

# 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>		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Portland	Town/City	Portland
Street or Road	240 Lane Ave	Permit #	201501903
Subdivision, Lot #	308 A005	Date Permit Issued	____/____/____
<b>OWNER/APPLICANT INFORMATION</b>		Fee: \$	Double Fee Charged <input type="checkbox"/>
Name (last, first, MI)	Andreoli, Michelle	Local Plumbing Inspector Signature _____ L.P.I. # _____	
Mailing Address of Owner/Applicant	240 Lane Ave Portland, ME 04103	<input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
Daytime Tel. #	207-809-3972	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 _____	

PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b> <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>Trench</u> Year installed: <u>c. 1980</u> <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >= 25% 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 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 type="checkbox"/> 11. Pre-treatment, specify: _____ <input checked="" type="checkbox"/> 12. Miscellaneous Components Pump Station
<b>SIZE OF PROPERTY</b> 12,300 <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> <input type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input checked="" type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: <u>Existing</u> CAPACITY: <u>750</u> GAL	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>600</u> <input checked="" type="checkbox"/> sq. ft. <input 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 or 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>180</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS — for other facilities —
<b>SOIL DATA</b> PROFILE <u>9</u> CONDITION <u>E</u> at Observation Hole # <u>TP-1</u> Depth <u>2"</u> of Most Limiting Soil Factor Groundwater	<b>DISPOSAL FIELD SIZING</b> <input type="checkbox"/> 1. Medium—2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 2. Medium—Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large—4.1 sq. ft. / gpd <input type="checkbox"/> 4. 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 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>N43</u> d <u>41</u> m <u>30.5</u> s Lon. <u>W70</u> d <u>19</u> m <u>6.7</u> s if g.p.s. state margin of error: <u>20</u>

SITE EVALUATOR STATEMENT		
I certify that on <u>July 2, 2015</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	387 SE #	07/07/15 Date
Stephen B. Marcotte Site Evaluator Name Printed	(207) 795-6009 Telephone Number	smarcotte@ces-maine.com Email Address



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

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.

<b>GENERAL INFORMATION</b>		Town of <u>Portland</u>
Property Owner's Name: <u>Michelle Andreoli</u>	Tel. No.: <u>809-3972</u>	
System's Location: <u>240 Lane Avenue</u>		
Property Owner's Address: <u>240 Lane Ave. Portland, ME</u>	Zip Code <u>04103</u>	
e-mail address: <u>CURT.HAMILTON66@Gmail.com</u>		

The subsurface wastewater disposal system design for the subject property requires a  replacement system variance  first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires  local approval  local and state approval.

<b>SPECIFIC VARIANCE REQUESTED</b> (To be filled in by Site Evaluator. Use additional sheets if needed.)	<b>SECTION OF RULE</b>
1. <u>Soils variance Table 4E (24" separation down to 18 to 20" separation)</u>	<u>Table 4E</u>
2. <u>Grade fill extensions at 3:1</u>	<u>Section 8.B.5.c</u>
3. _____	_____

**SITE EVALUATOR**

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

Setback reductions were limited to the greatest practicable extent based on site conditions and limitations. Placement of addition sand fill below septic system is unreasonable given the site limitations. During system operation, there will be min. 18" of unsaturated sand below the system. Many auger boring indicate that TB-1 soils are consistently observed.

I, Stephen B. Marcotte, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available, enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

\_\_\_\_\_  
 SIGNATURE OF SITE EVALUATOR

7-7-2015  
 \_\_\_\_\_  
 DATE

**PROPERTY OWNER**

I, Michelle Andreoli, am the owner / agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with 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  
 AGENT FOR THE OWNER

7/15/2015  
 \_\_\_\_\_  
 DATE

**LOCAL PLUMBING INSPECTOR - Approval at local level**

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, \_\_\_\_\_, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (  does  does not ) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (  do  do not ) approve the requested variance. I (  will  will not ) issue a permit for the system's installation as proposed by the application.

\_\_\_\_\_  
LPI Signature

\_\_\_\_\_  
Date

**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, Jonathan R. Ryan, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (  does  does not ) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (  do  do not ) recommend the issuance of a permit for the system's installation as proposed by the application.

JR  
LPI Signature

09/01/15  
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

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	
<b>NOT APPLICABLE</b>	
<b>TOTAL POINT ASSESSMENT:</b>	

Minimum Points (Check One):  Outside Shoreland Zone-50  Inside Shoreland Zone-65  Subdivision-65

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 Division of Health Engineering, Station 10  
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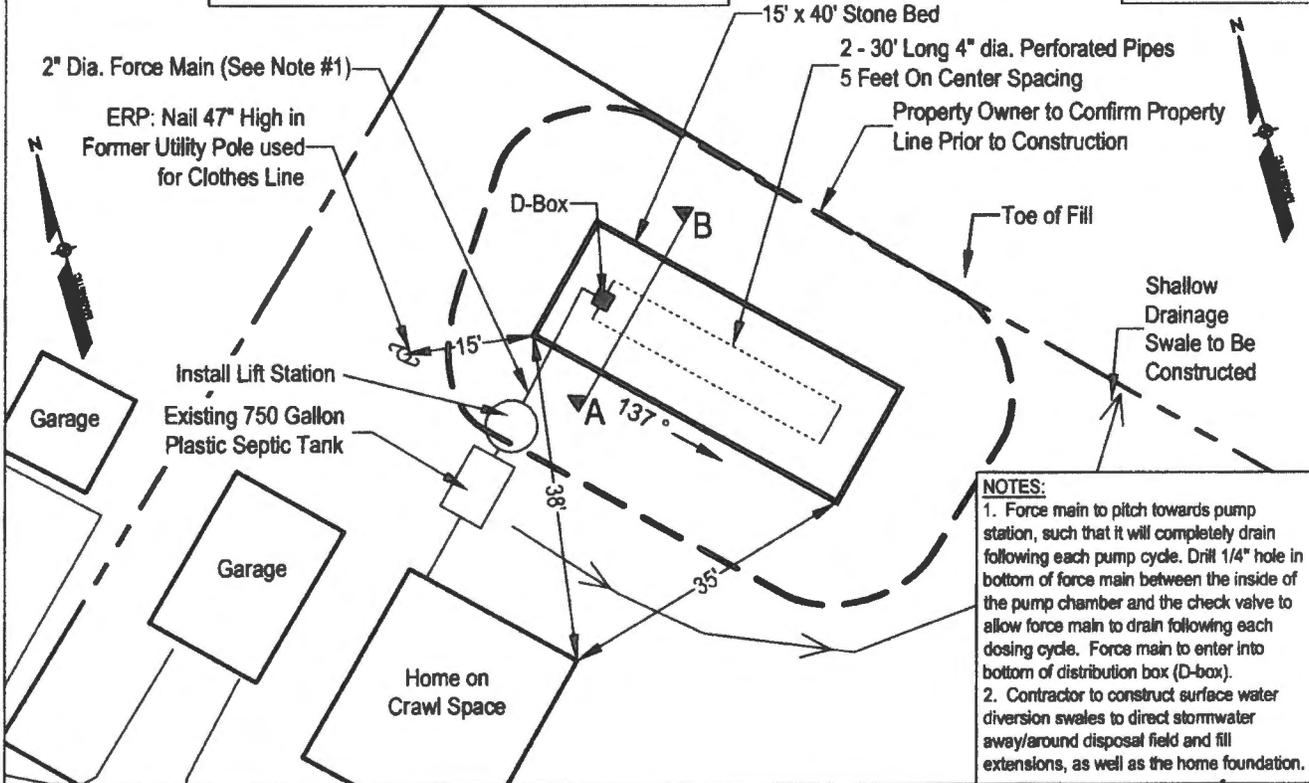
Town, City, Plantation  
**Portland**

Street, Road, Subdivision  
**240 Lane Ave**

Owner or Applicant Name  
**Michelle Andreoli**

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

Scale: 1" = 20' ft



- NOTES:**
1. Force main to pitch towards pump station, such that it will completely drain following each pump cycle. Drill 1/4" hole in bottom of force main between the inside of the pump chamber and the check valve to allow force main to drain following each dosing cycle. Force main to enter into bottom of distribution box (D-box).
  2. Contractor to construct surface water diversion swales to direct stormwater away/around disposal field and fill extensions, as well as the home foundation.

**BACKFILL REQUIREMENTS**

**CONSTRUCTION ELEVATIONS**

**ELEVATION REFERENCE POINT**

Depth of Backfill (upslope) 38"  
 Depth of Backfill (downslope) 40"

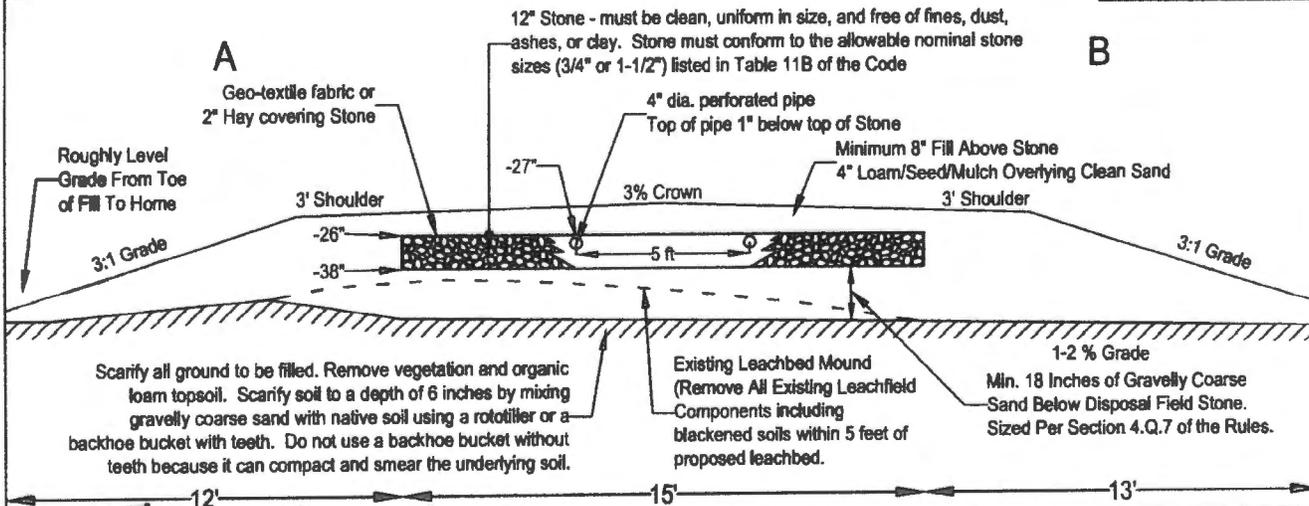
Finished Grade Elevation -18"  
 Top of Perforated Pipe -26"  
 Bottom of Stone -38"

Location & Description: Nail 47" High in Former Utility Pole used for Clothes Line  
 Reference Elevation is 0.0" or: \_\_\_\_\_

NOTE: SCARIFY ALL GROUND SURFACE TO BE FILLED. BED THICKNESS FROM BASE OF STONE TO TOP OF LOAM IS MINIMUM 20" WITH FILTER FABRIC AND 22" WITH HAY.

**DISPOSAL FIELD CROSS SECTION**

Scales:  
 Vertical: 1" = 5'  
 Horizontal: 1" = 5'



*[Handwritten Signature]*  
 Site Evaluator Signature

387  
 SE #

07/07/15  
 Date