071-H-008

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

Town or Plantation	PORTLAND
Street Subdivision Lot #	PEAKS ISLAND
	909 SEASHORE ROAD

PORTLAND Date Permit Issued: 6/8/98 PERMIT # 6501 STATE COPY

$ 120 FEE ☐ If Double Fee Charged

21 Local Plumbing Inspector Signature

L.P.I. # 0124

PROPERTY OWNER'S NAME

Last: JENNINGS First: JOHN

Applicant's Name	COVEY JOHNSON
Mailing Address of Owner	
Daytime Tel. #	

Municipal Tax Map # _____ Lot # _____

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 _____ 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

Merle Leary — Local Plumbing Inspector Signature

6/02/98 — Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION:

1. ☐ First Time System
2. ■ Replacement System
   Type Replaced _____
   Year Installed _____
3. ☐ Expanded System
   ☐ a. one time exempted
   ☐ b. non exempted
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 Approval

DISPOSAL SYSTEM COMPONENT(S)

1. ■ Non-Engineered System
2. ☐ Primitive System(graywater & alt toilet)
3. ☐ Alternative Toilet _____
4. ☐ Non-Engineered Treatment Tank
5. ☐ Holding Tank _____ Gallons
6. ☐ Non-Engineered Disposal Area (only)
7. ☐ Separated Laundry System
8. ☐ Engineered System (>2000 gpd)
9. ☐ Engineered Treatment Tank (only)
10. ☐ Engineered Disposal Area (only)
11. ☐ Pretreatment

SIZE OF PROPERTY

12,400 S.F.±

DISPOSAL SYSTEM TO SERVE:

1. ■ Single Family Dwelling Unit
2. ☐ Multiple Family Dwelling: Number of Units _____
3. ☐ Other _____

SHORELAND ZONING

☐ Yes ■ No

TYPE OF WATER SUPPLY

PUBLIC WATER

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ■ Concrete
   ☐ a. Regular
   ■ b. Low Profile (IF NECESSARY)
2. ☐ Plastic
3. ☐ Other _____

SIZE 1000 Gallons

DISPOSAL AREA TYPE / SIZE

1. ☐ Bed _____ Sq. Ft.
2. ■ Proprietary Device 864 Sq. Ft.
   ☐ Cluster ■ Linear
   ■ Regular ☐ H-20
3. ☐ Trench
4. ☐ Other _____

18 ELJEN IN-DRAIN UNITS

GARBAGE DISPOSAL UNIT

1. ■ No
2. ☐ Yes
   ☐ Multi-compartment tank
   ☐ Tank in series
   ☐ Increase in tank capacity
   ☐ Filter on tank outlet

CRITERIA USED FOR DESIGN FLOW (Show Calculations)

SINGLE FAMILY DWELLING (2 BEDROOM)

DESIGN FLOW: 180 (Gallons/Day)

PROFILE & DESIGN CLASS

PROFILE	DESIGN
2	A

DEPTH TO MOST LIMITING FACTOR 16-27"

DISPOSAL AREA SIZING

1. ☐ Small - 2.00
2. ☐ Medium - 2.60
3. ■ Medium-Large - 3.30
4. ☐ Large - 4.10
5. ☐ Extra-Large - 5.20

PUMPING

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

DOSE _____ Gallons

SITE EVALUATOR'S STATEMENT

On 10/2/97 (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.

Albert Frick — Site Evaluator Signature

163 — SE #

11/4/97 — Date

ALBERT FRICK ASSOC., INC. — Site Evaluator Name Printed

839-5563 — Telephone

Albert Frick Associates, Inc.
Soil Scientists & Site Evaluators
95A County Road Gorham, Maine 04038
(207) 839-5563

Town, City, Plantation: PORTLAND (PEAKS ISLAND) | Street, Road, Subdivision: 909 SEASHORE ROAD | Owners Name: JENNINGS, JOHN

SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole TP C ■ Test Pit ☐ Boring

_____" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

	Texture	Consistency	Color	Mottling
0–6	SANDY LOAM	FRIABLE	DARK BROWN	
6–15			YELLOWISH BROWN	
15–20	BEDROCK			

Soil	Classification	Slope	Limiting Factor	
2 (Profile)	A (Condition)	____ %	10-18	☐ Ground Water ☐ Restrictive Layer ■ Bedrock

Observation Hole TP D ■ Test Pit ☐ Boring

_____" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

	Texture	Consistency	Color	Mottling
0–6	CHANNERY SANDY LOAM	FRIABLE	DARK BROWN	
6–15			DARK YELLOWISH BROWN	
15–20				
20	BEDROCK			

Soil	Classification	Slope	Limiting Factor	
____ (Profile)	____ (Condition)	____ %	____	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole TP E ■ Test Pit ☐ Boring

_____" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

	Texture	Consistency	Color	Mottling
0–6	SANDY LOAM	FRIABLE	DARK BROWN	
6–15			DARK YELLOWISH BROWN	
15–20				
20	BEDROCK			

Soil	Classification	Slope	Limiting Factor	
____ (Profile)	____ (Condition)	____ %	____	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole _____ ☐ Test Pit ☐ Boring

_____" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling

Soil	Classification	Slope	Limiting Factor	
____ (Profile)	____ (Condition)	____ %	____	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

Alber Frick 163 11/4/97
Date

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request an HHE-200 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 as defined in the Rules (Sec. 1903)
2. There will be no change in use of the structure except as authorized for one-time exempted expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD_5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

GENERAL INFORMATION

Town of PORTLAND (PEAKS ISLAND)

Permit No. _____ Date Permit Issued _____

Property Owner's Name: JOHN JENNINGS Tel. No.: _____

System's Location: 909 SEASHORE ROAD

Property Owner's Address: _____

(if different from above) _____

SPECIFIC INSTRUCTIONS TO THE:

LOCAL PLUMBING INSPECTOR (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, complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

If 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.

PROPERTY OWNER

I understand that the proposed system requires a variance to 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.

_____ _____

SIGNATURE OF OWNER DATE

LOCAL PLUMBING INSPECTOR

I, P. Samuel Hoffses, has NOT the undersigned, ~~have~~ visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement 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, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: I did not visit the site but I am aware of this situation and approve the variance.

_____ 8 June 98

LPI SIGNATURE DATE

091-H-008

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

Town or Plantation	PORTLAND
Street Subdivision Lot •	PEAKS ISLAND 909 SEASHORE ROAD

PORTLAND Date Permit Issued: 6/8/98 — 6501 TOWN COPY — $ 120 FEE ☐ If Double Fee Charged — L.P.I. # 0124 — Local Plumbing Inspector Signature

PROPERTY OWNER'S NAME

Last: JENNINGS First: JOHN

Applicant's Name	COVEY JOHNSON
Mailing Address of Owner	
Daytime Tel. •	

Municipal Tax Map • _____ Lot • _____

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 _____ 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

Local Plumbing Inspector Signature _____ Date Approved _____

PERMIT INFORMATION

TYPE OF APPLICATION:

1. ☐ First Time System
2. ■ Replacement System
   Type Replaced _____
   Year Installed _____
3. ☐ Expanded System
   ☐ a. one time exempted
   ☐ b. non exempted
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 Approval

DISPOSAL SYSTEM COMPONENT(S)

1. ■ Non-Engineered System
2. ☐ Primitive System(graywater & alt toilet)
3. ☐ Alternative Toilet _____
4. ☐ Non-Engineered Treatment Tank
5. ☐ Holding Tank _____ Gallons
6. ☐ Non-Engineered Disposal Area (only)
7. ☐ Separated Laundry System
8. ☐ Engineered System (•2000 gpd)
9. ☐ Engineered Treatment Tank (only)
10. ☐ Engineered Disposal Area (only)
11. ☐ Pretreatment

SIZE OF PROPERTY

12,400 S.F.±

DISPOSAL SYSTEM TO SERVE:

1. ■ Single Family Dwelling Unit
2. ☐ Multiple Family Dwelling: Number of Units _____
3. ☐ Other _____

SHORELAND ZONING

☐ Yes ■ No

TYPE OF WATER SUPPLY

PUBLIC WATER

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ■ Concrete
   ☐ a. Regular
   ■ b. Low Profile (IF NECESSARY)
2. ☐ Plastic
3. ☐ Other _____

SIZE 1000 Gallons

DISPOSAL AREA TYPE / SIZE

1. ☐ Bed _____ Sq. Ft.
2. ■ Proprietary Device 864 Sq. Ft.
   ☐ Cluster ■ Linear
   ■ Regular ☐ H-20
3. ☐ Trench
4. ☐ Other _____

18 ELJEN IN-DRAIN UNITS

GARBAGE DISPOSAL UNIT

1. ■ No
2. ☐ Yes
   ☐ Multi-compartment tank
   ☐ Tank in series
   ☐ Increase in tank capacity
   ☐ Filter on tank outlet

CRITERIA USED FOR DESIGN FLOW (Show Calculations)

SINGLE FAMILY DWELLING (2 BEDROOM)

PROFILE & DESIGN CLASS

PROFILE	DESIGN
2	A

DEPTH TO MOST LIMITING FACTOR 16-27"

DISPOSAL AREA SIZING

1. ☐ Small - 2.00
2. ☐ Medium - 2.60
3. ■ Medium-Large - 3.30
4. ☐ Large - 4.10
5. ☐ Extra-Large - 5.20

PUMPING

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

DOSE _____ Gallons

DESIGN FLOW:

180 (Gallons/Day)

SITE EVALUATOR'S STATEMENT

On 10/2/97 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed sytem is in compliance with the Subsurface Wastewater Disposal Rules.

Albert Frick — Site Evaluator Signature
163 — SE •
11/4/97 — Date

ALBERT FRICK ASSOC., INC. — Site Evaluator Name Printed
839-5563 — Telephone

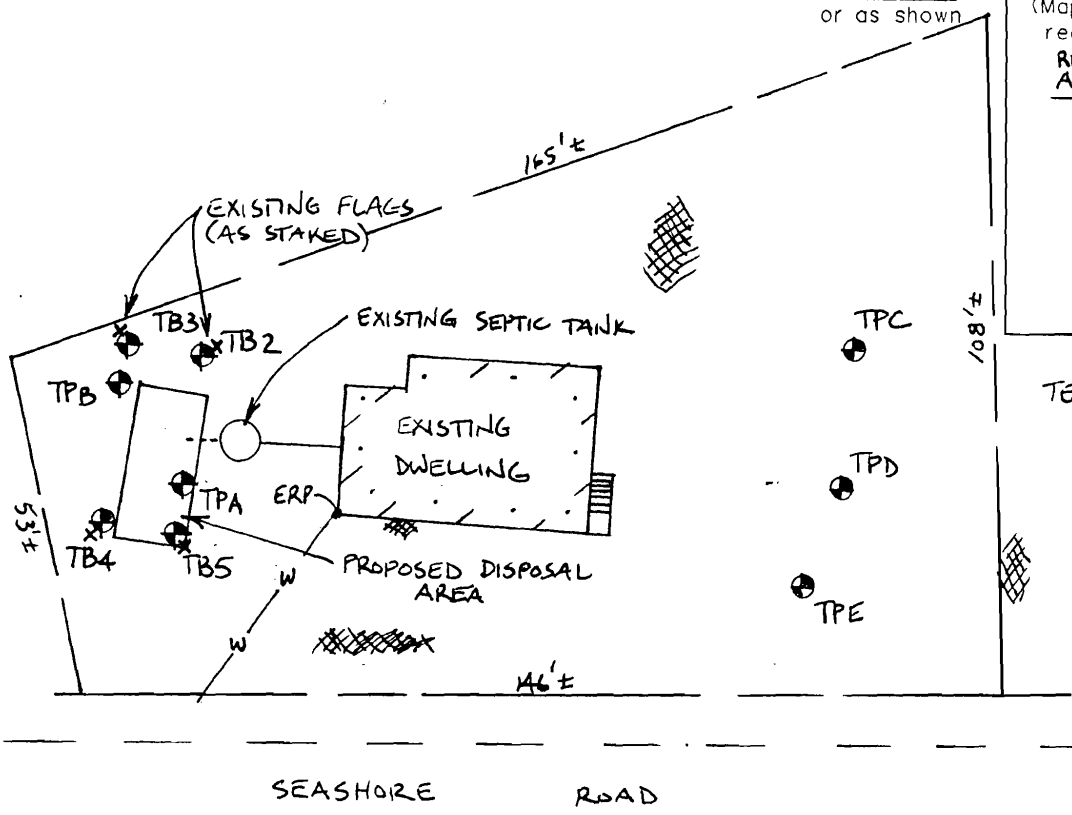
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

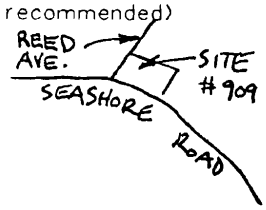
Town, City, Plantation: PORTLAND (PEAKS ISLAND) | Street, Road Subdivision: 909 SEASHORE ROAD | Owner's Name: JENNINGS, JOHN

SITE PLAN

Scale 1" = 30 Ft. or as shown



SITE LOCATION PLAN (Map from Maine Atlas recommended)



TEST BORINGS:
TB 2 = 22" TO BEDROCK
TB3 = 20" TO BEDROCK
TB4 = 16" TO BEDROCK
TB5 = 21" TO BEDROCK

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

Observation Hole TPA ■ Test Pit ☐ Boring
_____" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)

	Texture	Consistency	Color	Mottling
0			DARK BROWN	
10	GRAVELLY SANDY LOAM	FRIABLE	DARK YELLOWISH BROWN	
20			YELLOWISH BROWN	
30	BEDROCK			
40				
50				

Soil Classification		Slope	Limiting Factor	
2 Profile	A Condition	___ %	27"	☐ Ground Water ☐ Restrictive Layer ■ Bedrock ☐ Pit Depth

Observation Hole TPB ■ Test Pit ☐ Boring
_____" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)

	Texture	Consistency	Color	Mottling
0			DARK BROWN	
10	CHANNERY SANDY LOAM	FRIABLE	LIGHT GRAYISH BROWN	FEW, DISTINCT
20				
30	BEDROCK			
40				
50				

Soil Classification		Slope	Limiting Factor	
2 Profile	A/D Condition	___ %	8"	■ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Albert Frick — Site Evaluator Signature
163 SE •
11/4/97 — Date

Albert Frick Associates, Inc.
Soil Scientists & Site Evaluators
95A County Road Gorham, Maine 04038
(207) 839-5563

Town, City, Plantation: PORTLAND (PEAKS ISLAND) | Street, Road, Subdivision: 909 SEASHORE ROAD | Owners Name: JENNINGS, JOHN

SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole TP C ■ Test Pit ☐ Boring

" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling
0–6: SANDY LOAM	FRIABLE	DARK BROWN	
10–15:		YELLOWISH BROWN	
20: BEDROCK			

Soil Profile	Classification Condition	Slope	Limiting Factor	
2	A	____ %	10-18	☐ Ground Water ☐ Restrictive Layer ■ Bedrock

Observation Hole TP D ■ Test Pit ☐ Boring

" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling
0–6: CHANNERY		DARK BROWN	
10–15: SANDY LOAM	FRIABLE	DARK YELLOWISH BROWN	
20: BEDROCK			

Soil Profile	Classification Condition	Slope	Limiting Factor	
		____ %		☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole TP E ■ Test Pit ☐ Boring

" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling
0–6: SANDY LOAM	FRIABLE	DARK BROWN	
10–15:		DARK YELLOWISH BROWN	
20: BEDROCK			

Soil Profile	Classification Condition	Slope	Limiting Factor	
		____ %		☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole _____ ☐ Test Pit ☐ Boring

" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling

Soil Profile	Classification Condition	Slope	Limiting Factor	
		____ %		☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

Albert Frick — Site Evaluator

163 — SE #

11/4/97 — Date

ATTACHMENT TO SUBSURFACE WASTEWATER DISPOSAL APPLICATION

PORTLAND (PEAKS ISLAND) 909 SEASHORE ROAD JOHN JENNINGS
TOWN LOCATION APPLICANT'S NAME

6) The septic tank should be pumped within two years of installation and subsequently as recommended by the pump service, but in no event should the septic tank be pumped less often than once every three years.

7) The actual water flow or number of bedrooms shall not exceed the design criteria indicated on this application without a re-evaluation of the system as proposed. If the system is supplied by public water or a private service with a water meter, the water consumption per period should be divided by the number of days to calculate the average daily water consumption (water usage (cu.ft.) x 7.48 cu.ft.(gallons per cu.ft.) ÷ # of days in period).

8) The general minimum setbacks between a well and septic system serving a single family residence is 100-300 feet, unless the local municipality has a more stringent requirement. A well installed by an abutter within the minimum setback distances prior to the issuance of a permit for the proposed disposal system may void this design.

9) When a gravity system is proposed: **BEFORE CONSTRUCTION/INSTALLATION BEGINS,** the system installer or building contractor shall review the elevations of all points given in this application and the elevation of the existing and/or proposed building drain and septic tank inverts for compatibility to minimum slope requirements. In gravity systems, the invert of the septic tank(s) outlet(s) shall be at least 4 inches above the invert of the distribution box outlet at the disposal area. When an effluent pump is required, provisions shall be made to make certain that surface ground water does not enter the septic tank or pump station. An alarm device warning of a pump failure shall be installed. Also, when pumping is required to a chamber system, install a "T" connection in the distribution box and place 3 inches of stone or a splash plate in the first chamber. Insulate gravity pipes, pump lines and the distribution box as necessary to prevent freezing.

