

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that HENNING PONTOPPIDAN

Located At 76 REAMER'S RD

Job ID: 2012-03-3620-SUBSRF

CBL: 109A- B-008-001

has permission to non engineered treatment tank & Expansion > 25%  
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**

04/26/2012

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](mailto: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.**
  - **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.**
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 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.

11875

109 A Boof

Maine Department of Human Services  
Division of Health Engineering, 10 SHS  
(207) 287-5672 Fax: (207) 287-3165

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

**PROPERTY LOCATION** >> CAUTION: LPI APPROVAL REQUIRED <<

City, Town, or Plantation: Cliff Island

Street or Road: Reamer Road 76 Reamer

Subdivision, Lot #: \_\_\_\_\_

Town/City: Portland Permit #: 2612033620

Date Permit Issued: 5/1/12 Fee: \$ 250 Double Fee Charged: 1

Local Plumbing Inspector Signature: \_\_\_\_\_ L.P.I. #: 360

Owner  Town  State

## OWNER/APPLICANT INFORMATION

Name (last, first, MI): Pontoppidan, Henning  Owner  Applicant

Mailing Address of Owner/Applicant: ROBERT HOWARD  
Box 35 Cysters, ME 04018

Daytime Tel. #: 766 2850

The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued 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.

Municipal Tax Map # \_\_\_\_\_ Lot # \_\_\_\_\_

**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 or Applicant: \_\_\_\_\_ Date: 3-27-12

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

Local Plumbing Inspector Signature: \_\_\_\_\_ (1st) date approved: \_\_\_\_\_  
\_\_\_\_\_ (2nd) date approved: \_\_\_\_\_

## PERMIT INFORMATION

**TYPE OF APPLICATION**

1. First Time System  
 2. Replacement System  
Type replaced: \_\_\_\_\_  
Year installed: \_\_\_\_\_

3. Expanded System  
 a. <25% Expansion  
 b. >25% Expansion  
 4. Experimental System  
 5. Seasonal Conversion

**SIZE OF PROPERTY**  
1 + -  SQ. FT.  ACRES

**SHORELAND ZONING**  
 Yes  No

**THIS APPLICATION REQUIRES**

1. No Rule Variance  
 2. First Time System Variance  
 a. Local Plumbing Inspector Approval  
 b. State & Local Plumbing Inspector  
 3. Replacement System Variance  
 a. Local Plumbing Inspector Approval  
 b. State & Local Plumbing Inspector  
 4. Minimum Lot Size Variance  
 5. Seasonal Conversion Permit

**DISPOSAL SYSTEM TO SERVE**

1. Single Family Dwelling Unit, No. of Bedrooms: \_\_\_\_\_  
 2. Multiple Family Dwelling, No. of Units: \_\_\_\_\_  
 3. Other: 2-2 bedroom houses  
(specify)  
Current Use  Seasonal  Year Round  Undeveloped

**DISPOSAL SYSTEM COMPONENTS**

1. Complete Non-engineered System  
 2. Primitive System (graywater & alt. toilet)  
 3. Alternative Toilet, specify: \_\_\_\_\_  
 4. Non-engineered Treatment Tank (only)  
 5. Holding Tank, \_\_\_\_\_ gallons  
 6. Non-engineered Disposal Field (only)  
 7. Separated Laundry System  
 8. Complete Engineered System (2000 gpd or more)  
 9. Engineered Treatment Tank (only)  
 10. Engineered Disposal Field (only)  
 11. Pre-treatment, specify: OxyPro  
 12. Miscellaneous Components

**TYPE OF WATER SUPPLY**

1. Drilled Well  2. Dug Well  3. Private  
 4. Public  5. Other

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

**TREATMENT TANK**

1. Concrete  
 a. Regular  
 b. Low Profile  
 2. Plastic  
 3. Other: \_\_\_\_\_  
CAPACITY: 1000 GAL

**SOIL DATA & DESIGN CLASS**  
PROFILE CONDITION: 2 / All / 1  
at Observation Hole # TP-1  
Depth 28 "  
of Most Limiting Soil Factor: \_\_\_\_\_  
Bedrock

**DISPOSAL FIELD TYPE & SIZE**

1. Stone Bed  2. Stone Trench  
 3. Proprietary Device  
 a. cluster array  c. Linear  
 b. regular load  d. H-20 load  
 4. Other: \_\_\_\_\_  
SIZE: 750 sq. ft.  sq. ft.  lin. ft.

