

4241

OWNER: Henry & Stephen Dziadosz Trustees

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. of Environmental Health - 11 SHS
(207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Portland 121	Town/City	Portland
Street or Road	XOX St. James Street	Permit #	201502687
Subdivision, Lot #	079 C007001	Date Permit Issued	Fee: \$265.00
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature	Double Fee Charged <input type="checkbox"/> L.P.I. # 1185
Name (Last, First, MI)	Henry & Stephen Dziadosz <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 this application and the Maine Subsurface Wastewater Disposal Rules.	
Mailing Address of Owner/Applicant	PO Box 28639	Municipal Tax Map # _____ Lot # _____	
Daytime Tel. #	401 331 5930	CAUTION: INSPECTION REQUIRED	
OWNER OR APPLICANT STATEMENT		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. (1st) date approved	
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 for Local Plumbing Inspector to deny a Permit.		Signature of Owner or Applicant: <u>Henry Dziadosz</u> Date: <u>11/2/15</u>	
		Local Plumbing Inspector Signature: _____ (2nd) date approved	

TYPE OF APPLICATION		THIS APPLICATION REQUIRES		DISPOSAL SYSTEM COMPONENTS	
<input type="checkbox"/> 1. First Time System	<input type="checkbox"/> 2. Replacement System	<input type="checkbox"/> 1. No Rule Variance	<input type="checkbox"/> 2. First Time System Variance	<input type="checkbox"/> 1. Complete Non-engineered System	<input type="checkbox"/> 2. Primitive System (graywater & alt. toilet)
Type replaced: <u>TANK</u>	Year installed: _____	<input type="checkbox"/> a. Local Plumbing Inspector Approval	<input type="checkbox"/> b. State & Local Plumbing Inspector Approval	<input type="checkbox"/> 3. Alternative Toilet, specify: _____	<input checked="" type="checkbox"/> 4. Non-engineered Treatment Tank (only)
<input type="checkbox"/> 3. Expanded System	a. <25% Expansion	<input checked="" type="checkbox"/> 3. Replacement System Variance	<input type="checkbox"/> a. Local Plumbing Inspector Approval	<input type="checkbox"/> 5. Holding Tank, _____ gallons	<input type="checkbox"/> 6. Non-engineered Disposal Field (only)
<input type="checkbox"/> b. >25% Expansion	<input type="checkbox"/> 4. Experimental System	<input type="checkbox"/> 4. Minimum Lot Size Variance	<input type="checkbox"/> b. State & Local Plumbing Inspector Approval	<input type="checkbox"/> 7. Separated Laundry System	<input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more)
<input type="checkbox"/> 5. Seasonal Conversion	<input type="checkbox"/> 5. Seasonal Conversion Permit	<input type="checkbox"/> 5. Seasonal Conversion Permit		<input type="checkbox"/> 9. Engineered Treatment Tank (only)	<input type="checkbox"/> 10. Engineered Disposal Field (only)
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY		<input type="checkbox"/> 11. Pre-treatment, specify: _____	
324 SQ FT <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> ACRES	<input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____	<input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private		<input type="checkbox"/> 12. Miscellaneous Components	
SHORELAND ZONING	<input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____	<input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3. Other: <u>Commercial Apartments</u> (specify)				
	Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped				

