

085-12-015

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION		>> Caution: Permit Required - Attach In Space Below <<	
City, Town, or Plantation	PEAKS ISLAND	PORTLAND Date Permit Issued: 12-10-99 7100 TOWN COPY \$1,000 FEE Double Fee Charged L.P.I. # 01241 Local Plumbing Inspector Signature: [Signature]	
Street or Road	7 RYEFIELD STREET		
Subdivision, Lot *			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	PERRY DONALD & BARBARA Applicant		
Mailing Address of	7 RYEFIELD STREET		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	PEAKS ISLAND, ME 04108		
Daytime Tel. *	766-543	Municipal Tax Map # _____ Lot # _____	
Owner or Applicant Statement		Caution: Inspections Required	
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] 12/4/99 Signature of Owner/Applicant Date		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. [Signature] 12-12-99 Local Plumbing Inspector Signature (1st) Date Approved 1-4-00 (2nd) Date Approved	

PERMIT INFORMATION

TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 1. <input type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input checked="" type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENT(S) 1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-Engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd+) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components
SIZE OF PROPERTY 3,96 sq. ft. <input checked="" type="checkbox"/> acres <input type="checkbox"/>	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms 2 2. <input type="checkbox"/> Multiple Family Dwelling, No of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY _____	TYPE OF WATER SUPPLY 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY 1000 gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE 720 sq. ft. <input type="checkbox"/> lin. ft. 15 ELJEN IN DRAINS	GARBAGE DISPOSAL UNIT 1. <input type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input checked="" type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment tank b. <input type="checkbox"/> Tank in series c. <input type="checkbox"/> Increase in tank capacity d. <input checked="" type="checkbox"/> Filter on tank outlet ZABEL FILTER	DESIGN FLOW 180 gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities - SINGLE FAMILY DWELLING 2 BEDROOM 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN 12 / A/C / 1 AT Observation Hole # TP 1 Depth 27" Elevation -40" OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq.ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	PUMPING 1. <input type="checkbox"/> Not required 2. <input type="checkbox"/> May be required 3. <input checked="" type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ Gallons	

SITE EVALUATOR STATEMENT

I certify that on 12/1/99 (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

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SE *

Date

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HHE-200 Rev. 1/99

ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation PEAKS ISLAND	Street, Road Subdivision 7 RYEFIELD STREET	Owner's Name DONALD & BARBARA PERRY
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NOTE: PROPERTY LINES TO BE VERIFIED PRIOR TO INSTALLATION OF WASTEWATER DISPOSAL SYSTEM

SITE PLAN

Scale 1" = 30 Ft.
or as shown

SITE LOCATION PLAN
(Attach Map from Maine Atlas for New System Variance)

PROPERTY LINES PER TAX MAP

PROPERTY LINES AS POINTED OUT BY OWNER & FIELD MEASURED

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)											
Observation Hole <u>TP 1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring " Depth of Organic Horizon Above Mineral Soil					Observation Hole <u>TB A</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring " Depth of Organic Horizon Above Mineral Soil						
DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling		DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling	
0						0					
10	SANDY LOAM (FILL)	FRIABLE	DARK YELLOW BROWN	FEW, FAINT		10					
20						20					
30	BEDROCK					30	BEDROCK				
40						40					
50						50					
Soil Classification Profile <u>12</u> Condition <u>A/C</u>					Soil Classification Profile _____ Condition _____						
Slope _____ % Limiting Factor <u>27"</u>					Slope _____ % Limiting Factor _____						
<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth					<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth						

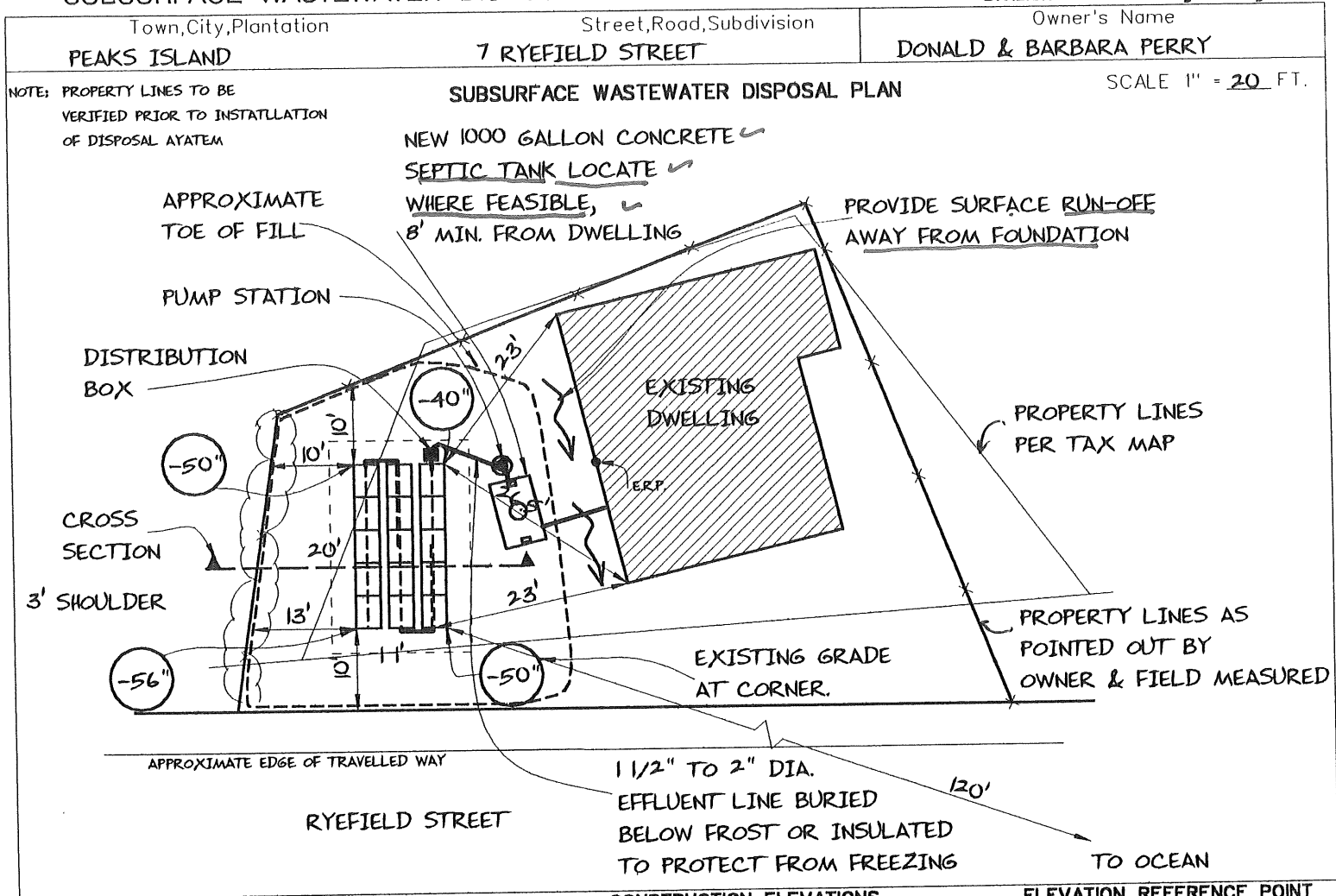
Albert Frick
Site Evaluator Signature

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SE *

12/3/99
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



FILL REQUIREMENTS

Depth of Fill (Upslope)
Depth of Fill (Downslope)

± 26" - 36"
± 24" - 30"

CONSTRUCTION ELEVATIONS

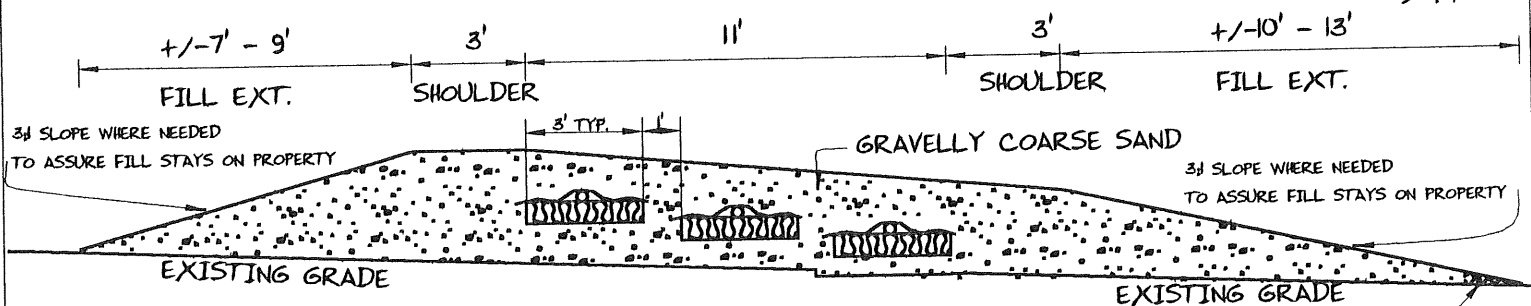
Finished Grade Elevation
Top of Distribution Pipe or Proprietary Device
Bottom of Disposal Area

SEE
DETAIL
BELOW

ELEVATION REFERENCE POINT
Location & Description
BOTTOM OF BASEMENT WINDOW 37" ABOVE EXISTING GRADE
Reference Elevation 00"

SCALE:
VERTICAL: 1" = 5 FT
HORIZONTAL: 1" = 5 FT

DISPOSAL AREA CROSS SECTION



	DEPTH BELOW ERP.	ROW 1	(2)	(3)
CLEAN FILL	FINISHED GRADE	-14"	-20"	-26"
GEOTECHNICAL FABRIC OVER 4" DIA. PERF. PIPE		-26"	-32"	-38"
ELJEN IN-DRAIN UNIT		-30"	-36"	-42"
		-37"	-43"	-49"
		-43"	-49"	-55"

CAP TOE OF FILL WITH SANDY LOAM MATERIAL TO PREVENT WASTEWATER BREAKOUT

Albert Frick
Site Evaluator Signature

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SE #

12/3/99
Date

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HHE-200 Rev. 7/97

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request an HHE-200 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 as defined in the Rules (Sec. 1903)
2. There will be no change in use of the structure except as authorized for one-time exempted expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD₅ plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

GENERAL INFORMATION

Permit No. 7100 Town of Portland, Peaks Island
Date Permit Issued _____
Property Owner's Name: Donald & Barbara Perry Tel. No.: 766-5613
System's Location: 7 Ryefield Street
Property Owner's Address: _____
(if different from above) _____

SPECIFIC INSTRUCTIONS TO THE: LOCAL PLUMBING INSPECTOR (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, then 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, complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

If 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.

PROPERTY OWNER

I understand that the proposed system requires a variance to 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.

Arnold Perry/Barbara R. Perry
SIGNATURE OF OWNER

12/4/99
DATE

LOCAL PLUMBING INSPECTOR

I, P. Samuel Hoffses, the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

☒ a. (X 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, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: I did not visit site but Tom Reins brought CEO. LPI
For The City of Portland has been on site because this is his
District for inspections and reported by memo 12/1/99 this is the only
Place For The S.W.D.S. # LPI SIGNATURE 7/Dec/99
DATE

We both have talk with Mr. Albert Frick SE #163 about this
System and agreed this should be approved.

Replacement System Variance Request

VARIANCE CATEGORY	VARIANCE REQUESTED		LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS						
Soil Profile	Ground Water Table		to 7"		Inches	
Soil Condition	Restrictive Layer		to 7"		Inches	
from HHE-200	Bedrock		to 12"		Inches	
SETBACK DISTANCES (in feet)	Disposal Fields		Septic Tanks		Disposal Fields	Septic Tanks
From	Less than 1000 gpd	1000 to 2000 gpd	Less Than 1000 gpd	1000 to 2000 gpd	To	To
Wells with water usage of 2000 or more gpd	300 ^a ft	300 ^a ft	100 ^a ft	100 ^a ft		
Owner's wells	100 down to 50 ft	200 down to 100 ft	100 ^b down to 50 ft	100 down to 50 ft		
Neighbor's wells	100 ^b down to 60 ft	200 ^b down to 120 ft	100 ^b down to 50 ft	100 ^b down to 75 ft		
Water supply line	10 ft ^a	20 ft ^a	10 ft ^a	10 ft ^a		
Water course, major - for replacements only, see Table 400.4 for exempted expansions	100 down to 60 ft	200 down to 120 ft	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft	100 down to 50 ft	50 down to 25 ft	50 down to 25 ft		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	25 down to 12 ft	25 down to 12 ft		
Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams (edge of fill extension)	25 ft ^d	25 ft ^d	25 ft ^d	25 ft ^d		
Slopes greater than 3:1	10 ft	18 ft	N/A	N/A		
No full basement [e.g. slab, frost wall, columns]	15 down to 7 ft	30 down to 15 ft	8 down to 5 ft	14 down to 7 ft		
Full basement [below grade foundation]	20 down to 10 ft	30 down to 15 ft	8 down to 5 ft	14 down to 7 ft		5' ✓
Property lines	10 down to 5 ^c ft	18 ft down to 9 ^c ft	10 ft down to 4 ^c ft	15 ft down to 7 ^c ft		
Burial sites or graveyards, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft		

OTHER

1. Fill extension Grade - to 3:1 New property line as necessary

2.

3.

Footnotes:

- This setback distance cannot be reduced by the LPI, but may be considered for reduction by State variance.
- Written Permission from the owner of a well is required when a replacement system will be located less than 100 (or 200 ft. for 1000-2000 gpd) feet and 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 or property line.
- Natural Resources Protection Act requires a 25 foot setback on slopes with less than 20% from the edge of disturbance and 100 feet on slopes greater than 20% except for the repair or installation of a replacement system when no practical alternative exists.

Albert Frick
SITE EVALUATOR'S SIGNATURE

12/3/99
/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