

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that JOY BISHOP TRUSTEE BLOOD Located At 25 FESSENDEN AVE

Job ID: 2011-09-2163-SUBSRF

CBL: 105-S-002-001

has permission to Non-engineered treatment Tank

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

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

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

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

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



PORTLAND MAINE

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

Director of Planning and Urban Development
Jeff Levine

Job ID: 2011-09-2163-SUBSRF

Located At: 25 FESSENDEN AVE

CBL: 105- S-002-001

Conditions of Approval:

Building

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

| | | |
|--|--|---|
| PROPERTY LOCATION | | >>CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW<< |
| City, Town, or Plantation | PORTLAND, LITTLE DIAMOND ISLAND | # 11969 |
| Street or Road | 25 FESSENDEN AVENUE | |
| Subdivision, Lot # | | |
| OWNER/APPLICANT INFORMATION | | The Subsurface Wastewater Disposal System <i>shall not</i> be installed until a Permit is attached HERE by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules. |
| Name (last, first, MI) BLOOD CLINT <input checked="" type="checkbox"/> Applicant | | |
| Mailing Address of Owner/Applicant | 148 BREAKWATER DRIVE, UNIT 518 | |
| | SOUTH PORTLAND, ME 04106 | |
| Daytime Tel. # | | MUNICIPAL Tax Map # 105 Lot # S2 & 3 |
| OWNER OR APPLICANT STATEMENT | | CAUTION: INSPECTION REQUIRED |
| I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit. | | I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. |
| Signature of Owner/Applicant: <i>Clint Blood</i> Date: <u>7/13/11</u> | | Local Plumbing Inspector Signature: <i>[Signature]</i> #360 (1st) Date Approved: _____ (2nd) Date Approved: _____ |

| PERMIT INFORMATION | | |
|---|---|---|
| TYPE OF APPLICATION N/A <input type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____ Year Installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. ≥25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion | THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit | DISPOSAL SYSTEM COMPONENTS <input type="checkbox"/> 1. Complete Non-Engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input checked="" type="checkbox"/> 4. Non-Engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-Engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000gpd+) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous components |
| SIZE OF PROPERTY 0.60+/- <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES | DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 3 <input type="checkbox"/> 2. Multiple Family Dwelling, No of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped | TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____ |
| SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | | | |
|---|--|---|--|
| TREATMENT TANK <input type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input checked="" type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: 1000 GAL. | DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. Cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. Regular <input type="checkbox"/> d. H-20 loaded <input type="checkbox"/> 4. Other: _____ SIZE: _____ sq. ft. <input type="checkbox"/> in. ft. N/A | GARBAGE DISPOSAL UNIT <input type="checkbox"/> 1. No <input type="checkbox"/> Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. Increase in tank capacity <input type="checkbox"/> d. Filter on tank outlet N/A | DESIGN FLOW 270 gallons per day NOT BASED ON: <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities SINGLE-FAMILY DWELLING 3 BEDROOMS AT 90 GPD EACH |
| SOIL DATA & DESIGN CLASS PROFILE CONDITION N/A / N/A at Observation Hole # N/A Depth N/A " of Most Limiting Soil Factor | DISPOSAL FIELD SIZING N/A <input type="checkbox"/> 1. Medium - 2.6 sq.ft./gpd <input type="checkbox"/> 2. Medium-Large - 3.3 sq.ft./gpd <input type="checkbox"/> 3. Large - 4.1 sq.ft./gpd <input type="checkbox"/> 4. Extra-Large - 5.0 sq.ft./gpd | EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not required <input type="checkbox"/> 2. May be required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons | <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER-METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. 43 d 39 m 50 s Lon. 70 d 12 m 35 s if g.p.s., state margin of error |

| SITE EVALUATOR STATEMENT | | |
|--|---|---|
| I Certify that on 6-22-11 (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> | SE #: 163 | Date: 7/8/2011 |
| Site Evaluator Name Printed: ALBERT FRICK | Telephone Number: (207) 839-5563 | E-mail Address: albert@albertfrick.com |
| ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator | | |

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation
PORTLAND, LITTLE DIAMOND ISLAND

