



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>THOMAS TRUE</u>	Tel. No.: <u>(603) 714-5668</u>
System's Location:	<u>MARLBORO BEACH ROAD</u>	
Property Owner's Address:	<u>4606 WINDSOR DRIVE FLOWERY BRANCH, GA</u>	Zip Code <u>30542</u>
e-mail address:		

(MINOR EXPANSION)

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. SYSTEM TO OWNER'S SHARED WELL	77'	TABLE B-A
2. SYSTEM TO BUILDING FOUNDATION	14'	TABLE B-A
3. SYSTEM TO DECK POST	13'	TABLE B-A
SITE EVALUATOR 4. SYSTEM TO NEIGHBOR'S BURIED WELL	95' ±	TABLE B-A (SEE PAGE 2)
5. 3:1 FILL EXTENSION (DOWNHILL, ONLY)		SECTION B-D-1-C

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 REQUESTS ARE MINIMIZED. (SEE NOTES PG. 2 - HHE 200)

I, WILLIAM A. LABELLE, JR # 319, 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] #319 5-12-19  
SIGNATURE OF SITE EVALUATOR DATE

<b>PROPERTY OWNER</b>	Owner see notes on page 2 of the design, by signing this application you agree the information contained is accurate and assume all liability for the information you have provided.
I, <u>Thomas N TRUE</u>	am the <input type="checkbox"/> owner <input checked="" type="checkbox"/> 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.
<u>[Signature]</u>	<u>7/23/19</u>
<input type="checkbox"/> SIGNATURE OF OWNER <input checked="" type="checkbox"/> AGENT FOR THE OWNER	DATE



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	LAMOINE	Town/City	LAMOINE Permit # 1963
Street or Road	MARLBORO BEACH ROAD	Date Permit Issued	7/24/19 Fee \$ 285 Double Fee Charged ( )
Subdivision, Lot #		Local Plumbing Inspector Signature	<i>Rebecca O'Donovan</i> L.P.I. # 394
<b>OWNER/APPLICANT INFORMATION</b>		Fee: \$ 285 state min. fee \$ Locally adopted fee	Copy: <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State
Name (last, first, MI)	TRUE, THOMAS <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	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.	
Mailing Address of <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	4606 WINDSOR DRIVE FLOWERY BRANCH, GA 30542		
Daytime Tel. # email address:	(603) 714-5668		
<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.	
<i>Thomas True</i> 7/23/19 Signature of Owner or Applicant Date		_____ Local Plumbing Inspector Signature (1st Date Approved)	
		_____ Local Plumbing Inspector Signature (2nd Date Approved)	

OWNER SEE PAGE 2)

PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b> <input type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____  Year Installed: <input checked="" type="checkbox"/> 3. Expanded System <small>ONE BEDRM</small> <input type="checkbox"/> a. Minor Expansion <25% <input type="checkbox"/> b. Major Expansion ≥ 25% <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 checked="" 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 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 type="checkbox"/> 12. Miscellaneous components
<b>SIZE OF PROPERTY</b> _____ sq. ft. (CONDD) _____ acres	<b>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 3 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: (SPECIFY) _____	<b>TYPE OF WATER SUPPLY</b> <input type="checkbox"/> Proposed <input checked="" type="checkbox"/> Existing (SHARED) <input type="checkbox"/> 1. Drilled Well <input checked="" type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current Use: <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete EXISTING <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> c. with lift station <input type="checkbox"/> d. water tight <input type="checkbox"/> e. two compartment <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY 1000 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 21 TYPE B43 GSE UNITS <input type="checkbox"/> a. Cluster Array <input checked="" type="checkbox"/> c. Linear <input type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE 1008 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	DESIGN FLOW 270 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 CONDITION 31C at Observation Hole # 1 Depth 17" OF MOST LIMITING SOIL FACTOR	<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 checked="" type="checkbox"/> 1. Not Required <input 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. 44° 28' 27.2" N Lon. 68° 0' 16.5" W If g.p.s., state margin of error 20 ft.

