

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT

This is to certify that JANET PINZARI

Located At 457 ISLAND AVE

Job ID: 2011-11-2683-SUBSRF

CBL: 090- P-004-001

has permission to install a non-engineered disposal field.
provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

11/17/2011

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD

1st 2d not Inspection Pass N/A

dc

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
 - **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
 - **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**
1. Septic field and extension inspection for bottom preparation/ scarification to verify removal of vegetation, established transitional horizon and erosion and sedimentation control measures.
 2. Backfill inspection of septic field for approved materials, stabilization, slopes and extensions.
 3. Exposed septic field installation and tank location inspection to check elevations, dimensions, piping, plumbing station and system design prior to covering.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

Strengthening a Remarkable City. Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-11-2683-SUBSRF

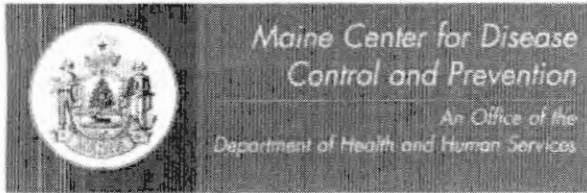
Located At: 457 ISLAND AVE

CBL: 090- P-004-001

Conditions of Approval:

Building

1. Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
2. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.



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.

GENERAL INFORMATION		Town of <u>Portland (Peaks Island)</u>
Property Owner's Name: <u>Kathie Smith</u>	Tel No. _____	
System's Location: <u>457 Island Avenue (Map 90, Lot P-4)</u>	_____	
Property Owner's Address: _____	Zip Code _____	
e-mail address: _____		

The subsurface wastewater disposal system design for the subject property requires a replacement system variance first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires local approval local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)	SECTION OF RULE
1. <u>To allow a replacement septic tank to be sited 5' min. from dwelling and 4' min. from property line</u>	<u>Sec. 8 (Table 8 A)</u>
2. <u>To allow a 3 : 1 slope variance for fill extensions near property lines, as necessary</u>	<u>Sec. 8, D. 1. (c)</u>
3. _____	_____

SITE EVALUATOR

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

I, ALBERT FRICK, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available: enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

Albert Frick SIGNATURE OF SITE EVALUATOR 10/26/2011 DATE

PROPERTY OWNER	
I, <u>Danielle Mulhern / LPA Inc.</u> , am the <input type="checkbox"/> owner <input checked="" type="checkbox"/> agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.	
<u>Danielle M. Mulhern / LPA Inc.</u>	<u>10-28-11</u>
SIGNATURE OF OWNER <input checked="" type="checkbox"/> AGENT FOR THE OWNER	DATE

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all First Time System Variance requests prior to rendering a decision.

I, Nicholas L. Adams, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system () does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I () do do not) approve the requested variance. I () will will not) issue a permit for the system's installation as proposed by the application.

[Signature]

LPI Signature

11-17-11

Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all First Time System Variance requests prior to forwarding to the Division of Environmental Health.

I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system () does () does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I () do () do not) recommend the issuance of a permit for the system's installation as proposed by the application.

LPI Signature

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

- Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)
2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One): Outside Shoreland Zone-50 Inside Shoreland Zone-65 Subdivision-65

enter CD

2011 11 26 83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-5165

PROPERTY LOCATION

City, Town, or Plantation: **PORTLAND, PEAKS ISLAND**

Street or Road: **457 ISLAND AVENUE**

Subdivision, Lot #:

>>CAUTION: LPI APPROVAL REQUIRED<<

Town/City: _____ Permit #: _____

Date Permit Issued: ___/___/___ Fee \$: _____ Double Fee Charged []

LPI #: _____

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **SMITH KATHIE** Owner Applicant

Mailing Address of Applicant: **LIONEL PLANTE ASSOCIATES
95 ISLAND AVENUE
PEAKS ISLAND, ME. 04108**

Daytime Tel. #:

Local Plumbing Inspector Signatures: _____

The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map # **90** Lot # **P-4**

OWNER OR APPLICANT STATEMENT

I state and acknowledge 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.

Daniel M. Mulhern/PA **10/28/11**
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 Application.

