

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Div of Environmental Health 11 5918  
(207) 287-5872 FAX (207) 287-5188

<b>PROPERTY LOCATION</b>		<b>&gt;&gt;CAUTION: LPI APPROVAL REQUIRED&lt;&lt;</b>	
City, Town, or Plantation	PORTLAND; PEAKS ISLAND	Town/City	Permit # _____
Street or Road	621 ISLAND AVENUE	Date Permit Issued	Fee \$ _____ Double Fee Charged [ ]
Subdivision, Lot #		LPI #	_____
<b>OWNER/APPLICANT INFORMATION</b>		Local Plumbing Inspector Signature _____	
Name (last, first, MI)	BLANCHARD MAYBELLE	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.	
Mailing Address of Owner/Applicant	7A APPELEDGE DRIVE PORTLAND, ME 04103		
Daytime Tel. #	830-8442		
		Municipal Tax Map # <u>92</u> Lot # <u>E-18</u>	

<p style="text-align: center;"><b>OWNER OR APPLICANT STATEMENT</b></p> <p>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.</p> <p><i>Danielle Mukern/LPH</i> 10/7/13 Signature of Owner/Applicant Date</p>	<p style="text-align: center;"><b>CAUTION: INSPECTION REQUIRED</b></p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.</p> <p>_____ (1st) Date Approved</p> <p>_____ Local Plumbing Inspector Signature (2nd) Date Approved</p>
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PERMIT INFORMATION		
<p style="text-align: center;"><b>TYPE OF APPLICATION</b></p> <p><input type="checkbox"/> 1. First Time System  <input checked="" type="checkbox"/> 2. Replacement System                  Type Replaced: <u>CESSPOOL</u>                  Year Installed: <u>UNKNOWN</u></p> <p><input type="checkbox"/> 3. Expanded System  <input type="checkbox"/> a. &lt;25% Expansion  <input type="checkbox"/> b. &gt;25% Expansion  <input type="checkbox"/> 4. Experimental System  <input type="checkbox"/> 5. Seasonal Conversion</p>	<p style="text-align: center;"><b>THIS APPLICATION REQUIRES</b></p> <p><input type="checkbox"/> 1. No Rule Variance  <input type="checkbox"/> 2. First Time System Variance  <input type="checkbox"/> a. Local Plumbing Inspector Approval  <input type="checkbox"/> b. State &amp; Local Plumbing Inspector Approval  <input checked="" type="checkbox"/> 3. Replacement System Variance  <input type="checkbox"/> a. Local Plumbing Inspector Approval  <input checked="" type="checkbox"/> b. State &amp; Local Plumbing Inspector Approval  <input type="checkbox"/> 4. Minimum Lot Size Variance  <input type="checkbox"/> 5. Seasonal Conversion Permit</p>	<p style="text-align: center;"><b>DISPOSAL SYSTEM COMPONENTS</b></p> <p><input checked="" type="checkbox"/> 1. Complete Non-Engineered System  <input type="checkbox"/> 2. Primitive System (graywater &amp; alt toilet)  <input type="checkbox"/> 3. Alternative Toilet, specify: _____  <input type="checkbox"/> 4. Non-Engineered Treatment Tank (only)  <input type="checkbox"/> 5. Holding Tank, _____ gallons  <input type="checkbox"/> 6. Non-Engineered Disposal Field (only)  <input type="checkbox"/> 7. Separated Laundry System  <input type="checkbox"/> 8. Complete Engineered System (2000gpd+)  <input type="checkbox"/> 9. Engineered Treatment Tank (only)  <input type="checkbox"/> 10. Engineered Disposal Field (only)  <input type="checkbox"/> 11. Pre-treatment, specify: _____  <input type="checkbox"/> 12. Miscellaneous components</p>
<p style="text-align: center;"><b>SIZE OF PROPERTY</b></p> <p><u>0.09</u> <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES</p>	<p style="text-align: center;"><b>DISPOSAL SYSTEM TO SERVE</b></p> <p><input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u>  <input type="checkbox"/> 2. Multiple Family Dwelling, No of Units: _____  <input type="checkbox"/> 3. Other: _____                  (specify)</p> <p style="text-align: center;">Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	<p style="text-align: center;"><b>TYPE OF WATER SUPPLY</b></p> <p><input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private  <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____</p>
<p style="text-align: center;"><b>SHORELAND ZONING</b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p style="text-align: center;"><b>TREATMENT TANK</b></p> <p><input checked="" type="checkbox"/> 1. Concrete  <input checked="" type="checkbox"/> a. Regular                  OR <input type="checkbox"/> b. Low Profile  <input type="checkbox"/> 2. Plastic  <input type="checkbox"/> 3. Other: _____                  CAPACITY: <u>1000</u> GAL</p>	<p style="text-align: center;"><b>DISPOSAL FIELD TYPE &amp; SIZE</b></p> <p><input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench  <input checked="" type="checkbox"/> 3. Proprietary Device  <input type="checkbox"/> a. Cluster array <input checked="" type="checkbox"/> c. Linear  <input checked="" type="checkbox"/> b. Regular <input type="checkbox"/> d. H-20 loaded  <input type="checkbox"/> 4. Other: _____                  SIZE: <u>480</u> sq. ft. <input type="checkbox"/> lin. ft.  <u>10 ELJEN IN-DRAIN UNITS</u></p>	<p style="text-align: center;"><b>GARBAGE DISPOSAL UNIT</b></p> <p><input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe                  If Yes or Maybe, specify one below:  <input type="checkbox"/> a. Multi-compartment tank  <input type="checkbox"/> b. _____ tanks in series  <input type="checkbox"/> c. Increase in tank capacity  <input type="checkbox"/> d. Filter on tank outlet</p>	<p style="text-align: center;"><b>DESIGN FLOW</b></p> <p><u>180</u> gallons per day                  BASED ON:  <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s))  <input type="checkbox"/> 2. Table 4C (other facilities)                  SHOW CALCULATIONS FOR other facilities</p> <p style="text-align: center;"><b>2 BEDROOMS AT 90 GALLONS PER DAY EACH</b></p> <p><input type="checkbox"/> 3. Section 4G (meter readings)                  ATTACH WATER-METER DATA</p> <p style="text-align: center;"><b>LATITUDE AND LONGITUDE</b>                  at center of disposal area</p> <p>Lat. <u>N43</u> d <u>40</u> m <u>17.36</u> s                  Lon. <u>W70</u> d <u>11</u> m <u>17.20</u> s                  If g.p.s., state margin of error</p>
<p style="text-align: center;"><b>SOIL DATA &amp; DESIGN CLASS</b></p> <p>PROFILE CONDITION  <u>S / C</u></p> <p>at Observation Hole # <u>TP 2</u>                  Depth <u>42</u>"                  of Most Limiting Soil Factor</p>	<p style="text-align: center;"><b>DISPOSAL FIELD SIZING</b></p> <p><input checked="" type="checkbox"/> 1. Medium - 2.6 sq.ft./gpd  <input type="checkbox"/> 2. Medium-Large - 3.3 sq.ft./gpd  <input type="checkbox"/> 3. Large - 4.1 sq.ft./gpd  <input type="checkbox"/> 4. Extra-Large - 5.0 sq.ft./gpd</p>	<p style="text-align: center;"><b>TIE BOTH WASTE LINES INTO SEPTIC TANK EFFLUENT/EJECTOR PUMP RAISE PLUMBING AS NEEDED</b></p> <p><input type="checkbox"/> 1. Not required  <input checked="" type="checkbox"/> 2. May be required  <input type="checkbox"/> 3. Required</p> <p>Specify only for engineered systems:                  DOSE: _____ gallons</p>	

SITE EVALUATOR STATEMENT		
I Certify that on <u>8/28/13</u> (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 OMR 241).		
Site Evaluator Signature <i>Albert Frick</i>	SE # <u>63</u>	Date <u>9/19/2013</u>
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) 839-5563 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator		



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.

<b>GENERAL INFORMATION</b>		Town of <u>Portland, Peaks Island</u>
Property Owner's Name: <u>Maybelle Blanchard</u>	Tel. No.: _____	
System's Location: <u>621 Island Avenue</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>See Sheet Attached</u>	_____
2. _____	_____
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.

\_\_\_\_\_  
 SIGNATURE OF SITE EVALUATOR

9/19/2013  
 DATE

<b>PROPERTY OWNER</b>	
I, _____, am the <input type="checkbox"/> owner <input 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.	
 <input type="checkbox"/> SIGNATURE OF OWNER <input checked="" type="checkbox"/> AGENT FOR THE OWNER	<u>10/7/13</u> DATE

**LOCAL PLUMBING INSPECTOR - Approval at local level**

The local plumbing inspector shall review all 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 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		
<b>TOTAL POINT ASSESSMENT:</b>		

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

Address: 621 Island Avenue, Peaks Island

Property Owner's Name: Marbelle Blanchard

**REPLACEMENT SYSTEM VARIANCE REQUEST ATTACHMENT**  
**Table 8A**  
**Setback Distances for Replacement System, Limits of LPI Authority**

