



DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

PERMIT ISSUED

This is to certify that Helen Peck

Located At 18 WILEY AVE

FEB 17 2011

has permission to Subsurface Replacement System

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes 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.

201102394

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION		Maine Department of Human Services Division of Health Engineering, Station 10 SHS (207) 287-5672 FAX (207) 287-4172	
<b>PROPERTY LOCATION</b>		>> Caution: Permit Required - Attach in Space Below <<	
City, Town, or Plantation	PORTLAND (PEAKS ISLAND)	<b>PORTLAND</b> Date Permit Issued: <u>2/17/11</u> Local Plumbing Inspector Signature: <u>[Signature]</u> PERMIT # 11560 TOWN COPY \$ <u>1100</u> FEE Charged L.P.I. # <u>1,0,8,1</u>	
Street or Road	18 WILEY AVENUE		
Subdivision, Lot *			
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	PECK HELEN	Owner Applicant	
Mailing Address of	424 SANTA BARTOLA SOLANA BEACH, CA. 92075		
<input type="checkbox"/> Owner <input type="checkbox"/> Applicant			
Daytime Tel. *	(858)337-5588		
<b>Owner or Applicant Statement</b>		<b>Caution: Inspections Required</b>	
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
<u>[Signature]</u> Signature of Owner/Applicant		<u>[Signature]</u> Local Plumbing Inspector Signature	
Date <u>1-26-11</u>		(1st) Date Approved (2nd) Date Approved	
<b>PERMIT INFORMATION</b>			
<b>TYPE OF APPLICATION</b>		<b>THIS APPLICATION REQUIRES</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		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 checked="" 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>		<b>DISPOSAL SYSTEM TO SERVE</b>	
+/- <u>0.24</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres		1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: <u>      </u> 3. <input type="checkbox"/> Other: <u>      </u>	
<b>SHORELAND ZONING</b>		<b>TYPE OF WATER SUPPLY</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: <u>      </u>	
<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>			
<b>TREATMENT TANK</b>		<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	
1. <input checked="" type="checkbox"/> Concrete a. <input type="checkbox"/> Regular b. <input checked="" type="checkbox"/> Low Profile (IF NEC.) 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: <u>      </u> 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 checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: <u>      </u> SIZE <u>672</u> <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. <b>14 ELJEN IN-DRAIN UNITS</b>	
<b>SOIL DATA &amp; DESIGN CLASS</b>		<b>GARBAGE DISPOSAL UNIT</b>	
PROFILE CONDITION DESIGN <u>2</u> / <u>AIII</u> / <u>I</u> AT Observation Hole • <u>TP 1</u> Depth <u>20</u> " Elevation <u>-46</u> " OF MOST LIMITING SOIL FACTOR		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>DISPOSAL FIELD SIZING</b>		<b>EFFLUENT/EJECTOR PUMP</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 - 4.1 sq.ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd		1. <input type="checkbox"/> Not required SEE NOTE ON PAGE 3 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ Gallons	
<b>DESIGN FLOW</b>		<b>LATITUDE AND LONGITUDE</b>	
180 gallons per day BASED ON: 1. <input type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS for other facilities <b>2 BEDROOMS AT 90 GALLONS PER DAY EACH</b>		3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA at center of disposal area Lat. <u>N 43</u> d <u>39</u> m <u>39</u> s Lon. <u>W 70</u> d <u>11</u> m <u>35</u> s if g.p.s., state margin of error	
<b>SITE EVALUATOR STATEMENT</b>			
I certify that on <u>1/10/11</u> (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 241).			
<u>[Signature]</u> Site Evaluator Signature		<u>1/18/2011</u> Date	
ALBERT FRICK		(207) 839-5563	
Site Evaluator Name Printed		Telephone Number	
ALBERT FRICK ASSOCIATES - 96A COUNTY ROAD GORHAM, MAINE 04038 - (207) 839-5563		E-mail Address	
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator		HHE-200 Rev. 4/05	

