

Robert Lux 1/31/09

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-6872 Fax: (207) 287-3165

PROPERTY LOCATION CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW

City, Town, or Plantation: **Cliff Island (Portland)**
Street or Road: **196 Sunset Road**
Subdivision, Lot #: _____

PORTLAND PERMIT # **10891 TOWN COPY**
Date Permit Issued: **1/25/09** \$ **1100** Double Fee Charged
Jessie Brantice L.P.I. # **0732**
Local Plumbing Inspector Signature

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **Lux, Robert** Owner Applicant

Mailing Address of Owner/Applicant: **16376 BERMONT COURT
MONTESENEVO, CA 95030**

Daytime Tel. #: **408-409-8080**

109 CA 2
Municipal Tax Map # _____ Lot # _____

OWNER OR APPLICANT STATEMENT
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.
Robert Lux **1/31/09**
Signature of Owner or Applicant Date

CAUTION: INSPECTION REQUIRED
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

Local Plumbing Inspector Signature (1st) date approved

Local Plumbing Inspector Signature (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION
 1. First Time System
 2. Replacement System
Type replaced: **Overboard**
Year installed: _____
 3. Expanded System
 a. Minor Expansion
 b. Major Expansion
 4. Experimental System
 5. Seasonal Conversion

THIS APPLICATION REQUIRES
 1. No Rule Variance
 2. First Time System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector
 3. Replacement System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector
 4. Minimum Lot Size Variance
 5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS
 1. Complete Non-engineered System
 2. Primitive System (graywater & alt. toilet)
 3. Alternative Toilet, specify: _____
 4. Non-engineered Treatment Tank (only)
 5. Holding Tank, _____ gallons
 6. Non-engineered Disposal Field (only)
 7. Separated Laundry System
 8. Complete Engineered System (2000 gpd or more)
 9. Engineered Treatment Tank (only)
 10. Engineered Disposal Field (only)
 11. Pre-treatment, specify: **OxyPro**
 12. Miscellaneous Components

SIZE OF PROPERTY
+/- **15,000** SQ. FT. ACRES

DISPOSAL SYSTEM TO SERVE
 1. Single Family Dwelling Unit, No. of Bedrooms: **3**
 2. Multiple Family Dwelling, No. of Units: _____
 3. Other: _____ (specify)
Current Use Seasonal Year Round Undeveloped

TYPE OF WATER SUPPLY
 1. Drilled Well 2. Dug Well 3. Private
 4. Public 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
 1. Concrete
 a. Regular
 b. Low Profile
 2. Plastic
 3. Other: _____
CAPACITY: **1000** GAL

DISPOSAL FIELD TYPE & SIZE
 1. Stone Bed 2. Stone Trench
 3. Proprietary Device
 a. cluster array c. Linear
 b. regular load d. H-20 load
 4. Other: _____
SIZE: **320** sq. ft. ln. ft.

GARBAGE DISPOSAL UNIT
 1. No 2. Yes 3. Maybe
If Yes of Maybe, specify one below:
 a. multi-compartment tank
 b. _____ tanks in series
 c. Increase in tank capacity
 d. Filter on Tank Outlet

DESIGN FLOW
270 gallons per day
BASED ON:
 1. Table 501.1 (dwelling unit(s))
 2. Table 501.1 (other facilities)
SHOW CALCULATIONS
— for other facilities —

SOIL DATA & DESIGN CLASS
PROFILE CONDITION DESIGN
8 / E / 5
at Observation Hole # **TP-1**
Depth **6** "
of Most Limiting Soil Factor
Groundwater

DISPOSAL FIELD SIZING
 1. Small—2.0 sq. ft. / gpd
 2. Medium—2.6 sq. ft. / gpd
 3. Medium—Large 3.3 sq. ft. / gpd
 4. Large—4.1 sq. ft. / gpd
 5. Extra Large—5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP
 1. Not Required
 2. May Be Required
 3. Required
Specify only for engineered systems:
DOSE: _____ gallons

3. Section 503.0 (meter readings)
ATTACH WATER METER DATA
LATITUDE AND LONGITUDE
at center of disposal area
Lat. **N43 d 42 m 00.95 s**
Lon. **W70 d 08 m 13.47 s**
if g.p.s. state margin of error: **20'**

SITE EVALUATOR STATEMENT

I certify that on **8-26-08** (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).

