

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 _____	Permit # _____
Street or Road	37 Wharf Road	Date Permit Issued ____/____/____	Fee: \$ _____ 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)	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	
Mailing Address of Owner/Applicant	398 Sebago Rd Hiram ME 04041	
Daytime Tel. #	(207) 653-2826	

<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 </p> <p style="text-align: right;"> _____ (2nd) date approved </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 checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u></p> <p><input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____</p> <p><input type="checkbox"/> 3. Other: _____ (specify)</p> <p>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</p> <p><input type="checkbox"/> 3. Other: _____</p> <p>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 checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load</p> <p><input type="checkbox"/> 4. Other: _____</p> <p>SIZE: <u>180</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</p> <p><input type="checkbox"/> b. _____ tanks in series</p> <p><input type="checkbox"/> c. increase in tank capacity</p> <p><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>191</u> gallons per day</p> <p style="text-align: center;">BASED ON:</p> <p><input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s))</p> <p><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></p> <p>at Observation Hole # <u>TP-1</u></p> <p>Depth <u>0</u> "</p> <p>of Most Limiting Soil Factor Groundwater</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 checked="" type="checkbox"/> 1. Not Required</p> <p><input type="checkbox"/> 2. May Be Required</p> <p><input type="checkbox"/> 3. Required</p> <p>Specify only for engineered systems: DOSE: _____ gallons</p>	<p><input type="checkbox"/> 3. Section 4G (meter readings) 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</p> <p>Lon. <u>W70</u> d <u>06</u> m <u>31.23</u> s</p> <p>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>01/06/15</u> Date
<u>Richard A. Sweet</u> Site Evaluator Name Printed	<u>797-2110</u> Telephone Number	<u>dick@sweetassociates.com</u> Email Address



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

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. Reduce setback to public water supply well to 93'	Table 8A
2. Reduce setback to private wells to 21', 67', 68', and 90.5'.	Table 8A
3. SHW table mottling at 0".	Table 4F

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.

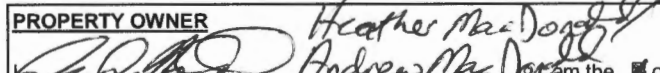
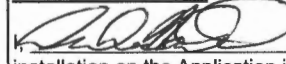
The system proposed is a removal from a community overboard discharge system. The owner's well at a 21' setback may require relocation of the well to the rear of the lot. The public supply well is not directly downslope from the disposal field and the soil below the disposal field is silty providing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

01-06-15
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

01/06/2015
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		
TOTAL POINT ASSESSMENT:		

