

# 20086011

Nonny  
1/31/09

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  
City, Town, or Plantation: Cliff Island (Portland)  
Street or Road: 226 Sunset Road

CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW

Subdivision, Lot #

PORTLAND PERMIT # 10892 TOWN COPY  
Date Permit Issued: 12/25/09 \$ 1100  
FEE Double Fee Charged

OWNER/APPLICANT INFORMATION  
Name (last, first, MI): Lux, Robert  
Owner [X] Applicant [ ]

Local Plumbing Inspector Signature: Jeannie Bourke  
L.P.I. # 017324

Mailing Address of Owner/Applicant: 16376 BELMONT COURT MONTE SERENO, CA 95030

Municipal Tax Map # Lot #

Daytime Tel. #: 408-489-8080

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.  
Signature of Owner or Applicant: [Signature] Date: 1/31/09

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: [Signature] (1st) date approved: [ ] (2nd) date approved: [ ]

PERMIT INFORMATION

TYPE OF APPLICATION  
1. First Time System [ ]  
2. Replacement System [X]  
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: QVPRO [ ]  
12. Miscellaneous Components [ ]

SIZE OF PROPERTY  
0.97 [ ] SQ. FT. [X] ACRES

DISPOSAL SYSTEM TO SERVE  
1. Single Family Dwelling Unit, No. of Bedrooms: [ ]  
2. Multiple Family Dwelling, No. of Units: [ ]  
3. Other: 3 cottages (6 bedrooms) (specify)  
Current Use [ ] Seasonal [ ] Year Round [ ] Undeveloped [ ]

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

SHORELAND ZONING  
Yes [ ] No [ ]

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK  
1. Concrete [ ]  
a. Regular [ ]  
b. Low Profile [ ]  
2. Plastic [X]  
3. Other: [ ]  
CAPACITY: 1000 GAL

DISPOSAL FIELD TYPE & SIZE  
1. Stone Bed [ ] 2. Stone Trench [ ]  
3. Proprietary Device [ ]  
a. cluster array [ ] b. Linear [ ]  
b. regular load [ ] d. H-20 load [ ]  
4. Other: [ ]  
SIZE: 780 [ ] sq. ft. [ ] lin. 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  
666 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: 8 / E / 5  
CONDITION: TB-1  
at Observation Hole #  
Depth: 3'  
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 [X]  
Specify only for engineered systems:  
DOSE: \_\_\_\_\_ gallons

ATTACH WATER METER DATA  
LATITUDE AND LONGITUDE  
at center of disposal area  
Lat. N43 d 42 m 02.59 s  
Lon. W70 d 06 m 11.98 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).  
Site Evaluator Signature: Richard A. Sweet SE # 034 Date: 09/17/08  
Site Evaluator Name Printed: Richard A. Sweet Telephone Number: 797-2110 Email Address: dick@sweetassociates.com  
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

Designed with SeptiCAD  
HHE-200 Rev. 4/05


# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

<b>PROPERTY LOCATION</b>		<b>CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW</b>
City, Town, or Plantation	Cliff Island (Portland)	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.
Street or Road	226 Sunset Road	
Subdivision, Lot #		
<b>OWNER/APPLICANT INFORMATION</b>		
Name (last, first, MI) <b>Lux, Robert</b>		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant		
Daytime Tel. #	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.		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		
<b>TYPE OF APPLICATION</b> <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	<b>THIS APPLICATION REQUIRES</b> <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	<b>DISPOSAL SYSTEM COMPONENTS</b> <input 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 checked="" 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
<b>SIZE OF PROPERTY</b> 0.97 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other: <u>3 cottages (6 bedrooms)</u> (specify) Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> <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)			
<b>TREATMENT TANK</b> <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	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <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 type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>780</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <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	<b>DESIGN FLOW</b> <u>666</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 —
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION DESIGN <u>8 / E / 5</u> at Observation Hole # <u>TB-1</u> Depth <u>3</u> " of Most Limiting Soil Factor Groundwater	<b>DISPOSAL FIELD SIZING</b> <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	<b>EFFLUENT/EJECTOR PUMP</b> <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<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>02.59</u> s Lon. <u>W70</u> d <u>06</u> m <u>11.98</u> s if g.p.s. state margin of error: <u>20'</u>

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).		
 Site Evaluator Signature	<u>034</u> SE #	<u>09/17/08</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

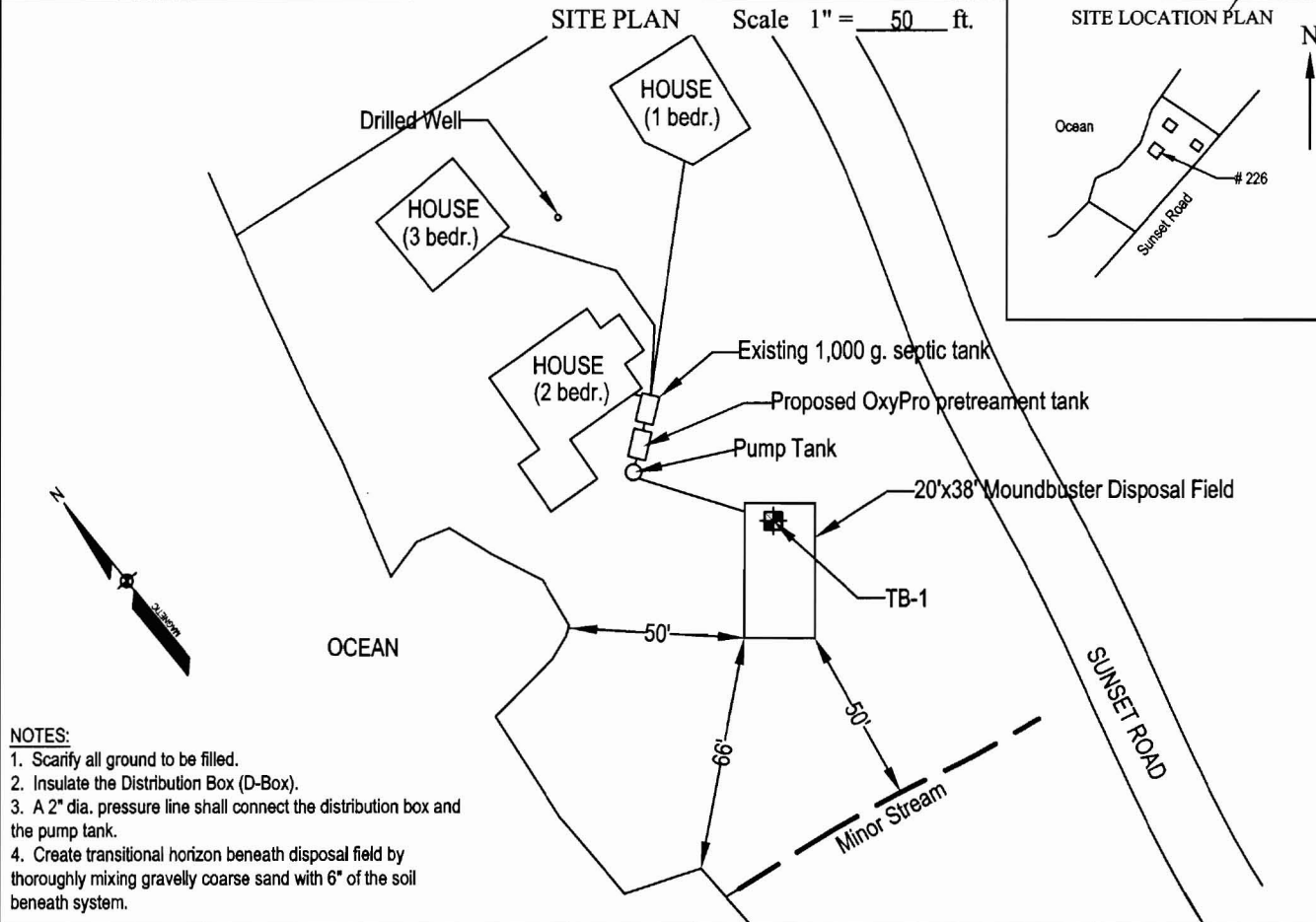
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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  
 226 Sunset Road

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



NOTES:

- Scarify all ground to be filled.
- Insulate the Distribution Box (D-Box).
- A 2" dia. pressure line shall connect the distribution box and the pump tank.
- 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

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	Fine Sandy	Friable	Brown	Common and
6	Loam			Distinct
12	Silt Loam	Firm	Gray	
18				
24				
30				
36				
42				
48				

Refusal (Firm) at 9 inches

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

Observation Hole # \_\_\_\_\_  Test Pit  Boring

" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6				
12				
18				
24				
30				
36				
42				
48				

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

*Richard Abner*  
 Site Evaluator Signature

034  
 SE #

09/17/08  
 Date

PERMANENT ADDRESS :