SITE EVALUATOR STATEMENT			
I certify that on 5-9-19 (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). (SEE ALL NOTES PAGE 2).			
<i>William A. LaBelle, Jr.</i> Site Evaluator Signature	319 SE#	5-12-19 Date	
WILLIAM A. LaBELLE, JR.	(207) 537-5900 Telephone Number	labelleseptic@rivah.net E-mail Address	

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services  
Division of Environmental Health, 11 SHS  
(207) 287-2070 FAX (207) 287-4172

Town, City, Plantation  
**LAMOINE**

Street, Road, Subdivision  
**MARLBORO BEACH ROAD**

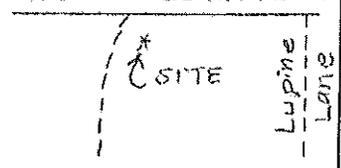
Owner or Applicant Name  
**THOMAS TRUE**

**NOTES & ITEMS:**

SITE PLAN

Scale 1" = 40 Ft.

SITE LOCATION PLAN  
(Attach map from Maine Atlas for First Time System Variance)  
*Marlboro Beach Road*



\*This is a back up replacement design for a 3 – Bedroom House. It is designed under Section 9-A-5. The following items must be completed.

- 1) Must Record this Septic Design in the Hancock Registry of Deeds
- 2) Must notify all abutters by certified mail, return receipt requested.
- 3) Must not alter the proposed backup system area or drill a well within 100 feet of the proposed backup area.

\*The Original 12 plastic chamber system was designed in 1993 by Jane Mageria SE # 208 for a 2 bedroom house. The house will now be expanded by 1 bedroom for a total of 3. (See Section 9-C-1 and Section 9-5).

**INFORMATION OBTAINED FROM OWNER:**

\*Owners well is shared by all 4 condo lots – Tom has told me he has spoken with the drinking water program and the well is not considered a public supply well.

\*Water line from well to other condo lots is located between the house and the road and runs along the west property line.

\*The east neighbors well is buried, the location has been taken from the 1993 Mageria Septic Design, Tom says the location was shown to him and Jane by Ashley Stratton, a prior owner who knew where the well was located “parole evidence”.

\*These lots are part of a 4 unit condo association and are therefore exempt from min lot size rules.

JANE MAGERIA PITS  
FROM 1993  
↙

**SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above or on pg. 2A)**

Observation Hole TPL  Test Pit  Boring  
0 " Depth of organic horizon above mineral soil

	Texture	Consistency	Color	Mottling
	FINE		DARK BROWN	
10	SANDY LOAM	FRIABLE	YELLOWISH BROWN	
20	MIXED		LIGHT	COMMON
30	SILT LOAM AND FINE SAND	FIRM	OLIVE BROWN	MEDIUM DISTINCT GRAY

Observation Hole TP4  Test Pit  Boring  
0 " Depth of organic horizon above mineral soil

	Texture	Consistency	Color	Mottling
	FINE		DARK BROWN	
10	SANDY LOAM	FRIABLE	YELLOW BROWN	
20	SANDY LOAM	FIRM	OLIVE	COMMON MEDIUM DISTINCT GRAY

Soil Profile <u>3</u>	Classification <u>C</u>	Slope <u>14%</u>	Limiting Factor <u>20"</u> Depth	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Soil Profile <u>3</u>	Classification <u>C</u>	Slope <u>20%</u>	Limiting Factor <u>17"</u> Depth	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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[Signature]

Site Evaluator's Signature

319

S. E. #

5-12-19

Date

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Maine Dept. of Health & Human Services  
 Division of Environmental Health 11 SHS  
 (207) 287-2070 FAX (207) 287-4172

