

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>Disposal field to water supply wells 93', 67', 68', and 90.5'.</u> | <u>Table 8A</u> |
| 2. <u>SHW table mottling at 0"</u> | <u>Table 4F</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.

The system proposed is a removal from a community overboard discharge system. The owner's well at a 21' setback has been removed. None of the remaining wells are directly downslope from the disposal field and the soil below the 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.

| | |
|-----------------------------|-----------------|
| | <u>10-05-15</u> |
| SIGNATURE OF SITE EVALUATOR | DATE |

PROPERTY OWNER

I, Andrew MacDonald, 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.

| | |
|--|----------------|
| | <u>10/9/15</u> |
| <input checked="" type="checkbox"/> SIGNATURE OF OWNER <input type="checkbox"/> AGENT FOR THE OWNER | 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

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 | Portland |
| Street or Road | 37 Wharf Road | Date Permit Issued | ____/____/____ |
| Subdivision, Lot # | | Fee: \$ | _____ |
| | | Double Fee Charged | <input type="checkbox"/> |
| | | Local Plumbing Inspector Signature | |
| | | L.P.I. # | _____ |

| | | | |
|------------------------------------|-------------------|--|--|
| OWNER/APPLICANT INFORMATION | | <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State <input checked="" type="checkbox"/> Applicant | |
| 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 | | Municipal Tax Map # _____ Lot # _____ | |
| Daytime Tel. # | | | |

| | |
|---|---|
| OWNER OR APPLICANT STATEMENT I state and acknowledge that the information submitted is correct to the best of my knowledge and understanding, that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit. | CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. |
| Signature of Owner or Applicant: Date: 10/19/15 | Local Plumbing Inspector Signature: _____ (1st) date approved: _____ (2nd) date approved: _____ |

| | | |
|---|---|--|
| 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 APPLICATION REQUIRES <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 & Local Plumbing Inspector <input checked="" type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit | DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & 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 (2000 gpd or more) <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 |
| SIZE OF PROPERTY 10,000 +/- (MacDonald) <input checked="" type="checkbox"/> SQ. FT. 11,600 +/- (Hatanaka) <input type="checkbox"/> ACRES | DISPOSAL SYSTEM TO SERVE <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) Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped | TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input checked="" type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other |
| SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

| | | | |
|---|---|---|--|
| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | | | |
| TREATMENT TANK <input type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input checked="" type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1,000</u> GAL | DISPOSAL FIELD TYPE & SIZE <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 type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>180</u> sq. ft. <input checked="" type="checkbox"/> lin. ft. | GARBAGE DISPOSAL UNIT <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 | DESIGN FLOW <u>191</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— |
| 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. ft. / 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 checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons | <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area 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> |

| | | |
|--|-----------------------------------|--|
| 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: | SE #: <u>034</u> | Date: <u>10/05/15</u> |
| Site Evaluator Name Printed: <u>Richard A. Sweet</u> | Telephone Number: <u>797-2110</u> | Email Address: <u>dick@sweetassociates.com</u> |
| Designed with SeptiCAD v3 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator. | | |

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)

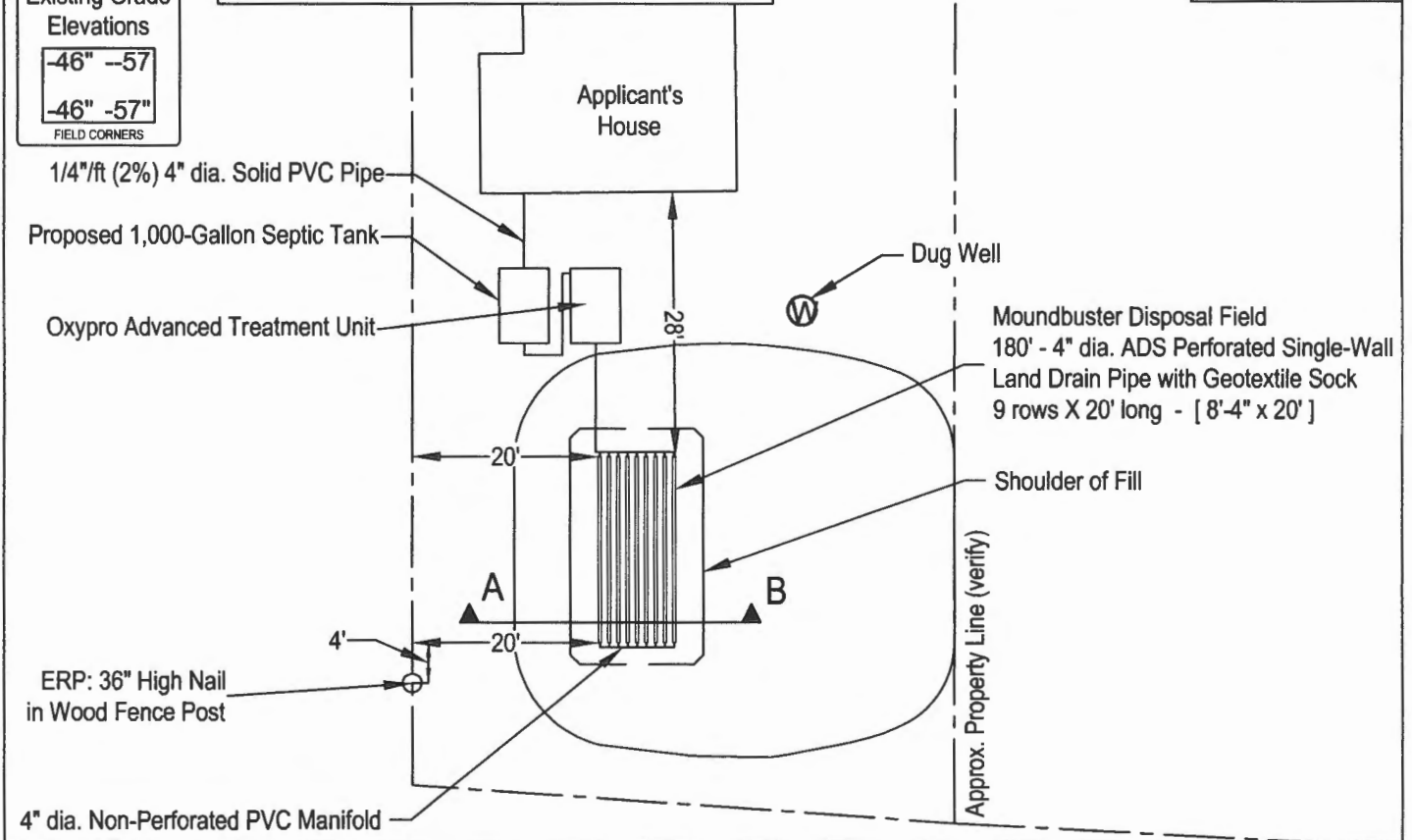
Street, Road, Subdivision
37 Wharf Road

Owner or Applicant Name
Andrew McDonald

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

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft



| BACKFILL REQUIREMENTS | CONSTRUCTION ELEVATIONS | ELEVATION REFERENCE POINT |
|---|--|--|
| Depth of Backfill (upslope) <u>24-24"</u> | Finished Grade Elevation (at Row 1) <u>-27"</u> | Location & Description: <u>36" High Nail</u> |
| Depth of Backfill (downslope) <u>35-35"</u> | Top of Proprietary Device (at Row 1) <u>-35"</u> | <u>in Wood Fence Post</u> |
| | Bottom of Disposal Field (at Row 1) <u>-39"</u> | Reference Elevation is 0.0" or: _____ |

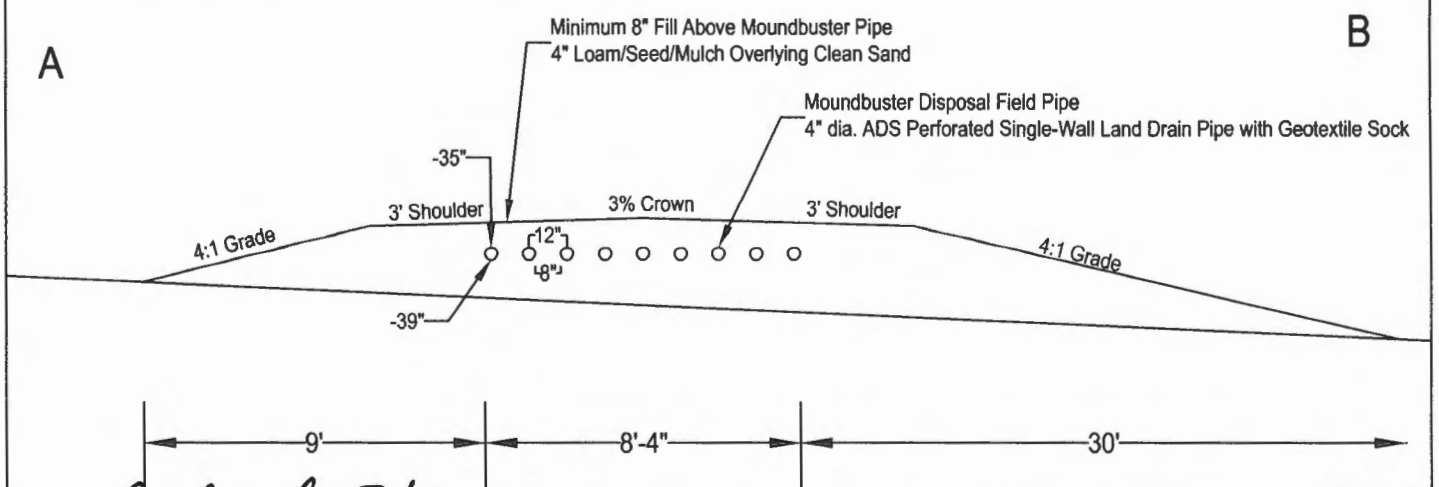
NOTE: Backfill 3 feet beside and 6 inches below system must meet the following gradation portion of the Code.
Less than 80% passing the #10 sieve
Less than 30% passing the #40 sieve
Less than 4% passing the #200 sieve

DISPOSAL FIELD CROSS SECTION

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

ROW # [1 to 9]
TOP -35"
BOTTOM -39"

TOP OF ROW #1 INLET AT -30"



Richard O'Connell
Site Evaluator Signature

034
SE #

10/05/15
Date

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