

SUBSURFACE INSPECTION PROCEDURES  
Please call 874-8703 or 874-8693 (ONLY)  
or email: [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov)

**Check the Status or Schedule an Inspection On-Line at  
<http://www.portlandmaine.gov/planning/permitstatus.asp>**

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested at least 24 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 24 months of the date of issuance.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.**

### **REQUIRED INSPECTIONS SEPTIC FIELD:**

1. After Site Preparation: Septic field and extension inspection for bottom preparation/scarification to verify removal of vegetation and roughened surface, established transitional horizon and erosion and sedimentation control measures.
2. Prior to covering the system: Inspection of system components including stone, pipes or proprietary devices, tanks, hay, filter fabric, and fill beneath and beside the disposal area before backfill. Also included are curtain drains, diversion ditches, berms or other measures outlined in the design.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

<b>City of Portland, Maine - Building or Use Permit</b> 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716		<b>Permit No:</b> 2015-02982	<b>Date Applied For:</b> 12/11/2015	<b>CBL:</b> 083F A061001
<b>Proposed Use:</b>		<b>Proposed Project Description:</b>		
<b>Dept:</b> Building Inspecti		<b>Status:</b> Approved w/Conditions	<b>Reviewer:</b> Jonathan Rioux	<b>Approval Date:</b> 12/17/2015
<b>Note:</b>		<b>Ok to Issue:</b> <input checked="" type="checkbox"/>		
<b>Conditions:</b>				
1) Septic field and extension inspection for bottom preparation/ scarification to verify removal of vegetation, established transitional horizon and erosion and sedimentation control measures.				
Backfill inspection of septic field for approved materials, stabilization, slopes and extensions.				
Exposed septic field installation and tank location inspection to check elevations, dimensions, piping, plumbing station and system design prior to covering.				

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Div of Environmental Health 11 SHS  
(207) 287-5672 FAX (207) 287-3166

<b>PROPERTY LOCATION</b>		<b>&gt;&gt;CAUTION: LPI APPROVAL REQUIRED&lt;&lt;</b>	
City, Town, or Plantation	PORTLAND, GREAT DIAMOND ISLAND	Town/City	Portland
Street or Road	16 EAST SIDE DRIVE	Permit #	201502982
Subdivision, Lot #	LOT 4 DIAMOND COVE 083F A061001	Date Permit Issued	12/17/15
<b>OWNER/APPLICANT INFORMATION</b>		Fee \$	265.00
Name (last, first, MI)	BEAULIEU RONALD	Double Fee Charged [ ]	
Mailing Address of Owner/Applicant	140 WOODLANDS DRIVE FALMOUTH, ME 04105	Local Plumbing Inspector Signature	<i>AR</i> LPI # 1081
Daytime Tel. #	733-2832	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.	
<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 the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner/Applicant: <i>Ronald Beaulieu</i> Date: 12/10/15		Municipal Tax Map # 83F Lot # A-61 Local Plumbing Inspector Signature: _____ Date Approved: _____	

PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b> <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____ Year Installed: _____ <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	<b>THIS APPLICATION REQUIRES</b> <input checked="" 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 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 COMPONENTS</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 (2000gpd+) <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> 4.98 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>5</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> <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: _____
<b>SHORELAND ZONING</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> <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: _____ CAPACITY: <u>2-1000</u> GAL. (TWO 1000 GALLON TANKS IN SERIES)	<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 <input type="checkbox"/> a. Cluster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. Regular <input type="checkbox"/> d. H-20 loaded <input type="checkbox"/> 4. Other: _____ SIZE: <u>1536</u> sq. ft. <input type="checkbox"/> lin. ft. <u>82</u> ELVEN GSF UNITS	<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 checked="" type="checkbox"/> b. <u>2</u> tanks in series <input type="checkbox"/> c. Increase in tank capacity <input type="checkbox"/> d. Filter on tank outlet	<b>DESIGN FLOW</b> <u>450</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 5 BEDROOMS AT 90 GALLONS PER DAY EACH = 450 GPD
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION <u>12 / A</u> at Observation Hole # <u>TP 131</u> Depth <u>40</u> " 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 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>N43</u> d <u>40</u> m <u>50.4</u> s Lon. <u>W70</u> d <u>11</u> m <u>27.28</u> s if g.p.s., state margin of error

SITE EVALUATOR STATEMENT		
I Certify that on <u>8/20/14</u> (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 241).		
Site Evaluator Signature: <i>Albert Frick</i>	SE #: <u>163</u>	Date: <u>9/30/2015</u>
Site Evaluator Name Printed: <u>ALBERT FRICK</u>	Telephone Number: <u>(207) 839-5563</u>	E-mail Address: <u>ALBERT@ALBERTFRICK.COM</u>