SUBSURFACE			J J, 1	_ ¿YSTEN	APPLICA	ΓΙΟΝ	Division of Health Engineering, 10 SHS (207) 287-5672 Fax: (207) 287-3165
/////////////PRÓPÉRTY LOCATION////////////////////////////////////			CAUTION: PERMIT REQUIRED - A TACH IN SPACE BELOW				
City, Town,	T						
or Plantation Street or Road	Portland (Cliff Island)						
Sireer or Road	57 Church Road						
Subdivision, Lot#			The Subsurface Wastewater Disposal System shall not be installed until a  Permit's attached HERE by the Local Plumbing Inspector. The Permit shall				
		NT INFORMATION//////	authorize the owner or installer to install the disposal system in accordance				
Name (last, first, MI)  MIKOGEN XIGONIC Robert Howard  Applicant			with this application and the Maine Subsurface Wastewater Disposal Rules.				
	DO D 05		X/////////////////////////////////////				
Mailing Address of Owner/Applicant Cliff Island, ME 04019							
Daydima Tal #	207-766		Municipal Tax Map # Lot # B FOSO				
Daytime Tel. #			CAUTION: INSPECTION REQUIRED				
I state and acknowled	WNER OR APPLICATION OF THE INTERIOR OF THE INT	ion submitted is correct to the best of	I have inspected the installation authorized above and found it to be in compliance				
my knowledge and ur and/or Local Plumbing	derstand that early to denspector to deny	alsification is reason for the Department a Permit.  4/22/13	with the Subsurface Wastewater Disposal Rules Application.  (1st) date approved				
Sign	nature of Owner or			Local F	Plumbing Inspector Sign	ature	(2nd) date approved
	//////////////////////////////////////	//////////////////////////////////////	ŔMÍŤ Í	NÉORMÁTION			
TYPE OF APP	PLICATION	THIS APPLICATION	REQUIR	RES			COMPONENTS
☐ 1. First Time Sy	/stem	☐ 1. No Rule Variance					gineered System graywater & alt. toilet)
2. Replacement	900 00	2. First Time System Variance				native Toilet,	
Type replaced: 0	verboard disch	<ul><li>□ a. Local Plumbing Inspect</li><li>□ b. State &amp; Local Plumbing</li></ul>					reatment Tank (only)
Year installed:		■ 3. Replacement System Vari	5. Holding Tank, gallons				
☐ 3. Expanded Sy ☐ a. <25% Exp		■ a. Local Plumbing Inspect □ b. State & Local Plumbing	or Approv	or Approval			
□ b. >25% Exp		☐ 4. Minimum Lot Size Variand		8. Complete Engineered System (2000 gpd or mo			
☐ 4. Experimental	l System	☐ 5. Seasonal Conversion Per	G. Engineered Treatment Tank (only)				
☐ 5. Seasonal Co	nversion		□ 11. Pre-treatment, specify:				
SIZE OF PROPERTY DISPOSAL SYSTEM TO SE						omponents	
Approx. 1/2 SQ. FT. SQ. FT. 2. Multiple Family Dwelling Unit, N 2. Multiple Family Dwelling, No.				OF WATER	SUPPLY		
OLIODEI AND	3. Other:		1. Drilled W		/ell 🛮 2. Dug	y Well □ 3. Private	
SHORELAND ZONING (specify)  Yes  No Current Use Seasonal Year			Bound II Undoveloped 4. Public 5. Other				
///////////////////////////////////////		DESIGN DETAILS			Í ÍÓWŃ ÓŃ PÁGÉ	(3)////	
TREATME	NT TANK	DISPOSAL FIELD TYPE & S		GARBAGE DIS		-,-,,,,,,	DESIGN FLOW
1. Concrete	INI IANK	☐ 1. Stone Bed ☐ 2. Stone Tren	nch	■ 1. No □ 2. Y		200	
a. Regular		■ 3. Proprietary Device	If Yes of Maybe, specify one below:		393	j gallons per day ASED ON:	
☐ b. Low Profile	•	a. cluster array c. Linear	□ a. multi-compartment tank		■ 1. Table	4a (dwelling unit(s))	
2. Plastic		■ b. regular load □ d. H-20 lo	pad ☐ b tanks in series ☐ c. increase in tank capacity			4c (other facilities) CALCULATIONS	
CAPACITY:	1000					other facilities—	
SOIL DATA & DESIGN CLASS DISPOSAL FIELD SIZING		EFFLUENT/EJECTOR PUMP					
PROFILE COND			☐ 1. Not Required			n 4G (meter readings)	
		☐ 2. May Be Required			I WATER METER DATA  LATITUDE AND LONGITUDE		
at Observation Hole #TP-1 3. Medium—Large 3.3 sq. f.t /		gpd 3. Required			at center of disposal area		
Depth 18 □ 4. Large—4.1 sq. ft. / gpd of Most Limiting Soil Factor □ 5. Extra Large—5.0 sq. ft. / gp		Specify only for engineered systems:			<u>43 d 41 m 42.43</u> s /70 d 06 m 19.77 s		
Bedrock		DOSE:gallons		if g.p.s.	state margin of error: 20'		
	77/////////////////////////////////////	///////////////////////////ŚÍTÉ É\	/ÁĽÚÁ	TÓR STÁTÉME	ŃŤ///////		
I certify that on 7-14-09 (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).							
and the proposed state in to indefine with the state of walle				034 09/17/12			
Site Evaluator Signature  SE # Date							
Richard A. Sweet				797-2110 d		lick@swe	eetassociates.com
Site Evaluator Name Printed				Telephone Number Email Address		nail Address	
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.  Designed with SeptiCAD  HHE-200 Rev. 2/11							



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	Cliff Island (Portland)
Property Owner's Name:	John & Sharon	Hiltonen	Tel. No.:	
System's Location:	57 Church Roa	nd .		·
Property Owner's Address:	P.O. Box 69	Cliff Island, ME	Zip Code:	04019
e-mail address:				
		ign for the subject property requi s variance requires □ local appr		n variance
1. Disposal Field will be			tional sheets if needed.)	SECTION OF RULE Table 8A
owner. If the property owner, opinion feels the variance require Evaluator shall list the spudescribe how the specific site Department. Attach a separate	after exploring all of uest is justified and ecific variances neal limitations are to be sheet if necessa	other alternatives, wishes to requi the site limitations can be overconcessary plus describe below the pe overcome, and provide any oth	est a variance to the Rules, ome, he shall document the proposed system design and	ne Evaluator shall so inform the property and the Evaluator in his professional soil and site conditions on the Application. If the Evaluator shall further is required prior to consideration by the
the Rule requirements. In my	judgment, the project and the	a variance to the Rules is necessoned system design on the attacend that the system should function	hed Application is the best	e installed which will completely satisfy all alternative available; enhances the potential 09-17-12 DATE
PROPERTY OWNER				
I, Robert C Howard installation on the Application have performed their duties in	a reasonable and ning the variance r	pliance with the Rules. Should the proper manner, and I will prompt equest form, I acknowledge perm	proposed system malfunct ly notify the Local Plumbing hission for representatives o	e subject property. I understand that the ion, I release all concerned provided they Inspector and make any corrections f the Department to enter onto the property
☐ SIGNATURE O				A/22/13 DATE
XX AGENT FOR T	HE OWNER			

LOCAL PLUMBING INSPECTOR - Approval at local level			
The local plumbing inspector shall review all variance requests prior to rende I,	d the above property and find that the variance request submitted by the all rules. The variance request submitted by the applicant is the best be proposed system (  does  does not) conflict with any provisions		
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,			
LPI Signature	Date		
FOR USE BY THE DEPARTMENT ONLY  The Department has reviewed the variance(s) and (□ does □ does not) gifor the Variance denial, are given in the attached letter.	ve its approval. Any additional requirements, recommendations, or reasons		
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