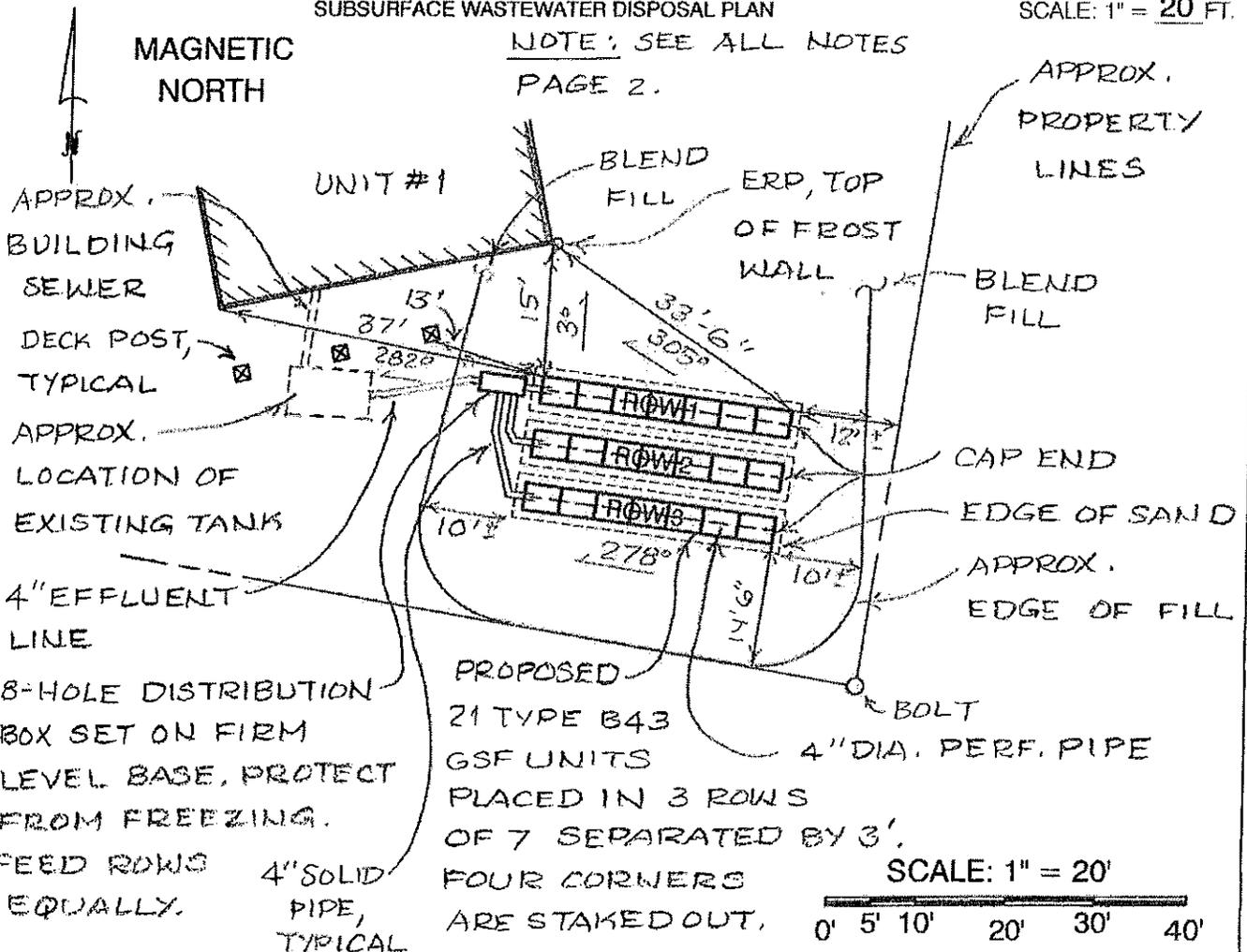
Town, City, Plantation  
**LAMOINE**

Street, Road, Subdivision  
**MARLBORO BEACH ROAD**

Owner or Applicant Name  
**THOMAS TRUE**

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

SCALE: 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		SYSTEM:	PRIVY:	ELEVATION REFERENCE POINT
Depth of Backfill (Upslope)	15"	Finished Grade Elevation	(see attached X-sec.)	(see attached X-sec.)	N/A	Location & Description TOP OF FROST WALL.
Depth of Backfill (Downslope)	21"	Top of Distribution Pipe or Proprietary Device				
Depths @ cross-section shown below or on X-sec. detail.		Bottom of Disposal Field				Reference Elevation is: 0"

**NOTES:**

DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

1. Tank(s) must be 8' minimum from building.
2. Grade surrounding area to divert surface water away from system.
3. All work done adjacent to wetlands and water bodies must be done in compliance with Section 12 of the Subsurface Wastewater Disposal Rules. Erosion and sediment control measures must be in accordance with the March 2003 edition of the Maine DEP Handbook "Maine Erosion and Sediment Control BMPS" (DEPW0588).
4. Install septic tank(s) risers 18" in diameter "minimum" to within 6" of finished grade on inlet, cleanout and outlet covers (recommend extending risers to finish grade).

