



DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that Sam & Patricia Wainwright Located At 45 WINDING WAY

has permission to Replacement Subsurface System 45 Winding Way

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

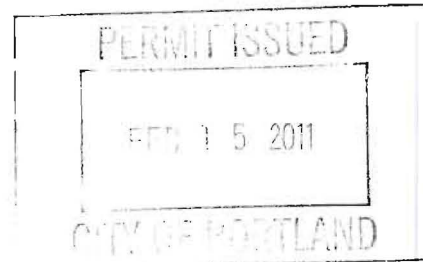
A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be procured prior to occupancy.

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY.

PENALTY FOR REMOVING THIS CARD.





PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis Lattell

Job ID: 2011-01-248-SUBSRF REPAIR

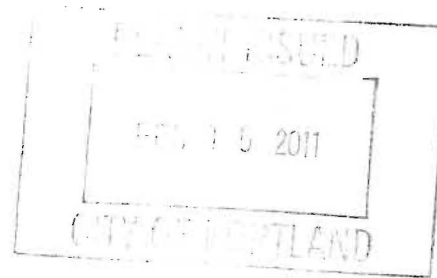
Located At: 45 WINDING

CBL085 - - P - 005 - 001 - - - -

Conditions of Approval:

Building

1. Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
2. Septic field and extension inspection for bottom preparation/scarification to verify removal of vegetation, established transitional horizon and erosion and sedimentation control measures.



BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

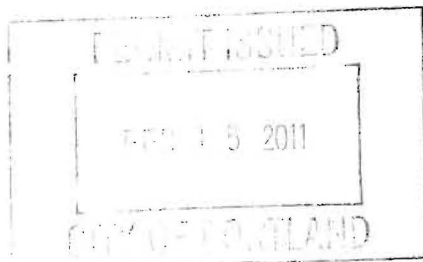
With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need 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 6 months. If the project is not started or ceases for 6 months.
- 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.

1. Septic Scarification
2. Site preparation before any backfill
3. Final Inspection upon completion of work

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.



RECEIVED

FEB. 14 2011

Dept. of Building Inspections
City of Portland, Maine

Replacement System Variance Request

VARIANCE CATEGORY							VARIANCE REQUESTED TO:	
SOILS								
Soil Profile	Ground Water Table							inches
Soil Condition	Restrictive Layer							inches
From HBE-200	Bedrock							inches
SETBACK DISTANCES (in feet)								
	Disposal Fields			Septic Tanks			Disposal Fields	Septic Tanks
Front	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 [e]	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 [j]	200 ft [c]	300 ft [c]	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		
Edges 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 low 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.

Robert Frick
SITE EVALUATOR'S SIGNATURE

1/4/2011
DATE

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and ~~it does not~~ give its approval. Any additional requirements, recommendations, or reasons for the variance/denial, are given in the attached letter.

James A. Jacobson
SIGNATURE OF THE DEPARTMENT

02/15/11
DATE



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) 287-5689
Fax: (207) 287-3165; TTY: 1-800-606-0215

February 15, 2011

Sam and Patricia Wainwright
34 West Main Street
Chester, CT 06412

Subject: Approval, Replacement System Variance Request, Wainwright Property, 45 Winding Way, Peaks Island, Portland

Dear Mr. and Mrs. Wainwright:

We have completed our review of an HHE-200 Form dated 12/29/10 by Albert Frick, S.E. for the subject property. You are proposing to replace a pre-1974 cesspool with a 1,000 gallon septic tank and a disposal area comprised of 12 Eljen Geotextile Sand Filter units in staggered rows. The following variances to the Maine Subsurface Wastewater Disposal Rules, CMR 241 are requested:

1. To reduce the setback from the proposed septic tank to a potable water supply, and a property line, from 50 feet and 10 feet to 22 feet and 1 foot, respectively.
2. To reduce the setback from the proposed disposal area to a potable water supply, a non-full foundation, and a property line from 100 feet, 15 feet, and 10 feet to 10 feet, 5 feet, and 1 foot, respectively.

A retaining wall is proposed along the subject property to accommodate these setback reductions.

