

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>Bowdoinham</u>
Property Owner's Name:	<u>Jane Bradley</u>	Tel. No.: <u>(508) 480-0247</u>
System's Location:	<u>61 Bayview Lane, Bowdoinham, Maine</u>	
Property Owner's Address:	<u>547 Elm Street, Marlborough, MA</u>	Zip Code: <u>01752</u>
e-mail address:	<u>Geegee1b@hotmail.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.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)	SECTION OF RULE
1. <u>Reduce setback from Cathance River from 100' to 60'</u>	<u>Table 8a</u>
2. <u>Reduce setback from garage (no foundation) from 15' to 6.5'</u>	<u>Table 8a</u>
3. <u>Reduce limiting factor from 15" to 12" and use pre-1974 fill as existing soil</u>	<u>Section 4.B.5</u>

### 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.

Variance is necessary to install replacement system.

I, Dave Chapman, 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.

Dave Chapman \_\_\_\_\_ 7-30-19  
SIGNATURE OF SITE EVALUATOR DATE

### PROPERTY OWNER

I, \_\_\_\_\_, 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.

J. Bradley \_\_\_\_\_ 7-30-2019  
 SIGNATURE OF OWNER DATE  
 AGENT FOR THE OWNER

copy for file

**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, \_\_\_\_\_, 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.

\_\_\_\_\_  
 LPI Signature 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>TOTAL POINT ASSESSMENT:</b>		

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

# 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: LPI APPROVAL REQUIRED <<

City, Town, or Plantation **Bowdoinham**

Street or Road **61 Bayview Lane**

Subdivision, Lot # \_\_\_\_\_

Town/City \_\_\_\_\_ Permit # \_\_\_\_\_

Date Permit Issued \_\_\_\_/\_\_\_\_/\_\_\_\_ Fee: \$ \_\_\_\_\_ Double Fee Charged

Local Plumbing Inspector Signature \_\_\_\_\_ L.P.I. # \_\_\_\_\_

## OWNER/APPLICANT INFORMATION

Name (last, first, MI) **Bradley, Jane**  Owner  Applicant

Mailing Address of Owner/Applicant **537 Elm Street  
Marlborough, MA 01752**

Daytime Tel. # **(508) 480-0247**

The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. This Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

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.

*Jane Bradley 8-8-2019*  
Signature of Owner or Applicant Date

\_\_\_\_\_  
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: \_\_\_\_\_

Year installed: \_\_\_\_\_

3. Expanded System

a. <25% Expansion

b. >= 25% 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: \_\_\_\_\_

12. Miscellaneous Components

SIZE OF PROPERTY

**0.62**  SQ. FT.  ACRES

SHORELAND ZONING

Yes  No

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: 2

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: 1,000 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: 960  sq. ft.  lin. ft.

GARBAGE DISPOSAL UNIT

1. No  2. Yes  3. Maybe

If Yes or Maybe, specify one below:

a. multi-compartment tank

b. \_\_\_\_\_ tanks in series

c. increase in tank capacity

d. Filter on Tank Outlet

DESIGN FLOW

180 gallons per day

BASED ON:

1. Table 4A (dwelling unit(s))

2. Table 4C (other facilities)

SHOW CALCULATIONS for other facilities: \_\_\_\_\_

SOIL DATA

PROFILE 9 CONDITION D

at Observation Hole # TP-1

Depth 12 "

of Most Limiting Soil Factor

Restrictive and Water Table

DISPOSAL FIELD SIZING

1. Medium---2.6 sq. ft. / gpd

2. Medium---Large 3.3 sq. ft. / gpd

3. Large---4.1 sq. ft. / gpd

4. 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 4G (meter readings)

ATTACH WATER METER DATA

LATITUDE AND LONGITUDE at center of disposal area

Lat. N43 d 59 m 26.5 s

Lon. W69 d 53 m 12.3 s

if g.p.s. state margin of error: 20'

## SITE EVALUATOR STATEMENT

I certify that on 7-18-19 (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).

