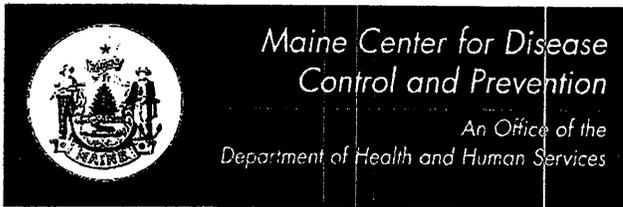


PERMIT # 1736



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.

GENERAL INFORMATION Town of LAMOINE

Property Owner's Name: CARL POHLMAN Tel. No.: (207) 667-2900

System's Location: 1009 SHORE ROAD

Property Owner's Address: 1009 SHORE ROAD - LAMOINE, MAINE Zip Code 04605

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.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)	SECTION OF RULE
1. <u>SETBACK REDUCTION: TANK TO DECK POSTS</u> <u>5'</u>	<u>TABLE B-A</u>
2. <u>SETBACK REDUCTION: SYSTEM TO SHED ON POSTS</u> <u>14'</u>	<u>TABLE B-A</u>
3. <u>SETBACK REDUCTION: SYSTEM TO HOUSE ON FROST WALL</u> <u>19'</u>	<u>TABLE B-A</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.

SMALL LOT, VARIANCE REQUESTS MINIMIZED.

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.

William A. Labelle Jr # 319 6-22-14

SIGNATURE OF SITE EVALUATOR DATE

PROPERTY OWNER

I, June Pohlman, 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.

June Pohlman 6-30-14

SIGNATURE OF OWNER DATE
 AGENT FOR THE OWNER

LAMOINE

1009 SHORE ROAD

CARL POHLMAN

LOCAL PLUMBING INSPECTOR - Approval at local level

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

I, MICHAEL JORDAN, 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

7-1-14

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		
TOTAL POINT ASSESSMENT:		

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

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	LAMOINE	Town/City	LAMOINE Permit # 1736
Street or Road	SHORE ROAD	Date Permit Issued	7/1/14 Fee \$ 250 Double Fee Charged ()
Subdivision, Lot #	#1009	 Local Plumbing Inspector Signature L.P.I. # 1040	
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	POHLMAN, CARL	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Town <input type="checkbox"/> State	
Mailing Address of	1009 SHORE ROAD	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. #	(207) 667-2900	Municipal Tax Map #	15 Lot # 1

<p style="text-align: center;">OWNER OR APPLICANT STATEMENT</p> <p>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.</p> <p>x 6-30-14 Signature of Owner or Applicant Date</p>	<p style="text-align: center;">CAUTION: INSPECTION REQUIRED</p> <p>I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application.</p> <p style="text-align: right;">(1st Date Approved)</p> <p style="text-align: center;">_____ Local Plumbing Inspector Signature</p> <p style="text-align: right;">(2nd Date Approved)</p>
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PERMIT INFORMATION

<p>TYPE OF APPLICATION</p> <p><input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: <u>UNKNOWN</u></p> <p>Year Installed: <u>1960</u></p> <p><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</p> <p>SIZE OF PROPERTY</p> <p><u>1/4 ±</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres</p> <p>SHORELAND ZONING</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>THIS APPLICATION REQUIRES</p> <p><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</p> <p style="text-align: center;">DISPOSAL SYSTEM TO SERVE</p> <p><input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>4</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: (SPECIFY) _____</p> <p>Current Use: <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	<p>DISPOSAL SYSTEM COMPONENT(S)</p> <p><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 _____</p> <p style="text-align: center;">TYPE OF WATER SUPPLY</p> <p><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: _____</p>
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DESIGN DETAILS: (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p><input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____</p> <p>CAPACITY <u>1000</u> gallons</p>	<p>DISPOSAL FIELD TYPE & SIZE</p> <p><input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <u>22 TYPE B TRANSVERSE GSF UNITS</u> <input checked="" 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: _____</p> <p>SIZE <u>1056</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.</p>	<p>GARBAGE DISPOSAL UNIT</p> <p><input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe</p> <p>If Yes or Maybe, specify one below:</p> <p><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</p>	<p style="text-align: center;">DESIGN FLOW</p> <p style="text-align: center;"><u>360</u> gallons per day BASED ON</p> <p><input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities</p> <p><input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA</p> <p style="text-align: center;">LATITUDE AND LONGITUDE at Center of Disposal Area</p> <p>Lat. <u>44° 28' 41" N</u> Lon. <u>68° 20' 46" W</u> if g.p.s., state margin of error <u>30'</u></p>
<p>SOIL DATA & DESIGN CLASS PROFILE CONDITION</p> <p style="text-align: center;"><u>5 / B</u></p> <p>at Observation Hole # <u>1</u> Depth <u>42"</u> OF MOST LIMITING SOIL FACTOR</p>	<p style="text-align: center;">DISPOSAL FIELD SIZING</p> <p><input checked="" 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</p>	<p>EFFLUENT/EJECTOR PUMP</p> <p><input checked="" type="checkbox"/> 1. Not Required, <u>RAISE PIPE FROM HOUSE</u> <input type="checkbox"/> 2. May be Required <input type="checkbox"/> 3. Required</p> <p>Specify only for engineered systems DOSE: _____ gallons</p>	

