

Department of Health and Human Services Maine Center for Disease Control and Prevention 286 Water Street # 11 State House Station Augusta, Maine 04333-0011

> Tel: (207) 287-5672 Fax: (207) 287-4172; TTY: 1-800-606-0215

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

CENEDAL INFORMATION		Town of Portland (Peaks Island)	* * * * * * * * * * * * * * * * * * * *
		Tel. No.:	
	457 Island Avenue (Map 90, Lot I		
352		Ziņ) Code
e-mail address:			
The subsurface wastewater dis	posal system design for the subject p sposal Rules. This variance requires	oroperty requires a ■ replacement system v ■local approval □local and state approva	zariance ☐ first time system variance to
		or. Use additional sheets if needed.)	SECTION OF RULE
To allow a replacement septic tank to be sited 5' min. from dwelling and 4' min. from property line To allow a 3: 1 slope variance for fill extensions near property lines, as necessary			Sec. 8 (Table 8 A)
 To allow a 3:1 slope varia 3. 	nce for fill extensions near propert	ly lines, as necessary	Sec. 8, D. 1. (c)
SITE EVALUATOR			
describe how the specific site li Department. Attach a separate		ovide any other support documentation as	required prior to consideration by the
I, BERT installed which will completely alternative available; enhances	satisfy all the Rule requirements. In rather potential of the site for subsurface	, S.E., certify that a variance to the Rules in judgment, the proposed system design are wastewater disposal; and that the system	on the attached Application is the best n should function properly.
PROPERTY OWNER			
I,installation on the Application is have performed their duties in required by the Rules. By sign	s not in total compliance with the Rule a reasonable and proper manner, and	□ owner □ agent for the owner of the subsets. Should the proposed system malfunction of I will promptly notify the Local Plumbing In owledge permission for representatives of the request.	n, I release all concerned provided they nspector and make any corrections
	SIGNATURE OF OWNER		DATE