

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Public Engineering, Section 40.045
(207) 287-5672 FAX (207) 287-6175

PROPERTY LOCATION		>> Caution: Permit Required - Attach in Space Below <<
City, Town, or Plantation	PORTLAND PEAKS ISLAND	<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">90-96</div>
Street or Road	47 ISLAND AVENUE	
Subdivisions, Lot #		
OWNER/APPLICANT INFORMATION		PORTLAND PERMIT # 11477 TOWN COPY Date Permit Issued: <u>10/15/10</u> \$ <u>111.00</u> OR <u>111.00</u> Fee Change Local Plumbing Inspector Signature: _____ L.P.L.# <u>11112</u>
Name (last, first, MI)	FOX JAMES L. & CANDACE A. Owner Applicant	
Mailing Address of	225 SHARON AVENUE	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	BOSTON, MA 02418	
Daytime Tel. #	617-785-5923	Municipal Tax Map - <u>90</u> Lot - <u>6 & 7</u>
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. Signature of Owner/Applicant: <u>James L. Fox</u> Date: <u>10/18/10</u>		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION		
TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>TRENCH</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	THIS APPLICATION REQUIRES 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. 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 checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & oil tower) 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 <u>12,020</u> sq. ft. <input checked="" type="checkbox"/> _____ acres <input type="checkbox"/>	DISPOSAL SYSTEM TO SERVE 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 checked="" type="checkbox"/> Seasonal <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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: <u>1000</u> 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 type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> 18" x 20" loaded 4. <input type="checkbox"/> Other _____ SIZE: <u>1000</u> sq. ft. <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. 24 ELTJEN 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 checked="" type="checkbox"/> Filter on tank outlet ZABEL OR EQUIVALENT	DESIGN FLOW <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 4 BEDROOMS AT 90 GALLONS PER DAY EACH 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>S</u> / <u>A</u> / <u>2</u> AT Observation Hole # <u>TB 2</u> Depth: <u>40</u> Elevation: <u>-4</u> OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd 2. <input checked="" type="checkbox"/> Medium - 2.6 sq. ft./gpd 3. <input 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/EJECTOR PUMP 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required Specify only for engineered systems: DOSE _____ Gallons	LATITUDE AND LONGITUDE of center of disposal area Lat. <u>44.3</u> ° <u>40</u> ' <u>28.5</u> " S Lon. <u>77.0</u> ° <u>11</u> ' <u>29.5</u> " S ft. gpd., state margin of error

SITE EVALUATOR STATEMENT	
I certify that on <u>9/10/10</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: <u>Albert Frick</u> Site Evaluator Name Printed: ALBERT FRICK	Date: <u>10/18/2010</u> Telephone Number: <u>(207) 838-5564</u> E-mail Address: <u>AFAC@MAINERR.COM</u>
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator	

RECEIVED
 OCT 18 2010
 Dept. of Building Inspections
 City of Portland, Maine



CITY OF PORTLAND, MAINE
Department of Building Inspections

Original Receipt

10.13²⁰ 10

Received from Lionel Plunk & Assoc -
771 Street Ave

Cost of Construction \$ _____ Building Fee _____

Permit Fee \$ _____ Spw Fee _____

Certificate of Occupancy Fee: _____

Total: 110

Building (1L) _____ Plumbing (1B) _____ Electrical (1Z) _____ Site Plan (1Z) _____

Other Subs subject

CBL 20-P-6

Check # 28026 Total Collected \$ 110

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: JMR

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Origin Engineering, Station #1045
(207) 287-5672 Fax (207) 287-4175

Town, City, Plantation PORTLAND PEAKS ISLAND	Street, Road Subdivision 47 ISLAND AVENUE	Owner's Name FOX
PROPERTY INFORMATION PER TOWN TAX MAP VERIFY TO ASSURE SETBACKS SHOWN	SITE PLAN Scale 1" = <u>30</u> Ft. or as shown	SITE LOCATION PLAN (Attach Map from Maine Allog for New System Variance)

NOTE: PROPERTY INFORMATION APPROXIMATED PER TOWN TAX MAP AND AERIAL PHOTOGRAPH. VERIFY WATERLINE LOCATION TO ASSURE 10' MIN. SETBACK FROM DISPOSAL SYSTEM.

(GRP) CAMP POLE #54/42

ISLAND AVENUE

TB 3 = 24" TO REFUSAL / BEDROCK

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	Moisture
0	SANDY		DARK	
	LOAM		BROWN	
10	LOAMY SAND	FRIABLE	DARK YELLOW	
20	FINE SAND		BROWN	
30				
40				
50				
	LIMIT OF EXCAVATION			

Soil Classification S Profile	B Condition	Slope 0-3	Limiting Factor <input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Observation Hole TB 2 Test Pit Boring
Depth of Organic Horizon Above Mineral Soil _____

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Moisture
0	SANDY			
	LOAM			
10	LOAMY SAND	FRIABLE		
20	FINE SAND			
30				
40				
50				
	BEDROCK			

Soil Classification S Profile	AIII Condition	Slope 0-3	Limiting Factor 40" <input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Albert Frick
Site Evaluator Signature

65
SE *

10/1/2010
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10, 245
 (207) 287-5622 FAX (207) 287-2112

Town, City, Plantation
PORTLAND PEAKS ISLAND

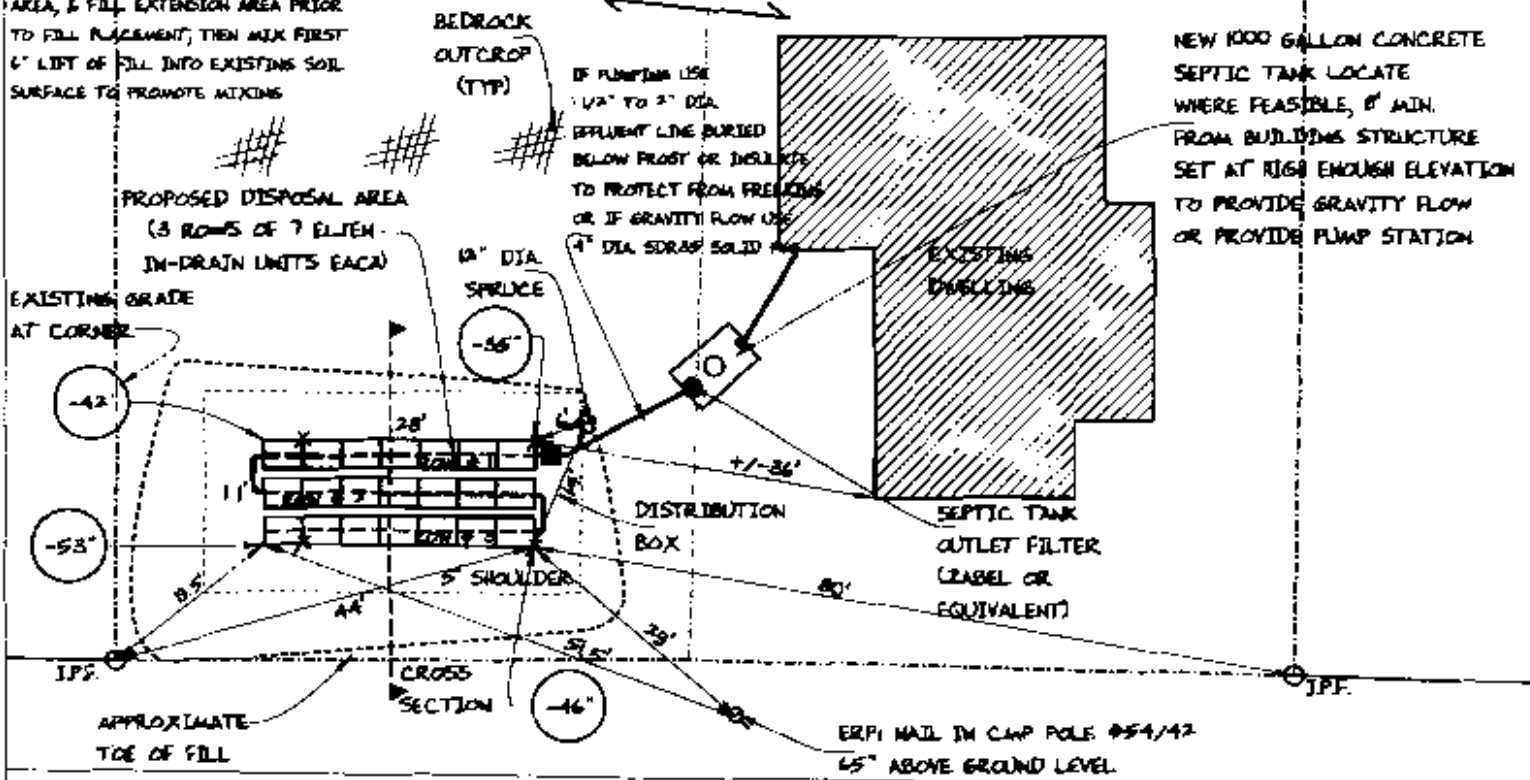
Street, Road, Subdivision
471 ISLAND AVENUE

Owner's Name
FOX

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT

NOTE: THOROUGHLY SCARIFY 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



VERIFY WATERLINE LOCATION TO ASSURE MIN 10' SETBACK FROM DISPOSAL AREA

FILL REQUIREMENTS

Depth of Fill (Upslope) : 1' - 8"
 Depth of Fill (Downslope) : 1' - 10"
 DEPTHS AT CROSS SECTION (shown here)

CONSTRUCTION ELEVATIONS

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

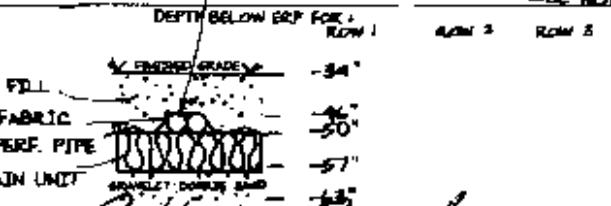
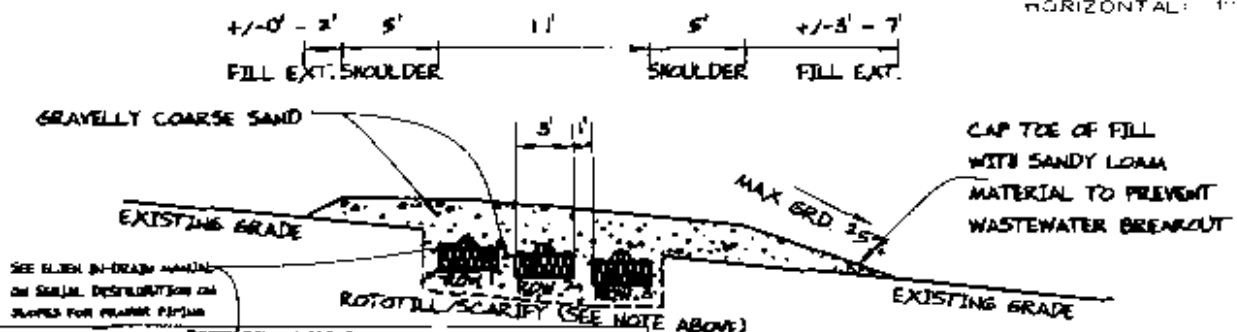
SEE
 DETAIL
 BELOW

ELEVATION REFERENCE POINT

Location & Description CAMP POLE #54/42
 NAIL 45" ABOVE BASE
 Reference Elevation is: 0.0' or -----

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

DISPOSAL AREA CROSS SECTION



Albert Frick
 Site Evaluator Signature

K.S.
 SE *

10/1/2010
 Date

BUILDING PERMIT INSPECTION PROCEDURES

**Please call 874-8703 or 874-8693 (ONLY)
or email: buildinginspections@portlandmaine.gov**

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months, if the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.**

 X **Backfill inspection of septic field for approved materials, stabilization, slopes and extensions**

 X **Septic field and extension inspection for bottom preparation/scorification to verify removal of vegetation, established transitional horizon and erosion and sedimentation control measures.**

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

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 20106016	Date Applied For: 10/18/2010	CBL: 090 P006001
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Location of Construction: 471 ISLAND AVE	Owner Name: BELL TIMA ALEXANDER	Owner Address: 900 EAST 1ST ST # 314	Phone:
Business Name:	Contractor Name: Lionel LaPlante Assoc	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Replacement System	

Proposed Use:	Proposed Project Description:
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Dept: Building

Status: Approved

Reviewer: Jonathan Rioux

Approval Date: 11/05/2010

Note:

Ok to Issue: