

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

Town of Augusta, Me

Permit No. # 1602 E

Date Permit Issued 5-17-89
MONTH/DAY/YEAR

Property Owner's Name: Ernest Bouffard

Tel. No. 622-2839

System's Location: North Belfast Ave

STREET

Augusta

TOWN

Maine 04330

ZIP

Property Owner's Address: RFD # 7 Box 80
(if different from above)

STREET

Augusta

TOWN

Maine

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, 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.)

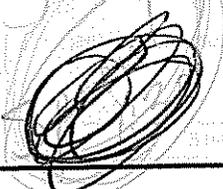
SITE EVALUATOR:

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.



Ernest Bouffard
PROPERTY OWNER'S SIGNATURE

5-15-89
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"		14"	inches
	Restrictive Layer	to 6"		14"	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' ^b	60' ^b		
	b. Property Owner's	25'	50'	75'+	
	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—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.

EDuba
SITE EVALUATOR'S SIGNATURE

5-11-89
DATE

LPI STATEMENT

I, Mary K. Tubley, LPI for the Town of Avonista 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: _____

Mary K. Tubley
LPI'S SIGNATURE

May 17, 1989
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

PROPERTY ADDRESS

Town Or Plantation: Augusta Me
Street division Lot #: RT 3 North Bell Road

PROPERTY OWNERS NAME

622-2839
Last: Bouffard First: Ernest

Applicant Name: Ernest Bouffard
Mailing Address of Owner/Applicant (If Different): RFD #7 Box 80 Augusta Maine 04330

AUGUSTA PERMIT # 1,602 TOWN COPY
Date Permit Issued: 5-17-89 FEE: \$410.00
Jay R. Fuller 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.

Ernest Bouffard 5-15-89
Signature of Owner/Applicant Date

Caution: Inspection Required

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

Jay R. Fuller 5-31-89
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>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>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>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>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>TYPE OF WATER SUPPLY <u>Drilled Well</u></p>
<p>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED <u>1970</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>3 Acres+</u> ZONING: <u>Residential</u></p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>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 Zabel Filter Recommended</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 (DEPENDING 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.) <u>2 Bedroom Minimum Design Flow + 20 Gpd</u></p>			
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td><u>9</u></td> <td><u>D</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>14</u></p>	PROFILE	CONDITION		<u>9</u>	<u>D</u>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> MEDIUM-LARGE <input type="checkbox"/> LARGE <input checked="" type="checkbox"/> EXTRA LARGE
PROFILE	CONDITION					
<u>9</u>	<u>D</u>					

SITE EVALUATOR STATEMENT

5-9-1989 (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.

J.P. Dube 241 5-10-1989
Site Evaluator Signature SE# Date

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

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[Signature]

SITE EVALUATOR'S SIGNATURE

5-1-1989

DATE

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Comments: _____

LPI'S SIGNATURE

DATE

FOR USE BY THE DEPARTMENT ONLY

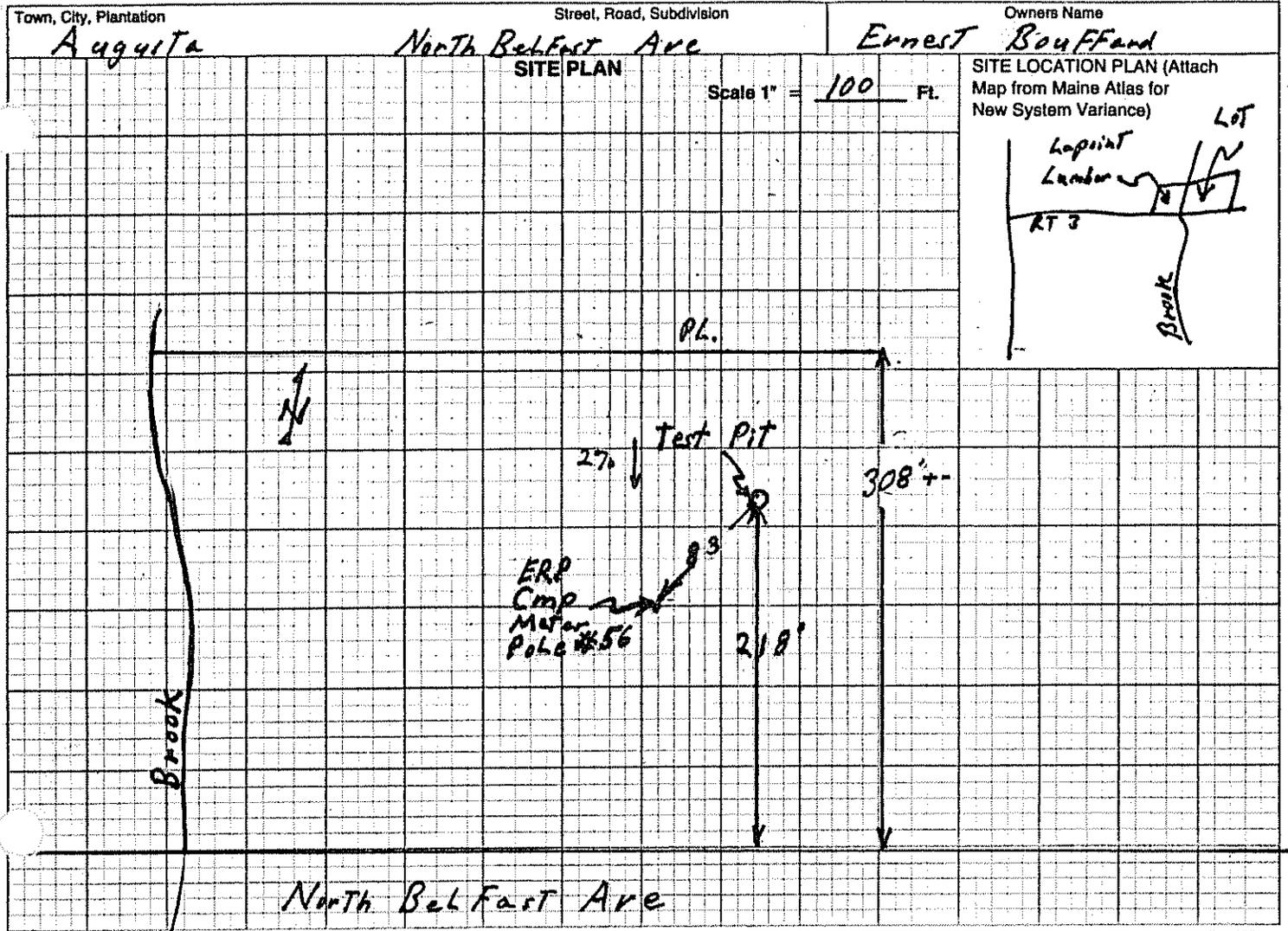
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SIGNATURE OF THE DEPARTMENT

DATE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)				EXCERPTS FROM MAINE PLUMBING CODE																	
Observation Hole <u>Back Hoe</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring				Observation Hole <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring																	
0" Depth of Organic Horizon Above Mineral Soil				D. Construction Details.																	
Texture	Consistency	Color	Mottling	<p>[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.</p> <p>[2] The bottom of the disposal area and distribution line shall be level with a maximum grade tolerance of 1 inch per 100 ft.</p> <p>[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.</p> <p>[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.</p>																	
0-6" Granular Loamy Sand, Old Fill	Friable	Gray																			
6-10" SLT Clay	Firm	olive	Common Distract.																		
10-15" Loam To																					
15-20" SLT Clay																					
20-50" SLT Clay				<table border="1"> <thead> <tr> <th>Soil Profile</th> <th>Classification Condition</th> <th>Slope %</th> <th>Limiting Factor</th> <th><input checked="" type="checkbox"/> Ground Water</th> <th><input type="checkbox"/> Restrictive Layer</th> <th><input type="checkbox"/> Bedrock</th> </tr> </thead> <tbody> <tr> <td>9</td> <td>D</td> <td>2</td> <td>14</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Soil Profile	Classification Condition	Slope %	Limiting Factor	<input checked="" type="checkbox"/> Ground Water	<input type="checkbox"/> Restrictive Layer	<input type="checkbox"/> Bedrock	9	D	2	14			
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9	D	2	14																		

D. W. W.

Site Evaluator Signature

241

SE#

5-9-1989

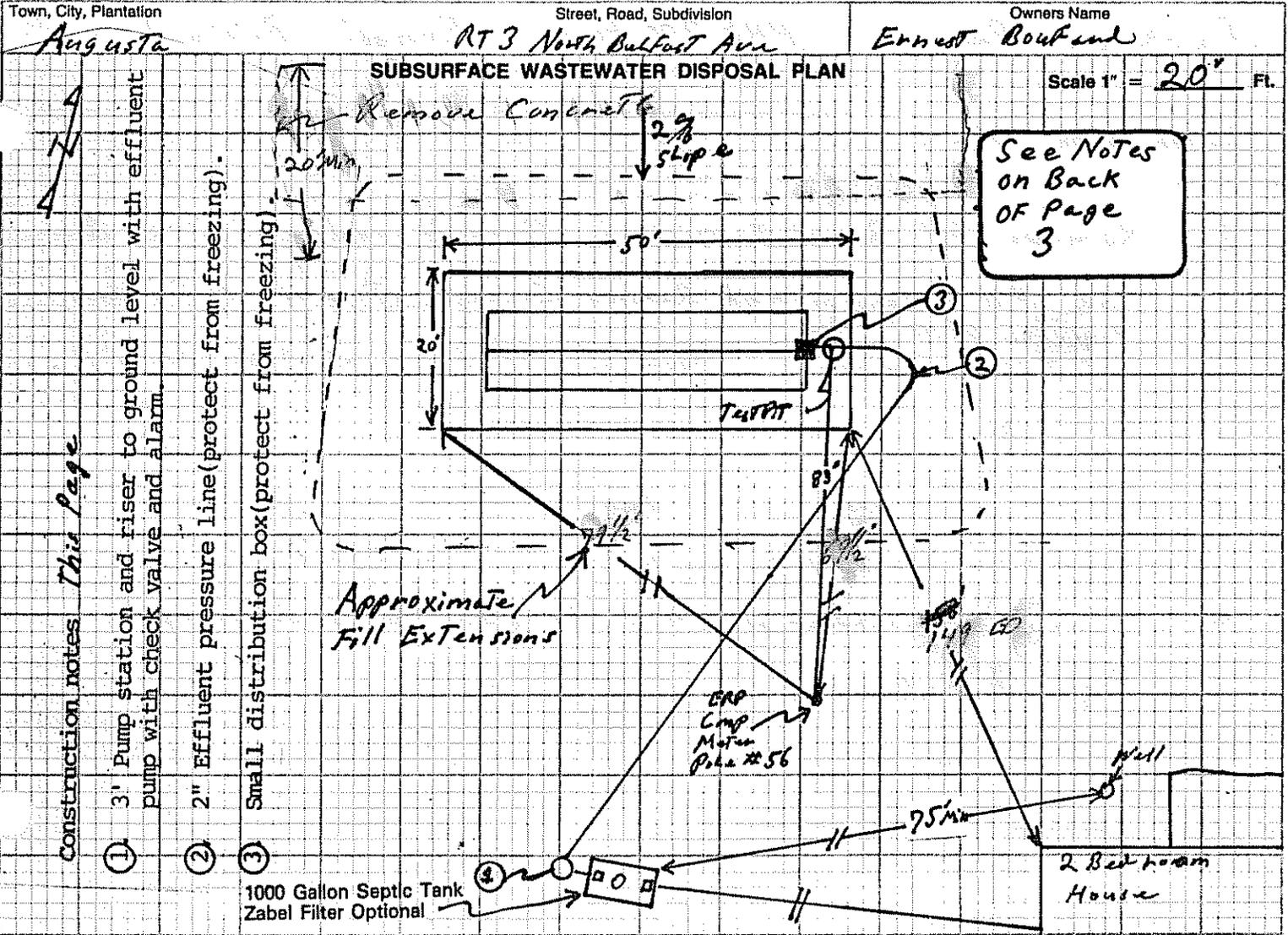
Date

Page 2 of 3

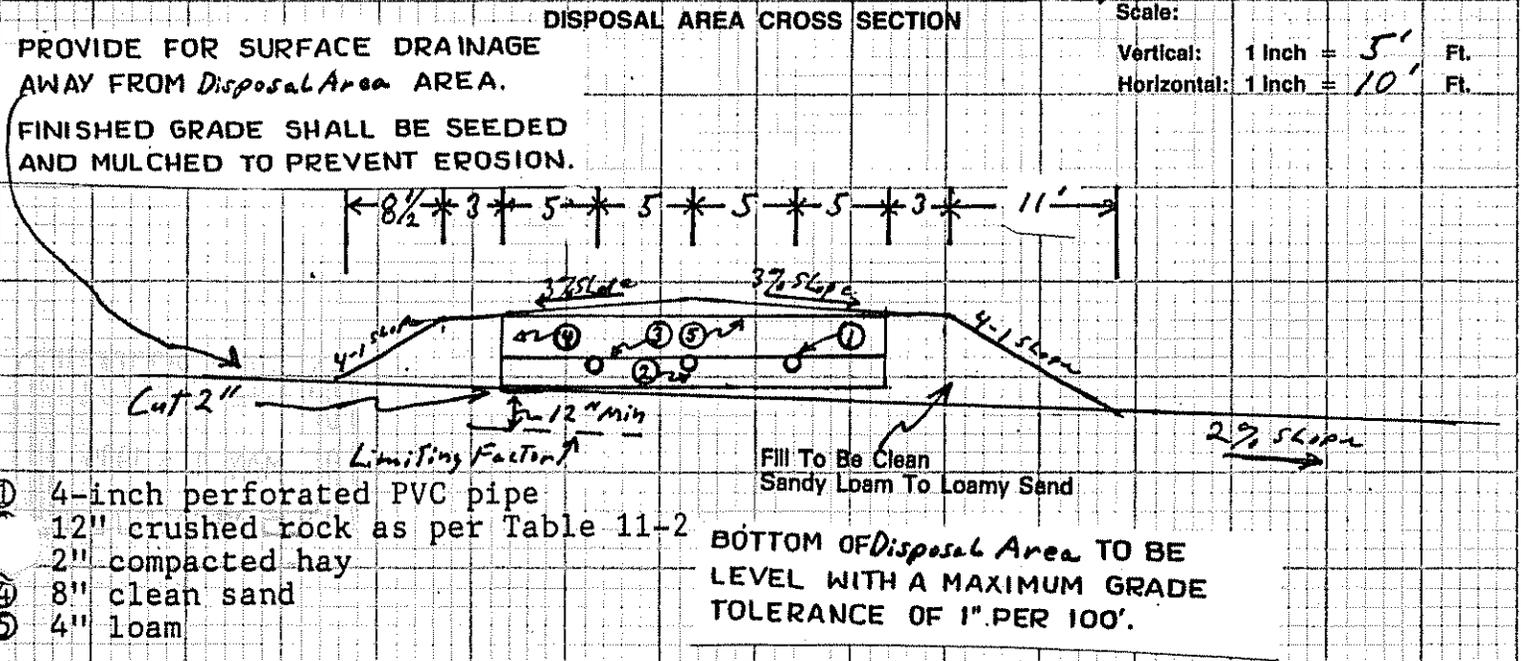
HHE-200 Rev.1/84

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	25"	Reference Elevation is	0	Nail in Tag # 44 in Comp Meter Pole # 56	
Depth of Fill (Downslope)	28"	Bottom of Disposal Area	-56"		
		Top of Distribution Lines or Chambers	-44"		



EP Duke
Site Evaluator Signature

241
SE#

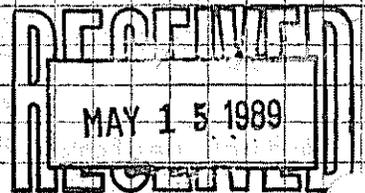
5-11-1989
Date

Notes!

Back of Page 3 HHE 200 Form Ernest Boyford

Construction Notes:

- 1 Remove All Gravel To original Ground under Disposal Area
And Fill Extensions And Remove Concrete To wall of Chicken
House on UPHill side
- 2 RotoTill Original Soil under Disposal Area And Fill
Extensions.
- 3 Place 8" Loamy Sand on Disposal Area And Fill
Extensions And RotoTill into Original Soil.
- 4 Place Remainder of Fill As per Maine Subsurface
Disposal Rules.



Duba

241
SER

5-11-1989