

# 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>2008.1.008</b>	
Street or Road	650 SEASHORE AVENUE	PORTLAND PERMIT # 10839 TOWN COPY Date Permit Issued: <u>12/10/08</u> \$ <u>1100</u> <input type="checkbox"/> If Double Fee Charged Signature: <u>Chris J. [Signature]</u> L.P.I.# <u>10121</u> Local Plumbing Inspector Signature	
Subdivision, Lot *		<b>07712</b>	
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	KIPP THOMAS		
Mailing Address of	14 BALSAM DRIVE		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	BEDFORD, MA 01730		
Daytime Tel. *		Municipal Tax Map * <u>89</u> Lot * <u>BLK F 13</u>	Lat. <u>43 39' 47" N</u> Lon. <u>70 10' 42" W</u>
<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.	
Signature of Owner/Applicant: <u>[Signature]</u> Date: <u>11-6-08</u>		Local Plumbing Inspector Signature: _____ (1st) Date Approved: _____ _____ (2nd) Date Approved: _____	

## PERMIT INFORMATION

<b>TYPE OF APPLICATION</b> 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>UNKNOWN</u> Year Installed: <u>UNKNOWN</u> 3. <input checked="" type="checkbox"/> Expanded System a. <input checked="" type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> 1. <input checked="" 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. <input type="checkbox"/> Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	<b>DISPOSAL SYSTEM COMPONENTS</b> 1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & a/t 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
<b>SIZE OF PROPERTY</b> <u>18, 016</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres	<b>DISPOSAL SYSTEM TO SERVE</b> 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>4</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 PER REALTOR <u>8/1/08</u>	<b>TYPE OF WATER SUPPLY</b> 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: _____
<b>SHORELAND ZONING</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<b>TREATMENT TANK</b> 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile <u>OR</u> 2. <input checked="" type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> 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>1344</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. <u>28 ELJEN IN-DRAIN UNITS</u>	<b>GARBAGE DISPOSAL UNIT</b> 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> Increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet	<b>DESIGN FLOW</b> <u>360</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 - EXISTING 3 BEDROOM EXPANDED TO 4 BEDROOMS AT 90 GALLONS PER DAY EACH = 360 GPD
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE <u>2</u> / CONDITION <u>A</u> / DESIGN <u>1</u> AT Observation Hole * <u>TP 3</u> Depth <u>18</u> " OF MOST LIMITING SOIL FACTOR	<b>DISPOSAL FIELD SIZING</b> 1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq.ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	<b>EFFLUENT/EJECTOR PUMP OR RELOCATE/ RAISE PLUMBING</b> 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ Gallons	3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA

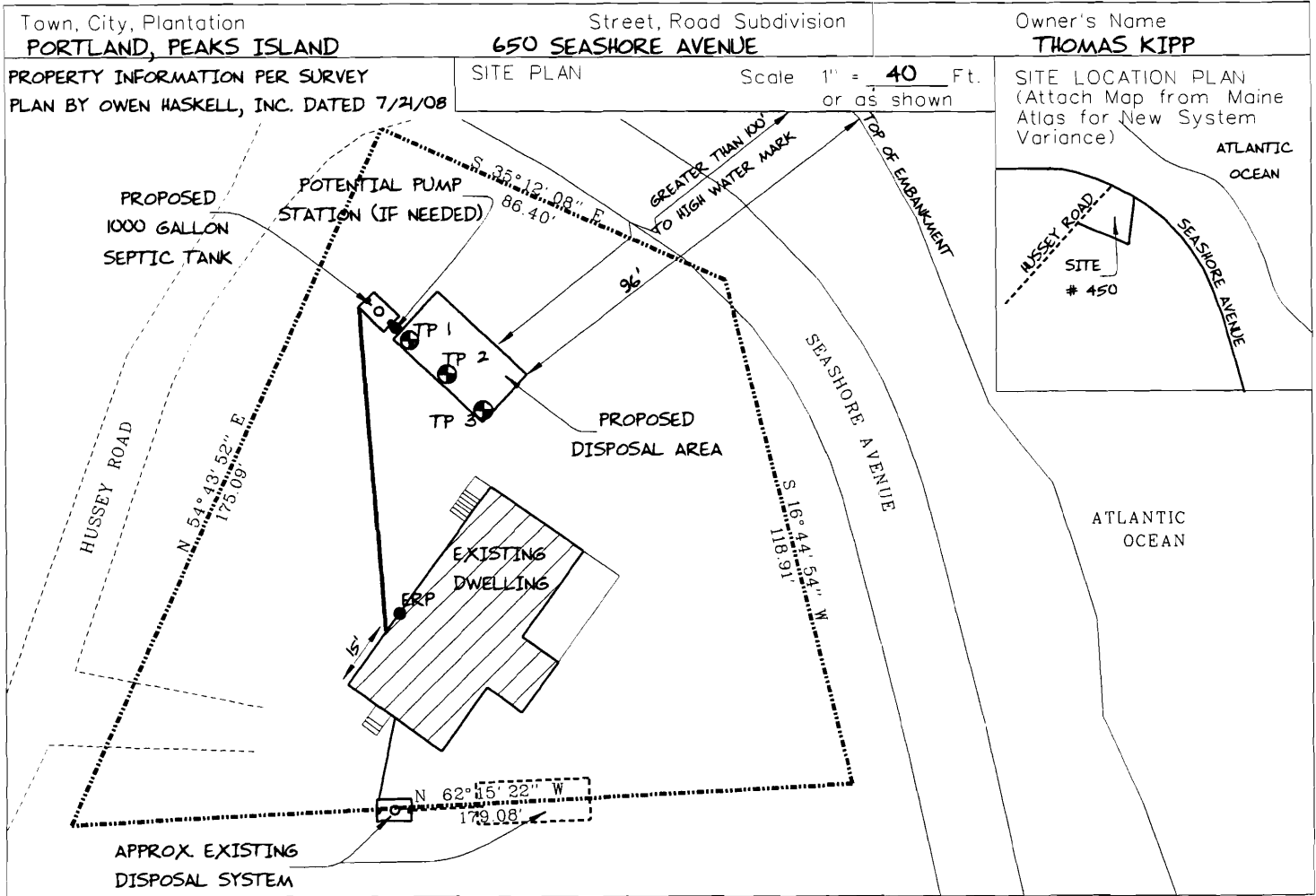
## SITE EVALUATOR STATEMENT

I certify that on 8/1/08 to 10/3/08 (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: 11/2/2008  
 Site Evaluator Name Printed: ALBERT FRICK Telephone Number: (207) 839-5563 E-mail Address: AFA@MAINERR.COM  
 ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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



## 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 (inches)	Texture	Consistency	Color	Mottling
0			DARK	
	SANDY		BROWN	
	LOAM			
10		FRIABLE		
20	GRAVELLY		DARK	NONE
	SANDY		REDDISH	EVIDENT
	LOAM		BROWN	
30				
40	BEDROCK			
50				

Soil Classification: 2 Profile, A Condition  
Slope:     %  
Limiting Factor: 36 -  
 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 (inches)	Texture	Consistency	Color	Mottling
0			DARK	
			BROWN	
10	SANDY	FRIABLE		
	LOAM		DARK	NONE
			REDDISH	EVIDENT
			BROWN	
20	BEDROCK			
30				
40				
50				

Soil Classification: 2 Profile, A Condition  
Slope:     %  
Limiting Factor: 20 -  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

*Albert Frick*  
Site Evaluator Signature

163  
SE

11/2/2008  
Date

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Department of Human Services  
Division of Health Engineering

Town, City, Plantation <b>PORTLAND, PEAKS ISLAND</b>	Street, Road Subdivision <b>650 SEASHORE AVENUE</b>	Owner's Name <b>THOMAS KIPP</b>
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*Albert Frick*  
Site Evaluator Signature

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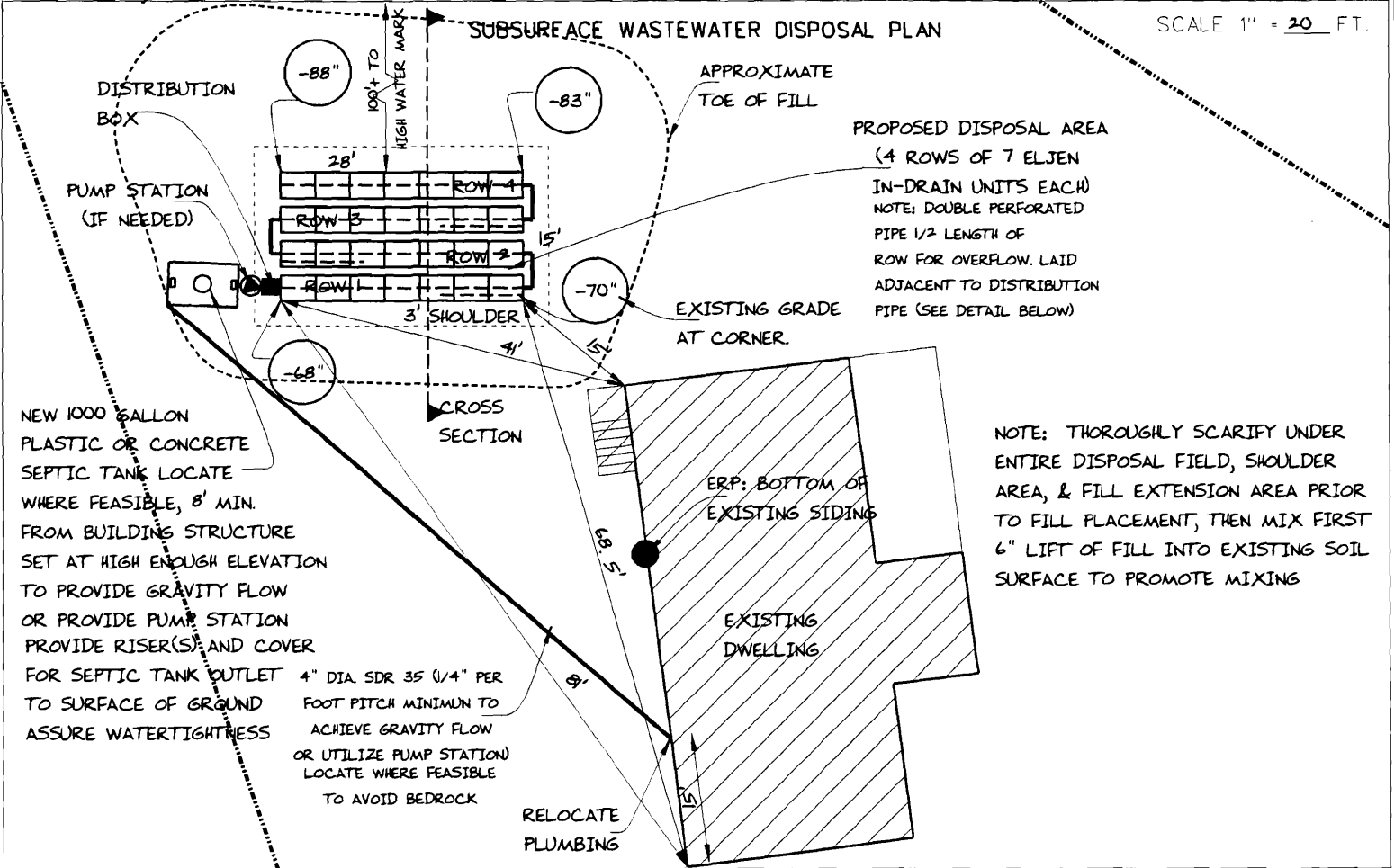
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Town, City, Plantation: **PORTLAND, PEAKS ISLAND**  
 Street, Road, Subdivision: **650 SEASHORE AVENUE**  
 Owner's Name: **THOMAS KIPP**

SCALE 1" = 20 FT.



**FILL REQUIREMENTS**

**CONSTRUCTION ELEVATIONS**

**ELEVATION REFERENCE POINT**

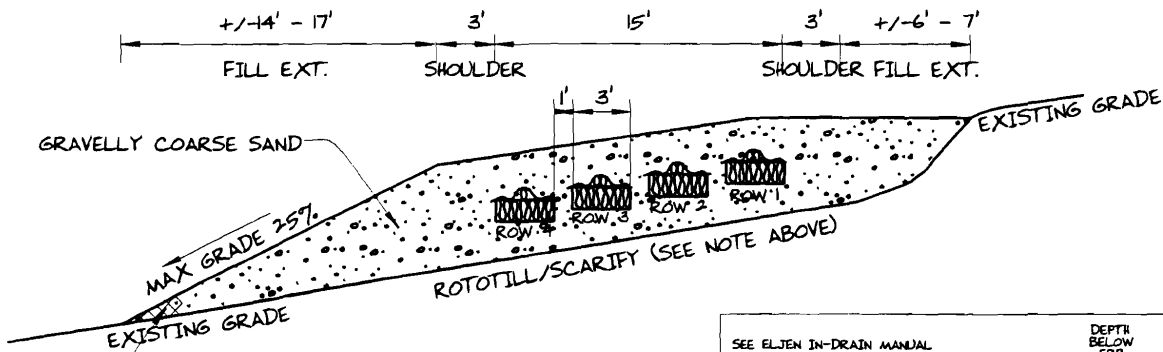
Depth of Fill (Upslope)	: 25" - 27"	Finished Grade Elevation
Depth of Fill (Downslope)	: 28" - 33"	Top of Distribution Pipe or Proprietary Device
DEPTHS AT CROSS-SECTION (shown below)		Bottom of Disposal Area