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:		
	Disposal Fields (total design flow)			Septic Tanks and Holding Tanks (total design flow)			Disposal Fields	Septic Tanks	
SOILS	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	To	To	
Soil Profile	Ground Water Table							inches	
Soil Condition	Restrictive Layer							inches	
from MHE-200	Bedrock							inches	
Site Features vs. disposal system components of various sizes	Disposal Fields (total design flow)			Septic Tanks and Holding Tanks (total design flow)			Disposal Fields	Septic Tanks	
	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	To	To	
Wells with water usage of 2000 or more gpd or public water supply wells	300 ft	300 ft	300 ft	150 ft	150 ft	150 ft			
Potable Supply Well	100 down to 60 ft	200 down to 100 ft	300 down to 150 ft	50 down to 25 ft	100 down to 50 ft	100 down to 50 ft			
Water supply line	10 ft	20 ft	25 ft	10 ft	10 ft	10 ft	3'-5"	7'	
Water course, major	100 down to 50 ft	200 down to 120 ft	300 down to 180 ft	100 down to 25 ft [a]	100 down to 50 ft	100 down to 50 ft			
Water course, minor	50 down to 20 ft	100 down to 50 ft	150 down to 75 ft	50 down to 25 ft	50 down to 25 ft	50 down to 25 ft			
Drainage ditches	25 down to 12 ft	50 down to 25 ft	75 down to 35 ft	25 down to 12 ft	25 down to 12 ft	25 down to 12 ft			
Edge of fill extension - Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	20 ft	25 ft	25 ft	25 ft	25 ft	25 ft			
Slopes greater than 3:1	10 ft	18 ft	25 ft	N/A	N/A	N/A			
No full basement [e.g. slab,]	15 down to 7 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft	2'	5'	
Full basement [below grade foundation, frost wall, columns]	20 down to 10 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft			
Property lines	10 down to 5 ft [b]	18 down to 9 ft [b]	20 down to 10 ft [b]	10 down to 4 ft [b]	15 down to 7 ft [b]	20 down to 10 ft [b]	1'	6'	
Burial sites or graveyards boundaries, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft	25 ft	25 ft			
Stormwater infiltration systems	100 down to 60 feet	200 down to 120 feet	300 down to 180 feet	100 down to 50 feet	100 down to 50 feet	100 down to 50 feet			
Wetponds, retention ponds, and detention basins (excavated below grade): Soil filters underdrained swales, underdrained outlets, and similar structures	50 down to 25 feet	100 down to 50 feet	150 down to 75 feet	50 down to 25 feet	50 down to 25 feet	50 down to 25 feet			
Stormwater detention basins (basin bottom at, or above, predevelopment grade)	25 down to 12 feet	50 down to 25 feet	75 down to 35 feet	25 down to 12 feet	25 down to 12 feet	25 down to 12 feet			
<b>OTHER</b>									
1. To allow a retaining wall (no taller than 24") to be located within 10' of proposed disposal area									
2.									
3.									

**Notes:**

[a.] This distance may be reduced to 25 feet, if the septic or holding tank is tested in LPI's presence and shown to be watertight or of monolithic construction.

[b.] Additional setbacks may be needed to prevent fill material extensions from encroaching onto abutting property.

[c.] All ground disturbance or clearing of woody vegetation necessary for the installation of a subsurface wastewater disposal system that occurs within 100 feet of the normal high water mark of a major water body/ course must comply with these Rules pertaining to work adjacent to or within wetlands and waterbodies (see Section 11(M)).

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
 Division of Health Engineering, Station 10 SHS  
 (207) 287-5672 FAX (207) 287-4172

Town, City, Plantation  
**PORTLAND; PEAKS ISLAND**

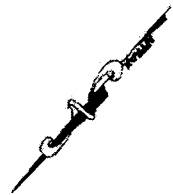
Street, Road Subdivision  
**624 ISLAND AVENUE**

Owner's Name  
**MAYBELLE BLANCHARD**

SITE PLAN

Scale 1" = 30 Ft.  
 or as shown

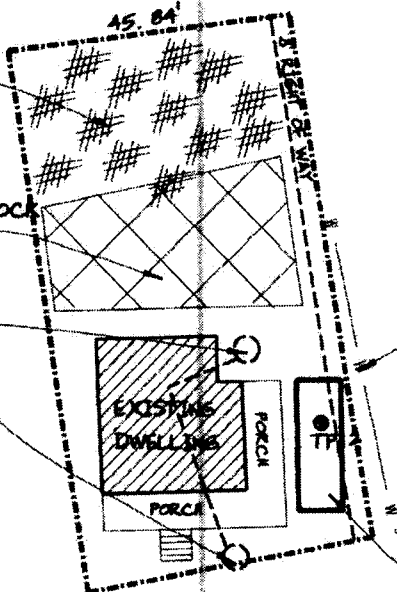
SITE LOCATION PLAN  
 (Attach Map from Maine  
 Atlas for New System  
 Variance)