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

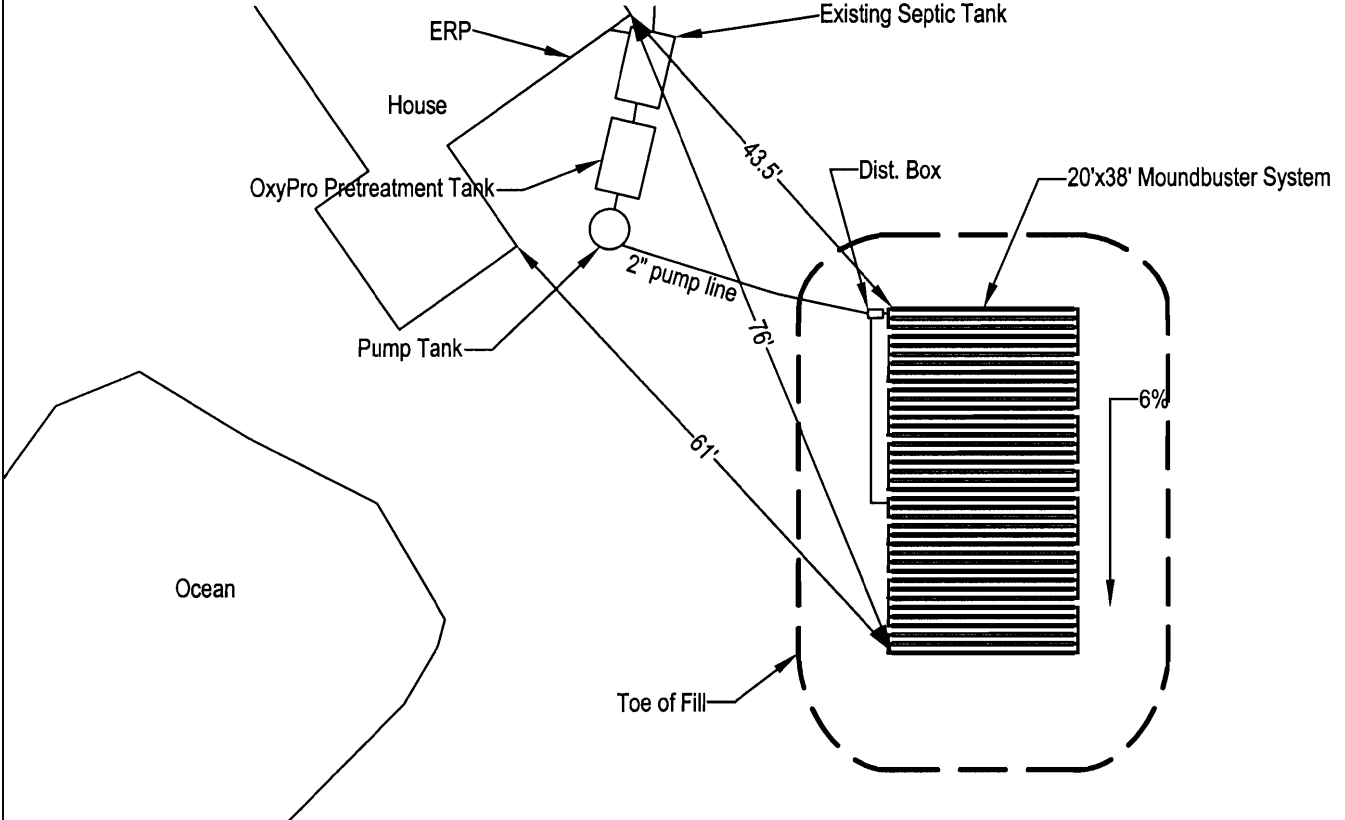
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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 226 Sunset Road	Owner or Applicant Name Robert Lux <i>10/31/08</i>
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SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' ft



BACKFILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Backfill (upslope) 22\"-31\"  
 Depth of Backfill (downslope) 22\"-31\"

Finished Grade Elevation (at Row 1) -16\"  
 Top of Proprietary Device (at Row 1) -24\"  
 Bottom of Disposal Field (at Row 1) -28\"

Location & Description: Bottom edge of shingle siding  
 Reference Elevation is 0.0\" or: \_\_\_\_\_

