

2006 6007

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: **85 PRINCE AVENUE**

Subdivision, Lot #: _____

Permit # **9919** TOWN COPY

Date Permit Issued: **06/06/06** \$ **109.00** FEE Charged If Double Fee

L.P.I. # **0690**

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **ESTATE OF ALBERT VENTRAS**

Mailing Address of: **PAUL & LESLIE TUTTLE**
114 FEDERAL STREET SALEM, MA 0970

Daytime Tel. #: **978-744-1991**

Municipal Tax Map: **091 R Lot - 008**

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: *Leslie Tuttle* Date: **3/2/06**

Local Plumbing Inspector Signature: _____ Date Approved: _____

Caution: Inspections Required

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

PERMIT INFORMATION

<p>TYPE OF APPLICATION</p> <p>1. <input type="checkbox"/> First Time System</p> <p>2. <input checked="" type="checkbox"/> Replacement System</p> <p>Type Replaced: CESSPOOL</p> <p>Year Installed: _____</p> <p>3. <input type="checkbox"/> Expanded System</p> <p>a. <input type="checkbox"/> Minor Expansion</p> <p>b. <input type="checkbox"/> Major Expansion</p> <p>4. <input type="checkbox"/> Experimental System</p> <p>5. <input type="checkbox"/> Seasonal Conversion</p>	<p>THIS APPLICATION REQUIRES</p> <p>1. <input type="checkbox"/> No Rule Variance</p> <p>2. <input type="checkbox"/> First Time System Variance</p> <p>a. <input type="checkbox"/> Local Plumbing Inspector Approval</p> <p>b. <input type="checkbox"/> State & Local Plumbing Inspector Approval</p> <p>3. Replacement System Variance</p> <p>a. <input type="checkbox"/> Local Plumbing Inspector Approval</p> <p>b. <input checked="" type="checkbox"/> State & Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Minimum Lot Size Variance</p> <p>5. <input type="checkbox"/> Seasonal Conversion Approval</p>	<p>DISPOSAL SYSTEM COMPONENTS</p> <p>1. <input checked="" type="checkbox"/> Complete Non-Engineered System</p> <p>2. <input type="checkbox"/> Primitive System (graywater & alt toilet)</p> <p>3. <input type="checkbox"/> Alternative Toilet, specify: _____</p> <p>4. <input type="checkbox"/> Non-Engineered Treatment Tank (only)</p> <p>5. <input type="checkbox"/> Holding Tank, _____ Gallons</p> <p>6. <input type="checkbox"/> Non-Engineered Disposal Field (only)</p> <p>7. <input type="checkbox"/> Separated Laundry System</p> <p>8. <input type="checkbox"/> Complete Engineered System (2000gpd+)</p> <p>9. <input type="checkbox"/> Engineered Treatment Tank (only)</p> <p>10. <input type="checkbox"/> Engineered Disposal Field (only)</p> <p>11. <input type="checkbox"/> Pre-treatment, specify: _____</p> <p>12. <input type="checkbox"/> Miscellaneous components</p>
<p>SIZE OF PROPERTY</p> <p>+/- 11,000 sq. ft. <input checked="" type="checkbox"/> acres <input type="checkbox"/></p>	<p>DISPOSAL SYSTEM TO SERVE</p> <p>1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____</p> <p>2. <input checked="" type="checkbox"/> Multiple Family Dwelling, No. of Units: 2 UNITS</p> <p>3. <input type="checkbox"/> Other: _____</p> <p>SPECIFY</p> <p>Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	<p>TYPE OF WATER SUPPLY</p> <p>1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private</p> <p>4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other:</p>
<p>SHORELAND ZONING</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>2 TREATMENT TANKS IN SERIES</p> <p>1. <input checked="" type="checkbox"/> Concrete</p> <p>a. <input checked="" type="checkbox"/> Regular</p> <p>b. <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> Plastic</p> <p>3. <input type="checkbox"/> Other: _____</p> <p>CAPACITY 2-4000's gallons</p>	<p>DISPOSAL FIELD TYPE & SIZE</p> <p>1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench</p> <p>3. <input checked="" type="checkbox"/> Proprietary Device</p> <p>a. <input type="checkbox"/> Cluster array c. <input checked="" type="checkbox"/> Linear</p> <p>b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded</p> <p>4. <input type="checkbox"/> Other: _____</p> <p>SIZE 920 sq. ft. <input type="checkbox"/> lin. ft.</p> <p>40 ELJEN IN-DRAIN UNITS</p>	<p>GARBAGE DISPOSAL UNIT</p> <p>1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe</p> <p>2. <input type="checkbox"/> Yes >> Specify one below:</p> <p>a. <input type="checkbox"/> Multi-compartment tank</p> <p>b. <input type="checkbox"/> _____ tanks in series</p> <p>c. <input type="checkbox"/> Increase in tank capacity</p> <p>d. <input type="checkbox"/> Filter on tank outlet</p>	<p>DESIGN FLOW</p> <p>630 gallons per day</p> <p>BASED ON:</p> <p>1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s))</p> <p>2. <input type="checkbox"/> Table 501.2 (other facilities)</p> <p>SHOW CALCULATIONS - for other facilities -</p> <p>① 5 BEDROOM COTTAGE @90 GALLONS PER DAY PER BEDROOM</p> <p>&</p> <p>② 2 BEDROOM COTTAGE @90 GALLONS PER DAY PER BEDROOM</p> <p>3. <input type="checkbox"/> Section 503.0 (meter readings)</p> <p>ATTACH WATER-METER DATA</p>
<p>SOIL DATA & DESIGN CLASS</p> <p>PROFILE 2 / CONDITION A / DESIGN 1</p> <p>AT Observation Hole TB 5A</p> <p>Depth 6 "</p> <p>OF MOST LIMITING SOIL FACTOR</p>	<p>DISPOSAL FIELD SIZING</p> <p>1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd</p> <p>2. <input type="checkbox"/> Medium - 2.6 sq.ft./gpd</p> <p>3. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd</p> <p>4. <input type="checkbox"/> Large - 4.1 sq.ft./gpd</p> <p>5. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> Not required</p> <p>2. <input checked="" type="checkbox"/> May be required</p> <p>3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems:</p> <p>DOSE: _____ Gallons</p>	

SITE EVALUATOR STATEMENT

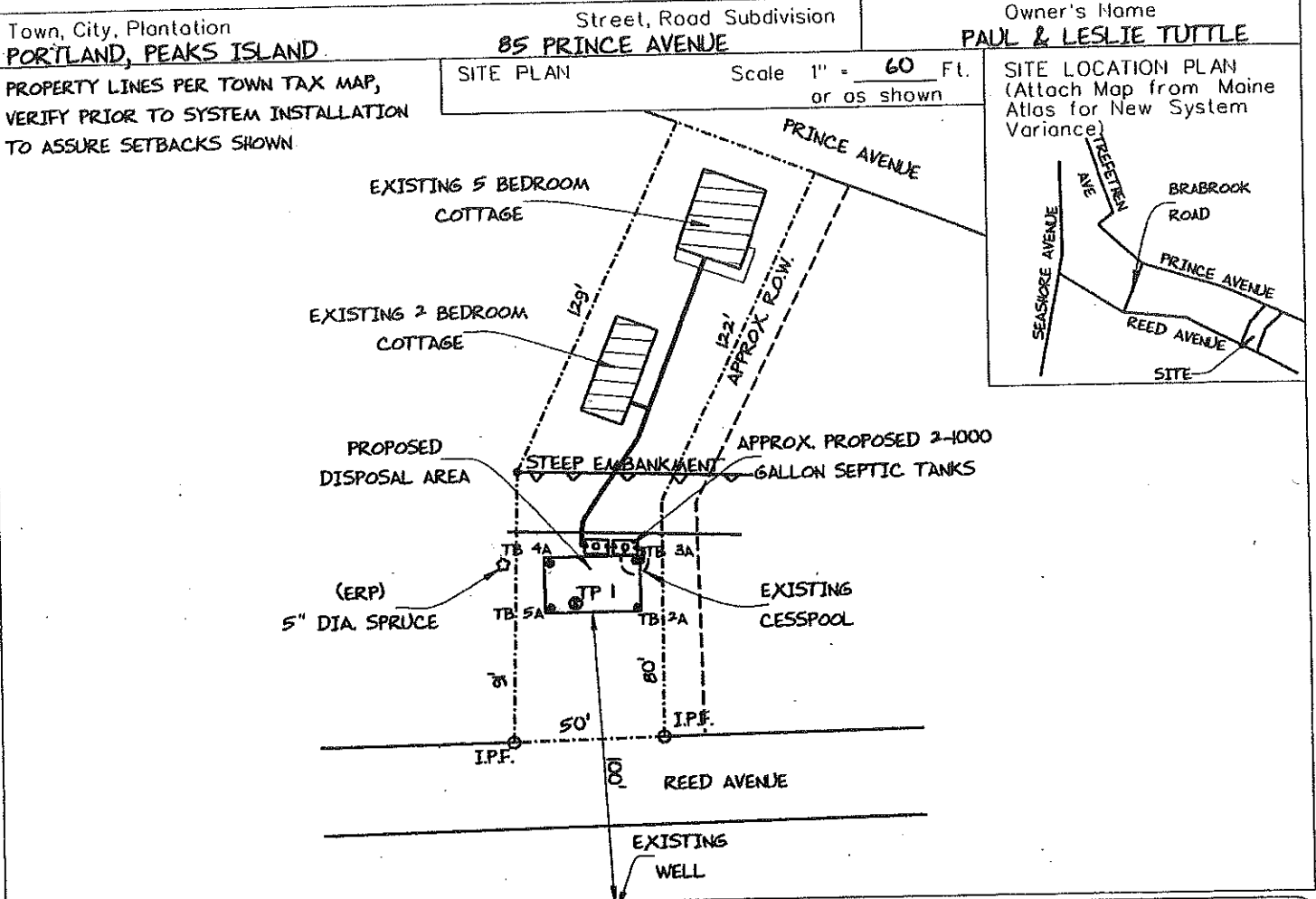
I certify that on **7/14/05** (date) I completed a site evaluation on this property and state that the data reported on this report is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature: *Albert Frick* SE # **163** Date: **8/8/2005**

RECEIVED
MAR - 3 2006
HFE-201 Rev. 8/01

ALBERT FRICK
Site Evaluator Name Printed
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

(207) 839-5563 Telephone Number
AFA @ MAINE.RR.COM E-mail Address



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
COBBLY			
SANDY LOAM (FILL)	FRIABLE		
BEDROCK			

Soil Classification: **2 A**
 Profile: **2** Condition: **A**
 Slope: % Limiting Factor: **26"**
 Ground Water Restrictive Layer
 Bedrock Pit Depth

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

Texture	Consistency	Color	Mottling
TB 2A = 17" TO BEDROCK			
TB 3A = 36" TO BEDROCK			
TB 4A = RESTRICTED IN RUBBLE			
TB 5A = 6" TO BEDROCK			

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

Albert Frick
 Site Evaluator Signature

163
 SE •

8/8/2005
 Date



Maine Department of Health and Human Services

Maine Center for Disease Control and Prevention
286 Water Street, 3rd Floor
11 State House Station
Augusta, ME 04333-0011

John R. Nicholas
Commissioner

Dora Anne Mills, MD, MPH
Public Health Director
Maine CDC Director

John Elias Baldacci
Governor

June 2, 2006

N/F Estate of Albert Ventras
for Paul & Leslie Tuttle
114 Federal Street
Salem, MA 01970

SUBJECT: Approval, Replacement System Variance Request, Tuttle property, Peaks Island, Portland

Dear Mr. and Mrs. Tuttle:

The Division has reviewed a replacement system variance request for the subject property. The state variance requested is to install the system with a setback distance reduction from a property line to the disposal field of 5 feet and to the septic tank of 4 feet, a reduction in depth to bedrock from 24 inches to 6 inches, and a fill extension graded as needed to keep the fill on the property. As we understand the situation, the variance request has been submitted because topography and existing development limit the potential system location. The system design prepared by Albert Frick, SE, dated 08/08/2005 and revised on 05/26/2006 is otherwise found to be in compliance with the Maine Subsurface Wastewater Disposal Rules.

We approve the requested variance with the following requirements:

1. A permit for system installation is to be obtained from the Local Plumbing Inspector in advance of the start of system construction.
2. The system is to be installed in accordance with the submitted and approved system design. Should alterations to the design be required at the time of construction, the site evaluator is to be notified prior to making any changes.
3. The contractor is to scarify the soils under the fill extensions to create a transitional zone more compatible with the disposal field area.
4. No fill material shall cross over the property lines unless a legal easement has been granted by the abutting property owners.
5. All surface water and water coming from the steep embankment shall be diverted away from the disposal field.

By accepting this approval and the associated plumbing permit, the owner agrees to comply fully with the conditions of approval and the Subsurface Wastewater Rules.

Please note that approval of the system design does not meet seasonal conversion criteria under the seasonal conversion rules in the event a conversion is contemplated for the future.

Because installation and owner maintenance has a significant effect on the working order of onsite sewage disposal systems, including their components, the Division makes no representation or guarantee as to the efficiency and/or operation of the system.

Should you or others have any questions, please feel free to contact me at (207) 287-5687.

Sincerely,

Jennifer E. Sanborn, Environmental Specialist II
Wastewater and Plumbing Control Program
Division of Health Engineering
e-mail: Jennifer.E.Sanborn@maine.gov

/jes
xc: File
Mike Nugent, LPI
Albert Frick, SE

Subsurface Wastewater Program

FROM :

FAX NO. : 207835564

Apr. 26 2006 11:15AM P2

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed 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 can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 2005)
2. There will be no change in use of the structure except as authorized for minor expansions outside the shoreline zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. 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: N/E Estate of Ventras for Paul & Leslie Tuttle

Tel. No.: 978-744-1991

System's Location: 85 Prince Avenue

Property Owner's Address: 114 Federal Street

(if different from above) Salem, MA 01970

SPECIFIC INSTRUCTIONS TO THE LOCAL PLUMBING INSPECTOR (LPI):

If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature.)

SITE EVALUATOR:

If after completing the Application, you find that a variance for the proposed replacement system is needed, complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

If has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with 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.

Leslie J Tuttle
SIGNATURE OF OWNER

4/26/06
DATE

LOCAL PLUMBING INSPECTOR

I, MIKE NOGENT, the undersigned, ~~have reviewed the application 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 (check and complete either a or b):

a. () approve, () disapprove) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant

~~OR~~

b. () find that one or more of the requested Variances exceeds my approval authority as LPI, I () recommend, () do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended

Comments:

Mike Nugent
LPI SIGNATURE

4/26/06
DATE

Amendment

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	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	85 PRINCE AVENUE				
Subdivision, Lot #					
OWNER/APPLICANT INFORMATION		Caution: Inspections Required			
Name (Last, First, MI)	ESTATE OF ALBERT VENTRAS			I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Mailing Address of	PALL & LESLIE TUTTLE				
Daytime Tel. *	978-744-1991				
Owner or Applicant Statement		Municipal Tax Map # 91 Lot # 8 & 9 of N43d 42m 65 Lon. W70d 14m 45			
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.		(1st) Date Approved _____			
Signature of Owner/Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (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>CESSPOOL</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. <input type="checkbox"/> Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input checked="" 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 (200 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
+/- <u>11,000</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres	1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____ 2. <input checked="" type="checkbox"/> Multiple Family Dwelling, No. of Units: <u>2 UNITS</u> 3. <input type="checkbox"/> Other: _____ SPECIFY _____ Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
SHORELAND ZONING		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANKS	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>2-4000's</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>24 1/2</u> sq. ft. <input type="checkbox"/> lin. ft. 44 ELJEN 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	630 gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities - (1) 5 BEDROOM COTTAGE @90 GALLONS PER DAY PER BEDROOM & (2) 2 BEDROOM COTTAGE @90 GALLONS PER DAY PER BEDROOM 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	
PROFILE <u>2</u> / CONDITION <u>AI</u> / DESIGN <u>5</u> AT Observation Hole # <u>TB 5A</u> Depth <u>6</u> " OF MOST LIMITING SOIL FACTOR	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	1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ Gallons	

SITE EVALUATOR STATEMENT

I certify that on 7/14/06 (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 SL # 5/26/2006 Date

ALBERT FRICK (207) 839-5563 Telephone Number AFA@MAINEERR.COM E-mail Address

Site Evaluator Name Printed
 ALBERT FRICK ASSOCIATES - 98A 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

Maine Department of Human Services
Division of Health Engineering, Station 10 SHS
(207) 287-5872 FAX (207) 287-4172

Town, City, Plantation
PORTLAND, PEAKS ISLAND

Street, Road Subdivision
85 PRINCE AVENUE

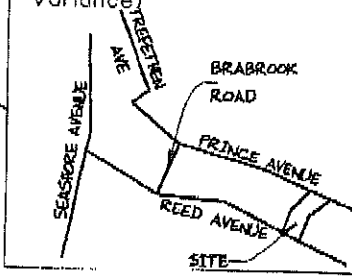
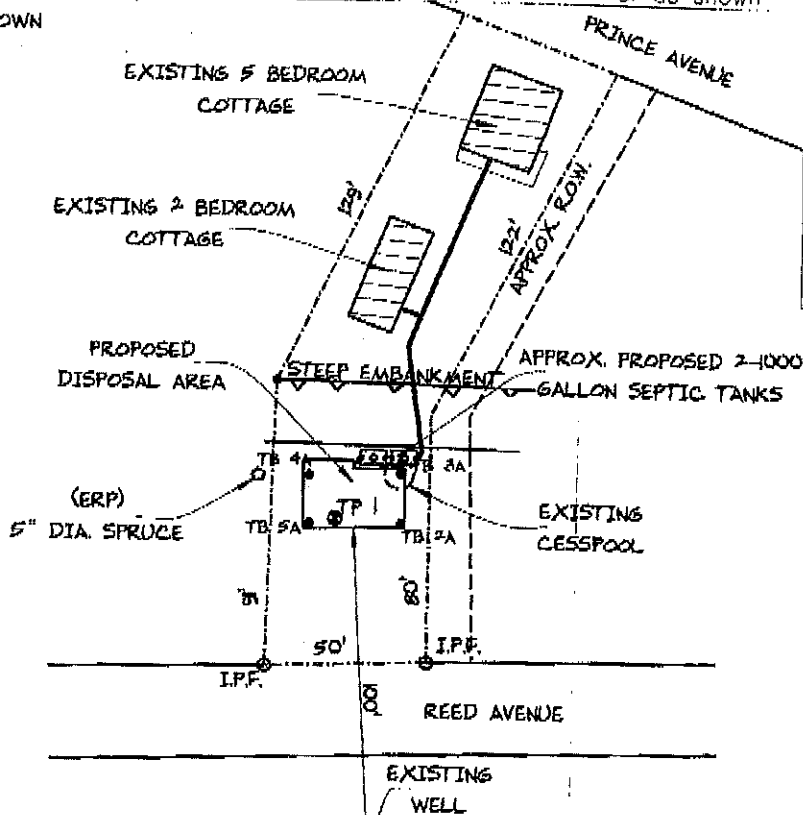
Owner's Name
PAUL & LESLIE TUTTLE

PROPERTY LINES PER TOWN TAX MAP,
VERIFY PRIOR TO SYSTEM INSTALLATION
TO ASSURE SETBACKS SHOWN

SITE PLAN

Scale 1" = 60 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

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-10	COBBLY SANDY LOAM (FILL)	FRIABLE		
10-50				
50	BEDROCK			

Soil Classification: **2 A**
Slope: **17.5%**
Limiting Factor: **26"**
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Albert Frick
Site Evaluator Signature

163
SE

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

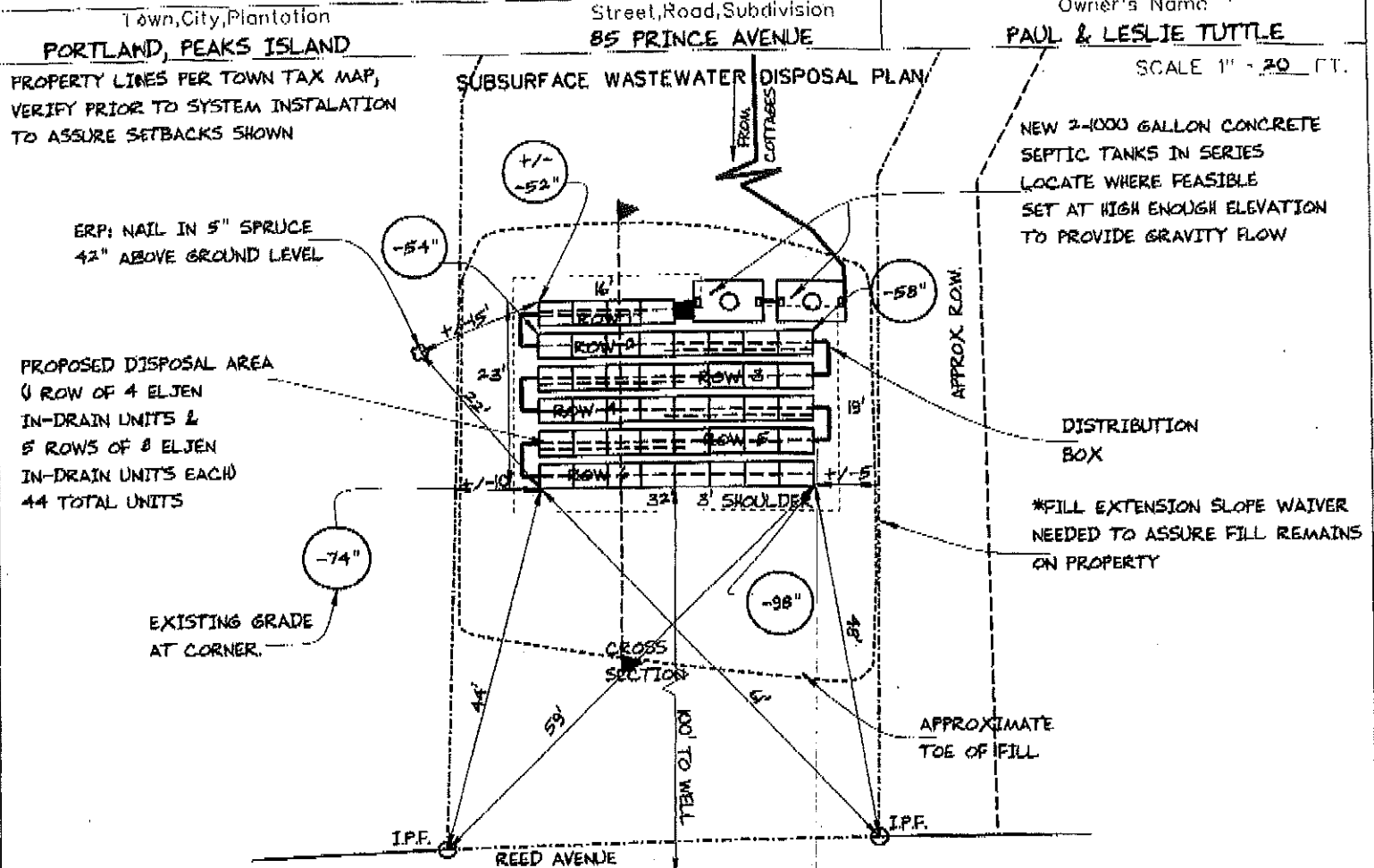
DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-17	TB 2A = 17" TO BEDROCK			
0-36	TB 3A = 36" TO BEDROCK			
0-36	TB 4A = RESTRICTED IN RUBBLE			
0-6	TB 5A = 6" TO BEDROCK			

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

5/26/2006
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



FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

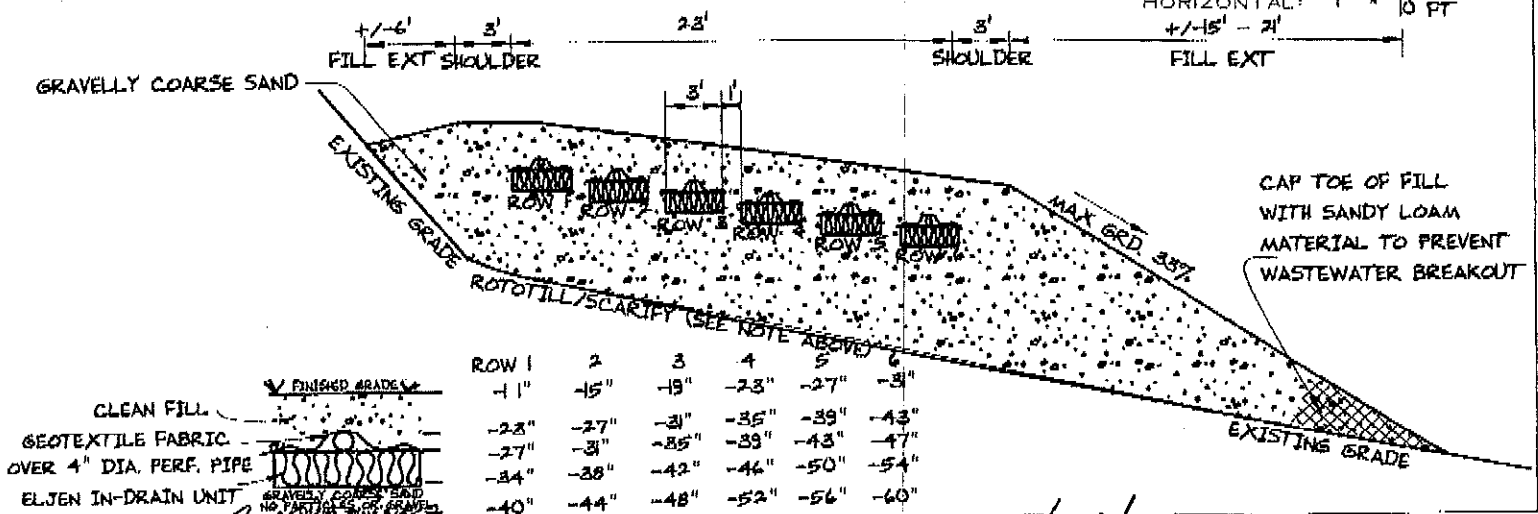
Depth of Fill (Upslope) = 41" - 47" Finished Grade Elevation
 Depth of Fill (Downslope) = 43" - 67" Top of Distribution Pipe or Proprietary Device
 DEPTHS AT CROSS-SECTION (shown below) Bottom of Disposal Area

SEE
DETAIL
BELOW

Location & Description 5" DIA. SPRUCE, NAIL 42" ABOVE BASE
 Reference Elevation is: 0.0' or -----

SCALE:
 VERTICAL: 1" = 5 FT
 HORIZONTAL: 1" = 10 FT
 +/- 15' - 21'

DISPOSAL AREA CROSS SECTION



Albert Frick
 Site Evaluator Signature

163
 SF *

5/26/2006
 Date



Albert Frick Associates, Inc.
Soil Scientists & Site Evaluators

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

TOWN	LOCATION	APPLICANT'S NAME
PORTLAND, PEAKS ISLAND	85 PRINCE AVENUE	PAUL & LESLIE TUTTLE

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.

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 tank, pump stations and additional treatment tanks shall be installed to prevent ground water and surface water infiltration.

ATTACHMENT TO SUBSURFACE WASTEWATER DISPOSAL APPLICATION

<u>PORTLAND, PEAKS ISLAND</u>	<u>85 PRINCE AVENUE</u>	<u>PAUL & LESLIE TUTTLE</u>
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.) divided by the # of days in period).

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. When an effluent pump is required, provisions shall be made to make certain that surface 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.

10) 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 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.

11) Unless noted otherwise, fill shall be gravelly coarse sand, which contains no more than 5% fines (silt and clay).

12) Do not install systems on loamy, silty, or clayey soils during wet periods since soil smearing/glazing may seal off the soil interface.

13) 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.



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