

# 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

Permit No. 3975 E Town of PORTLAND  
Date Permit Issued 9/7/90  
MONTH/DAY/YEAR  
Property Owner's Name: TIM FLAHERTY Tel. No. \_\_\_\_\_  
System's Location: BAY AVE. GREAT DIAMOND ISLAND  
STREET  
PORTLAND Maine ZIP  
TOWN  
Property Owner's Address: TIM FLAHERTY REAL ESTATE  
(if different from above) 23 BRIDGTON ROAD STREET  
WESTBROOK, ME. 04092 STATE ZIP  
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 this 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.

Tim J. Flaherty  
PROPERTY OWNER'S SIGNATURE

9-7-90  
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table		to 8"	7	Inches
Soil Condition	Restrictive Layer		to 6"	7	Inches
from HHE-200	Bedrock		to 10"		Inches
SFTBACK DISTANCES (IN FEET)	*HOM.	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. \_\_\_\_\_

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 top of the fill does not extend to the 3:1 slope.

*Richard Stewart*  
SITE EVALUATOR'S SIGNATURE

9-6-90  
DATE

**LPI STATEMENT**

I, *E. J. Gordon*, LPI for the Town of *Rollins 5170* 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 Variance(s) 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: \_\_\_\_\_

*E. J. Gordon 123*  
LPI'S SIGNATURE

9/7/96  
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

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department  
Division of

PROPERTY ADDRESS		PORTLAND 3975 Date Permit Issued: <u>8/9/90</u> \$ <u>40</u> Double Fee <input type="checkbox"/> FEE Charged L.P.I. # <u>01123</u> Local Plumbing Inspector Signature: <u>[Signature]</u>
Town Or Plantation	<u>GREAT DIAMOND IS.</u> <u>PORTLAND</u>	
Street Subdivision Lot #	<u>BAY AVE</u>	
PROPERTY OWNERS NAME		
Last	<u>FLAHERTY</u> First <u>TIM</u>	
Applicant Name		
Mailing Address of Owner/Applicant (if Different)		

**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

[Signature] 1601 2-20-91  
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION		
<b>THIS APPLICATION IS FOR:</b> 1 <input type="checkbox"/> NEW SYSTEM 2 <input checked="" type="checkbox"/> REPLACEMENT SYSTEM 3 <input type="checkbox"/> EXPANDED SYSTEM 4 <input type="checkbox"/> EXPERIMENTAL SYSTEM	<b>THIS APPLICATION REQUIRES:</b> 1 <input type="checkbox"/> NO RULE VARIANCE 2 <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3 <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a <input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval b <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4 <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE	<b>INSTALLATION IS:</b> COMPLETE SYSTEM 1 <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM 2 <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3 <input type="checkbox"/> ENGINEERED (+2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS 4 <input type="checkbox"/> TREATMENT TANK (ONLY) 5 <input type="checkbox"/> HOLDING TANK _____ GAL 6 <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7 <input type="checkbox"/> NON ENGINEERED DISPOSAL AREA (ONLY) 8 <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
<b>SEASONAL CONVERSION</b> to be completed by the LPI 5 <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6 <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7 <input type="checkbox"/> SYSTEM INSTALLED - P# _____ 8 <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED	<b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED <u>PROF 1974</u> THE FAILING SYSTEM IS: 1 <input type="checkbox"/> BED 3 <input type="checkbox"/> TRENCH 2 <input type="checkbox"/> CHAMBER 4 <input checked="" type="checkbox"/> OTHER <u>SR. PIPE</u>	<b>DISPOSAL SYSTEM TO SERVE:</b> 1 <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2 <input type="checkbox"/> MODULAR OR MOBILE HOME 3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4 <input type="checkbox"/> OTHER _____ SPECIFY _____
SIZE OF PROPERTY <u>25,714 SF</u> ZONING <u>SHORELAND</u>	<b>TYPE OF WATER SUPPLY</b> <u>PUBLIC</u>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> 1 <input checked="" type="checkbox"/> SEPTIC <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2 <input type="checkbox"/> AEROBIC SIZE <u>1000</u> GALS.	<b>WATER CONSERVATION</b> 1 <input checked="" type="checkbox"/> NONE 2 <input type="checkbox"/> LOW VOLUME TOILET 3 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4 <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	<b>PUMPING</b> 1 <input type="checkbox"/> NOT REQUIRED 2 <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3 <input checked="" type="checkbox"/> REQUIRED DOSE _____ GALS.	<b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b> <u>4 BEDROOMS</u>
<b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b> PROFILE <u>B</u> CONDITION <u>D</u> DEPTH TO LIMITING FACTOR <u>7</u>	<b>SIZE RATINGS USER FOR DESIGN PURPOSES</b> 1 <input type="checkbox"/> SMALL 2 <input type="checkbox"/> MEDIUM 3 <input type="checkbox"/> MEDIUM-LARGE 4 <input checked="" type="checkbox"/> LARGE 5 <input type="checkbox"/> EXTRA LARGE	<b>DISPOSAL AREA TYPE/SIZE</b> 1 <input type="checkbox"/> BED _____ Sq. Ft. 2 <input checked="" type="checkbox"/> CHAMBER <u>540</u> Sq. Ft. <input checked="" type="checkbox"/> PLASTIC <input type="checkbox"/> H-20 3 <input type="checkbox"/> TRENCH _____ Linear Ft. 4 <input type="checkbox"/> OTHER _____	
			<b>DESIGN FLOW.</b> <u>375</u> (GALLONS/DAY)

**SITE EVALUATOR STATEMENT**

On 8/9/90 (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.

