

37 Wharf Rd

2012 E6022

109B C006



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

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 (Cliff Island)</u>
Property Owner's Name:	<u>Andrew MacDonald</u>	Tel. No.:	<u>256-7643</u>
System's Location:	<u>37 Wharf Road</u>		
Property Owner's Address:	<u>37 Wharf Road</u>	Zip Code:	<u>04019</u>
e-mail address:	<u>andy@macandquacks.com</u>		

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>Reduce setback to public water supply well to 93'</u>	<u>Table 8A</u>
2. <u>Reduce setback to private wells to 21', 67', 68', and 80'. Property line setback at 9'.</u>	<u>Table 8A</u>
3. <u>SHW table mottling at 0''.</u>	<u>Table 4F</u>

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.

The system proposed is a removal from a community overboard discharge system. The owner's well at a 21' setback may require relocation to the rear of the lot. The public supply well is not directly downslope from the disposal field and the soil below the Disposal field is silty providing a confining layer separation from the water table serving the public well.


I, Richard A. Sweet, 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

09-11-12

DATE

PROPERTY OWNER

I, , 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.

SIGNATURE OF OWNER
 AGENT FOR THE OWNER

11/28/2012
 DATE

2012-11-5481

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Portland (Cliff Island)	Town/City <u>Portland</u>	Permit # <u>2012-11-5481</u>
Street or Road	37 Wharf Road	Date Permit Issued <u>11/1</u>	Fee: \$ <u>250</u> Double Fee Charged <input type="checkbox"/>
Subdivision, Lot #		L.P.I. # _____	

OWNER/APPLICANT INFORMATION		The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. This Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.	
Name (last, first, MI)	MacDonald, Andrew		<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	398 Sebago Rd Hiram ME 04041		
Daytime Tel. #	(207) 256-7643		

<p style="text-align: center;">OWNER OR APPLICANT STATEMENT</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 style="text-align: right;"> Signature of Owner or Applicant </p>	<p style="text-align: center;">CAUTION: INSPECTION REQUIRED</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 style="text-align: right;"> (1st) date approved _____ (2nd) date approved _____ </p> <p style="text-align: center;"> _____ Local Plumbing Inspector Signature </p>
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PERMIT INFORMATION		
<p style="text-align: center;">TYPE OF APPLICATION</p> <p><input type="checkbox"/> 1. First Time System</p> <p><input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>OB Discharge</u> Year installed: <u>Unk</u></p> <p><input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >= 25% Expansion</p> <p><input type="checkbox"/> 4. Experimental System</p> <p><input type="checkbox"/> 5. Seasonal Conversion</p>	<p style="text-align: center;">THIS APPLICATION REQUIRES</p> <p><input type="checkbox"/> 1. No Rule Variance</p> <p><input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector</p> <p><input checked="" type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input checked="" type="checkbox"/> b. State & Local Plumbing Inspector</p> <p><input type="checkbox"/> 4. Minimum Lot Size Variance</p> <p><input type="checkbox"/> 5. Seasonal Conversion Permit</p>	<p style="text-align: center;">DISPOSAL SYSTEM COMPONENTS</p> <p><input checked="" type="checkbox"/> 1. Complete Non-engineered System</p> <p><input type="checkbox"/> 2. Primitive System (graywater & alt. toilet)</p> <p><input type="checkbox"/> 3. Alternative Toilet, specify: _____</p> <p><input type="checkbox"/> 4. Non-engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 5. Holding Tank, _____ gallons</p> <p><input type="checkbox"/> 6. Non-engineered Disposal Field (only)</p> <p><input type="checkbox"/> 7. Separated Laundry System</p> <p><input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more)</p> <p><input type="checkbox"/> 9. Engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 10. Engineered Disposal Field (only)</p> <p><input type="checkbox"/> 11. Pre-treatment, specify: _____</p> <p><input type="checkbox"/> 12. Miscellaneous Components</p>
<p style="text-align: center;">SIZE OF PROPERTY</p> <p>10,000 +/- (MacDonald) <input checked="" type="checkbox"/> SQ. FT. 11,600 +/- (Hatanaka) <input type="checkbox"/> ACRES</p>	<p style="text-align: center;">DISPOSAL SYSTEM TO SERVE</p> <p><input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____</p> <p><input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____</p> <p><input checked="" type="checkbox"/> 3. Other: <u>Two 2-bedroom houses</u> (specify) Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	<p style="text-align: center;">TYPE OF WATER SUPPLY</p> <p><input type="checkbox"/> 1. Drilled Well <input checked="" type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private</p> <p><input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other</p>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p style="text-align: center;">TREATMENT TANK</p> <p><input type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile</p> <p><input checked="" type="checkbox"/> 2. Plastic (2 Tanks)</p> <p><input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1,000</u> GAL</p>	<p style="text-align: center;">DISPOSAL FIELD TYPE & SIZE</p> <p><input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench</p> <p><input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load</p> <p><input type="checkbox"/> 4. Other: _____ SIZE: <u>400</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> lin. ft.</p>	<p style="text-align: center;">GARBAGE DISPOSAL UNIT</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:</p> <p><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;">DESIGN FLOW</p> <p style="text-align: center; font-size: 1.2em;"><u>424</u> gallons per day</p> <p style="text-align: center;">BASED ON:</p> <p><input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities)</p> <p style="text-align: center;">SHOW CALCULATIONS — for other facilities —</p>
<p style="text-align: center;">SOIL DATA</p> <p>PROFILE <u>7</u> CONDITION <u>E</u> at Observation Hole # <u>TP-1</u> Depth <u>0</u> " of Most Limiting Soil Factor <u>Groundwater</u></p>	<p style="text-align: center;">DISPOSAL FIELD SIZING</p> <p><input type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd</p> <p><input checked="" type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd</p> <p><input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd</p> <p><input type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd</p>	<p style="text-align: center;">EFFLUENT/EJECTOR PUMP</p> <p><input type="checkbox"/> 1. Not Required</p> <p><input type="checkbox"/> 2. May Be Required</p> <p><input checked="" type="checkbox"/> 3. Required</p> <p>Specify only for engineered systems: DOSE: _____ gallons</p>	<p><input type="checkbox"/> 3. Section 4G (meter readings)</p> <p style="text-align: center;">ATTACH WATER METER DATA</p> <p style="text-align: center;">LATITUDE AND LONGITUDE at center of disposal area</p> <p>Lat. <u>N43</u> d <u>41</u> m <u>37.73</u> s Lon. <u>W70</u> d <u>06</u> m <u>31.23</u> s if g.p.s. state margin of error: <u>20'</u></p>

SITE EVALUATOR STATEMENT		
I certify that on <u>6-21-12</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).		
 Site Evaluator Signature	<u>034</u> SE #	<u>09/11/12</u> Date
<u>Richard A. Sweet</u> Site Evaluator Name Printed	<u>797-2110</u> Telephone Number	<u>dick@sweetassociates.com</u> Email Address

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, Jonathan Rioux, 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.

JR
 LPI Signature

12/03/12
 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

2012-11-5481

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3165

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

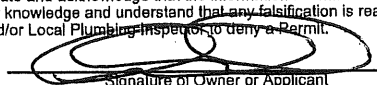
PROPERTY LOCATION >> CAUTION: LPI APPROVAL REQUIRED <<

City, Town, or Plantation	Portland (Cliff Island)	Town/City	Portland	Permit #	2012-11-5481
Street or Road	37 Wharf Road	Date Permit Issued	___/___/___	Fee: \$	250
Subdivision, Lot #		Local Plumbing Inspector Signature	_____		

OWNER/APPLICANT INFORMATION Owner Town State

Name (last, first, MI)	MacDonald, Andrew	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. This 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	398 Sebago Rd Hiram ME 04041	

