

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

|                                                                                                                                                                                                                                                                     |                                                                                                                                   |                                                                                                                                                |                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| PROPERTY LOCATION                                                                                                                                                                                                                                                   |                                                                                                                                   | CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW                                                                                               |                                                                       |
| City, Town, or Plantation                                                                                                                                                                                                                                           | Cliff Island (Portland)                                                                                                           | Annex 1-106                                                                                                                                    |                                                                       |
| Street or Road                                                                                                                                                                                                                                                      | 67 Church Road                                                                                                                    | PORTLAND PERMIT # 11077 TOWN COPY                                                                                                              |                                                                       |
| Subdivision, Lot #                                                                                                                                                                                                                                                  |                                                                                                                                   | Date Permit Issued: 10/7/09 \$ 1100 FEE Charged <input type="checkbox"/> If Double Fee Charged                                                 |                                                                       |
| OWNER/APPLICANT INFORMATION                                                                                                                                                                                                                                         |                                                                                                                                   | L.P.I. # 0749                                                                                                                                  |                                                                       |
| Name (last, first, MI)                                                                                                                                                                                                                                              | Weld, Susanna Linzee                                                                                                              | Local Plumbing Inspector Signature                                                                                                             |                                                                       |
|                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Owner<br><input type="checkbox"/> Applicant                                                   | 1093 F 20                                                                                                                                      |                                                                       |
| Mailing Address of Owner/Applicant                                                                                                                                                                                                                                  |                                                                                                                                   | Municipal Tax Map # Lot #                                                                                                                      |                                                                       |
| Daytime Tel. #                                                                                                                                                                                                                                                      |                                                                                                                                   | CAUTION: INSPECTION REQUIRED                                                                                                                   |                                                                       |
| OWNER OR APPLICANT STATEMENT                                                                                                                                                                                                                                        |                                                                                                                                   | I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. |                                                                       |
| 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.                                                  |                                                                                                                                   | (1st) date approved                                                                                                                            |                                                                       |
| Signature of Owner or Applicant                                                                                                                                                                                                                                     |                                                                                                                                   | Local Plumbing Inspector Signature                                                                                                             |                                                                       |
| Date                                                                                                                                                                                                                                                                |                                                                                                                                   | (2nd) date approved                                                                                                                            |                                                                       |
| PERMIT INFORMATION                                                                                                                                                                                                                                                  |                                                                                                                                   |                                                                                                                                                |                                                                       |
| TYPE OF APPLICATION                                                                                                                                                                                                                                                 | THIS APPLICATION REQUIRES                                                                                                         | DISPOSAL SYSTEM COMPONENTS                                                                                                                     |                                                                       |
| <input type="checkbox"/> 1. First Time System                                                                                                                                                                                                                       | <input type="checkbox"/> 1. No Rule Variance                                                                                      | <input checked="" type="checkbox"/> 1. Complete Non-engineered System                                                                          |                                                                       |
| <input checked="" type="checkbox"/> 2. Replacement System                                                                                                                                                                                                           | <input type="checkbox"/> 2. First Time System Variance                                                                            | <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet)                                                                         |                                                                       |
| Type replaced: <u>overboard discharge</u>                                                                                                                                                                                                                           | <input type="checkbox"/> a. Local Plumbing Inspector Approval                                                                     | <input type="checkbox"/> 3. Alternative Toilet, specify: _____                                                                                 |                                                                       |
| Year Installed: _____                                                                                                                                                                                                                                               | <input type="checkbox"/> b. State & Local Plumbing Inspector                                                                      | <input type="checkbox"/> 4. Non-engineered Treatment Tank (only)                                                                               |                                                                       |
| <input type="checkbox"/> 3. Expanded System                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> 3. Replacement System Variance                                                                | <input type="checkbox"/> 5. Holding Tank, _____ gallons                                                                                        |                                                                       |
| <input type="checkbox"/> a. Minor Expansion                                                                                                                                                                                                                         | <input type="checkbox"/> a. Local Plumbing Inspector Approval                                                                     | <input type="checkbox"/> 6. Non-engineered Disposal Field (only)                                                                               |                                                                       |
| <input type="checkbox"/> b. Major Expansion                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> b. State & Local Plumbing Inspector                                                           | <input type="checkbox"/> 7. Separated Laundry System                                                                                           |                                                                       |
| <input type="checkbox"/> 4. Experimental System                                                                                                                                                                                                                     | <input type="checkbox"/> 4. Minimum Lot Size Variance                                                                             | <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more)                                                                      |                                                                       |
| <input type="checkbox"/> 5. Seasonal Conversion                                                                                                                                                                                                                     | <input type="checkbox"/> 5. Seasonal Conversion Permit                                                                            | <input type="checkbox"/> 9. Engineered Treatment Tank (only)                                                                                   |                                                                       |