*Dave V. Chapman*  
Site Evaluator Signature

293  
SE #

7-30-19  
Date

Dave Chapman  
Site Evaluator Name Printed

(207) 572-6190  
Telephone Number

dchapman@sebagotech.com  
Email Address

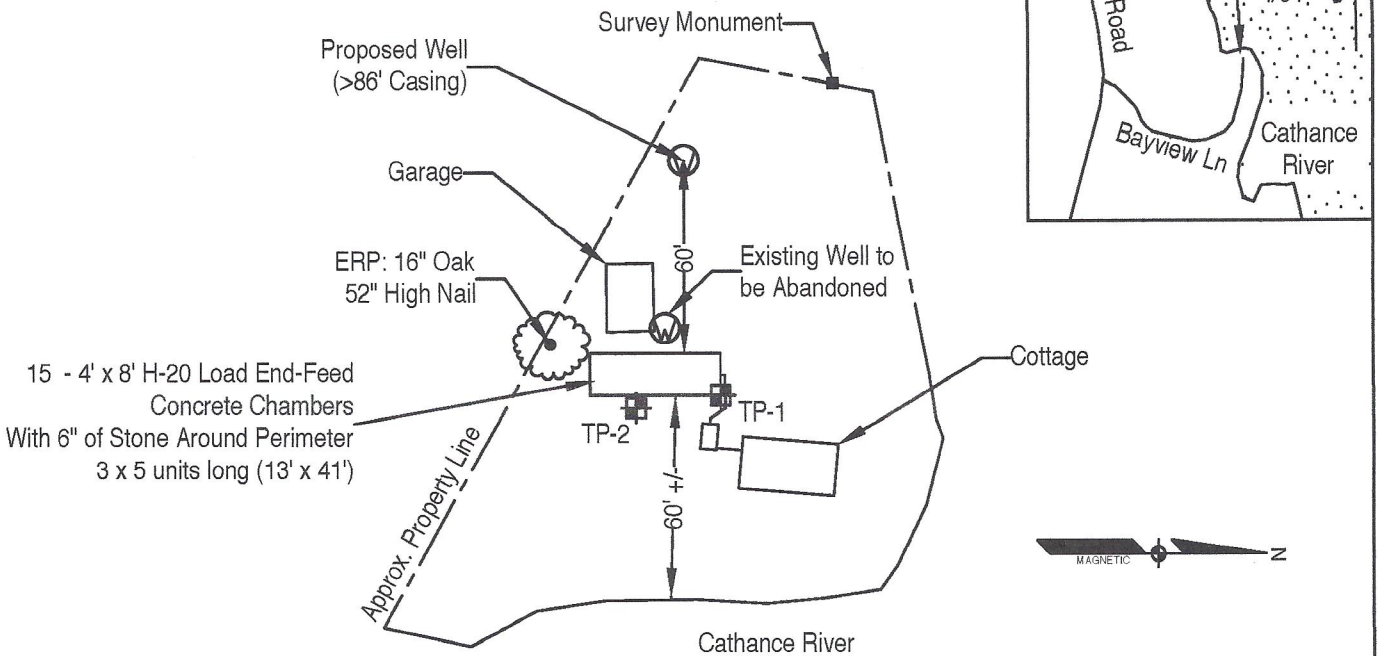
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: **Bowdoinham** Street, Road, Subdivision: **61 Bayview Lane** Owner or Applicant Name: **Jane Bradley**

SITE PLAN Scale 1" = 60 ft.

SITE LOCATION PLAN



NOTES:

1. This is not a survey. All property lines, building locations and site features have been approximately located, unless otherwise shown. The owner or applicant must verify the location of property lines as correct prior to signing this application.
2. Scarify all ground to be filled. Remove vegetation and organic loam topsoil. Scarify soil to a depth of 6 to 8 inches by mixing gravelly coarse sand with native soil using a rototiller or a backhoe bucket with teeth. Do not use a backhoe bucket without teeth because it can compact and smear the underlying soil.
3. Insulate the Distribution Box (D-Box). Use a bottom feed, oversized D-Box.
4. This system is not designed to be used with a garbage disposal or backwash from a water softener.

SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole # TP-1 ■ Test Pit □ Boring

\_\_\_\_\_ " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6	Sandy Fill* with Gravel	Friable	Brown	
12	-----			
18	Silty Clay	Firm	Gray	Common/Distinct
24				
30				
36				
42				
48	*Fill emplaced prior to 1974			
	Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth
	9	D	3	12"

Groundwater  
 Restrictive Layer  
 Bedrock

Observation Hole # TP-2 ■ Test Pit □ Boring

\_\_\_\_\_ " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6	Sandy Fill* with Gravel	Friable	Brown	
12	-----			
18	Silty Clay	Firm	Olive	Common/Distinct
24				
30				
36				
42				
48	*Fill emplaced prior to 1974			
	Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth
	9	D	3	12"

Groundwater  
 Restrictive Layer  
 Bedrock

*Dan V. Chapman*  
 Site Evaluator Signature

293  
 SE #

7-30-19  
 Date

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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

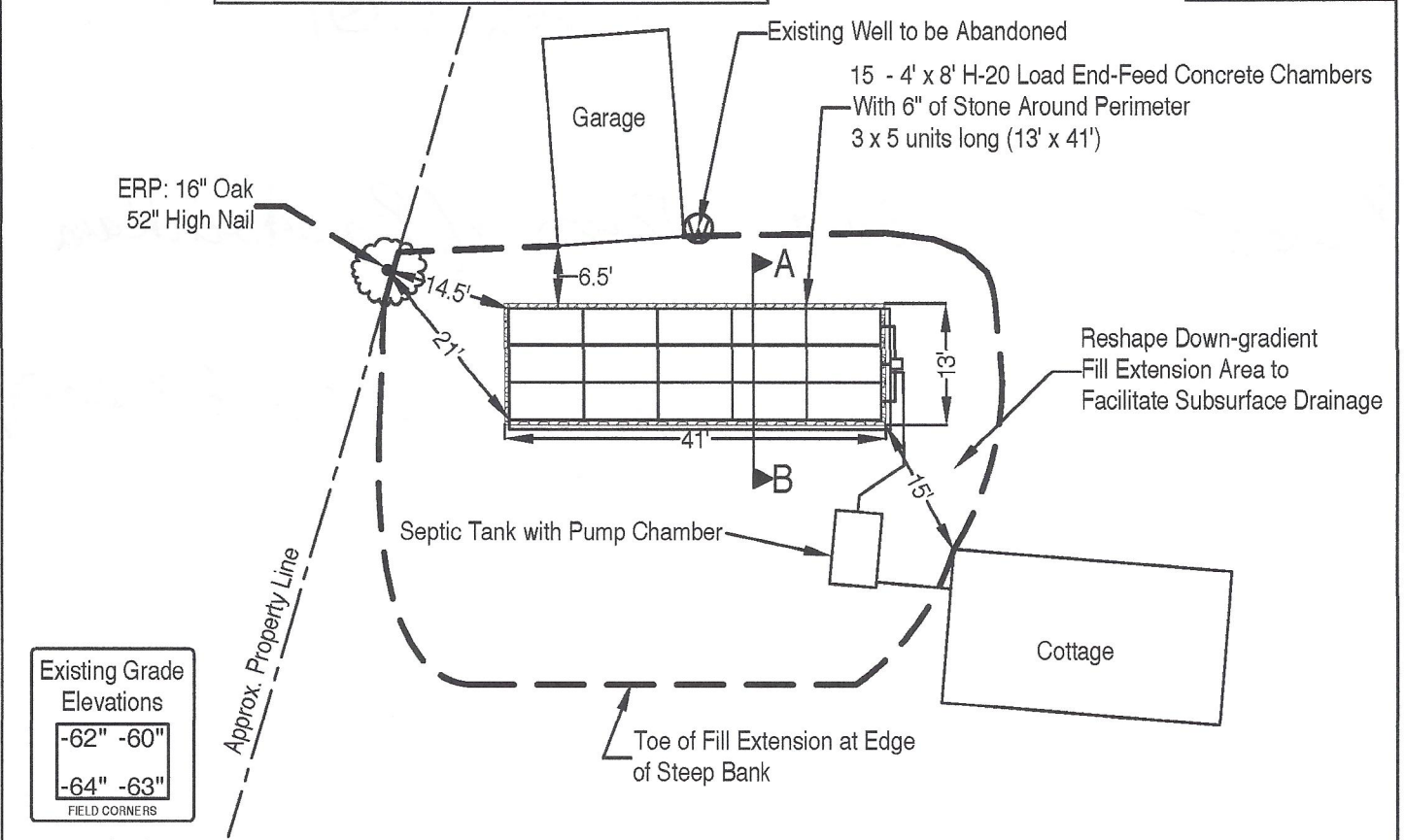
Town, City, Plantation  
**Bowdoinham**

Street, Road, Subdivision  
**61 Bayview Lane**

Owner or Applicant Name  
**Jane Bradley**

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

Scale: 1" = 20 ft



**BACKFILL REQUIREMENTS**

Depth of Backfill (upslope) 29" to 27"  
 Depth of Backfill (downslope) 31" to 30"

**CONSTRUCTION ELEVATIONS**

Finished Grade Elevation (at Row 1) -33"  