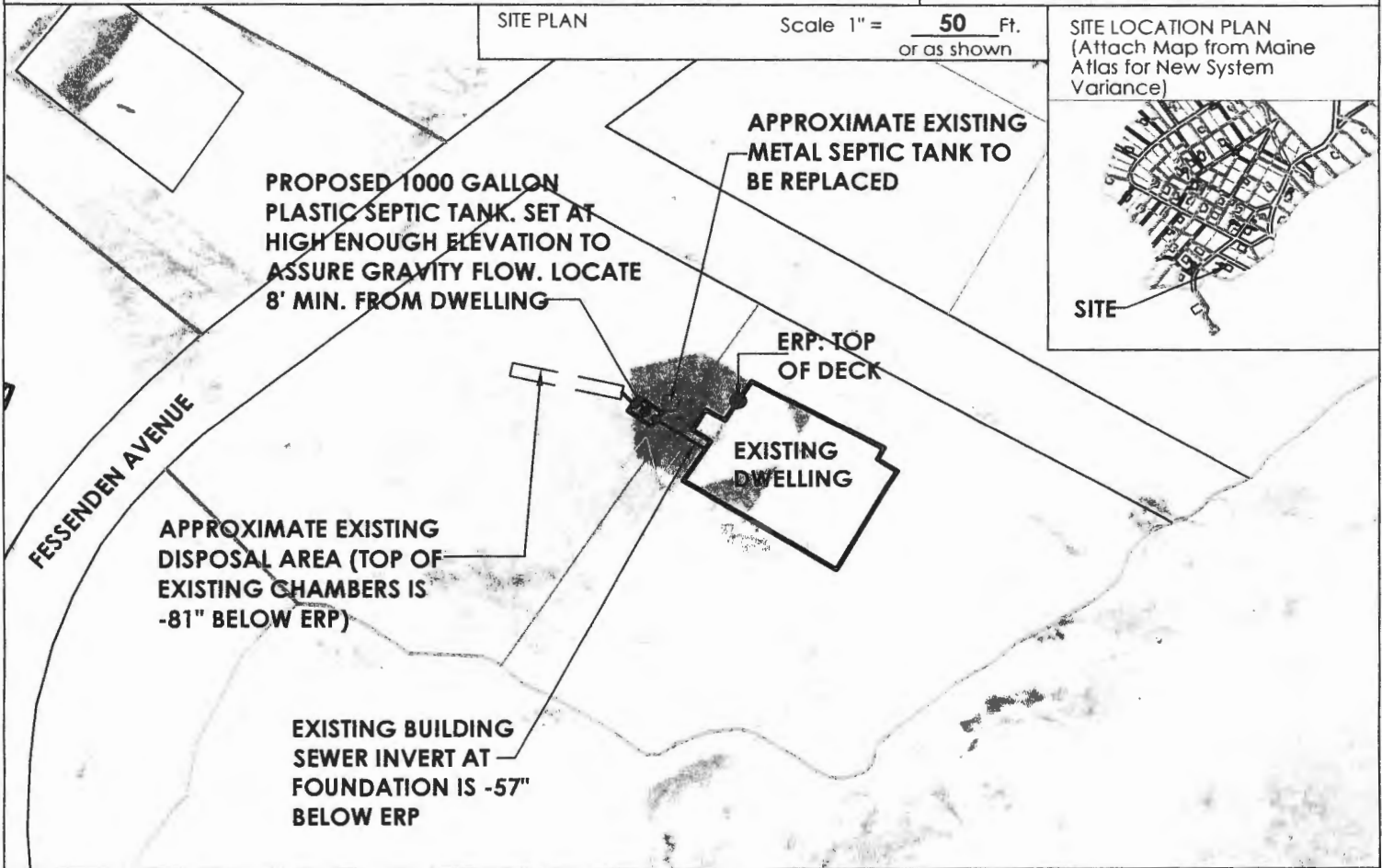
Street, Road Subdivision
25 FESSENDEN AVENUE

Owner's Name
CLINT BLOOD

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 _____ Test Pit Boring
_____ " Depth of Organic Horizon Above Mineral Soil

| Texture | Consistency | Color | Mottling |
|---------|-------------|-------|----------|
| 0 | | | |
| 10 | | | |
| 20 | | | |
| 30 | | | |
| 40 | | | |
| 50 | | | |

N/A

Soil Classification _____ Slope _____%
Profile _____ Condition _____

Limiting Factor Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

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

| Texture | Consistency | Color | Mottling |
|---------|-------------|-------|----------|
| 0 | | | |
| 10 | | | |
| 20 | | | |
| 30 | | | |
| 40 | | | |
| 50 | | | |

Soil Classification _____ Slope _____%
Profile _____ Condition _____

Limiting Factor Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Site Evaluator Signature

Albert Frick

163
SE #

7/8/2011
Date

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

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 24 months, if the project is not started or ceases for 24 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.

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

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



Albert Frick Associates, Inc.

Environmental Consultants

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Albert Frick, SS, SE
James Logan, SS, SE
Matthew Logan, SE
Brady Frick, SE
Bryan Jordan, SE
William O Connor, SE
Nobel Dunn, Office Manager

July 7, 2011

Tammy Munson
Division Director of Inspection Services Program
389 Congress Street
Portland, ME 04101

Re: Proposed replacement of several septic systems and/or septic tanks on Little Diamond Island, Portland, ME

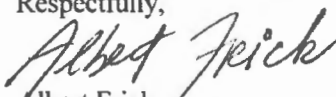
Dear Ms. Munson:

Attached are the HHE-200 (septic designs) applications and an overall site plan showing all the locations of the proposed replacement septic tanks and disposal areas. All attached septic designs either require no variances or fall under the City of Portland Local Plumbing Inspector's authority for approval. It is our opinion that all septic designs show the septic tanks and disposal areas in the overall best and most practical area for replacement.

You requested a 'Master' Site Plan with the various applications for your review (enclosed).

Please contact me if you have any questions or additional matters for discussion. The residents of Little Diamond Island look forward to your approval.

Respectfully,


Albert Frick

Enc.
Master Site Plan

HHE-200 forms for Septic Tanks Only:

Clint Blood, 25 Fessenden Avenue
James Harrison, 2 Birchwood Road
Claudia Monsell, Diamond Ave/City View Ave
Wendall Plum, Rockledge Avenue
Peter Walch, 16 Fessenden Avenue
~~J. Dudley & Karen Woodberry, Birchwood Road~~
Scott Horton, 45 Fessenden Avenue

HHE-200 forms for Full Septic Designs: John Zerner, 33 City View Road

Cc. John Rioux, Local Plumbing Inspector