

90 D 008

2006 6026

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION		>> Caution: Permit Required - Attach In Space Below <<	
City, Town, or Plantation	PORTLAND; PEAKS ISLAND	PORTLAND PERMIT # 10291 TOWN COPY	
Street or Road	29 SARGENT ROAD		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION		Date Permit Issued: 5/10/07	\$ 1110.00
Name (last, first, MI)	MELTON ED & JULIE	Owner	Local Plumbing Inspector Signature: <i>Elmie Bowler</i>
Mailing Address of	16 MOUND STREET		L.P.I. # 0732
Daytime Tel. #	(513)932-0246		
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>Budget A Kenner</i> 5-11-07		Local Plumbing Inspector Signature: <i>Elmie Bowler</i> (1st) Date Approved: 5/12/07	

PERMIT INFORMATION		
TYPE OF APPLICATION 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 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 & alt 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 4,769 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</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 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: _____
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK ASSURE WATERTIGHTNESS 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input 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>1008</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. <u>21 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>270</u> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities -
SOIL DATA & DESIGN CLASS PROFILE: <u>12</u> / <u>C</u> / <u>1</u> AT Observation Hole # <u>TP 1</u> Depth <u>20</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/JECTOR PUMP ASSURE WATERTIGHTNESS 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 BEDROOMS AT 90 GALLONS PER DAY EACH 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA

SITE EVALUATOR STATEMENT	
I Certify that on <u>10/26/06</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). Signature: <i>Albert Frick</i> 163 SE • Date: <u>5/3/2007</u>	

ALBERT FRICK (207) 839-5563 AFA@MAINERR.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

HHE-200-R-47-90

RECEIVED
MAY 11 2007
INSPECTOR
PEAKS ISLAND, ME

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

Town, City, Plantation PORTLAND; PEAKS ISLAND	Street, Road Subdivision 29 SARGENT ROAD	Owner's Name ED & JULIE MILTON
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PROPERTY INFORMATION PER TOWN TAX MAP, VERIFY PRIOR TO INSTALLATION TO ASSURE SETBACKS SHOWN

NOTE:
ASSURE ALL PROPERTY ABUTTERS ARE ON PUBLIC WATER

SITE PLAN

Scale 1" = **40** Ft.
or as shown

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

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)									
Observation Hole <u>TP 1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring					Observation Hole <u>TP 2</u> <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	SANDY LOAM	FRIABLE	BROWN		10	SANDY LOAM	FRIABLE	BROWN	
20		SOMEWHAT FIRM		FEW, FAINT	20				FEW, FAINT
30		FIRM	OLIVE BROWN		30				
40					40		FIRM	OLIVE BROWN	
50					50				
Soil Classification: <u>12</u> Profile <u>C</u> Condition Slope: _____ Limiting Factor: <u>20"</u>					Soil Classification: <u>12</u> Profile <u>C</u> Condition Slope: _____ Limiting Factor: <u>24"</u>				
<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth					<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth				

Site Evaluator Signature

163
SE

Date

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Town, City, Plantation
PORTLAND; PEAKS ISLAND