| SIZE OF PROPERTY                                                                                                                                                                                                                                                    | DISPOSAL SYSTEM TO SERVE                                                                                                          | <input type="checkbox"/> 10. Engineered Disposal Field (only)                                                                                  |                                                                       |
| 21,000 +- <input checked="" type="checkbox"/> SQ. FT.<br><input type="checkbox"/> ACRES                                                                                                                                                                             | <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u>                                     | <input checked="" type="checkbox"/> 11. Pre-treatment, specify: <u>OxyPro</u>                                                                  |                                                                       |
| SHORELAND ZONING                                                                                                                                                                                                                                                    | <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____                                                         | <input type="checkbox"/> 12. Miscellaneous Components                                                                                          |                                                                       |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                 | <input type="checkbox"/> 3. Other: _____ (specify)                                                                                | TYPE OF WATER SUPPLY                                                                                                                           |                                                                       |
|                                                                                                                                                                                                                                                                     | Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped | <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                                                                           |                                                                       |
| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)                                                                                                                                                                                                                      |                                                                                                                                   |                                                                                                                                                |                                                                       |
| TREATMENT TANK                                                                                                                                                                                                                                                      | DISPOSAL FIELD TYPE & SIZE                                                                                                        | GARBAGE DISPOSAL UNIT                                                                                                                          | DESIGN FLOW                                                           |
| <input type="checkbox"/> 1. Concrete                                                                                                                                                                                                                                | <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench                                                    | <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe                                    | <u>233</u> gallons per day                                            |
| <input checked="" type="checkbox"/> a. Regular                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> 3. Proprietary Device                                                                         | If Yes of Maybe, specify one below:                                                                                                            | BASED ON:                                                             |
| <input type="checkbox"/> b. Low Profile                                                                                                                                                                                                                             | <input type="checkbox"/> a. cluster array <input checked="" type="checkbox"/> c. Linear                                           | <input type="checkbox"/> a. multi-compartment tank                                                                                             | <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) |
| <input checked="" type="checkbox"/> 2. Plastic                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load                                         | <input type="checkbox"/> b. _____ tanks in series                                                                                              | <input type="checkbox"/> 2. Table 501.1 (other facilities)            |
| <input type="checkbox"/> 3. Other: _____                                                                                                                                                                                                                            | <input type="checkbox"/> 4. Other: _____                                                                                          | <input type="checkbox"/> c. Increase in tank capacity                                                                                          | SHOW CALCULATIONS                                                     |
| CAPACITY: <u>1000</u> GAL                                                                                                                                                                                                                                           | SIZE: <u>220</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> lin. ft.                                    | <input type="checkbox"/> d. Filter on Tank Outlet                                                                                              | — for other facilities —                                              |
| SOIL DATA & DESIGN CLASS                                                                                                                                                                                                                                            | DISPOSAL FIELD SIZING                                                                                                             | EFFLUENT/EJECTOR PUMP                                                                                                                          | <input type="checkbox"/> 3. Section 503.0 (meter readings)            |
| PROFILE CONDITION DESIGN                                                                                                                                                                                                                                            | <input type="checkbox"/> 1. Small—2.0 sq. ft. / gpd                                                                               | <input type="checkbox"/> 1. Not Required                                                                                                       | ATTACH WATER METER DATA                                               |
| <u>2</u> / <u>All</u> / <u>1</u>                                                                                                                                                                                                                                    | <input type="checkbox"/> 2. Medium—2.6 sq. ft. / gpd                                                                              | <input checked="" type="checkbox"/> 2. May Be Required                                                                                         | LATITUDE AND LONGITUDE                                                |
| at Observation Hole # <u>TP-1</u>                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> 3. Medium—Large 3.3 sq. ft. / gpd                                                             | <input type="checkbox"/> 3. Required                                                                                                           | at center of disposal area                                            |
| Depth <u>18"</u>                                                                                                                                                                                                                                                    | <input type="checkbox"/> 4. Large—4.1 sq. ft. / gpd                                                                               | Specify only for engineered systems:                                                                                                           | Lat. <u>N43 d 41 m 43.00 s</u>                                        |
| of Most Limiting Soil Factor                                                                                                                                                                                                                                        | <input type="checkbox"/> 5. Extra Large—5.0 sq. ft. / gpd                                                                         | DOSE: _____ gallons                                                                                                                            | Lon. <u>W70 d 06 m 18.79 s</u>                                        |
| Bedrock                                                                                                                                                                                                                                                             |                                                                                                                                   |                                                                                                                                                | if g.p.s. state margin of error: <u>20'</u>                           |
| SITE EVALUATOR STATEMENT                                                                                                                                                                                                                                            |                                                                                                                                   |                                                                                                                                                |                                                                       |
| I certify that on <u>10-15-08</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                                                                                                                                                                                                                                            |                                                                                                                                   | 034                                                                                                                                            | 11/10/08                                                              |
| Richard A. Sweet                                                                                                                                                                                                                                                    |                                                                                                                                   | SE #                                                                                                                                           | Date                                                                  |
| Site Evaluator Name Printed                                                                                                                                                                                                                                         |                                                                                                                                   | 797-2110                                                                                                                                       | dick@sweetassociates.com                                              |
|                                                                                                                                                                                                                                                                     |                                                                                                                                   | Telephone Number                                                                                                                               | Email Address                                                         |
| Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                |                                                                       |
| Designed with SeptiCAD<br>HHE-200 Rev. 4/05                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                |                                                                       |

# 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  
Cliff Island (Portland)

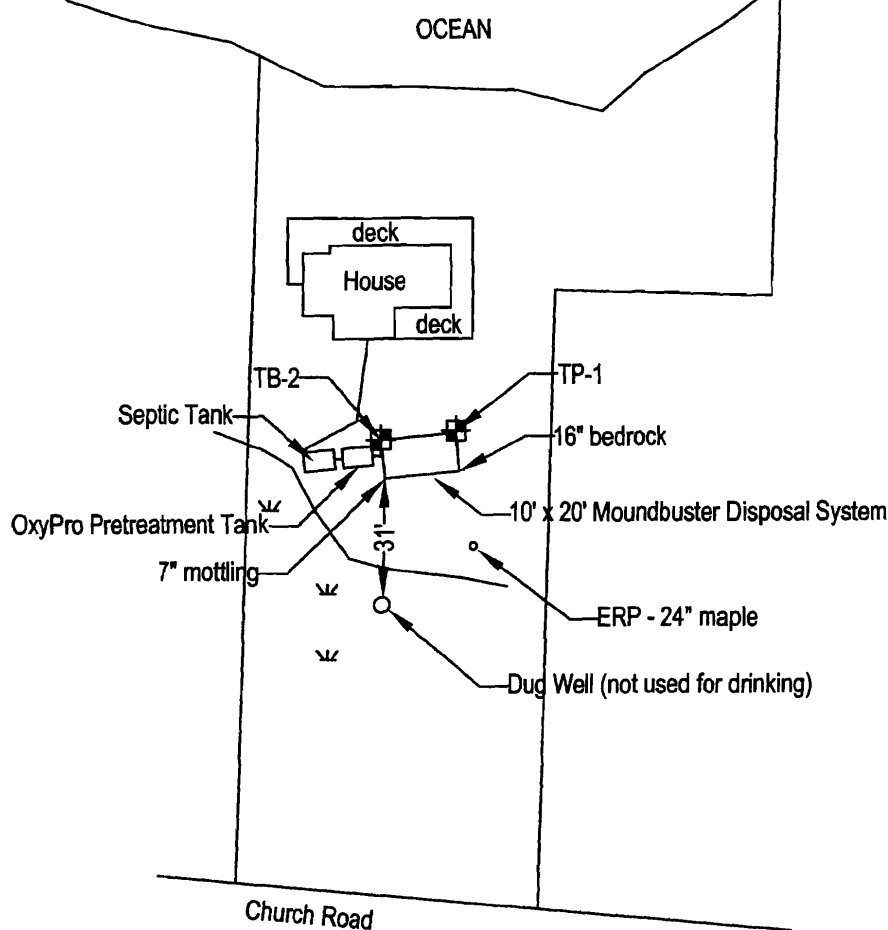
Street, Road, Subdivision  
67 Church Road

Owner or Applicant Name  
Weld

## SITE PLAN

Scale 1" = 50 ft.

## SITE LOCATION PLAN



### NOTES:

1. Scarify all ground to be filled.
2. Insulate the Distribution Box (D-Box).
3. Min. 1/4"/ft slope of pipe from building to septic tank.
4. Min. 1/8"/ft slope of pipe from septic tank to disposal field.
5. Create transitional horizon beneath disposal field by thoroughly mixing gravelly coarse sand with 6" of the soil beneath system.

## 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

| Texture                                                                                                                                                               | Consistency | Color   | Mottling |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------|----------|
| 0                                                                                                                                                                     |             |         |          |
| 6                                                                                                                                                                     | Sandy Loam  | Friable | Brown    |
| 12                                                                                                                                                                    |             |         |          |
| 18                                                                                                                                                                    | Sandy Loam  | Friable | Gray     |
| 24                                                                                                                                                                    |             |         |          |
| 30                                                                                                                                                                    |             |         |          |
| 36                                                                                                                                                                    |             |         |          |
| 42                                                                                                                                                                    |             |         |          |
| 48                                                                                                                                                                    |             |         |          |
| Bedrock at 18 inches                                                                                                                                                  |             |         |          |
| Soil Classification Slope Limiting Factor <input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock |             |         |          |
| 2                                                                                                                                                                     | A           | 3       | 18"      |
| Profile                                                                                                                                                               | Condition   | Percent | Depth    |

Observation Hole # TB-2 ■ Test Pit □ Boring

" Depth of organic horizon above mineral soil

| Texture                                                                                                                                                               | Consistency | Color   | Mottling |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------|----------|
| 0                                                                                                                                                                     |             |         |          |
| 6                                                                                                                                                                     | Sandy Loam  | Friable | Black    |
| 12                                                                                                                                                                    |             |         |          |
| 18                                                                                                                                                                    |             |         |          |
| 24                                                                                                                                                                    |             |         |          |
| 30                                                                                                                                                                    |             |         |          |
| 36                                                                                                                                                                    |             |         |          |
| 42                                                                                                                                                                    |             |         |          |
| 48                                                                                                                                                                    |             |         |          |
| Bedrock at 17 inches                                                                                                                                                  |             |         |          |
| Soil Classification Slope Limiting Factor <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock |             |         |          |
| 2                                                                                                                                                                     | D           | 3       | 7"       |
| Profile                                                                                                                                                               | Condition   | Percent | Depth    |

Site Evaluator Signature

034  
SE #

11/10/08  
Date

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# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

