

FROM :

FAX NO. : 2078395564

Dec. 06 2005 11:36AM P4

20056026

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

City, Town, or Plantation: **PORTLAND, PEAKS ISLAND**

Street or Road: **11 OAK LAWN ROAD**

Subdivision, Lot #: _____

Portland PERMIT # 9710 TOWN COPY

Date Permit Issued: **10/10/06** \$ **410.00** FEE Charged Double Fee

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **PORETTI FRANK** Owner

Mailing Address of: **11 OAK LAWN ROAD PEAKS ISLAND, ME 04108**

Daytime Tel. #: **766-2997**

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # **0640**

Municipal Tax Map # 90, SEC. E Lot # 2 & 3

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.

[Signature] **01/05/06**
Signature of Owner/Applicant Date

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

[Signature]
Local Plumbing Inspector Signature

PERMIT INFORMATION

TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 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. <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	DISPOSAL SYSTEM COMPONENTS 1. <input 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 checked="" 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 17,427 sq. ft. <input type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: 4 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: _____

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 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 1000 gallons	DISPOSAL FIELD TYPE & SIZE 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"/> 20' loaded 4. <input type="checkbox"/> Other: _____ SIZE 1200 sq. ft. <input type="checkbox"/> lin. ft. 25 ELJEN IN-DRAIN UNITS	GARBAGE DISPOSAL UNIT 1. <input type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input checked="" 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 TO BE REMOVED	DESIGN FLOW 360 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 4 BEDROOMS AT 90 GALLONS PER DAY EACH = 360 GPD 3. <input type="checkbox"/> Section 505.0 (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE 3 / CONDITION C / DESIGN 1 AT Observation Hole # TP1 Depth 20 " 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	PUMPING 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: DISE: _____ Gallons: _____	

SITE EVALUATOR STATEMENT

I certify that on **11/7/05** (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] **12/6/05**
Site Evaluator Signature SE - Date

ALBERT FRICK (207) 890-5563 AFA@MAINEERR.COM
 Site Evaluator Name Printed Telephone Number E-mail Address
ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 890-5563
 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10 SHS
(207) 207-8672 FAX (207) 207-4172

Town, City, Plantation
PORTLAND, PEAKS ISLAND

Street, Road, Subdivision
11 OAK LAWN ROAD

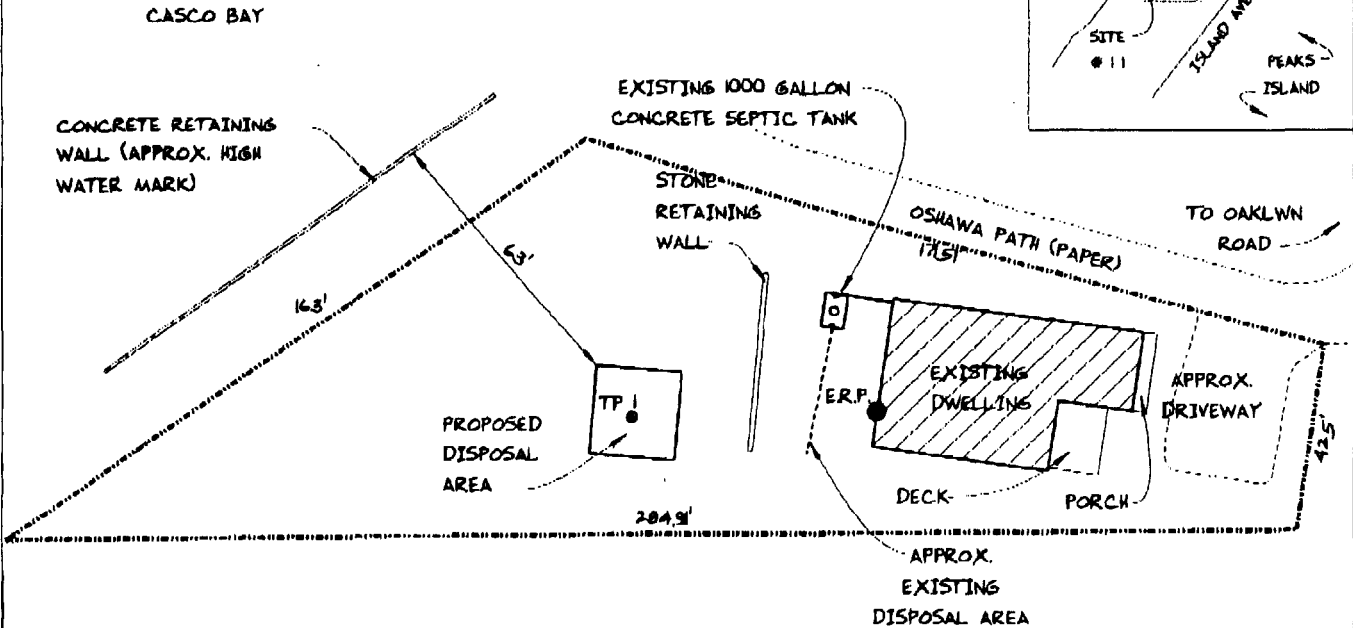
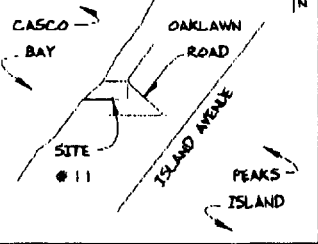
Owner's Name
FRANK PORETTI