SITE EVALUATOR STATEMENT

I certify that on 6-17-14 (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 WILLIAM A. LaBELLE, JR.	319 SE# (207) 537-5900	<u>6-22-14</u> Date labelleseptic@rivah.net
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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation
LAMOINE

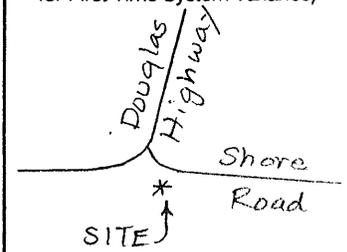
Street, Road, Subdivision
SHORE ROAD

Owner or Applicant Name
CARL POHLMAN

SITE PLAN

Scale 1" = 40 Ft.

SITE LOCATION PLAN
 (Attach map from Maine Atlas
 for First Time System Variance)



(SEE ATTACHED SITE PLAN)

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

Observation Hole #1 Test Pit Boring
1/2 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
LOAMY SAND		DARK YELLOWISH BROWN (10YR 3/4)	
		YELLOWISH BROWN (10YR 5/8)	
MEDIUM TO FINE SAND	FRIABLE	LIGHT OLIVE BROWN (2.5Y 5/4)	N.E.

Soil Profile	Classification Condition	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
<u>5</u>	<u>B</u>	<u>4 %</u>	<u>42"</u> Depth	<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock
				<input checked="" type="checkbox"/> Pit Depth

Observation Hole #2 Test Pit Boring
1/2 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
LOAMY SAND		DARK YELLOWISH BROWN (10YR 3/4)	
		YELLOWISH BROWN (10YR 5/8)	
MEDIUM TO FINE SAND	FRIABLE	LIGHT OLIVE BROWN (2.5Y 5/4)	N.E.

Soil Profile	Classification Condition	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
<u>5</u>	<u>B</u>	<u>4 %</u>	<u>42"</u> Depth	<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock
				<input checked="" type="checkbox"/> Pit Depth

