

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

2010 6013

PROPERTY LOCATION		>> Caution: Permit Required - Attach in Space Below <<	
City, Town, or Plantation	PORTLAND (PEAKS ISLAND)	PORTLAND	PERMIT # 11442 TOWN COPY
Street or Road	851 SEASHORE AVENUE	Date Permit Issued: 10/14/10	\$1100.00 FEE Charged
Subdivision, Lot *		Local Plumbing Inspector Signature: <i>James Burke</i>	L.P.I. # 0732
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	N/F LOUISA H. BUTCHER LIFE INTEREST	Owner	Applicant
Mailing Address of	JOHN CHILDS		
<input type="checkbox"/> Owner <input type="checkbox"/> Applicant	3 BITTERSWEET LANE EXETER, N.H. 03833		
Daytime Tel. *	(603)770-6474		
Owner or Applicant Statement		Caution: Inspections Required	
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner/Applicant: <i>John T. Childs</i>		Local Plumbing Inspector Signature: <i>James Burke</i>	
Date		(1st) Date Approved	
		(2nd) Date Approved	

PERMIT INFORMATION

TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS
1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>UNKNOWN</u> Year Installed: <u>UNKNOWN</u> 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	1. <input type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input 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	1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-Engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
+/- 0.353 <input type="checkbox"/> sq. ft <input checked="" type="checkbox"/> acres	1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY _____ Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
SHORELAND ZONING		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
1. <input checked="" type="checkbox"/> Concrete a. <input type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile (IF NEC.) 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons	1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE <u>768</u> <input checked="" type="checkbox"/> sq. ft <input type="checkbox"/> lin. ft. <u>16</u> ELTEN IN-DRAIN UNITS	1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> Increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet	270 gallons per day BASED ON: 1. <input type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities - 3 BEDROOMS AT 90 GALLONS PER DAY EACH
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	LATITUDE AND LONGITUDE
PROFILE CONDITION DESIGN <u>12</u> <u>C</u> <u>2</u> AT Observation Hole * <u>TP 1</u> Depth <u>18</u> " Elevation <u>-56</u> " OF MOST LIMITING SOIL FACTOR	1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd 2. <input checked="" type="checkbox"/> Medium - 2.6 sq.ft./gpd 3. <input type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	1. <input type="checkbox"/> Not required 2. <input type="checkbox"/> May be required 3. <input checked="" type="checkbox"/> Required Specify only for engineered systems: _____ DOSE: _____ Gallons	3. <input type="checkbox"/> Section 503.0 (meter readings/ ATTACH WATER-METER DATA) LATITUDE AND LONGITUDE at center of disposal area Lat. <u>N 43</u> d <u>40</u> m <u>69</u> s Lon. <u>W 70</u> d <u>11</u> m <u>53</u> s if a.p.s., state margin of error

SITE EVALUATOR STATEMENT

I certify that on 9/15/10 (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*

163
SE *

9/28/2010
Date

ALBERT FRICK

(207) 839-5563

AFA@MAINERR.COM

NOT - 1 2010

Site Evaluator Name Printed

Telephone Number

E-mail Address

ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator

Dept. of Building Inspections
City of Portland Maine

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Town, City, Plantation
PORTLAND (PEAKS ISLAND)

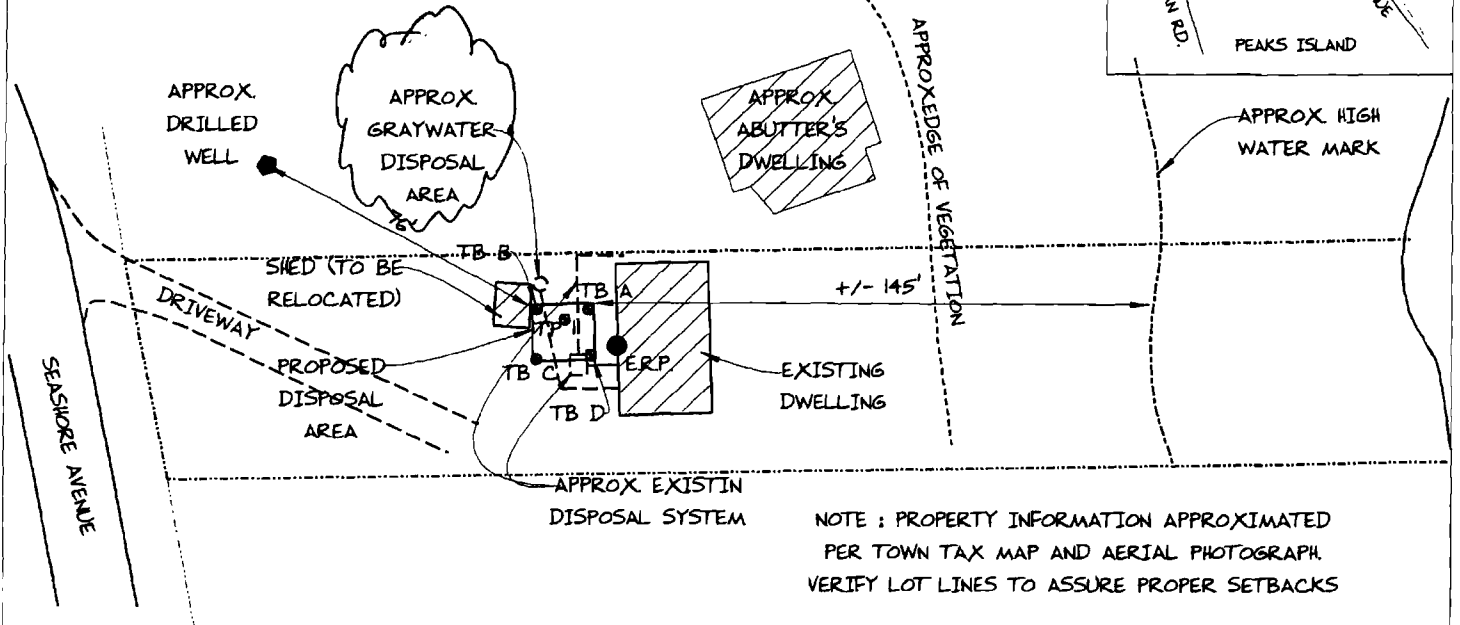
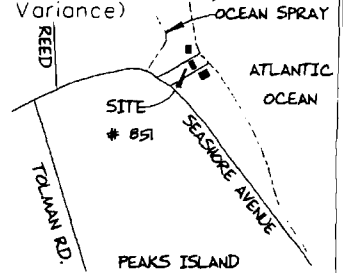
Street, Road Subdivision
851 SEASHORE AVENUE

Owner's Name
(FOR JOHN CHILDS)

SITE PLAN:

Scale 1" = 50 Ft.
or as shown

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



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

Observation Hole TP 1 ☒ Test Pit ☐ Boring
" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0 SANDY		DARK	
LOAM		BROWN	
LOAMY		DARK	
10 SAND		YELLOWISH	
(FILL)		BROWN	
		YEL BROWN	
20 FINE	FRIABLE		FEW, DISTINCT
SAND		MIXED	
(FILL)		YELLOWISH	
		AND OLIVE	
		BROWN	
		OLIVE BROWN	COMMON, DISTINCT
40			
50			

Soil Classification 12 C 18"
Profile Condition %
Limiting Factor 18"
☒ Ground Water
☐ Restrictive Layer
☐ Bedrock
☐ Pit Depth

Observation Hole TB A-D ☐ Test Pit ☒ Boring
" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0			
10			
20			
30			
40			
50			

Soil Classification 12 A 24"
Profile Condition %
Limiting Factor 24"
☐ Ground Water
☐ Restrictive Layer
☐ Bedrock
☐ Pit Depth

TB A = 24" TO REFUSAL
TB B = 36" TO REFUSAL
TB C = 35" TO REFUSAL
TB D = 36" + TO REFUSAL

Site Evaluator Signature

163
SE

9/28/2010
Date

Page 2 of 3
HHE-200 Rev. 10 02

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

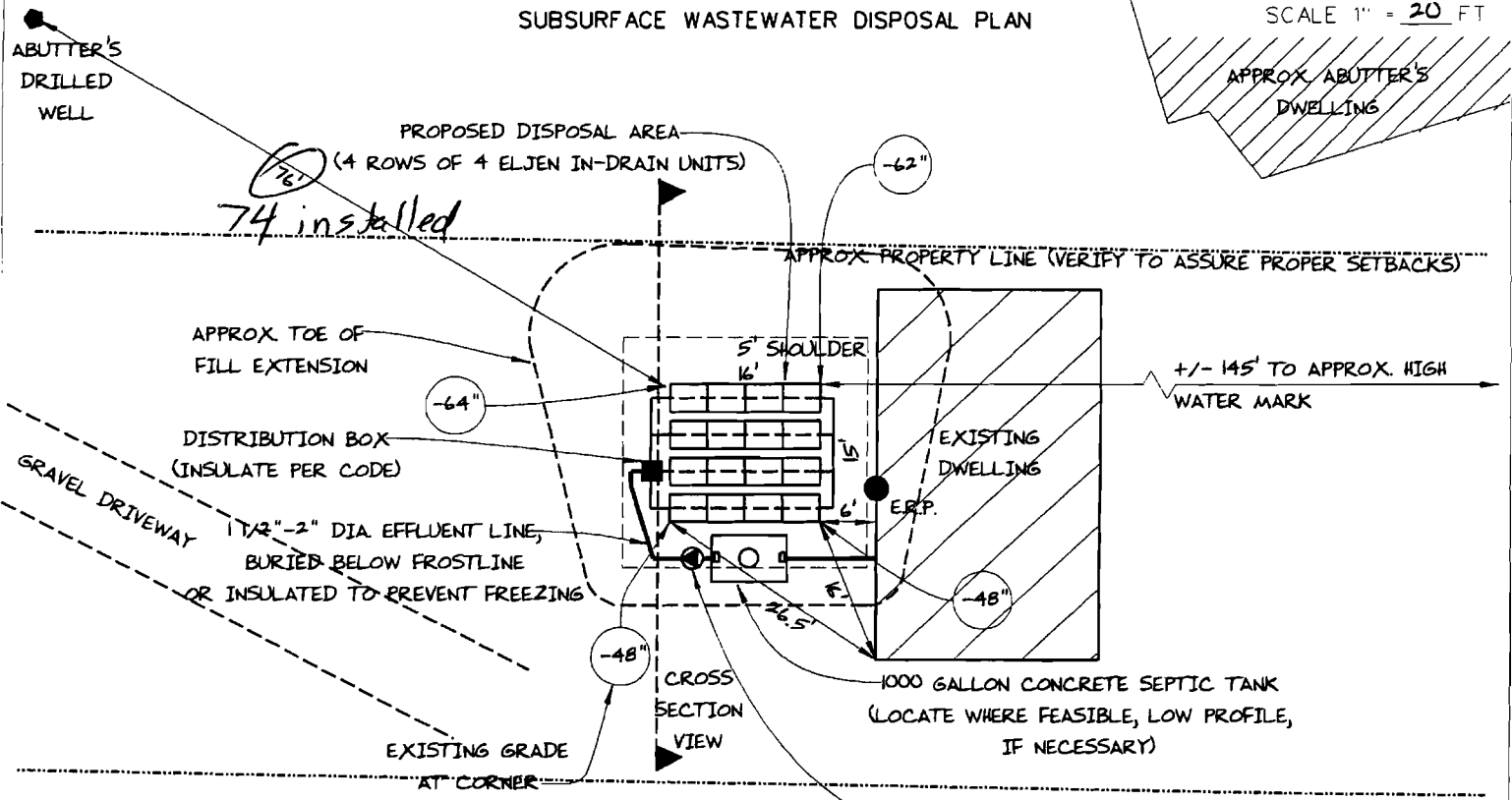
Town, City, Plantation
PORTLAND (PEAKS ISLAND)

Street, Road, Subdivision
851 SEASHORE AVENUE

Owner's Name
(FOR JOHN CHILDS)

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT



NOTE: REMOVE ALL PORTIONS OF EXISTING DISPOSAL SYSTEM AND SPOILED SOIL MATERIAL TO 24" BELOW AND 5' AROUND PROPOSED DISPOSAL AREA AND REPLACE WITH CLEAN, GRAVELLY COARSE SAND

NOTE: PROVIDE EROSION AND SEDIMENT CONTROL MEASURES PER D.E.P. BEST MANAGEMENT PRACTICES

FILL REQUIREMENTS

Depth of Fill (Upslope) : 12"
Depth of Fill (Downslope) : 26"-28"
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

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

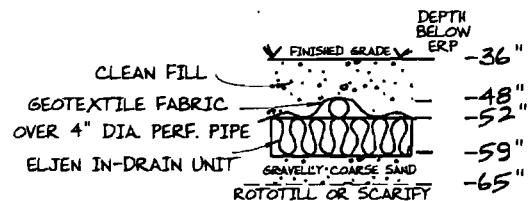
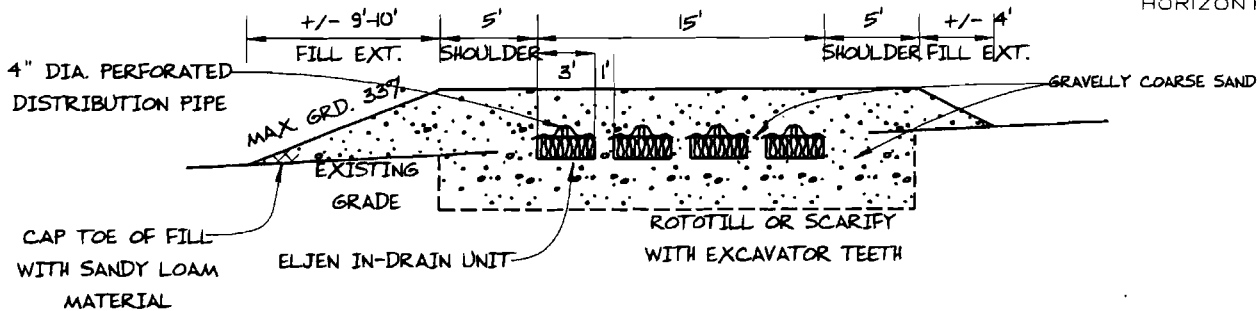
SEE
DETAIL
BELOW

ELEVATION REFERENCE POINT

Location & Description BOTTOM OF ELEC. METER BOX, 34" ABOVE BOTTOM OF SIDING
Reference Elevation is: 0.0" or -----

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

DISPOSAL AREA CROSS SECTION



Albert Frick
Site Evaluator Signature

163
SE *

9/28/2010
Date

Page 3 of 3
HHE-200 Rev. 10 02



Albert Frick Associates, Inc.

Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038

(207) 839-5563

AND (PEAKS ISLAND)

851 SEASHORE AVENUE

(FOR JOHN CHILDS)

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.

STLAND (PEAKS ISLAND)

851 SEASHORE AVENUE

(FOR JOHN CHILDS)

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 04038
(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 Portland (Peaks Island)

Permit No. _____

Date Permit Issued _____

Property Owner's Name: John Childs Tel. No.: _____

System's Location: 851 Seashore Avenue (Map 91, M, Lot 5)

Property Owner's Address: 3 Bittersweet Lane

(if different from above) Exeter, N.H. 03833

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 such duties as may be necessary to evaluate the variance request.

John T Childs
SIGNATURE OF OWNER

10/11/10
DATE

LOCAL PLUMBING INSPECTOR

I, Jeanie Bourke, the undersigned, have not 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: _____

Jeanie Bourke
LPI SIGNATURE

10/14/10
DATE

HHE-204 Rev 08/05

RECEIVED

OCT - 1 2010

Dept. of Building Inspections
City of Portland, Maine

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	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	76'*	
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	6'	
Full basement [below grade foundation]	20 ft	30 ft	40 ft	8 ft	14 ft	20 ft		
Property lines	10 ft [b]	18 ft [b]	20 ft [b]	10 ft [b]	15 ft [b]	20 ft [b]		
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. * Replacement system is no closer to drilled well than system being replaced

2. 3:1 SLOPE VARIANCE, AS NEEDED NEAR BUILDING AND PROPERTY LINE

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

9/28/2010
 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

BUILDING PERMIT INSPECTION PROCEDURES

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

or email: buildinginspections@portlandmaine.gov

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

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

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

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

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

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

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

Nicholas Adams - 851 Seashore Ave. Peaks Island

From: John Childs <john.t.childs@gmail.com>
To: <nadams@portlandmaine.gov>
Date: 12/16/2010 9:43 AM
Subject: 851 Seashore Ave. Peaks Island

Can we install an Envirolet toilet at the cottage and put in a grey water system for the sink and shower? If so, is there an approval/design process for the grey water system that we need to go through. If this is not your area could you refer me to the proper person.

John Childs
cell: (603) 770-6474
john.t.childs@gmail.com

There is never a wrong time to do the right thing!

John Childs' 12/21/10
may change
design to install
Envirolet composting
toilet - ok needs:
- revised HHE200
- specs on toilet
- Internal plumb permit
spoke to Brent Lawson
about it. Jimmy

12/21/10
OK per Brent Lawson
- revised HHE200
- specs on toilet
- Internal plumb permit
Jimmy



ALBERT FRICK ASSOCIATES, INC.

Soil Scientists & Site Evaluators

95A County Road, Gorham, Maine 04038

VOICE: (207) 839-5563

FAX: (207) 839-5564

FAX TRANSMISSION COVER SHEET

Date: 6/30/11 From: Matt LoganSend To: Don Mc Pheerson - City of Portland
Leonel Plante Assoc.Re: Childs Septic Design RevisionDestination Fax Number: 874-8716
766-2507Number of pages including this cover sheet: 6Message: Attached is the revised septic
design for the above referenced
property showing the corrected
well setbackRespectfullyMatt LoganOriginal to be delivered by mail: yes ☒ noFax operator: ML

REPLACEMENT SYSTEM VARIANCE REQUEST

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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>John Childs</u>	Tel. No.: _____	
System's Location: <u>851 Seashore Avenue (Map 91, M. Lot 5)</u>		
Property Owner's Address: <u>3 Bittersweet Lane</u>		
(if different from above) <u>Exeter, N.H. 03833</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 such duties as may be necessary to evaluate the variance request.

SIGNATURE OF OWNER

DATE

LOCAL PLUMBING INSPECTOR

I, _____, the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement Variance Request, the Application, and my on-site investigation, I (☐ 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

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	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	74 *	
Water supply line	10 ft	20 ft	25 ft [e]	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	6'	
Full basement [below grade foundation]	20 ft	30 ft	40 ft	8 ft	14 ft	20 ft		
Property lines	10 ft [b]	18 ft [b]	20 ft [b]	10 ft [b]	15 ft [b]	20 ft [b]		
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. * Replacement system is no closer to drilled well than system being replaced

2. 3:1 SLOPE VARIANCE, AS NEEDED NEAR BUILDING AND PROPERTY LINE

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

9/28/2010
 DATE REVISED 6/30/11

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION		Maine Department of Human Services Division of Health Engineering, Station 1D SHS (207) 287-5672 FAX (207) 287-4172	
PROPERTY LOCATION		>> Caution: Permit Required - Attach in Space Below <<	
City, Town, or Plantation	PORTLAND (PEAKS ISLAND)	The Subsurface Wastewater Disposal System shall not 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	851 SEASHORE AVENUE		
Subdivision, Lot *			
OWNER/APPLICANT INFORMATION		Municipal Tax Map * <u>9</u> Lot * <u>44-5</u>	
Name (last, first, MI) <u>N/F LOUISA H BUTCHER LIFE INTEREST</u> Owner <input type="checkbox"/> Applicant <input checked="" type="checkbox"/>			
Mailing Address of <u>JOHN CHILDS</u>			
<input type="checkbox"/> Owner <u>3 BITTERSWEET LANE</u> <input type="checkbox"/> Applicant <u>EXETER, NH 03833</u>			
Daytime Tel. *	<u>(603) 770-6474</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.		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 _____		Local Plumbing Inspector Signature _____ (1st) Date Approved _____ _____ (2nd) Date Approved _____	
PERMIT INFORMATION			
TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>UNKNOWN</u> Year Installed: <u>UNKNOWN</u> 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 1. <input type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. <input type="checkbox"/> Replacement System Variance 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	DISPOSAL SYSTEM COMPONENTS 1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-Engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components	
SIZE OF PROPERTY <u>+/- 0.353</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY _____ Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped		
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TYPE OF WATER SUPPLY 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____		
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input type="checkbox"/> Concrete a. <input type="checkbox"/> Regular b. <input checked="" type="checkbox"/> Low Profile (IF NEC) 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE <u>768</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. <u>16 ELTEN IN-DRAIN UNITS</u>	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> Increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet	DESIGN FLOW <u>270</u> gallons per day BASED ON: 1. <input type="checkbox"/> Table 501.1 (dwelling units) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS for other facilities - 3 BEDROOMS AT 90 GALLONS PER DAY EACH 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>N 43° d 40' m 49" s</u> Lon. <u>W 70° d 11' m 53" s</u> if g.p.s., state margin of error
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>12</u> / <u>C</u> / <u>2</u> AT Observation Hole * <u>TP 1</u> Depth <u>18</u> " Elevation <u>-56</u> " OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd 2. <input checked="" type="checkbox"/> Medium - 2.6 sq.ft./gpd 3. <input type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not required 2. <input type="checkbox"/> May be required 3. <input checked="" type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ Gallons	
SITE EVALUATOR STATEMENT			
I certify that on <u>9/15/10</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).			
<u>Albert Frick</u> Site Evaluator Signature		<u>63</u> SE *	<u>9/28/2010</u> REVISED Date <u>6/30/11</u>
ALBERT FRICK Site Evaluator Name Printed		<u>(207) 889-5563</u> Telephone Number	<u>AFA@MAINE.ORG</u> E-mail Address
ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 889-5583 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator			

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

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

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

	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

DEPTH BELOW MINERAL SOIL SURFACE (inches)

TB A = 24" TO REFUSAL

TB B = 36" TO REFUSAL

TB C = 35" TO REFUSAL

TB D = 36" + TO REFUSAL

Soil Classification <u>B</u> Profile <u>A</u> Condition	Slope _____/_____	Limiting Factor <u>24"</u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
--	--------------------------	-----------------------------------	--

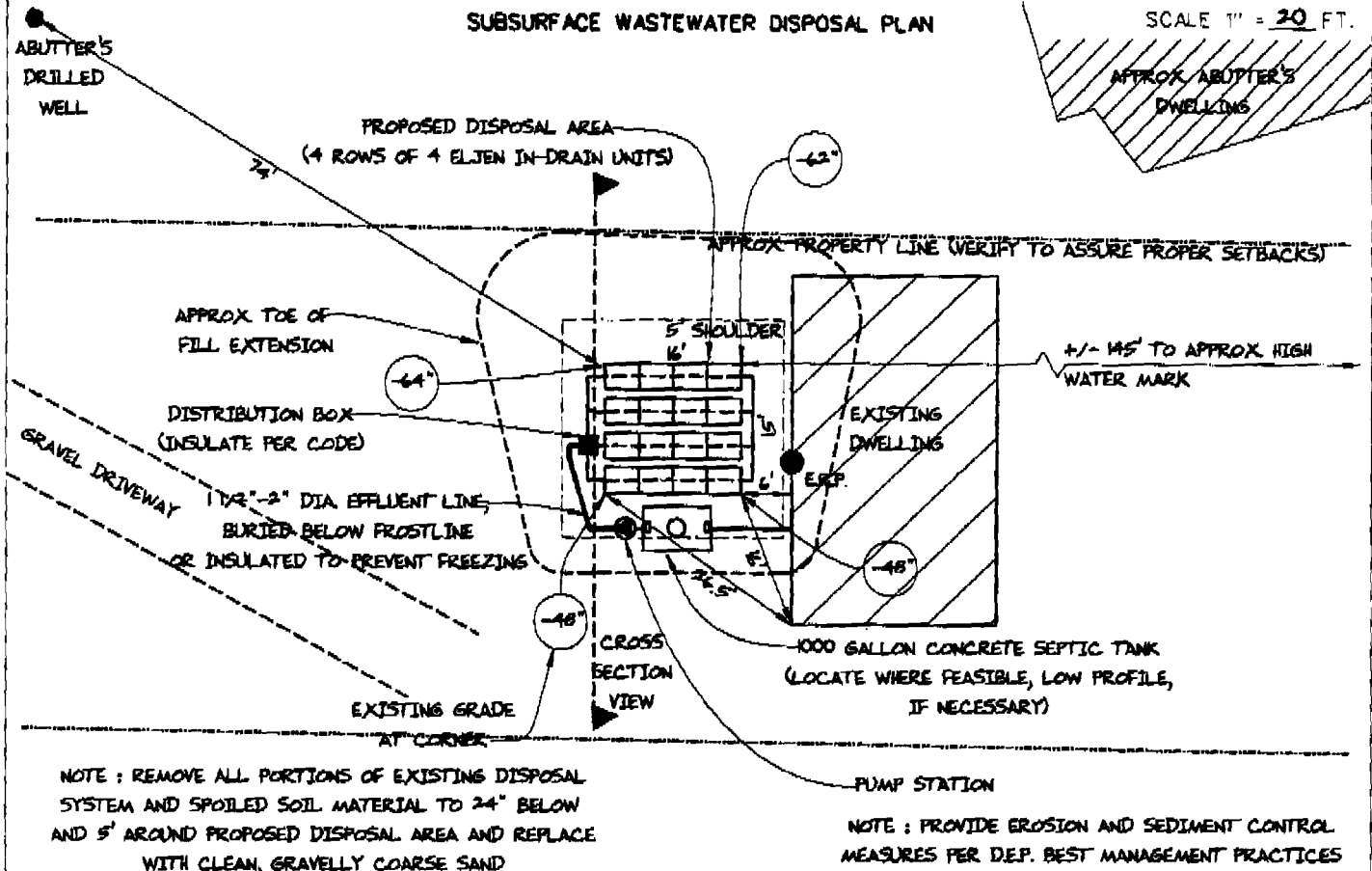
6/30/2011
Date revised

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10 SHS
(207) 287-5672 FAX (207) 287-4172Town, City, Plantation
PORTLAND (PEAKS ISLAND)Street, Road, Subdivision
891 SEASHORE AVENUEOwner's Name
(FOR JOHN CHILDS)

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



FILL REQUIREMENTS

Depth of Fill (Upslope) = 12"
 Depth of Fill (Downslope) = 26" - 28"
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

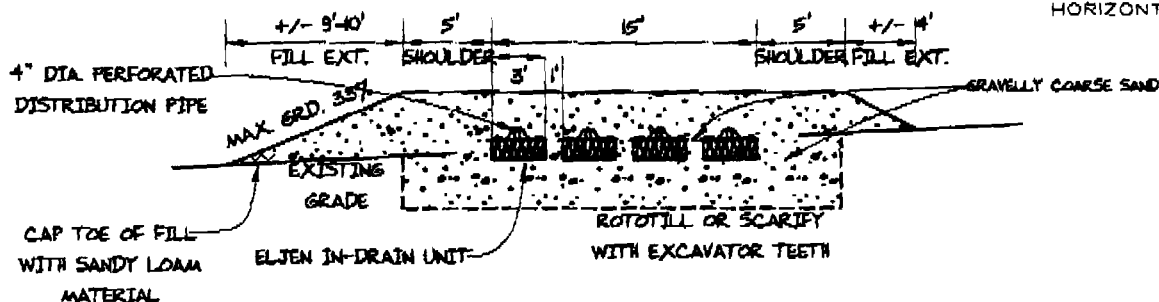
Finished Grade Elevation
 Top of Distribution Pipe or Proprietary Device
 Bottom of Disposal Area

ELEVATION REFERENCE POINT

SEE DETAIL BELOW
 Location & Description BOTTOM OF ELEC. METER BOX, 34" ABOVE BOTTOM OF SIDING
 Reference Elevation is: 0.0' or -----

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

DISPOSAL AREA CROSS SECTION



DEPTH BELOW BRP

CLEAN FILL - 36"
GEOTEXTILE FABRIC OVER 4" DIA. PERF. PIPE - 48"
ELJEN IN-DRAIN UNIT - 52"
ROTOTILL OR SCARIFY - 59"
GRAVELLY COARSE SAND - 65"

Site Evaluator Signature

K.B.
SE6/30/2011
DatePage 3 of 3
HHE-200 Rev. 10/02