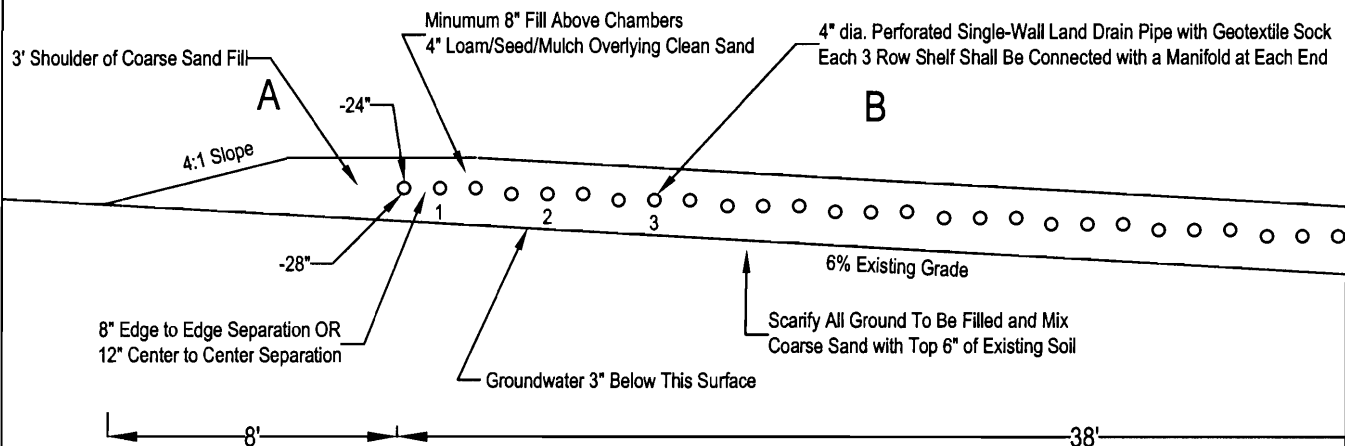
NOTE: SCARIFY ALL GROUND SURFACE TO BE FILLED. USE GRAVELLY COARSE SAND WITHIN 3' OF LANDRAIN PIPE. REMAINING FILL: LOAMY SAND (no clay)

DISPOSAL FIELD CROSS SECTION

Scales:

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

ROW #	1	2	3	4	5	6	7	8	9	10	11	12	13
TOP	-24"	-26"	-28"	-30"	-32"	-34"	-36"	-38"	-40"	-42"	-44"	-46"	-48"
BOTTOM	-28"	-30"	-32"	-34"	-36"	-38"	-40"	-42"	-44"	-46"	-48"	-50"	-52"



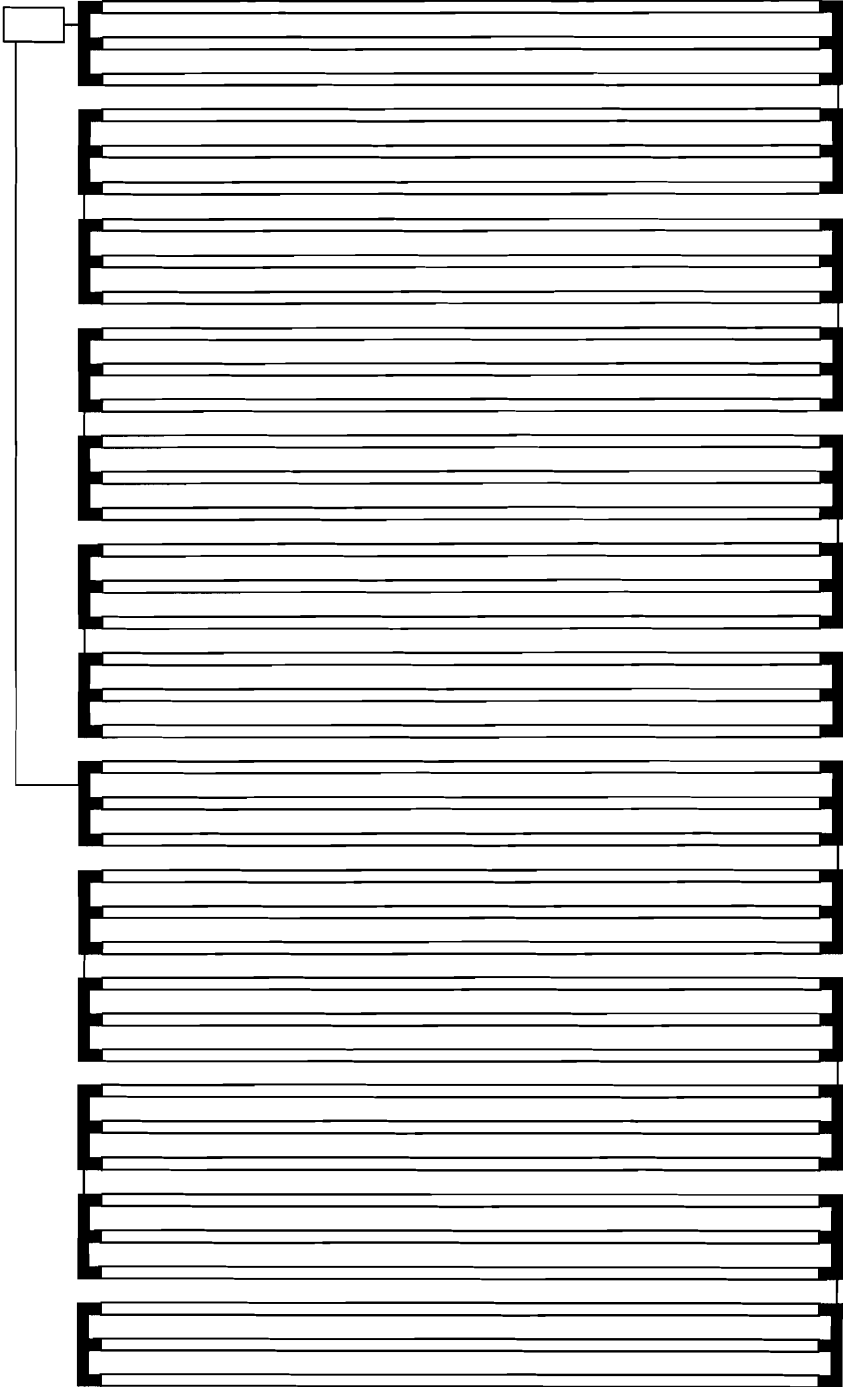
*Richard Omet*  
 Site Evaluator Signature

