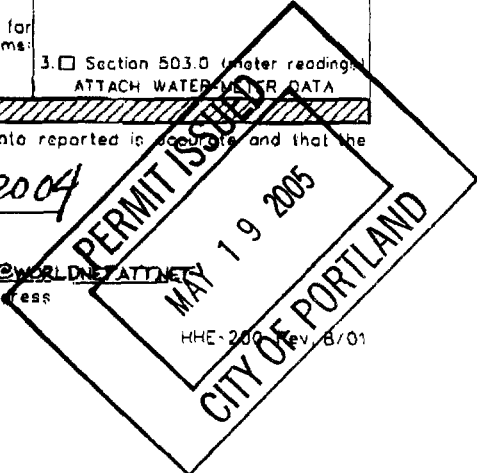


<b>SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION</b>		Maine Department of Human Services Division of Health Engineering, Station 10, SMS (207) 287-5872 FAX (207) 287-6172	
<b>PROPERTY LOCATION</b>		>> Caution: Permit Required - Attach in Space Below <<	
City, Town, or Plantation	<b>PORTLAND, PEAKS ISLAND</b>	PORTLAND PERMIT # 9398 TOWN COPY Date Permit Issued: <b>5/18/05</b> \$ <b>1100.00</b> <input type="checkbox"/> If Double Fee Charged Local Plumbing Inspector Signature: <i>[Signature]</i> L.P.I. # <b>0680</b>	
Street or Road	<b>8 WOODS ROAD</b>		
Subdivision, Lot #			
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	<b>HASSON DAVID</b> Owner		
Mailing Address of <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant	<b>8 WOODS ROAD PEAKS ISLAND, ME 04106</b>		
Daytime Tel. #	<b>766-5004</b>		
<b>Owner or Applicant Statement</b>		<b>Caution: Inspections Required</b>	
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>David W. Hasson</i> Date: <b>4/29/05</b>		Local Plumbing Inspector Signature: _____ (1st) Date Approved: _____ (2nd) Date Approved: _____	

<b>TYPE OF APPLICATION</b> 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <b>(OLDLINE TANKS)</b> Year Installed: _____ 3. <input type="checkbox"/> Expanded System (PREVIOUSLY OVERBOARD DISCHARGE) a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	<b>THIS APPLICATION REQUIRES EASEMENT ONTO ADJACENT'S PROPERTY</b> 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 type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	<b>DISPOSAL SYSTEM COMPONENTS</b> 1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & all 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
<b>SIZE OF PROPERTY</b> <input type="checkbox"/> sq. ft. <input type="checkbox"/> acres	<b>DISPOSAL SYSTEM TO SERVE</b> 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <b>3</b> 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	<b>SEASONAL TYPE OF WATER SUPPLY</b> 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: _____
<b>SHORELAND ZONING</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>			
<b>TREATMENT TANK</b> 1. <input checked="" type="checkbox"/> Concrete a. <input type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <b>1000</b> gallons	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input 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 <b>1008</b> sq. ft. <input type="checkbox"/> lin. ft. <b>24 ELJEN IN-DRAIN UNITS</b>	<b>GARBAGE DISPOSAL UNIT</b> 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	<b>DESIGN FLOW</b> <b>270</b> 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 - <b>3 BEDROOMS AT 90 GALLONS PER DAY EACH = 270 GPD</b> 3. <input type="checkbox"/> Section 503.0 (water readings) ATTACH WATER METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE <b>2</b> / CONDITION <b>A/C</b> / DESIGN <b>4</b> AT Observation Hole = <b>TB A</b> Depth <b>14</b> " OF MOST LIMITING SOIL FACTOR	<b>DISPOSAL FIELD SIZING</b> 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	<b>PUMPING</b> 1. <input type="checkbox"/> Not required 2. <input type="checkbox"/> May be required 3. <input checked="" type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ (gallons)	<b>EXISTING SEWAGE EJECTOR PUMP</b> 1. <input type="checkbox"/> Not required 2. <input type="checkbox"/> May be required 3. <input checked="" type="checkbox"/> Required >> Specify only for engineered or experimental systems:

<b>SITE EVALUATOR STATEMENT</b>			
I certify that on <b>5/23/04</b> (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: <i>Albert Frick</i>	163 SE -	Date: <b>9/15/2004</b>	
ALBERT FRICK Site Evaluator Name Printed ALBERT FRICK ASSOCIATES - 66A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-8583 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator	Telephone Number: <b>(207) 839-8583</b>	E-mail Address: <b>ALBERT.FRICK@PORTLAND.ME</b>	



# 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>8 WOODS ROAD</b>	Owner's Name <b>DAVID HASSON</b>
PROPERTY LINES PER TOWN TAX MAP VERIFY TO ASSURE SETBACKS SHOWN	SITE PLAN Scale 1" = 100 Ft. or as shown	SITE LOCATION PLAN (Attach Map from Maine Allog for New System Variance)

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

Observation Hole 1 Test Pit  Boring   
 Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0			DARK BROWN	
10	SANDY LOAM	FRIABLE	YELLOWISH BROWN	FEW FAINT
20				
30	BEDROCK			
40				
50				

Soil Classification <b>2</b>	Slope A/C	Limiting Factor <b>16"</b>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile	Condition	%	

Observation Hole B A-D 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	Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile	Condition	%	

*Albert Frick*  
 Site Evaluator Signature

63  
 SE -

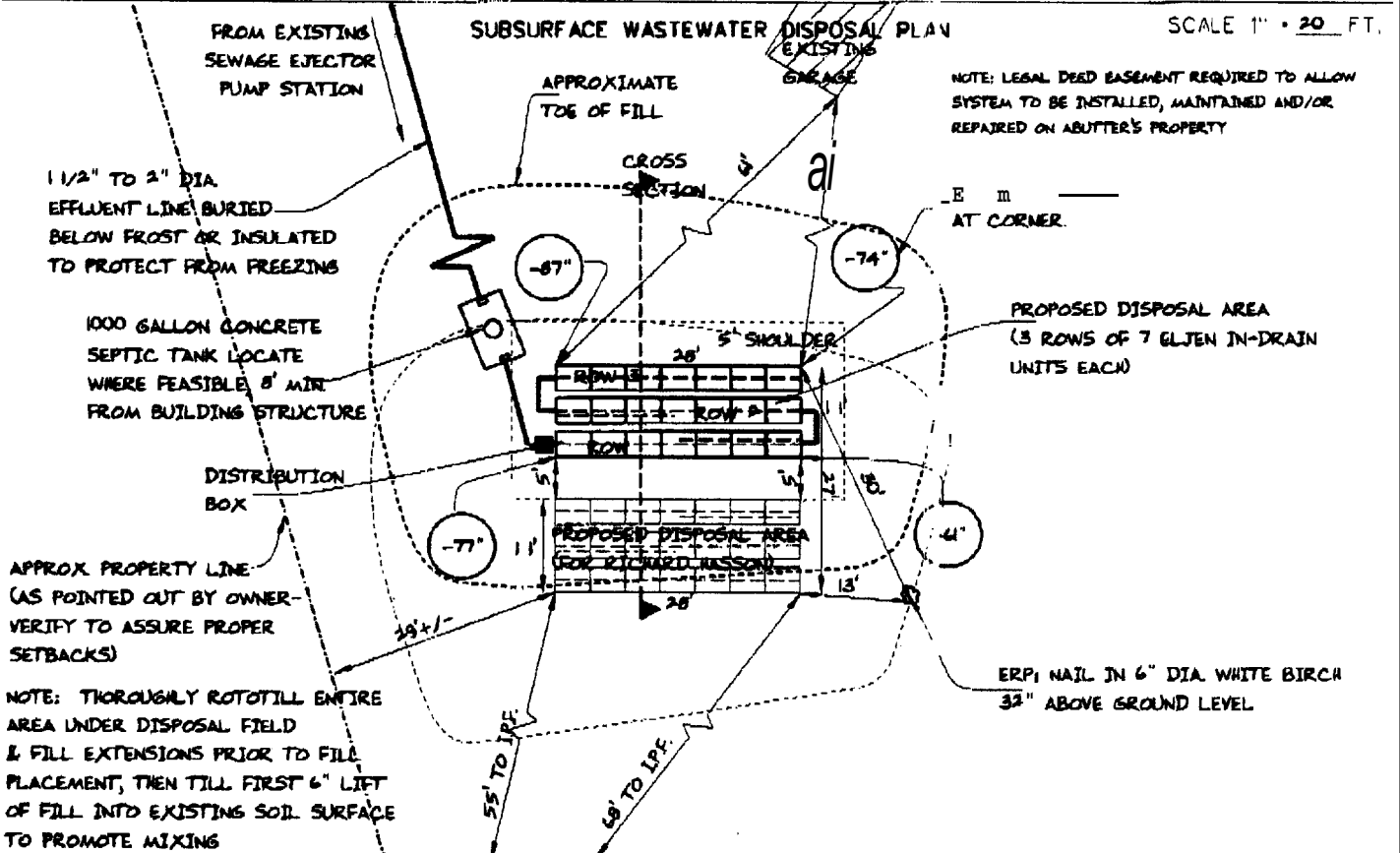
9/15/2004  
 Date

Fogc 2 of 3  
 HHE-200 Rev 10/02

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
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 (207) 287-5672 FAX (207) 287-4172

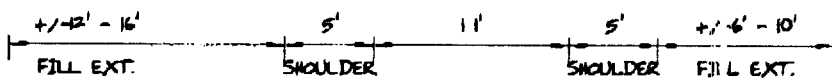
Town, City, Plantation <b>PORTLAND, PEAKS ISLAND</b>	Street, Road, Subdivision <b>B WOODS ROAD</b>	Owner's Name <b>DAVID HASSON</b>
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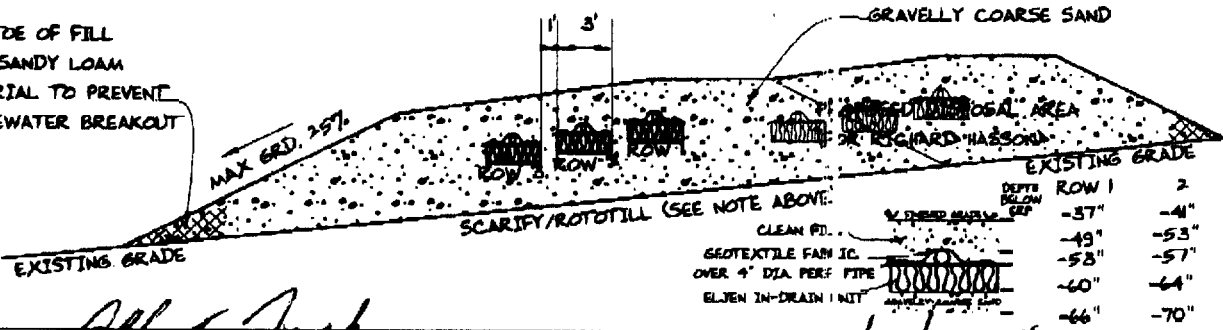
FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope) : 24" - 40"	Finished Grade Elevation	SEE DETAIL BELOW
Depth of Fill (Downslope) : 29" - 42"	Top of Distribution Pipe or Proprietary Device	Location & Description 6" DIA. WHITE BIRCH NAIL 32" ABOVE BASE
DEPTHS AT CROSS-SECTION (shown below)	Bottom of Disposal Area	Reference Elevation is: 0.0" or -----

## DISPOSAL AREA CROSS SECTION

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



**CAP TOE OF FILL WITH SANDY LOAM MATERIAL TO PREVENT WASTEWATER BREAKOUT**



*Albert Frick*  
 Site Evaluator Signature

163  
 SE \*

9/15/2004  
 Date

**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. 2006)
2. There will be no change in use of the structure except as authorized for minor expansions outside the shoreland 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 BODS 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: D. J. N Tel. No.: \_\_\_\_\_

System's Location: E WOODS ROAD

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

(if different from above) \_\_\_\_\_

**SPECIFIC INSTRUCTIONS TO THE:**

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

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

**PROPERTY OWNER:**  
 If it has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. 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.

David W. Hanson 4/29/05  
 SIGNATURE OF OWNER DATE

**LOCAL PLUMBING INSPECTOR**

I, MIKE NUOENT, the undersigned, ~~have~~ 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. (I approve, I 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, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: REPLACES AN OVERBOARD DISCHARGE

C. W. O'Neil  
 LPI SIGNATURE

Post-it* Fax Note	7671	Date	9/16	# of Pages	12
To	Terry	From	A. P. ...		
Co./Dept.		Co.			
Phone #		Phone #			
Fax #	766-2507	Fax #			

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
	Disposal Fields (total design flow)			Septic Tanks (total design flow)			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
SOILS							2 - A	
Soil Profile	Ground Water Table						to 7" inches	
Soil Condition	Restrictive Layer						to 7" inches	
from HHE-200	Bedrock						to 12" inches	
Wells with water usage of 2000 or more gpd or public water supply wells	300 ft	300 ft	300 ft	100 ft	100 ft	100 ft		
Owner's wells	100 down to 60 ft [a]	200 down to 100 ft	300 down to 150 ft	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft		
Neighbor's wells	100 down to 60 ft [f]	200 down to 120 ft [f]	300 down to 180 ft [f]	100 down to 50 ft [f]	100 down to 75 ft [f]	100 down to 75 ft [f]		
Water supply line	10 ft	20 ft	25 ft [h]	10 ft	10 ft	10 ft [h]		
Water course, major - for replacements only, see Table 400.4 for major expansions	100 down to 60 ft [d]	200 down to 120 ft [d]	300 down to 180 ft [d]	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft [e]	100 down to 50 ft [e]	150 down to 75 ft [e]	50 down to 25 ft [e]	50 down to 25 ft [e]	50 down to 25 ft [e]		
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	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]		
Slopes greater than 3:1	10 ft [g]	18 ft [g]	25 ft [g]	N/A	N/A	N/A		
No full basement [e.g. slab, frost wall, columns]	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]	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		
Property lines	10 down to 5 ft [c]	18 down to 9 ft [c]	20 down to 10 ft [c]	10 down to 4 ft [c]	15 down to 7 ft [c]	20 down to 10 ft [c]		
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. Fill extension Grade - to 3:1

2.

3.

- Footnotes. [a.] Single-tam & wall setbacks may be reduced as prescribed in Section 701.2.  
 [b.] This distance may be reduced to 25 feet, if the septic or holding tank is tested in the plumbing inspector's presence and shown to be watertight or of monolithic construction.  
 [c.] Additional setbacks may be needed to prevent fill material extensions from encroaching onto adjoining property.  
 [d.] Additional setbacks may be required by local Shoreland zoning.  
 [e.] 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.  
 [f.] May not be any closer to neighbors well than the existing disposal field or septic tank unless written permission is granted by the neighbor. This setback may be reduced for single family houses with Department approval. See Section 701.3.  
 [g.] The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.  
 [h.] See Section 1402.10 for special procedures when the minimum setbacks cannot be achieved.

*Albert Frick*  
 SITE EVALUATOR'S SIGNATURE

9/15/2004  
 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