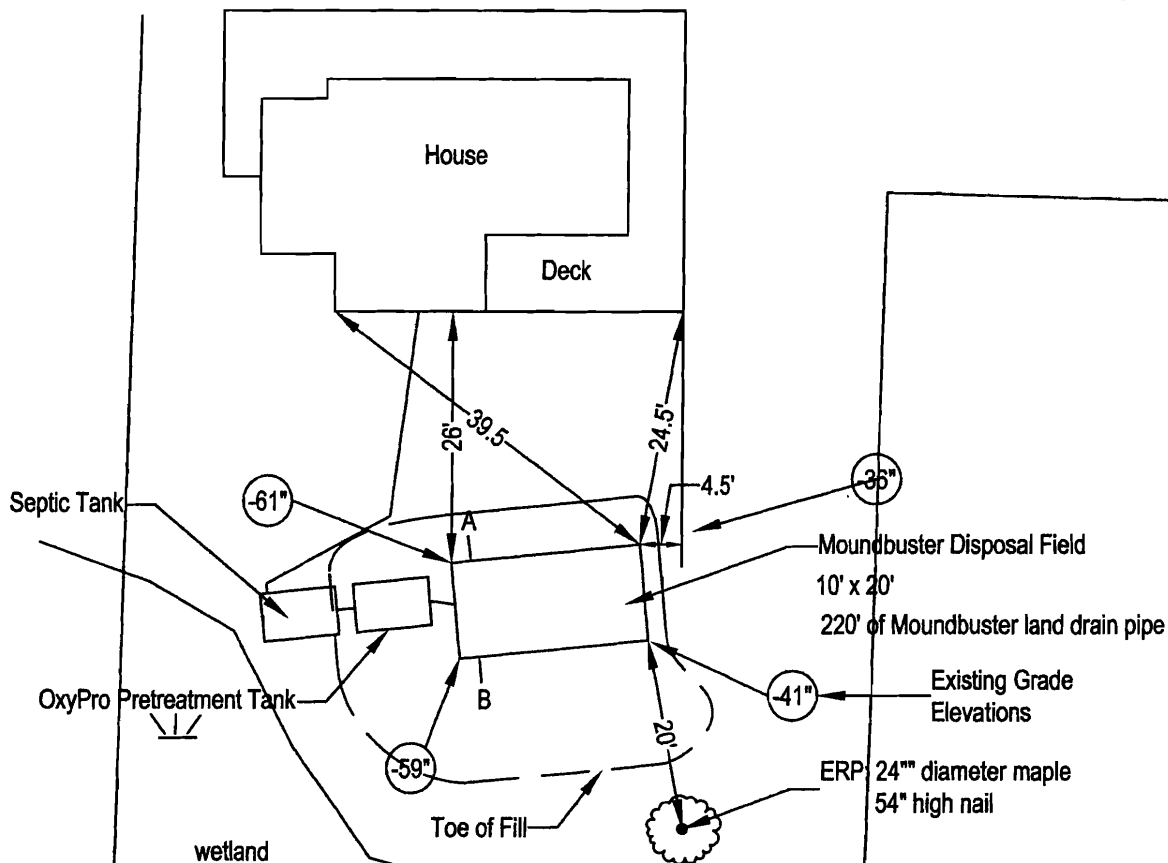
Town, City, Plantation  
Cliff Island (Portland)

Street, Road, Subdivision  
67 Church Road

Owner or Applicant Name  
Weld

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' ft



### BACKFILL REQUIREMENTS

### CONSTRUCTION ELEVATIONS

### ELEVATION REFERENCE POINT

Location & Description: 24" diameter maple

Depth of Backfill (upslope) 6"  
Depth of Backfill (downslope) 31"

Finished Grade Elevation (at Row 1) -30"  
Top of Proprietary Device (at Row 1) -38"  
Bottom of Disposal Field (at Row 1) -42"

Reference Elevation is 0.0" or:

NOTE: SCARIFY ALL GROUND SURFACE TO BE FILLED. USE GRAVELLY COARSE SAND WITHIN 3' OF LANDDRAIN PIPE. REMAINING FILL: LOAMY SAND (no clay)

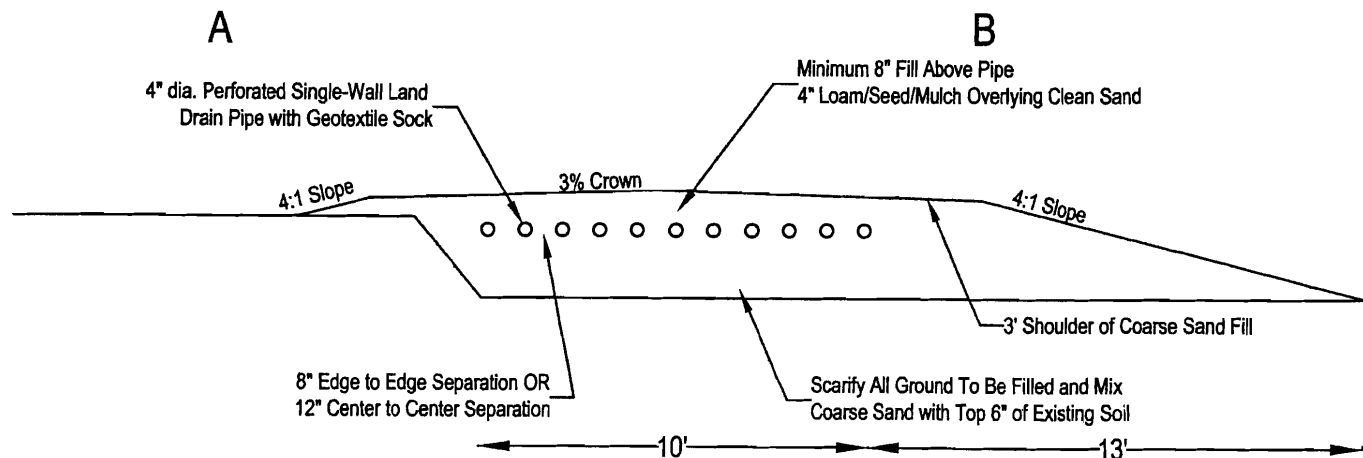
### DISPOSAL FIELD CROSS SECTION

Scales:

Verticle: 1" = 5'

Horizontal: 1" = 5'

ROW # 1-11  
TOP -38"  
BOTTOM -42"



*Richard O. Smith*  
Site Evaluator Signature

034  
SE #

11/10/08  
Date

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MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND & WATER QUALITY  
APPLICATION for RESIDENTIAL WASTEWATER DISCHARGE LICENSE

Application: #W002125-5A-B-R

Location: Portland Tax Map #109B Lot(s) #F19

Application for: ☒ Renewal ☐ Renewal & Transfer ☐ Amendment ☐ Other

☒ Submit one copy of application with attachments to the town or city municipal office where the discharge occurs.