By copy of this letter we hereby authorize the Local Plumbing Inspector to issue a permit for the replacement system installation as proposed on the above referenced HHE-200 Form. Work must be completed in a timely manner and you or your installer are responsible to notify the Local Plumbing Inspector when you are ready for the necessary construction inspections. In all aspects **beyond those noted** in this letter the installation shall conform to the requirements of the Rules.

Because installation and owner maintenance has a significant effect on the working order of onsite sewage disposal systems, including their components, the Division makes no representation or guarantee as to the efficiency and/or operation of the system.

Further, the Division recommends at least an annual water quality test of the well, due to the severely reduced setback.

Should you or others have any questions, please feel free to contact me at 287-5695.

Sincerely,

A handwritten signature in blue ink that reads "James A. Jacobsen".

James A. Jacobsen, Environmental Specialist IV
Subsurface Wastewater Program
Division of Environmental Health
e-mail: james.jacbsen@maine.gov

RECEIVED

FEB 14 2011

**Dept. of Building Inspections
City of Portland Maine**

/jaj

xc: File
John Rioux, LPI via e-mail
Albert Frick, SE via e-mail
Ralph Ashmore, via e-mail

Caring..Responsive..Well-Managed..We are DHHS.

From: "Jacobsen, James" <James.Jacobsen@maine.gov>
To: <patty@wainright.org>, "Sam Wainright" <scwainwright@sbcglobal.net>
CC: <albertfrick@albertfrickasso.com>, "Ralph Ashmore" <ralph@ashmorealty...>
Date: 2/15/2011 9:03 AM
Subject: Approval, Wainright Application, 45 Winding Way, Peaks Island, Portland
Attachments: wainwright, sam & patricia-portland-jaj.doc; wainwright-portland-pg2_204-jaj.pdf

Mr. and Mrs. Wainright,

Please see the attached approval. Contact me if you have any questions.

James A. Jacobsen
Project Manager, Webmaster
Division of Environmental Health
Drinking Water Program
Subsurface Wastewater Unit
286 Water Street, Augusta, ME 04333

Phone: 207-287-5695 Fax: 207-287-3165
<http://www.mainepublichealth.gov/septic-systems>
<<http://www.maine.gov/dhhs/eng/plumb/index.htm>>
<http://www.mainepublichealth.gov/cemeteries>
<<http://www.mainepublichealth.gov/cemeteries>>

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RECEIVED

FEB 14 2011

Dept. of Building Inspections
City of Portland Maine

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. 1906-0)
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 <u>Portland Peaks Island</u>
Permit No. _____	Property Owner: <u>Phillip Larou</u>	Date Permit Issued _____
Applicant: <u>Sam & Patricia Wainright (N/E Larou)</u>		Tel. No.: <u>860-876-0073</u>
System's Location: <u>45 Winding Way</u>	Property Owner's Address: <u>34 West Main Street</u>	
(if different from above)	<u>Chester, CT 06412-1345</u>	

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. 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.


SIGNATURE OF OWNER

1/5/11
DATE

LOCAL PLUMBING INSPECTOR

I, Jason Rieux, 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

02/09/2001
DATE

Dept. of Public Works
City of Portland
HHE-204 Rev 08/03

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering Station 10 545
(207) 287-5872 FAX (207) 287-4173

PROPERTY LOCATION		>> Caution: Permit Required - Attach in Space Below <<	
City, Town, or Plantation	PORTLAND; PEAKS ISLAND	<i>2011-01-298 Sub Sur Rep</i>	
Street or Road	45 WINDING WAY		
Subdivision, Lot *			
OWNER/APPLICANT INFORMATION		The Subsurface Wastewater Disposal System shall not be installed until a Permit is 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.	
Name (last, first, MI)	N/F LAROU	<i>2011 01 298</i>	
Mailing Address of	SAM & PATRICIA WAINRIGHT		
<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant	34 WEST MAIN ST CHESTER, CT 06412-1345		
Daytime Tel. *		Municipal Tax Map * <u>85</u> Lot * <u>P005</u>	
Owner or Applicant Statement		Caution: Inspections Required	
(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.	
<i>Sam C. Wainright</i> Signature of Owner/Applicant		_____ Local Plumbing Inspector Signature	
<i>1/4/11</i> Date		_____ (1st) Date Approved	
		_____ (2nd) Date Approved	