SEE  
 DETAIL  
 BELOW

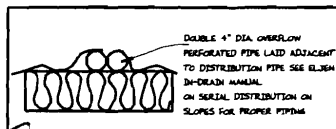
Location & Description  
 BOTTOM OF EXISTING SIDING  
 Reference Elevation is: 0.0" or -----

**DISPOSAL AREA CROSS SECTION**

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



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



SEE ELJEN IN-DRAIN MANUAL ON SERIAL DISTRIBUTION ON SLOPES FOR PROPER PIPING	DEPTH BELOW ERP	ROW 1	2	3	4
CLEAN FILL	FINISHED GRADE	-43"	-47"	-51"	-55"
GEOTEXTILE FABRIC OVER 4" DIA PERF. PIPE		-53"	-57"	-61"	-65"
ELJEN IN-DRAIN UNIT		-64"	-68"	-72"	-76"
	GRAVELLY COARSE SAND (NO PARTICLES OF GRAVEL LARGER THAN 3/4")	-70"	-74"	-78"	-84"

*Albert Frick*  
 Site Evaluator Signature

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 SE \*

11/2/2008  
 Date

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

95A County Road Gorham, Maine 04038  
(207) 859-5565

PORTLAND, PEAKS ISLAND	650 SEASHORE AVENUE	THOMAS KIPP
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.

PORTLAND, PEAKS ISLAND	650 SEASHORE AVENUE	THOMAS KIPP
TOWN	LOCATION	APPLICANT'S NAME

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



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

95A County Road Gorham, Maine 04038  
 (207) 859-5563

ISLAND REAL ESTATE



# ASHMORE REALTY

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

Nov. 22, 2007

City of Portland Inspections  
Planning Division  
389 Congress St., Portland, ME 04101

Subject: Permit application for replacement waste system at  
650 Seashore Ave., Peaks Island (Portland), Maine 014108

Dear Inspection Dept.

Enclosed find three duplicate originals of a replacement system septic design as prepared by Albert Frick Asso. and a check payable to the city of Portland in the amount of \$175.00. FYI, I have called several times this week to confirm the exact amount for the permit application but no one has gotten back to me with the amount. If the amount enclosed is not correct please contact me at your earliest convenience.

Respectfully Yours,

Ralph W. Ashmore

**ASHMORE REALTY**  
ISLAND SPECIALISTS  
20 Welch Street, Peaks Island, Maine 04018  
**207.766.2981**  
[Ralph@AshmoreRealty.com](mailto:Ralph@AshmoreRealty.com)  
[www.AshmoreRealty.com](http://www.AshmoreRealty.com)

DEC 3 2008

Sent via regular & certified US Mail.  
cc Thomas & Barbara Kipp

THOMAS & BARBARA KIPP  
'BACKSHORE'  
RALPH ASHMORE, PROJECT MANAGER, POA  
14 BALSAM DRIVE  
BEDFORD, MA 01730

1159

52-60/112  
177

11/22/08

Date

Pay to the  
Order of

City of Portland

\$ 175<sup>00</sup>/<sub>100</sub>

One Hundred Seventy Five

Dollars



Security  
Features  
Detailed on  
Back.

Key Private  
Bank

KeyBank National Association  
Portland, Maine 04101  
1-877-634-2968

For

app. fee septic permit

*[Signature]*

MP

⑆0⑆⑆200608⑆ 19⑆7700326⑆10⑆⑆ 1159



**BUILDING PERMIT INSPECTION PROCEDURES**

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

**to schedule your inspections as agreed upon**

**Permits expire in 6 months, if the project is not started or ceases for 6 months.**

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

**By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.**

**A Pre-construction Meeting will take place upon receipt of your building permit.**

  X   **Exposed septic field preparation and tank location inspection to check elevations, dimensions, piping, pumping station and system design prior to covering.**

  X   **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

**If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.**

\_\_\_\_\_  
Signature of Applicant/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Inspections Official

\_\_\_\_\_  
Date

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*Mailed*