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

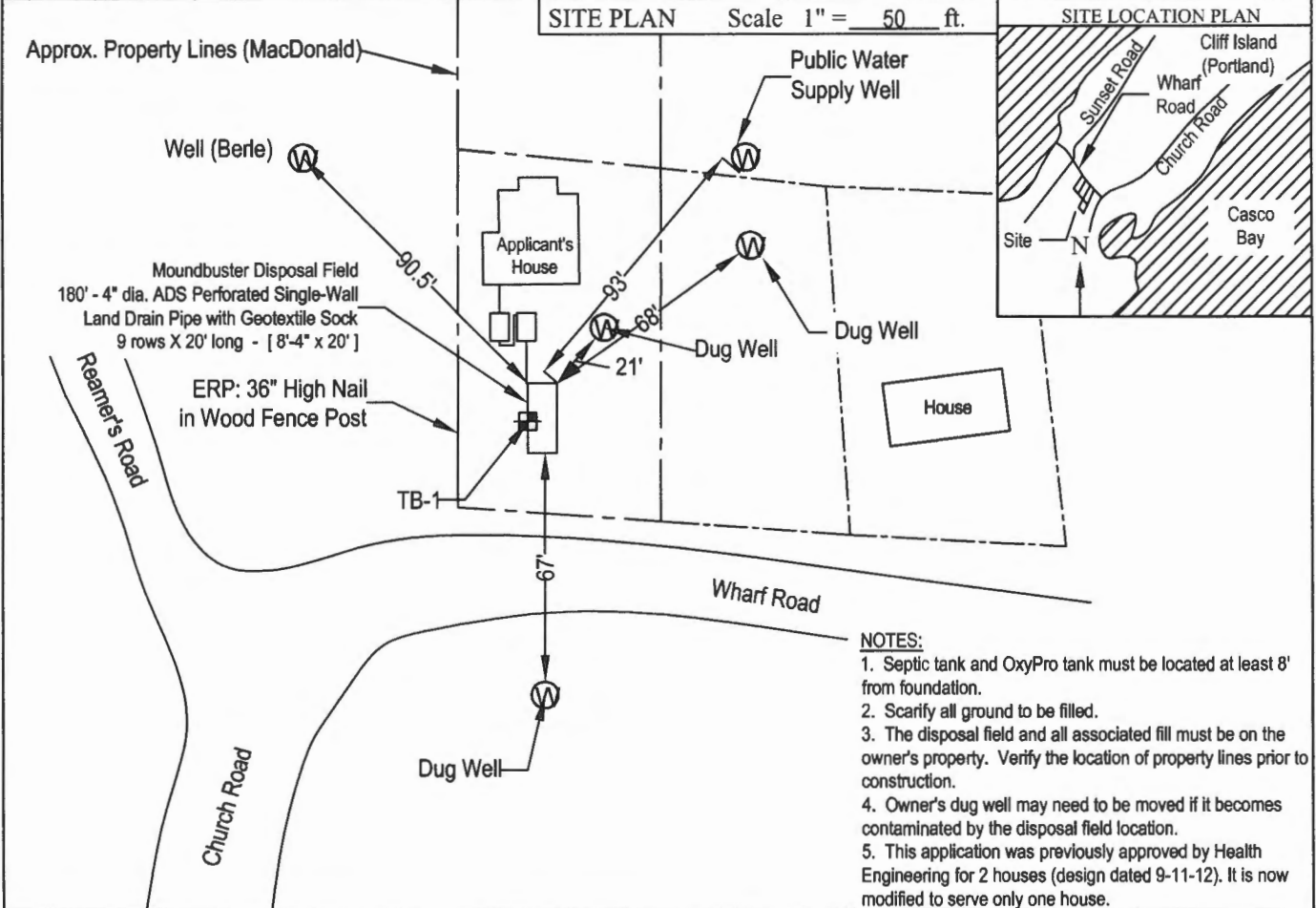
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Town, City, Plantation
Portland (Cliff Island)

Street, Road, Subdivision
37 Wharf Road

Owner or Applicant Name
Andrew McDonald



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/ Prominant
6				
12	Fine Sandy Loam	Friable	Black	
18	Loamy Sand		Olive	
24	Sandy Silt	Firm		
30	Limit of Excavation at 30 inches			
36				
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 #

01/06/15
Date

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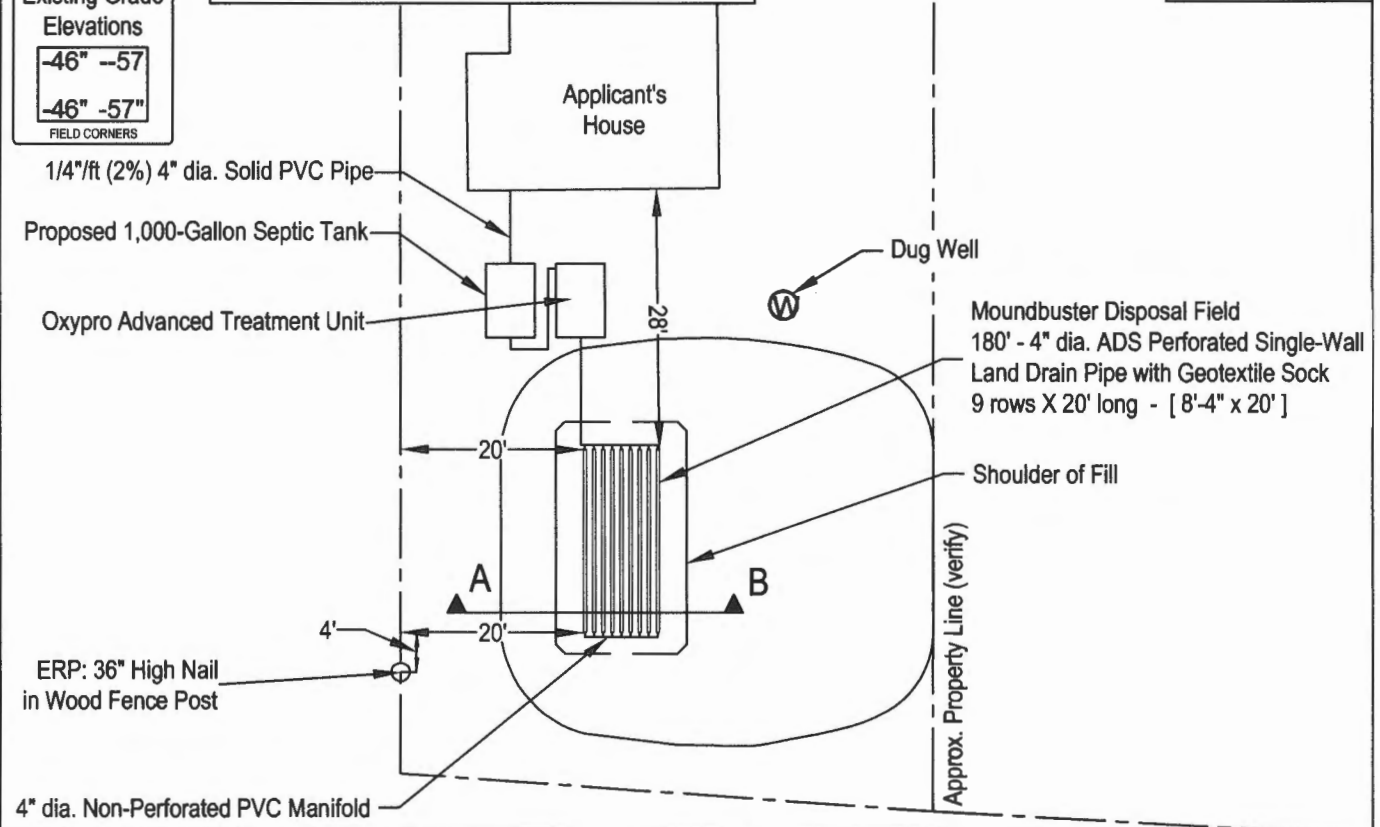
Street, Road, Subdivision
37 Wharf Road