☒ Mail the completed original application with attachments to:

Maine Department of Environmental Protection  
Overboard Discharge Licensing Program  
17 State House Station  
Augusta, Maine 04333-0017

!!! Please retain a copy for your own records.

**GENERAL INSTRUCTIONS** - This application is for the renewal, transfer or amendment of overboard discharge (OBD) licenses. Please read the entire application form before filling it out. Check the applicable box in each section. Attach all required documents. Please be sure to read and follow the instructions on Page 4 regarding Public Notice. Public Notice is required by law for all DEP licensing actions. Please contact your project manager if you need assistance.

**Your Project Manager is:**

☒ Mike Demarest (207) 287-6301  
(name) (telephone)


**STEP 1 - APPLICANT INFORMATION**


1. Applicant Name: Susanna Linzee Weld


2. Mailing Address: 754 Sligo Road North Yarmouth ME 04097  
(street/po box) (town/city) (state) (zip)  
207 829-6636 ( ) - ( ) -  
(telephone-required) (alternative telephone- optional) (fax number)

3. May we contact you by E-mail? ☒ Yes ☐ No E-mail: slzweid@maine.m.com

**STEP 2 - SITE EVALUATION** Pursuant to Conditions of Licenses, 38 MRSA §414-A(1-B)(A), prior to license renewal and/or transfer, a "qualified" Licensed Site Evaluator (LSE) must evaluate the site to determine whether there is any technologically feasible alternative to the OBD system. "Qualified" means having demonstrated experience in designing replacement systems for a facility, dwelling, or property (hereinafter "facility") served by overboard discharge (OBD) system **We can only accept recent evaluations conducted within the past five years.** Please call your project manager if you need a list of site evaluators. If you have no treatment or primary treatment of raw waste (both greywater and blackwater), you must submit a design to upgrade to secondary treatment with disinfection and installation schedule. Place a checkmark where appropriate:


☐ The town, city, or sewer district has installed a municipal sewer line next to our property. **We can no longer issue you a license. You must connect to the municipal sewer and abandon your OBD system within 90 days. Please contact your project manager.** 

☐ My facility is a seasonal dwelling and the town, city, or sewer district has offered to pump a holding tank at the same or lesser cost than customers currently connected to the sewer. **We can no longer issue you a license. You must replace your OBD system with a holding tank within 90 days. Please contact your project manager.** 

☐ A qualified LSE has determined that my OBD system CAN be replaced with a subsurface alternative. I have received a letter from the Overboard Discharge Removal Grant Program or its assignees (usually the town or county) offering grant money for the removal of my OBD system. **We can no longer issue you a license. You must install the replacement system within 180 days (90 days of transfer). Please call your project manager.** 

☐ A qualified LSE has determined that my OBD system CAN be replaced with a subsurface alternative. The Overboard Discharge Removal Grant Program or its assignees (usually the town or county) have NOT offered grant money for the removal of my OBD system. *Please attach a copy of the recent LSE report document (form HHE-200) to this application. Label this document "ATTACHMENT A", your name and OBD number (002125). If you have a straight pipe discharge (untreated waste) or a primary system (septic tank and outfall pipe), please attach a design from the LSE to upgrade your system to include secondary treatment (sand filter or mechanical treatment plant) Go to STEP 3*

☐ A qualified LSE has determined that there is currently no feasible alternative to my OBD system. *Please attach a copy of the recent LSE report document and site diagram to this application. Label this document "ATTACHMENT A" and with your name and OBD number (002125). If you have a straight pipe discharge (untreated waste) or a primary system (septic tank and outfall pipe), please attach a design from the LSE to upgrade your system to include secondary treatment (sand filter or mechanical treatment plant) Go to STEP 3*

☐ A qualified LSE has determined that my OBD system CAN be replaced with a subsurface alternative and I acquired this property after September of 2003. **We cannot issue you a license. Pursuant to Waste discharge licenses, 38 MRSA §413 (3), you must install the replacement system within 90 days of transfer. Please call your project manager.** 

**!!! STEP 3 - RIGHT, TITLE AND INTEREST** If you are not the currently named licensee (see line #5 below), attach a copy of your title (registered deed, probate decision, etc.) to this application. Label this document "ATTACHMENT B" and with your name and OBD number (002125). Go to STEP 4

**STEP 4 - EASEMENTS** If any part of your OBD system, including the discharge pipe, is located on property owned or controlled by another party, submit a copy of the easement granting the rights to use that property. If other parties use any part of your system, please provide the names of the other property owners and a copy of the easement or agreement that allows this use. (Note: licenses for shared systems must reflect all parties connected to the system and all parties must sign pg. 2 of this application or the applicant must provide a statement signed by the other parties authorizing him/her to act as their agent). Place a checkmark as appropriate:

- ☐ My OBD system disinfection unit and outfall serve only my property and is entirely on my property. Go to STEP 5
- ☐ A copy of my easement is already on file. Go to STEP 5
- ☐ My OBD system is shared or it crosses under a road or other properties. The easement is part of my deed or I have copies of the easement. **!!! Label this document "ATTACHMENT C" and with your name and OBD number (002125). Attach a copy to this application.** Go to STEP 5
- ☐ A portion of my OBD system is located on or crosses under another property and I don't have an easement. (**!!!You must obtain the necessary easements before you can proceed to STEP 5**)

**STEP 5 - OBD FACILITY INFORMATION**

4. OBD Facility E911 Address: 67 Church Road Cliff Island, Portland 109B F-19  
(street & house number) (town/city) (tax map) (tax lot)
5. Name of Previous License Holder: (same)
6. According to our records, your facility (OBD property) has a primary treatment system with chlorine tablet disinfection. The facility has passed 40% of its inspections. The license allows the discharge of no more than 200 gallons per day of treated sanitary wastewater to Casco Bay, Class: SB in Portland. The previous license authorizes the discharge duration as seasonally-restricted. (**!!! If this line says year-round or seasonally-limited, skip STEP 6. If it lists the duration as unspecified or you contest the licensed duration, you must complete STEP 6!**)
7. Is the information in lines #4 through #6 complete and accurate? ☐ Yes ☐ No If no, explain: \_\_\_\_\_
8. If this facility is a residential use, how many dwellings (plumbed with bedrooms) are served by the system? 1  
(no of dwellings) How many bedrooms in each? 1 bedroom (dwelling #1) (no of bdms in #1)
- (dwelling #2) (no of bdms) (dwelling #3) (no of bdms in #3)
9. What other structures on the property used for habitation (for example: unplumbed cottages, bunkhouses, studios, garage attics, etc., used for sleeping)? 0  
(accessory structure #1) (no. of beds in #1)
- (accessory structure #2) (no. of beds in #2) (accessory structure #3) (no. of beds)
10. Has the facility been significantly renovated, expanded, or rebuilt since June 1987? ☒ Yes ☒ No  
If yes, please describe the changes, including added plumbing, bedrooms, lofts, apartments, bunkhouses, etc:  
We modernized the kitchen + bath (new apatron sinks, shower + toilet. # of bedrooms remained the same.
11. If commercial, attach a brief description of the size and use of the business including the number of employees and seats (if a restaurant), the number of bathrooms, if the bathrooms are public, etc.
12. If you have a sand filter or primary system, when was the septic tank last pumped? \_\_\_\_\_  
(The DEP recommends pumping the septic tank every 2-5 years.)
13. If you have a mechanical treatment plant, the law requires you to maintain a valid service contract with a DEP approved maintenance contractor. Do you have a current contract? ☐ Yes ☐ No  
Who is your wastewater service contractor? \_\_\_\_\_
- !!! Label a copy of your contract "ATTACHMENT D" and with your name and OBD number (002125). Attach to this application. If you cannot access your contract, contact your project manager.** Go to next page

## STEP 6 - FACILITY USE

14. Was the facility used continuously year round in the year prior to 1987 (qualifying period)? ☐ Yes ☐ No If no, please "☒" the months that you declare the facility was used in the qualifying period:

☐ January ☐ Feb. ☐ March ☐ April ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ December

15. Is the facility used continuously year round presently? ☐ Yes ☐ No If no, please "☒" the months used

☐ January ☐ Feb. ☐ March ☐ April ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ December

If currently, since when? \_\_\_\_\_

**Classification of Maine waters, 38 MRSA §464(4)(6) limits both the volume and duration of overboard discharges from a facility to the documented use of that facility during the "qualifying period" between June 1, 1986 and June 1, 1987, the actual use of the facility at the time of the most recent license application prior to June 1, 1987, or the actual use of the facility during the qualifying period, whichever is greatest. Increases in the volume of the discharge or the number of months used after that time are prohibited and cannot be approved.**

This means that a facility with an OBD, which was used less than eight months in the year prior to June 1, 1987, is restricted to seasonal use even if that facility has since been winterized. The fact that the old license for the facility did not specifically restrict the months of use or state that the facility was seasonal is irrelevant. In order to obtain a license or permit for year-round use, the applicant must provide clear and convincing evidence that the facility was continuously occupied for more than 8 months between June 1, 1986 and June 1, 1987 (or at the time of the most recent application received prior to 1987). This also means that a facility cannot be significantly expanded (additional "cottages", bunkhouses, bedrooms, etc.) or its use changed without Department approval. The licensed discharge volume, capacity of the treatment system and estimated discharge volume from the facility as it existed during the qualifying period will determine the licensed size of the facility. Clear and convincing evidence of continuous year round-use must include the following:

Documentation that the facility was the owner's primary residence or continuously occupied for more than eight months during the critical period. Evidence to prove this must include at least 2 of the following:

- A. Voter registration [Contact your town office]
- B. Maine State tax returns [Contact Maine Revenue Service, Income Tax Division (207)626-8475]
- C. Drivers license [Contact Maine Bureau of Motor Vehicles (207) 624-9000]
- D. Car registration [Contact Maine Bureau of Motor Vehicles (207) 624-9000]

If you have only one of the above, you must include at least 2 of the following supplementary proofs:

- A. Town Tax cards showing winterization or seasonal conversion of the facility prior to critical period,
- B. Notarized affidavits from town officials attesting that the facility was continuously used during the qualifying period,
- C. Notarized affidavits from neighbors attesting that the facility was continuously used during the critical period,
- D. Leases or Rental contracts for winter months during critical period,
- E. Utility records or payments clearly showing continuous use (not just basic service).