Daytime Tel. #	(207) 256-7643	Municipal Tax Map #	Lot #	129 BCC6
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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.	Signature of Owner or Applicant 	Date	11/28/12
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PERMIT INFORMATION

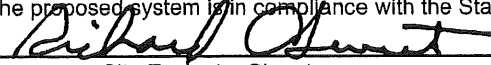
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>OB Discharge</u> Year installed: <u>Unk</u> <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >= 25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICANT <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Var <input type="checkbox"/> a. Local Plumbing Insp <input type="checkbox"/> b. State & Local Plum <input checked="" type="checkbox"/> 3. Replacement System <input type="checkbox"/> a. Local Plumbing Ins <input checked="" type="checkbox"/> b. State & Local Plurr <input type="checkbox"/> 4. Minimum Lot Size Ve <input type="checkbox"/> 5. Seasonal Conversion	DISPOSAL SYSTEM COMPONENTS red System water & all. toilet ify: _____ nent Tank (only) _gallons sal Field (only) /stem System (2000 gpd or more) it Tank (only) Field (only) ify: _____ onents PPLY /ell <input type="checkbox"/> 3. Private
SIZE OF PROPERTY 10,000+/- (MacDonald) <input checked="" type="checkbox"/> SQ. FT. 11,600 +/- (Hatanaka) <input type="checkbox"/> ACRES	DISPOSAL SYSTEM <input type="checkbox"/> 1. Single Family Dwelling l <input type="checkbox"/> 2. Multiple Family Dwelling <input checked="" type="checkbox"/> 3. Other: <u>Two 2-bedro</u> (specify) Current Use <input checked="" type="checkbox"/> Seasonal [Pending 7/31/13 60
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DESIGN DET/	

DESIGN DET/

TREATMENT TANK <input type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input checked="" type="checkbox"/> 2. Plastic (2 Tanks) <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1,000</u> GAL	DISPOSAL FIELD TY <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stor <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>400</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> lin. ft.	DESIGN FLOW _____ gallons per day USED ON: <input type="checkbox"/> 1. _____ <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS _____ for other facilities _____
SOIL DATA PROFILE <u>7</u> CONDITION <u>E</u> at Observation Hole # <u>TP-1</u> Depth <u>0</u> " of Most Limiting Soil Factor Groundwater	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 2. Medium--Large 3.3 sq. f.t / gpd <input type="checkbox"/> 3. Large--4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large--5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons
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SITE EVALUATOR STATEMENT

I certify that on 6-21-12 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

	<u>034</u>	<u>09/11/12</u>
Site Evaluator Signature	SE #	Date
<u>Richard A. Sweet</u>	<u>797-2110</u>	<u>dick@sweetassociates.com</u>
Site Evaluator Name Printed	Telephone Number	Email Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 Fax: (207) 287-3165

