

**Maine Department of Health and Human Services
Division of Environmental Health
Subsurface Wastewater Program**

AFFIDAVIT OF SITE PREPARATION

This affidavit is to be completed by a certified system installer and submitted to the Local Plumbing Inspector to document compliance with **Section 111.5.1** of the Maine Subsurface Wastewater Disposal Rules, **144 CMR 241**. *Permission to utilize this document in lieu of a site preparation inspection by the Local Plumbing Inspector must be verified when the permit is issued.* This affidavit is *not* to be utilized in place of the system inspection described in **Section 111.5.2** of the Rules.

INSTALLER NAME: Gaetan Fradette
(Please Print)

CERTIFICATION NUMBER: #692

SSWD PERMIT NUMBER: 2016-01842


PERMIT ISSUE DATE: 7/27/16

PROPERTY OWNER NAME: Paul Stenzel & Judith Walsh

PROPERTY ADDRESS: 41 Frederick Avenue


MUNICIPALITY: City of Portland

By signing and submitting this document to the Local Plumbing Inspector, I certify that all construction activities noted in **Section 111.5.1** including removal of all vegetation from the disposal field area and fill extensions as specified in **Section 801.3**; roughening of the ground surface as specified in **Section 801.4**; establishment of a transitional horizon as specified in **Section 801.5**; and placement of erosion control devices as specified in **Section 801.2** have been completed in full compliance with the Maine Subsurface Wastewater Disposal Rules, **144 CMR 241** for the referenced SSWD permit.

INSTALLER SIGNATURE: 

DATE SUBMITTED: 8/2/16

By signing and accepting this document from the Certified Installer, I acknowledge that a site preparation inspection was not conducted for the referenced SSWD permit.

LPI SIGNATURE: 

ACCEPTANCE DATE: 8/4/16

2016-018
089-2006



Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 07/27/16

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & H
Div of Environmental H
(207) 287-5872 FAX (

PROPERTY LOCATION >>CAUTION: LPI APPROVAL REQUIRED<<

City, Town, or Plantation: **PORTLAND (PEAKS ISLAND)**
Street or Road: **0 LYNDON AVENUE**
Subdivision, Lot #:

Town/City: **Portland** Permit # **2016-01842**
Date Permit Issued: **11/16** Fee: **\$250.00** Double Fee Charged ()
Local Plumbing Inspector Signature: **[Signature]** LPI # **1081**

OWNER/APPLICANT INFORMATION
Name (last, first, MI): **N/F KINNAIRD**
Mailing Address of Applicant: **PAUL STENZEL & JUDITH WALSH
749 FOREST AVENUE
BUFFALO, N.Y. 14209**
Daytime Tel. #: **(716)882-3235**

The Subsurface Wastewater Disposal System ~~will~~ **shall** not be installed until a Permit is issued 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.
Municipal Tax Map # **89** Lot # **D-6**

OWNER OR APPLICANT STATEMENT
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.
Thompson Johnson **7/16**
Signature of Owner/Applicant Date

CAUTION: INSPECTION REQUIRED
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
See attached affidavit
8/4/16
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: Year Installed: <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-Engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: <input type="checkbox"/> 4. Non-Engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-Engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000gpd+) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: <input type="checkbox"/> 12. Miscellaneous components
SIZE OF PROPERTY +/- 1.43 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> 1. Drilled Well (PROPOSED) <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public (SEASONAL) <input type="checkbox"/> 5. Other: _____
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input checked="" type="checkbox"/> b. Low Profile (IF NEC.) <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: 1000 GAL.	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. Cluster array <input checked="" type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. Regular <input type="checkbox"/> d. H-20 loaded <input type="checkbox"/> 4. Other: _____ SIZE: 1152 sq. ft. <input type="checkbox"/> lin. ft. 24 ELJEN IN-DRAIN UNITS	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. Increase in tank capacity <input type="checkbox"/> d. Filter on tank outlet	DESIGN FLOW 270 gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities 3 BEDROOMS AT 90 GALLONS PER DAY EACH <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER-METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. N 43 d 39 m 49.88 s Lon. W 70 d 10 m 59.70 s If g.p.s., state margin of error
SOIL DATA & DESIGN CLASS PROFILE 2 CONDITION AJII at Observation Hole # TB B Depth 20 " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium - 2.6 sq. ft./gpd <input checked="" type="checkbox"/> 2. Medium-Large - 3.3 sq. ft./gpd <input type="checkbox"/> 3. Large - 4.1 sq. ft./gpd <input type="checkbox"/> 4. Extra-Large - 5.0 sq. ft./gpd	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not required <input checked="" type="checkbox"/> 2. May be required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	

