

## REPLACEMENT SYSTEM VARIANCE REQUEST

### THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form must be attached to an application (HHE-200) for any replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request and HHE-200 and may approve the Request if all of the following requirements are met.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 1906.9)
2. The replacement system is determined by the Site Evaluator to be the most practical method to treat and dispose of the wastewater.
3. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

### GENERAL INFORMATION

Permit No. \_\_\_\_\_

Town of Portland Peaks Island

Date Permit Issued \_\_\_\_\_

Property Owner: Phillip Larou

Applicant: Sami & Patricia Wainright (N/E Larou)

Tel. No.: 860-876-0073

System's Location: 45 Whipple Way

Property Owner's Address: 34 West Main Street

(if different from above) Chester, CT 06412-1345

### 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 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. The Site Evaluator has considered the site/soil restrictions and has 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.

Phillip Larou  
SIGNATURE OF OWNER

1/5/11  
DATE

### LOCAL PLUMBING INSPECTOR

I, \_\_\_\_\_, 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 ( ☐ 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.

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

\_\_\_\_\_  
LPI SIGNATURE

\_\_\_\_\_  
DATE

Goodwill			Island Methodist Church	
Box	Kitchen items	vases, bowls	dresser	6 drawer
Box	Kitchen items	pans, baking pans	yarn	50 skeins
box	Kitchen items	glass, pottery	baskets	6 various
box	Kitchen items	small appliances	paintings	3 misc ( living room)
box	books	books, games	luggage	4 pc
box	books	books	box	cookware
Box	entertainment	games, DVDs (10)	box	casseroles
box	decorative items	candles, lights, pottery	box	dishes
box	decorative items	picture frames	box	plates, saucers
box	hardware	plumbing, elec		cups, bowls
box	hardware	fasteners, tools		coasters
box	bath items	razors, HBAs		silver border
box	bath items	HBAs		stabilicers
box	office	desk supplies		men's large
item		box fan		beach shoes
item		humidifier		games
item		sound machine		radio
item		shower radio		sony, table top
item		cane		
item		2 umbrellas		
item		4 hampers- wicker		
item	chairs	1 danish		
item	desk	large wall unit		
item	desk	small		
item	file cabinets	3 two-drawer		
item	file cabinets	three-drawer		
item	mirrors	2		
item	microwave cart			
item	microwave			
item	rolling office cart			
item	TV trays- wood			
item	entertainment center	large wall unit		
item	coffee table	wood/glass		
item	2 end tables	wood/glass		
item	2 end tables	oval, 2-shelf		
item	magazine rack	wooden		
item	storage unit	white melamine- large		
	lamps	2 chrome floor		
	lamps	3 table lamps		
	lamps	2 hanging		
	lamps	1 wooden floor		

#### island baptist church

chairs	6 dining
chairs	2 recliner
dressers	2 3-drawer
dressers	2 6 drawer
bookcases	2 tall
chairs	2 windsor
chairs	office

Misc:	
sleepers sofa	ra
shredder	ra
printer	ra
bar console	ra
rococco side table	ra
large room size rug	ra
box decorative smalls	ra
2 box hardware	ra
2 small rugs	lr
1 small bookcase	lr
box docorative smalls	lr

# REPLACEMENT SYSTEM VARIANCE REQUEST

## THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

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1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 1906.0)
2. The replacement system is determined by the Site Evaluator to be the most practical method to treat and dispose of the wastewater.
3. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

### GENERAL INFORMATION

Town of Portland; Peaks Island

Permit No. \_\_\_\_\_

Date Permit Issued \_\_\_\_\_

Property Owner's Name: Sam & Patricia Wainright (N/E Larson)

Tel. No.: 860 876 0073

System's Location: 45 Winding Way

Property Owner's Address: 34 West Main Street

(if different from above) Chester, CT 06412-1345

### SPECIFIC INSTRUCTIONS TO THE: LOCAL PLUMBING INSPECTOR (LPI):

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### SITE EVALUATOR:

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### 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.

Sam C. Wainright  
SIGNATURE OF OWNER/APPLICANT

1/4/11  
DATE

### LOCAL PLUMBING INSPECTOR

I, \_\_\_\_\_, 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 ( ) 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.

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

\_\_\_\_\_  
LPI SIGNATURE

\_\_\_\_\_  
DATE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION		Maine Department of Human Services Division of Health Engineering, Station 10, SPS (207) 287-5672 FAX (207) 287-4177	
<b>PROPERTY LOCATION</b>		>> <b>Caution: Permit Required - Attach in Space Below</b> <<	
City, Town, or Plantation	PORTLAND, PEAKS ISLAND	<p>The Subsurface Wastewater Disposal System <del>shall</del> be installed with a Permit attached HERE 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.</p>	
Street or Road	45 WINDING WAY		
Subdivision, Lot #			
<b>OWNER/APPLICANT INFORMATION</b>		<p>Municipal Tax Map # <u>85</u> Lot # <u>P005</u></p> <p style="text-align: center;"><b>Caution: Inspections Required</b></p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.</p> <p style="text-align: right;">(Init) Date Received _____</p> <p style="text-align: right;">(Sign) Date Received _____</p>	
Name (last, first, MI) <b>N/F LARGO</b>			
Mailing Address of <b>SAM &amp; PATRICIA WAINRIGHT</b>			
<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant <b>34 WEST MAIN ST CHESTER, CT 06412-1545</b>			
Daytime Tel. #			
<b>Owner or Applicant Statement</b>			
<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><i>Sam C. Wainright</i> <u>1/4/10</u> Signature of Owner/Applicant Date</p>		<p>Local Plumbing Inspector Signature _____</p>	
<b>PERMIT INFORMATION</b>			
<b>TYPE OF APPLICATION</b> 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>CESSPOOL</u> Year Installed: <u>PRE 1974</u> 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <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 a. <input 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	
<b>SIZE OF PROPERTY</b> <u>0.62</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres		<b>DISPOSAL SYSTEM TO SERVE</b> 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>1</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY _____ Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>DISPOSAL SYSTEM COMPONENTS</b> 1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & dirt 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	
		<b>TYPE OF WATER SUPPLY</b> 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____	
<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>			
<b>TREATMENT TANK</b> 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input checked="" type="checkbox"/> Low Profile <u>OR</u> 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> 1. <input type="checkbox"/> Stone Bed 2. Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE <u>576</u> sq. ft. <input type="checkbox"/> lin. ft. <b>12 ELTEN IN-DRAIN UNITS</b>	<b>GARBAGE DISPOSAL UNIT</b> 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> Increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet	<b>DESIGN FLOW</b> <u>180</u> 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
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE <u>2</u> CONDITION <u>ATT</u> DESIGN <u>1</u> AT Observation Hole # <u>TP 2</u> Depth <u>23</u> " Elevation <u>-43</u> " OF MOST LIMITING SOIL FACTOR	<b>DISPOSAL FIELD SIZING</b> 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 - 4.7 sq.ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	<b>EFFLUENT/EJECTOR PUMP</b> 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required Specify only for engineered systems: DISE: _____ Gallons	<b>1 BEDROOMS AT 120-180 GALLONS PER DAY</b> 3. <input type="checkbox"/> Section 503.0 (water readings) ATTACH WATER METER DATA <b>LATITUDE AND LONGITUDE</b> of center of disposal area Lat. <u>N 45° 0' 39" W</u> Long. <u>70° 0' 11" W</u> If applicable, state north or south of true
<b>SITE EVALUATOR STATEMENT</b>			
<p>I certify that on <u>12/22/10</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 24).</p>			
<i>Albert Frick</i> Site Evaluator Signature		<u>LS</u> SE #	<u>12/29/2010</u> Date
<b>ALBERT FRICK</b> Site Evaluator Name Printed		<u>(207) 899-5544</u> Telephone Number	<u>AFACM@AHERP.COM</u> E-mail Address
<b>ALBERT FRICK ASSOCIATES - 65A COUNTY ROAD ROAD BOWHAM, MAINE 04036 - (207) 630-5553</b> Note: Changes to or deviations from the design should be confirmed with the Site Evaluator			

# Replacement System Variance Request

Replacement System Variance Request							VARIANCE REQUESTED TO:	
VARIANCE CATEGORY								
SOILS							inches	
Soil Profile		Ground Water Table					inches	
Soil Condition		Restrictive Layer					inches	
from HHE-200		Bedrock						
SETBACK DISTANCES (in feet)		Disposal Fields			Septic Tanks		Disposal Fields	Septic Tanks
From	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	To	To
Wells with water usage of 2000 or more gpd or public water system wells	300 ft.	300 ft	300 ft	150 ft	150 ft	150 ft		
Private Potable Water Supply	100 ft [a]	200 ft	300 ft	50 ft	100 ft	100 ft	10' GRAND-FATHERED (10' NEW)	22'
Water supply line	10 ft	20 ft	25 ft [g]	10 ft	10 ft	10 ft [g]		
Water course, major -	100 ft [e]	200 ft [e]	300 ft [e]	100 ft	100 ft	100 ft		
Water course, minor	50 ft [d]	100 ft [d]	150 ft [d]	50 ft [d]	50 ft [d]	50 ft [d]		
Drainage ditches	25 ft	50 ft	75 ft	25 ft	25 ft	25 ft		
Edge of fill extension-- Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]		
Slopes greater than 3:1	10 ft [f]	18 ft [f]	25 ft [f]	N/A	N/A	N/A		
No full basement [e.g. slab, frost wall, columns]	15 ft	30 ft	40 ft	8 ft	14 ft	20 ft	5'	
Full basement [below grade foundation]	20 ft	30 ft	40 ft	8 ft	14 ft	20 ft		
Property lines	10 ft [b]	18 ft [b]	20 ft [b]	10 ft [b]	15 ft [b]	20 ft [b]	+/-1'	+/-1'
Burial sites or graveyards, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft	25 ft	25 ft		

## OTHER

1. Allow retaining wall adjacent to system at property line due to lack of area and to prevent fill encroachment

Footnotes: [a.] Private Potable water Supply setbacks may be reduced as prescribed in Chapter 7

[b.] Additional setbacks may be needed to prevent fill material extensions from encroaching onto abutting property.

[c.] Additional setbacks may be required by local Shoreland zoning.

[d.] Natural Resource Protection Act requires a 25 foot setback, on slopes of less than 20%, from the edge of soil disturbance and 100 feet on slopes greater than 20%. See Chapter 16.

[e.] May not be any closer to a private potable water supply than the existing disposal field or septic tank. This setback may be reduced for single family houses with Department approval. See Section 702.3.

[f.] The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.

[g.] See Section 1402.8 for special procedures when these minimum setbacks cannot be achieved.

SITE EVALUATOR'S 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



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, Station B-345  
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation  
**PORTLAND; PEAKS ISLAND**

Street, Road Subdivision  
**45 WINDING WAY**

Owner's Name  
**SAM & PATRICIA WAINRIGHT (N/F LAROU)**

SITE PLAN Scale 1" = 30' F.L.  
or as shown

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

NOTE: SITE PLAN BASED ON TAX MAP INFORMATION AND PROPERTY OWNER'S UNDERSTANDING OF PROPERTY LINES.  
IT IS RECOMMENDED THAT THE PROPERTY BOUNDARIES BE CONFIRMED PRIOR TO CONSTRUCTION OF REPLACEMENT DISPOSAL AREA AND CONTACT ALBERT FRICK ASSOC. IF ACTUAL PROPERTY LINES DIFFER THAN WHAT IS DEPICTED, IF IT AFFECTS THE DISPOSAL AREA SETBACKS

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

Observation Hole TP 1 ☒ Test Pit ☐ Boring  
" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0-10			
10-20			
20-30			
30-40			
40-50			
50-60			
60-70			
70-80			
80-90			
90-100			
100-110			
110-120			
120-130			
130-140			
140-150			
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950-960			
960-970			
970-980			
980-990			
990-1000			

Soil Classification: **MADE LAND (2 A "LIKE")**  
Slope: **0-3%**  
Limiting Factor: **40"**  
Ground Water: ☐  
Restrictive Layer: ☐  
Bedrock: ☐  
Pit Depth: ☐

Observation Hole TP 2 ☒ Test Pit ☐ Boring  
" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0-10			
10-20			
20-30			
30-40			
40-50			
50-60			
60-70			
70-80			
80-90			
90-100			
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970-980			
980-990			
990-1000			

Soil Classification: **2**  
Slope: **0-3%**  
Limiting Factor: **23"**  
Ground Water: ☐  
Restrictive Layer: ☐  
Bedrock: ☐  
Pit Depth: ☐

*Albert Frick*  
Site Evaluator Signature

163  
SE

12/29/2010  
Date

ALBERT FRICK ASSOCIATES - 65A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 833-5563

More Department of Human Services  
Division of Health Engineering, Station 10 SHS  
(207) 287-5672 FAX (207) 287-4112

SAM & PATRICIA WAINRIGHT (N/F LAROU)

SCALE  $\frac{1}{2}$ " = 10' FT

4" DIA. SWER LINE

PROVIDE 4" THICK  
BLUE BOARD  
ALONG SIDE SEPTIC TANK  
AND RETAINING WALL

NEW 1000 GALLON  
CONCRETE (OR PLASTIC)  
SEPTIC TANK  
SET AT HIGH ENOUGH ELEVATION  
TO PROVIDE GRAVITY FLOW  
OR PROVIDE PUMP STATION

ELEVATION REFERENCE POINT

Location & Description  
BASEMENT DOOR SILL  
Reference Elevation is: 0.0' or

SCALE:  
VERTICAL: 1" = 5 FT  
HORIZONTAL: 1" = 10 FT

SE

Site Evaluator Signature

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

Page 3 of 3  
HMF-200 Rev. 10/02



**Albert Frick Associates, Inc.**  
**Soil Scientists & Site Evaluators**

95A County Road Gorham, Maine 04038  
(207) 839-5563

TOWN	LOCATION	APPLICANT'S NAME
------	----------	------------------

1) The Plumbing and Subsurface Wastewater Disposal Rules adopted by the State of Maine, Department of Human Services pursuant to 22 M.R.S.A. § 42 (the "Rules") are incorporated herein by reference and made a part of this application and shall be consulted by the owner/applicant, the system installer and/or building contractor for further construction details and material specifications. The system installer should contact Albert Frick Associates, Inc. 839-5563, if there are any questions concerning materials, procedures or designs. The system installer and/or building contractor installing the system shall be solely responsible for compliance with the Rules and with all state and municipal laws and ordinances pertaining to the permitting, inspection and construction of subsurface wastewater disposal systems.

2) This application is intended to represent facts pertinent to the Rules only. It shall be the responsibility of the owner/applicant, system installer and/or building contractor to determine compliance with and to obtain permits under all applicable local, state and/or federal laws and regulations (including, without limitation, Natural Resources Protection Act, wetland regulations, zoning ordinances, subdivision regulations, Site Location of Development Act and minimum lot size laws) before installing this system or considering the property on which the system is to be installed a "buildable" lot. It is recommended that a wetland scientist be consulted regarding wetland regulations. Prior to the commencement of construction/installation, the local plumbing inspector or Code Enforcement Officer shall inform the owner/applicant and Albert Frick Associates, Inc. of any local ordinances which are more restrictive than the Rules in order that the design may be amended. All designs are subject to review by local, state and/or federal authorities. Albert Frick Associates, Inc.'s liability shall be limited to revisions required by regulatory agencies pursuant to laws or regulations in effect at the time of preparation of this application.

3) All information shown on this application relating to property lines, well locations, subsurface structures and underground facilities (such as utility lines, drains, septic systems, water lines, etc.) are based solely upon information provided by the owner/applicant and has been relied upon by Albert Frick Associates, Inc. in preparing this application. The owner/applicant shall review this application prior to the start of construction and confirm this information. Well locations on abutting properties but not readily visible above grade should be confirmed by the owner/applicant prior to system installation to assure minimum setbacks.

4) Installation of a garbage (grinder) disposal is not recommended. If one is installed, an additional 1000 gallon septic tank or a septic tank filter shall be connected in series to the proposed septic tank. Risers and covers should be installed over the septic tank outlet to allow for easy maintenance.

5) The system user shall avoid introducing kitchen grease or fats into this system. Chemicals such as septic tank cleaners and/or chlorine (such as from water treatment units) and controlled or hazardous substances shall not be disposed of in this system. Additives such as yeast or enzymes are discouraged, since they have not been proven to extend system life.

6) The septic tank should be pumped within two years of installation and subsequently as recommended by the pump service, but in no event should the septic tank be pumped less often than every three years. All septic tanks, pump stations and additional treatment tanks shall be installed to prevent ground water and surface water infiltration. Risers and covers should be properly installed to provide access while preventing surface water intrusion.



# ATTACHMENT TO SUBSURFACE WASTEWATER DISPOSAL APPLICATION

FORTLAND; PEAKS ISLAND	45 WINDING WAY	SAM & PATRICIA WAINRIGHT (N/F LAROU)
TOWN	LOCATION	APPLICANT'S NAME

- 7) The actual water flow or number of bedrooms shall not exceed the design criteria indicated on this application without a re-evaluation of the system as proposed. If the system is supplied by public water or a private service with a water meter, the water consumption per period should be divided by the number of days to calculate the average daily water consumption [water usage (cu. ft.) x 7.48 cu. ft. (gallons per cu. ft.) ÷ (# of days in period) = gals per day].
- 8) The general minimum setbacks between a well and septic system serving a single family residence is 100-300 feet, unless the local municipality has a more stringent requirement. A well installed by an abutter within the minimum setback distances prior to the issuance of a permit for the proposed disposal system may void this design.
- 9) When a gravity system is proposed: BEFORE CONSTRUCTION/INSTALLATION BEGINS, the system installer or building contractor shall review the elevations of all points given in this application and the elevation of the existing and/or proposed building drain and septic tank inverts for compatibility to minimum slope requirement. In gravity systems, the invert of the septic tank(s) outlet(s) shall be at least 4 inches above the invert of the distribution box outlet at the disposal area.
- 10) When an effluent pump is required: Provisions shall be made to make certain that surface and ground water does not enter the septic tank or pump station, by sealing/grouting all seams and connections, and by placement of a riser and lid at or above grade. An alarm device warning of a pump failure shall be installed. Also, when pumping is required of a chamber system, install a "T" connection in the distribution box and place 3 inches of stone or a splash plate in the first chamber. Insulate gravity pipes, pump lines and the distribution box as necessary to prevent freezing.
- 11) On all systems, remove the vegetation, organic duff and old fill material from under the disposal area and any fill extension. On sites where the proposed system is to be installed in natural soil, scarify the bottom and sides of the excavated disposal area with a rake. Do not use wheeled equipment on the scarified soil surface. For systems installed in fill, scarify the native soil by roto-tilling or scarifying with teeth of backhoe to a depth of at least 8 inches over the entire disposal and fill extension area to prevent glazing and to promote fill bonding. Place fill in loose layers no deeper than 8 inches and compact before placing more fill (this ensures that voids and loose pockets are eliminated to minimize the chance of leakage or differential setting). Do not use wheeled equipment on the scarified soil area until after 12 inches of fill is in place. Keep equipment off proprietary devices. Divert the surface water away from the disposal area by ditching or shallow landscape swales.
- 12) Unless noted otherwise, fill shall be gravelly coarse sand which contains no more than 5% fines (silt and clay). Crushed stone shall be clean and free of any rock dust from the crushing process.
- 13) Do not install systems on loamy, silty, or clayey soils during wet periods since soil smearing/glazing may seal off the soil interface.
- 14) Seed all filled and disturbed surfaces with perennial grass seed, then mulch with hay or equivalent material to prevent erosion. Alternatively, bark or permanent landscape mulch may be used to cover system. Woody trees or shrubs are not permitted on the disposal area or fill extensions.
- 15) If an advanced wastewater treatment unit is part of the design, the system shall be operated and maintained per manufacturer's specifications.



