

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.

GENERAL INFORMATION

Town of AUGUSTA

Permit No. _____ E

Date Permit Issued _____

Property Owner's Name: MICHAEL CURTIS Tel. No. 623-1939

System's Location: RTE 17 795 EASTERN AVE

AUGUSTA STREET

Maine _____

Property Owner's Address: 795 EASTERN AVE

(if different from above) AUGUSTA, ME 04330 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.

PROPERTY OWNER'S SIGNATURE _____

DATE _____

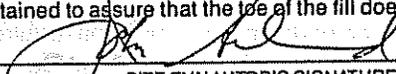
VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		2	Inches
	Restrictive Layer	to 6"		2-3	inches
	Bedrock	to 10"			inches
SETBACK DISTANCES (IN FEET)	FROM:	TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
Potable Water Supplies	1. Well: > 2000 gal/day	100 ^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'		52'
	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'		17±'
	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 3/27/96
DATE

LPI STATEMENT

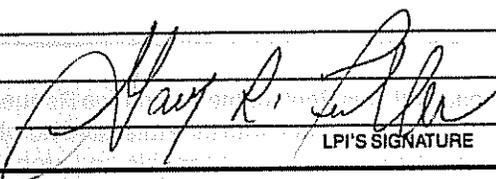
I, May R. Laska, LPI for the Town of Angusta have conducted an on-site inspection for the proposed replacement system and have determined to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Wastewater Disposal Ordinances, or the Local Shoreland 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 5/8/96
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



RECEIVED

MAY 22 1996

Angus S. King, Jr.
Governor

Kevin W. Concannon
Commissioner

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

May 20, 1996

Michael Curtis
795 Eastern Avenue
Augusta ME 04330

SUBJECT: Approval, Replacement System Variance Request, Michael Curtis property, Eastern Avenue, Augusta

Dear Mr. Curtis:

The Division has reviewed a replacement system variance request for the subject property. We approve the installation of a septic system at 2 inches to the ground water table and 52 feet from a perennial waterbody.

The approval requires that:

1. The system be installed according to the design by John Archard, dated 3/25/96.
2. Mr. Archard, the site evaluator, be retained to oversee site preparation and the removal of the old system prior to construction of the replacement system.
3. A permit for installation be obtained from the Local Plumbing Inspector.

Should you or others have any questions regarding this review and/or approval, please feel free to contact me at 287-5687.

Sincerely,

A handwritten signature in cursive script that reads 'Linda S. Robinson'.

Linda S. Robinson
Wastewater & Plumbing Control
Division of Health Engineering

/lsr
cc: John Archard, SE
Gary Fuller, LPI

M/4 LT

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION

Town or Location: **AUGUSTA**

Street: **RTE 17 EASTERN AVE**

Subdivision Lot #: **795**

PROPERTY OWNERS NAME

Last: **CURTIS** First: **MICHAEL**

Mailing Address of Owner: **795 EASTERN AVE
AUGUSTA, ME 04330**

Daytime Tel. #: **623-1939**

AUGUSTA 3434 TOWN COPY

Date Permit Issued: **5/22/96**

Local Plumbing Inspector Signature: *Yvonne R. [Signature]*

FEE: **\$ 80.00** Double Fee Charged

L.P.I. #: **850**

Municipal Tax Map #: **14** Page #: **107**

Owner Statement

I state that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: *Michael Curtis* Date: **5/4/96**

Caution: Inspection Required

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

Local Plumbing Inspector Signature: *[Signature]* Date Approved: **6/20/96**

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- First Time System
- Multi-User System
- Replacement System
- Expanded System
 - One-time exempted
 - Non-exempted
- Experimental System
- Seasonal Conversion

THIS APPLICATION REQUIRES:

- No Rule Variance
- First Time System Variance (Municipal)
- First Time System Variance (State)
- Replacement System Variance
 - Local Plumbing Inspector approval
 - State & Local Plumbing Inspector approval
- Minimum Lot Size Variance
- Seasonal Conversion Variance

DISPOSAL SYSTEM COMPONENT(S)

- Non-Engineered System
- Primitive System
- Alternative Toilet
Specify: **N/A**
- Non-Engineered Treatment Tank
- Holding Tank **N/A** Gallons
- Non-Engineered Disposal Area (only)
- Separated Laundry System
- Engineered System (+2000 gpd)
- Engineered Treatment Tank (only)
- Engineered Disposal Area (only)