NOTE: PROPERTY INFORMATION
PER SURVEY PLAN BY R.C. SANBORN
DATED MAY 21, 1984

SITE PLAN

Scale 1" = 40 Ft.
or as shown

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



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				
10	SANDY LOAM		DARK BROWN	
15		FRIABLE		
20	SANDY LOAM			
25	LOAMY SAND		YELLOWISH BROWN	FEW DISTINCT
30				FREE WATER
35		FIRM	OLIVE BROWN	COMMON DISTINCT
40				
50				

Soil Classification: **S** Profile, **C** Condition, Slope: **20%**
 Limiting Factor: **20"**
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Observation Hole _____ Test Pit Boring
Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification: _____ Profile, _____ Condition, Slope: _____ %
 Limiting Factor: _____
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Albert Frick
Site Evaluator Signature

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SE

12/6/05
Date

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FROM :

FAX NO. : 2078395564

Dec. 06 2005 11:37AM P6

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Wine Department of Human Services
 Division of Health Engineering, Station 10 5115
 (207) 287-8872 FAX (207) 287-4172

Town, City, Plantation PORTLAND, PEAKS ISLAND	Street, Road, Subdivision 11 OAK LAWN ROAD	Owner's Name FRANK PORETTI
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SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.

NOTE: REDIRECT ALL SURFACE WATER, GUTTER DOWNSPOUTS, AND FOUNDATION DRAINS AWAY OR AROUND DISPOSAL AREA

NOTE: THOROUGHLY ROTOTILL ENTIRE AREA UNDER PROPOSED DISPOSAL FIELD & FILL EXTENSIONS PRIOR TO FILL PLACEMENT, THEN TILL FIRST 6" LIFT OF FILL INTO EXISTING SOIL SURFACE TO PROMOTE MIXING

OSHAWA PATH (PAPER)

APPROX. EXISTING 1000 GALLON CONCRETE SEPTIC TANK CHECK BAFFLE, REPLACE IF NECESSARY

CONCRETE RETAINING WALL (APPROX. HIGH WATER MARK)

APPROXIMATE TOE OF FILL (MINIMUM)

PROPOSED DISPOSAL AREA (5 ROWS OF 5 ELJEN IN-DRAIN UNITS)

DISTRIBUTION BOX

EXISTING GRADE AT CORNER

4" DIA SDR-85 SOLID PVC

EXISTING DWELLING

ERP

APPROX. PROPERTY LINE

FILL REQUIREMENTS

Depth of Fill (Upslope) : 21" - 23"
 Depth of Fill (Downslope) : 25" - 27"
 DEPTHS AT CROSS SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
 Top of ~~Proprietary Device~~ Proprietary Device
 Bottom of Disposal Area

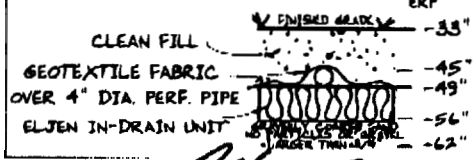
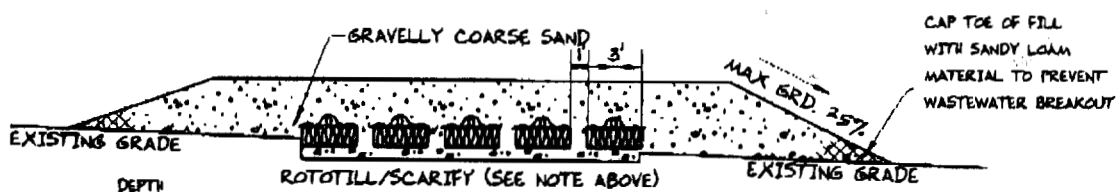
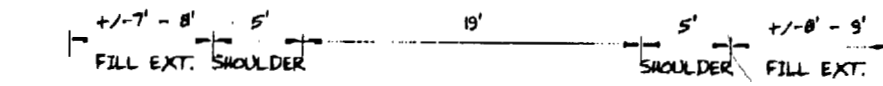
SEE
 DETAIL
 BELOW

ELEVATION REFERENCE POINT

Location & Description TOP OF DOOR SILL PLATE, 3" ABOVE GRADE
 Reference Elevation is: 0.0" or

DISPOSAL AREA CROSS SECTION

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



Albert Frick
 Site Evaluator Signature

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 SC

12/6/05
 Date

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GENERAL INFORMATION, Town of PORTLAND (PEAKS ISLAND)
 Permit No. _____ * _____ Date Permit Issued _____
 Property Owner's Name: FRANK PORETTI Tel. No.: _____
 System's Location: 11 OAK LAWN ROAD
 Property Owner's Address: PEAKS ISLAND - ME 04108
 (if different from above)

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 ME 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.
Frank Poretti 01/05/06
 SIGNATURE OF OWNER DATE

LOCAL PLUMBING INSPECTOR
 I, MIKE NOGENT, the undersigned, ~~have~~ 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. to 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:

Mike Nugent 2/6/06
 LPI SIGNATURE DATE

FROM :

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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 (infest)	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 H		
Owner's wells	100 down to 60 ft [a]	200 down to 100 ft	300 down to 150 R	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]		
Watercourse, 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	63'	
Watercourse, 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]	80 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]	26 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, first 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		
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		
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. _____								

[h 1 See Section IA02.10 for special procedures when those minimum setbacks cannot be achieved.

Albert Frick

SITE EVALUATOR'S SIGNATURE

12/6/05
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