

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION	
Town or Plantation	PORTLAND (PEAKS ISLAND)
Street	EIGHTH MAINE AVE.
Subdivision Lot #	
PROPERTY OWNERS NAME	
Last: de SOUSA	First: ROBERT ANNETTE
Mailing Address of Owner	238 Phipps Plaza PALM BEACH FL 33480
Daytime Tel. #	(561) 659-4889
Owner Statement	
I state 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.	
Signature of Owner/Applicant	Date

PORTLAND Date Permit Issued: 9/24/98	6418 \$ 1100 L.P.I. # 0124	TOWN COPY FEE Double Fee Charged
Local Plumbing Inspector Signature		
Municipal Tax Map # 85N Lot # 12		
<b>Caution: Inspection Required</b> I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.		
Local Plumbing Inspector Signature		Date Approved: OCT 10, 1998

## PERMIT INFORMATION

<b>THIS APPLICATION IS FOR:</b> 1. <input type="checkbox"/> First Time System 2. <input type="checkbox"/> Multi-User System 3. <input checked="" type="checkbox"/> Replacement System 4. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non-exempted 5. <input type="checkbox"/> Experimental System 6. <input type="checkbox"/> Seasonal Conversion	<b>THIS APPLICATION REQUIRES:</b> 1. <input type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance (Municipal) 3. <input type="checkbox"/> First Time System Variance (State) 4. <input checked="" type="checkbox"/> Replacement System Variance a. <input checked="" type="checkbox"/> Local Plumbing Inspector approval b. <input type="checkbox"/> State & Local Plumbing Inspector approval 5. <input type="checkbox"/> Minimum Lot Size Variance 6. <input type="checkbox"/> Seasonal Conversion Variance	<b>DISPOSAL SYSTEM COMPONENT(S)</b> 1. <input type="checkbox"/> Non-Engineered System 2. <input type="checkbox"/> Primitive System 3. <input type="checkbox"/> Alternative Toilet Specify _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank 5. <input checked="" type="checkbox"/> Holding Tank / 500 MIN. Gallons 6. <input type="checkbox"/> Non-Engineered Disposal Area (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Engineered System (+2000 gpd) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Area (only)
<b>SIZE OF PROPERTY</b> 3708 SQ. FT. (PER SURVEY)	<b>DISPOSAL SYSTEM TO SERVE:</b> 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit 2. <input type="checkbox"/> Multiple Family Dwelling Unit Number of Units _____ 3. <input type="checkbox"/> Other _____ SPECIFY _____	<b>TYPE OF WATER SUPPLY</b> PUBLIC WATER
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

<b>TREATMENT TANK</b> 1. <input type="checkbox"/> Concrete <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic SIZE _____ Gallons	<b>DISPOSAL AREA TYPE/SIZE</b> 1. <input type="checkbox"/> Stone Bed _____ Sq. Ft. 2. <input type="checkbox"/> Proprietary Device _____ Sq. Ft. <input type="checkbox"/> Clustered <input type="checkbox"/> Linear <input type="checkbox"/> Regular <input type="checkbox"/> H-20 3. <input type="checkbox"/> Trench _____ Lin. Ft. 4. <input type="checkbox"/> Other _____	<b>GARBAGE DISPOSAL UNIT</b> 1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes <input type="checkbox"/> Multi-compartment tank <input type="checkbox"/> Tank in series <input type="checkbox"/> Increase in tank capacity <input type="checkbox"/> Filter on tank outlet	<b>CRITERIA USED FOR DESIGN FLOW</b> (Show Calculations) SINGLE FAMILY DWELLING (3 BEDROOMS)
<b>PROFILE &amp; DESIGN CLASS</b> PROFILE _____ DESIGN _____ DEPTH TO MOST LIMITING FACTOR _____"	<b>DISPOSAL AREA SIZING</b> 1. <input type="checkbox"/> Small 2.0 2. <input type="checkbox"/> Medium 2.60 3. <input type="checkbox"/> Medium-Large 3.30 4. <input type="checkbox"/> Large 4.10 5. <input type="checkbox"/> Extra-Large 5.00	<b>PUMPING</b> 1. <input checked="" type="checkbox"/> Not Required SEE NOTE PG. #3 2. <input type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required DOSE _____ Gallons	<b>DESIGN FLOW:</b> 270 (Gallons/Day)

## SITE EVALUATOR'S STATEMENT

On 7, 10, 96 (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.

Albert Frick  
Site Evaluator Signature  
ALBERT FRICK ASSOCIATES, INC.  
Print Name

163  
SE #  
839-5563  
Telephone

7/12/96  
Date  
9/4/98

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City or Plantation

PORTLAND/PEAKS ISLAND

Street, Road or Subdivision

EIGHTH MAINE AVENUE

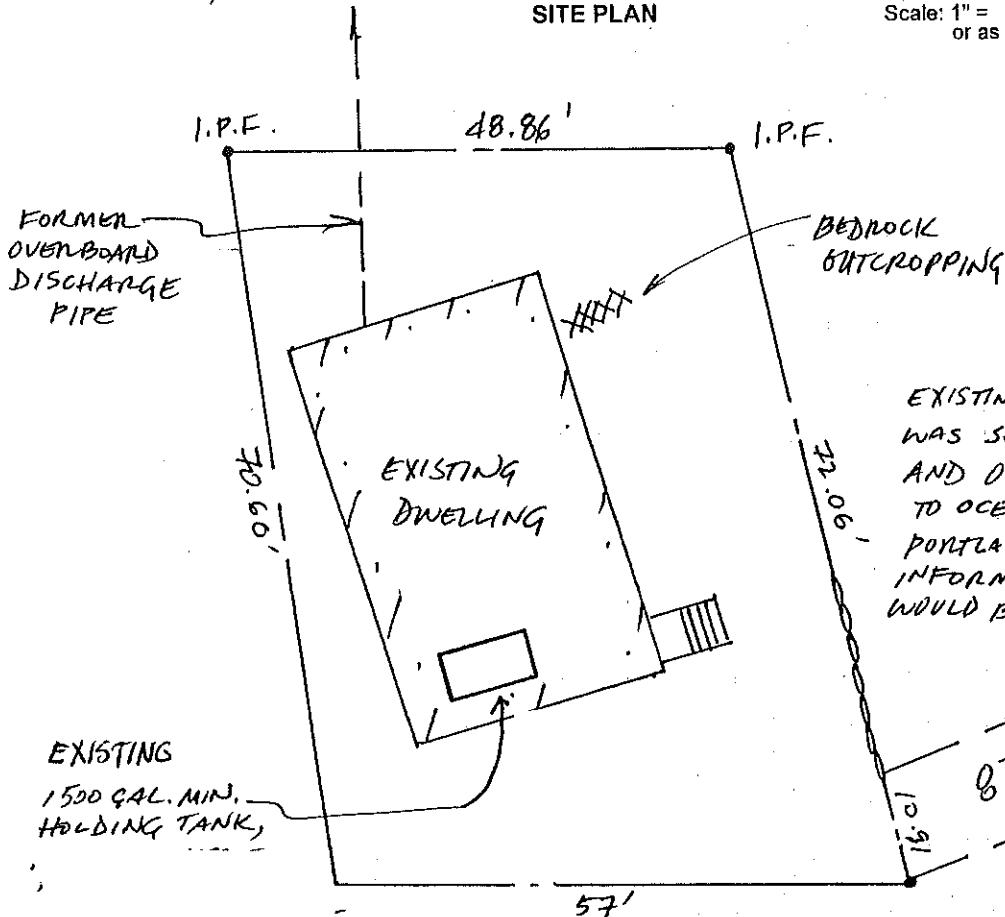
Name of Owner

de SOUSA, ROBT. & ANNETTE

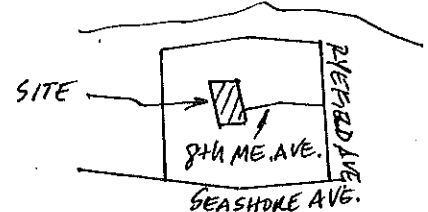
SITE PLAN

Scale: 1" = 20 ± Ft.  
or as shown

SITE LOCATION PLAN  
(Map from The Maine Atlas  
recommended) OCEAN



EXISTING YR. ROUND DWELLING  
WAS SERVED BY GAS TOILET  
AND OVERBOARD DISCHARGE  
TO OCEAN. APPLICANT HAS CONTACTED  
PORTLAND WATER DISTRICT AND WAS  
INFORMED THAT SEWER HOOK-UP  
WOULD BE AVAILABLE IN 1-3 YRS. TIME.



## 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			
6			
10			
15			
20			
30			
40			
50			

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Soil	Class	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
Profile		%	"	<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

Observation Hole \_\_\_\_\_ ☐ Test Pit ☐ Boring

\_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
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Soil	Class	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
Profile		%	"	<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

*Robert Frick*  
Site Evaluator Signature

163  
SE #

7/12/96  
Date 9/4/98

# SUBSURFACE WASTEWATER

# SPOSAL SYSTEM APPLICATION

Town, City or Plantation

Street, Road or Subdivision

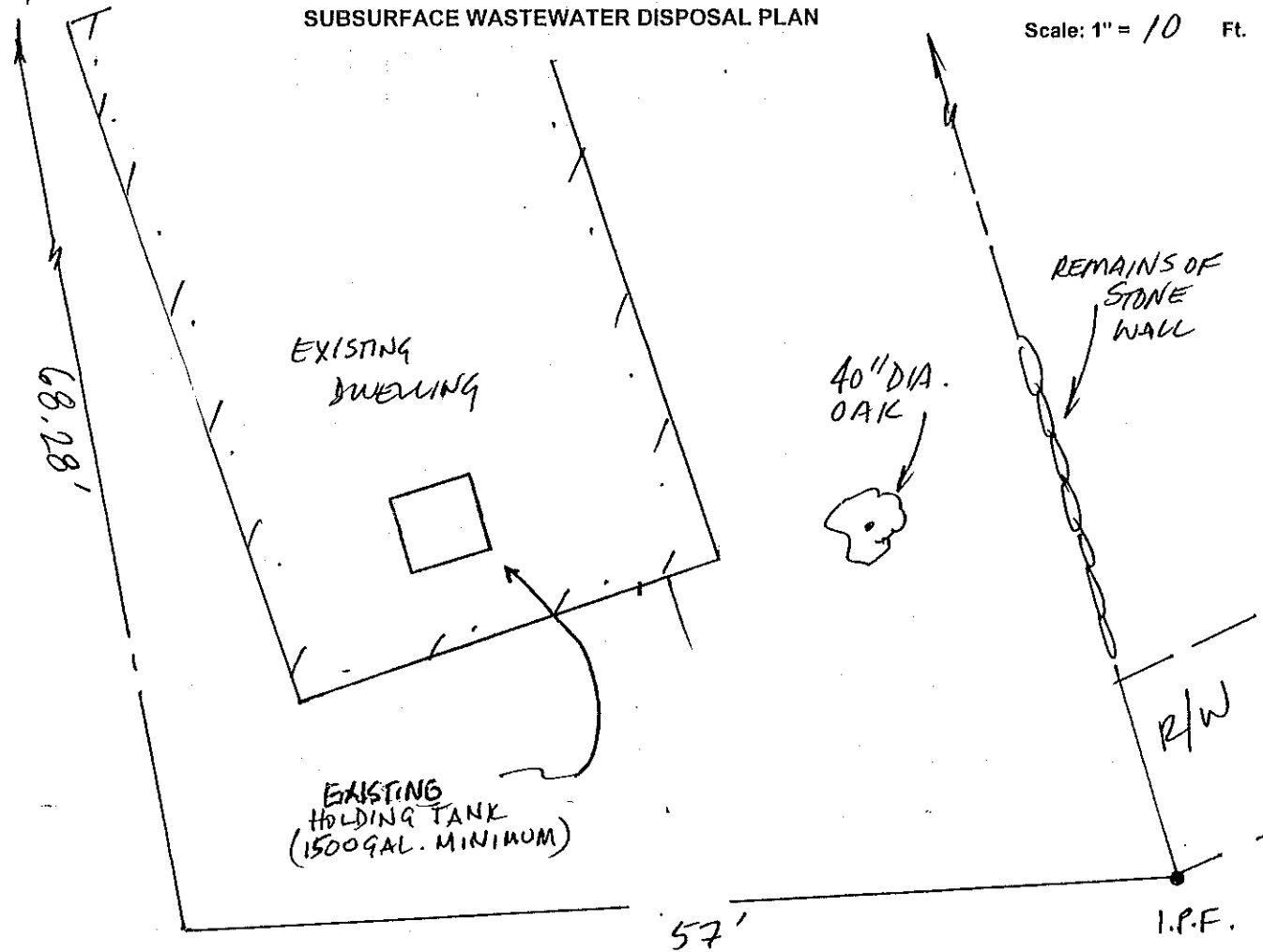
Name of Owner

PORTLAND/ PEAKS ISLAND

EIGHTH MAINE AVE. de SOUSA, ROBT. & ANNETTE

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 10 Ft.



### FILL REQUIREMENTS

Depth of Fill (Upslope) \_\_\_\_\_"  
Depth of Fill (Downslope) \_\_\_\_\_"

### CONSTRUCTION ELEVATIONS

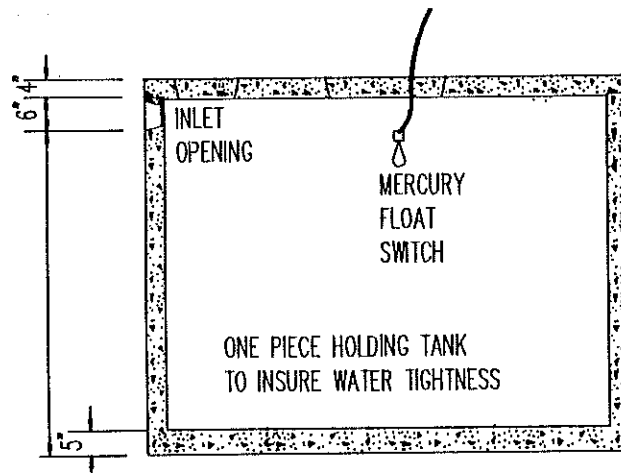
Finished Grade Elevation \_\_\_\_\_  
Top of Distribution Pipe or Proprietary Device \_\_\_\_\_  
Bottom of Disposal Area \_\_\_\_\_

### ELEVATION REFERENCE POINT

Location & Description \_\_\_\_\_  
Reference Elevation \_\_\_\_\_

### DISPOSAL AREA CROSS SECTION

Scale:  
Vertical: 1" = N.T.S. Ft.  
Horizontal: 1" = N.T.S. Ft.



*Albert Frick*  
Site Evaluator Signature

163  
SE #

7/12/96  
Date

9/4/98

# REPLACEMENT SYSTEM VARIANCE REQUEST

## THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application for the proposed replacement system which does not comply with the Rules. The LPI shall review the Replacement System Variance Request and Application and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System from the rules.
2. A system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

### GENERAL INFORMATION

Permit No. \_\_\_\_\_ E Date Permit Issued \_\_\_\_\_  
Town of PORTLAND  
(PEAKS ISLAND)  
Property Owner's Name: de SOUSA, ROBERT & ANNETTE Tel. No. (561) 659-4889  
MONTH/DAY/YEAR  
System's Location: EIGHTH MAINE AVE.  
STREET  
PEAKS ISLAND Maine 04108  
TOWN ZIP  
Property Owner's Address: 238 Phipps Plaza  
(if different from above) STREET  
Palm Beach FL 33480  
TOWN STATE ZIP

### SPECIFIC INSTRUCTIONS TO THE:

#### LPI:

If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, they you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature.)

#### SITE EVALUATOR:

If after completing the Application, you find that a variance for the proposed replacement system is needed, then complete the Replacement Variance Request with your signature on reverse side of form.

#### PROPERTY OWNER:

It has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

The OWNER shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

\_\_\_\_\_  
PROPERTY OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table	to 6"		inches	
Soil Condition	Restrictive Layer	to 6"		inches	
from HHE-200	Bedrock	to 10"		inches	
SETBACK DISTANCES (IN FEET)	FROM:	TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
Potable Water Supplies	1. Well: > 2000 gal/day	100'	300'		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50'	60'		
	b. Property Owner's	25'	50'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

#### OTHER

*HOLDING TANK UNDERNEATH DWELLING*

1. Fill extension Grade—to 3:1

② TO ALLOW A HOLDING TANK TO REPLACE AN ALTERNATIVE TOILET & EXISTING OVER-BOARD DISCHARGE DUE TO SPACE CONSTRAINTS FOR A 'GRANDFATHERED' YEAR-ROUND DWELLING \*

#### Footnotes:

- This setback distance cannot be reduced by variance. See Table 6-2.
- Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but closer to that well than the system it is replacing.
- Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

*Albert Freich*

*7/12/96*

\*APPLICANT HAS INDICATED PUBLIC SEWER WILL BE AVAILABLE 1-3 YRS.

#### LPI STATEMENT

I, P. Samuel Hoffses #124, LPI for the Town of Portland have conducted an on-site inspection for the proposed replacement system and have determined to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Wastewater Disposal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

- ☐ a. (☒ approve, ☐ disapprove) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant.

—OR—

- ☐ b. find that one or more of the requested Variances exceeds my approval authority as LPI. I (☐ recommend ☐ do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: *I have talked with with William Goodwin City Engineer and Larry Mead City Liaison to Parks Island. They stated Public will be servicing this area within five (5) years.*

*Samuel Hoffses*  
LPI'S SIGNATURE

*22 Sept. 98*  
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

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### GENERAL INFORMATION

Permit No. \_\_\_\_\_ E Date Permit Issued \_\_\_\_\_ Town of PORTLAND  
PEAKS ISLAND  
 Property Owner's Name: de SOUSA, ROBERT & ANNETTE Tel. No. 766 2175 MONTH/DAY/YEAR  
 System's Location: EIGHTH MAINE AVE. STREET  
PEAKS ISLAND TOWN Maine 04108 ZIP  
 Property Owner's Address: 17 EIGHTH ME. AVE. STREET  
 (if different from above) PEAKS ISLAND TOWN ME 04108 STATE ZIP

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The OWNER shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

Robert A. de Sousa

6/10/99

Annette H. de Sousa  
 PROPERTY OWNER'S SIGNATURE

6/10/98  
 DATE

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Comments: \_\_\_\_\_

LPI'S SIGNATURE

DATE

## FOR USE BY THE DEPARTMENT ONLY

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SIGNATURE OF THE DEPARTMENT

DATE