

090-Q-001

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)**
Street or Road: **499 ISLAND AVENUE**
Subdivision, Lot *:

PORTLAND PERMIT # 11697 TOWN COPY
Date Permit Issued: **7/15/11** \$ **1100** Double Fee Charged
Local Plumbing Inspector Signature: *[Signature]* L.P.I. # **0732**
Municipal Tax Map * **90** Lot * **Q1**

OWNER/APPLICANT INFORMATION
Name (last, first, MI): **MACISEAC JOANNE** Owner Applicant
Mailing Address of: **22 COOLIDGE ROAD MEDFORD, MA. 02155**
Daytime Tel. * **(617) 504-0303**

Owner or Applicant Statement
I state and acknowledge that the information provided is correct to the best of my knowledge and understand that any violation is reason for the Department and/or Local Plumbing Inspector to deny a permit.
Signature of Owner/Applicant: *[Signature]* Date: **Feb 20, 2011**

Caution: Inspections Required
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
(1st) Date Approved: _____
(2nd) Date Approved: _____

PERMIT INFORMATION

TYPE OF APPLICATION
1. First Time System
2. Replacement System
Type Replaced: UNKNOWN
Year Installed: UNKNOWN
3. Expanded System
a. Minor Expansion
b. Major Expansion
4. Experimental System
5. Seasonal Conversion

SIZE OF PROPERTY
+/ - **6,180** sq. ft. acres

SHORELAND ZONING
 Yes No

THIS APPLICATION REQUIRES
1. No Rule Variance
2. First Time System Variance
a. Local Plumbing Inspector Approval
b. State & Local Plumbing Inspector Approval
3. Replacement System Variance
a. Local Plumbing Inspector Approval
b. State & Local Plumbing Inspector Approval
4. Minimum Lot Size Variance
5. Seasonal Conversion Approval

DISPOSAL SYSTEM TO SERVE
1. Single Family Dwelling Unit, No. of Bedrooms: **3**
2. Multiple Family Dwelling, No. of Units: _____
3. Other: _____
SPECIFY Current Use Seasonal Year Round Undeveloped

DISPOSAL SYSTEM COMPONENTS
1. Complete Non-Engineered System
2. Primitive System (graywater & old toilet)
3. Alternative Toilet, specify: _____
4. Non-Engineered Treatment Tank (only)
5. Holding Tank _____ Gallons
6. Non-Engineered Disposal Field (only)
7. Separated Laundry System
8. Complete Engineered System 2000 gpd
9. Engineered Treatment Tank (only)
10. Engineered Disposal Field (only)
11. Pre-treatment, specify: _____
12. Miscellaneous components

TYPE OF WATER SUPPLY
1. Drilled Well 2. Dug Well 3. Private
4. Public 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. Concrete
a. Regular
b. Low Profile
2. Plastic
3. Other: _____
CAPACITY **1000** gallons

DISPOSAL FIELD TYPE & SIZE
1. Stone Bed 2. Stone Trench
3. Proprietary Device
a. Cluster array c. Linear
b. Regular d. H-20 loaded
4. Other: _____
SIZE **1008** sq. ft. lin. ft.
21 ELJEN IN-DRAIN UNITS

GARBAGE DISPOSAL UNIT
1. No 3. Maybe
2. Yes >> Specify one below:
a. Multi-compartment tank
b. _____ tanks in series
c. Increase in tank capacity
d. Filter on tank outlet

DESIGN FLOW
270 gallons per day
BASED ON:
1. Table 501.1 (dwelling units)
2. Table 501.2 (other facilities)
SHOW CALCULATIONS for other facilities -
EXISTING 2 BEDROOM EXPANSION TO 3 BEDROOM 90 GALLONS PER DAY EACH
3. Section 503.0 (meter readings) ATTACH WATER-METER DATA
LATITUDE AND LONGITUDE at center of disposal area
Lat **N 43** d **40** m **50** s
Lon. **W 70** d **11** m **69** s
if g.p.s., state margin of error

SOIL DATA & DESIGN CLASS
PROFILE **3** CONDITION **AIII/C** DESIGN **I**
AT Observation Hole * **TP 1**
Depth **36** " Elevation **-54** "
OF MOST LIMITING SOIL FACTOR

DISPOSAL FIELD SIZING
1. Small - 2.0 sq.ft./gpd
2. Medium - 2.6 sq.ft./gpd
3. Medium-Large - 3.3 sq.ft./gpd
4. Large - 4.1 sq.ft./gpd
5. Extra-Large - 5.0 sq.ft./gpd

EFFLUENT/EJECTOR PUMP
1. Not required
2. May be required
3. Required
Specify only for engineered systems:
DOSE: _____ Gallons

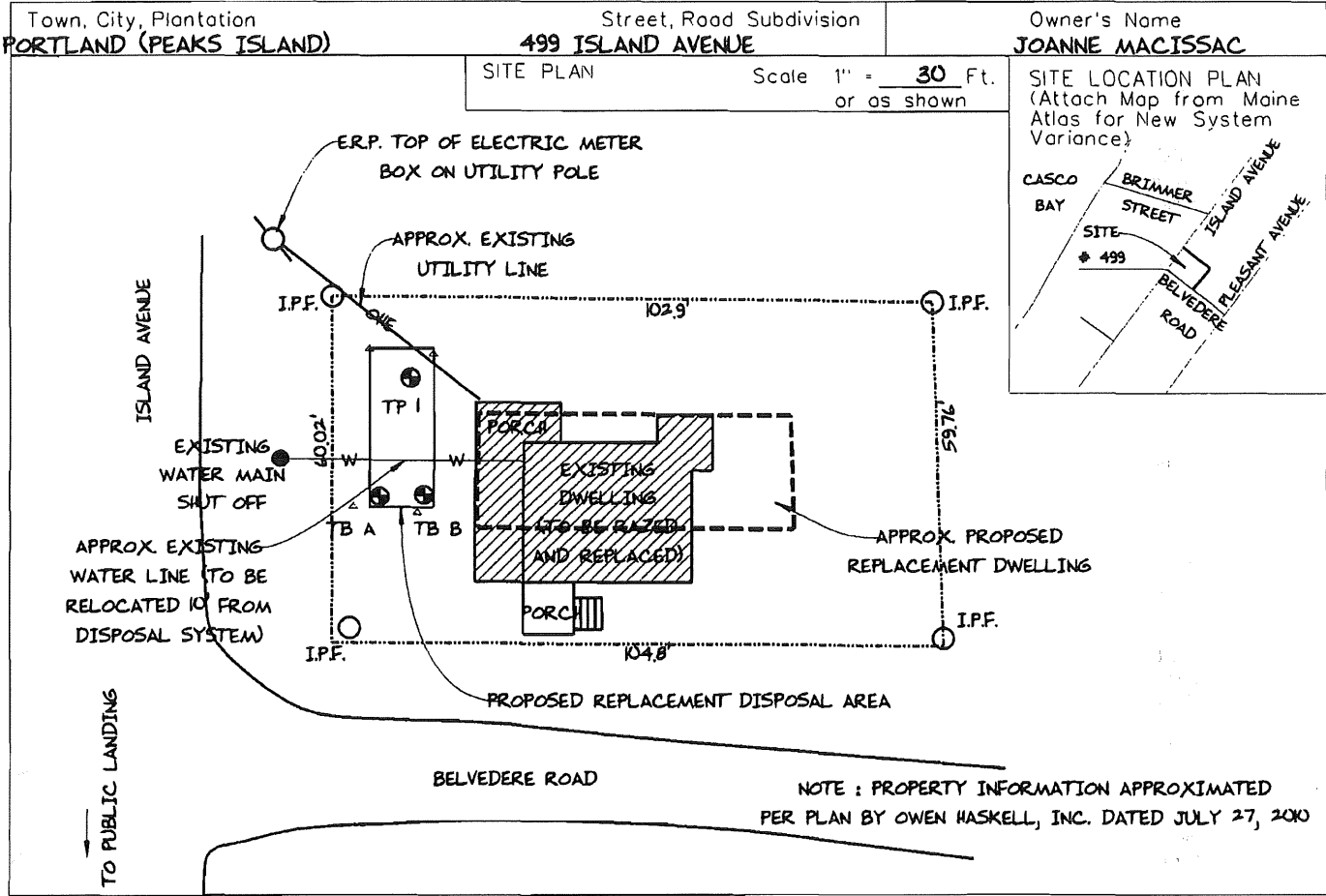
SITE EVALUATOR STATEMENT

I certify that on **5/28/10** (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 * **63** Date: **8/13/2010**
ALBERT FRICK Telephone Number: **(207) 839-5563** E-mail Address: **AFA@MAINERR.COM**

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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	SANDY LOAM		DARK BROWN	
10		FRIABLE		
20	LOAMY SAND		YELLOWISH BROWN	
30		FIRM		FEW, DISTINCT
40	BEDROCK			
50				

Soil Classification: 3 AIII/C Profile: 3 Condition: AIII/C
 Slope: _____ % Limiting Factor: 36"
 Ground Water Restrictive Layer Bedrock Pit Depth

Observation Hole TB A-B 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				

TB A = 40" + TO BEDROCK
 TB B = 40" + TO BEDROCK

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

Albert Frick
 Site Evaluator Signature

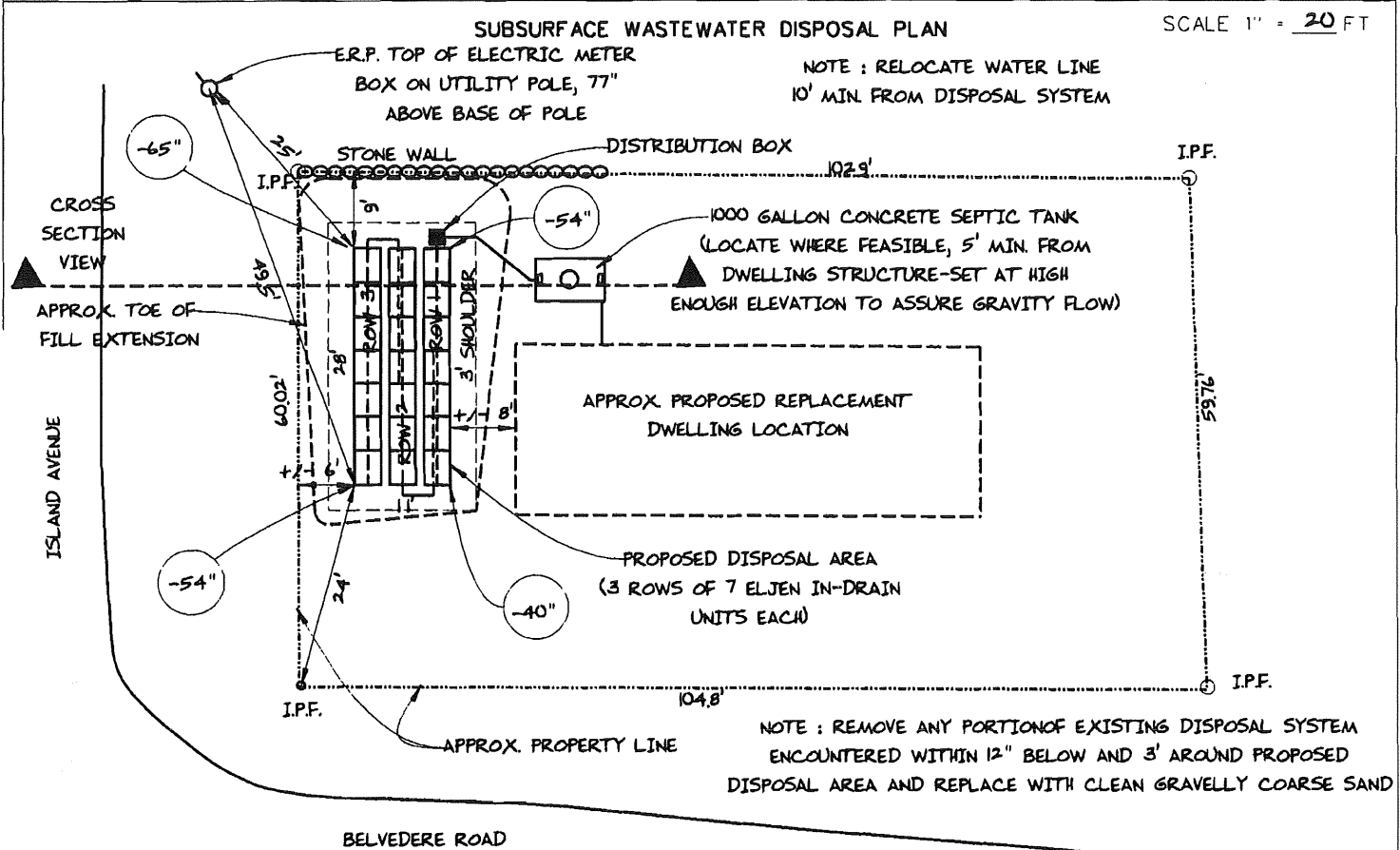
163
 SE

8/13/2010
 Date

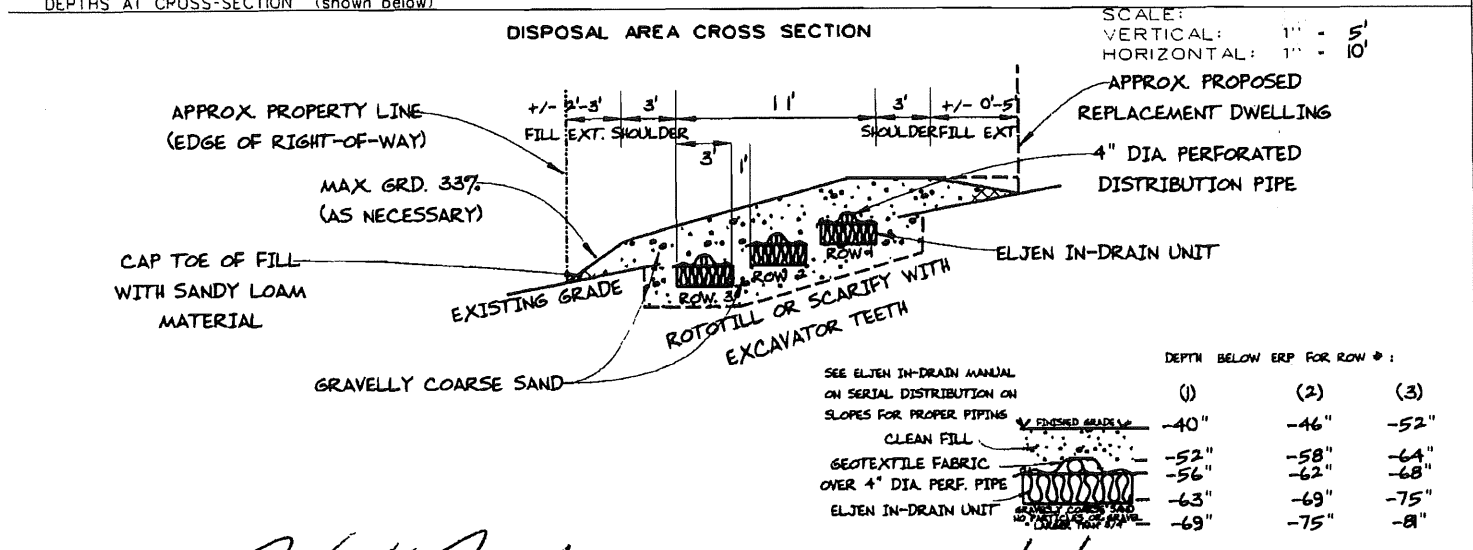
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 Division of Health Engineering, Station 10 SHS
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Town, City, Plantation PORTLAND (PEAKS ISLAND)	Street, Road, Subdivision 499 ISLAND AVENUE	Owner's Name JOANNE MACISSAC
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FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope) = 0" - 14" Depth of Fill (Downslope) = 2" - 3" DEPTHS AT CROSS-SECTION (shown below)	Finished Grade Elevation Top of Distribution Pipe or Proprietary Device Bottom of Disposal Area	SEE Location & Description TOP OF ELECTRIC METER BOX ON CAMP. POLE, 77" ABOVE BASE OF POLE BELOW Reference Elevation is: 0.0" or -----



Albert Frick
 *Site Evaluator Signature

163
 SE *

8/13/2010
 Date

Page 3 of 3
 HHE-200 Rev 10-02



Albert Frick Associates, Inc.

Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04058

(207) 839-5563

PORTLAND (PEAKS ISLAND)

499 ISLAND AVENUE

JOANNE MACISSAC

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.

ATTACHMENT TO SUBSURFACE WASTEWATER DISPOSAL APPLICATION

PORTLAND (PEAKS ISLAND)	499 ISLAND AVENUE	JOANNE MACISSAC
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 04058
(207) 839-5565

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form must be attached to an application (HHE-200) for any 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 are met.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 1906.0)
2. The replacement system is determined by the Site Evaluator to be the most practical method to treat and dispose of the wastewater.
3. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

GENERAL INFORMATION	Town of <u>Portland (Peaks Island)</u>
Permit No. _____	Date Permit Issued _____
Property Owner's Name: <u>Joanne MacIsaac</u>	Tel. No.: <u>(617)504-0303</u>
System's Location: <u>499 Island Avenue (Map 90, Lot Q-1)</u>	
Property Owner's Address: <u>22 Coolidge Road</u>	
(if different from above) <u>Medford, Ma. 02155</u>	

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 it 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. The Site Evaluator has considered the site/soil restrictions and has 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 their duties as may be necessary to evaluate the variance request.

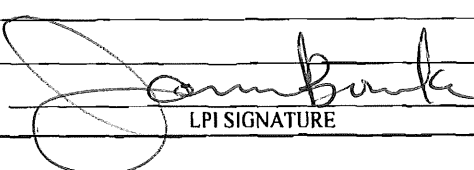

SIGNATURE OF OWNER

Feb 20, 2011
DATE

LOCAL PLUMBING INSPECTOR

I, Seanie Bourke, 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 (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.

Comments: _____


LPI SIGNATURE

2/15/11
DATE

HHE-204 Rev 08/05

Replacement System Variance Request

VARIANCE CATEGORY							VARIANCE REQUESTED TO:	
SOILS								
Soil Profile	Ground Water Table						inches	
Soil Condition	Restrictive Layer						inches	
from HHE-200	Bedrock						inches	
SETBACK DISTANCES (in feet)	Disposal Fields			Septic Tanks			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
Wells with water usage of 2000 or more gpd or public water system wells	300 ft	300 ft	300 ft	150 ft	150 ft	150 ft		
Private Potable Water Supply	100 ft [a]	200 ft	300 ft	50 ft	100 ft	100 ft		
Water supply line	10 ft	20 ft	25 ft [g]	10 ft	10 ft	10 ft [g]		
Water course, major -	100 ft [c]	200 ft [c]	300 ft [c]	100 ft	100 ft	100 ft		
Water course, minor	50 ft [d]	100 ft [d]	150 ft [d]	50 ft [d]	50 ft [d]	50 ft [d]		
Drainage ditches	25 ft	50 ft	75 ft	25 ft	25 ft	25 ft		
Edge of fill extension -- Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]		
Slopes greater than 3:1	10 ft [f]	18 ft [f]	25 ft [f]	N/A	N/A	N/A		
No full basement [e.g. slab, frost wall, columns]	15 ft	30 ft	40 ft	8 ft	14 ft	20 ft		
Full basement [below grade foundation]	20 ft	30 ft	40 ft	8 ft	14 ft	20 ft	8'+-	5'+-
Property lines	10 ft [b]	18 ft [b]	20 ft [b]	10 ft [b]	15 ft [b]	20 ft [b]	6'	
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. 3:1 slope required near property line, as necessary _____
2. _____
3. _____

Footnotes: [a.] Private Potable water Supply setbacks may be reduced as prescribed in Chapter 7
 [b.] Additional setbacks may be needed to prevent fill material extensions from encroaching onto abutting property.
 [c.] Additional setbacks may be required by local Shoreland zoning.
 [d.] 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.
 [e.] May not be any closer to a private potable water supply than the existing disposal field or septic tank. This setback may be reduced for single family houses with Department approval. See Section 702.3.
 [f.] The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.
 [g.] See Section 1402.8 for special procedures when these minimum setbacks cannot be achieved.

Albert Feick

 SITE EVALUATOR'S SIGNATURE

8/13/2010

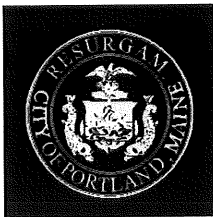
 DATE

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (I 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



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

*Director of Planning and Urban Development
Penny St. Louis*

*Inspection Services, Director
Tammy Munson*

REQUIRED INSPECTIONS

Septic

1. Septic field and extension inspection for bottom preparation/ scarification to verify removal of vegetation, established transitional horizon and erosion and sedimentation control measures.
2. Backfill inspection of septic field for approved materials, stabilization, slopes and extensions.
3. Exposed septic field installation and tank location inspection to check elevations, dimensions, piping, plumbing station and system design prior to covering.

hesitate to do so as I am unsure whether this application process will be successful. Actually, I am very worried. Do you think we should extend the closing from February 4 to a later date? However, I prefer staying with the date of February 4 as I do not want to stress the sellers any further. Is there anything I can do - bring cookies - gold? Just kidding.

Sincerely,
Patty

From: Lawson, Brent [mailto:Brent.Lawson@maine.gov]
Sent: Wednesday, January 26, 2011 8:26 AM
To: Albert Frick; Sam Wainright; Ralph Ashmore
Cc: John Pearson; tmm@portlandmaine.gov; Braley, David; Hyland, Mark
Subject: RE: Wainright, 45 Winding Way, Peaks Island, Portland

Al;

I have looked at this design and I understand this is a very small lot, my recommendation is as follows;

The deck posts are to be removed and a cantilever supported.

The minimum design flow for a single family dwelling is 180 gpd. That needs to be corrected before a permit is issued, in my opinion.

Your design specs Eljen In-drains, however, several years ago Eljen was bought out and while the company name remained the same, the devices are have been called Geotextile Sand Filters or GSFs, since. More importantly, your design specs normal backfill for the Eljen GSFs rather than the clean coarse sand called for by Eljen.

Finally, on page 2 your design calls the soils a profile 2 in the test pit log, when they are clearly profile 12 fill soils.

I would not accept the design as presented.

Brent Lawson

From: Albert Frick [mailto:afa@maine.rr.com]
Sent: Thursday, January 20, 2011 1:40 PM
To: 'Sam Wainright'; 'Ralph Ashmore'
Cc: 'John Pearson'; Lawson, Brent
Subject: RE: Wainright, 45 Winding Way, Peaks Island, Portland

I just got off the phone with Brent Lawson at the State DHE. He is in the field this afternoon but promised that he would take a look at the unsigned application WHEN HE GOT BACK TO HIS OFFICE at approximately 3PM this afternoon. He will let us know if the application appears acceptable and/or if there appears to be a need for more expensive pretreatment etc. as part of the approval etc. (Unfortunately, he said the previous E-mail did not get thru with the necessary attachments that he needed to review. I have re-copied the attachments to him

BRENT: The attachments add up to 6 mb in file size. You certainly should get it on your office computer even though the attached file may be truncated on your Blackberry in the field. Please call me if you still do not get it. THANKS VERY MUCH, IN BEHALF OF THE WAINRIGHTS FOR YOUR ATTENTION TO THIS MATTER.

From: Sam Wainright [mailto:scwainwright@sbcglobal.net]
Sent: Thursday, January 20, 2011 12:44 PM
To: Ralph Ashmore; Albert Frick
Cc: John Pearson
Subject: Wainright, 45 Winding Way, Peaks Island, Portland

Dear Ralph and Al,

Thank you so much, Al, for your efforts in getting the application to the state level.