PERMIT INFORMATION		
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS
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	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 checked="" type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & all 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	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
<u>0.62</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	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	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: _____
SHORELAND ZONING		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input checked="" type="checkbox"/> Low Profile OR 2. <input checked="" type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY: <u>1000</u> gallons	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. <u>12</u> ELJEN IN-DRAIN UNITS	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	<u>180</u> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling units) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities - 1 BEDROOMS AT 120-180 GALLONS PER PER DAY 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>N43</u> d <u>59</u> m <u>12.9</u> s Lon. <u>W70</u> d <u>11</u> m <u>16.6</u> s if g.p.s. state margin of error
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	
PROFILE: <u>2</u> CONDITION: <u>AIII</u> DESIGN: <u>I</u> AT Observation Hole: <u>TP 2</u> Depth: <u>23</u> " Elevation: <u>-43</u> " OF MOST LIMITING SOIL FACTOR	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	1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ Gallons	

SITE EVALUATOR STATEMENT

I certify that on 12/22/10 (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 247).

Albert Frick
Site Evaluator Signature

43
SE #

12/29/2010
Date

ALBERT FRICK
Site Evaluator Name Printed

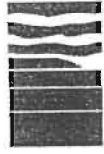
(207) 839-5563
Telephone Number

AFA@MAINER.COM
E-mail Address

ALBERT FRICK ASSOCIATES - 85A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

JAN 11 2011
Dept. of Building Inspections
City of Portland, Maine
HME-200 Rev. 4/05



Albert Frick Associates, Inc.
Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038
 (207) 839-5565

PORTLAND, PEAKS ISLAND 45 WINDING WAY SAM & PATRICIA WAINRIGHT (N/F LAROU)
 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.

RECEIVED
 June 17 2011
 Department of Building Inspection
 City of Portland, Maine

ATTACHMENT TO SUBSURFACE WASTEWATER DISPOSAL APPLICATION

PORTLAND, PEAKS ISLAND	45 WINDING WAY	SAM & PATRICIA WAINRIGHT (N/F LARCO)
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.

RECEIVED
 Dept. of Building Inspection
 City of Portland, Maine



Albert Frick Associates, Inc.
 Soil Scientists & Site Evaluators
 95A County Road Gorham, Maine 04038
 (207) 859-5563

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. 1906.0)
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.

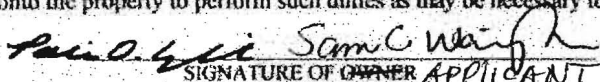
GENERAL INFORMATION	Town of <u>Portland; Peaks Island</u>
Permit No. _____	Date Permit Issued _____
Property Owner's Name: <u>Sam & Patricia Wainright (N/E Larou)</u>	Tel. No.: <u>860 876 0073</u>
System's Location: <u>45 Winding Way</u>	
Property Owner's Address: <u>34 West Main Street</u>	
(if different from above) <u>Chester, CT 06412-1345</u>	

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. 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.


 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

HHE-204 Rev 08/05

RECEIVED

JAN 11 2011

Dept. of Building Inspections
City of Portland, Maine

Replacement System Variance Request

VARIANCE CATEGORY							VARIANCE REQUESTED TO:	
SOILS								
Soil Profile	Ground Water Table						inches	
Soil Condition	Restrictive Layer						inches	
from HHE-200	Bedrock						inches	
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 [c]	200 ft [c]	300 ft [c]	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 feet setback, on slopes of less than 20%, from the edge of soil disturbance and 100 feet on slopes greater than 20%. See Chapter 15.
 [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.

Albert Frick
 SITE EVALUATOR'S SIGNATURE

1/4/2011
 DATE



FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (it does / it 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

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. 1906.0)
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.

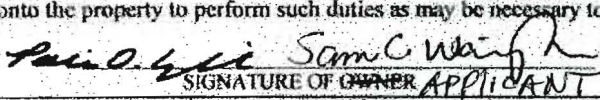
GENERAL INFORMATION		Town of <u>Portland; Peaks Island</u>
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(if different from above) <u>Chester, CT 06412-1345</u>		

SPECIFIC INSTRUCTIONS TO THE:
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PROPERTY OWNER:
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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.