Street, Road, Subdivision
29 SARGENT ROAD

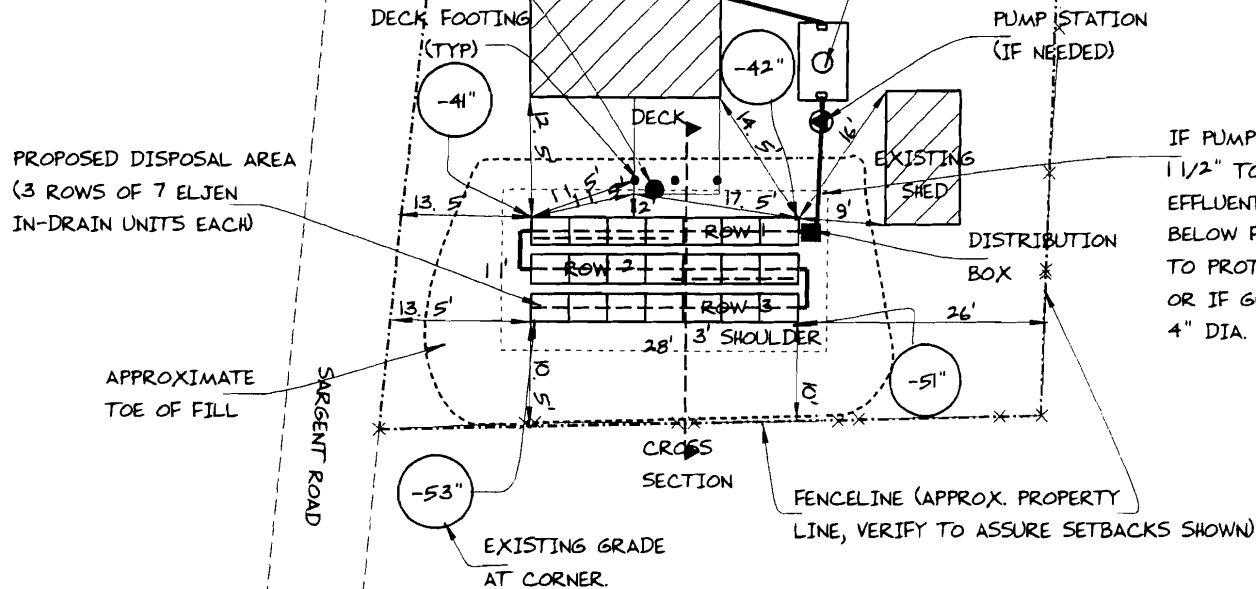
Owner's Name
ED & JULIE MILTON

NOTE: THOROUGHLY SCARIFY (WITH ROTOTILL OR EXCAVATOR TEETH) UNDER ENTIRE DISPOSAL FIELD, SHOULDER AREA, & FILL EXTENSION AREA PRIOR TO FILL PLACEMENT, THEN MIX FIRST 6" LIFT OF FILL INTO EXISTING SOIL SURFACE TO PROMOTE MIXING

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.

ERP: TOP OF DECK FLOOR
40" ABOVE GROUND LEVEL



FILL REQUIREMENTS

Depth of Fill (Upslope) : 13" - 14"
Depth of Fill (Downslope) : 15" - 17"
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
Top of Distribution Pipe or Proprietary Device
Bottom of Disposal Area

SEE
DETAIL
BELOW

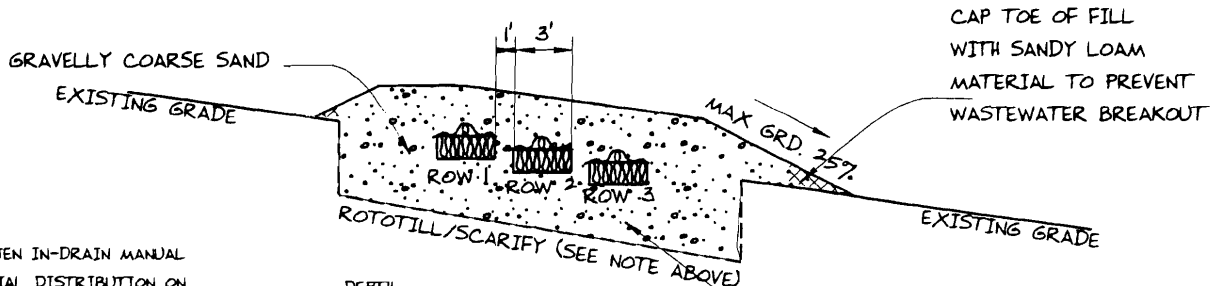
ELEVATION REFERENCE POINT

Location & Description TOP OF DECK FLOOR, 40" ABOVE BASE
Reference Elevation is: 0.0" or -----

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

DISPOSAL AREA CROSS SECTION

+/- 3' - 4' 3' 11' 3' +/- 7' - 8'
FILL EXT. SHOULDER SHOULDER FILL EXT.



