

Map 53 Lot 23A

# 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 Copy

Town of AUGUSTA

Permit No. 3791 E

Date Permit Issued 10/9/97  
MONTH/DAY/YEAR

Property Owner's Name: NORTHCENTER FOOD SERVICE Tel. No. \_\_\_\_\_

System's Location: DALTON RD. STREET

AUGUSTA TOWN Maine 04330 ZIP

Property Owner's Address: P.O. BOX 2628 STREET  
(if different from above)

AUGUSTA TOWN ME STATE 04338 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.

[Signature]  
PROPERTY OWNER'S SIGNATURE

10/9/97  
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS Soil Profile 8 Soil Condition B from HHE-200	Ground Water Table	to 6"		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	100'	300'		
	2. Well: < 2000 gal/day a. Neighbor's	50'	60'		
		b. Property Owner's	25'	50'	
	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'	10'		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

**OTHER**

1. Fill extension Grade—to 3:1

2. FILLED GROUND

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.

[Signature]  
SITE EVALUATOR'S SIGNATURE

10/02/97  
DATE

**LPI STATEMENT**

I, [Signature], 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: \_\_\_\_\_

[Signature]  
LPI'S SIGNATURE

10/9/97  
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

Map 53 Lot 23A

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

10037006

**PROPERTY ADDRESS**

Town Or Plantation: AUGUSTA

Street: DALTON RD.

Division Lot # DALTON RD.

**PROPERTY OWNER'S NAME**

Last: FOOD SERVICE First: NORTH CENTER

Applicant Name: TIM HOLT

Mailing Address of Owner/Applicant (If Different): P.O. BOX 2624 AUGUSTA, ME. 04338

AUGUSTA PERMIT # 3791 TOWN COPY

Date Permit Issued: 10/9/97 \$ 165.00 FEE  Double Fee Charged

L.P.I. # 8150

Gary R. Fuller  
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.

G. Holt  
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.

Gary R. Fuller  
Local Plumbing Inspector Signature

10/17/97  
Date Approved

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input checked="" type="checkbox"/> Requires Local Plumbing Inspector Approval</p> <p>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p><b>INSTALLATION IS:</b></p> <p>COMPLETE SYSTEM</p> <p>1. <input type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL.</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input checked="" type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>SEASONAL CONVERSION</b> to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>9. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED <u>94</u></p> <p>THE FAILING SYSTEM IS</p> <p>1. <input type="checkbox"/> BED      3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER      4. <input checked="" type="checkbox"/> OTHER <u>INFILTRATOR</u></p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input checked="" type="checkbox"/> OTHER <u>FOOD SERVICE DISTRIBUTION</u> SPECIFY _____</p>
<p>SIZE OF PROPERTY: <u>14± AC.</u></p> <p>ZONING: <u>C/F</u></p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p><u>PRIVATE</u></p>	

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

<p><b>TREATMENT TANK</b></p> <p>1. <input type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p><u>EXISTING</u></p> <p>SIZE _____ GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY _____</p>	<p><b>PUMPING</b></p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION &amp; ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: <u>EXISTING</u> GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING) EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p><u>130 EMPLOYEES</u> <u>X 15 G.P.D.</u> <u>= 1950</u></p> <p>NOTE: ALL FLOW INFORMATION WAS TAKEN FROM 1993 DESIGN OF JOHN ARCHER</p> <p>DESIGN FLOW: <u>1950</u> (GALLONS/DAY)</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <u>B</u>      CONDITION: <u>B</u></p> <p>DEPTH TO LIMITING FACTOR: <u>12</u> "</p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input checked="" type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA-LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>4032</u> Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	

**SITE EVALUATOR STATEMENT**

On 9/30/97 (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. Philbrick  
John A. Philbrick, Licensed Site Evaluator

256 SE#      10/02/97 Date

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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

