



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>LAMOINE</u>
Property Owner's Name: <u>PAUL KUDLICH</u>	Tel. No.: <u>(207) 460-5929</u>
System's Location: <u>THADDEUS LANE</u>	
Property Owner's Address: <u>77 THADDEUS LANE - LAMOINE, ME.</u>	Zip Code <u>04605</u>
e-mail address: _____	

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>9-D SOILS: 15" DOWN TO 9"</u>	<u>SEC. 4, TABLE 4F</u>
2. <u>SETBACK REDUCTION: SYSTEM TO WELL 60'</u>	<u>SEC. 8, TABLE 8A</u>
3. <u>" " : SYSTEM TO MAJOR WATER BODY 85'</u>	<u>SEC. 8, TABLE 8A</u>
<b>SITE EVALUATOR</b>	

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 NEEDED DUE TO POOR SOIL CONDITIONS ON ENTIRE LOT.

I, NICHOLAS SKIDMORE, #409, 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.

Nick Skidmore

SIGNATURE OF SITE EVALUATOR

8/9/16

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.

SIGNATURE OF OWNER  
 AGENT FOR THE OWNER

DATE

LAMOINE

THADDEUS LANE

PAUL KUDLICH

**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 Dept. of Health & Human Services  
Division of Environmental Health, 11 SHS  
(207) 287-5672 FAX (207) 287-4172

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	LAMOINE	Town/City	Permit # <u>1809</u>
Street or Road	THADDEUS LANE	Date Permit Issued	Fee \$ _____ Double Fee Charged ( )
Subdivision, Lot #			L.P.I. # _____
<b>OWNER/APPLICANT INFORMATION</b>		Local Plumbing Inspector Signature _____	
Name (last, first, MI)	KUDLICH, PAUL	<input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
Mailing Address of	77 THADDEUS LANE	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with the application and the Maine Subsurface Wastewater Disposal Rules.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	LAMOINE, ME. 04605		
Daytime Tel. #	DAVID WORSTER: (207) 460-5929		
<b>OWNER OR APPLICANT STATEMENT</b>		<b>CAUTION: INSPECTION REQUIRED</b>	
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.		I have inspected the installation authorized above and found it to be in compliance with 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>STONE</u>  Year Installed: <u>1974</u> <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 Approval <input checked="" type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<b>DISPOSAL SYSTEM COMPONENT(S)</b> <input checked="" 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 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 type="checkbox"/> 12. Miscellaneous components
<b>SIZE OF PROPERTY</b> _____ sq. ft. <input type="checkbox"/> _____ acres <input checked="" type="checkbox"/> <b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</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> EXISTING <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 checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY <u>1000</u> gallons	<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 <u>30 TYPE</u> <u>243 GSF UNITS</u> <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>1440</u> 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>270</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 &amp; DESIGN CLASS</b> PROFILE <u>9</u> CONDITION <u>D</u> at Observation Hole # <u>1</u> Depth <u>9</u> " OF MOST LIMITING SOIL FACTOR	<b>DISPOSAL FIELD SIZING</b> <input type="checkbox"/> 1. Medium - 2.6 sq. ft./gpd <input 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 checked="" type="checkbox"/> 2. May be Required <input type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA  <b>LATITUDE AND LONGITUDE</b> at Center of Disposal Area, Lat. <u>44° 28' 19.4" N</u> Lon. <u>68° 16' 01.7" W</u> if g.p.a., state margin of error <u>30'</u>

## SITE EVALUATOR STATEMENT

I certify that on 8/3/16 (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).

<u>Nick Skidmore</u>	409	<u>8/9/16</u>	
Site Evaluator Signature	SE#	Date	
NICHOLAS SKIDMORE	(207) 735-8041	nickskidmore@soiltestsepticdesign.com	Page 1 of 3
Site Evaluator Name Printed	Telephone Number	E-mail Address	HHE-200 Rev. 08/2015

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.





# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services  
 Division of Environmental Health, 11 645  
 (207) 287-5672 FAX (207) 281-4172

Town, City, Plantation  
**LAMOINE**

Street, Road, Subdivision  
**THADDEUS LANE**

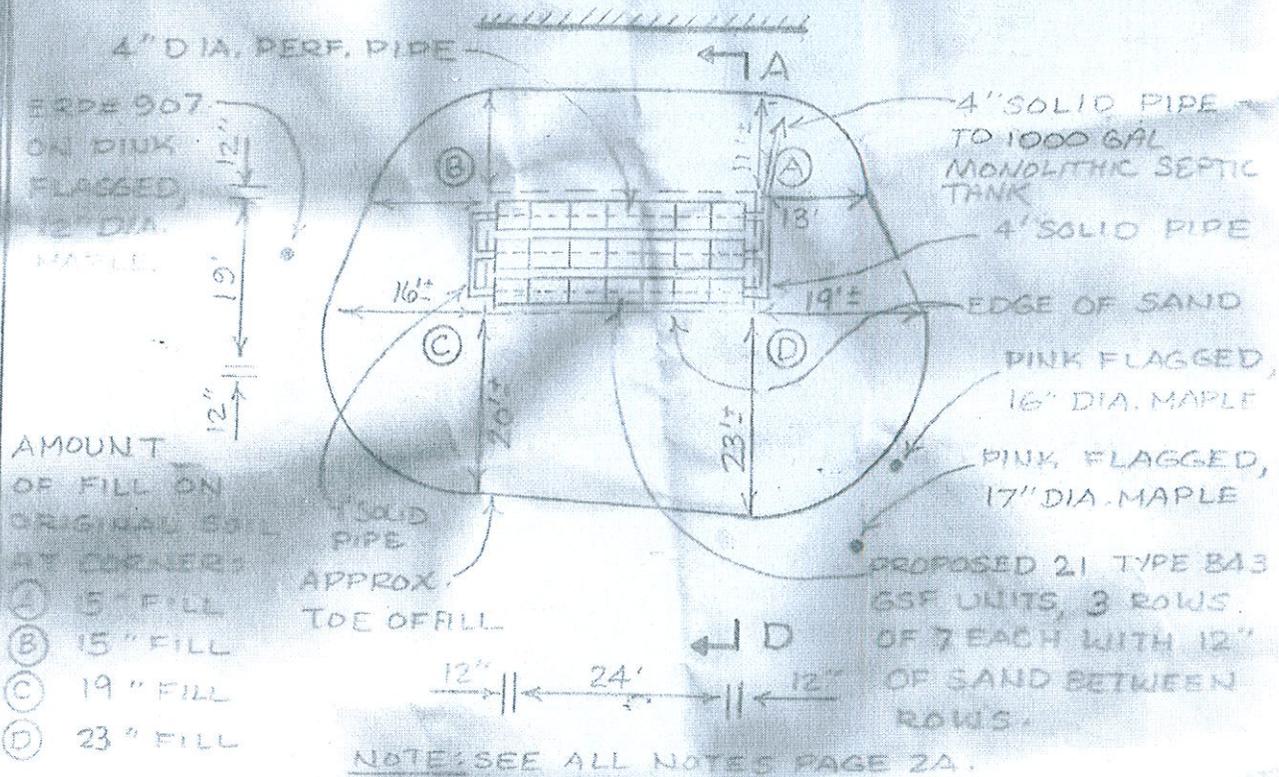
Owner or Applicant Name  
**PAUL KUDLICH**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.

MAGNETIC  
 NORTH

EXISTING  
 DWELLING



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		SYSTEM:	PRIVY:	ELEVATION REFERENCE POINT
Depth of Backfill (Upslope)	34"	Finished Grade Elevation	MIN. -13"			Location & Description <u>NAIL IN</u>
Depth of Backfill (Downslope)	42" ±	Top of Distribution Pipe or Proprietary Device	-19"		N/A	TAG# 907 NAIL IS 44" ABOVE GROUND.
Depth of excavation shown below or on X-sec. detail		Bottom of Disposal Field (GSF UNITS)	-32"			Reference Elevation is: 0"

### DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION A-D)

**NOTES:**

1. Divert surface water and ground water away from the disposal system.
2. Check septic tank(s) at least every two years for pumping.
3. Garbage disposals are not recommended.
4. Full basement below grade foundation, frost wall or columns to be at least 20' minimum from leachfield and slab on grade to be at least 15' minimum from leachfield.
5. Septic tank(s) to be 8' minimum from building.
6. Protect all piping from freezing.
7. Distribution boxes and pump lines shall be protected with at least 2" of density expanded rigid polystyrene insulation to protect against frost penetration and freezing.
8. This HHE-200 form is not valid until local Plumbing Inspector signs and stamps. This design is completed under current Maine Subsurface Wastewater Disposal Rules. Future rule and regulation changes may invalidate the HHE-200 form. Maine rule and regulation changes occur on a regular basis.

*Wick Johnson*  
 Site Evaluator's Signature

409  
 S.E. #

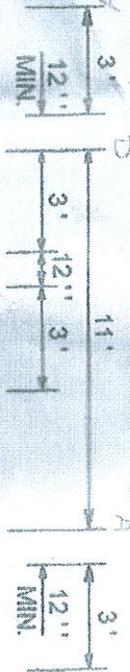
8/19/10  
 Date

NOTE

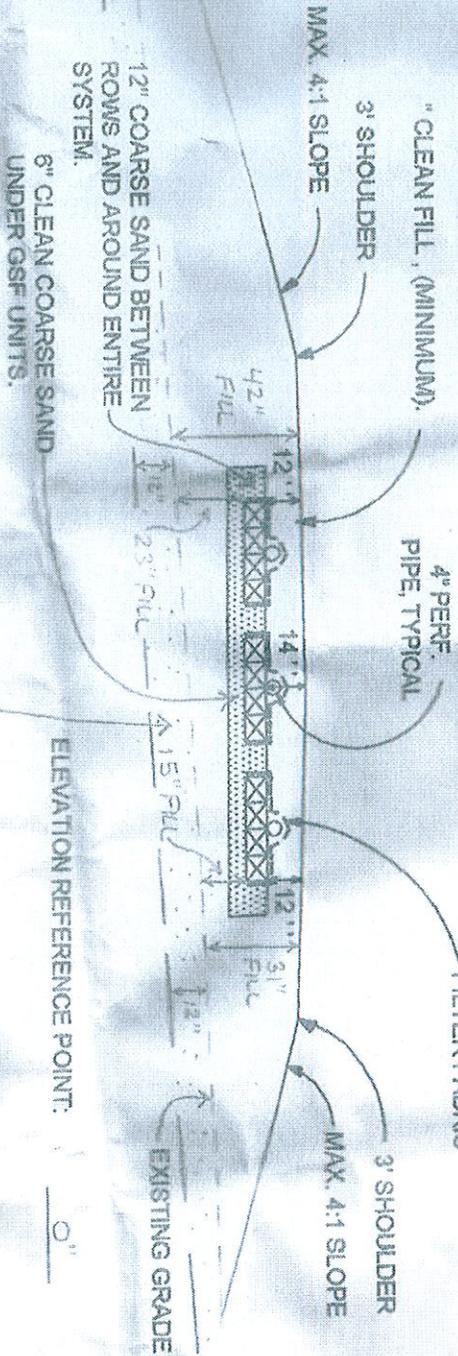
GRADE UPSLOPE TO DIVERT SURFACE WATER AWAY FROM SYSTEM, AND SOILING.

### GSF UNITS CROSS SECTION

CROSS SECTION FROM CORNER (A) TO CORNER (D)



MINIMUM 4" OF LOAM OVER SYSTEM, SEED AND MULCH TO PREVENT EROSION.



**NOTES:**

1. REMOVE ALL ORGANIC MATTER AND SCARIFY ORIGINAL SOIL UNDER GSF UNITS AND FILL EXTENSIONS.
2. ROTOTILL 1/2" OF GRAVELLY COARSE SAND INTO ORIGINAL SOIL UNDER GSF UNITS AND FILL EXTENSIONS.
3. FILL TO BE GRAVELLY COARSE SAND.
4. BOTTOM OF GSF UNITS TO BE LEVEL. (2" IN 100)

ELEVATION REFERENCE POINT: 0"

FINISHED GRADE:	-1.2'
TOP OF PERF. PIPE:	-1.9'
TOP OF GSF UNITS:	-2.5'
BOTTOM OF SAND:	-3.8'

OWNER: PAUL KUBLICH  
 LOCATION: LAWSON

*Paul Skidmore*  
 NICHOLAS SKIDMORE  
 409  
 S.E.#  
 10/14/17  
 DATE