



Maine Center for Disease  
Control and Prevention  
An Office of the  
Department of Health and Human Services

2945

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</u> |
| Property Owner's Name: <u>Tom Struble</u>                | Tel. No.: <u>766-5222</u> |                         |
| System's Location: <u>151 South Road Cliff Island</u>    |                           |                         |
| Property Owner's Address: <u>1065 King Row Oxford IA</u> | Zip Code <u>09363</u>     |                         |
| 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>Setback to main water body to 70'</u>   | <u>Table EA</u> |
| 2. <u>Setback to owner well to 60'</u>  | <u>Table EA</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.

This removes overboard discharge while maintaining pretreatment with buried sand filter and pump effluent to mound buster disposal field.

I, Maury J. Hampton, 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

DATE

### PROPERTY OWNER

I, THOMAS A STRUBLE, 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.

Thomas A Struble

\* SIGNATURE OF OWNER  
\* AGENT FOR THE OWNER

8/23/16

DATE