034  
 SE #

09/17/08  
 Date

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

# DISPOSAL FIELD



1" = 5'

**SWEET ASSOCIATES**  
155 Gray Road  
Falmouth, Maine  
Phone: (207) 797-2110

**CITY OF PORTLAND**  
**DEPARTMENT OF PLANNING & URBAN DEVELOPMENT**

389 Congress Street  
 Portland, Maine 04101

**INVOICE FOR FEES**

<b>Application No:</b> 2008-6011	<b>Applicant:</b> LUX ROBERT R & NANCY N LU
<b>Project Name:</b>	<b>Location:</b> 226 SUNSET RD
<b>CBL:</b> 109C A006001	<b>Plumber:</b>
<b>Invoice Date:</b> 02/06/2009	<b>License #:</b>

<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Fees</b>	-	<b>Current Payment</b>	=	<b>Total Due</b>	<b>Payment Due Date</b>
\$0.00		\$0.00		\$130.00		\$110.00		\$20.00	On Receipt

**First Billing**

<b>Previous Balance</b>	<b>\$0.00</b>
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<b>Fee Description</b>	<b>Qty</b>	<b>Fee/Deposit Charge</b>
Non-engineered System	1	\$100.00
Variance (added to permit fee)	1	\$20.00
Surcharge	1	\$10.00
		<hr/> \$130.00 <hr/>
	<b>Total Current Fees:</b>	+ <b>\$130.00</b>
	<b>Total Current Payments:</b>	- <b>\$110.00</b>
	<b>Amount Due Now:</b>	<b>\$20.00</b>

-----  
 Detach and remit with payment

**Bill to:** LUX ROBERT R & NANCY N LUX TRUSTEES  
 16376 BELMONT CT  
 MONTE SERENO , CA 95030

CBL 109C A006001  
**Application No:** 2008-6011  
**Invoice Date:** 02/06/2009  
**Invoice No:** 33737  
**Total Amt Due:** \$20.00  
**Payment Amount:**

Make checks payable to the *City of Portland*, ATTN: Inspections, 3rd Floor, 389 Congress Street, Portland, ME 04101.



Maine Center for Disease  
Control and Prevention

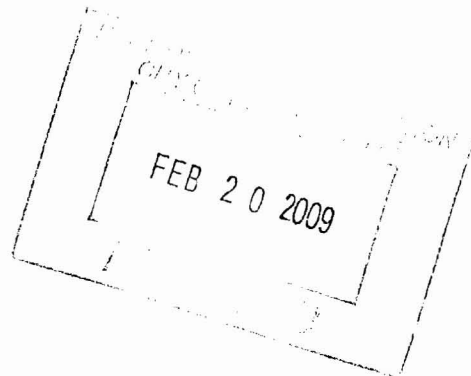
An Office of the  
Department of Health and Human Services

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



Robert Lux  
16376 Belmont Court  
Montesereno, CA. 95030

SUBJECT: Seasonal Replacement System Variance Request, Lux property, 226 Sunset Road, Cliff Island, Portland, Maine.

Mr. Lux;

The Division has reviewed a replacement system variance request for the property located at 226 Sunset Road, Cliff Island, Portland, Maine.

The variance requested which is not within the LPI's authority is from the soils to the groundwater table of 3 inches, also from the disposal field to a major water course of 50 feet..

The variances requested that is within the LPI's authority is from the disposal field to the owners well of 95 feet and from the soils to the restrictive layer of 9 inches.

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 09-17-08 is otherwise found to be in compliance with the Maine Subsurface Wastewater Disposal Rules.

We approve the requested variance with the following requirements:

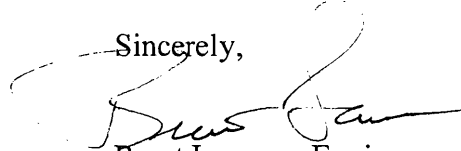
1. A permit for system installation is to be obtained from the Local Plumbing Inspector in advance of the start of system construction.
2. The system is to be installed in accordance with the submitted and approved system design. Should alterations to the design be required at the time of construction, 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.

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](mailto: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"			3 inches	
Soil Condition	Restrictive Layer			to 7"			9 inches	
from HHE-200	Bedrock			to 12"			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	Over 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	95'	
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	50'	
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.

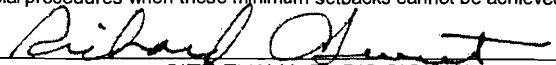
[d.] Additional setbacks may be required by local Shoreland zoning.

[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.

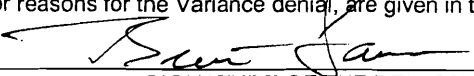
[h.] See Section 1402.10 for special procedures when these minimum setbacks cannot be achieved.

  
 \_\_\_\_\_  
 SITE EVALUATOR'S SIGNATURE

09-17-08  
 \_\_\_\_\_  
 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

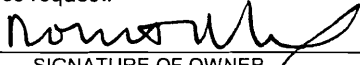
This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request and HHE-200 and may approve the Request if all of the following requirements can be met, and the variance(s)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

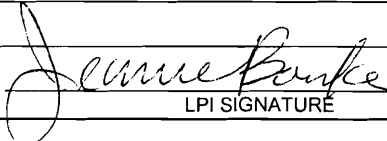
1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 2006)
2. There will be no change in use of the structure except as authorized for minor expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the 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**  
 1-31-2009  
 WASTEWATER &  
 PLUMBING PROGRAM

<b>GENERAL INFORMATION</b>		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>226 Sunset Road</u>	<b>PERMANENT ADDRESS:</b>	
Property Owner's Address: <u>16376 Belmont Ct</u>	<b>MR. &amp; MRS. ROBERT R. LUX</b>	
(if different from above) <u>Monte Sereno, CA 95030</u>	<b>16376 BELMONT COURT</b>	
	<b>MUNTE SERENO, CA 95030</b>	

<b>SPECIFIC INSTRUCTIONS TO THE: LOCAL PLUMBING INSPECTOR (LPI):</b>	<b>(H) 408-395-9514</b> <b>(C) 408-489-8080</b>
<p>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.)</p>	
<b>SITE EVALUATOR:</b>	
<p>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.</p>	
<b>PROPERTY OWNER:</b>	
<p>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.</p>	

<b>PROPERTY OWNER</b>	
<p>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.</p>	
 _____ SIGNATURE OF OWNER	<u>10/31/08</u> DATE

<b>LOCAL PLUMBING INSPECTOR</b>	
<p>I, <u>Jeanne Burke</u>, the undersigned, <del>have visited the above property and</del> 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):</p>	
<p><input type="checkbox"/> a. (input type="checkbox"/&gt; 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 <b>Comments</b> Section below and return to the applicant.</p>	
<p><b>OR--</b></p> <p><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"/&gt; 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 <b>Comments</b> Section below as to why the proposed replacement system is not being recommended.</p>	
Comments: _____	
 _____ LPI SIGNATURE	<u>2/9/09</u> DATE