DESIGN DETAILS (SYSTEM SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<input checked="" type="checkbox"/> 1. Concrete	<input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench	<input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe	<u>48</u> gallons per day
<input type="checkbox"/> a. Regular	<input type="checkbox"/> 3. Proprietary Device	If Yes or Maybe, specify one below:	BASED ON:
<input type="checkbox"/> b. Low Profile	<input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear	<input type="checkbox"/> a. multi-compartment tank	<input type="checkbox"/> 1. Table 4A (dwelling unit(s))
<input type="checkbox"/> 2. Plastic	<input type="checkbox"/> b. regular load <input type="checkbox"/> d. N-20 load	<input type="checkbox"/> b. _____ tanks in series	<input checked="" type="checkbox"/> 2. Table 4C (other facilities)
<input type="checkbox"/> 3. Other: _____	<input type="checkbox"/> 4. Other: _____	<input type="checkbox"/> c. Increase in tank capacity	SHOW CALCULATIONS for other facilities
CAPACITY: <u>N/A</u> GAL	SIZE: <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<input type="checkbox"/> d. Filter on Tank Outlet	<u>4 employees @ 12 gpd/employee</u>
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
Profile Condition: _____	<input type="checkbox"/> 1. Medium—2.6 sq. ft./gpd	<input checked="" type="checkbox"/> Not Required	LATITUDE AND LONGITUDE
at Observation Hole # _____	<input type="checkbox"/> 2. Medium—large 3.3 sq. ft./gpd	<input type="checkbox"/> May Be Required	at center of disposal area
Depth: _____	<input type="checkbox"/> 3. Large—4.1 sq. ft./gpd	<input type="checkbox"/> Required	Lat. <u>43</u> d <u>37</u> m <u>36</u> s
of Most Limiting Soil Factor: _____	<input type="checkbox"/> 4. Extra Large—5.0 sq. ft./gpd	Specify only for engineered systems:	Lon. <u>70</u> d <u>17</u> m <u>05</u> s
		DOSE: _____ gallons	If g.p.s. state margin of error: <u>±5</u>

SITE EVALUATOR STATEMENT		
I certify that on <u>10/24/15</u> (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>Mark J. Hampton</u> Site Evaluator Signature	<u>263</u> SE #	<u>10/23/15</u> Date
<u>Mark J. Hampton</u> Site Evaluator Name Printed	<u>756-2960</u> Telephone Number	<u> </u> E-mail Address
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.		



Maine Center for Disease Control and Prevention
An Office of the
Department of Health and Human Services

4241
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 <u>Portland</u>
Property Owner's Name:	<u>Henry & Stephen Dziadosz</u>	Tel. No.: <u>774-4444</u>
System's Location:	<u>115 ST JAMES ST PORTLAND</u>	<u>TRUSTEES</u>
Property Owner's Address:	<u>PO BOX 28639 PROVIDENCE RI Zip Code <u>02902-02908</u></u>	
e-mail address:	<u>henry@twincitysupply.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>Setback to foundation to 5 feet</u>	<u>Table 8A</u>
2. <u>Setback to property line to 5 feet</u>	<u>Table 8A</u>
3. _____	_____

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.

Replacing collapsed septic tank area where old one is located

I, <u>MAUR J. HAMPTON</u> , 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.	<u>10/23/15</u> DATE
<u>Maur J. Hampton</u> SIGNATURE OF SITE EVALUATOR	_____ DATE

PROPERTY OWNER

I, Henry Dziadosz, 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 this 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.

Henry Dziadosz
SIGNATURE OF OWNER
 AGENT FOR THE OWNER

11/2/2015
DATE

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LOCAL PLUMBING INSPECTOR - Approval at local level

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

I, Douglas R. Martin, 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.

Douglas R. Martin LPI Signature 6/5/17 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).

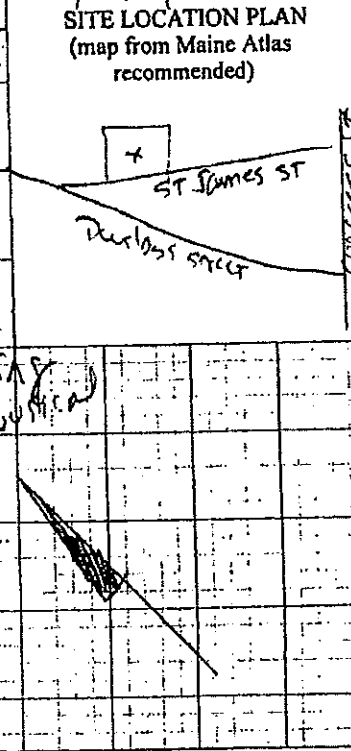
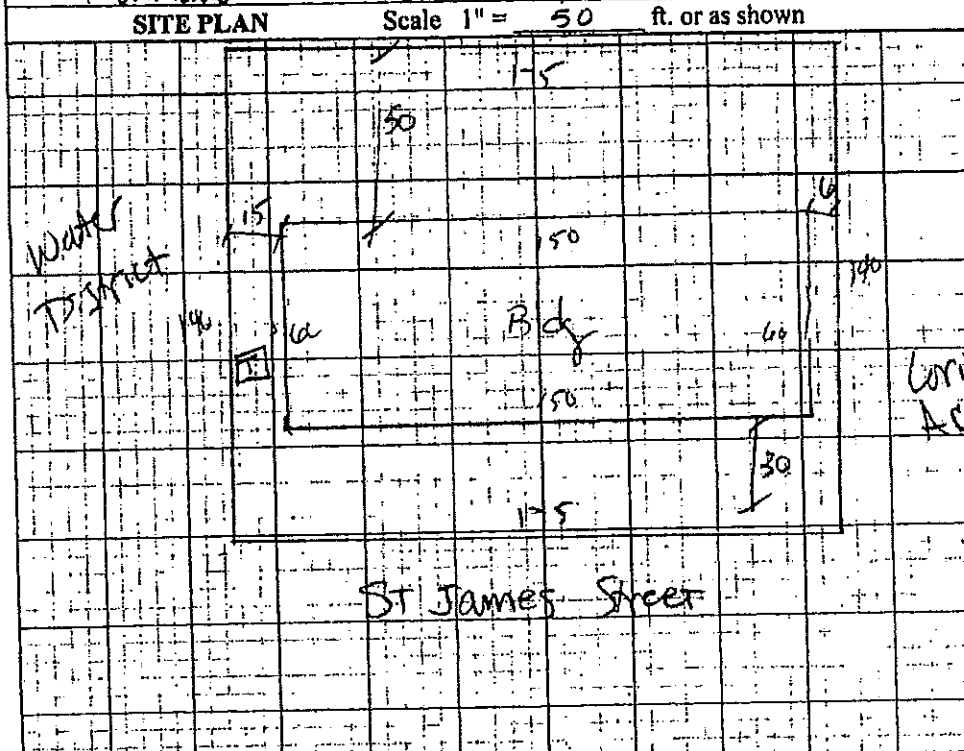
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
 Division of Environmental Health
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation: Portland Street, Road, Subdivision: 105 St. James Street Owner's Name: Twin City Supply Co.



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

Observation Hole Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0			
10			
20			
30			
40			
50			

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
Profile Condition	%	*	<input type="checkbox"/> Restrictive Layer
			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

Observation Hole Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0			
10			
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Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
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Maur. Hampton 263 10/25/15 Page 2 of 3
 Site Evaluator Signature SE # Date HHE-200 Rev. 02/11

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
Division of Environmental Health
(207) 287-6672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

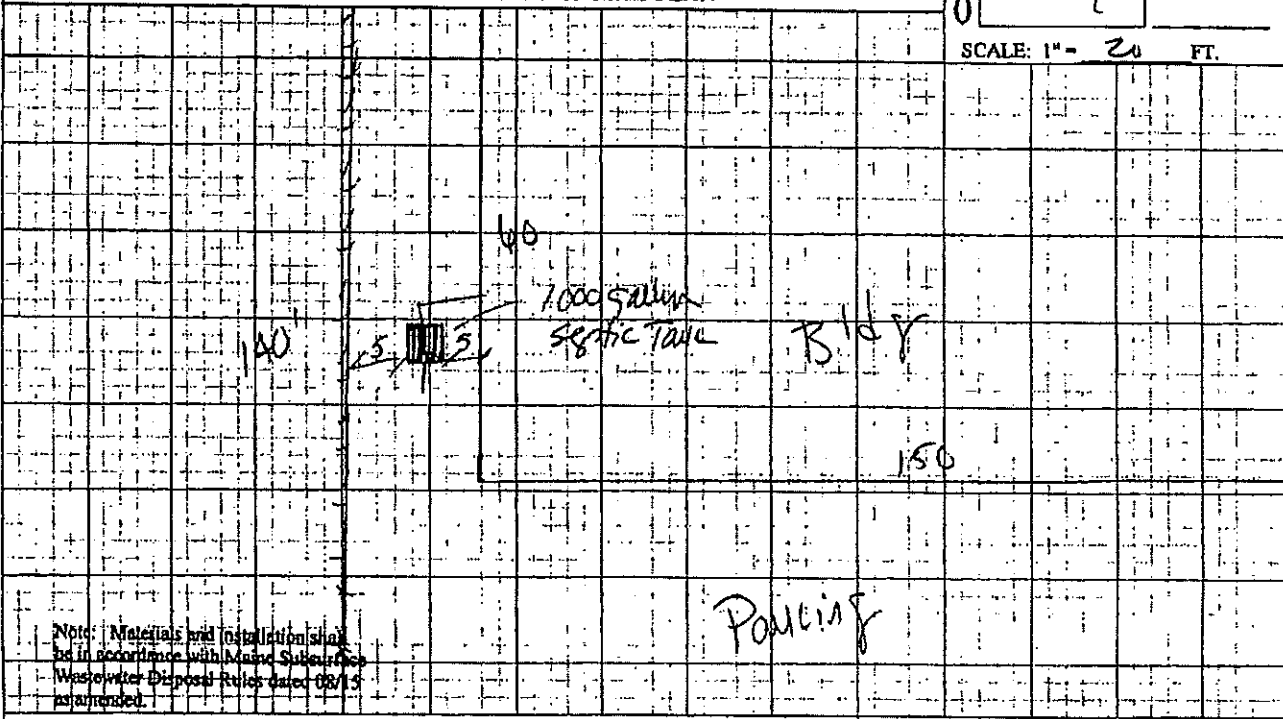
Pondkang

105 ST. James Street

Twin City Supply Co.

SUBSURFACE WASTEWATER DISPOSAL PLAN

0 []
SCALE: 1" = 20 FT.



FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope)

Finished Grade Elevation

Location & Description:

Depth of Fill (Downslope)

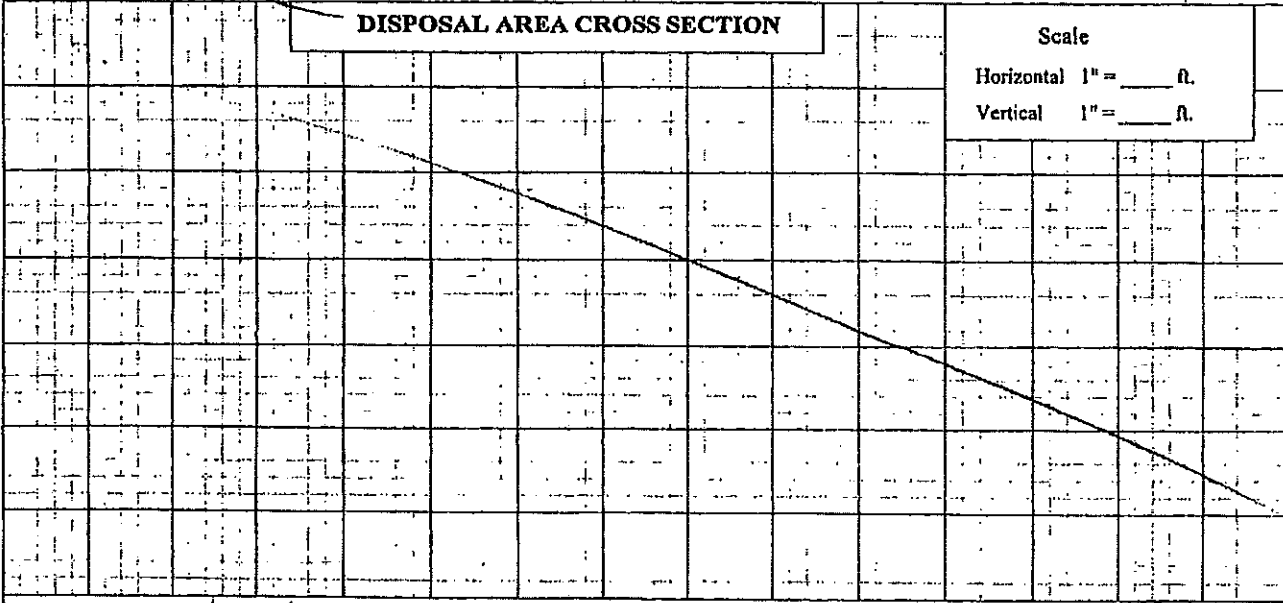
Top of Distribution Pipe or Proprietary Device

Reference Elevation:

Bottom of Disposal Area

DISPOSAL AREA CROSS SECTION

Scale
Horizontal 1" = ___ ft.
Vertical 1" = ___ ft.



Mary Hampton
Site Evaluator Signature

203
SE #

Date