**DISPOSAL FIELD SIZING**

1. Small—1.6 sq. ft. / gpd  
 2. Medium—2.6 sq. ft. / gpd  
 3. Medium—Large 3.3 sq. ft. / gpd  
 4. Large—4.1 sq. ft. / gpd  
 5. Extra Large—5.0 sq. ft. / gpd

**GARBAGE DISPOSAL UNIT**

1. No  2. Yes  3. Maybe  
If Yes of Maybe, specify one below:  
 a. multi-compartment tank  
 b. \_\_\_\_\_ tanks in series  
 c. increase in tank capacity  
 d. Filter on Tank Outlet

**EFFLUENT/EJECTOR PUMP**

1. Not Required  
 2. May Be Required  
 3. Required  
Specify only for engineered systems:  
DOSE: \_\_\_\_\_ gallons

**DESIGN FLOW**

360 gallons per day  
BASED ON:  
 1. Table 4a (dwelling unit(s))  
 2. Table 4c (other facilities)  
SHOW CALCULATIONS  
— for other facilities —

3. Section 4G (meter readings)  
ATTACH WATER METER DATA

**LATITUDE AND LONGITUDE**  
at center of disposal area  
Lat. N43 d 41 m 23.42 s  
Lon. W70 d 06 m 40.98 s  
if g.p.s. state margin of error: 20'

## SITE EVALUATOR STATEMENT

I certify that on 3-23-12 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature: Richard A. Sweet SE #: 034 Date: 03/25/12

Site Evaluator Name Printed: Richard A. Sweet Telephone Number: 797-2110 Email Address: dick@sweetassociates.com

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator. Designed with SeptiCAD HHE-200 Rev. 2/11

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Maine Department of Human Services  
Division of Health Engineering, Station 10  
(207) 287-5672 Fax: (207) 287-3165

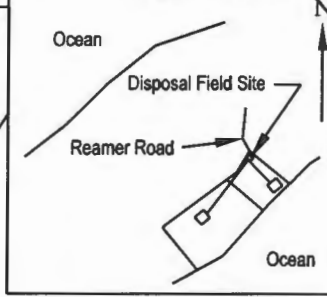
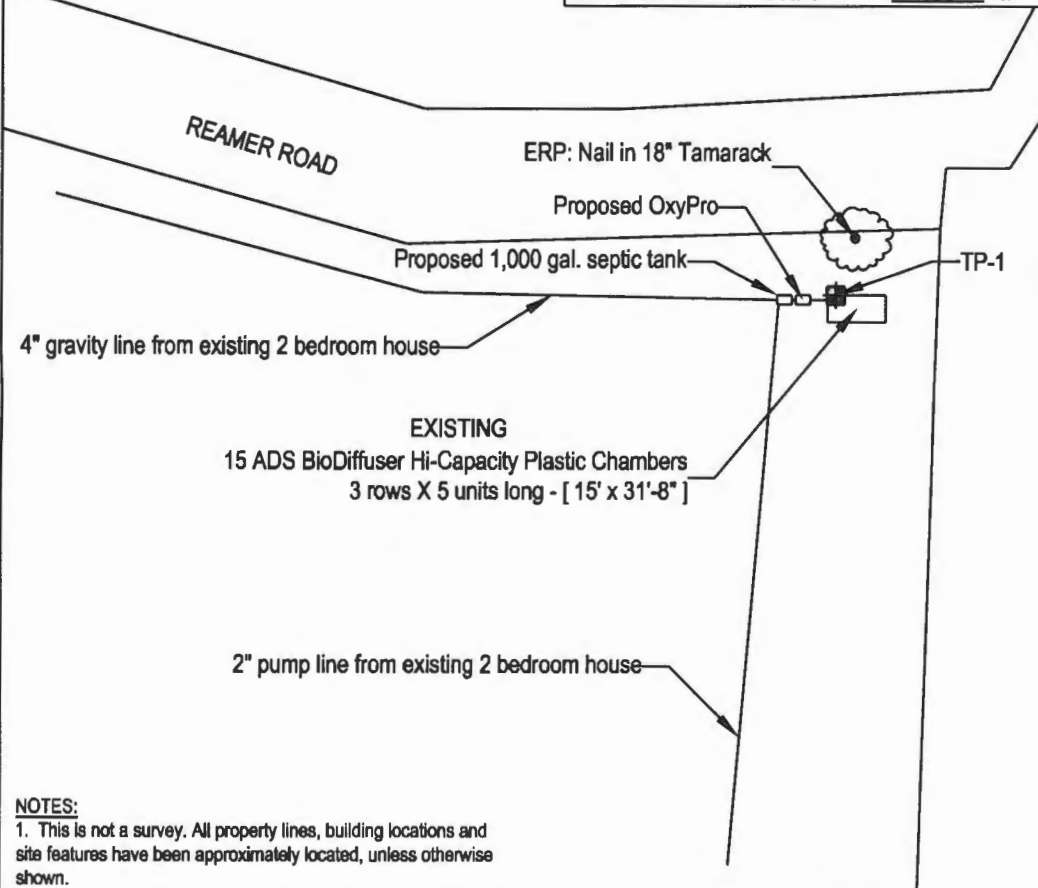
Town, City, Plantation  
**Cliff Island**

Street, Road, Subdivision  
**Reamer Road**

Owner or Applicant Name  
**Henning Pontoppidan**

**SITE PLAN** Scale 1" = 100 ft.

**SITE LOCATION PLAN**



**NOTES:**  
1. This is not a survey. All property lines, building locations and site features have been approximately located, unless otherwise shown.

**SOIL PROFILE 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				
6	Sandy Loam	Friable	Brown	
12				
18	Loamy Sand	Friable	Yellow Brown	
24				
30				
36				
42				
48				

Bedrock at 28 inches

Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Groundwater
<u>2</u>	<u>All</u>	<u>3</u>	<u>28"</u>	<input type="checkbox"/> Restrictive Layer
Profile	Condition	Percent	Depth	<input checked="" type="checkbox"/> Bedrock

Observation Hole # \_\_\_\_\_    □ Test Pit    □ Boring

\_\_\_\_\_ " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6				
12				
18				
24				
30				
36				
42				
48				

Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Groundwater
				<input type="checkbox"/> Restrictive Layer
Profile	Condition	Percent	Depth	<input type="checkbox"/> Bedrock

*Richard O'Connell*  
Site Evaluator Signature

034  
SE #

03/25/12  
Date

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Maine Department of Human Services  
 Division of Health Engineering, Station 10  
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation  
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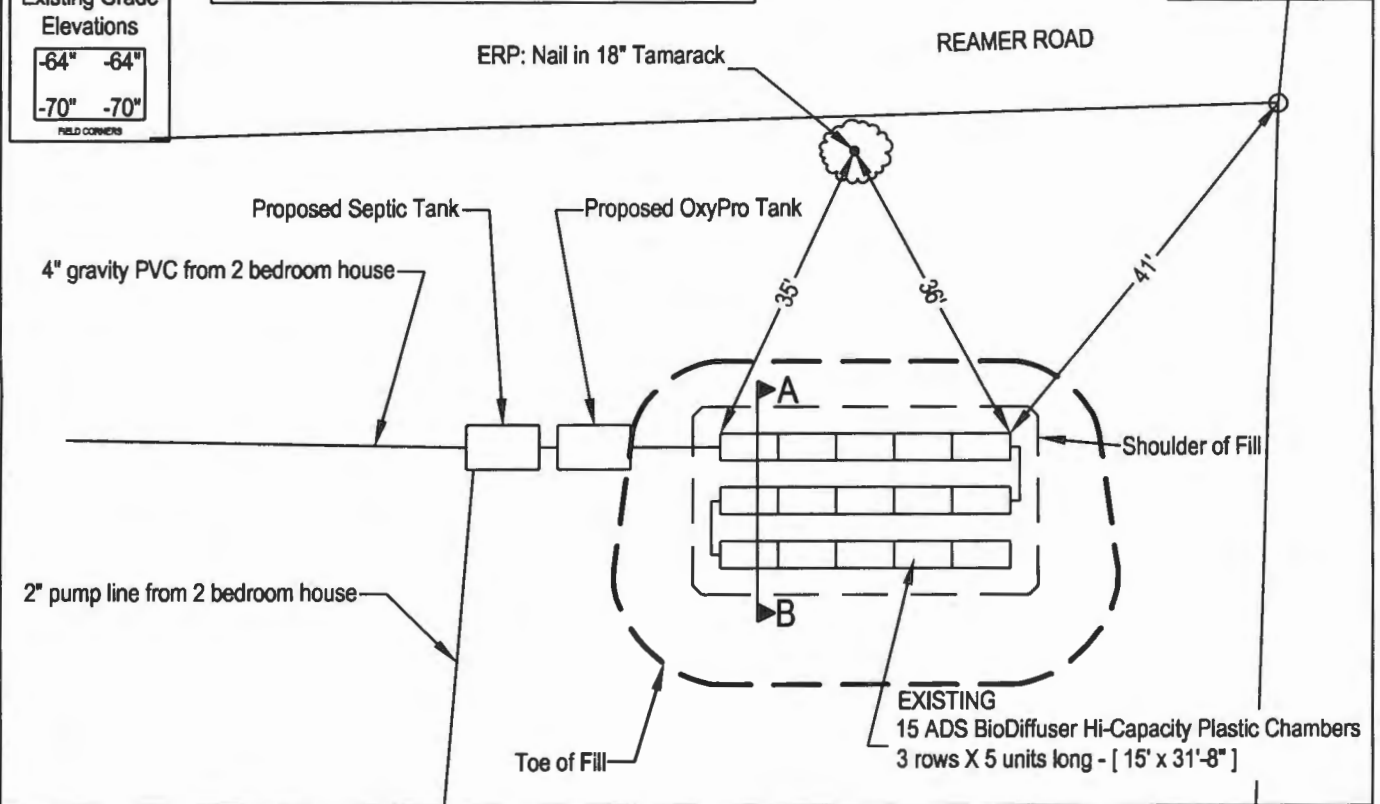
**Existing Grade Elevations**

-64"	-64"
-70"	-70"

FIELD CORNERS

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

Scale: 1" = 20 ft



**BACKFILL REQUIREMENTS**

**CONSTRUCTION ELEVATIONS**

**ELEVATION REFERENCE POINT**  
 Location & Description: Nail in 18" Tamarack

Depth of Backfill (upslope) 20-20"  
 Depth of Backfill (downslope) 26-26"

Finished Grade Elevation (at Row 1) -44"  
 Top of Proprietary Device (at Row 1) -52"  
 Bottom of Disposal Field (at Row 1) -68"

Reference Elevation is 0.0" or: \_\_\_\_\_

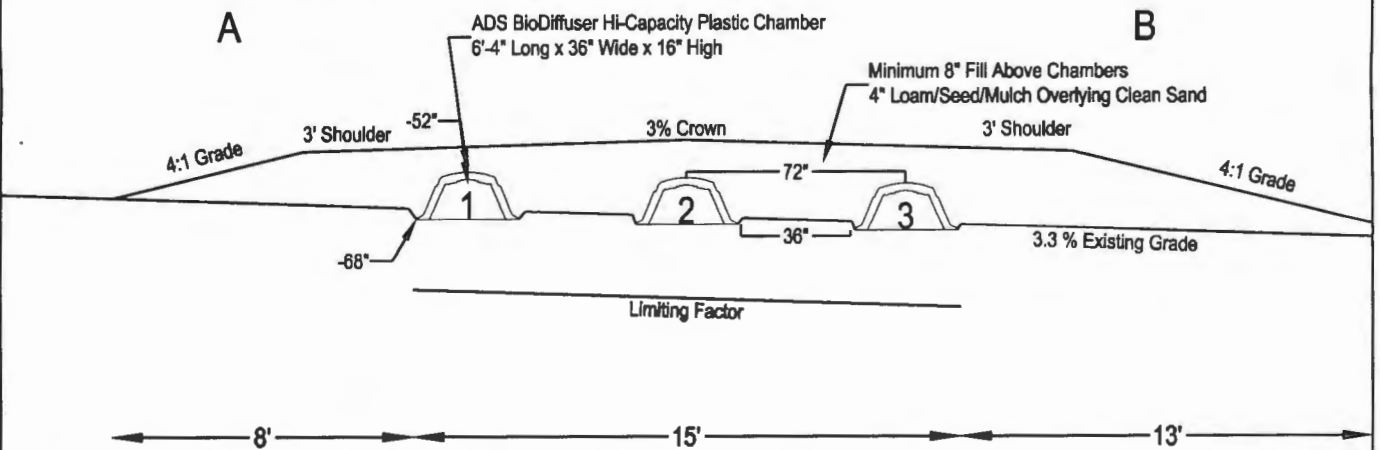
NOTE: SCARIFY ALL GROUND SURFACE TO BE FILLED. USE GRAVELLY COARSE SAND WITHIN 3' OF CHAMBERS. REMAINING FILL: LOAMY SAND (no clay)

**DISPOSAL FIELD CROSS SECTION**

Scales:  
 Vertical: 1" = 5'  
 Horizontal: 1" = 5'

ROW #	1	2	3
TOP	-52"	-54"	-56"
BOTTOM	-68"	-70"	-72"

ROW #1 INLET INVERT AT -56.7"



*Richard O. [Signature]*  
 Site Evaluator Signature

034  
 SE #

03/25/12  
 Date

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 HHE-200 Rev. 2/11



# PORTLAND MAINE

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## Receipts Details:

**Tender Information:** Check , BusinessName: mastercard, Check Number: 5674  
**Tender Amount:** 260.00

## Receipt Header:

**Cashier Id:** gguertin  
**Receipt Date:** 3/28/2012  
**Receipt Number:** 42292

## Receipt Details:

Referance ID:	5849	Fee Type:	PL-NonEng
Receipt Number:	0	Payment Date:	
Transaction Amount:	250.00	Charge Amount:	250.00
Job ID: Job ID: 2012-03-3620-SUBSRF - non engineered system			
Additional Comments: 76 Reamer, Cliff Island			

Referance ID:	5850	Fee Type:	BPPLAD
Receipt Number:	0	Payment Date:	
Transaction Amount:	10.00	Charge Amount:	10.00
Job ID: Job ID: 2012-03-3620-SUBSRF - non engineered system			