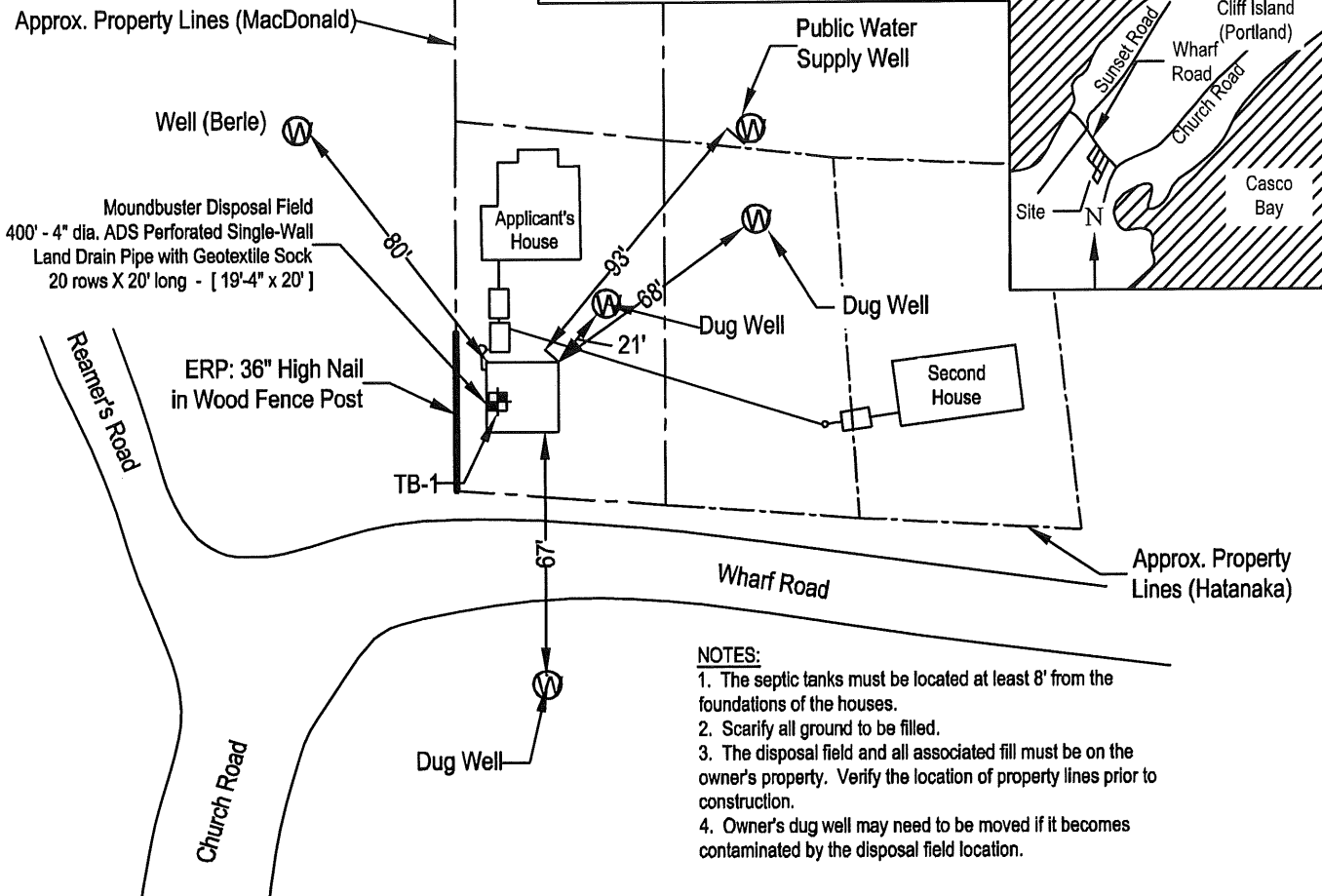
Town, City, Plantation
 Portland (Cliff Island)

Street, Road, Subdivision
 37 Wharf Road

Owner or Applicant Name
 Andrew McDonald

SITE PLAN Scale 1" = 50 ft.

SITE LOCATION PLAN



- NOTES:**
1. The septic tanks must be located at least 8' from the foundations of the houses.
 2. Scarify all ground to be filled.
 3. The disposal field and all associated fill must be on the owner's property. Verify the location of property lines prior to construction.
 4. Owner's dug well may need to be moved if it becomes contaminated by the disposal field location.

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

Observation Hole # TB-1 Test Pit Boring

_____ " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				Common/ Prominent
6				
12	Fine Sandy Loam	Friable	Black	
18			Olive	
24	Loamy Sand			
30	Sandy Silt	Firm		
36	Limit of Excavation at 30 inches			
42				
48				

Soil Profile	Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Groundwater
<u>7</u>	<u>E</u>	<u>5</u>	<u>0"</u>	<input type="checkbox"/> Restrictive Layer
Profile	Condition	Percent	Depth	<input type="checkbox"/> Bedrock

Observation Hole # _____ Test Pit Boring

_____ " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6				
12				
18				
24				
30				
36				
42				
48				

Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Groundwater
_____	_____	_____	_____	<input type="checkbox"/> Restrictive Layer
Profile	Condition	Percent	Depth	<input type="checkbox"/> Bedrock

Richard O'Connell
 Site Evaluator Signature

034
 SE #

09/11/12
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation
Portland (Cliff Island)

Street, Road, Subdivision
37 Wharf Road

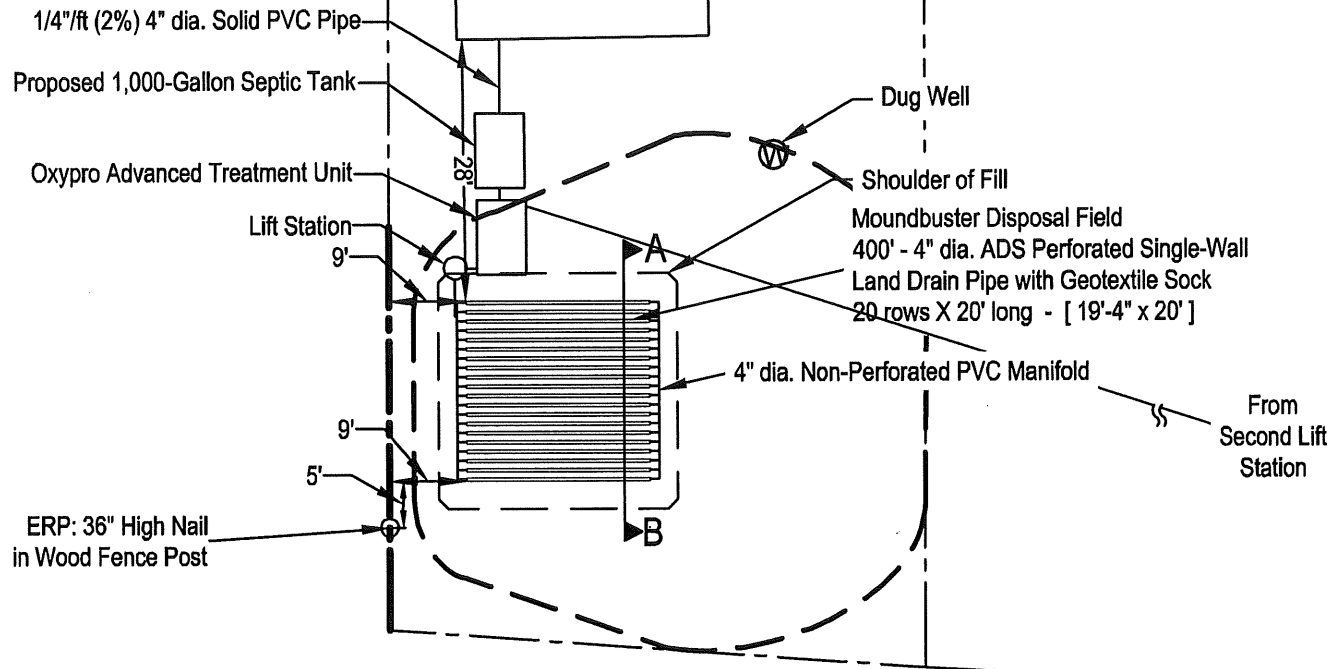
Owner or Applicant Name
Andrew McDonald

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' ft

Existing Grade Elevations
-46" --57"
-46" -57"
FIELD CORNERS

Approx. Property Line (MacDonald)



BACKFILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Backfill (upslope) 24-24"
Depth of Backfill (downslope) 35-35"

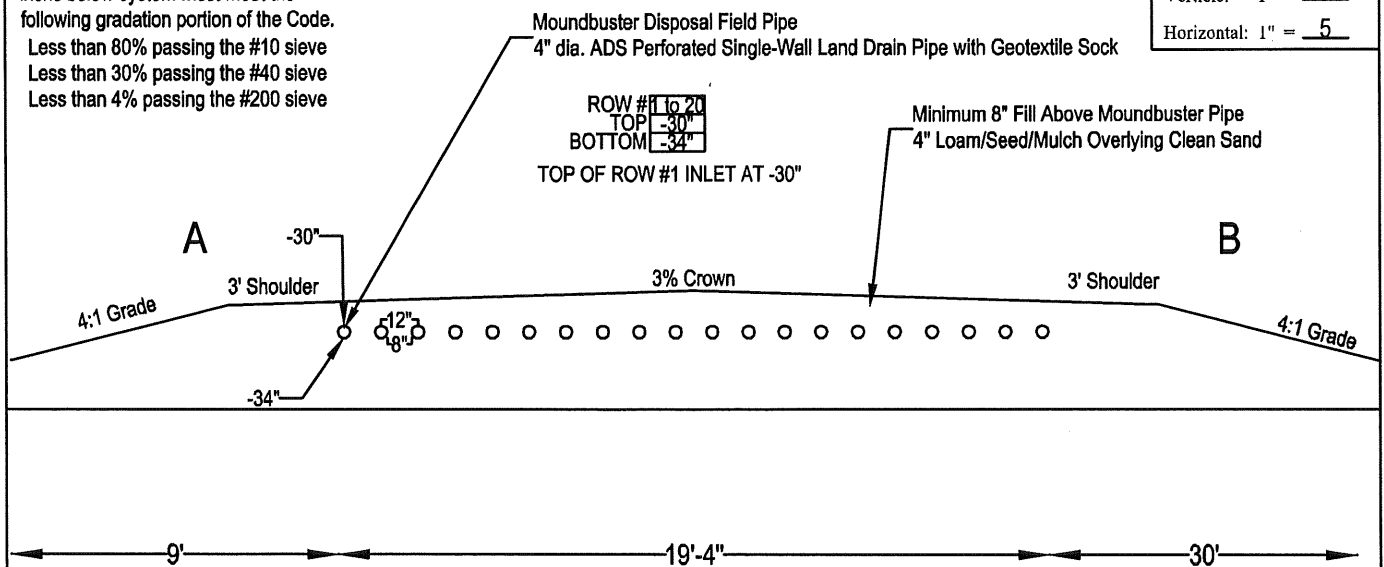
Finished Grade Elevation (at Row 1) -22"
Top of Proprietary Device (at Row 1) -30"
Bottom of Disposal Field (at Row 1) -34"

Location & Description: 36" High Nail
in Wood Fence Post
Reference Elevation is 0.0" or:

NOTE: Backfill 3 feet beside and 6 inches below system must meet the following gradation portion of the Code.
Less than 80% passing the #10 sieve
Less than 30% passing the #40 sieve
Less than 4% passing the #200 sieve

DISPOSAL FIELD CROSS SECTION

Scales:
Vertical: 1" = 5'
Horizontal: 1" = 5'



Richard Bennett
Site Evaluator Signature

034
SE #

09/11/12
Date

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HHE-200 Rev. 2/11



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

Department of Health and Human Services
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Property Owner's Address:	<u>37 Wharf Road</u>	Zip Code:	<u>04019</u>
e-mail address:	<u>andy@macandquacks.com</u>		

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.

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2. <u>Reduce setback to private wells to 21', 67', 68', and 80'. Property line setback at 9'.</u>	<u>Table 8A</u>
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 SIGNATURE OF SITE EVALUATOR

09-11-12
 DATE

PROPERTY OWNER

I, , 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.

SIGNATURE OF OWNER
 AGENT FOR THE OWNER

11/28/2012
 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, Jonathan Rouse, 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

12/03/12

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



0599900

RET TD

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MAINE REVENUE SERVICES
REAL ESTATE TRANSFER TAX
DECLARATION

TITLE 36, M.R.S.A. SECTIONS 4641-4641N

PLEASE TYPE OR PRINT CLEARLY

1. COUNTY **CUMBERLAND** DO NOT USE RED INK!

2. MUNICIPALITY/TOWNSHIP **PORTLAND**

BOOK/PAGE—REGISTRY USE ONLY

3. GRANTEE/ PURCHASER	3a) Name (LAST, FIRST, MI) MACDONALD, ANDREW J.	3b) SSN or Federal ID 079 58 7227
	3c) Name (LAST, FIRST, MI)	3d) SSN or Federal ID
	3e) Mailing Address 398 SEBAGO ROAD	
	3f) City HIRAM	3g) State ME
		3h) Zip Code 04041

4. GRANTOR/ SELLER	4a) Name (LAST, FIRST, MI) MACDONALD, HEATHER A	4b) SSN or Federal ID 012 68 5524
	4c) Name (LAST, FIRST, MI)	4d) SSN or Federal ID
	4e) Mailing Address 398 SEBAGO ROAD	
	4f) City HIRAM	4g) State ME
		4h) Zip Code 04041

5. PROPERTY	5a) Map Block Lot Sub-Lot	Check any that apply: <input type="checkbox"/> No tax maps exist <input type="checkbox"/> Multiple parcels <input type="checkbox"/> Portion of parcel	5b) Type of property—Enter the code number that best describes the property being sold. (See instructions)
	5c) Physical Location CBL 109B-C-016-		5d) Acreage:

6. TRANSFER TAX	6a) Purchase Price (If the transfer is a gift, enter "0")	6a \$ 0.00
	6b) Fair Market Value (enter a value only if you entered "0" in 6a) or if 6a) was of nominal value)	6b \$ 0.00
	6c) Exemption claim - <input type="checkbox"/> Check the box if either grantor or grantee is claiming exemption from transfer tax and explain.	

7. DATE OF TRANSFER (MM-DD-YYYY) MONTH DAY YEAR	8. WARNING TO BUYER—If the property is classified as Farmland, Open Space or Tree Growth, a Substantial financial penalty could be triggered by development, subdivision, partition or change in use. <input type="checkbox"/> CLASSIFIED
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9. SPECIAL CIRCUMSTANCES—Were there any special circumstances in the transfer which suggest that the price paid was either more or less than its fair market value? If yes, check the box and explain: <input type="checkbox"/>	10. INCOME TAX WITHHELD—Buyer(s) not required to withhold Maine income tax because: <input type="checkbox"/> Seller has qualified as a Maine resident <input type="checkbox"/> A waiver has been received from the State Tax Assessor <input type="checkbox"/> Consideration for the property is less than \$50,000
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11. OATH	Aware of penalties as set forth by Title 36 §4641-K, we hereby swear or affirm that we have each examined this return and to the best of our knowledge and belief, it is true, correct, and complete. Grantee(s) and Grantor(s) or their authorized agent(s) are required to sign below:	
Grantee	Date 6/6/14	Grantor Heather A Macdonald Date 6/6/14
Grantee	Date	Grantor

12. PREPARER	Name of Preparer Beagle, Steeves & Ridge, LLC	Phone Number 207-642-2888
	Mailing Address PO Box 1815	E-Mail Address
	Standish, ME 04084-1815	

EXHIBIT A

A certain lot or parcel of land situated on Cliff Island, Portland, County of Cumberland, Maine, bounded and described as follows:

Commencing at a point of land now or formerly owned by Eva C. Eaton and Guy O. Cobb and running in a South Easterly direction along the line now or formerly of Eva C. Eaton, 58 feet, more or less, to a point; Thence in a South Westerly direction along the line now or formerly of James and Vivian S. MacVane, 67 feet, more or less, to a point; Thence in a North Westerly direction along the line now or formerly of Bessie MacVeigh, 58 feet, more or less, to a point; Thence in a North Easterly direction along the line now or formerly of Guy O. Cobb, 67 feet, more or less, to the point of beginning.

Meaning and intending to convey all of the same land described in the deed of Harry and Sally Wellsman to Heather Macdonald, dated July 15, 2005, and recorded in Book 22981, Page 282 of the Cumberland County Registry of Deeds

Beagle, Steeves & Ridge, LLC

PO Box 1815
Standish, ME 04084

Invoice

Date	Invoice #
5/30/2014	1514

Bill To
Heather & Andrew MacDonald

Phone #
(207) 642-2888

Terms	File Number
Net 30	24343

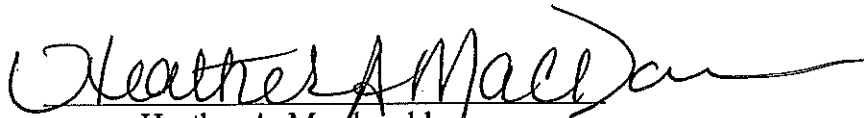
Date	Description	Quantity	Amount
5/23/2014	Office conference with Andrew regarding deeds, division / merger of lots, and easement	0.5	90.00
5/27/2014	Preparation of Easement Deed and Release Deed	2	360.00
5/29/2014	Preparation of Easement Deed and legal descriptions	0.5	90.00
	Registry Recording Services		48.00
	Courtesy discount		-45.00

Total			\$543.00
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RELEASE DEED

HEATHER A. MACDONALD of Hiram, Oxford County, Maine, for consideration paid, releases to ANDREW J. MACDONALD of Hiram, Oxford County, Maine, whose mailing address is 398 Sebago Road, Hiram, ME 04041, all of the land on Cliff Island in Portland, Cumberland County, Maine, more particularly bounded and described in Exhibit A attached hereto and incorporated herein by reference.

WITNESS my hand and seal this 6th day of June, 2014.

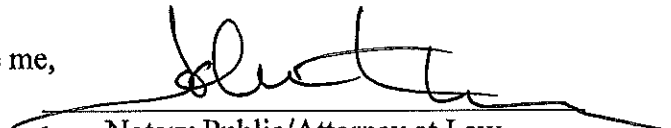

Heather A. Macdonald

STATE OF MAINE
Cumberland, ss.

June 6, 2014

Then personally appeared the above named Heather A. MacDonald who acknowledged the foregoing instrument to be her free act and deed.

Before me,


Notary Public/Attorney at Law

Typed or printed name of Notary:
Commission Expiration:

EASEMENT DEED
(Well)

ANDREW J. MACDONALD of Hiram, Oxford County, Maine, for consideration paid, grants to HEATHER A. MACDONALD and ANDREW J. MACDONALD of Hiram, Oxford County, Maine, whose mailing address is 398 Sebago Road, Hiram, ME 04041, an appurtenant well easement on, over and under land located on Cliff Island in Portland, Cumberland County, Maine, described in the deed of Harry and Sally Wellsman to Heather Macdonald, dated July 15, 2005, and recorded in Book 22981, Page 282 of the Cumberland County Registry of Deeds said well easement being more particularly bounded and described in Exhibit A attached hereto and incorporated herein by reference.

WITNESS my hand and seal this 6th day of June, 2014.



Andrew J. Macdonald

STATE OF MAINE
Cumberland, ss.

June 6, 2014

Then personally appeared the above named Andrew J. MacDonald who acknowledged the foregoing instrument to be his free act and deed.

Before me,



Notary Public/Attorney at Law

Typed or printed name of Notary:
Commission Expiration:

EXHIBIT A

An appurtenant well easement located on the entire northwesterly half of the parcel of land described in the deed of Harry and Sally Wellsman to Heather MacDonald record in Book 22981, Page 282 and more recently described in the deed to Heather MacDonald to Andrew MacDonald, recorded or soon to be recorded in the Cumberland County Registry of Deeds, said well easement shall include the right to construct, lay pipe, inspect, maintain and replace a well and any appurtenant well equipment for the benefit of abutting land described in a deed recorded in Book 22981, page 281 of the Cumberland County Registry of Deeds.

Meaning and intending to grant and hereby granting an appurtenant well easement over the land of the Grantor for the benefit of the land belonging to the Grantees herein.