

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that KRISTEN J MACLEOD

Located At 531 ISLAND AVE

Job ID: 2012-09-5023-SUBSRF

CBL: 090- R-001-001

has permission to install a replacement complete non-engineered system (Single Family Residence), provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

\_\_\_\_\_  
**Fire Prevention Officer**

\_\_\_\_\_  
**Code Enforcement Officer / Plan Reviewer**

09/27/2012

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY  
PENALTY FOR REMOVING THIS CARD

## BUILDING PERMIT INSPECTION PROCEDURES

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

or email: [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov)

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

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

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.

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

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



# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life • [www.portlandmaine.gov](http://www.portlandmaine.gov)*

Director of Planning and Urban Development  
Jeff Levine

Job ID: 2012-09-5023-SUBSRF

Located At: 531 ISLAND AVE

CBL: 090- R-001-001

## **Conditions of Approval:**

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.

copy 3

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Div of Environmental Health, 11 SHS  
(207) 287-5672 FAX (207) 287-3165

## PROPERTY LOCATION

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

Street or Road: **531 ISLAND AVENUE**

Subdivision, Lot #: \_\_\_\_\_

>>CAUTION: LPI APPROVAL REQUIRED<<

Town/City: **Portland ME** Permit # **2012-9-5023**

Date Permit Issued: **9/27/12** Fee \$ **250** Double Fee Charged [ ]

LPI # **360**

## OWNER/APPLICANT INFORMATION

Name (last, first, MI): **N/F MACLEOD KRISTEN**  Owner  Applicant

Mailing Address of Applicant: **MONICA STEVENSON**  
**548 ISLAND AVENUE**  
**PEAKS ISLAND, MAINE 04108**

Daytime Tel. #: \_\_\_\_\_

Local Plumbing Inspector Signature

The Subsurface Wastewater Disposal System ~~shall not~~ be installed until a Permit is issued 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.

Municipal Tax Map # **90** Lot # **R12**

## 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.

*Monica Stevenson* **9/16/12**  
Signature of Owner/Applicant Date

## CAUTION: INSPECTION REQUIRED

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

\_\_\_\_\_  
Local Plumbing Inspector Signature

\_\_\_\_\_  
(1st) Date Approved

\_\_\_\_\_  
(2nd) Date Approved

## PERMIT INFORMATION

TYPE OF APPLICATION

1. First Time System

2. Replacement System

Type Replaced: **CESSPOOL**

Year Installed: **PRE-1974**

3. Expanded System

a. <25% Expansion

b. >25% Expansion

4. Experimental System

5. Seasonal Conversion

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 Permit

DISPOSAL SYSTEM COMPONENTS

1. Complete Non-Engineered System

2. Primitive System (graywater & alt 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 (2000gpd+)

9. Engineered Treatment Tank (only)

10. Engineered Disposal Field (only)

11. Pre-treatment, specify: \_\_\_\_\_

12. Miscellaneous components

SIZE OF PROPERTY

+/- **10,000**  SQ. FT.  ACRES

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: **4**

2. Multiple Family Dwelling, No of Units: \_\_\_\_\_

3. Other: \_\_\_\_\_ (specify)

TYPE OF WATER SUPPLY

1. Drilled Well  2. Dug Well  3. Private

4. Public  5. Other: \_\_\_\_\_

SHORELAND ZONING

Yes  No

Current Use  Seasonal  Year Round  Undeveloped

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

TREATMENT TANK

1. Concrete

a. Regular

b. Low Profile

2. Plastic

3. Other: \_\_\_\_\_

CAPACITY: **1000** GAL.

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: **1200**  sq. ft.  lin. ft.

**25 ELJEN IN-DRAIN UNITS**

GARBAGE DISPOSAL UNIT

1. No  2. Yes  3. Maybe

If Yes or Maybe, specify one below:

a. Multi-compartment tank

b. \_\_\_\_\_ tanks in series

c. Increase in tank capacity

d. Filter on tank outlet

DESIGN FLOW

**360** gallons per day

BASED ON:

1. Table 4A (dwelling unit(s))

2. Table 4C (other facilities)

SHOW CALCULATIONS for other facilities

**4 BEDROOMS AT 90 GALLONS PER DAY EACH**

SOIL DATA & DESIGN CLASS

PROFILE **3** CONDITION **C**

at Observation Hole # **TP 1**

Depth **34** "

of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

1. Medium - 2.6 sq.ft./gpd

2. Medium-Large - 3.3 sq.ft./gpd

3. Large - 4.1 sq.ft./gpd

4. 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

3. Section 4G (meter readings) ATTACH WATER-METER DATA

LATITUDE AND LONGITUDE at center of disposal area

Lat. **N 43** d **40** m **8** s

Lon. **W 70** d **11** m **69** s

if g.p.s., state margin of error

## SITE EVALUATOR STATEMENT

I Certify that on **9/7/12** (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* **63** **9/10/2012**  
Site Evaluator Signature SE # Date

**ALBERT FRICK** **(207) 839-5563** **ALBERT@ALBERTFRICK.COM**  
Site Evaluator Name Printed Telephone Number E-mail Address

# 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 <b>PORTLAND (PEAKS ISLAND)</b>	Street, Road Subdivision <b>531 ISLAND AVENUE</b>	Owner's Name <b>N/F MACLEOD (FOR MONICA STEVENSON)</b>
SITE PLAN		Scale 1" = <u>40</u> Ft. or as shown
		SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)
NOTE : PROPERTY INFORMATION APPROXIMATED PER TOWN TAX MAP AND AERIAL PHOTOGRAPH VERIFY LOT LINES TO ASSURE PROPER SETBACKS VERIFY WATER LINE LOCATION TO ASSURE PROPER SETBACKS. RELOCATE IF NECESSARY		

## 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	LOAMY SAND	FRIABLE	DARK YEL. BROWN	
20	MEDIUM SAND		YELLOWISH BROWN	
30				
40	LOAMY FINE SAND	FIRM	OLIVE BROWN	COMMON, DISTINCT
50	LIMIT OF EXCAVATION			

Soil Classification <u>3</u> Profile <u>C</u> Condition	Slope <u>6-8</u> %	Limiting Factor <u>34</u> "	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
--	-----------------------	--------------------------------	---

Observation Hole \_\_\_\_\_  Test Pit  Boring  
 \_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

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

Soil Classification Profile _____ Condition _____	Slope _____ %	Limiting Factor _____ "	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
--	------------------	----------------------------	---

*Albert Frick*  
 Site Evaluator Signature

163  
 SE \*

9/10/2012  
 Date

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

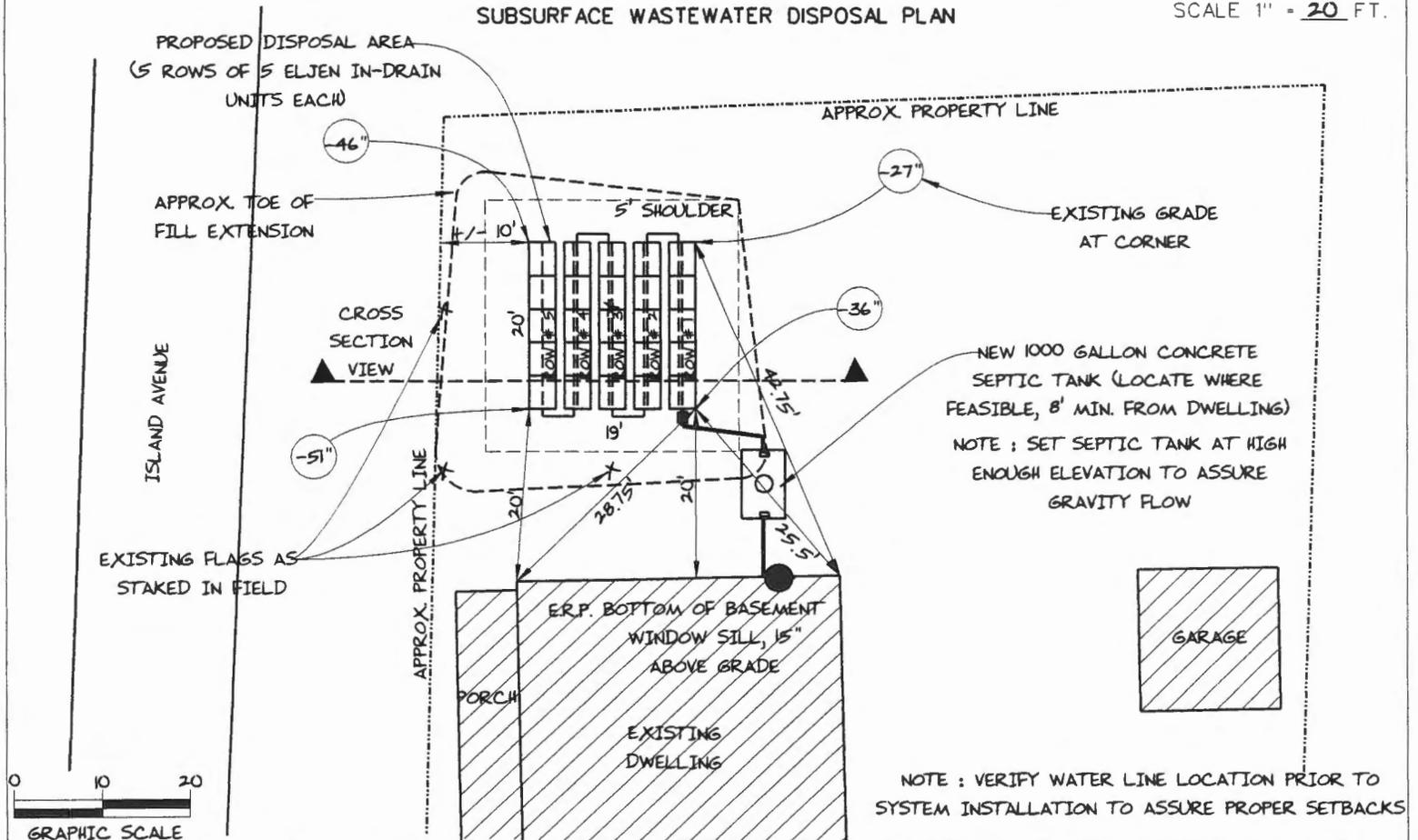
Town, City, Plantation  
**PORTLAND (PEAKS ISLAND)**

Street, Road, Subdivision  
**531 ISLAND AVENUE**

Owner's Name  
**N/F MACLEOD (FOR MONICA STEVENSON)**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



### FILL REQUIREMENTS

Depth of Fill (Upslope) : 1"-9"  
Depth of Fill (Downslope) : 4"-9"  
DEPTHS AT CROSS-SECTION (shown below)

### CONSTRUCTION ELEVATIONS

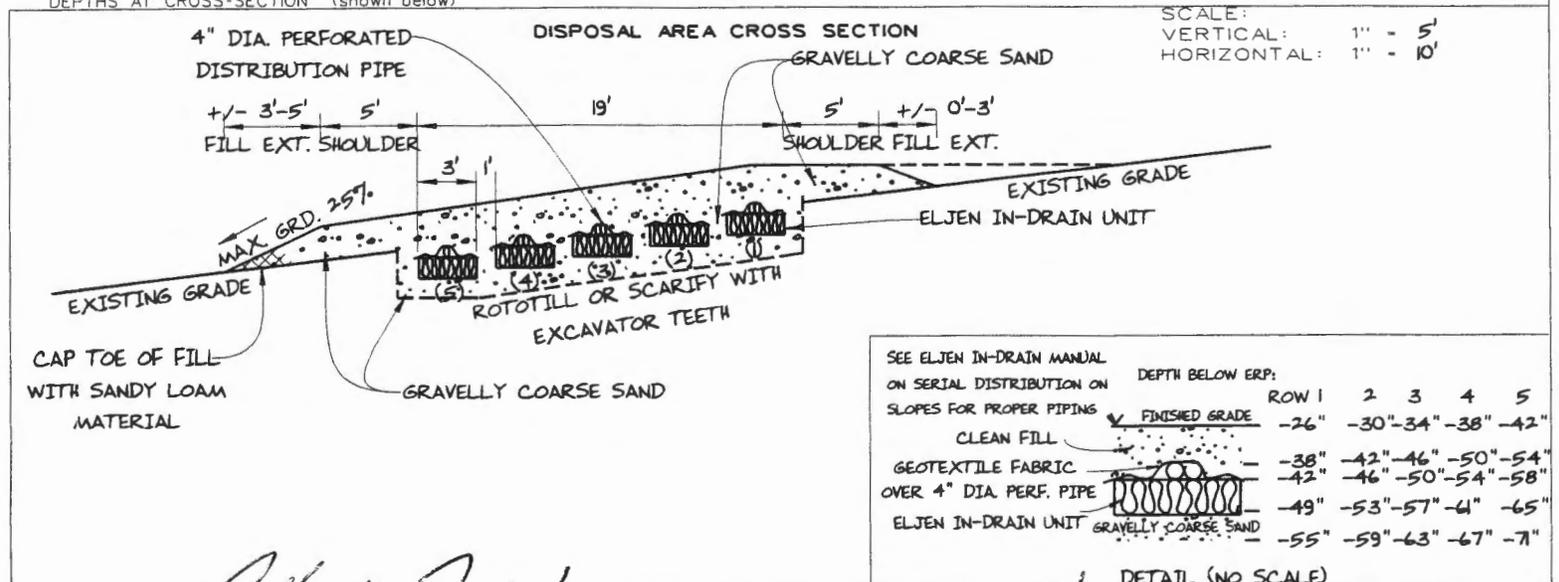
Finished Grade Elevation  
Top of Distribution Pipe or Proprietary Device  
Bottom of Disposal Area

SEE  
DETAIL  
BELOW

### ELEVATION REFERENCE POINT

Location & Description BOTTOM OF BASEMENT WINDOW SILL, 15" ABOVE GRADE  
Reference Elevation is: 0.0" or -----

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



*Albert Frick*  
Site Evaluator Signature

163  
SE \*

9/10/2012  
Date

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



ATTACHMENT TO SUBSURFACE WASTEWATER DISPOSAL APPLICATION

PORTLAND (PEAKS ISLAND)

53 ISLAND AVENUE

N/F MACLEOD (FOR MONICA STEVENSON)

TOWN

LOCATION

APPLICANT'S NAME

- 7) The actual waste 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
- 8) The general minimum setbacks between a well (public or private) 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 pitch requirements. In gravity systems, the invert of the septic tank(s) outlet(s) should be at least 4 inches above the invert of the distribution box outlet at the disposal area.
- 10) When an effluent pump is required: Pump stations should be sized per manufacturer's specifications to meet lift requirements and friction loss. 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. Additional fill beyond indicated on plan may be necessary to replace organic matter. 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 settling). 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, with 4" min. soil or soil amendment mix suitable for growing, then mulch with hay or equivalent material to prevent erosion. Alternatively, bark or permanent landscape mulch may be used to cover system. Woody trees or shrubs are not permitted on the disposal area or fill extensions.
- 15) If an advanced wastewater treatment unit is part of the design, the system shall be operated and maintained per manufacturer's specifications.



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

95A County Road Gorham, Maine 04038  
(207) 839-5563

Revised

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Div. of Environmental Health, 11 SHB  
(207) 287-6672 FAX (207) 287-3168

## PROPERTY LOCATION

>>CAUTION: LPI APPROVAL REQUIRED<<

City, Town, or Plantation: **PORTLAND (PEAKS ISLAND)**  
Street or Road: **531 ISLAND AVENUE**  
Subdivision, Lot #: \_\_\_\_\_

Town/City: \_\_\_\_\_ Permit #: \_\_\_\_\_  
Date Permit Issued: **1/1** Fee \$: \_\_\_\_\_ Double Fee Charged [ ]

### OWNER/APPLICANT INFORMATION

Name (last, first, MI): **N/F MACLEOD KRISTEN**  Owner  Applicant  
Mailing Address of Applicant: **MONICA STEVENSON  
548 ISLAND AVENUE  
PEAKS ISLAND, MAINE 04108**  
Daytime Tel. #: \_\_\_\_\_

Local Plumbing Inspector Signature:  LPI # **1081**  
The Subsurface Wastewater Disposal System ~~shall~~ be installed until a Permit is issued 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.  
Municipal Tax Map # **90** Lot # **R 12**

### 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

### CAUTION INSPECTION REQUIRED

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:  Date: **11/27/12**

Local Plumbing Inspector Signature:  Date Approved: **11-29-12 Dumas**  
**12-5-12** Date Approved: **12-5-12**

## PERMIT INFORMATION

### TYPE OF APPLICATION

- 1. First Time System
- 2. Replacement System  
Type Replaced: **CESSPOOL**  
Year Installed: **PRE-1974**
- 3. Expanded System
  - a. <25% Expansion
  - b. >25% Expansion
- 4. Experimental System
- 5. Seasonal Conversion

### 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 Permit

### DISPOSAL SYSTEM COMPONENTS

- 1. Complete Non-Engineered System
- 2. Primitive System (graywater & alt 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 (2000gpd+)
- 9. Engineered Treatment Tank (only)
- 10. Engineered Disposal Field (only)
- 11. Pre-treatment, specify:
- 12. Miscellaneous components

### SIZE OF PROPERTY

+/- **10,000** SQ. FT. ACRES

### DISPOSAL SYSTEM TO SERVE

- 1. Single Family Dwelling Unit, No. of Bedrooms: **4**
- 2. Multiple Family Dwelling, No of Units: \_\_\_\_\_
- 3. Other: \_\_\_\_\_ (specify)

### TYPE OF WATER SUPPLY

- 1. Drilled Well
- 2. Dug Well
- 3. Private
- 4. Public
- 5. Other: \_\_\_\_\_

### SHORELAND ZONING

Yes  No

Current Use  Seasonal  Year Round  Undeveloped

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

### TREATMENT TANK

- 1. Concrete
  - a. Regular
  - b. Low Profile
- 2. Plastic
- 3. Other: \_\_\_\_\_

### 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: \_\_\_\_\_

### GARBAGE DISPOSAL UNIT

- 1. No
  - 2. Yes
  - 3. Maybe
- If Yes or Maybe, specify one below:
- a. Multi-compartment tank
  - b. tanks in series
  - c. Increase in tank capacity
  - d. Filter on tank outlet

### DESIGN FLOW

**360** gallons per day  
BASED ON:  
 1. Table 4A (dwelling unit(s))  
 2. Table 4C (other facilities)  
SHOW CALCULATIONS for other facilities

### SOIL DATA & DESIGN CLASS

PROFILE: **3** CONDITION: **C**

at Observation Hole # **TP 1**  
Depth **34**  
of Most Limiting Soil Factor

### DISPOSAL FIELD SIZING

- 1. Medium - 2.6 sq.ft./gpd
- 2. Medium-Large - 3.3 sq.ft./gpd
- 3. Large - 4.1 sq ft /gpd
- 4. Extra-Large - 5.0 sq ft./gpd

### EFFLUENT/EJECTOR PUMP

- 1. Not required
  - 2. May be required
  - 3. Required
- Specify only for engineered systems

**4 BEDROOMS AT 90 GALLONS PER DAY EACH**

3. Section 4G (meter readings):  
ATTACH WATER-METER DATA  
LATITUDE AND LONGITUDE  
at center of disposal area  
Lat N **43** d **40** m **8** s  
Lon W **70** d **11** m **69** s  
(if a p.e., state margin of error)

## SITE EVALUATOR STATEMENT

I certify that on **9/7/12** (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: 

SE #: **163**

Date: **11/27/12 REVISED**

ALBERT FRICK  
Site Evaluator Name Printed

(207) 839-5563  
Telephone Number

ALBERT@ALBERTFRICK.COM  
E-mail Address

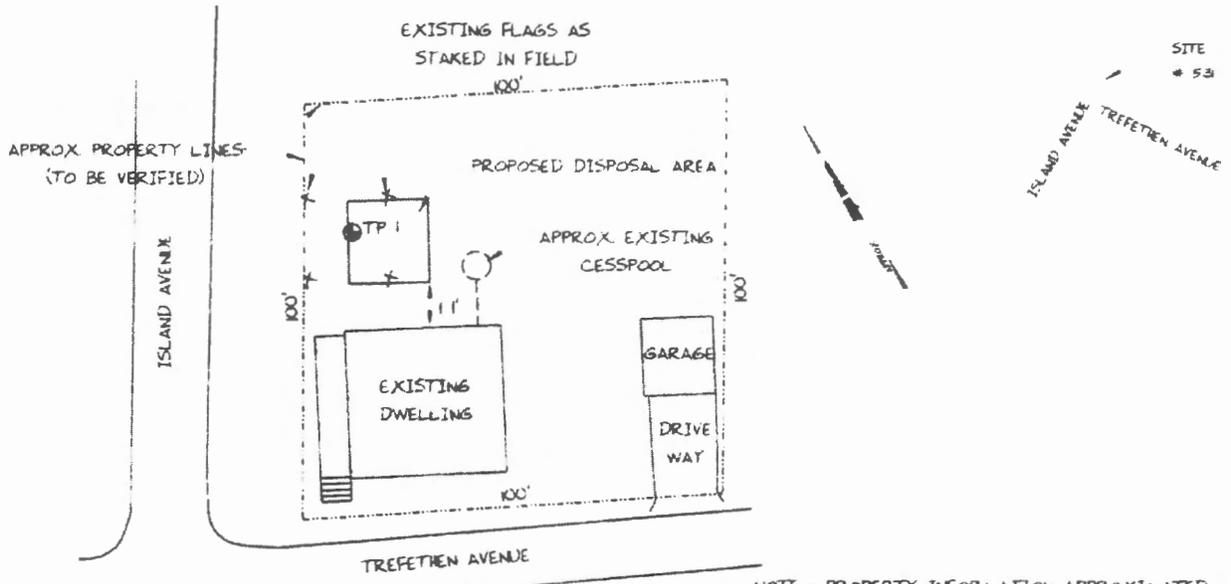
ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563  
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PORTLAND (PEAKS ISLAND)

53 ISLAND AVENUE

N/F MACLEOD (FOR MONICA STEVENSON)  
40



## SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

TP 1 ■

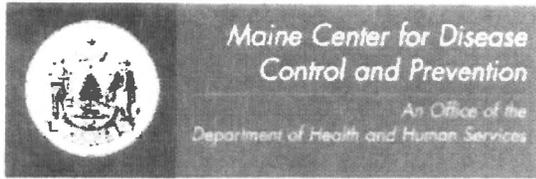
SANDY LOAM		DARK BROWN	
LOAMY SAND		DARK YEL BROWN	
	FRIABLE		
MEDIUM SAND		YELLOWISH BROWN	
LOAMY FINE SAND	FIRM	OLIVE BROWN	COMMON, DISTINCT
LIMIT OF EXCAVATION			

3 C 6-8 34"

*Albert Frick*

163

11/27/12 REVISED



11149  
2012-9-2823

Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
286 Water Street  
# 11 State House Station  
Augusta, Maine 04105-0011  
Tel: (207) 287-3472  
Fax: (207) 287-4172 TTY: 1-800-606-0215

COPY

**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 Kristen MacLeod (C/O Monica Stevenson) Tel No \_\_\_\_\_

System's Location 531 Island Avenue (Map 90, Lot R-1,2)

Property Owner's Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

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.)

SPECIFIC VARIANCE REQUESTED	SECTION OF RULE
1. <u>To allow a replacement disposal field to be installed 11' from a full foundation</u>	<u>8 (Table 8 A)</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, Albert Frick, 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 11/27/12 REVISED  
SIGNATURE OF SITE EVALUATOR 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.

Monica Stevenson 11/27/12  
SIGNATURE OF OWNER DATE  
X AGENT FOR THE OWNER

**LOCAL PLUMBING INSPECTOR - Approval at local level**

The local plumbing inspector shall review all First Time System Variance requests prior to rendering a decision. I, John R. Riddick, 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 applicant.

\_\_\_\_\_  
LPI Signature 11/29/12  
Date

**LOCAL PLUMBING INSPECTOR - Referral to the Department**

The local plumbing inspector shall review all First Time System 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 applicant.

\_\_\_\_\_  
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		
<b>TOTAL POINT ASSESSMENT</b>		
Minimum Points (Check One)	Outside Shoreland Zone-50	Inside Shoreland Zone-65
		Subdivision-65

**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 HHE-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	11'	
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]		
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		
<b>OTHER</b>								
1								
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)).

copy 3

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Div of Environmental Health, 11 SHS  
(207) 287-5672 FAX (207) 287-3165

## PROPERTY LOCATION

City, Town, or Plantation: PORTLAND (PEAKS ISLAND)  
Street or Road: 531 ISLAND AVENUE  
Subdivision, Lot #: \_\_\_\_\_

>>CAUTION: LPI APPROVAL REQUIRED<<

Town/City: Portland ME Permit # 2012-9-5023  
Date Permit Issued: 9/27/12 Fee \$ 250 Double Fee Charged [ ]  
Local Plumbing Inspector Signature: \_\_\_\_\_ LPI # 360

## OWNER/APPLICANT INFORMATION

Name (last, first, MI): N/F MACLEOD KRISTEN  Owner  Applicant  
Mailing Address of  Applicant: MONICA STEVENSON  
548 ISLAND AVENUE  
PEAKS ISLAND, MAINE 04108  
Daytime Tel. #: \_\_\_\_\_

The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued 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.  
Municipal Tax Map # 90 Lot # R 12

## 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.  
Monica Stevenson 9/16/12  
Signature of Owner/Applicant Date

## CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.  
Local Plumbing Inspector Signature: \_\_\_\_\_ (2nd) Date Approved: \_\_\_\_\_

RECEIVED

## PERMIT INFORMATION

TYPE OF APPLICATION  
 1. First Time System  
 2. Replacement System  
Type Replaced: CESSPOOL  
Year Installed: PRE-1974  
 3. Expanded System  
 a. <25% Expansion  
 b. >25% Expansion  
 4. Experimental System  
 5. Seasonal Conversion

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 Permit

DISPOSAL SYSTEM COMPONENTS  
 1. Complete Non-Engineered System  
 2. Primitive System (graywater & alt 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(2000gpd+)  
 9. Engineered Treatment Tank (only)  
 10. Engineered Disposal Field (only)  
 11. Pre-treatment, specify: \_\_\_\_\_  
 12. Miscellaneous components

SIZE OF PROPERTY  
+/- 10,000  SQ. FT.  ACRES  
SHORELAND ZONING  
 Yes  No

DISPOSAL SYSTEM TO SERVE  
 1. Single Family Dwelling Unit, No. of Bedrooms: 4  
 2. Multiple Family Dwelling, No of Units: \_\_\_\_\_  
 3. Other: \_\_\_\_\_ (specify)  
Current Use  Seasonal  Year Round  Undeveloped

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 GAL.

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: 1200  sq. ft.  lin. ft.  
25 ELJEN IN-DRAIN UNITS

GARBAGE DISPOSAL UNIT  
 1. No  2. Yes  3. Maybe  
If Yes or Maybe, specify one below:  
 a. Multi-compartment tank  
 b. \_\_\_\_\_ tanks in series  
 c. Increase in tank capacity  
 d. Filter on tank outlet

DESIGN FLOW  
360 gallons per day  
BASED ON:  
 1. Table 4A (dwelling unit(s))  
 2. Table 4C (other facilities)  
SHOW CALCULATIONS for other facilities  
4 BEDROOMS AT 90 GALLONS PER DAY EACH

SOIL DATA & DESIGN CLASS  
PROFILE 3 CONDITION C  
at Observation Hole # TP 1  
Depth 34 "  
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING  
 1. Medium - 2.6 sq.ft./gpd  
 2. Medium-Large - 3.3 sq.ft./gpd  
 3. Large - 4.1 sq.ft./gpd  
 4. 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

3. Section 4G (meter readings)  
ATTACH WATER-METER DATA  
LATITUDE AND LONGITUDE  
at center of disposal area  
Lat. N 43 d 40 m 8 s  
Lon. W 70 d 11 m 69 s  
if g.p.s., state margin of error

## SITE EVALUATOR STATEMENT

I Certify that on 9/7/12 (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: 9/10/2012

ALBERT FRICK  
Site Evaluator Name Printed  
Telephone Number: (207) 839-5563 E-mail Address: ALBERT@ALBERTFRICK.COM  
ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

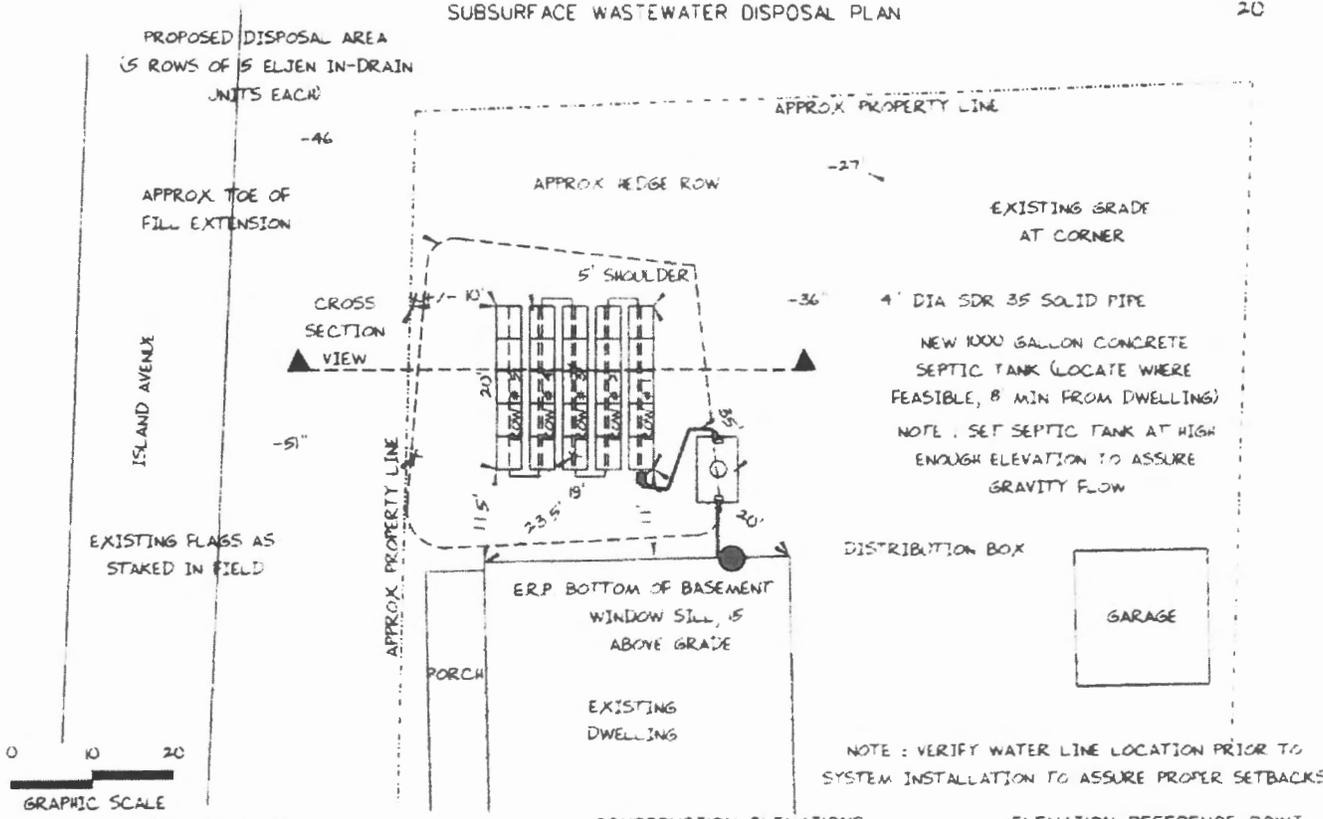
PORTLAND (PEAKS ISLAND)

53 ISLAND AVENUE

N/F MACLEOD (FOR MONICA STEVENSON)

## SUBSURFACE WASTEWATER DISPOSAL PLAN

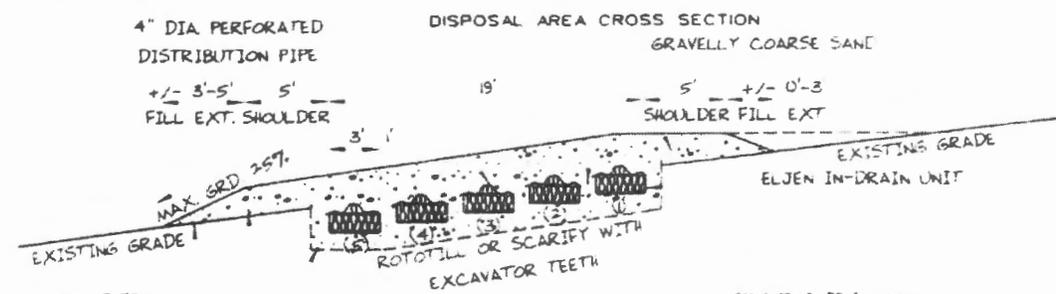
20



**FILL REQUIREMENTS**  
 Depth of Fill (Upslope) = 1'-8"  
 Depth of Fill (Downslope) = 4'-9"

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

**ELEVATION REFERENCE POINT**  
 Location & Description: BOTTOM OF BASEMENT WINDOW SILL, 15' ABOVE GRADE  
 Reference Elevation is 0.0' or -----  
 SEE DETAIL BELOW



CAP TOE OF FILL WITH SANDY LOAM MATERIAL

SEE ELJEN IN-DRAIN MANUAL ON SERIAL DISTRIBUTION ON SLOPES FOR PROPER PIPING

DEPTH BELOW ERP	ROW 2	ROW 3	ROW 4	ROW 5	
FINISHED GRADE	-26	-30	-34	-38	-42
CLEAN FILL	-30	-42	-46	-50	-54
GEOTEXTILE FABRIC OVER 4" DIA PERF PIPE	-42	-46	-50	-54	-58
ELJEN IN-DRAIN UNIT	-49	-53	-57	-61	-65
GRAVELLY COARSE SAND	-55	-59	-63	-67	-71

*Albert Frick*

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11/27/12 REVISED