12-9-11 DWA
(1st) Date Approved

Local Plumbing Inspector Signature _____ (2nd) Date Approved _____

PERMIT INFORMATION

TYPE OF APPLICATION

1. First Time System
 2. Replacement System
Type Replaced: _____
Year Installed: _____

3. Expanded System
 a. <25% Expansion
 b. >25% Expansion
 4. Experimental System
 5. Seasonal Conversion

THIS APPLICATION REQUIRES

1. No Rule Variance
 2. First Time System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector Approval
 3. Replacement System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector Approval
 4. Minimum Lot Size Variance
 5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS

1. Complete Non-Engineered System
 2. Primitive System (graywater & alt toilet)
 3. Alternative Toilet, specify: _____
 4. Non-Engineered Treatment Tank (only)
 5. Holding Tank, _____ gallons
 6. Non-Engineered Disposal Field (only)
 7. Separated Laundry System
 8. Complete Engineered System (2000gpd+)
 9. Engineered Treatment Tank (only)
 10. Engineered Disposal Field (only)
 11. Pre-treatment, specify: _____
 12. Miscellaneous components

SIZE OF PROPERTY

6,419 SQ. FT. ACRES

SHORELAND ZONING

Yes No

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: **3**
 2. Multiple Family Dwelling, No of Units: _____
 3. Other: _____ (specify)

Current Use Seasonal Year Round Undeveloped

TYPE OF WATER SUPPLY

1. Drilled Well 2. Dug Well 3. Private
 4. Public 5. Other: _____

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. Concrete
 a. Regular
 b. Low Profile
 2. Plastic
 3. Other: _____

CAPACITY: **1000** GAL.

DISPOSAL FIELD TYPE & SIZE

1. Stone Bed 2. Stone Trench
 3. Proprietary Device
 a. Cluster array c. Linear
 b. Regular d. H-20 loaded
 4. Other: _____

SIZE: **1008** sq. ft. lin. ft.

24 ELTEN IN-DRAIN UNITS

GARBAGE DISPOSAL UNIT

1. No 2. Yes 3. Maybe

If Yes or Maybe, specify one below:

a. Multi-compartment tank
 b. _____ tanks in series
 c. Increase in tank capacity
 d. Filter on tank outlet

DESIGN FLOW

270 gallons per day
BASED ON:
 1. Table 4A (dwelling unit(s))
 2. Table 4C (other facilities)

SHOW CALCULATIONS for other facilities

**3 BEDROOMS AT
90 GALLONS PER
DAY EACH**

SOIL DATA & DESIGN CLASS

PROFILE CONDITION: **3 A/C**

Observation Hole # **TP 1**
Depth **32** "
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

1. Medium - 2.8 sq.ft./gpd
 2. Medium-Large - 3.3 sq.ft./gpd
 3. Large - 4.1 sq.ft./gpd
 4. Extra-Large - 5.0 sq.ft./gpd

EFFLUENT/EJECTOR PUMP

1. Not required
 2. May be required
 3. Required

Specify only for engineered systems:
DOSE: _____ gallons

LATITUDE AND LONGITUDE
at center of disposal area

Lat. **N 43 d 39 m 60 s**
Lon. **W 70 d 11 m 30 s**
ft g.p.e., state margin of error

SITE EVALUATOR STATEMENT

I certify that on **8/6/2002** (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 (10-144A CMR 241).

Albert Frick **63** **10/26/2011**
Site Evaluator Signature SE # Date

ALBERT FRICK (207) 839-5563 **ALBERT@ALBERTFRICK.COM**
Site Evaluator Name Printed Telephone Number E-mail Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10 SHS
 (207) 287-5672 FAX (207) 287-4173

