

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT

This is to certify that WENDELL PLUM

Located At 19 ROCKLEDGE AVE

Job ID: 2011-09-2169-SUBSRF

CBL: 105-Y-012-001

has permission to Install Non-Engineered Treat Tank ONLY W/ Variance

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**

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 Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **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.**

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

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



PORTLAND MAINE

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

Director of Planning and Urban Development
Jeff Levine

Job ID: 2011-09-2169-SUBSRF

Located At: 19 ROCKLEDGE
AVE

CBL: 105- Y-012-001

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<< <div style="font-size: 2em; font-family: cursive;"># 1966</div>	
City, Town, or Plantation	PORTLAND, LITTLE DIAMOND ISLAND		
Street or Road	19 ROCKLEDGE AVENUE		
Subdivision, Lot #		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.	
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	PLUM WENDALL		<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	P.O. BOX 7911 PORTLAND, LITTLE DIAMOND 04112		
Daytime Tel. #	Municipal Tax Map # 105 Lot # Y12 & 13 <div style="font-size: 1.5em; font-family: cursive;"># 360</div>		
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: <u><i>L Wendell Plum</i></u> Date: <u><i>5 Aug 2011</i></u>		Local Plumbing Inspector Signature: _____ Date Approved: <u><i>2011-09-21 69</i></u>	

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 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 checked="" type="checkbox"/> 3. Replacement System Variance <input checked="" 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 0.58+/- <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: <u>4</u> <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: <u>1250</u> 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: _____ <input type="checkbox"/> sq. ft. <input type="checkbox"/> in. ft. N/A	GARBAGE DISPOSAL UNIT <input type="checkbox"/> 1. No <input type="checkbox"/> 2. 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 <u>360</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities SINGLE-FAMILY DWELLING 4 BEDROOMS AT 90 GPD EACH <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER-METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>43</u> d <u>39</u> m <u>50</u> s Lon. <u>70</u> d <u>12</u> m <u>35</u> s If g.p.s., state margin of error
SOIL DATA & DESIGN CLASS PROFILE <u>N/A</u> CONDITION <u>N/A</u> at Observation Hole # <u>N/A</u> Depth <u>N/A</u> " 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 N/A <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	

SITE EVALUATOR STATEMENT		
I Certify that on <u>6-22-11</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).		
Signature: <u><i>Albert Frick</i></u> *Site Evaluator Signature	SE # <u>163</u>	Date <u>7/8/2011</u>
Name: <u>ALBERT FRICK</u> Site Evaluator Name Printed	Telephone: <u>(207) 839-5563</u> Telephone Number	E-mail: <u>albert@albertfrick.com</u> E-mail Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation **PORTLAND, LITTLE DIAMOND ISLAND** Street, Road Subdivision **19 ROCKLEDGE AVENUE**

Owner's Name
WENDALL PLUM

SITE PLAN

Scale 1" = 50 Ft.
 or as shown

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



PROPOSED 1000 GALLON PLASTIC SEPTIC TANK. VARIANCE REQUIRED TO SITE TANK AS DEPICTED. SET AT HIGH ENOUGH ELEVATION TO ASSURE GRAVITY FLOW (INVERT OF OUTLET OF PIPE IN 5' DIA. TANK IS -58" BELOW ERP)

APPROXIMATE EXISTING DISPOSAL AREA

ROCKLEDGE AVENUE

EXISTING DWELLING

ERP: BOTTOM OF SIDING

CASCO BAY

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

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

Texture	Consistency	Color	Mottling
0			
10			
20			
30			
40			
50			

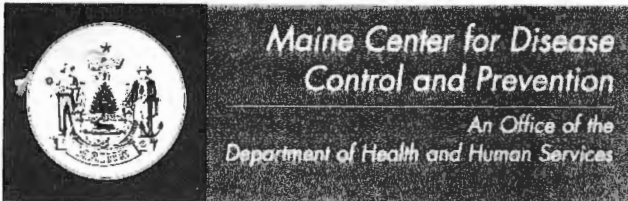
Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
Profile _____ Condition _____	_____ %	_____	<input type="checkbox"/> Restrictive Layer
			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

Albert Frick
 Site Evaluator Signature

163
 SE #

7/8/2011
 Date

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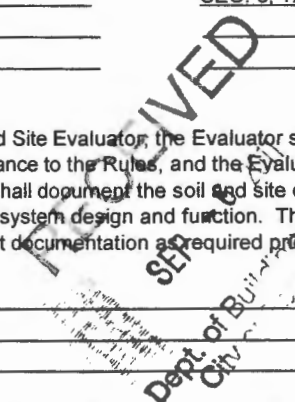
Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-5672
Fax: (207) 287-4172; TTY: 1-800-606-0215

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION		Town of <u>PORTLAND, LITTLE DIAMOND ISLAND</u>
Property Owner's Name:	<u>WENDALL PLUM</u>	Tel. No.: <u>773-9600</u>
System's Location:	<u>19 ROCKLEDGE AVENUE, LITTLE DIAMOND AVENUE</u>	
Property Owner's Address:	<u>PO BOX 7911, LITTLE DIAMOND ISLAND PORTLAND, ME</u>	Zip Code <u>04112</u>
e-mail address:	_____	

The subsurface wastewater disposal system design for the subject property requires a replacement system variance first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires local approval local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)	SECTION OF RULE
1. <u>REPLACEMENT SEPTIC TANK LOCATED 5' FROM EXISTING DWELLING</u>	<u>SEC. 8, TABLE 8A</u>
2. _____	_____
3. _____	_____
SITE EVALUATOR	
<p>When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.</p>	
	
I, <u>ALBERT FRICK</u> , S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.	<u>7/8/2011</u> DATE
<u>Albert Frick</u> SIGNATURE OF SITE EVALUATOR	

PROPERTY OWNER	
I, <u>L Wendell Plum</u> , am the <input checked="" type="checkbox"/> owner <input type="checkbox"/> agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.	
<u>L Wendell Plum</u> <input checked="" type="checkbox"/> SIGNATURE OF OWNER <input type="checkbox"/> AGENT FOR THE OWNER	<u>5 Aug 2011</u> DATE

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all First Time System Variance requests prior to rendering a decision.

I, Jonathan R. ..., the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I do do not) approve the requested variance. I will will not) issue a permit for the system's installation as proposed by the application.

LPI Signature

10/24/11
Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all First Time System Variance requests prior to forwarding to the Division of Environmental Health.

I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I do do not) recommend the issuance of a permit for the system's installation as proposed by the application.

LPI Signature

Date

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and does does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

SIGNATURE OF THE DEPARTMENT

DATE

- Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)
2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One): Outside Shoreland Zone-50 Inside Shoreland Zone-65 Subdivision-65