BEDROCK  
 OUTCROPPING

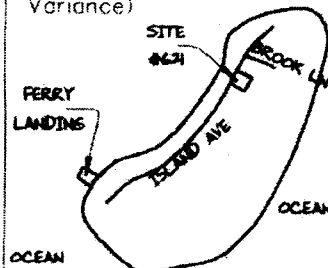
AREA WITH SLOPES  
 GREATER THAN 35%  
 WITH SHALLOW TO BEDROCK  
 SOIL CONDITIONS

APPROX EXISTING  
 DISPOSAL AREA



APPROX WATERLINE  
 (PIECE WATERLINE  
 WITH NO COUPLINGS WITHIN  
 10' OF PROPOSED DISPOSAL AREA  
 PER EXCAVATING CONTRACTOR  
 WHO INSTALLED LINE)

PROPOSED  
 DISPOSAL AREA



PROPERTY INFORMATION PER UNNAMED,  
 UNDATED SURVEY PLAN PROVIDED  
 BY OWNER VERIFY TO ASSURE  
 SETBACKS SHOWN

ISLAND AVE

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

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

**BACK HOE TEST PIT @-44" BELOW ERP.**

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	LOAMY SAND		DARK BROWN	
10		FRIABLE		
20			YELLOW BROWN	
30	SAND			
40			LIGHT YELLOW BROWN	COMMON
50	LIMIT OF EXCAVATION @54"			

Soil Classification: **S** Profile, **C** Condition  
 Slope: **3-7 %**  
 Limiting Factor: **27"**  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification:          Profile,          Condition  
 Slope:          %  
 Limiting Factor:         "  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

Site Evaluator Signature

*Albert Frick*

63  
 SE \*

Date

9/19/2013

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
 Division of Health Engineering, Station 10, SHS  
 (207) 287-5672 FAX (207) 287-4172

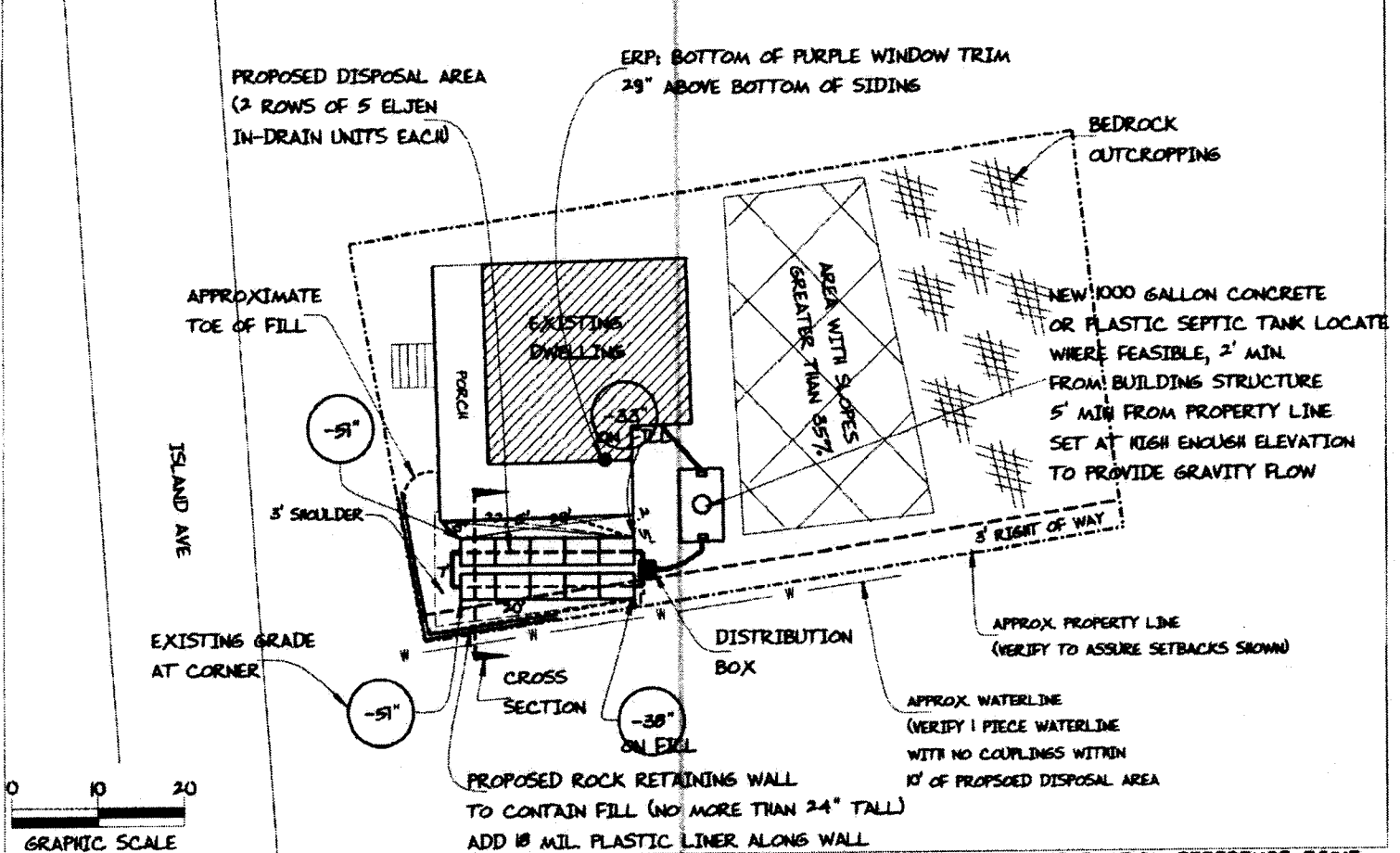
Town, City, Plantation  
**PORTLAND; PEAKS ISLAND**