 SIGNATURE OF OWNER/APPLICANT

 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

HHE-204 Rev 08/05

RECEIVED

JAN 11 2011
 Dept of Bl. & Hig Insp. & Reg.
 City of Portland, Maine

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 30 3MS
 (207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION		>> Caution: Permit Required - Attach in Space Below <<	
City, Town, or Plantation	PORTLAND; PEAKS ISLAND	2011 of 248	
Street or Road	45 WINDING WAY		
Subdivision, lot #			
OWNER/APPLICANT INFORMATION		85 PS	
Name (last, first, MI)	N/F LAROU		
Mailing Address of	SAM & PATRICIA WAINRIGHT 34 WEST MAIN ST CRESTER, CT 06412-1345		
Daytime Tel. #		Municipal Tax Map # 85 Lot # P005	
Owner or Applicant Statement		Caution: Inspections Required	
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>Sam C. Wainright</i> Date: <u>1/21/11</u>		Local Plumbing Inspector Signature: _____ (1st) Date Approved: _____ _____ (2nd) Date Approved: _____	

PERMIT INFORMATION		
TYPE OF APPLICATION 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	THIS APPLICATION REQUIRES 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 checked="" type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENTS 1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & oil 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 (2000gpd) 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 .062 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 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	TYPE OF WATER SUPPLY 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: _____
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input type="checkbox"/> Regular b. <input checked="" type="checkbox"/> Low Profile OR 2. <input checked="" type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> 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 <u>576</u> sq. ft. <input type="checkbox"/> lin. ft. <u>12 ELJEN IN-DRAIN UNITS</u>	GARBAGE DISPOSAL UNIT 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	DESIGN FLOW <u>180</u> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling units) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS for other facilities 1 BEDROOMS AT 120-180 GALLONS PER PER DAY 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>N45</u> d <u>59</u> m <u>12.9</u> s Lon. <u>W70</u> d <u>11</u> m <u>16.6</u> s (if g.p.s., state margin of error)
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>2</u> / <u>AIII</u> / <u>1</u> AT Observation Hole # <u>TP 2</u> Depth <u>23</u> " Elevation <u>-43</u> " 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	EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ Gallons	

SITE EVALUATOR STATEMENT

I certify that on 12/22/10 (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 (10-14-1A CMR 24).

Signature: *Albert Frick* SE # 43 Date: 12/29/2010

Name: ALBERT FRICK Telephone Number: (207) 839-5543 E-mail Address: AE@MATNERR.COM

Address: ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04838 - (207) 839-5563

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

Dpt. of Building Inspections
 City of Portland, Maine
 HHE-200 Rev. 4/05

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Health Services
Division of Health Engineering, Station 81-045
(207) 287-5670 FAX (207) 287-4172

Town, City, Plantation: **PORTLAND; PEAKS ISLAND**
 Street, Road, Subdivision: **45 WINDING WAY**
 Owner's Name: **SAM & PATRICIA WAINRIGHT (W/F LAROU)**

SITE PLAN Scale: 1" = 30' FL. 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: _____

DEPTH BELOW MINERAL SOIL SURFACE (feet)	Texture	Consistency	Color	Mottling
0				
10				
15	CESSPOOL AREA			
20				
30				
40	BEDROCK			
50				

Soil Classification: **MADE LAND (2 A LIKE)**
 Profile: _____ Condition: _____
 Slope Factor: **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: _____

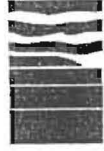
DEPTH BELOW MINERAL SOIL SURFACE (feet)	Texture	Consistency	Color	Mottling
0				
5	COBBLY			
10	SANDY		DARK	
15	LOAM (FILL)	FRIABLE	BROWN	
20				
30	BEDROCK			
40				
50				

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

Albert Frick
 Site Evaluator Signature

163
 SE *
 12/29/2010
 Date

Page 2 of 3
 HHE-200 Rev. 10/02



Albert Frick Associates, Inc.
Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038
(207) 839-5565

PORTLAND, PEAKS ISLAND 45 WINDING WAY SAM & PATRICIA WAINRIGHT (N/F LAROU)
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.

RECEIVED

JAN

Department of Building Inspection
City of Portland, Maine

ATTACHMENT TO SUBSURFACE WASTEWATER DISPOSAL APPLICATION

PORTLAND, PEAKS ISLAND	45 WINDING WAY	SAM & PATRICIA WAINRIGHT (NEE 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.

RECEIVED

JAN 11 2017

Dept. of Building Inspections
City of Portland, Maine



Albert Frick Associates, Inc.
Soil Scientists & Site Evaluators
95A County Road Gerham, Maine 04038
(207) 859-5563

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

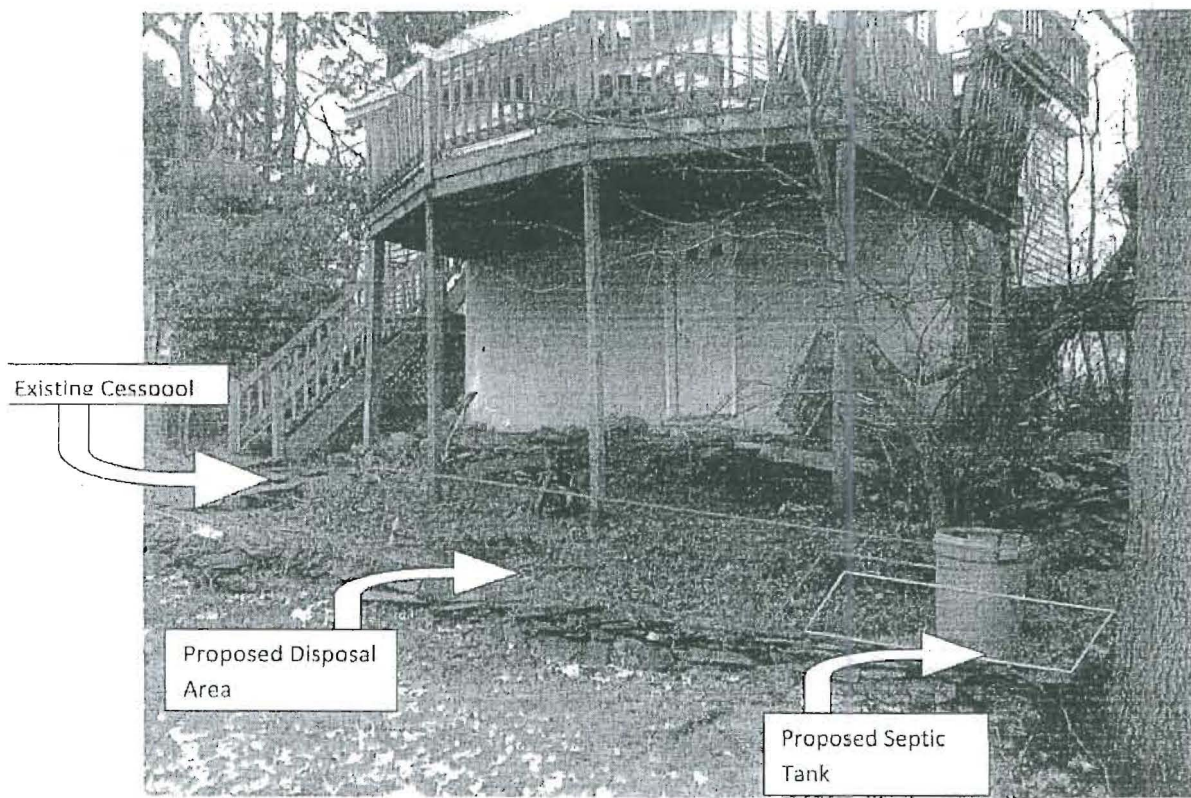


Photo 1: Existing and Proposed replacement Septic Area

RECEIVED

JAN 11 2017

Dept. of Planning and Inspection
City of Portland



ASHMORE REALTY

20 WELCH STREET, PEAKS ISLAND, MAINE 04108
207.766.2981 • ralph@ashmorerealty.com

January 8, 2011

Planning & Urban Development Department
Inspection Services Division
389 Congress Street,
Portland, Maine 04101-3509
Attention: Jeanie Bourke
Code Enforcement Officer/Plan Reviewer

85-P-5

RECEIVED
JAN 11 2011
Dept. of Building Inspections
City of Portland Maine

Subject: 45 Winding Way, Peaks Island, ME Subsurface Wastewater
Replacement Disposal System Application.

Dear Ms. Bourke;

I am representing Patricia Wainright with the purchase of a home at 45 Winding Way, Peaks Island (see attached Purchase & Sales Agreement). This property is currently served by a functioning grandfathered cesspool waste system. In an effort to protect the best interests of my Client I have advised Patricia to engage the services of Site Evaluator/Soils Scientist Albert Frick. Albert has performed an inspection of the existing system, performed a soils analysis, prepared a HHE-200 Subsurface Wastewater Replacement Disposal System Application (6 pages attached herein) and prepared a Replacement System Variance Request (2 pages attached herein). The applicant to these forms is Patricia Wainright and the owner of the property is currently Philip and Cheryl Larou.

Please find enclosed herein the following:

1. Three copies of the fully executed Subsurface Wastewater Replacement Disposal System Application and Replacement System Variance Request.
2. ~~Three copies of the Purchase & Sales Agreement.~~ obtained owners signature (see attached)
3. A check in the amount of \$20.00 payable to the city of Portland for processing fee. \$130.00 HHE 200 plus variance
4. A CD containing an electronic PDF file of items one and two herein above.

Page two:

It is my understanding that upon your review, you will then forward the application to The Division of Environmental Health, (Brent Lawson) and upon approval by the state; you will then collect a permit fee of \$115.00 of which includes the required \$15.00 DEP fee.

Please be advised that the timeline to secure the replacement waste system permit as detailed in the Purchase & Sales Agreement is time sensitive. Albert Frick has advised my client Ms. Wainright with this fair timeline, based on his experience. Your prompt attention to reviewing and processing this application is important in protecting my client's interests. Thank you for your attention to this matter. Please don't hesitate to contact me with any questions and/or if I may assist.

Respectfully,



ASHMORE REALTY
ISLAND SPECIALISTS
20 Welch Street, Peaks Island, Maine 04018
207.766.2981
Ralph@AshmoreRealty.com
www.AshmoreRealty.com

RECEIVED
JAN 11 2011
Dept. of Building Inspections
City of Portland Maine

Hand delivered and sent via Certified Mail, Return Receipt Requested.

Cc Patricia Wainright, Heather Dallas (Seller Agent), Albert Frick, Jonathan Goldberg, Esq.

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. 1906.0)
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.

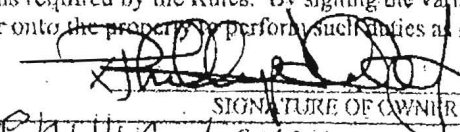
GENERAL INFORMATION		Town of <u>Portland Peaks Island</u>
Permit No. _____	Property Owner: <u>Phillip Larou</u>	Date Permit Issued _____
Applicant: <u>Sam & Patricia Wainright (N/E Larou)</u>		Tel. No.: <u>860-876-0073</u>
System's Location: <u>45 Winding Way</u>		
Property Owner's Address: <u>34 West Main Street</u>		
(if different from above) <u>Chester, CT 06412-1345</u>		

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. 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.


 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

RECEIVED

JAN 11 2011

Dept. of Building Inspection
City of Portland, Maine

Alm: Wendy Arshon

Subsurface Wastewater
Program #11

286 Maple Street
3rd Fl

Augusta, ME 04333-0011

01/20/11

Mailed to State JGR

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

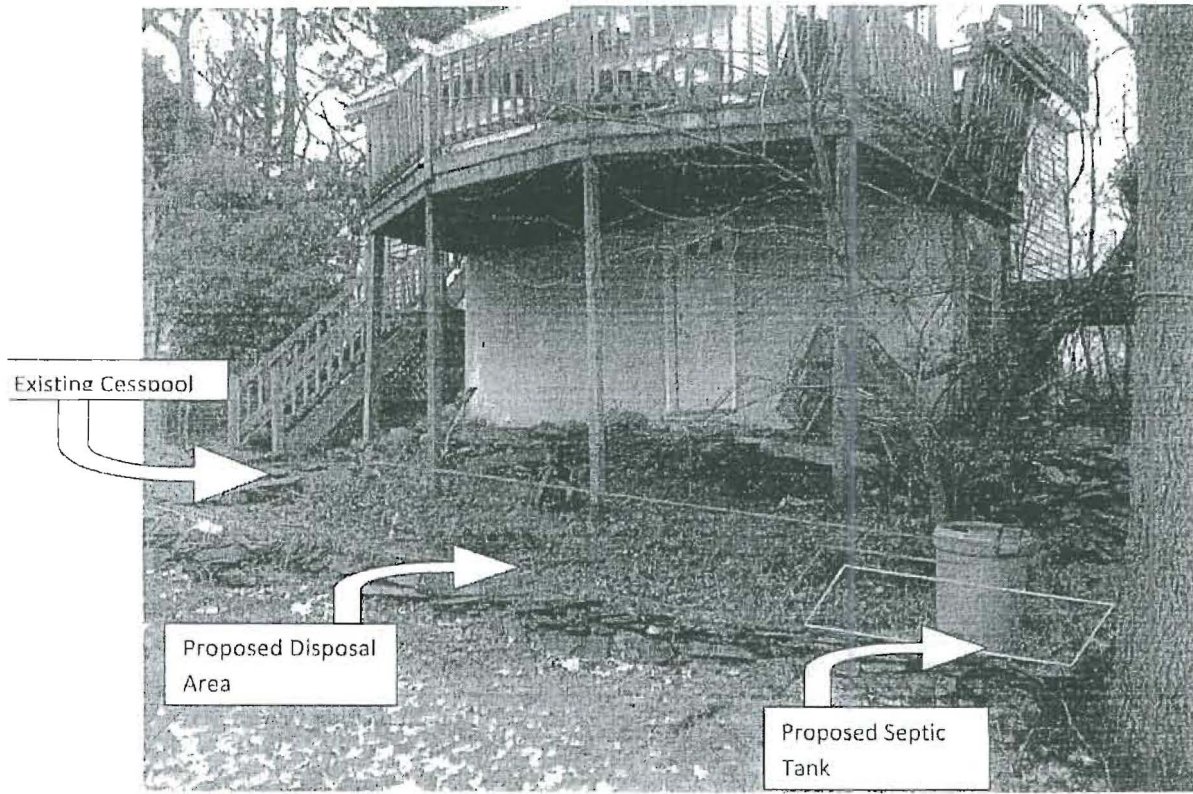


Photo 1: Existing and Proposed replacement Septic Area

RECEIVED
JAN 11 2011
Dept. of Planning & Development
City of Portland, Maine

Replacement System Variance Request

VARIANCE CATEGORY							VARIANCE REQUESTED TO:	
SOILS								
Soil Profile	Ground Water Table						inches	
Soil Condition	Restrictive Layer						inches	
from HHE-200	Bedrock						inches	
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
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 [c]	200 ft [c]	300 ft [c]	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 feet setback, on slopes of less than 20%, from the edge of soil disturbance and 100 feet on slopes greater than 20%. See Chapter 15.
 [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.

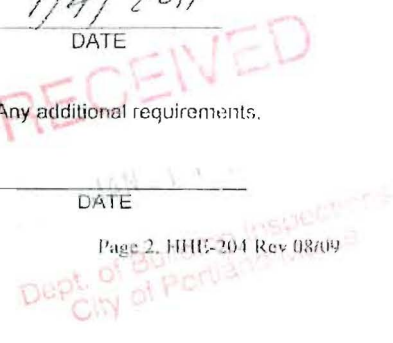
Albert Feich
 SITE EVALUATOR'S SIGNATURE

1/4/2011
 DATE

FOR USE BY THE DEPARTMENT ONLY
 The Department has reviewed the variance(s) and (it) does (it) 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





CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

_____ 10/11 20 11 _____

Received from _____

Location of Work _____

Cost of Construction \$ _____ Building Fee: _____ 110

Permit Fee \$ _____ Site Fee: _____ 20

Certificate of Occupancy Fee: _____

Total: _____ 130

Building (IL) _____ Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: _____

Check #: _____ 2676 _____ Total Collected \$ _____ 130

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: _____

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy