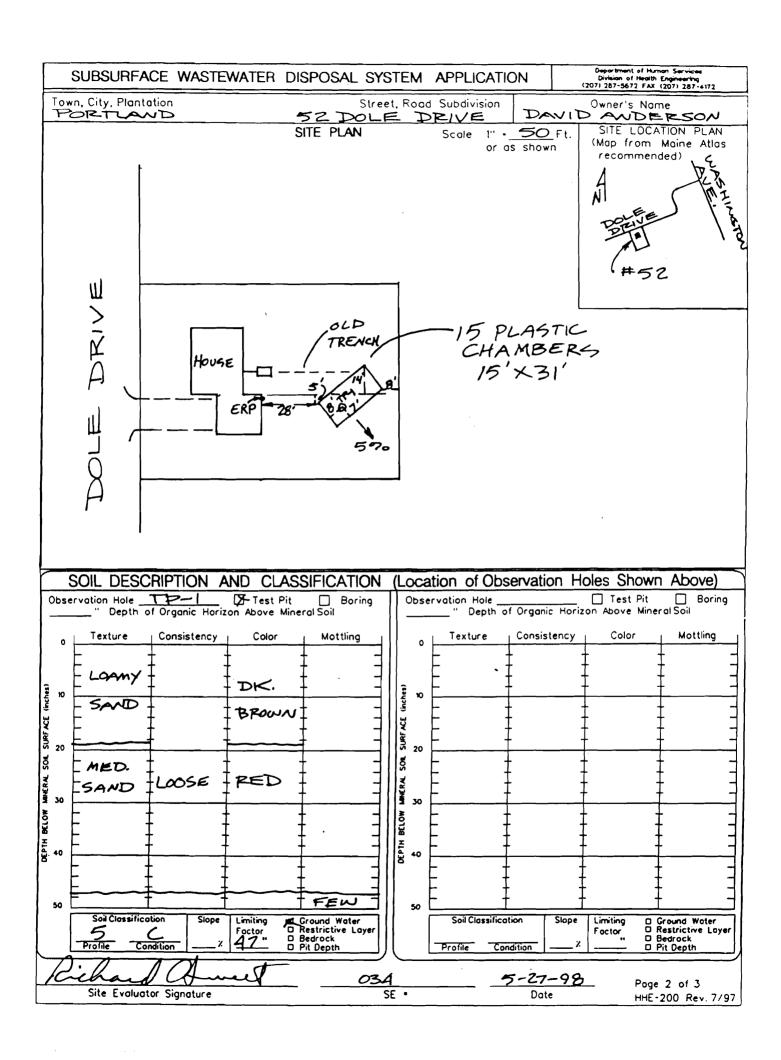
352 -A-624

SUBSURF	FACE WAST	TEWATER DISPOSAL	SYSTEM APPLICATION	N	Department of Human Services Division of Health Engineering (207) 287-5672 FAX (207) 287-4172	
	PROPERTY I	LOCATION		2333333	53XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Town or Plantation Street Subdivision Lat •	PORTL 52	AND DOLE DRIVE	PORTLAND Date Permit Issued: 7 98 522 TOWN COFY Permit Issued: 7 98 95 95 95 95 95 95 95			
	PROPERTY OWI	NED'C NAME	cost Plughoing inspector Sig	nature X	- 1 L. P. L.	
Lost:	Fire		10 - Game	1.14		
Applicant's	RSON 111	DAYID				
Name	52 Doc	2 HIMPING				
Moiling Address of Owner		AND ME 04103				
Daytime Tel. •	_	7-5755	Municipal Tax Map •	Lo	it •	
	Owner Sta	tement	Caution	n: Inspec	tion Required	
knowledge and und	lerstand that any	d is correct to the best of my folsification is reason for the spector to deny a permit	thave inspected the instructional compliance with the subs	allation auti surface Wa	horized above and found it to be in stewater Disposal Rules Application	
	Land	6/30/91	1 1 11/1/11	XX	24 25 11/198	
Signature of	Owner/Applicant	Date Date	Logal Pydroigh ydybaghor Sigh	ature	Date Approved	
	-	PERM	IIT INFORMATION			
TYPE OF A	PPLICATION:	THIS APPLICA	ATION REQUIRES:	DIS	SPOSAL SYSTEM COMPONENT(S)	
1. 🗆 First Tin				1 _	n-Engineered System	
	ment System	1. □ No Rule Variance 2. □ First Time Syste			nitive System(graywater & alt toilet	
Type Replaced			Inspector approval	3. Alternative Toilet		
Year Installed 3.	d System	3. 🕅 b. State & Local	Plumbing Inspector approval	4. Non-Engineered Treatment Tank 5. Holding Tank Gallons		
	ime exempted	a. Local Plumbing	Inspector approval 6. 🕱 N		Ion-Engineered Disposal Area (only)	