Town, City, Plantation
PORTLAND, PEAKS ISLAND

Street, Road, Subdivision
457 ISLAND AVENUE

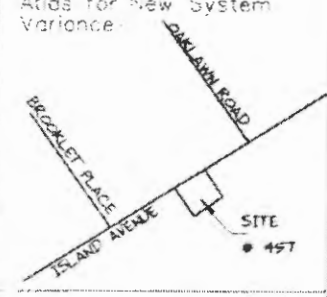
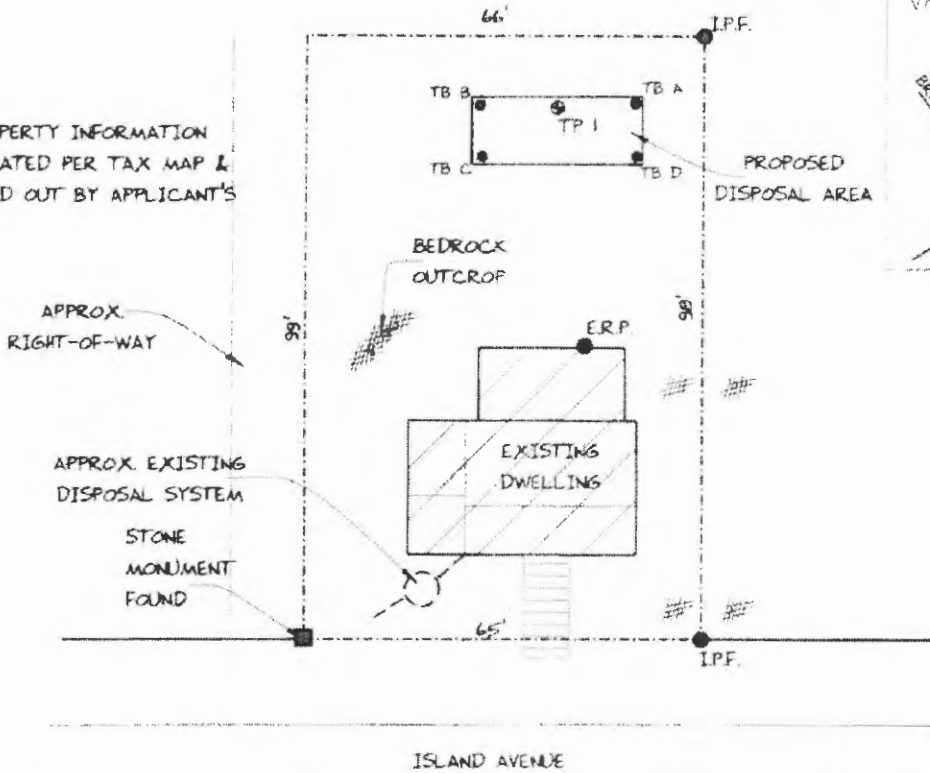
Owner's Name
KATHIE SMITH

SITE PLAN

Scale: 1" = 30' FT.
 or as shown

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

NOTE: PROPERTY INFORMATION
 APPROXIMATED PER TAX MAP &
 AS POINTED OUT BY APPLICANT'S
 AGENT



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

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

Texture	Consistency	Color	Mottling
SANDY LOAM		DARK BROWN	
LOAMY SAND	FRIABLE	DARK-YELLOW BROWN	
LOAMY SAND AND SAND	FIRM	OLIVE BROWN	COMMON, DISTINCT
BEDROCK			

Soil Classification: **3** Profile
 Slope: **A/C** Condition
 Limiting Factor: **32"**
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Observation Hole **TB** Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
TB A = 31" TO BEDROCK			
TB B = 34" TO BEDROCK			
TB C = 34" TO BEDROCK			
TB D = 31" TO BEDROCK			

Soil Classification: **3** Profile
 Slope: **A/C** Condition
 Limiting Factor: **32"**
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Albert Frick
 Site Evaluator Signature