Street, Road, Subdivision  
**621 ISLAND AVENUE**

Owner's Name  
**MAYBELLE BLANCHARD**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.



### FILL REQUIREMENTS

Depth of Fill (Upslope) : 0" - 11"  
 Depth of Fill (Downslope) : 0" - 11"  
 DEPTHS AT CROSS-SECTION (shown below)

### CONSTRUCTION ELEVATIONS

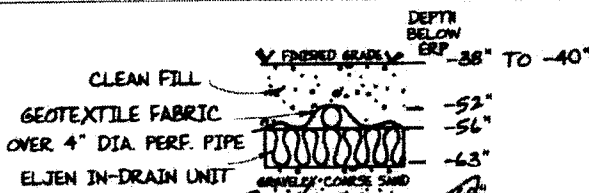
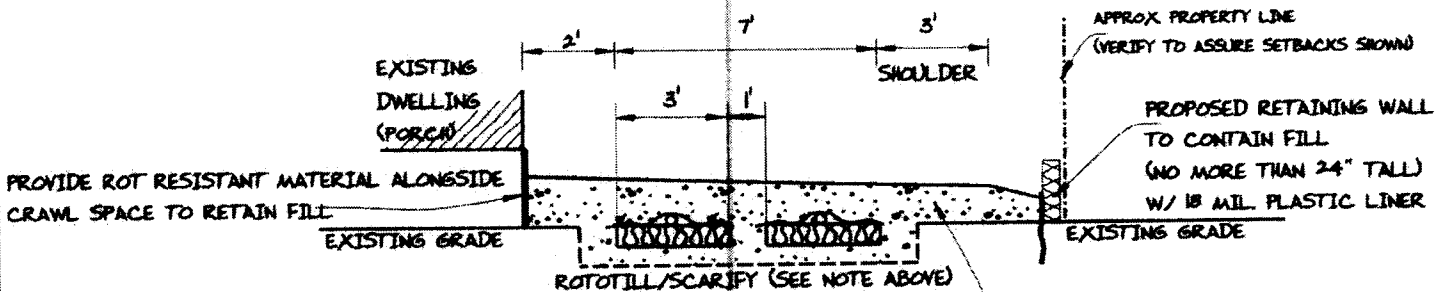
Finished Grade Elevation  
 Top of Distribution Pipe or Proprietary Device  
 Bottom of Disposal Area

### ELEVATION REFERENCE POINT

Location & Description: BOTTOM OF PURPLE WINDOW TRIM, 29" ABOVE BOTTOM OF SIDING  
 Reference Elevation is: 0.0" or -----

### DISPOSAL AREA CROSS SECTION

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



REMOVE ALL PORTIONS OF EXISTING DISPOSAL AREA ENCOUNTERED AND REPLACE WITH GRAVELLY

*Albert Frick*  
 Site Evaluator Signature

163  
 SE

9/19/2013  
 Date