All documents submitted must be legible. Any affidavits submitted must reference the qualifying period of June 1, 1986 to June 1, 1987. This information must be provided if you wish to obtain approval for year-round use. The documentation of year-round use provided must be supported by information in the Department's administrative record. More documentation may be required if it is not or if there is conflicting information.

Unless you provide significant and compelling information to the contrary, evidence that would indicate seasonal use of the facility includes but is not limited to the following:

- ◆ Seasonal license
- ◆ No winter water
- ◆ Seasonal dwelling per town tax cards
- ◆ Treatment system exposed to elements (subject to freezing)
- ◆ Seasonally sized sand filter
- ◆ Lack of central heat, foundation, and/or insulation

**!!! Label a copy of your evidence "ATTACHMENT E" and with your name and OBD number (002125) and attach to this application.)**

**Go to STEP 7**

**STEP 7 - INSTRUCTIONS FOR PUBLIC NOTICE** Applicants for DEP licensing actions are required by law to provide adequate public notice. By following these instructions you will meet these requirements:

1. Complete the PUBLIC NOTICE OF INTENT TO FILE form on next page.
2. Send a copy of the completed PUBLIC NOTICE form by certified mail to the owners of the property neighboring the land served by the overboard discharge within 30 days of filing of this application. Alternatively, you may hand-deliver copies to your surrounding neighbors provided you obtain a written receipt signed by the abutter. The town or city clerk and/or the tax assessor's office will be able to assist you in identifying abutters and will be able to give you their most recent address.
3. Send a copy of the completed PUBLIC NOTICE form a copy of the completed application and all supplemental materials by certified mail to the town or city clerk of the municipality where the OBD is located.
4. Send the completed original application to the DEP with any supplemental materials including the list of abutters to whom the PUBLIC NOTICE to file was sent.
5. !!! Attach your certified mail receipts to this application. If you hand delivered the notice to your abutting neighbors, enclose a copy of written receipts signed by the abutter(s).

If you have questions about the public notice requirements, please call your project manager.

Go to STEP 8

**STEP 8 - FINANCIAL DISCLOSURE** As licensed, this OBD system has an estimated annual fee of \$ 0.00 per year. You will be billed for this annual fee separately early in the calendar year. In addition to this cost, if your system is a mechanical system, by law, you will also have to contract with a licensed wastewater service for yearly maintenance of your system.

Do you have the technical and financial capability to comply with all the conditions of the effective license? ☐ Yes ☐ No

☐ According to our records the following annual inspection and license fees are past due: \$0.00

Check # \_\_\_\_\_ Total Due: \$ 0.00

Please make checks payable to the Treasurer State of Maine

Go to STEP 9

**STEP 9 - APPLICANT AFFIRMATION & CERTIFICATION OF PUBLICATION** You must check all for application to be accepted!

☒ I (the applicant) certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments thereto and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate, and complete. I authorize the Department to enter the subject property of this application, at reasonable hours, including buildings, structures or conveyances of the property to determine the accuracy of any information provided herein. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

☒ I am familiar with and understand the statutory requirements of Title 38 MRSA Chapter 3, Sections 413 and 414 as amended, Protection and Improvement of Waters and the Water Classification Program, which state in part:

- A license is required for the treatment system and the discharge to the water.
- Licenses are issued for a five-year term.
- Relicensing of existing licensed discharges is subject to all the Chapter 3 requirements.
- At any reasonable time, authorized representatives of the Commissioner and Attorney General have right of access to treatment system components or records for the purposes of inspection, testing and sampling.

☒ I also understand that I am responsible to pay an annual fee for this overboard discharge.

☒ I also understand that by signing below, I (the applicant or authorized agent) certify that I have:

1. Sent a completed copy of the Notice of Intent to File by certified mail to the owners of the property abutting the land upon which the project site is located within 30 days of filing of the application; and
2. Sent a completed copy of the Notice of Intent to File by certified mail and filed a duplicate of this application and supplemental materials with the town clerk or city clerk of the municipality (ies) where the project is located.

**SIGNATURE  
REQUIRED**

S. Linzee Wald  
Signature

S. Linzee Wald  
Print name and title of applicant

9.30.09  
Date

\_\_\_\_\_  
Additional Signature(s)

\_\_\_\_\_  
Print name and title of additional applicants

\_\_\_\_\_  
Date

**NOTE:** If signature is other than that of the applicant, attach letter of agent authorization signed by applicant.  
If there are multiple properties connected to the treatment system authorized by this license all parties must sign this application or authorize one party to act as the agent.

## REPLACEMENT SYSTEM VARIANCE REQUEST

### THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request and HHE-200 and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 2006)
2. There will be no change in use of the structure except as authorized for minor expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

|                                                           |                          |                                        |
|-----------------------------------------------------------|--------------------------|----------------------------------------|
| <b>GENERAL INFORMATION</b>                                |                          | Town of <u>Portland (Cliff Island)</u> |
| Permit No. _____                                          | Date Permit Issued _____ |                                        |
| Property Owner's Name: <u>Susanna Linzee Weld</u>         |                          | Tel. No.: <u>829-6636</u>              |
| System's Location: <u>67 Church Road</u>                  |                          |                                        |
| Property Owner's Address: <u>754 Sligo Road</u>           |                          | <b>RECEIVED</b>                        |
| (if different from above) <u>North Yarmouth, ME 04097</u> |                          |                                        |

SEP 30 2009

### SPECIFIC INSTRUCTIONS TO THE:

#### LOCAL PLUMBING INSPECTOR (LPI):

If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature.)