[Signature] 034 4-6-90  
Site Evaluator Signature CE# Date

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

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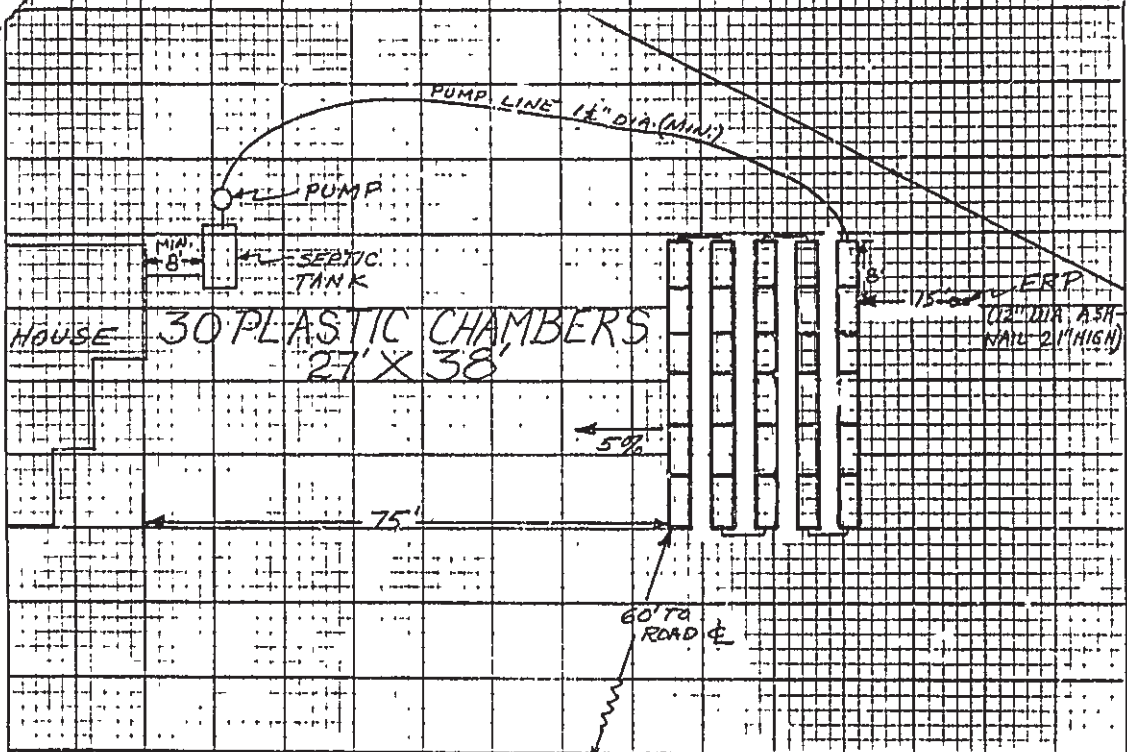
WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

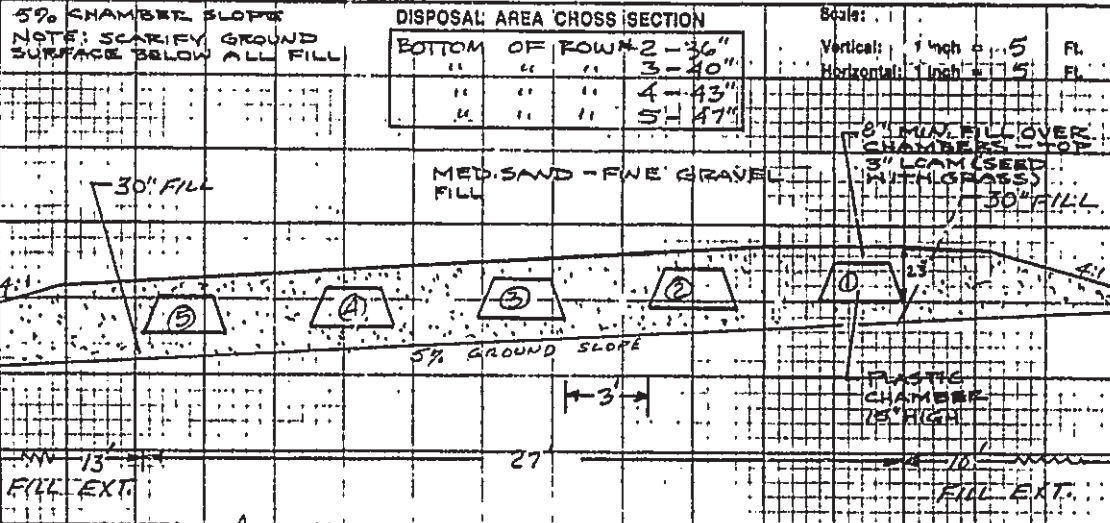
Location: GREAT DIAMOND ISLAND  
Street, Road, Subdivision: BAY AVE.  
Owner's Name: TIM FLAHERTY

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' Ft.



<b>FILL REQUIREMENTS</b>	<b>CONSTRUCTION ELEVATIONS</b>	<b>ELEVATION REFERENCE POINT LOCATION &amp; DESCRIPTION</b>
Depth of Fill (Upslope) <u>30"</u>	Reference Elevation is <u>0</u>	NAIL IN ORANGE SQUARE ON LOCUST TREE.
Depth of Fill (Downslope) <u>30"</u>	Bottom of Disposal Area (ROW #1) <u>-32"</u>	
	Top of Distribution Lines or Chambers <u>-17"</u>	



Richard O'Sneil  
Site Evaluator Signature

034 SEP

9-6-90 Date

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