I just heard from John Pearson and he needs to see that I have liquidated moneys (by tomorrow) for closing. I

From: Lawson, Brent [mailto:Brent.Lawson@maine.gov]
Sent: Wednesday, January 26, 2011 9:41 AM
To: Albert Frick; Sam Wainright; Ralph Ashmore
Cc: tmm@portlandmaine.gov; Braley, David; Hyland, Mark
Subject: RE: Wainright, 45 Winding Way, Peaks Island, Portland

Al;

Sorry I haven't returned your call but its been one after another up here this morning plus I would rather have documentation of this property. Also keep in mind that nothing has been sent to the town on this design so since the new Subsurface Wastewater Rules have been adopted and have gone into affect as of January 18, 2011, this design must meet that criteria.

I would rather not get any closer to the well. You would have to ask for a variance for:

- 1) Decrease in design flow
- 2) Retaining wall higher then two feet
- 3) Retaining wall closer then ten feet to the foot print of the system

It would have to be noted in the City tax records that this dwelling can not be more then a one bedroom.

Considering the lot restraints I don't see any other issues then we have talked about.

Have a nice day.

Brent Lawson

From: Albert Frick [mailto:afa@maine.rr.com]
Sent: Wednesday, January 26, 2011 9:19 AM
To: Lawson, Brent; 'Sam Wainright'; 'Ralph Ashmore'
Cc: tmm@portlandmaine.gov; Braley, David; Hyland, Mark
Subject: RE: Wainright, 45 Winding Way, Peaks Island, Portland

Dear Brent:

I have several calls into you to discuss the punch list.

Two of your 3 recommendations are minor and not a problem, those being nomenclature on Eljen and the coarse sand underneath. I can make that change; but please note that Eljen does recognize that their backfill specs are meet with the State of Maine backfill specifications (See letter attached).

Changing the soil designation to 12 over 2 is no problem. It is Filled Land over *Lyman* 2A and is sized as medium large so it is simply a designation change on the form (The design parameters remain unchanged).

What I have been trying to talk with you is the limited area as you recognize and the 120 gpd versus 180 gpd design flow. I can add the additional Eljens to the design but it would cause the system to go slightly closer to the well. I would like to talk this over with you to see what your preference would be. Please call me to discuss the options and preferences. I am in the Office today at 839-5563.

Respectfully;
Albert Frick

grandfathering for designs no more than one year older than the new rules. We tried to craft a reasonable compromise instead of making an abrupt change in policy to limit the effect this change may have on the older designs still out there.

- **HHE-200 forms completed on January 18, 2010 through January 18, 2012 are valid provided that the LPI verifies that the “site conditions” have not changed (e.g. drilled well on abutting property, stripped land, new property line etc). *Not quite. HHE-200 forms completed between 1/18/2010 and 1/17/2011 are valid until 1/18/2012 and require no changes provided the LPI verify that site conditions haven’t changed.***
- **HHE-200 forms completed after January 18, 2012 are currently valid until there is any Rule change version and then requires the SE to update. *Again, partially correct. Any forms dated 1/18/2011 or later are valid until and unless subsequent rule changes (future rulemaking – I hope I’m retired) require they be modified. If the HHE-200 has been date stamped by an LPI or the State, the clock stops ticking and subsequent rule changes do not apply even if no permit has been issued. Once a design becomes an “application”, the rules in effect on that date apply for the duration of the review. And it should be stressed that no protection from the activities of neighbors exists until a permit has been granted. This is not a change; it’s the way things have always been. I’m not sure all the S.E.’s and LPI’s understand this. If a neighbor drills a well before the LPI grants a permit it could affect the application.***

The reality is that this change shouldn’t cause too many problems. Most of the “older” designs that are out there will be under the 2009 rules, which are at least as strict as the new rules. I’d expect most designs that meet the pre-2009 rules (and there shouldn’t be many at this point) or the 2009 rules would meet the new rules as well. We have not made them more restrictive. A quick review by the S.E. should be all that’s required, with major or profound changes resulting from these reviews being rare.

At least that’s my hope.

Let me know what you think.

Thanks/

David Braley, C.G.
 Division of Environmental Health
 Maine Drinking Water Program
 Maine Well Drillers Commission
 Maine Subsurface Waste Water Unit

(207) 441-5324
david.braley@maine.gov

Visit us online at: www.medwp.com

run into any additional issues. I am requesting an explanation from the State as to why this is being administered contrary to the Requirements.

Respectfully;
Albert Frick

From: Albert Frick [mailto:albert@albertfrick.com]
Sent: Friday, June 24, 2011 9:50 AM
To: John Rioux (jrioux@portlandmaine.gov)
Subject: FW: SHELF LIFE OF HHE_200 and permissible administration

From: Albert Frick [mailto:albert@albertfrick.com]
Sent: Friday, June 24, 2011 9:33 AM
To: John RIoux (jrioux@portlandmaine.gov)
Subject: FW: SHELF LIFE OF HHE_200 and permissible administration

Dear John:

Thanks for discussing this matter with me today regarding Mclsaac,499 Island Avenue, Portland, Peaks Island. Below is the Division of Environmental Health advise on validity of HHE-200 forms that are less than 1 year old. (Yes, it is somewhat confusing to most LPI's).

The date on the HHE-200 form was August 13, 2010. Hence the second bullet comments would apply.

Respectfully;

Albert Frick

From: Braley, David [mailto:David.Braley@maine.gov]
Sent: Wednesday, January 26, 2011 3:52 PM
To: Albert Frick
Cc: Hyland, Mark; Lawson, Brent; Jacobsen, James
Subject: RE: SHELF LIFE OF HHE_200 and permissible administration

Al:

It is good that we can work through this and be on the same page at the meeting.

I think your assessment was close:

- **HHE-200 forms pre-dating January 18, 2010 are expired. Kind of. They're not expired; they just need to be reviewed the same way the old rules allowed 2 year old designs to be reviewed. For HHE-200's dated prior to 1/18/2010, changes only need to be made if required by subsequent rule changes, similar to the way 2 year old designs were handled by the old rules. What we've done is - for the purposes of this rulemaking - given a one year window of**

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	499 ISLAND AVENUE
Subdivision, Lot *	

>> Caution: Permit Required - Attach In Space Below <<

OWNER/APPLICANT INFORMATION

Name (last, first, MI) MACISAAC JOANNE	Owner Applicant
Mailing Address of <input type="checkbox"/> Owner <input type="checkbox"/> Applicant	22 COOLIDGE ROAD MEDFORD, MA. 02155
Daytime Tel. *	(617)504-0303

PORTLAND PERMIT # 11697 STATE COPY

Date Permit Issued: 7/15/11 \$ 1100 Double Fee Charged

L.P.I. # 0732

Joanne MacIsaac
Local Plumbing Inspector Signature

Municipal Tax Map * 90 Lot * Q1

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.

Joanne MacIsaac
Signature of Owner/Applicant

Feb 20, 2011
Date

Caution: Inspections Required

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

(1st) Date Approved

(2nd) Date Approved

PERMIT INFORMATION

<h4 style="text-align: center;">TYPE OF APPLICATION</h4> <ol style="list-style-type: none"> 1. <input type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: <u>UNKNOWN</u> Year Installed: <u>UNKNOWN</u> 3. <input checked="" type="checkbox"/> Expanded System <ol style="list-style-type: none"> 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 	<h4 style="text-align: center;">THIS APPLICATION REQUIRES</h4> <ol style="list-style-type: none"> 1. <input type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance <ol style="list-style-type: none"> a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance <ol style="list-style-type: none"> a. <input checked="" 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 	<h4 style="text-align: center;">DISPOSAL SYSTEM COMPONENTS</h4> <ol style="list-style-type: none"> 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
<h4 style="text-align: center;">SIZE OF PROPERTY</h4> <p><u>+/- 6,180</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres</p>	<h4 style="text-align: center;">DISPOSAL SYSTEM TO SERVE</h4> <ol style="list-style-type: none"> 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: _____ <p style="text-align: center;">SPECIFY</p> <p>Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	<h4 style="text-align: center;">TYPE OF WATER SUPPLY</h4> <ol style="list-style-type: none"> 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: _____
<h4 style="text-align: center;">SHORELAND ZONING</h4> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<h4 style="text-align: center;">TREATMENT TANK</h4> <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> Concrete <ol style="list-style-type: none"> a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ <p>CAPACITY <u>1000</u> gallons</p>	<h4 style="text-align: center;">DISPOSAL FIELD TYPE & SIZE</h4> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device <ol style="list-style-type: none"> 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: _____ <p>SIZE <u>1008</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.</p> <p><u>2</u> ELJEN IN-DRAIN UNITS</p>	<h4 style="text-align: center;">GARBAGE DISPOSAL UNIT</h4> <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: <ol style="list-style-type: none"> 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 	<h4 style="text-align: center;">DESIGN FLOW</h4> <p style="text-align: center;">270 gallons per day</p> <p style="text-align: center;">BASED ON:</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) <p style="text-align: center;">SHOW CALCULATIONS - for other facilities -</p> <p style="text-align: center;">EXISTING 2 BEDROOM EXPANSION TO 3 BEDROOM 90 GALLONS PER DAY EACH</p> <ol style="list-style-type: none"> 3. <input type="checkbox"/> Section 503.0 (meter readings); ATTACH WATER-METER DATA <p style="text-align: center;">LATITUDE AND LONGITUDE at center of disposal area</p> <p>Lat. <u>N 43</u> d <u>40</u> m <u>50</u> s Lon. <u>W 70</u> d <u>11</u> m <u>69</u> s <small>if a.p.s., state margin of error</small></p>						
<h4 style="text-align: center;">SOIL DATA & DESIGN CLASS</h4> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">PROFILE</td> <td style="width: 33%;">CONDITION</td> <td style="width: 33%;">DESIGN</td> </tr> <tr> <td><u>3</u></td> <td><u>AIII/C</u></td> <td><u>1</u></td> </tr> </table> <p>AT Observation Hole * <u>TP1</u> Depth <u>36</u> " Elevation <u>-54</u> " OF MOST LIMITING SOIL FACTOR</p>	PROFILE	CONDITION	DESIGN	<u>3</u>	<u>AIII/C</u>	<u>1</u>	<h4 style="text-align: center;">DISPOSAL FIELD SIZING</h4> <ol style="list-style-type: none"> 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 	<h4 style="text-align: center;">EFFLUENT/EJECTOR PUMP</h4> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required <p>Specify only for engineered systems:</p> <p>DOSE: _____ Gallons</p>	
PROFILE	CONDITION	DESIGN							
<u>3</u>	<u>AIII/C</u>	<u>1</u>							

SITE EVALUATOR STATEMENT

I certify that on 5/28/10 (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).

Albert Frick
Site Evaluator Signature

163
SE #

8/13/2010
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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)

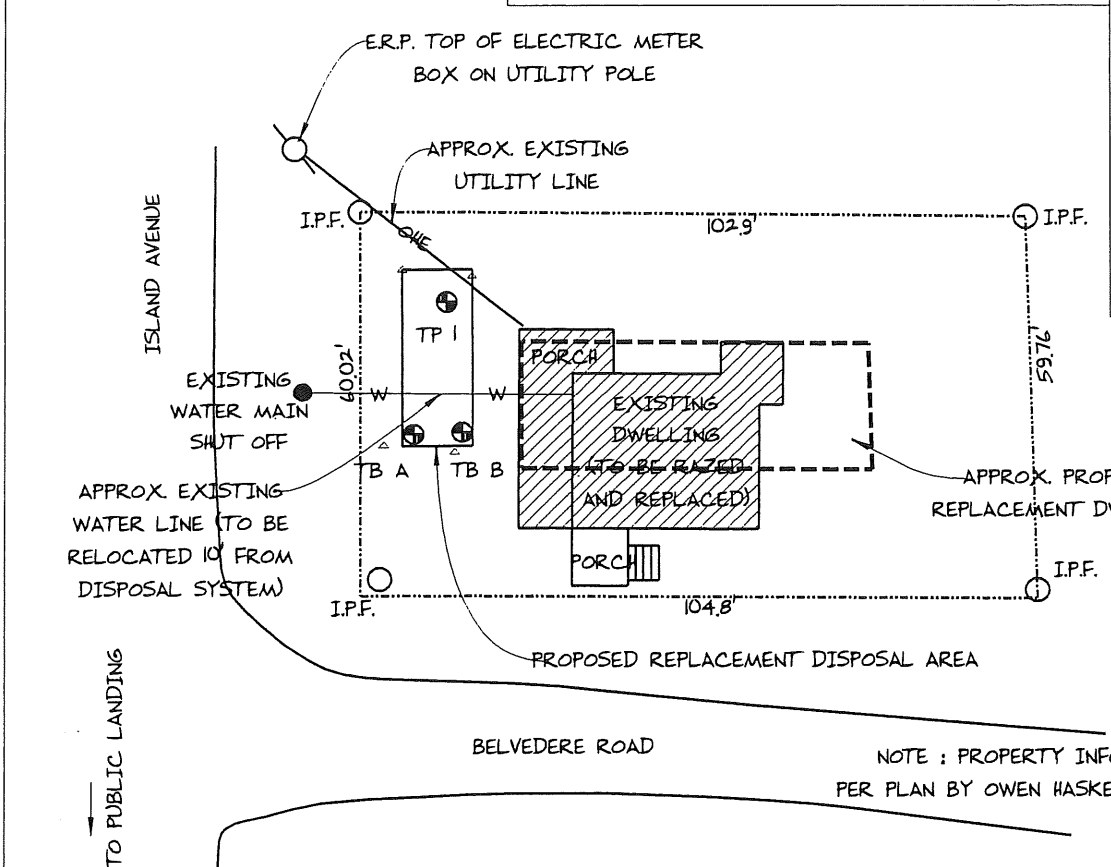
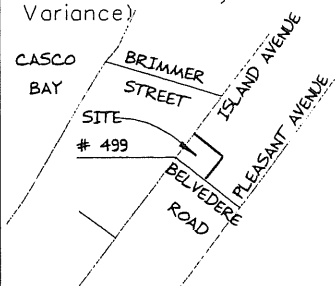
Street, Road Subdivision
499 ISLAND AVENUE

Owner's Name
JOANNE MACISSAC

SITE PLAN

Scale 1" = 30 Ft.
 or as shown

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



NOTE: PROPERTY INFORMATION APPROXIMATED PER PLAN BY OWEN HASKELL, INC. DATED JULY 27, 2010

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	SANDY LOAM		DARK BROWN	
10		FRIABLE		
20	LOAMY SAND		YELLOWISH BROWN	
30		FIRM		FEW, DISTINCT
40	BEDROCK			

Soil Classification: 3 AIII/C
 Profile: _____ Condition: _____
 Slope: _____ %
 Limiting Factor: 36"
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
10	TB A = 40" + TO BEDROCK			
20	TB B = 40" + TO BEDROCK			
30				
40				
50				

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

Site Evaluator Signature

163
 SE *

Date

8/13/2010
 Page 2 of 3
 HHE-200 Rev. 10/02

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

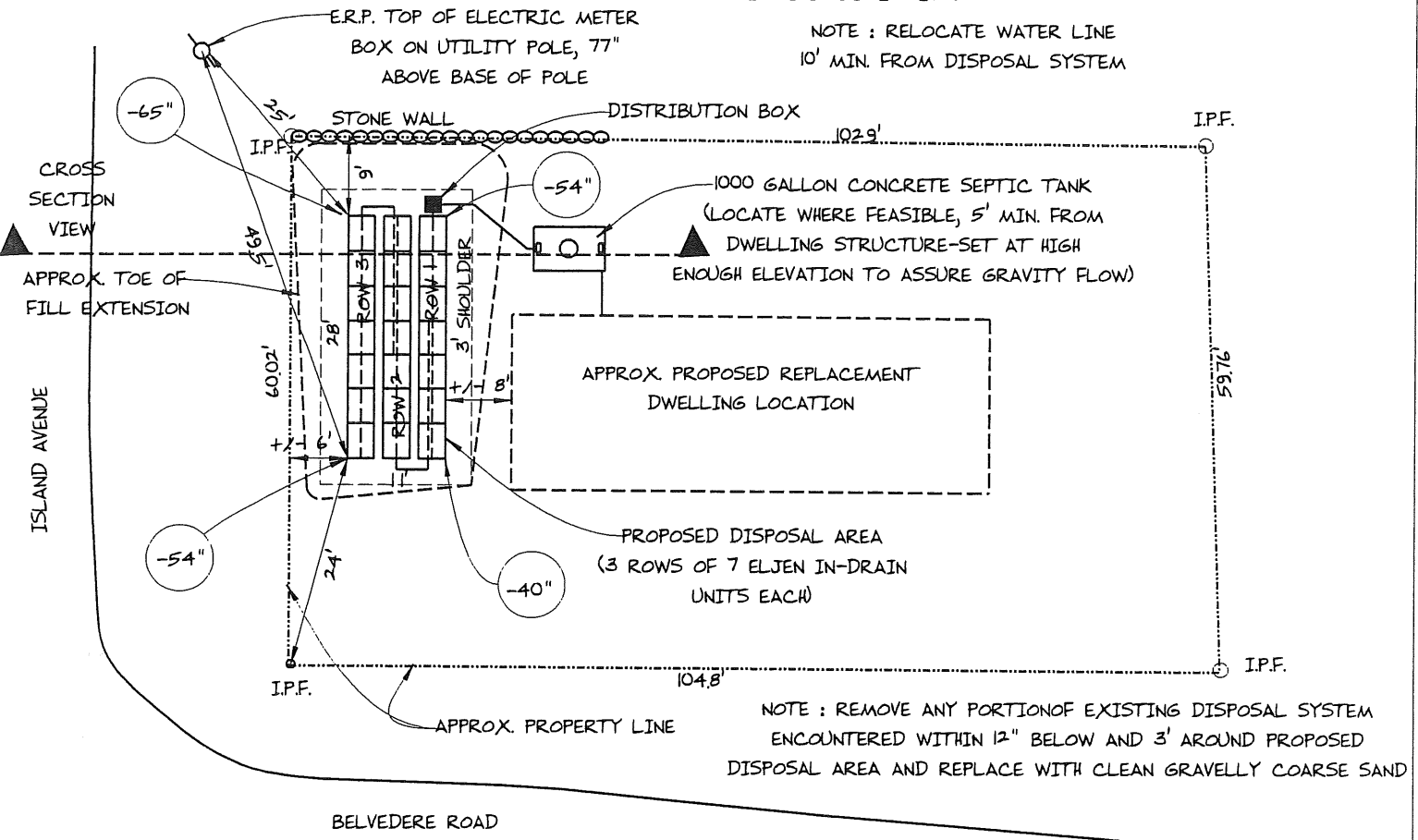
Town, City, Plantation
PORTLAND (PEAKS ISLAND)

Street, Road, Subdivision
499 ISLAND AVENUE

Owner's Name
JOANNE MACISSAC

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



FILL REQUIREMENTS

Depth of Fill (Upslope) : 0'-4"
 Depth of Fill (Downslope) : 2'-13"
 DEPTHS AT CROSS-SECTION (shown below)

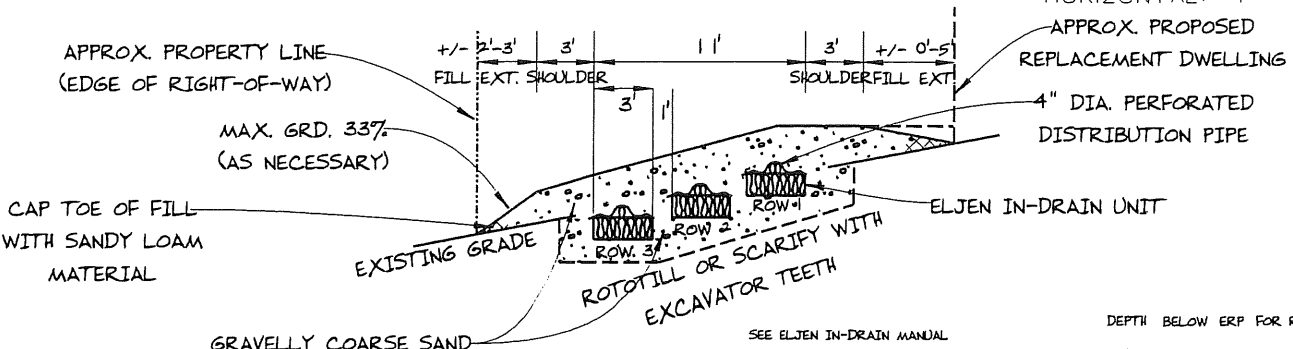
CONSTRUCTION ELEVATIONS

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

ELEVATION REFERENCE POINT

SEE Location & Description TOP OF ELECTRIC METER BOX ON C.M.P. POLE, 77" ABOVE BASE OF POLE
 BELOW Reference Elevation is: 0.0' or -----

DISPOSAL AREA CROSS SECTION



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

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 FOR ROW #:	(1)	(2)	(3)
FINISHED GRADE	-40"	-46"	-52"
CLEAN FILL	-52"	-58"	-64"
GEOTEXTILE FABRIC OVER 4" DIA. PERF. PIPE	-56"	-62"	-68"
ELJEN IN-DRAIN UNIT	-63"	-69"	-75"
GRAVELLY COARSE SAND (NO PARTICLES LARGER THAN 5/16")	-69"	-75"	-81"

Albert Frick
 Site Evaluator Signature

163
 SE #

8/13/2010
 Date

Page 3 of 3
 HHE-200 Rev. 10-02



Albert Frick Associates, Inc.

Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04058
(207) 839-5563

PORTLAND (PEAKS ISLAND)

499 ISLAND AVENUE

JOANNE MACISSAC

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.

ATTACHMENT TO SUBSURFACE WASTEWATER DISPOSAL APPLICATION

PORTLAND (PEAKS ISLAND)

499 ISLAND AVENUE

JOANNE MACISSAC

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 04058
(207) 839-5565

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form must be attached to an application (HHE-200) for any 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 are met.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 1906.0)
2. The replacement system is determined by the Site Evaluator to be the most practical method to treat and dispose of the wastewater.
3. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

GENERAL INFORMATION	Town of <u>Portland (Peaks Island)</u>
Permit No. _____	Date Permit Issued _____
Property Owner's Name: <u>Joanne MacIsaac</u>	Tel. No.: <u>(617)504-0303</u>
System's Location: <u>499 Island Avenue (Map 90, Lot Q-1)</u>	
Property Owner's Address: <u>22 Coolidge Road</u>	
(if different from above) <u>Medford, Ma. 02155</u>	

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. The Site Evaluator has considered the site/soil restrictions and has 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 their duties as may be necessary to evaluate the variance request.

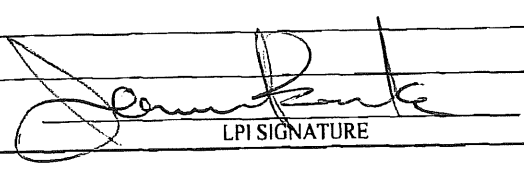

SIGNATURE OF OWNER

FEB 20, 2011
DATE

LOCAL PLUMBING INSPECTOR

I, Jeanie Bourke, the undersigned, ~~has 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 (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.

Comments: _____


LPI SIGNATURE

7/15/11
DATE

Replacement System Variance Request

VARIANCE CATEGORY							VARIANCE REQUESTED TO:	
SOILS								
Soil Profile	Ground Water Table						inches	
Soil Condition	Restrictive Layer						inches	
from HHE-200	Bedrock						inches	
SETBACK DISTANCES (in feet)			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	Disposal Fields To	Septic Tanks To
Wells with water usage of 2000 or more gpd or public water system wells	300 ft	300 ft	300 ft	150 ft	150 ft	150 ft		
Private Potable Water Supply	100 ft [a]	200 ft	300 ft	50 ft	100 ft	100 ft		
Water supply line	10 ft	20 ft	25 ft [g]	10 ft	10 ft	10 ft [g]		
Water course, major -	100 ft [c]	200 ft [c]	300 ft [c]	100 ft	100 ft	100 ft		
Water course, minor	50 ft [d]	100 ft [d]	150 ft [d]	50 ft [d]	50 ft [d]	50 ft [d]		
Drainage ditches	25 ft	50 ft	75 ft	25 ft	25 ft	25 ft		
Edge of fill extension -- Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]		
Slopes greater than 3:1	10 ft [f]	18 ft [f]	25 ft [f]	N/A	N/A	N/A		
No full basement [e.g. slab, frost wall, columns]	15 ft	30 ft	40 ft	8 ft	14 ft	20 ft		
Full basement [below grade foundation]	20 ft	30 ft	40 ft	8 ft	14 ft	20 ft	8'+-	5'+-
Property lines	10 ft [b]	18 ft [b]	20 ft [b]	10 ft [b]	15 ft [b]	20 ft [b]	6'	~9'
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. 3:1 slope required near property line, as necessary

2.

3.

Footnotes: [a.] Private Potable water Supply setbacks may be reduced as prescribed in Chapter 7

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

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

[d.] 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.

[e.] May not be any closer to a private potable water supply than the existing disposal field or septic tank. This setback may be reduced for single family houses with Department approval. See Section 702.3.

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

[g.] See Section 1402.8 for special procedures when these minimum setbacks cannot be achieved.

Albert Frick

 SITE EVALUATOR'S SIGNATURE

8/13/2010

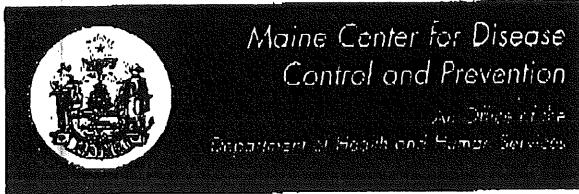
 DATE

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (I 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



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-5672
Fax: (207) 287-4172; TTY: 1-800-606-0215

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION Town of Portland, Peaks Island

Property Owner's Name: Joanne MacIssac Tel. No.: _____

System's Location: 499 Island Avenue

Property Owner's Address: 22 Coolidge Road; Medford MA Zip Code 02155

e-mail address: _____

The subsurface wastewater disposal system design for the subject property requires a replacement system variance first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires local approval local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)	SECTION OF RULE
1. <u>See Sheet Attached</u>	<u>See Sheet Attached</u>
2. _____	_____
3. _____	_____

SITE EVALUATOR

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

I, _____, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

SIGNATURE OF SITE EVALUATOR

7/21/11
DATE

PROPERTY OWNER

I, _____, am the owner agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with 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
 AGENT FOR THE OWNER

DATE

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all variance requests prior to rendering a decision.
 I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) approve the requested variance. I (will will not) issue a permit for the system's installation as proposed by the application.

 LPI Signature

 Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.
 I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) recommend the issuance of a permit for the system's installation as proposed by the application.

 LPI 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

- Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)
 2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).

CHARACTERISTIC	POINT ASSESSMENT
Soil Profile	
Depth to Groundwater/Restrictive Layer	
Terrain	
Size of Property	
Waterbody Setback	
Water Supply	
Type of Development	
Disposal Area Adjustment	
Vertical Separation Distance	
Additional Treatment	
TOTAL POINT ASSESSMENT:	

Minimum Points (Check One): Outside Shoreland Zone-50 Inside Shoreland Zone-65 Subdivision-65

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health - 11 SHE
(207) 287-5672 FAX (207) 287-2166

PROPERTY LOCATION		>>CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<	
City, Town, or Plantation	PORTLAND (PEAKS ISLAND)	The Subsurface Wastewater Disposal System <i>shall not</i> be installed until a Permit is attached HERE 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.	
Street or Road	499 ISLAND AVENUE		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION		CAUTION: INSPECTION REQUIRED	
Name (last, first, MI)	MACISSAC JOANNE	I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Mailing Address of Owner	22 COOLIDGE ROAD MEDFORD, MA 02155		
Daytime Tel. #	(47)504-0303	Municipal Tax Map # <u>90</u> Lot # <u>Q1</u>	
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 of Owner/Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (1st) Date Approved _____	
		_____ (2nd) Date Approved _____	

PERMIT INFORMATION		
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: <u>UNKNOWN</u> Year Installed: <u>UNKNOWN</u> <input checked="" type="checkbox"/> 3. Expanded System <input checked="" type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<input 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 checked="" type="checkbox"/> 3. Replacement System Variance <input checked="" 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	<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	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
+/- <u>6,180</u> <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify)	<input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____
SHORELAND ZONING	Current Use	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1000</u> GAL.	<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: <u>1008</u> sq. ft. <input type="checkbox"/> ln. ft. <u>21</u> ELJEN IN-DRAIN UNITS	<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	<u>270</u> 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 EXISTING 2 BEDROOM EXPANSION TO 3 BEDROOM 90 GALLONS PER DAY EACH
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	LATITUDE AND LONGITUDE
PROFILE CONDITION <u>3 / AIII/C</u> at Observation Hole # <u>TP 1</u> Depth <u>36</u> " <u>-54</u> of Most Limiting Soil Factor	<input type="checkbox"/> 1. Medium - 2.8 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	<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	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER-METER DATA Lat. <u>N 43. d</u> <u>40</u> m <u>50</u> s Lon. <u>W 70. d</u> <u>11</u> m <u>69</u> s If g.p.e., state margin of error.

SITE EVALUATOR STATEMENT		
I Certify that on <u>5/28/10</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 GMR 241).		
Site Evaluator Signature <u>Albert Frick</u>	SE # <u>163</u>	Date <u>7/13/2011</u> revised <u>7/21/11</u>
ALBERT FRICK Site Evaluator Name Printed	(207) 839-5563 Telephone Number	ALBERT@ALBERTFRICK.COM E-mail Address
ALBERT FRICK ASSOCIATES - 96A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563		Page 1 of 3
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator		HHE-200 Rev. 02/2011

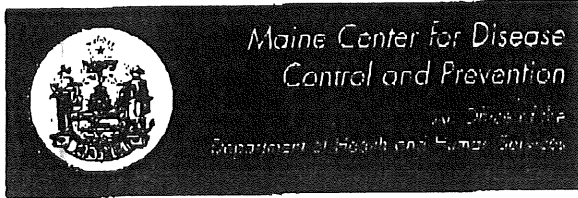
Address: 499 Island AvenueProperty Owner's Name: Joanne MacIssac

REPLACEMENT SYSTEM VARIANCE REQUEST ATTACHMENT
Table 8A
Setback Distances for Replacement System, Limits of LPI Authority

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
	Disposal Fields (total design flow)			Septic Tanks and Holding Tanks (total design flow)			Disposal Fields	Septic Tanks
	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	To	To
SOILS								
Soil Profile	Ground Water Table							inches
Soil Condition	Restrictive Layer							inches
from HME-200	Bedrock							inches
Site Features vs. disposal system components of various sizes								
Wells with water usage of 2000 or more gpd or public water supply wells	300 ft	300 ft	300 ft	150 ft	150 ft	150 ft		
Potable Supply Well	100 down to 60 ft	200 down to 100 ft	300 down to 150 ft	50 down to 25 ft	100 down to 50 ft	100 down to 50 ft		
Water supply line	10 ft	20 ft	25 ft	10 ft	10 ft	10 ft		
Water course, major	100 down to 50 ft	200 down to 120 ft	300 down to 180 ft	100 down to 25 ft [a]	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 20 ft	100 down to 50 ft	150 down to 75 ft	50 down to 25 ft	50 down to 25 ft	50 down to 25 ft		
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	20 ft	25 ft	25 ft	25 ft	25 ft	25 ft		
Slopes greater than 3:1	10 ft	18 ft	25 ft	N/A	N/A	N/A		
No full basement [e.g. slab.]	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, frost wall, columns]	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	8' +/-	5' +/-
Property lines	10 down to 5 ft [b]	18 down to 9 ft [b]	20 down to 10 ft [b]	10 down to 4 ft [b]	15 down to 7 ft [b]	20 down to 10 ft [b]	6'	9'
Burial sites or graveyards boundaries, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft	25 ft	25 ft		
Stormwater infiltration systems	100 down to 60 feet	200 down to 120 feet	300 down to 180 feet	100 down to 50 feet	100 down to 50 feet	100 down to 50 feet		
Wetponds, retention ponds, and detention basins (excavated below grade); Soil filters underdrained swales, underdrained outlets, and similar structures	50 down to 25 feet	100 down to 50 feet	150 down to 75 feet	50 down to 25 feet	50 down to 25 feet	50 down to 25 feet		
Stormwater detention basins (basin bottom at, or above, predevelopment grade)	25 down to 12 feet	50 down to 25 feet	75 down to 35 feet	25 down to 12 feet	25 down to 12 feet	25 down to 12 feet		
OTHER								
1.	3:1 slope required near property line, as necessary.							
2.								
3.								

Notes:

- [a.] This distance may be reduced to 25 feet, if the septic or holding tank is tested in LPI's presence and shown to be watertight or of monolithic construction.
- [b.] Additional setbacks may be needed to prevent fill material extensions from encroaching onto abutting property.
- [c.] All ground disturbance or clearing of woody vegetation necessary for the installation of a subsurface wastewater disposal system that occurs within 100 feet of the normal high water mark of a major water body/ course must comply with these Rules pertaining to work adjacent to or within wetlands and waterbodies (see Section 11(M)).



Department of Health and Human Services
 Maine Center for Disease Control and Prevention
 286 Water Street
 # 11 State House Station
 Augusta, Maine 04333-0011
 Tel: (207) 287-5672
 Fax: (207) 287-4172; TTY: 1-800-606-0215

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION		Town of <u>Portland, Peaks Island</u>
Property Owner's Name:	<u>Joanne MacIssac</u>	Tel. No.: _____
System's Location:	<u>499 Island Avenue</u>	
Property Owner's Address:	<u>22 Coolidge Road; Medford MA</u>	Zip Code <u>02155</u>
e-mail address: _____		

The subsurface wastewater disposal system design for the subject property requires a replacement system variance first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires local approval local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)	SECTION OF RULE
1. <u>See Sheet Attached</u>	<u>See Sheet Attached</u>
2. _____	_____
3. _____	_____

SITE EVALUATOR

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

I, _____, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

Albert Frick
 SIGNATURE OF SITE EVALUATOR

7/21/11
 DATE

PROPERTY OWNER

I, _____, am the owner agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with 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
 AGENT FOR THE OWNER

_____ DATE

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all variance requests prior to rendering a decision.
 I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) approve the requested variance. I (will will not) issue a permit for the system's installation as proposed by the application.

_____ LPI Signature _____ Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.
 I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) recommend the issuance of a permit for the system's installation as proposed by the application.

_____ LPI 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

- Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)
 2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One): Outside Shoreland Zone-50 Inside Shoreland Zone-65 Subdivision-65

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. of Environmental Health, 11 BHB
(207) 287-5872 FAX (207) 287-9165

PROPERTY LOCATION		>>CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<			
City, Town, or Plantation	PORTLAND (PEAKS ISLAND)				
Street or Road	499 ISLAND AVENUE				
Subdivision, Lot #					
OWNER/APPLICANT INFORMATION		The Subsurface Wastewater Disposal System <i>shall not</i> be installed until a Permit is attached HERE 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.			
Name (last, first, MI)	MACISSAC			JOANNE	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant
Mailing Address of Owner	22 COOLIDGE ROAD MEDFORD, MA 02155				
Daytime Tel. #	(47)504-0303				
	Municipal Tax Map # <u>90</u> Lot # <u>01</u>				
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION 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 _____		Local Plumbing Inspector Signature _____			
Date _____		(1st) Date Approved _____ (2nd) Date Approved _____			

PERMIT INFORMATION		
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: <u>UNKNOWN</u> Year Installed: <u>UNKNOWN</u> <input checked="" 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 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 checked="" 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 +/- <u>6,180</u> <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <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 type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1000</u> 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 type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. Regular <input type="checkbox"/> d. H-20 loaded <input type="checkbox"/> 4. Other: _____ SIZE: <u>1008</u> 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 <u>270</u> 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 EXISTING 2 BEDROOM EXPANSION TO 3 BEDROOM 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. <u>N 42</u> d <u>40</u> m <u>50</u> s Lon. <u>W 70</u> d <u>11</u> m <u>69</u> s If g.p.s., state margin of error
SOIL DATA & DESIGN CLASS PROFILE CONDITION <u>3 / AIII/C</u> at Observation Hole # <u>TP 1</u> Depth <u>36</u> " <u>-54</u> of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium - 2.8 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 <u>5/28/10</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).		
Site Evaluator Signature: <u>Albert Frick</u>	SE #: <u>163</u>	Date: <u>7/13/2011</u> revised 7/21/11
Site Evaluator Name Printed: <u>ALBERT FRICK</u>	Telephone Number: <u>(207) 839-5563</u>	E-mail Address: <u>ALBERT@ALBERTFRICK.COM</u>
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

Address: 499 Island AvenueProperty Owner's Name: Joanne MacIsaac**REPLACEMENT SYSTEM VARIANCE REQUEST ATTACHMENT****Table 8A****Setback Distances for Replacement System, Limits of LPI Authority**

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
	Disposal Fields (total design flow)			Septic Tanks and Holding Tanks (total design flow)			Disposal Fields	Septic Tanks
	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	To	To
SOILS								
Soil Profile	Ground Water Table						inches	
Soil Condition	Restrictive Layer						inches	
from MHE-200	Bedrock						inches	
Site Features vs. disposal system components of various sizes	Disposal Fields (total design flow)			Septic Tanks and Holding Tanks (total design flow)			Disposal Fields	Septic Tanks
	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	150 ft	150 ft	150 ft		
Potable Supply Well	100 down to 60 ft	200 down to 100 ft	300 down to 150 ft	50 down to 25 ft	100 down to 50 ft	100 down to 50 ft		
Water supply line	10 ft	20 ft	25 ft	10 ft	10 ft	10 ft		
Water course, major	100 down to 50 ft	200 down to 120 ft	300 down to 180 ft	100 down to 25 ft [a]	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 20 ft	100 down to 50 ft	150 down to 75 ft	50 down to 25 ft	50 down to 25 ft	50 down to 25 ft		
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	20 ft	25 ft	25 ft	25 ft	25 ft	25 ft		
Slopes greater than 3:1	10 ft	18 ft	25 ft	N/A	N/A	N/A		
No full basement [e.g. slab.]	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, frost wall, columns]	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	8' +/-	5' +/-
Property lines	10 down to 5 ft [b]	18 down to 9 ft [b]	20 down to 10 ft [b]	10 down to 4 ft [b]	15 down to 7 ft [b]	20 down to 10 ft [b]	6'	9'
Burial sites or graveyards boundaries, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft	25 ft	25 ft		
Stormwater infiltration systems	100 down to 60 feet	200 down to 120 feet	300 down to 180 feet	100 down to 50 feet	100 down to 50 feet	100 down to 50 feet		
Wetponds, retention ponds, and detention basins (excavated below grade); Soil filters underdrained swales, underdrained outlets, and similar structures	50 down to 25 feet	100 down to 50 feet	150 down to 75 feet	50 down to 25 feet	50 down to 25 feet	50 down to 25 feet		
Stormwater detention basins (basin bottom at, or above, predevelopment grade)	25 down to 12 feet	50 down to 25 feet	75 down to 35 feet	25 down to 12 feet	25 down to 12 feet	25 down to 12 feet		
OTHER								
1. 3:1 slope required near property line, as necessary								
2.								
3.								

Notes:

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

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

[c.] All ground disturbance or clearing of woody vegetation necessary for the installation of a subsurface wastewater disposal system that occurs within 100 feet of the normal high water mark of a major water body/ course must comply with these Rules pertaining to work adjacent to or within wetlands and waterbodies (see Section 11(M)).