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation <b>PORTLAND (PEAKS ISLAND)</b>		Street, Road Subdivision <b>18 WILEY AVENUE</b>		Owner's Name <b>HELEN PECK</b>	
SITE PLAN		Scale 1" = <b>50</b> Ft. or as shown		SITE LOCATION PLAN (Attach Map from Moine Atlas for New System Variance)	

NOTE : PROPERTY INFORMATION APPROXIMATED PER TOWN TAX MAP AND AERIAL PHOTOGRAPH. VERIFY LOT LINES TO ASSURE PROPER SETBACKS

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)									
Observation Hole <b>TP I</b> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring					Observation Hole <b>TB A-F</b> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring				
" Depth of Organic Horizon Above Mineral Soil					" Depth of Organic Horizon Above Mineral Soil				
0	Texture	Consistency	Color	Mottling	0	Texture	Consistency	Color	Mottling
			DARK						
			BROWN						
10	GRAVELLY	FRITABLE	DARK						
	SANDY		YELLOWISH						
	LOAM		BROWN						
20	BEDROCK								
30									
40									
50									
Soil Classification <b>2 AIII</b>		Slope	Limiting Factor <b>21"</b>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth	Soil Classification		Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile Condition					Profile Condition				

*Albert Frick* 163 1/18/2011 Page 2 of 3  
Site Evaluator Signature SE • Date HHE-200 Rev. 10/02  
ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563

## 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		
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		
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]		
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. 3 : 1 slope fill extensions to retain fill on property

2.

3.

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.

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

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

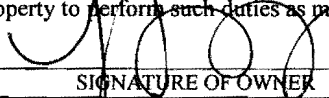
This form must be attached to an application (HHE-200) for any replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request and HHE-200 and may approve the Request if all of the following requirements are met.

- 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	Portland (Peaks Island)
Permit No.		Date Permit Issued	
Property Owner's Name:	Helen Peck	Tel. No.:	1(858)337-5588
System's Location:	18 Wiley Avenue (Map 87, Lot D-10)		
Property Owner's Address:	424 Santa Bartola		
(if different from above)	Solana Beach, Ca. 92075		


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.

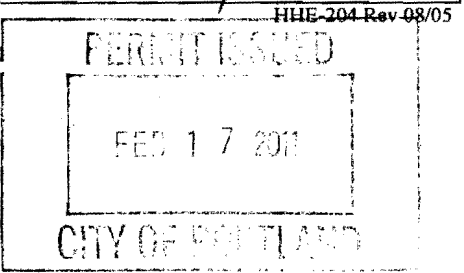
PROPERTY OWNER  
I understand that the proposed system requires a variance to the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections 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.

	1-26-11
SIGNATURE OF OWNER	DATE

LOCAL PLUMBING INSPECTOR  
I, Jonathan R. Reid, the undersigned, have <sup>reviewed @</sup> 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.

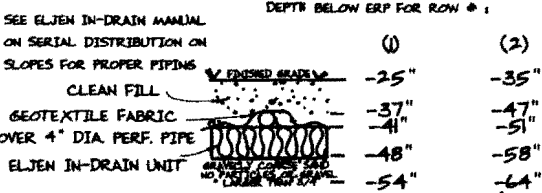
Comments:

	02/17/11
LPI SIGNATURE	DATE



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

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	: 27"-29"	Finished Grade Elevation	<u>SEE</u> Location & Description BOTTOM OF SIDING,
Depth of Fill (Downslope)	: 26"-27"	Top of Distribution Pipe or Proprietary Device	<u>DETAILS</u> ABOVE GRADE AT FOUNDATION (SEE ABOVE)
DEPTHS AT CROSS-SECTION (shown below)		Bottom of Disposal Area	<u>BELOW</u> Reference Elevation is: 0.0" or -----



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