□ b. non e 4. □ Experime	•	b. State & Local	Plumbing Inspector approval 	1	parated Laundry System ineered System (+2000 gpd)	
5. 🗆 Seasana	•	5. Seasonal Convers		9. 🗆 Eng	ineered Treatment Tank (only)	
SIZE OF I	PROPERTY	DISPOSAL SYS	STEM TO SERVE:		ineered Disposal Area (only) treatment	
APPROX. /3	3,500 S.F.	. │ 1. 🖾 Single Family Dw 	elling Unit welling: Number of	ļ		
SHORELAN	ID ZONING	Units		}	TYPE OF WATER SUPPLY	
☐ Yes	Øî No	3.	- 	PUB	KIC.	
	20 110	DESIGN DETAILS (SYSTE	M LAYOUT SHOWN ON PAGE			
700.73.63	Y				Y	
TREATMENT 1. Ø Concrete		DISPOSAL AREA TYPE / SIZE	GARBAGE DISPOSAL	LUNII	CRITERIA USED FOR DESIGN FLOW	
1. Ø Concrete Ø a. Regula		1. BedSq. Ft. 2. Proprietory Device 250	1 7		(Show Calculations)	
☐ b. Low f		☐ Cluster ☐ Linear	☐ Multi-compartme	ent tank		
2. ☐ Plastic 3. ☐ Other		☑ Regular □ H-20 3. □ Trench	☐ Tank in series☐ Increase in tonk	copocity	3 BEDROOMS	
SIZE /000	Gallons	4. Other	☐ Filter on tank o		0 0000000	
PROFILE & DESI	IGN CLASS	DISPOSAL AREA SIZING	PUMPING	_	1	
		1. Small - 2.00	1. M Not required			
PROFILE	DESIGN	2. 🕰 Medium - 2.60	2. May be required	d		
5	\subseteq	3. ☐ Medium-Large - 3.30 4. ☐ Large - 4.10	3. Required		DESIGN	
DEPTH TO MOST	47 .	5. Extro-Large - 5.20	DOSE C	Colloge	FLOW: 288	
LIMITING FACTOR		<u> </u>			(Gallons/Day)	
CARCITU IGO	(dota) Loomalah	SITE EVALU ed a site evaluation on this pro	NATOR'S STATEMENT	a reporte	d is accurate and that the	
		ice with the Subsurface Waster		- 10pgi (6)	S.S. SOOM STO WITH MICE HIS	
Richar	d Ch	ment	034 5-	27-9	%	
	luator Signature	_	52	Date	Page 1 of 3	
	aluator Name Prin		7-2110 Telephone	,	HHE-200 Rev. 7/97	



034

5-27-98

Page 3 of 3

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. 1903)
- 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.