163
 SE

10/26/2011
 Date

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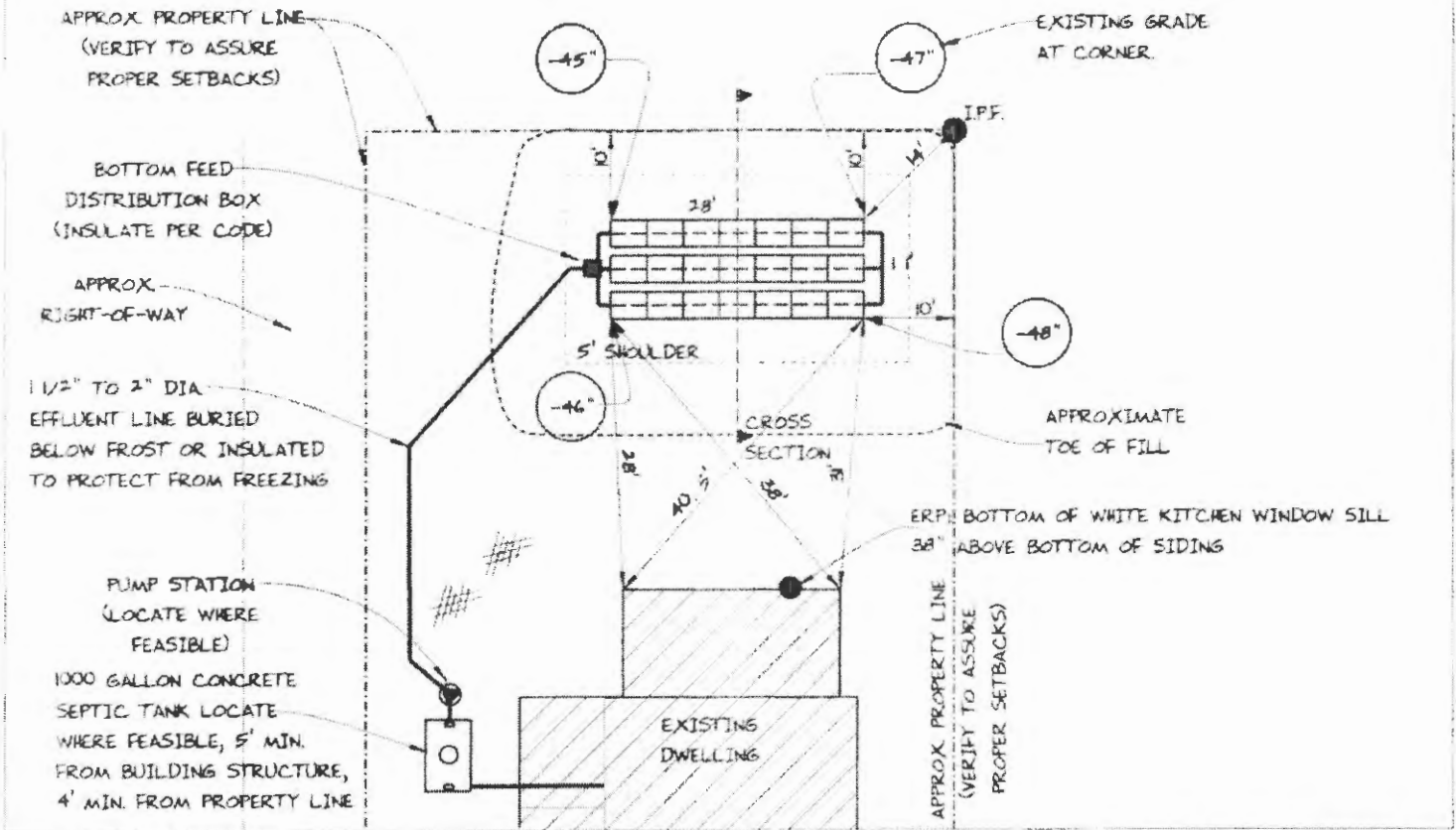
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10 SHS
 (207) 287-5872 FAX (207) 287-4172

Town, City, Plantation: **PORTLAND, PEAKS ISLAND**
 Street, Road, Subdivision: **457 ISLAND AVENUE**
 Owner's Name: **KATHIE SMITH**

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE = 20' = 1"



FILL REQUIREMENTS

Depth of Fill (Upslope) = 15" - 17"
 Depth of Fill (Downslope) = 16" - 18"
 DETAILS AT CROSS SECTION (shown below)

