTEM</li> </ol> <p><b>SEASONAL CONVERSION</b> to be completed by the LPI</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SYSTEM COMPLIES WITH RULES</li> <li><input type="checkbox"/> CONNECTED TO SANITARY SEWER</li> <li><input type="checkbox"/> SYSTEM INSTALLED - P# _____</li> <li><input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</li> </ol> <p><b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> BED</li> <li><input type="checkbox"/> CHAMBER</li> <li><input type="checkbox"/> TRENCH</li> <li><input type="checkbox"/> OTHER: _____</li> </ol> <p>SIZE OF PROPERTY: 28,000 ± SQ FT      ZONING: RESIDENTIAL</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NO RULE VARIANCE</li> <li><input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</li> <li><input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form             <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval</li> <li><input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</li> </ol> </li> <li><input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</li> </ol> <p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SINGLE FAMILY DWELLING</li> <li><input checked="" type="checkbox"/> MODULAR OR MOBILE HOME</li> <li><input type="checkbox"/> MULTIPLE FAMILY DWELLING</li> <li><input type="checkbox"/> OTHER: _____</li> </ol> <p style="text-align: center;">SPECIFY</p>	<p><b>INSTALLATION IS:</b></p> <p>COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NON-ENGINEERED SYSTEM</li> <li><input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</li> <li><input type="checkbox"/> ENGINEERED (+ 2000 gpd)</li> </ol> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> TREATMENT TANK (ONLY)</li> <li><input type="checkbox"/> HOLDING TANK _____ GAL</li> <li><input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</li> <li><input checked="" type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> </ol> <p><b>TYPE OF WATER SUPPLY</b> EXISTING DRILLED WELL</p>
---	--	--

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

<p><b>TREATMENT TANK</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</li> <li><input type="checkbox"/> AEROBIC</li> </ol> <p>SIZE: 1000 GALS.</p>	<p><b>WATER CONSERVATION</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NONE</li> <li><input checked="" type="checkbox"/> LOW VOLUME TOILET</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> <li><input type="checkbox"/> ALTERNATIVE TOILET</li> </ol> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NOT REQUIRED</li> <li><input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</li> <li><input checked="" type="checkbox"/> REQUIRED</li> </ol> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p style="text-align: center;">2 BEDROOM MOBILE HOME REPLACES FORMER HOUSE ON PROPERTY</p> <p>DESIGN FLOW: 180 (GALLONS/DAY)</p>				
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table style="width: 100%;"> <tr> <th style="width: 50%;">PROFILE</th> <th style="width: 50%;">CONDITION</th> </tr> <tr> <td style="text-align: center;">B</td> <td style="text-align: center;">D</td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: 7</p>	PROFILE	CONDITION	B	D	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SMALL</li> <li><input type="checkbox"/> MEDIUM</li> <li><input type="checkbox"/> MEDIUM-LARGE</li> <li><input checked="" type="checkbox"/> LARGE</li> <li><input type="checkbox"/> EXTRA LARGE</li> </ol>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> BED _____ Sq. Ft.</li> <li><input checked="" type="checkbox"/> CHAMBER _____ Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</li> <li><input type="checkbox"/> TRENCH _____ Linear Ft.</li> <li><input type="checkbox"/> OTHER: _____</li> </ol>	
PROFILE	CONDITION						
B	D						

**SITE EVALUATOR STATEMENT**

On 7-8-92 (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.

*John A. Hubbard*  
Site Evaluator Signature
101  
SE#
7-13-92  
Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: Augusta Street, Road, Subdivision: Boy Rd Owners Name: M. Broulieu

**SITE PLAN**

Scale 1" = 60 Ft.

**NOTES:**

1. SP-1 DESCRIPTION FROM HHE-200 DATED 7-28-91 PROVIDED BY STATE ENGINEER (SP-13-11) VALIDITY OF INFORMATION IS UNDETERMINED.
2. PROPOSED EXPANDED SYSTEM IS TO SERVE A HOUSE HOME PERMITTED TO REAR A STRUCTURE PARTIALLY OCCUPYING PROPOSED

SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)

Rt 27  
STATE HIGHWAY

NOTE'S CONT'D

3. TIES TO ERP ARE FROM 7-28-91 HHE-200 ACTUAL LOCATION MUST BE CONFIRMED
4. ELEVATIONS FROM HHE-200 7-28-91, 5. HAMILTON, MUST BE CONFIRMED.