SIZE OF PROPERTY
20,000 SQ FT

DISPOSAL SYSTEM TO SERVE:

- Single Family Dwelling Unit
- Multiple Family Dwelling Unit
Number of Units _____
- Other _____
SPECIFY _____

SHORELAND ZONING

Yes No

TYPE OF WATER SUPPLY
AUGUSTA WATER DIST

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- Concrete
 - Regular
 - Low Profile
- Plastic
SIZE: **1000** Gallons

DISPOSAL AREA TYPE/SIZE

- Stone Bed **1400** Sq. Ft.
- Proprietary Device **N/A** Sq. Ft.
 - Clustered Linear
 - Regular H-20
- Trench **N/A** Lin. Ft.
- Other **N/A**

GARBAGE DISPOSAL UNIT

- No
- Yes
 - Multi-compartment tank
 - Tank in series
 - Increase in tank capacity
 - Filter on tank outlet

CRITERIA USED FOR DESIGN FLOW
(Show Calculations)

3 BEDROOM

DESIGN FLOW: **270**
(Gallons/Day)

PROFILE & DESIGN CLASS

PROFILE: **9** DESIGN: **E**

DEPTH TO MOST LIMITING FACTOR: **2**

DISPOSAL AREA SIZING

- Small 2.0
- Medium 2.60
- Medium-Large 3.30
- Large 4.10
- Extra-Large 5.00

PUMPING

- Not required
- May be required
- Required

DOSE: **50** Gallons

SITE EVALUATOR'S STATEMENT

I, **3** / **22** / **96** (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules.

Signature: *John Archard*
Print Name: **JOHN ARCHARD**

181
SE #
(207) 293-2674
Telephone

3/25/96
Date

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

City, Plantation
AUGUSTA

Street, Road, Subdivision
RTE 17 EASTERN AVE

Name of Owner
CURTIS

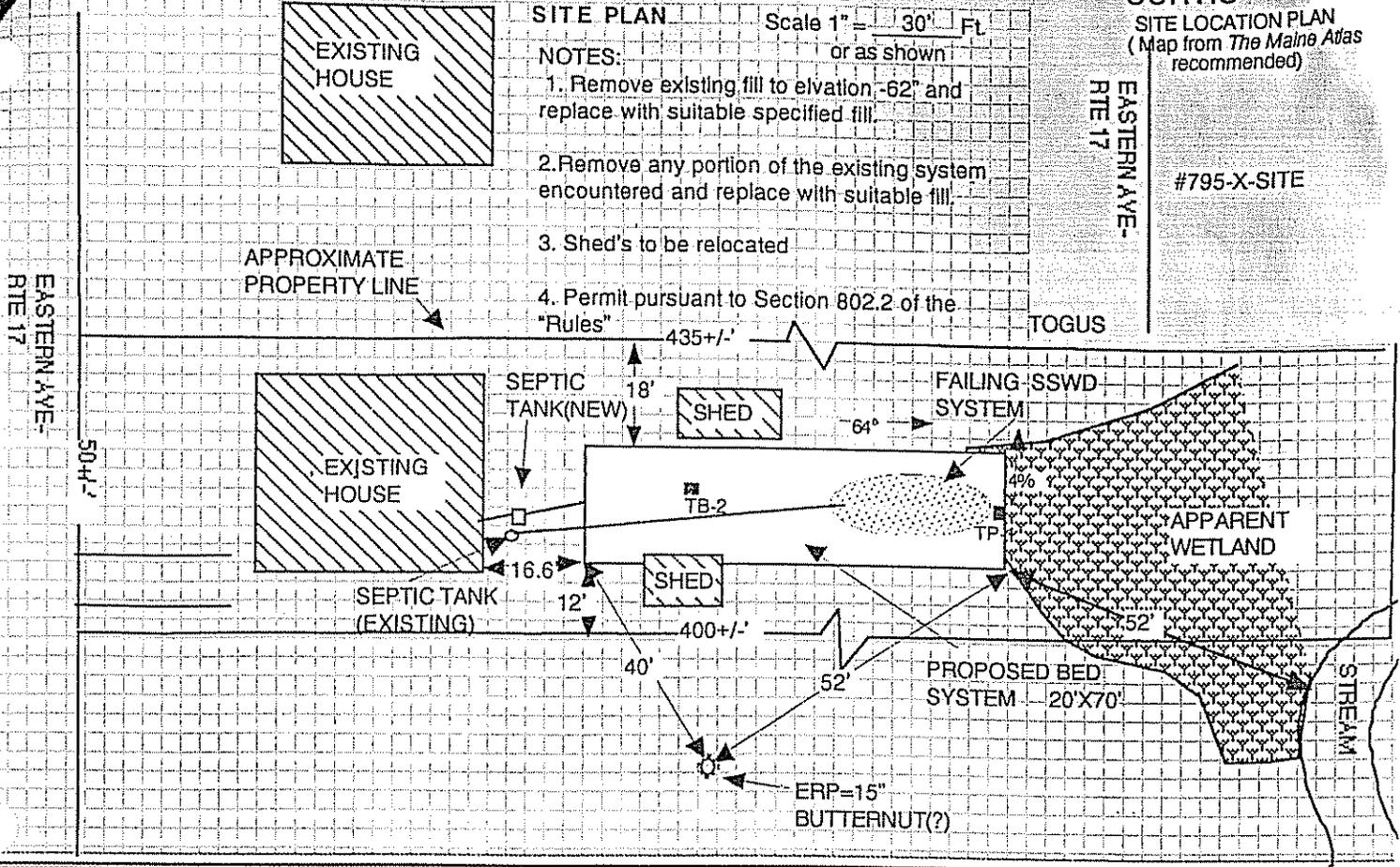
SITE LOCATION PLAN
(Map from *The Maine Atlas* recommended)

RTE 17
EASTERN AVE-

#795-X-SITE

SITE PLAN Scale 1" = 30' Ft
or as shown

- NOTES:**
1. Remove existing fill to elevation -62" and replace with suitable specified fill.
 2. Remove any portion of the existing system encountered and replace with suitable fill.
 3. Shed's to be relocated
 4. Permit pursuant to Section 802.2 of the "Rules"



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole TP-1 Test Pit Boring

N/A " Depth of Organic Horizon above Mineral Soil

Texture	Consistency	Color	Mottling
0 SILTY	FRIABLE	GLEYED	FEW TO
6 CLAY	FIRM		COMMON
10			PROMINENT
15			
20			
30			
40			
50			

Soil 9 CLASS E Slope 4 % Limiting Factor 2 Ground Water Restrictive Layer Bedrock

Observation Hole TB-2 Test Pit Boring

N/A " Depth of Organic Horizon above Mineral Soil

Texture	Consistency	Color	Mottling
0 SILTY	FRIABLE	GLEYED	FEW TO
6 CLAY	FIRM		COMMON
10 FILL			PROMINENT
15			
20			
30			
40			
50			

Soil 9 CLASS E Slope 0 % Limiting Factor 2 Ground Water Restrictive Layer Bedrock

[Signature]
Site Evaluator Signature

181
SE#

3/27/96
Date

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

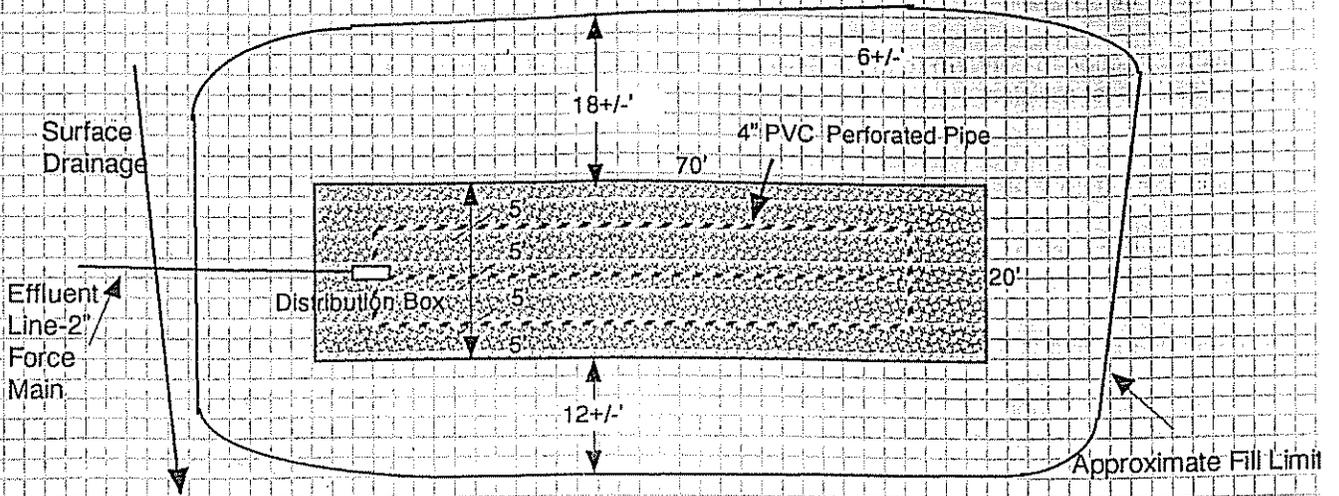
City, Plantation
AUGUSTA

Street, Road, Subdivision
RTE 17 EASTERN AVE

Owner's Name
CURTIS

SUBSURFACE WASTEWATER DISPOSAL PLAN

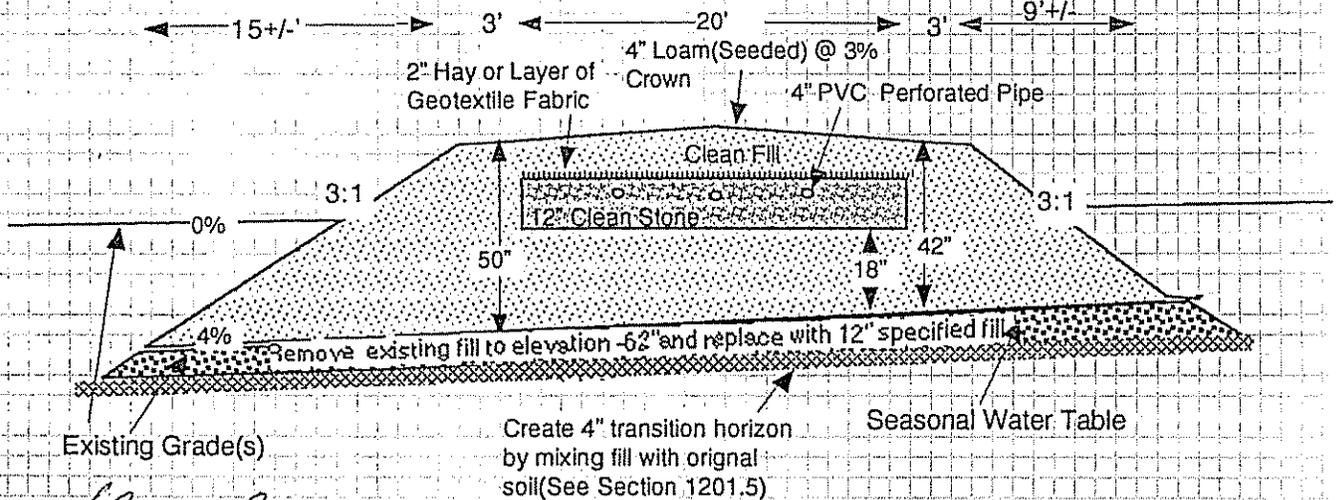
Scale 1" = 20 Ft.



DISPOSAL AREA CROSS SECTION

Note: All fill to be coarse, gravelly, sharp, clean, loamy sand. (See section 1205.4 of "Rules")

Scale:
Vertical: 1" = 4 Ft.
Horizontal: 1" = 10 Ft.



Create 4" transition horizon by mixing fill with original soil (See Section 1201.5)

Seasonal Water Table

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	42"	Finished Grade Elevation	-8"	Location & Description	FLAGGED NAIL IN 15"
Depth of Fill (Downslope)	50"	Top of Distribution Pipe or Proprietary Device	-21"		BUTTERNUT(?) TREE
		Bottom of Disposal Area	-32"	Reference Elevation	00"

[Signature]
Site Evaluator Signature

181
SE#

3/27/96
Date