*Thomas True*  
 Site Evaluator's Signature

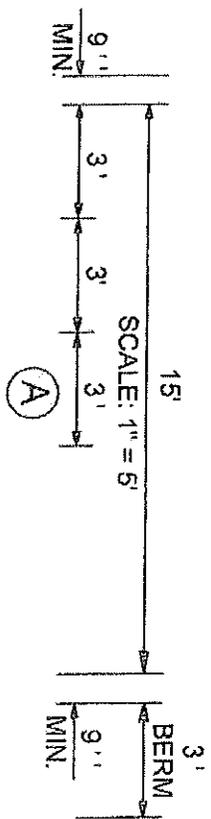
319  
 S.E. #

5-12-19  
 Date

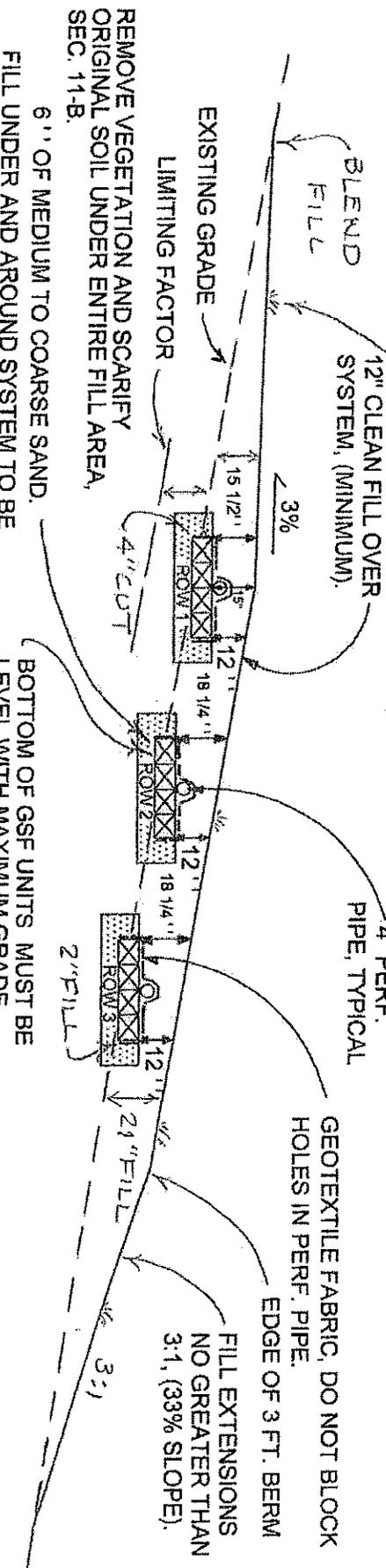
# GSF UNITS CROSS SECTION 17%

NOTE:  
 GRADE UPSLOPE TO DIVERT  
 SURFACE WATER AWAY FROM  
 SYSTEM.

TOP 4" OF FILL TO BE A GOOD LOAM  
 SOIL MIX TO ESTABLISH A GOOD  
 VEGETATIVE COVER. SEED  
 AND MULCH TO PREVENT EROSION,  
 SEC. 11-G.



FILL MATERIAL SHALL BE 8"-12" THICK  
 OVER GSF UNITS AND SHALL BE GRAVELLY  
 COARSE SAND TO THE STANDARDS IN  
 SEC. 11-E IN THE SUBSURFACE RULES.



REMOVE VEGETATION AND SCARIFY  
 ORIGINAL SOIL UNDER ENTIRE FILL AREA,  
 SEC. 11-B.

6" OF MEDIUM TO COARSE SAND.  
 FILL UNDER AND AROUND SYSTEM TO BE  
 COARSE GRAVELLY SANDS.

ELEVATIONS:

ROW #1	ROW #2	ROW #3
FINISHED GRADE: (CROWN -41")	(-60")	(-72")
TOP OF PIPE: -56"	-68"	-80"
TOP OF GSF UNITS: -60"	-72"	-84"
BOTTOM OF GSF UNITS: -67"	-79"	-91"
BOTTOM OF SAND: -73"	-85"	-97"

(MIN.)

ELEV. REF. PT. (ERP): 0"

OWNER: THOMAS TRUE

LOCATION: LANDLINE

DOC 19: W.C.L.H. WILLIAM A. LABELLE, JR.

BOTTOM OF GSF UNITS MUST BE  
 LEVEL WITH MAXIMUM GRADE  
 TOLERANCE OF 2" PER 100'.

NOTE:  
 SYSTEM MUST BE INSTALLED ACCORDING  
 TO THE RULES AND PRACTICES SET FORTH  
 IN THE MOST CURRENT VERSION OF THE  
 STATE OF MAINE SUBSURFACE WASTEWATER  
 DISPOSAL RULES. INSTALLATION CONTRACTOR  
 MUST BE FAMILIAR WITH SAID RULES AND  
 CONSTRUCT SYSTEM IN FULL COMPLIANCE  
 WITH SECTION 11 OF SAID RULES.

DOC 19: 319 DATE: 5-12-19

S.E.#: WILLIAM A. LABELLE, JR.