GENERAL INFORMATION	Town of PORTLAND				
Permit No	Date Permit Issued				
Property Owner's Name: DAVID ANDERSO	DN Tel. No.: 797-5755				
System's Location: 52 DOLE DRIVE					
Property Owner's Address:					
(if different from above)					
COCCICIO INCTRUCTIONIO TO THE					
SPECIFIC INSTRUCTIONS TO THE: LOCAL PLUMBING INSPECTOR (LPI):					
	eet all of the requirements listed under the Limitations				
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 Per					
signature.)					
SITE EVALUATOR:					
If after completing the Application, you find that a variance for the prop					
Replacement Variance Request with your signature on reverse side of PROPERTY OWNER:	rorm.				
If has been determined by the Site Evaluator that a variance to the Rule	es is required for the proposed replacement system.				
This variance request is due to physical limitations of the site and/or so	oil conditions. Both the Site Evaluator and the LPI have				
considered the site/soil restrictions and have concluded that a replacen					
possible.					
PROPERTY OWNER					
PROPERTY OWNER I understand that the proposed system requires a variance to the Rules all concerned provided they have performed their duties in a reasonable Local Plumbing Inspector and make any corrections required by the Rules acknowledge permission for representatives of the Department to enterinecessary to evaluate the variance request.	e and proper manner, and I will promptly notify the ules. By signing the variance request form, I ronto the property to perform such duties as may be				
I understand that the proposed system requires a variance to the Rules all concerned provided they have performed their duties in a reasonabl Local Plumbing Inspector and make any corrections required by the Ru acknowledge permission for representatives of the Department to enternecessary to evaluate the variance request.	e and proper manner, and I will promptly notify the ules. By signing the variance request form, I ronto the property to perform such duties as may be				
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I understand that the proposed system requires a variance to the Rules all concerned provided they have performed their duties in a reasonable Local Plumbing Inspector and make any corrections required by the Rules acknowledge permission for representatives of the Department to enterinecessary to evaluate the variance request. SIGNATURE OF OWNER LOCAL PLUMBING INSPECTOR I, John Stranger of the undersigned, have best of my knowledge that it cannot be installed in compliance with the Variance Request, the Application, and my on-site investigation, I (chemical contents of the proposed system requires a variance to the Rules all concerned to the Rules and contents in a reasonable to the Rules a	e and proper manner, and I will promptly notify the ules. By signing the variance request form, I ronto the property to perform such duties as may be G / 3 0 / 9 DATE				
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Replacement System Variance Request

VARIANCE CATEGORY	VARIANCE REQUESTED		LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS						
Soil Profile	Ground Water	r Table	to 7	-		inches
Soil Condition	Restrictive Layer		to 7"		inches	
from HHE-200	Bedrock		to 12"		inches	
SETBACK DISTANCES (in feet)	Dispos	al Fields	Septic	Tanks	Disposal Fields	Septic Tanks
From	Less than 1000 gpd	1000 to 2000 gpd	Less Than 1000 gpd	1000 to 2000 gpd	To	To
Wells with water usage of 2000 or more gpd	300 ft	300°ft	100 ft	100° ft		
Owner's wells	100 down to 50 ft	200 down to 100 ft	100b down to 50 ft	100 down to 50 ft		
Neighbor's wells	100 ^b down to 60 ft	200 th down to 120 ft	100 th down to 50 ft	100 ^D down to 75 ft		
Water supply line	10 ft ^a	20 ft ²	10 ft ^a	10 ft ²		
Water course, major - for replacements only, see Table 400.4 for exempted expansions	100 down to 60 ft	200 down to 120 ft	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft	100 down to 50 ft	50 down to 25 ft	50 down to 25 ft		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	25 down to 12 ft	25 down to 12 ft		
Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams (edge of fill extension)	25 ft ^d	25 ਜ਼ਿ ^d	25 ft ^d	25 ft ^d		
Slopes greater than 3:1	10 ft	18 ft	N/A	N/A		
No full basement [e.g. slab, frost wall, columns]	15 down to 7 ft	30 down to 15 ft	8 down to 5 ft	14 down to 7 ft		
Full besement [below grade foundation]	20 down to 10 ft	30 down to 15 ft	8 down to 5 ft	14 down to 7 ft		
Property lines	10 down to 5 ft	18 ft down to 9 ^C ft	10 ft down to 4 ^c ft	15 ft down to 7° ft	8'	
Burial sites or graveyards, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft		

OTHER	*
1. Fill extension Grade - to 3:1	
2.	
<u>3</u>	
Footnotes: a. This setback distance cannot be reduced by the LPI, but may be considered for reduction by State b. Written Permission from the owner of a well is required when a replacement system will be locate (or 200 ft. for 1000-2000 gpd) feet and closer to that well than the system it is replacing. c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 sline. d. Natural Resources Protection Act requires a 25 foot setback on slopes with less than 20% from the disturbance and 100 feet on slopes greater than 20% except for the repair or installation of a replayment no practical alternative exists.	ed less than 100 slope or property ne edge of acement system
SITE EVALUATOR'S SIGNATURE	5-27-98 DATE

FOR USE BY THE DEPARTMENT ONLY The Department has reviewed the variance(s) and (□ does □ does not) give its approval. recommendations, or reasons for the Variance denial, are given in the attached letter.	Any additional requirements,
SIGNATURE OF THE DEPARTMENT	DATE