W. O. de B.
 Site Evaluator's Signature

319
 S. E. #

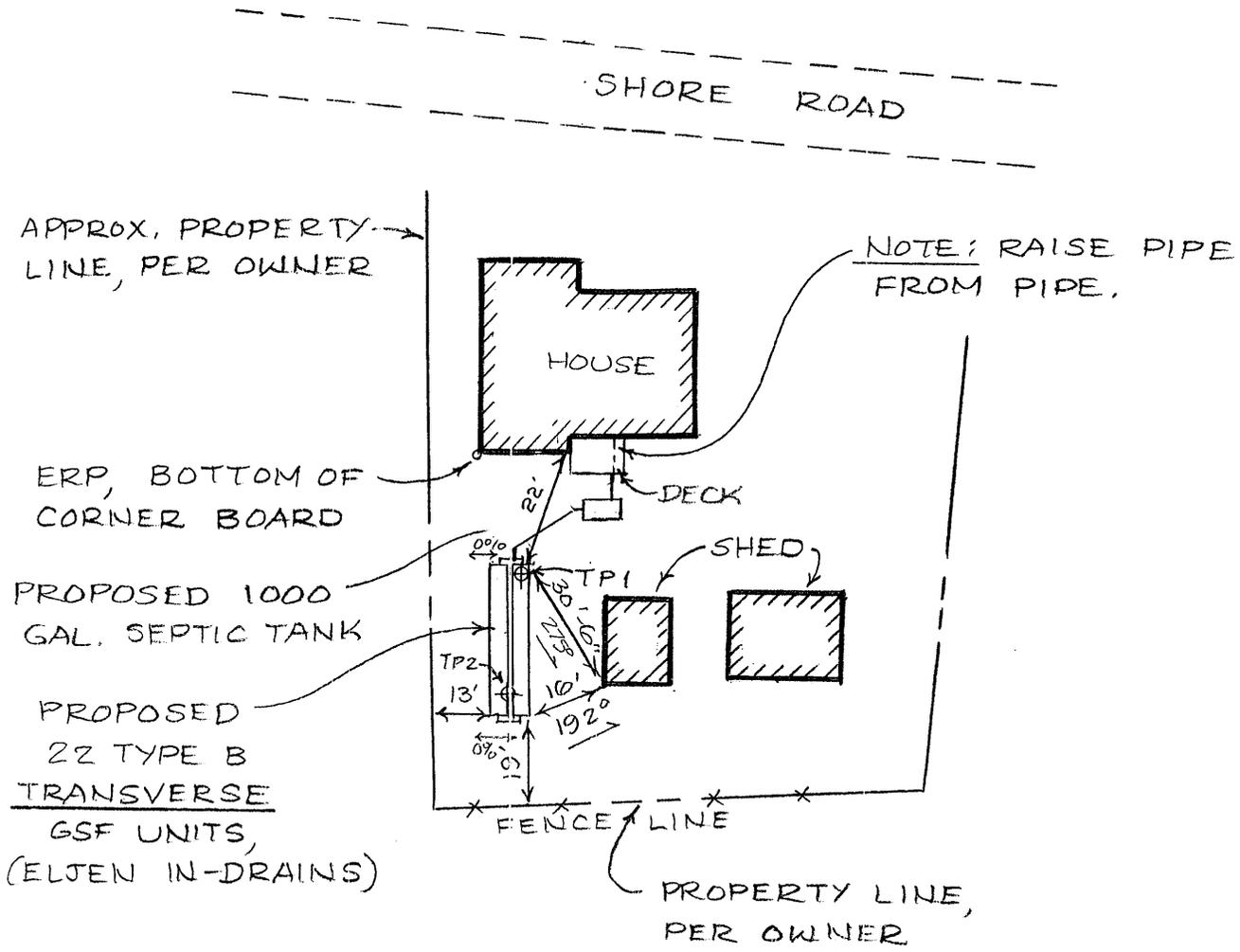
6-22-14
 Date

Town, City, Plantation LAMOINE	Street, Road, Subdivision SHORE ROAD	Owner or Applicant Name CARL POHLMAN
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SITE PLAN:
SCALE: 1" = 40 FT.

NOTE:

LOCATE, PUMP OUT AND REMOVE OF FILL EXISTING TANK OR CISTERN.



W. C. 2.7

Site Evaluator's Signature

319

S.E. #

6-22-14

Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation
LAMOINE

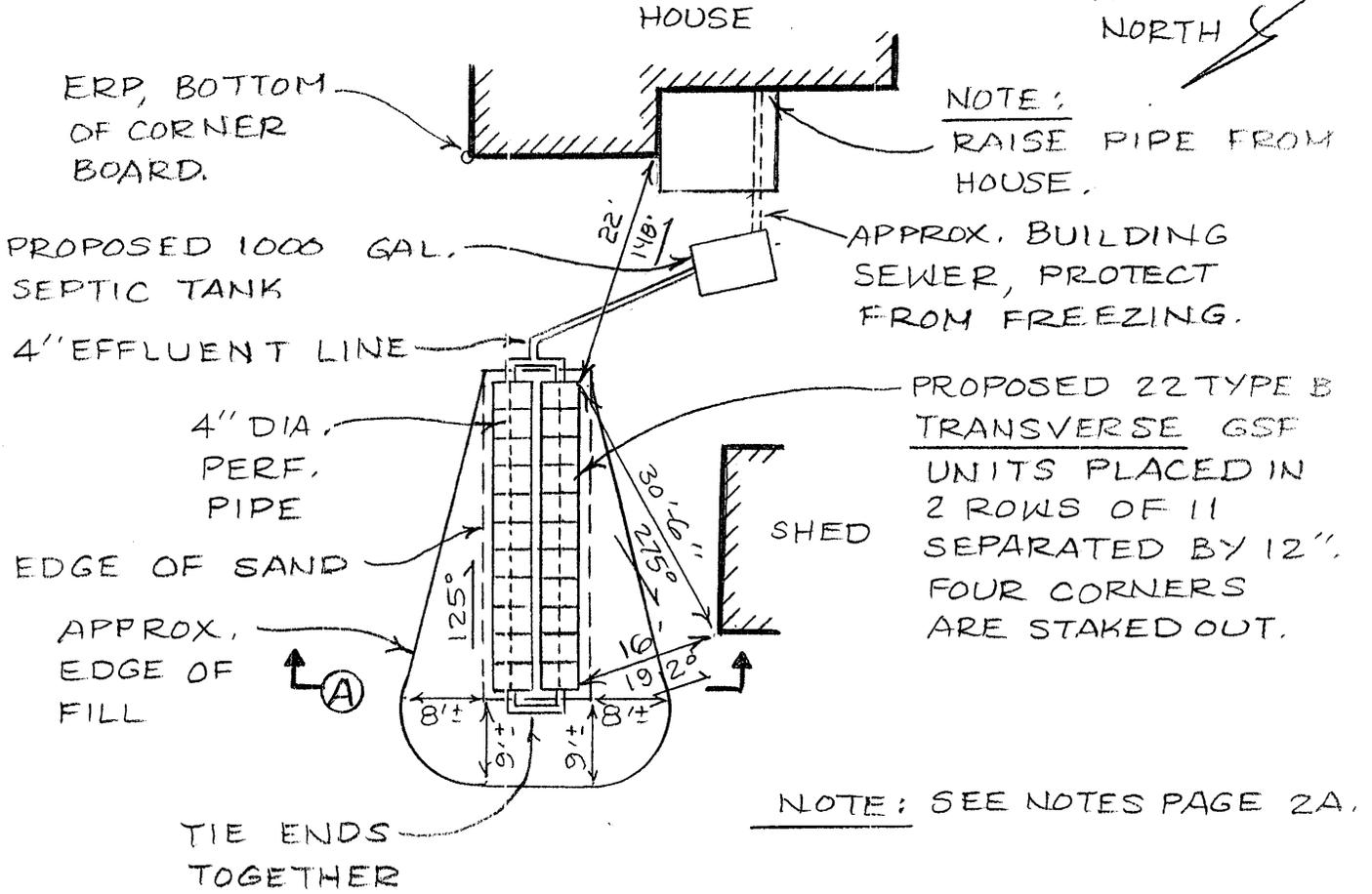
Street, Road, Subdivision
SHORE ROAD

Owner or Applicant Name
CARL FOHLMAN

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.

MAGNETIC NORTH ↗



ERP, BOTTOM OF CORNER BOARD.

NOTE: RAISE PIPE FROM HOUSE.

PROPOSED 1000 GAL. SEPTIC TANK
 4" EFFLUENT LINE

APPROX. BUILDING SEWER, PROTECT FROM FREEZING.

PROPOSED 22 TYPE B TRANSVERSE GSF UNITS PLACED IN 2 ROWS OF 11 SEPARATED BY 12". FOUR CORNERS ARE STAKED OUT.

NOTE: SEE NOTES PAGE 2A.

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		SYSTEM:	PRIVY:	ELEVATION REFERENCE POINT
Depth of Backfill (Upslope)	0"	Finished Grade Elevation	-40"			Location & Description 2.7"
Depth of Backfill (Downslope)	16"	Top of Distribution Pipe or Proprietary Device	-52"		N/A	ABOVE GROUND, BOTTOM OF CORNER BOARD.
Depths @ cross-section shown below or on X-sec. detail.		Bottom of Disposal Field	-65"			Reference Elevation is: 0"

DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

- NOTES:**
1. Tank(s) must be 8' minimum from building, 5' MIN FROM DECK POSTS
 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 11-M 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).