#### SITE EVALUATOR:

If after completing the Application, you find that a variance for the proposed replacement system is needed, complete the Replacement Variance Request with your signature on reverse side of form.

#### PROPERTY OWNER:

If has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

### PROPERTY OWNER

I understand that the proposed system requires a variance to 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.

S. Linzee Weld  
SIGNATURE OF OWNER

9/30/09  
DATE

### LOCAL PLUMBING INSPECTOR

I, THOMAS M. MARKLEY, the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

☒ a. ☒ approve, ☐ disapprove) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant.

—OR—

☐ b. find that one or more of the requested Variances exceeds my approval authority as LPI. I (☐ recommend, ☐ do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments:

Thomas M. Markley  
LPI SIGNATURE

10/5/09  
DATE



## Replacement System Variance Request

| VARIANCE CATEGORY                                                                                    | LIMIT OF LPI'S APPROVAL AUTHORITY      |                        |                        |                                     |                       |                       | VARIANCE REQUESTED TO: |                 |
|------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------|------------------------|-------------------------------------|-----------------------|-----------------------|------------------------|-----------------|
| SOILS                                                                                                |                                        |                        |                        |                                     |                       |                       |                        |                 |
| Soil Profile                                                                                         | Ground Water Table                     |                        |                        | to 7"                               |                       |                       | 7 inches               |                 |
| Soil Condition                                                                                       | Restrictive Layer                      |                        |                        | to 7"                               |                       |                       | inches                 |                 |
| from HHE-200                                                                                         | Bedrock                                |                        |                        | to 12"                              |                       |                       | inches                 |                 |
| SETBACK DISTANCES (in feet)                                                                          | Disposal Fields<br>(total design flow) |                        |                        | Septic Tanks<br>(total design flow) |                       |                       | Disposal<br>Fields     | Septic<br>Tanks |
| From                                                                                                 | Less than<br>1000 gpd                  | 1000 to<br>2000 gpd    | Over 2000<br>gpd       | Less than<br>1000 gpd               | 1000 to<br>2000 gpd   | Over<br>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                |                        |                 |
| Owner's wells                                                                                        | 100 down to 60 ft [a]                  | 200 down to 100 ft     | 300 down to 150 ft     | 100 down to 50 ft [b]               | 100 down to 50 ft     | 100 down to 50 ft     | 31'                    | 34'             |
| Neighbor's wells                                                                                     | 100 down to 60 ft [f]                  | 200 down to 120 ft [f] | 300 down to 180 ft [f] | 100 down to 50 ft [f]               | 100 down to 75 ft [f] | 100 down to 75 ft [f] |                        |                 |
| Water supply line                                                                                    | 10 ft                                  | 20 ft                  | 25 ft [h]              | 10 ft                               | 10 ft                 | 10 ft [h]             |                        |                 |
| Water course, major - for replacements only, see Table 400.4 for major expansions                    | 100 down to 60 ft [d]                  | 200 down to 120 ft [d] | 300 down to 180 ft [d] | 100 down to 50 ft [b]               | 100 down to 50 ft     | 100 down to 50 ft     | 88'                    | 92'             |
| Water course, minor                                                                                  | 50 down to 25 ft [e]                   | 100 down to 50 ft [e]  | 150 down to 75 ft [e]  | 50 down to 25 ft [e]                | 50 down to 25 ft [e]  | 50 down to 25 ft [e]  |                        |                 |
| 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 | 25 ft [e]                              | 25 ft [e]              | 25 ft [e]              | 25 ft [e]                           | 25 ft [e]             | 25 ft [e]             |                        |                 |
| Slopes greater than 3:1                                                                              | 10 ft [g]                              | 18 ft [g]              | 25 ft [g]              | N/A                                 | N/A                   | N/A                   |                        |                 |
| No full basement [e.g. slab, frost wall, columns]                                                    | 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      |                        |                 |
| Full basement [below grade foundation]                                                               | 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 [c]                    | 18 down to 9 ft [c]    | 20 down to 10 ft [c]   | 10 down to 4 ft [c]                 | 15 down to 7 ft [c]   | 20 down to 10 ft [c]  |                        |                 |
| Burial sites or graveyards, measured from the down toe of the fill extension                         | 25 ft                                  | 25 ft                  | 25 ft                  | 25 ft                               | 25 ft                 | 25 ft                 |                        |                 |
| <b>OTHER</b>                                                                                         |                                        |                        |                        |                                     |                       |                       |                        |                 |
| 1. Fill extension Grade - to 3:1                                                                     |                                        |                        |                        |                                     |                       |                       |                        |                 |
| 2.                                                                                                   |                                        |                        |                        |                                     |                       |                       |                        |                 |
| 3.                                                                                                   |                                        |                        |                        |                                     |                       |                       |                        |                 |

Footnotes: [a.] Single-family well setbacks may be reduced as prescribed in Section 701.2.

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

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


[d.] Additional setbacks may be required by local Shoreland zoning.

[e.] Natural Resource Protection Act requires a 25 feet setback, on slopes of less than 20%, from the edge of soil disturbance and 100 feet on slopes greater than 20%. See Chapter 15.

[f.] May not be any closer to neighbors well than the existing disposal field or septic tank unless written permission is granted by the neighbor. This setback may be reduced for single family houses with Department approval. See Section 702.3.

[g.] The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.

[h.] See Section 1402.10 for special procedures when these minimum setbacks cannot be achieved.

  
 SITE EVALUATOR'S SIGNATURE

11/10/08  
 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