

# 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 an 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 one-time exempted 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</u>
Permit No. _____		Date Permit Issued _____
Property Owner's Name: <u>Michelle and Robert Brooks</u>		Tel. No.: _____
System's Location: <u>134 Fenway Street</u>		
Property Owner's Address: _____		
(if different from above) _____		

<b><u>SPECIFIC INSTRUCTIONS TO THE:</u></b>
<b><u>LOCAL PLUMBING INSPECTOR (LPI):</u></b>
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.)
<b><u>SITE EVALUATOR:</u></b>
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.
<b><u>PROPERTY OWNER:</u></b>
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.

<b><u>PROPERTY OWNER</u></b>
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
_____
DATE

<b><u>LOCAL PLUMBING INSPECTOR</u></b>
I, _____, 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 ( <b>check and complete either a or b</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 <b>Comments</b> Section below and return to the applicant. <b>--OR--</b>
<input type="checkbox"/> b. find that one or more of the requested Variances exceeds my approval authority as LPI. I ( <input 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, the reasons shall be stated in <b>Comments</b> Section below as to why the proposed replacement system is not being recommended.
Comments: _____
_____
LPI SIGNATURE
_____
DATE