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

DEPTH BELOW ERP	ROW 1	2	3
-28"	-32"	-36"	
-38"	-42"	-46"	
-42"	-46"	-50"	
-49"	-53"	-57"	
-67"	-71"	-75"	

Albert Frick
Site Evaluator Signature

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SE *

5/3/2007
Date

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FROM :

FAX NO. : 2078395564

Apr. 19 2007 08:59AM P7

REPLACEMENT SYSTEM VARIANCE REQUEST**THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST**

This form shall be attached to an application (HHE-200) for the proposed 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 can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 2006)
2. There will be no change in use of the structure except as authorized for minor expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

GENERAL INFORMATIONTown of Portland, Peaks Island

Permit No. _____

Date Permit Issued _____

Property Owner's Name: Ed & Julie MeltonTel. No.: (513) 932-6246System's Location: 29 Sargent RoadProperty Owner's Address: 372 Granite Street(if different from above) Worcester, MA 01607**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. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have 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_____
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 (check and complete either a or b):

☐ a. (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.

--OR--

☐ b. find that one or more of the requested Variances exceeds my approval authority as LPI. I (☐ recommend, ☐ do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments:

LPI SIGNATURE_____
DATE

FROM :

FAX NO. : 2078395564

Apr. 19 2007 08:59AM PB

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
SOILS								
Soil Profile	Ground Water Table						to 7" inches	
Soil Condition	Restrictive Layer						to 7" inches	
from HHE-200	Bedrock						to 12" inches	
SETBACK DISTANCES (in feet)	Disposal Fields (total design flow)			Septic Tanks (total design flow)			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 supply wells	300 ft	300 ft	300 ft	100 ft	100 ft	100 ft		
Owner's wells	100 down to 60 ft [a]	200 down to 100 ft	300 down to 150 ft	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft		
Neighbor's wells	100 down to 60 ft [f]	200 down to 120 ft [f]	300 down to 180 ft [f]	100 down to 50 ft [f]	100 down to 75 ft [f]	100 down to 75 ft [f]		
Water supply line	10 ft	20 ft	25 ft [h]	10 ft	10 ft	10 ft [h]		
Water course, major - for replacements only, see Table 400.4 for major expansions	100 down to 60 ft [d]	200 down to 120 ft [d]	300 down to 180 ft [d]	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft [e]	100 down to 50 ft [e]	150 down to 75 ft [e]	50 down to 25 ft [e]	50 down to 25 ft [e]	50 down to 25 ft [e]		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	75 down to 35 ft	25 down to 12 ft	25 down to 12 ft	25 down to 12 ft		
Edge of fill extension - Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]		
Slopes greater than 3:1	10 ft [g]	18 ft [g]	25 ft [g]	N/A	N/A	N/A		
No full basement [e.g. slab, frost wall, columns]	15 down to 7 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft	3.5' to 9'	
Full basement [below grade foundation]	20 down to 10 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft	12'	
Property lines	10 down to 5 ft [c]	18 down to 9 ft [c]	20 down to 10 ft [c]	10 down to 4 ft [c]	15 down to 7 ft [c]	20 down to 10 ft [c]		
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. Fill extension Grade - to 3:1								
2.								
3.								

Footnotes: [a.] Single-family well setbacks may be reduced as prescribed in Section 701.2.

[b.] This distance may be reduced to 25 feet, if the septic or holding tank is tested in the plumbing inspector's presence and shown to be watertight or of monolithic construction.

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

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

[e.] 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.

[f.] May not be any closer to neighbor's well than the existing disposal field or septic tank unless written permission is granted by the neighbor. This setback may be reduced for single family houses with Department approval. See Section 702.3.

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

[h.] See Section 1402.10 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