Owner or Applicant Name
Andrew McDonald

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

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' ft



BACKFILL REQUIREMENTS

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

CONSTRUCTION ELEVATIONS

Finished Grade Elevation (at Row 1) -27"
Top of Proprietary Device (at Row 1) -35"
Bottom of Disposal Field (at Row 1) -39"

ELEVATION REFERENCE POINT

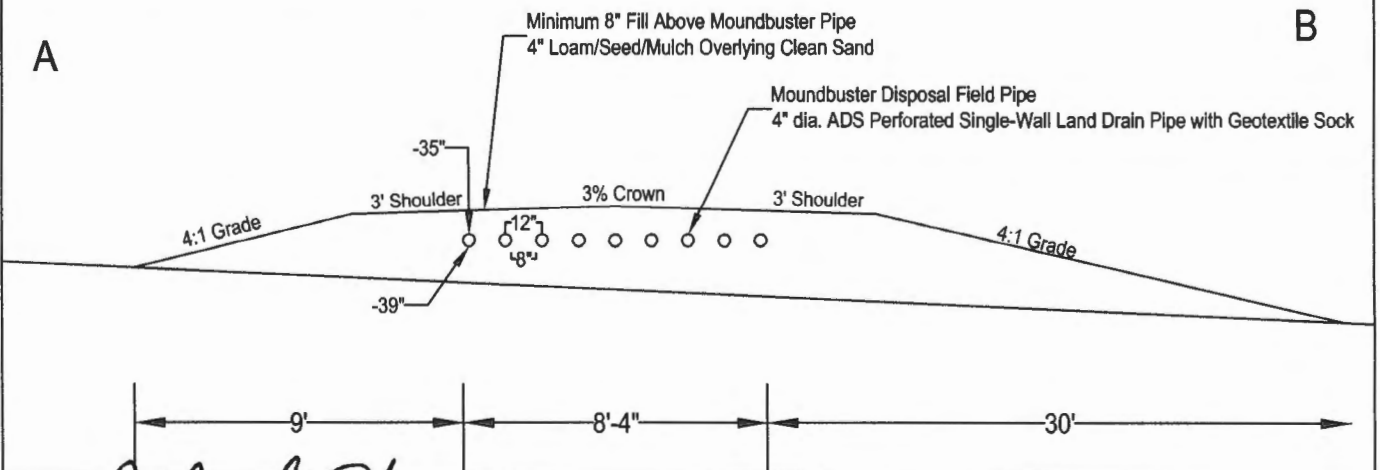
Location & Description: 36" High Nail in Wood Fence Post
Reference Elevation is 0.0" or: _____

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

ROW #1 to 9
TOP -35"
BOTTOM -39"
TOP OF ROW #1 INLET AT -30"

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



Richard Summit
Site Evaluator Signature

034
SE #

01/06/15
Date

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