Richard A. Sweet
Site Evaluator Signature

034
SE #

09/25/08
Date

Richard A. Sweet
Site Evaluator Name Printed

797-2110
Telephone Number

dick@sweetassociates.com
E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator. **Designed with SeptiCAD HHE-200 Rev. 4/05**

2009

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: PERMIT REQUIRED - ATTACH IN SPACE BELOW
City, Town, or Plantation	Cliff Island (Portland)	
Street or Road	196 Sunset Road	

OWNER/APPLICANT INFORMATION		The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached HERE by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.
Name (last, first, MI)	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	
Mailing Address of Owner/Applicant		
Daytime Tel. #		

OWNER OR APPLICANT STATEMENT I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.	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 _____	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>Overboard</u> Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major 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 checked="" 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 checked="" type="checkbox"/> 11. Pre-treatment, specify: <u>OxyPro</u> <input type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY +/- <u>15,000</u> <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</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 checked="" type="checkbox"/> 1. Drilled Well <input 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 <input type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input checked="" type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1000</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 checked="" type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>320</u> <input type="checkbox"/> 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 of 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>270</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.1 (other facilities) SHOW CALCULATIONS — for other facilities — <input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>N43</u> d <u>42</u> m <u>00.95</u> s Lon. <u>W70</u> d <u>06</u> m <u>13.47</u> s if g.p.s. state margin of error: <u>20'</u>
SOIL DATA & DESIGN CLASS PROFILE <u>8</u> / CONDITION <u>E</u> / DESIGN <u>5</u> at Observation Hole # <u>TP-1</u> Depth <u>6</u> " of Most Limiting Soil Factor Groundwater	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Small—2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium—2.6 sq. ft. / gpd <input type="checkbox"/> 3. Medium—Large 3.3 sq. ft. / gpd <input checked="" type="checkbox"/> 4. Large—4.1 sq. ft. / gpd <input type="checkbox"/> 5. 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	

SITE EVALUATOR STATEMENT		
I certify that on <u>8-26-08</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).		
<u>Richard A. Sweet</u> Site Evaluator Signature	<u>034</u> SE #	<u>09/25/08</u> Date
<u>Richard A. Sweet</u> Site Evaluator Name Printed	<u>797-2110</u> Telephone Number	<u>dick@sweetassociates.com</u> Email Address
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.		

PERMANENT ADDRESS :

MR. & MRS. ROBERT R. LUX
16376 BELMONT COURT
MONTE SERENO, CA 95030

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

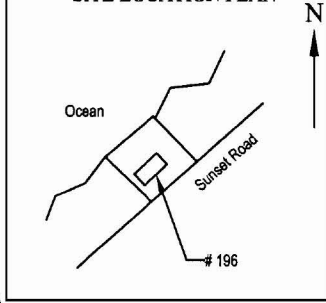
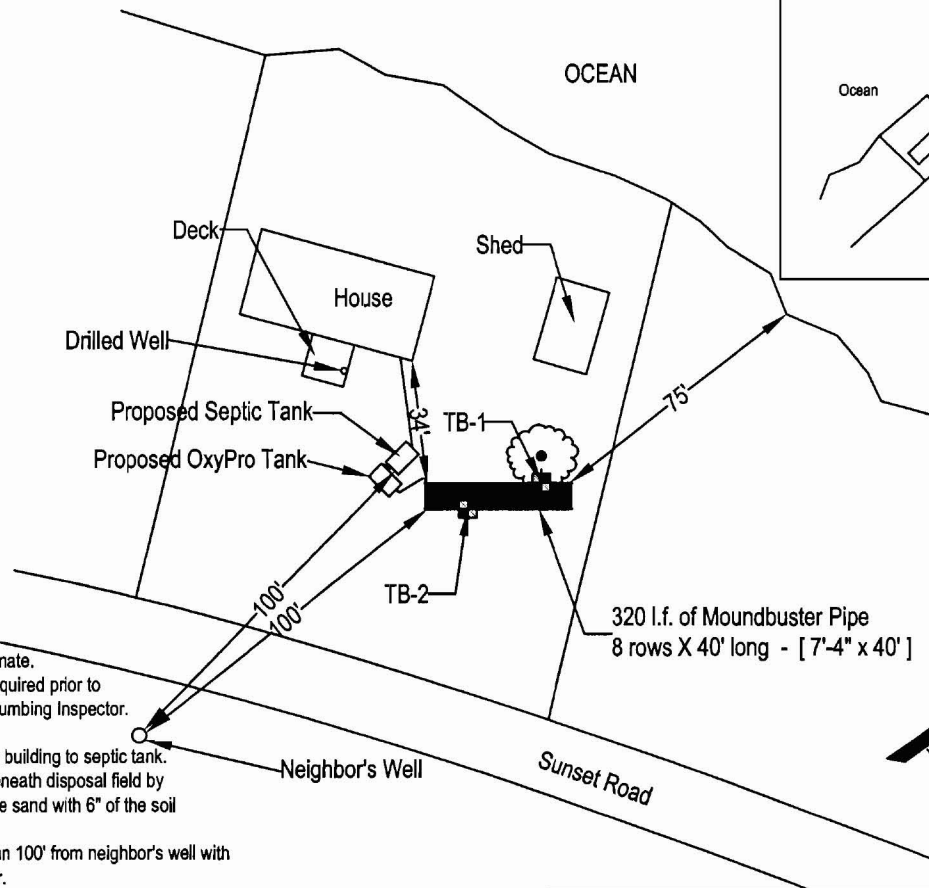
Town, City, Plantation
Cliff Island (Portland)

Street, Road, Subdivision
196 Sunset Road

Owner or Applicant Name
Robert Lux *Robert Lux* 10/31/08

SITE PLAN Scale 1" = 50 ft.

SITE LOCATION PLAN



NOTES:

- All property lines are approximate.
- A septic easement may be required prior to obtaining approval from Local Plumbing Inspector.
- Scarify all ground to be filled.
- Min. 1/4"/ft slope of pipe from building to septic tank.
- Create transitional horizon beneath disposal field by thoroughly mixing gravelly coarse sand with 6" of the soil beneath system.
- Septic tank may be closer than 100' from neighbor's well with written permission from neighbor.

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	Sandy Loam	Friable	Dark Brown
6			
12	Sandy Loam	Friable	Red
18	Sandy Loam	Firm	Gray
24			Common and Faint
30			
36			Bedrock at 21 inches
42			
48			

Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Groundwater
3	A/C	6	21"	<input type="checkbox"/> Restrictive Layer
	Condition	Percent	Depth	<input checked="" type="checkbox"/> Bedrock

Observation Hole # TB-2 Test Pit Boring

" Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
0			
6	Loam	Friable	Brown
12			Common and Distinct
18	Silty Clay Loam	Firm	Gray
24			
30			Limit of Excavation at 15 inches
36			
42			
48			

Soil Profile	Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Groundwater
8	D	5	6"	<input type="checkbox"/> Restrictive Layer
	Condition	Percent	Depth	<input type="checkbox"/> Bedrock

Richard Omet
Site Evaluator Signature

034
SE #

09/25/08
Date

Page 2 of 3
HHE-200 Rev. 10/02

PERMANENT ADDRESS:
 MR. & MRS. ROBERT R. LUX
 16376 BELMONT COURT
 MONTE SERENO, CA 95030

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 196 Sunset Road	Owner or Applicant Name Robert Lux <i>Robert Lux</i> 10/31/08																					
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale: 1" = 20' ft																					
BACKFILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT																					
Depth of Backfill (upslope) <u>24-21"</u> Depth of Backfill (downslope) <u>29-42"</u>	Finished Grade Elevation (at Row 1) <u>-5"</u> Top of Proprietary Device (at Row 1) <u>-13"</u> Bottom of Disposal Field (at Row 1) <u>-25"</u>	Location & Description: <u>11" diameter spruce</u> <u>19" high nail</u> Reference Elevation is 0.0" or: _____																					
<p>NOTE: SCARIFY ALL GROUND SURFACE TO BE FILLED. USE GRAVELLY COARSE SAND WITHIN 3' OF ENVIROSEPTIC PIPE. REMAINING FILL: LOAMY SAND (no clay)</p>		Scales: Verticle: 1" = <u>5</u> Horizontal: 1" = <u>5</u>																					
DISPOSAL FIELD CROSS SECTION																							
<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>ROW #</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> </tr> </thead> <tbody> <tr> <td>TOP</td> <td>-13"</td> <td>-13"</td> <td>-13"</td> <td>-13"</td> <td>-13"</td> <td>-13"</td> </tr> <tr> <td>BOTTOM</td> <td>-25"</td> <td>-25"</td> <td>-25"</td> <td>-25"</td> <td>-25"</td> <td>-25"</td> </tr> </tbody> </table>			ROW #	1	2	3	4	5	6	TOP	-13"	-13"	-13"	-13"	-13"	-13"	BOTTOM	-25"	-25"	-25"	-25"	-25"	-25"
ROW #	1	2	3	4	5	6																	
TOP	-13"	-13"	-13"	-13"	-13"	-13"																	
BOTTOM	-25"	-25"	-25"	-25"	-25"	-25"																	
<i>Richard Omet</i> Site Evaluator Signature	034 SE #	09/25/08 Date																					
Page 3 of 3		HHE-200 Rev. 10/02																					



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

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

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) 287-3165
TTY: 1-800-606-0215

February 17, 2009

FEB 20 2009

Robert Lux
16376 Belmont Court
Montesereno, CA. 95030

SUBJECT: Replacement System Variance Request, Lux property, 196 Sunset Road, Cliff Island, Portland, Maine.

Mr. Lux;

The Division has reviewed a replacement system variance request for the property located at 196 Sunset Road, Cliff Island, Portland, Maine.

The variance requested which is not within the LPI's authority is from the soils to the bedrock of 6 inches and to the groundwater table of 6 inches, also from the disposal field to the owners well of 38 feet.

The variances requested that is within the LPI's authority is from the disposal field to the major water course of 75 feet and from the septic tank to the owners well of 25 feet.

As we understand the situation, the variance request has been submitted because topography and existing development limit the potential of the system location and the system design prepared by Richard Sweet, SE #34 on 09-25-08 is otherwise found to be in compliance with the Maine Subsurface Wastewater Disposal Rules.

We approve the requested variance with the following requirements:

1. A permit for system installation is to be obtained from the Local Plumbing Inspector in advance of the start of system construction.
2. The system is to be installed in accordance with the submitted and approved system design. Should alterations to the design be required at the time of construction, the site evaluator is to be notified prior to making any changes.
3. The contractor is to scarify the soils under the fill extensions to create a transitional zone more compatible with the disposal field area.

Caring..Responsive..Well-Managed..We are DHHS.

By accepting this approval and the associated plumbing permit, the owner agrees to comply fully with the conditions of approval and the Subsurface Wastewater Rules.

Because installation and owner maintenance has a significant effect on the working order of onsite sewage disposal systems, including their components, the Division makes no representation or guarantee as to the efficiency and/or operation of the system.

Should you or others have any questions, please feel free to contact me at 287-5670.

Sincerely,



Brent Lawson, Environmental Specialist III
Subsurface Wastewater Program
Division of Environmental Health
e-mail: brent.lawson@maine.gov

/BML

xc: File
Jeanie Bourke, LPI
Richard Sweet, SE

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
SOILS								
Soil Profile	Ground Water Table			to 7"			6 inches	
Soil Condition	Restrictive Layer			to 7"			inches	
from HHE-200	Bedrock			to 12"			6 inches	
SETBACK DISTANCES (in feet)	Disposal Fields (total design flow)			Septic Tanks (total design flow)			Disposal Fields	Septic Tanks
	From	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd		
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	38'	25'
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	75'	
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		
OTHER								
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.



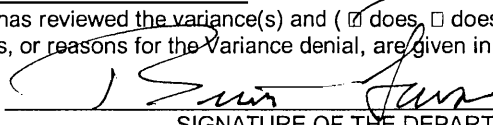
 SITE EVALUATOR'S SIGNATURE

09-25-08

 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

2/07/09

 DATE

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

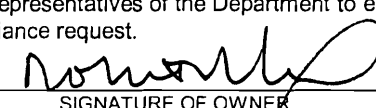
This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request and HHE-200 and may approve the Request if all of the following requirements can be met, and the variance(s)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

RECEIVED
 10/31/08
 WASTEWATER &
 PLUMBING PROGRAM

GENERAL INFORMATION		Town of <u>Portland (Cliff Island)</u>
Permit No. _____	Date Permit Issued _____	
Property Owner's Name: <u>Robert Lux</u>	Tel. No.: <u>408-489-8080</u>	
System's Location: <u>196 Sunset Road</u>	PERMANENT ADDRESS:	
Property Owner's Address: <u>16376 Belmont Ct</u>	MR. & MRS. ROBERT R. LUX	
(if different from above) <u>Monte Sereno, CA 95030</u>	16376 BELMONT COURT	
	MONTE SERENO, CA 95030	

SPECIFIC INSTRUCTIONS TO THE: LOCAL PLUMBING INSPECTOR (LPI):	(H) 408-395-9514 (C) 408-489-8080
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.	
 _____ SIGNATURE OF OWNER	<u>10/31/08</u> _____ DATE

LOCAL PLUMBING INSPECTOR	
I, <u>Jeanie Burke</u> , 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):	
<input type="checkbox"/> a. (<input type="checkbox"/> approve, <input type="checkbox"/> 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--	
<input checked="" type="checkbox"/> b. find that one or more of the requested Variances exceeds my approval authority as LPI. I (<input checked="" type="checkbox"/> recommend, <input type="checkbox"/> 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: _____	
 _____ LPI SIGNATURE	<u>2/9/09</u> _____ DATE