SITE EVALUATOR STATEMENT

I certify that on **11/15/13** (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 241).
 Site Evaluator Signature: **Albert Frick** SE # **163** Date: **11/26/2013**
 ALBERT FRICK (207) 839-5563 ALBERT@ALBERTFRICK.COM
 Site Evaluator Name Printed Telephone Number E-mail Address
 ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563
 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator. Page 1 of 3 HHE-200 Rev. 02/2011

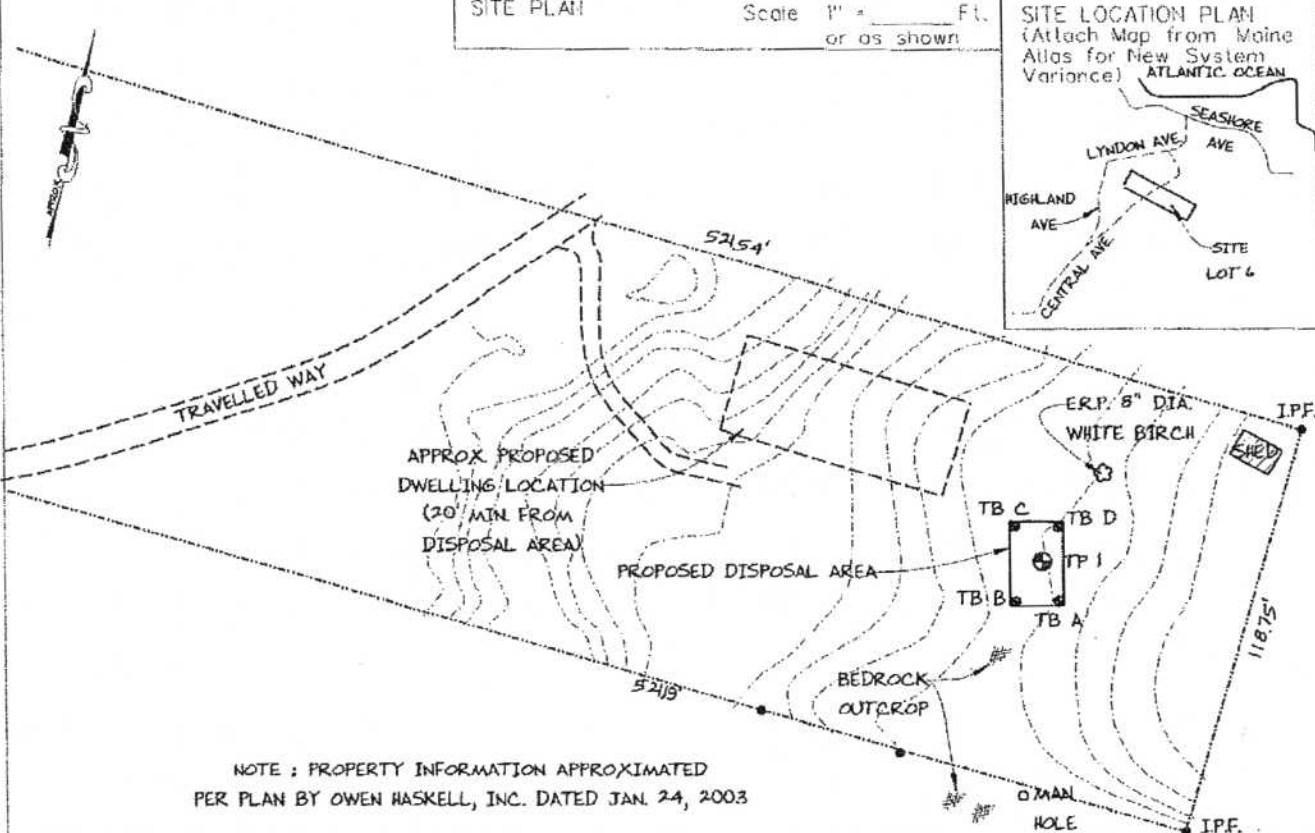


SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, 2107
 (207) 287-5672 FAX (207) 271-2107

Reviewed for Code Compliance
 Inspection Division
 Approved with Conditions
 Date: 07/27/16

Town, City, Plantation: **PORTLAND (PEAKS ISLAND)** Street, Road Subdivision: **O LYNDON AVENUE** Owner's Name: **N/E KINNAIRD (FOR PAUL S)** Date: _____



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	SANDY		DARK	
	LOAM		BROWN	
10	GRAVELLY	FRIABLE	DARK	
	SANDY		YELLOWISH	
	LOAM		BROWN	
20	BEDROCK			
30				
40				
50				

Soil Classification: 2 **AIII** Profile Condition
 Slope: 11%
 Limiting Factor: 22"
 Ground Water Restrictive Layer
 Bedrock
 Pit Depth

Observation Hole: TB A-D Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil: _____

DEPTH BELOW MINERAL SOIL SURFACE (feet)	Texture	Consistency	Color	Mottling
0				
10	TB A = 21" TO BEDROCK			
	TB B = 20" TO BEDROCK			
	TB C = 22" TO BEDROCK			
	TB D = 23" TO BEDROCK			
20				
30				
40				
50				

Soil Classification: 2 **AIII** Profile Condition
 Slope: 6.7%
 Limiting Factor: 20"
 Ground Water Restrictive Layer
 Bedrock
 Pit Depth

Albert Frick
 Site Evaluator Signature

163
 SF *

11/26/2013
 Date

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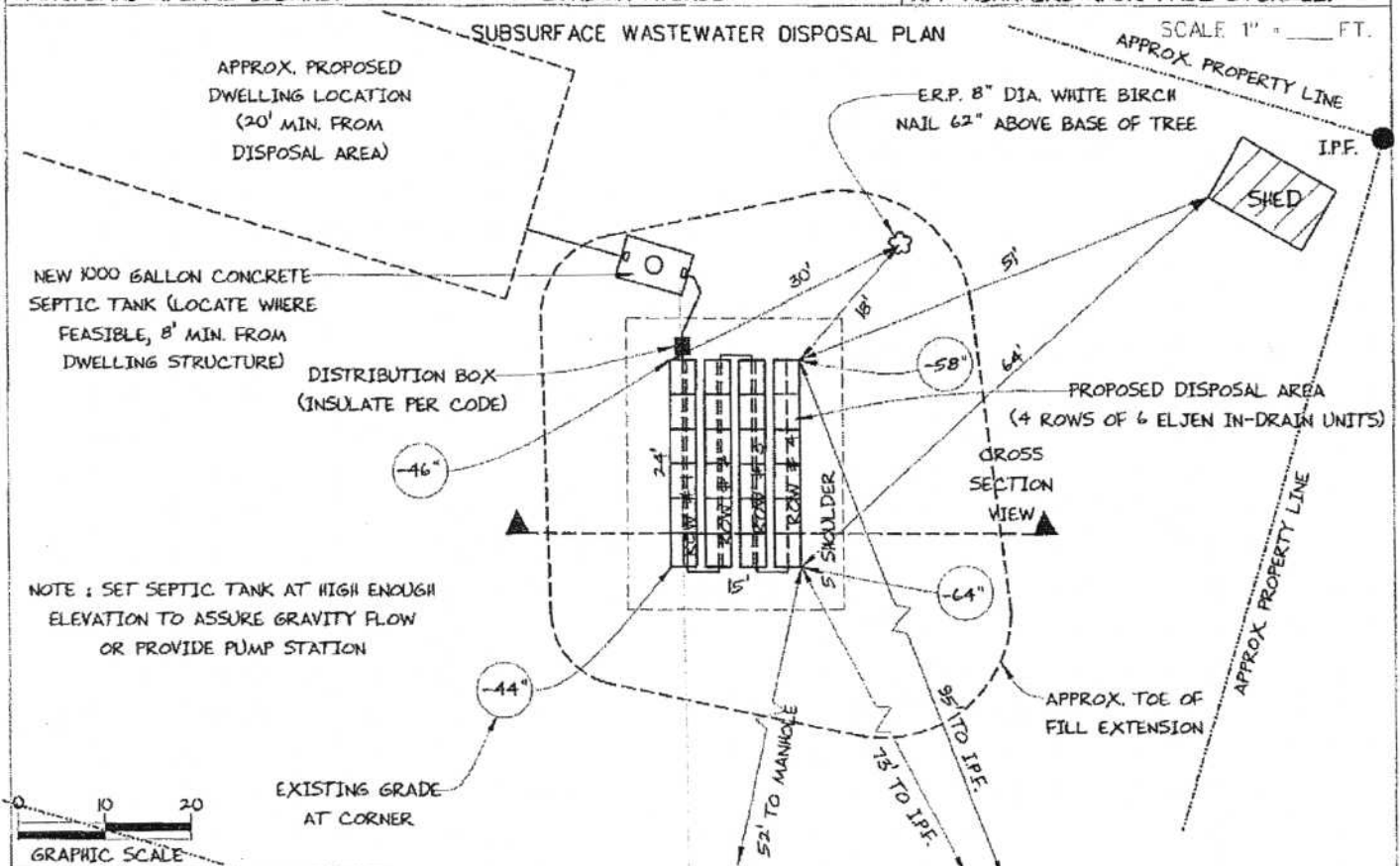