CONSTRUCTION ELEVATIONS

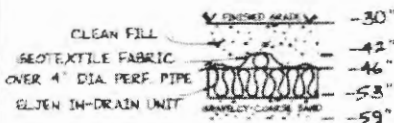
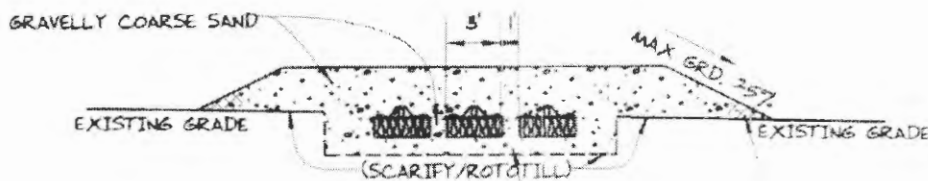
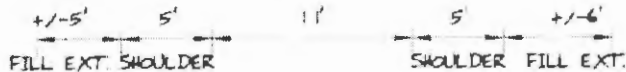
Finished Grade Elevation
 Top of Distribution Pipe or Proprietary Device
 Bottom of Disposal Area

ELEVATION REFERENCE POINT

SEE DETAIL BELOW
 Location & Description BOTTOM OF WHITE KITCHEN WINDOW SILL, 38" ABOVE SIDING
 Reference Elevation is: 0.0" or -----

SCALE:
 VERTICAL: 1" = 5 FT
 HORIZONTAL: 1" = 10 FT

DISPOSAL AREA CROSS SECTION



Site Evaluator Signature

Albert Frick

163
 07 *

10/26/2011
 Date

117121

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-3185

PROPERTY LOCATION

>>CAUTION: LPI APPROVAL REQUIRED<<

City, Town, or Plantation: **PORTLAND, PEAKS ISLAND**
Street or Road: **457 ISLAND AVENUE**
Subdivision, Lot #:

Town/City: _____ Permit #: _____
Date Permit Issued: _____ Fee \$: _____ Double Fee Charged (): _____
LPI #: _____
Local Plumbing Inspector Signature: _____

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **SMITH KATHIE** Owner Applicant
Mailing Address of Applicant: **LIONEL PLANTE ASSOCIATES
98 ISLAND AVENUE
PEAKS ISLAND, ME. 04068**
Daytime Tel. #:

The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with the application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map # **90** Lot # **P-4**

OWNER OR APPLICANT STATEMENT

I state and acknowledge 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.

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

Danielle M. Mulhern/LPA 10/28/11
Signature of Owner/Applicant Date

Local Plumbing Inspector Signature (1st) Date Approved
Local Plumbing Inspector Signature (2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION

- 1. First Time System
- 2. Replacement System
- Type Replaced: _____
- Year Installed: _____
- 3. Expanded System
 - a. <25% Expansion
 - b. >25% Expansion
- 4. Experimental System
- 5. Seasonal Conversion

THIS APPLICATION REQUIRES

- 1. No Rule Variance
- 2. First Time System Variance
 - a. Local Plumbing Inspector Approval
 - b. State & Local Plumbing Inspector Approval
- 3. Replacement System Variance
 - a. Local Plumbing Inspector Approval
 - b. State & Local Plumbing Inspector Approval
- 4. Minimum Lot Size Variance
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DISPOSAL SYSTEM COMPONENTS

- 1. Complete Non-Engineered System
- 2. Primitive System (graywater & alt toilet)
- 3. Alternative Toilet, specify: _____
- 4. Non-Engineered Treatment Tank (only)
- 5. Holding Tank, _____ gallons
- 6. Non-Engineered Disposal Field (only)
- 7. Separated Laundry System
- 8. Complete Engineered System (2000gpd+)
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- 10. Engineered Disposal Field (only)
- 11. Pre-treatment, specify: _____
- 12. Miscellaneous components

SIZE OF PROPERTY

6,419 SQ. FT. ACRES

DISPOSAL SYSTEM TO SERVE

- 1. Single Family Dwelling Unit, No. of Bedrooms: **3**
- 2. Multiple Family Dwelling, No. of Units: _____
- 3. Other: _____ (specify)

TYPE OF WATER SUPPLY

- 1. Drilled Well 2. Dug Well 3. Private
- 4. Public 5. Other: _____

SHORELAND ZONING

Yes No

Current Use Seasonal Year Round Undeveloped

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- 1. Concrete
 - a. Regular
 - b. Low Profile
- 2. Plastic
- 3. Other: _____

CAPACITY: **1000** GAL

DISPOSAL FIELD TYPE & SIZE

- 1. Stone Bed 2. Stone Trench
- 3. Proprietary Device
 - a. Cluster array c. Linear
 - b. Regular d. H-20 loaded
- 4. Other: _____

SIZE: **1008** sq. ft. in. ft.
24 ELJEN IN-DRAIN UNITS

GARBAGE DISPOSAL UNIT

- 1. No 2. Yes 3. Maybe
- If Yes or Maybe, specify one below:
 - a. Multi-compartment tank
 - b. tanks in series
 - c. Increase in tank capacity
 - d. Filter on tank outlet

DESIGN FLOW

270 gallons per day
BASED ON:

- 1. Table 4A (drilling unit(s))
- 2. Table 4C (other facilities)

SHOW CALCULATIONS for other facilities

**3 BEDROOMS AT
90 GALLONS PER
DAY EACH**

SOIL DATA & DESIGN CLASS

PROFILE: **3** CONDITION: **A/C**

at Observation Hole # **TP 1**
Depth **32**
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

- 1. Medium - 2.6 sq. ft./gpd
- 2. Medium-Large - 3.3 sq. ft./gpd
- 3. Large - 4.1 sq. ft./gpd
- 4. Extra-Large - 5.0 sq. ft./gpd

EFFLUENT/EJECTOR PUMP

- 1. Not required
 - 2. May be required
 - 3. Required
- Specify only for engineered systems: _____

DOSE: _____ gallons

3. Section 4G (meter readings)
ATTACH WATER-METER DATA

LATITUDE AND LONGITUDE
at center of disposal area

Lat **N 43 d 39 m 60 s**
Lon **W 70 d 11 m 30 s**
If p.p.s. state margin of error

SITE EVALUATOR STATEMENT

I certify that on **8/6/2002** (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 (10-144A CMR 241).

Albert Frick
Site Evaluator Signature

4-3
SE #

10/26/2011
Date

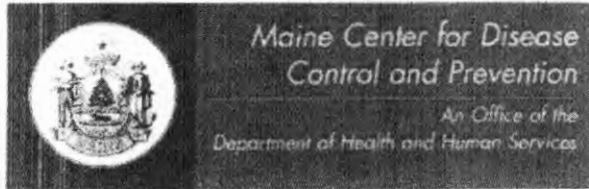
ALBERT FRICK
Site Evaluator Name Printed

(207) 839-5563
Telephone Number

ALBERT@ALBERTFRICK.COM
E-mail Address

ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5583
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator

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HHE-200 Rev. 02/2011



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.

GENERAL INFORMATION	Town of <u>Portland (Peaks Island)</u>
Property Owner's Name: <u>Kathie Smith</u>	Tel. No. _____
System's Location: <u>457 Island Avenue (Map 90, Lot P-4)</u>	
Property Owner's Address: _____	Zip Code _____
e-mail address: _____	

The subsurface wastewater disposal system design for the subject property requires a replacement system variance first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires local approval local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)	SECTION OF RULE
1. <u>To allow a replacement septic tank to be sited 5' min. from dwelling and 4' min. from property line</u>	<u>Sec. 8 (Table 8 A)</u>
2. <u>To allow a 3 : 1 slope variance for fill extensions near property lines, as necessary</u>	<u>Sec. 8, D. 1. (c)</u>
3. _____	_____

SITE EVALUATOR

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

ALBERT FRICK, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

Albert Frick SIGNATURE OF SITE EVALUATOR 10/26/2011 DATE

PROPERTY OWNER

Danielle Mulhern / LPA Inc. am the owner agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

Danielle M. Mulhern / LPA Inc. SIGNATURE OF OWNER 10-28-11 DATE

AGENT FOR THE OWNER

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all First Time System Variance requests prior to rendering a decision.

I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does / does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do / do not) approve the requested variance. I (will / will not) issue a permit for the system's installation as proposed by the application.

LPI Signature

Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all First Time System Variance requests prior to forwarding to the Division of Environmental Health.

I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does / does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do / do not) recommend the issuance of a permit for the system's installation as proposed by the application.

LPI Signature

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

- Notes:
1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)
 2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
	TOTAL POINT ASSESSMENT:	

Minimum Points (Check One): Outside Shoreland Zone-50 Inside Shoreland Zone-65 Subdivision-65