 Top of Chamber (at Row 1) -41"  
 Bottom of Chamber (at Row 1) -54"  
 Bottom of Stone (at Row 1) --NA--

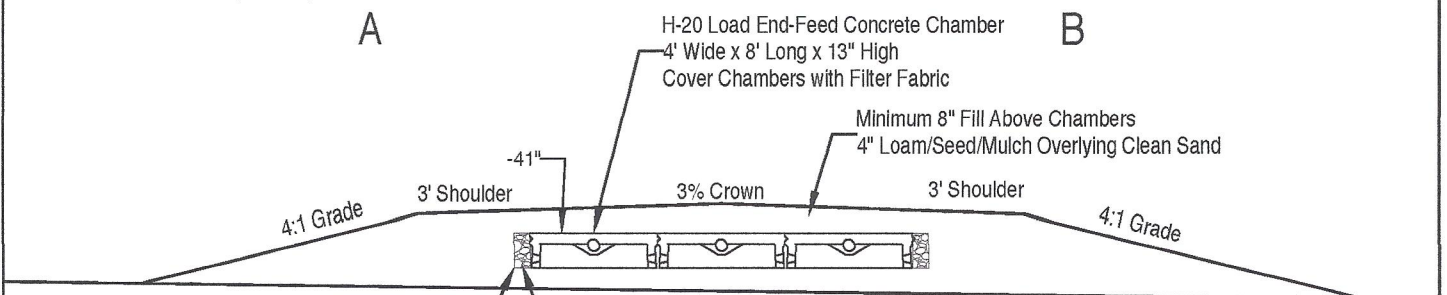
**ELEVATION REFERENCE POINT**

Location & Description: 16" Oak  
52" High Nail  
 Reference Elevation: 0.0"

NOTE: BACKFILL MATERIAL PLACED BELOW OR WITHIN 3' OF THE CHAMBERS OR STONE BESIDE CHAMBERS MUST BE GRAVELLY COARSE SAND MEETING SECTION 11(E)(2) OF THE RULES. REMAINING FILL LOAMY SAND (NO CLAY).

**DISPOSAL FIELD CROSS SECTION**

Scales:  
 Vertical: 1" = 6  
 Horizontal: 1" = 6



Stone 6" beside chambers. Stone must be clean, uniform in size, and free of fines, dust, ashes, or clay. It must conform to one of the nominal stone sizes (either 3/4" or 1-1/2") listed in Table 11B of the Rules. Cover stone with filter fabric. If 3/4" stone is used, cover chamber side openings around perimeter of chambers with filter fabric prior to stone placement.

*D. V. Chapman*  
 Site Evaluator Signature

293  
 SE #

7-30-19  
 Date

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 HHE-200 Rev. 10/02

J. BRADLEY  
P.O. BOX 159  
MARLBORO, MA 01752-0159

135

53-9182/2113  
41

7-30-2019 Date

Pay to the Order of Tom of Bowdoinham \$ 265.00  
Two Hundred Sixty five 00/100 Cents

PROVIDE  
REMARKS ON  
BACK



**DCU** Digital Federal  
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www.dcu.org

For

*Bradley*

⑆211391825⑆

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MP