200 ±  
Boy Rd.

### SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole SP-1  Test Pit  Boring

N/A " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
<u>LOAMY SILT</u>	<u>FRIABLE</u>	<u>BROWN</u>	<u>NONE EVIDENT</u>
<u>2-3 in / 5 in</u>		<u>OLIVE BROWN</u>	<u>VERY DISTINCT</u>
<u>SILT LOAM</u>	<u>FIRM</u>		
<u>SILTY CLAY</u>		<u>OLIVE</u>	

Soil Profile: E

Classification: D

Slope: 4.7%

Limiting Factor: 7

Ground Water

Restrictive Layer

Bedrock

Observation Hole B-1  Test Pit  Boring

1 " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
<u>SILT LOAM</u>	<u>FRIABLE</u>	<u>BROWN</u>	<u>NONE EVIDENT</u>
		<u>OLIVE BROWN</u>	<u>Few</u>
<u>SILTY CLAY</u>	<u>FIRM</u>		<u>Common</u>
		<u>OLIVE</u>	<u>DISTINCT</u>

Soil Profile: E

Classification: D

Slope: 10%

Limiting Factor: 10

Ground Water

Restrictive Layer

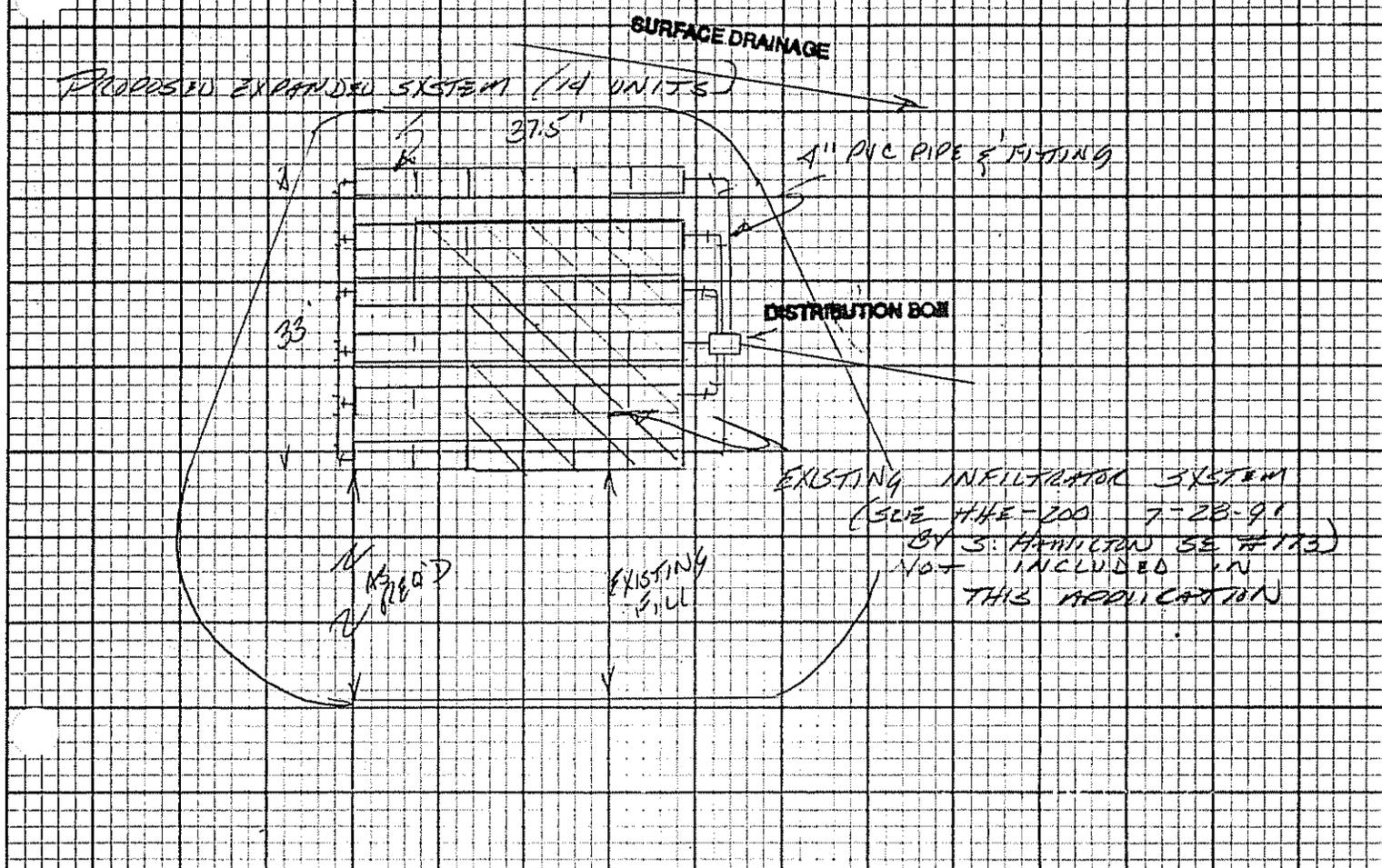
Bedrock

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation <i>Augusta</i>	Street, Road, Subdivision <i>Bog Rd</i>	Owners Name <i>M. BEAULIEU</i>
--	--	-----------------------------------

## SUBSURFACE WASTEWATER DISPOSAL PLAN

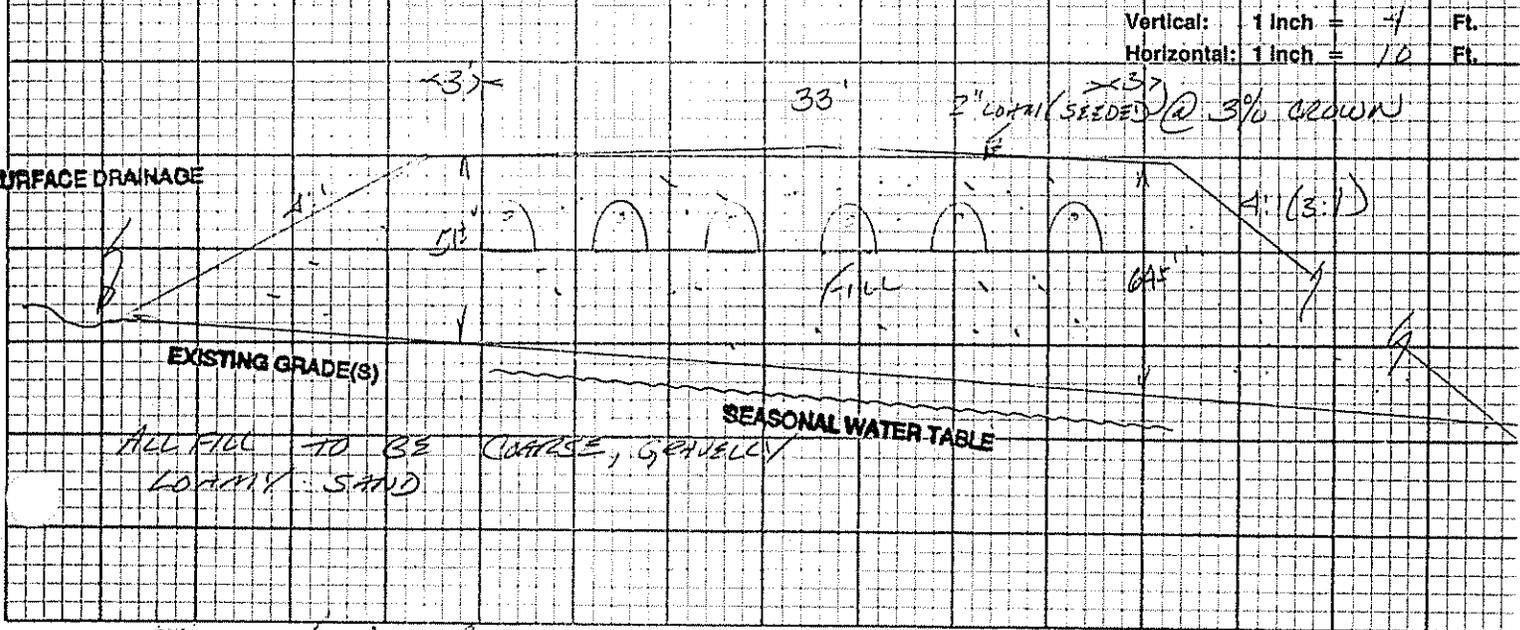
Scale 1" = 20' Fl.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <i>51"</i>	Reference Elevation Is <i>00"</i>	<i>FLAGGED NAIL IN 4" MAPLE TREE 32" ABOVE G.O.P.</i>
Depth of Fill (Downslope) <i>64"</i>	Bottom of Disposal Area <i>-21"</i>	
	Top of Distribution Lines or Chambers <i>-5"</i>	