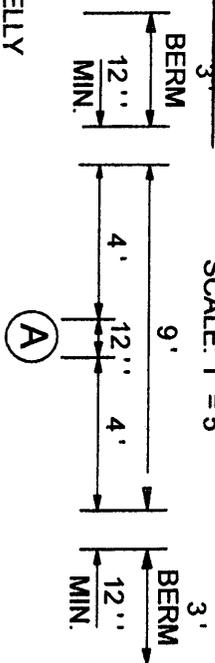
Carl Fohlman
 Site Evaluator's Signature

319
 S.E. #

6-25-14
 Date

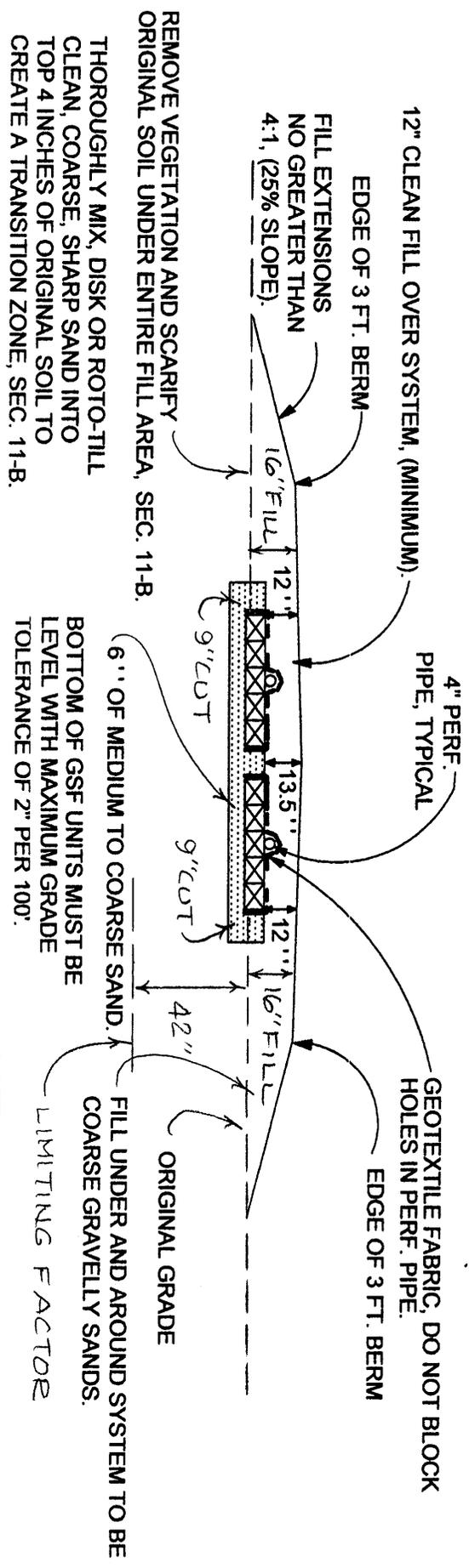
TRANSVERSE GSF UNITS CROSS SECTION

SCALE: 1" = 5'



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.

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.



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

THOROUGHLY MIX, DISK OR ROTO-TILL CLEAN, COARSE, SHARP SAND INTO TOP 4 INCHES OF ORIGINAL SOIL TO CREATE A TRANSITION ZONE, SEC. 11-B.

FILL UNDER AND AROUND SYSTEM TO BE COARSE GRAVELLY SANDS. LIMITING FACTOR

ELEVATIONS:
 ELEV. REF. PT. (ERP): _____
 FINISHED GRADE: _____
 TOP OF PIPE: _____
 TOP OF GSF UNITS: _____
 BOTTOM OF GSF UNITS: _____
 BOTTOM OF SAND: _____

OWNER: CARL POHLMAN
 LOCATION: LAMOINE

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.

W.A.L.
 WILLIAM A. LABELLE, JR.

S.E.# 319

DATE 6-25-14