10) On all systems, remove the vegetation, organic duff and old fill material from under the disposal area and any fill extension. On sites where the proposed system is to be installed in natural soil, scarify the bottom and sides of the excavated disposal area with a rake. Do not use wheeled equipment on the scarified soil surface. For systems installed in fill, scarify the native soil by roto-tilling to a depth of at least 8 inches over the entire disposal and fill extension area to prevent glazing and to promote fill bonding. Place fill in loose layers no deeper than 8 inches and compact thoroughly before placing more fill (this ensures that voids and loose pockets are eliminated to minimize the chance of leakage). Do not use wheeled equipment on the scarified soil area until after 12 inches of fill is in place. Keep equipment off the chambers. Divert the surface water away from the disposal area by ditching or shallow swales.

11) Unless noted otherwise, fill shall be gravelly coarse sand which contains no more than 5% fines (silt and clay).

12) Do not install systems on loamy, silty, or clayey soils during wet periods since soil smearing/glazing may seal off the soil interface.

13) Seed all filled and disturbed surfaces with perennial grass seed, then mulch with hay or equivalent material to prevent erosion.

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request an HHE-200 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 as defined in the Rules (Sec. 1903)
2. There will be no change in use of the structure except as authorized for one-time exempted expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD_5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

GENERAL INFORMATION

Town of PORTLAND (PEAKS ISLAND)

Permit No. _____ Date Permit Issued _____

Property Owner's Name: JOHN JENNINGS Tel. No.: _____

System's Location: 909 SEASHORE ROAD

Property Owner's Address: _____

(if different from above) _____

SPECIFIC INSTRUCTIONS TO THE:

LOCAL PLUMBING INSPECTOR (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, complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

If 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.

PROPERTY OWNER

I understand that the proposed system requires a variance to 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.

_____ _____

SIGNATURE OF OWNER DATE

LOCAL PLUMBING INSPECTOR

I, P. Samuel Hoffses, has not visited the undersigned, ~~have visited~~ the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement 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, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: I am aware of this area and know of the situation and grant this variance.

_____ #124 8 June 98

~~LPI~~ SIGNATURE DATE

Replacement System Variance Request

VARIANCE CATEGORY	VARIANCE REQUESTED		LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS						
Soil Profile	Ground Water Table		to 7"			inches
Soil Condition	Restrictive Layer		to 7"			inches
from HHE-200	Bedrock		to 12"			inches
SETBACK DISTANCES (in feet)	**Disposal Fields**		**Septic Tanks**		**Disposal Fields**	**Septic Tanks**
From	**Less than 1000 gpd**	**1000 to 2000 gpd**	**Less Than 1000 gpd**	**1000 to 2000 gpd**	**To**	**To**
Wells with water usage of 2000 or more gpd	300[a] ft	300[a] ft	100[a] ft	100[a] ft		
Owner's wells	100 down to 50 ft	200 down to 100 ft	100[b] down to 50 ft	100 down to 50 ft		
Neighbor's wells	100[b] down to 60 ft	200[b] down to 120 ft	100[b] down to 50 ft	100[b] down to 75 ft		
Water supply line	10 ft[a]	20 ft[a]	10 ft[a]	10 ft[a]		
Water course, major - for replacements only, see Table 400.4 for exempted expansions	100 down to 60 ft	200 down to 120 ft	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft	100 down to 50 ft	50 down to 25 ft	50 down to 25 ft		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	25 down to 12 ft	25 down to 12 ft		
Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams (edge of fill extension)	25 ft	25 ft	25 ft	25 ft		
Slopes greater than 3:1	10 ft	18 ft	N/A	N/A		
No full basement [e.g. slab, frost wall, columns]	15 down to 7 ft	30 down to 15 ft	8 down to 5 ft	14 down to 7 ft		
Full basement [below grade foundation]	20 down to 10 ft	30 down to 15 ft	8 down to 5 ft	14 down to 7 ft		
Property lines	10 down to 5[c] ft	18 ft down to 9[c] ft	10 ft down to 4[c] ft	15 ft down to 7[c] ft		
Burial sites or graveyards, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft		

OTHER

1. Fill extension Grade - to 3:1) NEAR PROPERTY LINES, AS NEEDED
2.
3.

Footnotes:

a. This setback distance cannot be reduced by the LPI, but may be considered for reduction by State variance.
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 or property line.

Albert Frank — SITE EVALUATOR'S SIGNATURE

11/4/97 — 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

DATE