### DISPOSAL AREA CROSS SECTION

Scale:  
Vertical: 1 inch = 4' Fl.  
Horizontal: 1 inch = 10' Fl.



*[Signature]*  
Site Evaluator Signature

*131*  
SE#

*7-13-92*  
Date

## NOTES

1. Site evaluations conform to criteria of the "State of Maine-Subsurface Wastewater Disposal Rules-Capt 241" latest revision. Other environmental concerns are not evaluated and may require additional professional opinions. The delineation of wetlands when needed is to be performed by competent consultants engaged in such practice and may affect the suitability of particular sites.
  2. All construction to conform to specifications in the "State of Maine-Subsurface Wastewater Disposal Rules-Chapt 241" latest revision.
  3. Wells to be located a minimum 100' from disposal system. Systems to be a minimum 20' from structures with foundations 15' from other structures.
  4. Property lines shown are as provided by owner/owner's agent no guarantee of accuracy is implied. Actual property lines must be confirmed by survey.
  5. A septic tank outlet filter is recommended when installing a mechanical garbage disposal.
  6. Pump stations, when required, shall be watertight to prevent infiltration. Pumps shall be installed to manufacturers specifications and sized for actual installed T.D.H.. For uninterupted service during repair duplex pumps are required.
  7. Force mains and pressure lines shall be flushed of foriegn material and pumps checked for proper on/off cycle before being put in service.
  8. Applicability of design must be reevaluated when location of structures are substantially different than shown on the site plan, or when other appurtenances(I.E. swimming pools) are considered.
  9. Systems put into service prior to establishing proper cover shall be provided with adequate erosion controls.
  10. Provide low profile tanks when determined needed in the field. All tanks may be field located at least 8' from structures.
  11. All components subject to freezing must be adequately insulated.
  12. The LPI shall inform the owner and designer of local ordinances exceeding the "Rules" prior to issuing a permit, so that necessary amendments can be made.
  13. All designs are subject to Local, State, or Federal review. Designers liability shall be limited to required revisions. In no case shall liability exceed designers fee.
- The owner/applicants signature on page one aknowledges their understanding of the "Notes".

RECEIVED KENNEBEC SS.

1992 JUL 20 AM 12:31

ATTEST: *Harriet R. ...*  
REGISTER OF DEEDS

JULY 30, 1992

TO: ABUTTING LANDOWNER

FROM: MARK A BEAULIEU

RE: SEPTIC SYSTEM EXPANSION

AS A ABUTTING PROPERTY OWNER TO MY LAND ON THE BOG RD. MAP #82 AND LOT # 9 I AM REQUIRED TO INFORM YOU OF THIS EXPANSION. AS YOU MAY OR MAY NOT KNOW I RECENTLY REMOVED MY OLD SEPTIC SYSTEM BY MY OWN CHOICE TO UPDATE TO A MORE EFFECTIVE SYSTEM WITH USING INFILTRATORS. WHEN I HAD MY NEW SYSTEM DESIGNED IT WAS TO INCLUDE MY PRESENT HOME AND A SMALL TRAILER FOR MY MOTHER TO LIVE IN. I RECEIVED ALL THE PROPER PERMITS AND THE WORK WAS COMPLETED EXCEPT FOR THE PLACEMENT OF THE TRAILER AS OF AUGUST 1991. SINCE THIS TIME MY MOTHER PASSED AWAY AND A TRAILER PLACEMENT WAS PUT ON HOLD. I AM NOW IN THE PROCESS OF PUTTING A TRAILER IN FOR MY SISTER AND HAVE HAD TO RE-APPLY FOR A PERMIT SINCE THE OTHER HAD EXPIRED. DURING THE PERMIT PROCESS IT WAS DISCOVERED THAT THE DESIGNER OF MY SYSTEM NEVER WROTE ANYTHING ON MY DESIGN ABOUT A TRAILER BEING INCLUDED. I HAVE NOW HAD TO HIRE SOMEONE ELSE TO DESIGN ME AN EXPANSION TO THIS SYSTEM . THIS SYSTEM WILL NOT BE REQUIRED TO BE INSTALLED UNLESS FOR SOME REASON MY PRESENT NEW SYSTEM FAILS IN SOME WAY. I AM NOT SURE WHY BUT BY LAW I AM REQUIRED TO INFORM YOU THAT THE ENCLOSED COPY OF THIS EXPANSION SYSTEM HAS BEEN APPROVED AND IS ON FILE AT THE REGISTRY OF DEEDS BOOK # 4180 PAGE # 332 AS IS ALSO REQUIRED BY LAW. I EXPLAINED THIS AS CLEAR AS I COULD IN LETTER BUT IF YOU HAVE ANY QUESTIONS AT ALL PLEASE FEEL FREE TO CALL ME AT 622-5693.

MARK A BEAULIEU

*Mark Beaulieu*

*exp on back*

7-31-92

These letters were Mail on

~~7-31-92~~

Mr & Mrs Ouetette was Returned on 8-1-92  
and Mr & Mrs Stoddards was Returned on

8-3-92. Mr Steve Goss Refused to  
sign for his or go to pick it up

At the post office. I contacted him  
on three occasions and stated he would  
pick it up but never did.

Mark Becalieu

*[Faint handwritten notes at the bottom left]*

*[Faint handwritten notes at the bottom right]*

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. Steven GASS  
674 Riverside Dr.  
Augusta, Me.  
04330

4a. Article Number

P 657-299-765

4b. Service Type

- Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-066

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 657 299 766



**Certified Mail Receipt**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to	
+Mrs. Donald Ouellette	
City & No. Ouellette	
Box 760 Bog Rd. Dryden	
P.O., State & ZIP Code Augusta, Me 04330	
Postage	\$ 29
Certified Fee	—
Special Delivery Fee	—
Restricted Delivery Fee	—
Return Receipt Showing to Whom & Date Delivered	—
Return Receipt Showing to Whom, Date, & Address of Delivery	—
TOTAL Postage & Fees	\$2.29
Postmark or Data	REC NIF

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. + Mrs. Don Ouellette  
Ouellette Dryway  
Box 760 Bog Rd  
Augusta, Me  
04330

4a. Article Number

P 657-299-766

4b. Service Type

- Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

Pat Ouellette

6. Signature (Agent)

11-March 8-1-92

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-066

**DOMESTIC RETURN RECEIPT**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. + Mrs. Ronald Stoddard  
J + M Camper Sales  
Rt 27 New Belgrade Rd.  
Augusta, Me 04330

4a. Article Number

P 657-299-764

4b. Service Type

- Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

7. Date of Delivery

3-92

5. Signature (Addressee)

Ronald Stoddard

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-066

**DOMESTIC RETURN RECEIPT**

PS Form 3800, June 1990