10037006

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

AUGUSTA

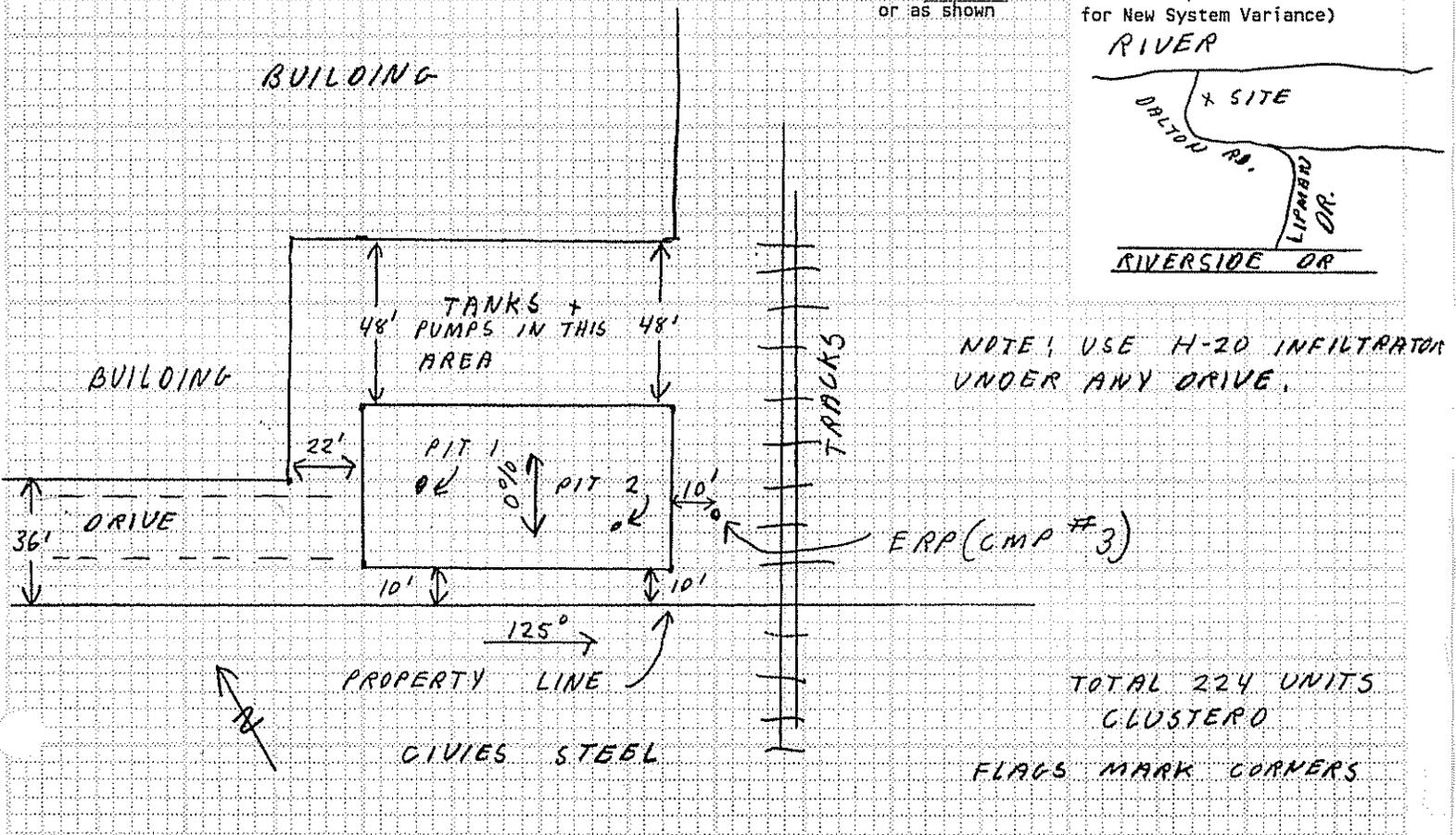
DALTON RD.

NORTHCENTER FOOD SER.

## SITE PLAN

Scale: 1" = 50 Ft.  
or as shown

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



NOTE: USE H-20 INFILTRATOR UNDER ANY DRIVE.

TOTAL 224 UNITS  
CLUSTERED

FLAGS MARK CORNERS

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

Observation Hole 1  Test Pit  Boring  
0 " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0	OLD	FRIABLE	BROWN	NONE
6				
10	MIXED		TO	
15	FILL			
20	SANDY LOAM TO LOAMY SAND		LITE BROWN	
30				
40	LAYER OF COARSE FILL GRAVEL SANDY LOAM			
50				

Soil Classification: S Profile, B Condition  
 Slope: 0 %  
 Limiting Factor: N/E  
 Ground Water  
 Restr. Layer  
 Bedrock

Observation Hole 2  Test Pit  Boring  
0 " Depth of Organic Horizon Above Mineral Soil

Inches	Texture	Consistency	Color	Mottling
0				
6				
10	UNDER EXISTING SYSTEM			
15	USED JOHN ARCHERS TEST			
20				
30				
40				
50				

Soil Classification: S Profile, B Condition  
 Slope: 0-1 %  
 Limiting Factor: N/E  
 Ground Water  
 Restr. Layer  
 Bedrock

Site Evaluator Signature

256 SE#

10/02/97 Date

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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

10037006

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

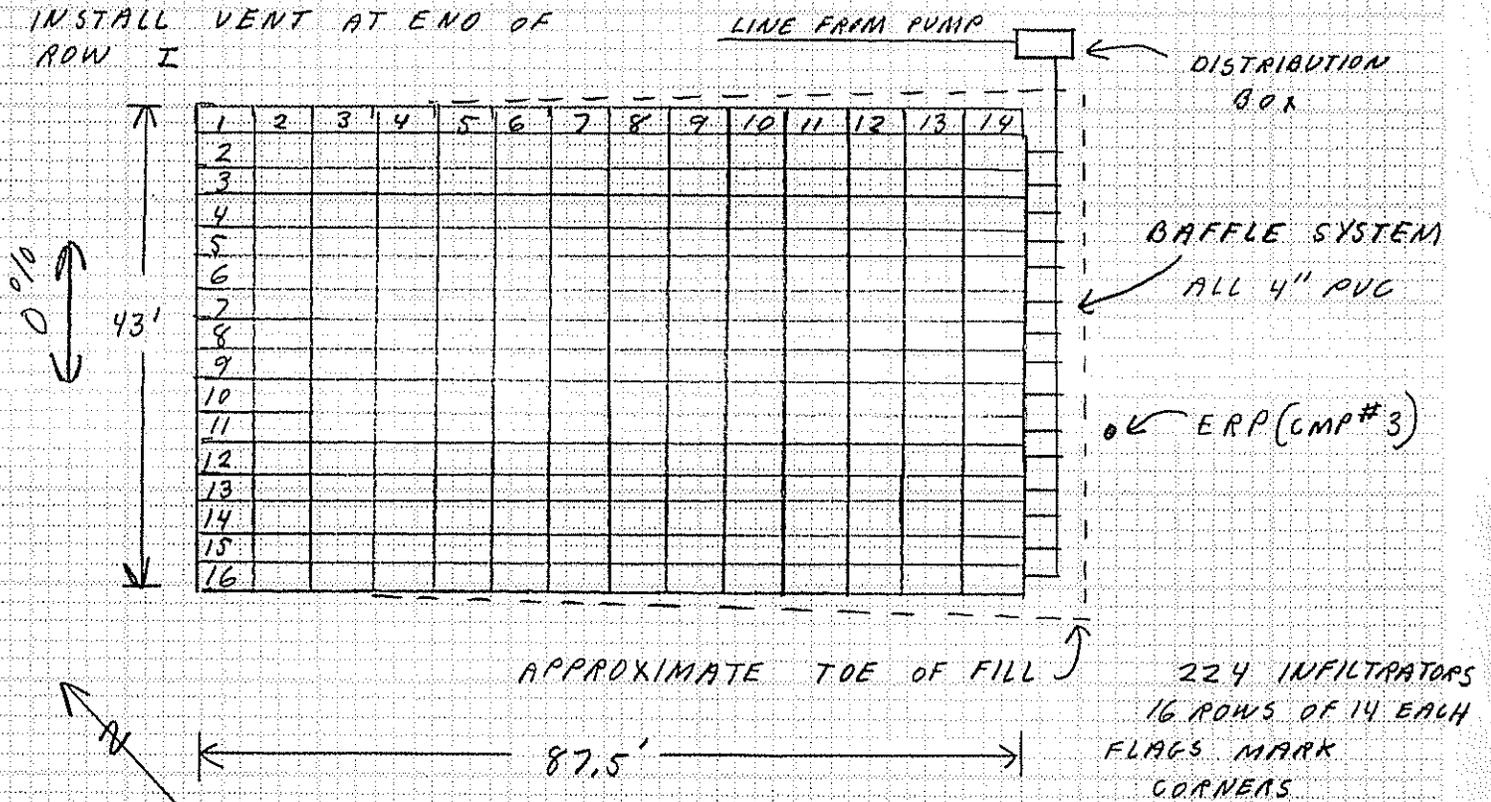
AUGUSTA

DALTON RD.

NORTHCENTER FOOD SER.

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 Ft.  
or as shown



**FILL REQUIREMENTS**  
Depth of Fill (Upslope)  
Depth of Fill (Downslope)

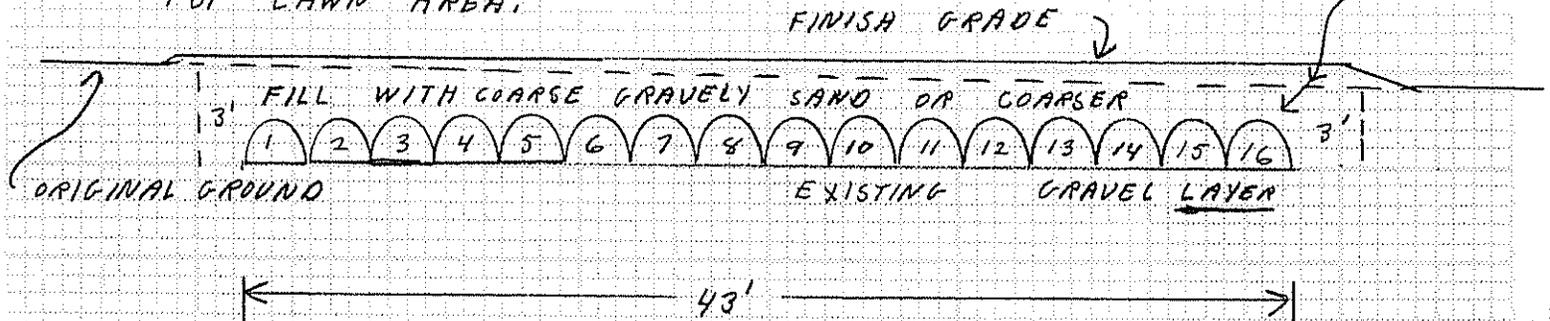
**CONSTRUCTION ELEVATION**  
2" Reference Elevation is  
8" Bottom of Disposal Area  
Top of Distribution Lines or Chambers

**ELEVATION REFERENCE POINT**  
0" E.R.P. IN C.M.P. #3 10'  
-47" EAST OF SYSTEM, 44"  
-31" ABOVE GROUND

### DISPOSAL AREA CROSS SECTION

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

MIN. 18" GRAVEL OVER TOP WITH H-20 TO USE FOR ROAD WAY; MIN. 12" OVER TOP WITH LOAM + SEED FOR LAWN AREA.



*[Signature]*  
Site Evaluator Signature

256  
SE#

10/02/97  
Date

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