**Albert Frick Associates, Inc.**  
 Soil Scientists & Site Evaluators  
 95A County Road Gorham, Maine 04038  
 (207) 839-5563

Larou (Wainwright) Property  
45 Winding Way  
Peaks Island, Maine

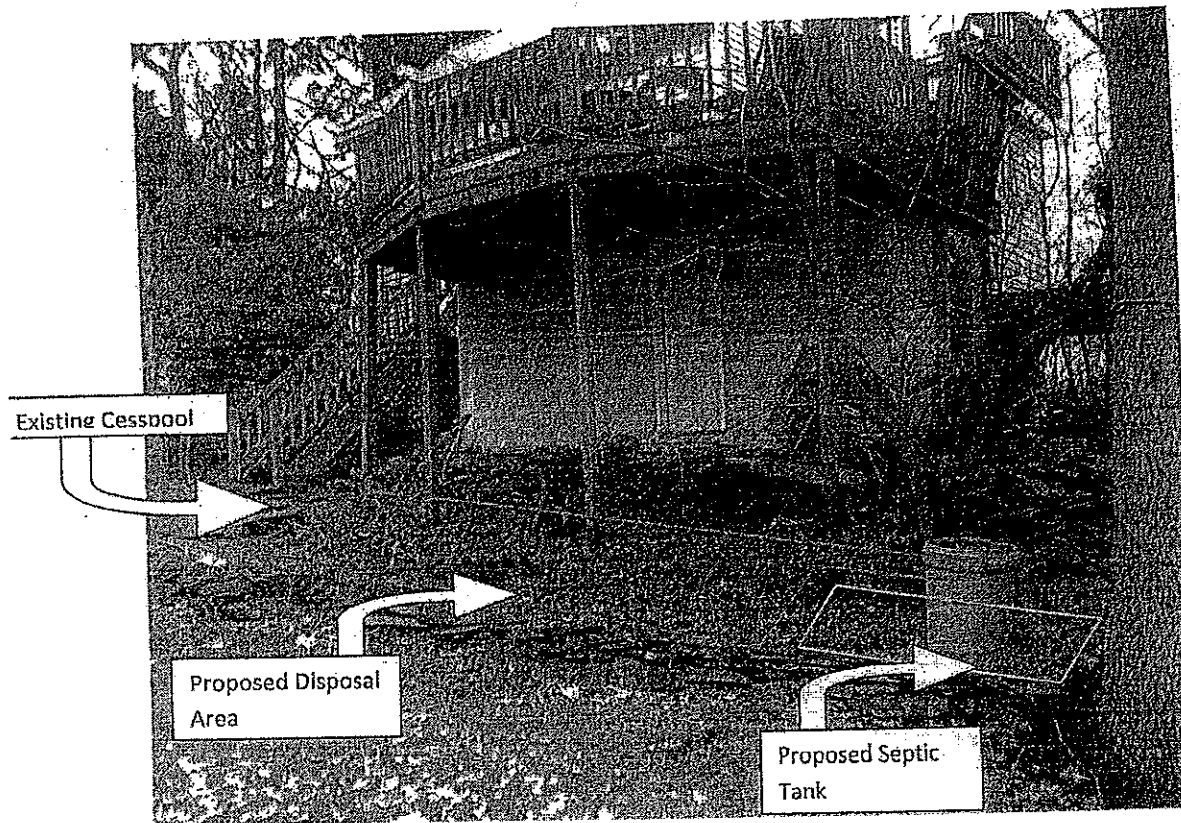


Photo 1: Existing and Proposed replacement Septic Area