Reviewed for Code Compliance
 Inspection Division
 Approved with Conditions
 Date: 07/27/16

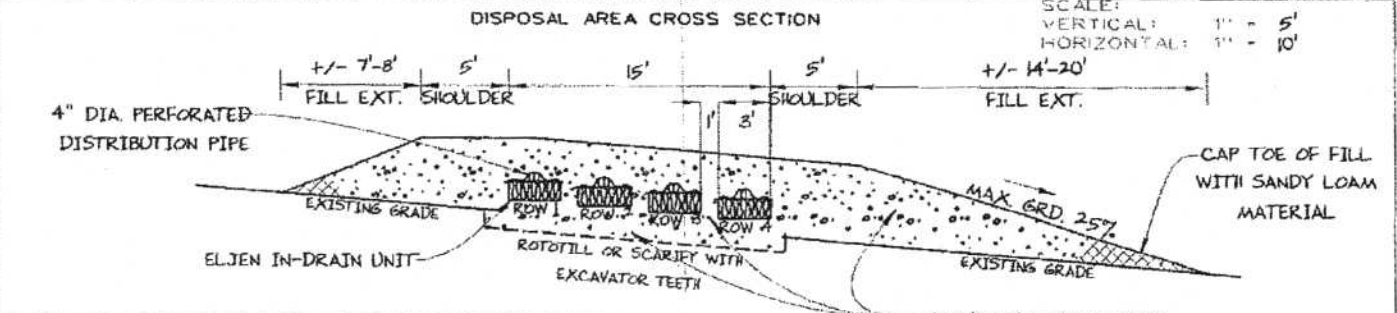
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human
 Division of Health Engineering, S1
 (207) 287-5972 FAX (207) 287-5973

Town, City, Plantation: **PORTLAND (PEAKS ISLAND)**
 Street, Road, Subdivision: **O LYNDON AVENUE**
 Owner's Name: **N/F KINNAIRD (FOR PAUL STENZEL)**



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope): ±27"-29"	Finished Grade Elevation	Location & Description NAIL IN 8" DIA. WHITE BIRCH, 62" ABOVE BASE OF TREE
Depth of Fill (Downslope): ±29"-35"	Top of Distribution Pipe or Proprietary Device	Reference Elevation is: 0.0' or -----
DEPTHS AT CROSS-SECTION (shown below)	Bottom of Disposal Area	



SEE ELJEN IN-DRAIN MANUAL ON SERIAL DISTRIBUTION ON SLOPES FOR PROPER PIPING

CLEAN FILL

GEOTEXTILE FABRIC OVER 4" DIA. PERF. PIPE

ELJEN IN-DRAIN UNIT

GRAVELLY COARSE SAND

DETAIL (NO SCALE)

DEPTH BELOW ERP:	ROW 1	ROW 2	ROW 3	ROW 4
FINISHED GRADE	-17"	-21"	-25"	-29"
CLEAN FILL	-29"	-33"	-37"	-41"
GEOTEXTILE FABRIC OVER 4" DIA. PERF. PIPE	-33"	-37"	-41"	-45"
ELJEN IN-DRAIN UNIT	-40"	-44"	-48"	-52"
GRAVELLY COARSE SAND	-46"	-50"	-54"	-58"

Albert Frick
 Site Evaluator Signature

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 SE *

11/26/2013
 Date

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