

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 <u>Portland, Cushing Island</u>
Permit No. _____	Date Permit Issued _____	
Property Owner's Name: <u>Matilda D. & Peter L. Mitsakos</u>		No. <u>766-3363</u>
System's Location: <u>47 Ottawa Avenue</u>		
Property Owner's Address: <u>32 Overlook Drive</u>	} Year Round tel. no. <u>781-899-6583</u>	
(if different from above) <u>Weston, MA 02493</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.

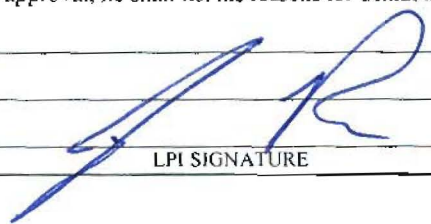
Matilda D. Mitsakos
SIGNATURE OF OWNER

9/15/10
DATE

LOCAL PLUMBING INSPECTOR

I, Jonathan Rios, the undersigned, ^{Not} 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

10/19/10
DATE

PERMIT ISSUED

SEP 16 2010

City of Portland

Replacement System Variance Request

VARIANCE CATEGORY							VARIANCE REQUESTED TO:		
SOILS <u>Z A</u>									
Soil Profile		Ground Water Table			"		inches		
Soil Condition		Restrictive Layer			"		inches		
from HHE-200		Bedrock			"		<u>12</u> 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			
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	84'		
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			
Full basement [below grade foundation]	20 ft	30 ft	40 ft	8.5 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. Fill extension Grade - to 3:1

2.

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

8/10/2010
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

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, CUSHING ISLAND	PORTLAND Date Permit Issued: <u>10/19/10</u> Local Plumbing Inspector Signature: _____ L.P.I. # <u>10811</u>	PERMIT # 11446 TOWN COPY \$ <u>100</u> FEE <input type="checkbox"/> Double Fee Charged L.P.I. # <u>10811</u>
Street or Road	47 OTTAWA AVENUE		
Subdivision, Lot *	106A-A-25		
OWNER/APPLICANT INFORMATION		106 AA 25	
Name (last, first, MI)	MITSAKOS MATILDA D. & PETER L. Applicant	Municipal Tax Map # _____	Lot # _____
Mailing Address of	32 OVERLOOK DRIVE WESTON, MA 02493	Caution: Inspections Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Daytime Tel *	766-3363 (seasonal) <u>Year Round 781-899-6583</u>		
Owner or Applicant Statement		(1st) Date Approved _____	
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.		(2nd) Date Approved _____	
Signature of Owner/Applicant: <u>Matilda D. Mitsakos</u> Date: <u>9/13/10</u>		Local Plumbing Inspector Signature: _____ Date: _____	

PERMIT INFORMATION		
TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>TRENCH</u> Year Installed: <u>PRE 1974</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. 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>1.225 ACRES</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>4</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	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: _____
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)	

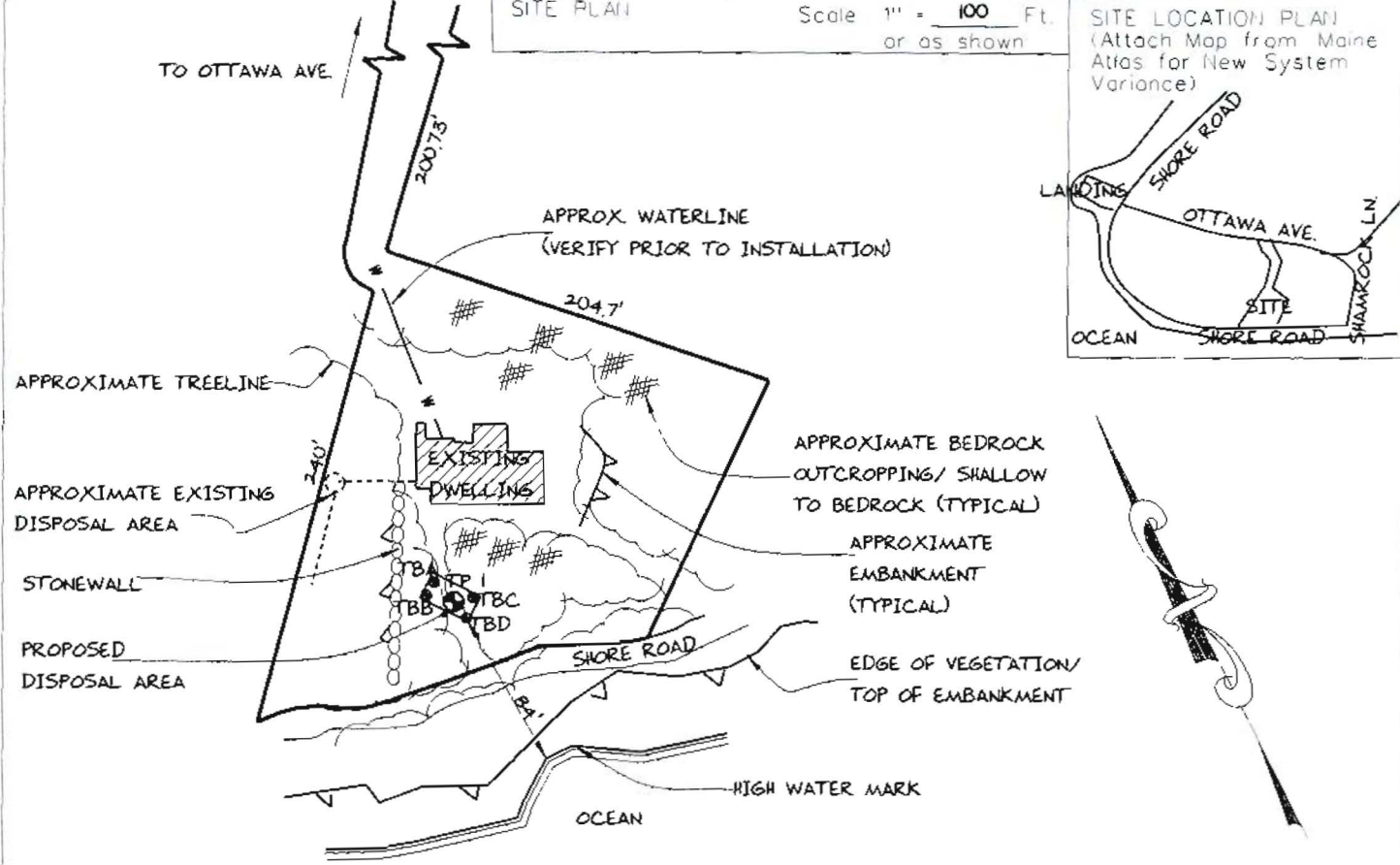
TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete OR a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE <u>1344</u> sq ft. <input type="checkbox"/> lin. ft. <u>28 ELJEN 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 checked="" type="checkbox"/> Filter on tank outlet PROVIDE ACCESS	DESIGN FLOW <u>360</u> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling units) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS for other facilities: 4 BEDROOMS AT 90 GALLONS PER DAY EACH 3. <input type="checkbox"/> Section 501.0 (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>43</u> d <u>36</u> m <u>23</u> s Lon. <u>70</u> d <u>12</u> m <u>28</u> s if g.a.s., state margin of error _____
SOIL DATA & DESIGN CLASS PROFILE <u>2</u> CONDITION <u>AII</u> DESIGN <u>3</u> AT Observation Hole • <u>TB A</u> Depth <u>26</u> OF MOST LIMITING SOIL FACTOR _____	DISPOSAL FIELD SIZING 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	EFFLUENT/EJECTOR PUMP SEE SEPTIC TANK NOTE ON PAGE 3 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required Specify only for engineered systems DOSE: _____ Gallons	

SITE EVALUATOR STATEMENT		
I certify that on <u>8/16/2010</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>Albert Frick</u> Site Evaluator Signature	ID # <u>163</u> SE	Date: <u>8/10/2010</u> City of Portland
ALBERT FRICK Site Evaluator Name Printed	(207) 839-5563 Telephone Number	AFA@MAINEERR.COM 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, CUSHING ISLAND**
 Street, Road Subdivision: **47 OTTAWA AVENUE, 106A-A-25**
 Owner's Name: **MATILDA D. & PETER L. MITSAKOS**



NOTE: SITEPLAN COMPILED FROM PLAN PROVIDED BY OWNER & GOOGLE AERIAL PHOTOGRAPHY

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			BROWN	
0-10	CHANNERY			NONE
10	SANDY LOAM	FRIABLE	YELLOWISH BROWN	EVIDENT
20	// // BEDROCK // //			
30				
40				
50				

Soil Classification: 2 Profile A Condition 10 Limiting Factor 18

Ground Water Restrictive Layer Bedrock Pit Depth

Albert Frick

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
10				
20	TBA = 26" TO BEDROCK			
	TBB = 15" TO BEDROCK			
	TBC = 26" TO BEDROCK			
	TBD = 12" TO BEDROCK			
30				
40				
50				

Soil Classification: _____ Profile _____ Condition _____ Limiting Factor _____

Ground Water Restrictive Layer Bedrock Pit Depth

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SE

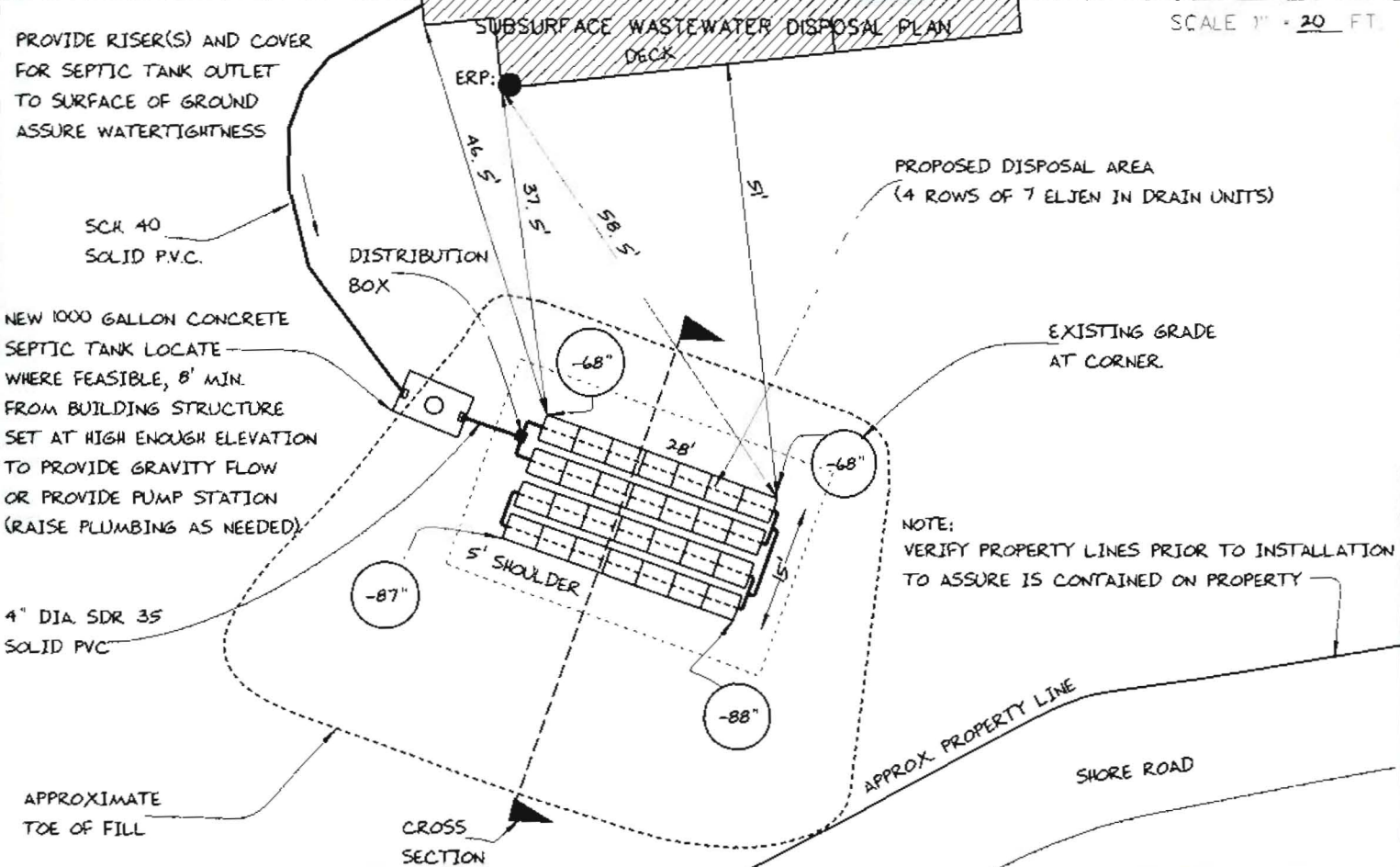
8/10/2010
Date

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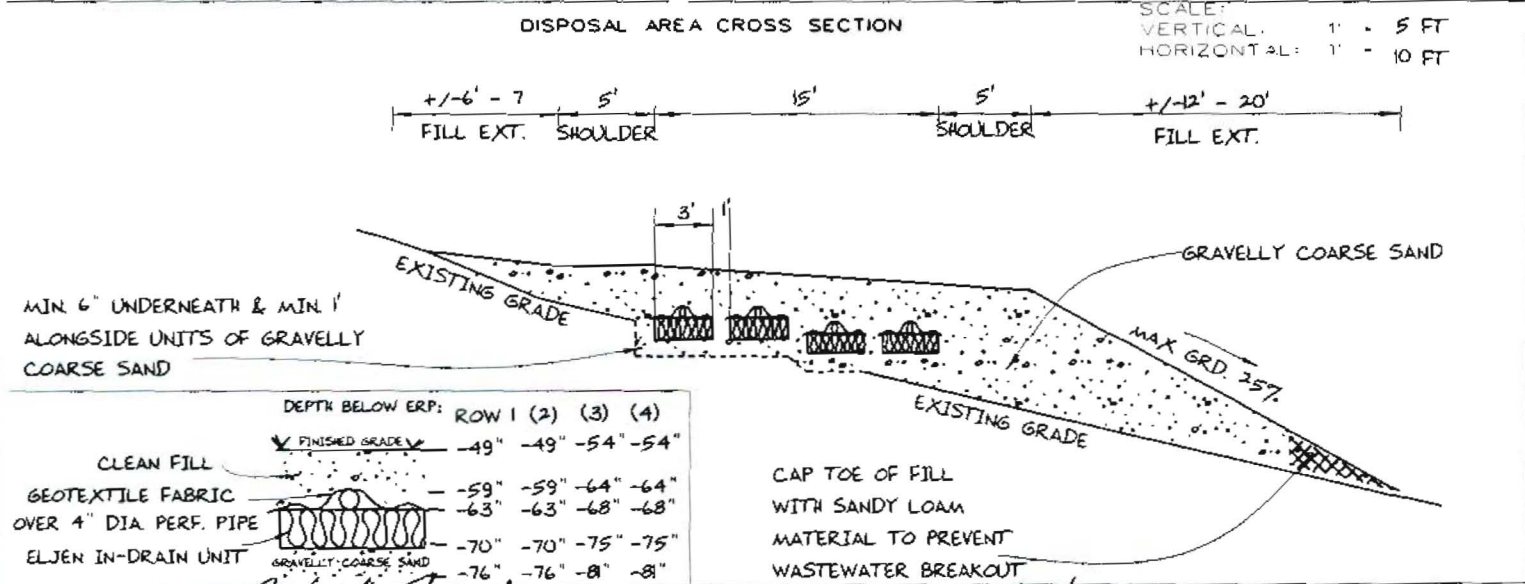
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FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		SEE DETAIL BELOW	ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	: 19"	Finished Grade Elevation			Location & Description	NAIL 15" ABOVE STONE IN CORNER OF DECK TRIM
Depth of Fill (Downslope)	: 33" - 34"	Top of Distribution Pipe or Proprietary Device		Reference Elevation is:	0.0" or -----	
DEPTH'S AT CROSS SECTION	(shown below)	Bottom of Disposal Area				



Albert Frick
 Site Evaluator Signature

163
 SE *

8/10/2010
 Date

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

 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.**

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.

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 20106010	Date Applied For: 09/15/2010	CBL: 106A A025001
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Location of Construction: 47 SHORE RD	Owner Name: MITSAKOS MATILDA D & PETE	Owner Address: 32 OVERLOOK DR	Phone:
Business Name:	Contractor Name: Mitsakos Matilda	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Replacement System	

Proposed Use:	Proposed Project Description:
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Dept: Building	Status: Approved	Reviewer: Jonathan Rioux	Approval Date: 10/19/2010
Note:	Ok to Issue: <input checked="" type="checkbox"/>		



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

9.16 20 10

Received from Mitsakos

Location of Work 380 Oxbow Dr.
47 Shore Rd

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 130

Building (IL) _____ Plumbing (IS) _____ Electrical (I2) _____ Site Plan (U2) _____

Other Sub surface

CBL: 106 A A 25

Check #: 287-

Total Collected \$ 130

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy