

2010 6019

Maine Department of Human Services  
Division of Health Engineering, 10 SHS  
(207) 287-5872 Fax: (207) 287-3165

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

<b>PROPERTY LOCATION</b>		<b>CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW</b>	
City, Town, or Plantation	Cliff Island	PORTLAND Date Permit Issued: 12/21/10 PERMIT # 11520 TOWN COPY \$ 10100.00 FEE Double Fee Charged L.P.I. # 0732 <i>Jeanne Burke</i> Local Plumbing Inspector Signature	
Street or Road	41 South Road		
Subdivision, Lot #			
<b>OWNER/APPLICANT INFORMATION</b>		Municipal Tax Map # 108R Lot # A001001	
Name (last, first, MI)	Saunders, Kristine	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	
Mailing Address of Owner/Applicant	127 Neal Street Portland, ME 04102-3209		
Daytime Tel. #	772-7447		

<b>OWNER OR APPLICANT STATEMENT</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.	<b>CAUTION: INSPECTION REQUIRED</b> I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
<i>Kristine Saunders</i> Signature of Owner or Applicant	<i>10/12/10</i> Date
	<i>Jeanne Burke</i> Local Plumbing Inspector Signature
	(1st) date approved
	(2nd) date approved

<b>PERMIT INFORMATION</b>		
<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENTS</b>
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>Overboard</u> Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<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 <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 <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & all toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input 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 (2000 gpd or more) <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
<b>SIZE OF PROPERTY</b>	<b>DISPOSAL SYSTEM TO SERVE</b>	<b>TYPE OF WATER SUPPLY</b>
0.901 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<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	<input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. 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>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>	<b>DESIGN FLOW</b>
<input type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input checked="" type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1000</u> GAL	<input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>1248</u> sq. ft. <input type="checkbox"/> lin. ft.	<input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes of 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	<u>378</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.1 (other facilities) SHOW CALCULATIONS for other facilities: _____
<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>DISPOSAL FIELD SIZING</b>	<b>EFFLUENT/EJECTOR PUMP</b>	<b>ATTACH WATER METER DATA</b>
PROFILE CONDITION DESIGN <u>2 / All / 1</u> at Observation Hole # <u>TP-1</u> Depth <u>23</u> " of Most Limiting Soil Factor Bedrock	<input type="checkbox"/> 1. Small—2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium—2.8 sq. ft. / gpd <input checked="" type="checkbox"/> 3. Medium—Large 3.3 sq. ft. / gpd <input type="checkbox"/> 4. Large—4.1 sq. ft. / gpd <input type="checkbox"/> 5. Extra Large—5.0 sq. ft. / gpd	<input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<input type="checkbox"/> 3. Section 503.0 (meter readings) LATITUDE AND LONGITUDE at center of disposal area Lat. <u>N43</u> d <u>41</u> m <u>38.48</u> s Lon. <u>W70</u> d <u>06</u> m <u>39.08</u> s If g.p.s. state margin of error: <u>20'</u>

<b>SITE EVALUATOR STATEMENT</b>		
I certify that on <u>6-2-10</u> (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).		
<i>Richard A. Sweet</i> Site Evaluator Signature	034 SE #	11/08/10 Date
Richard A. Sweet Site Evaluator Name Printed	797-2110 Telephone Number	dick@sweetassociates.com Email Address



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

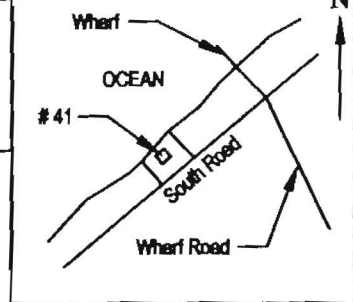
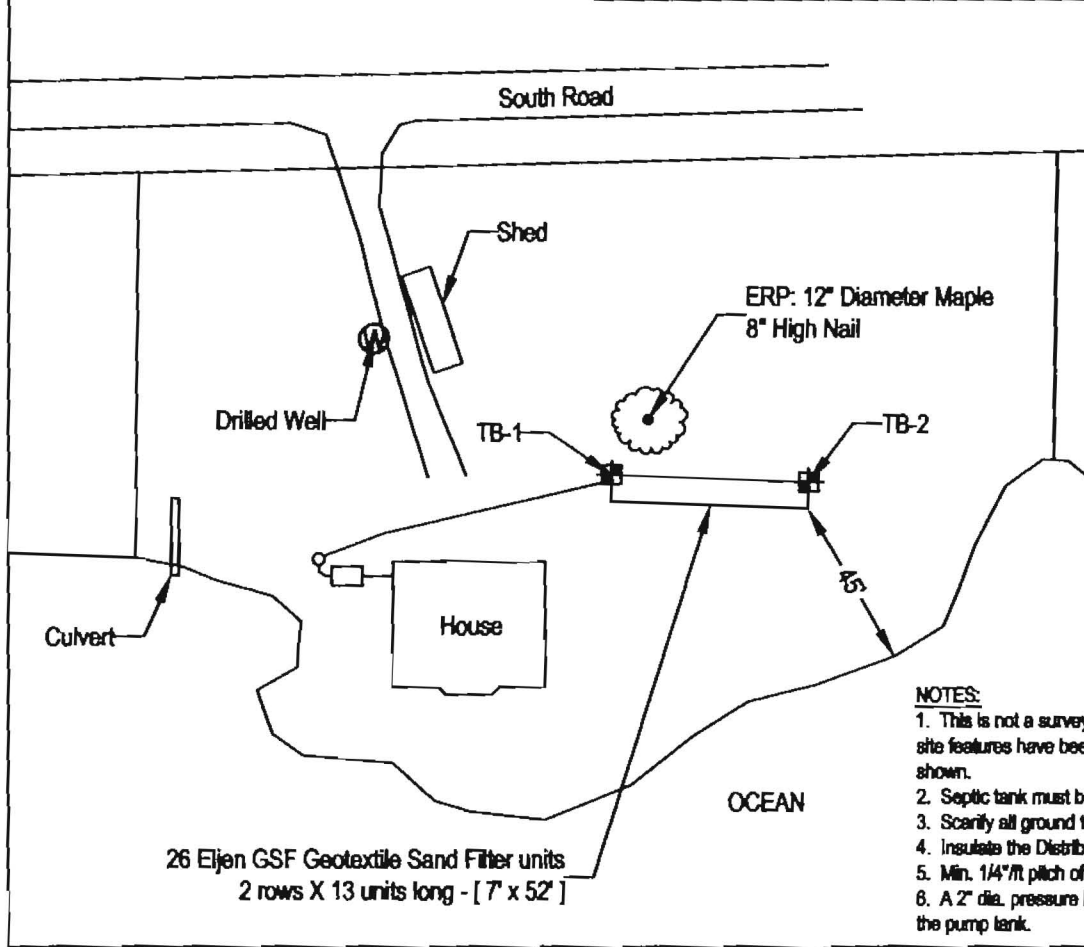
Town, City, Plantation  
**Cliff Island**

Street, Road, Subdivision  
**41 South Road**

Owner or Applicant Name  
**Kristine Saunders**

**SITE PLAN** Scale 1" = 50 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.
  2. Septic tank must be located at least 8' from a foundation.
  3. Scarify all ground to be filled.
  4. Insulate the Distribution Box (D-Box).
  5. Min. 1/4"/ft pitch of pipe from building to septic tank.
  6. A 2" dia. pressure line shall connect the distribution box and the pump tank.

26 Eljen GSF Geotextile Sand Filter units  
2 rows X 13 units long - [ 7' x 52' ]

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

Observation Hole # TB-1     Test Pit     Boring

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

Texture	Consistency	Color	Mottling
0			
6			
12	Sandy Loam	Friable	Gray/Brown
18			
24			
30			
36			
42			
48			

Bedrock at 23 inches

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Restrictive Layer	<input checked="" type="checkbox"/> Bedrock
2	AIII	8	23"			

Observation Hole # TB-2     Test Pit     Boring

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

Texture	Consistency	Color	Mottling
0			
6			
12	Sandy Loam	Friable	Gray/Brown
18			
24			
30			
36			
42			
48			

Bedrock at 24 inches

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Restrictive Layer	<input type="checkbox"/> Bedrock
2	C	8	12"			

*Richard Omet*  
Site Evaluator Signature

034  
SE #

11/08/10  
Date

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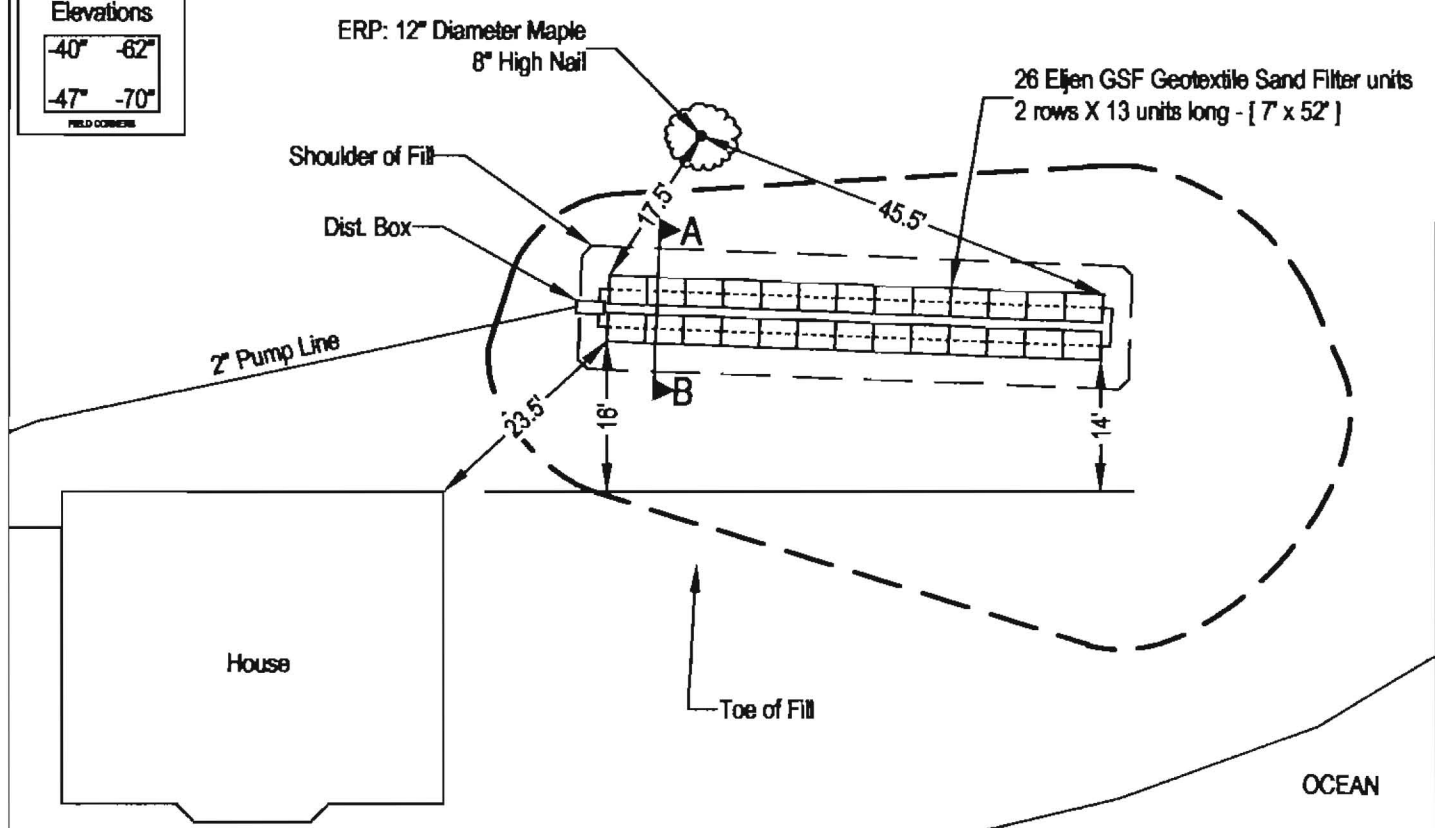
**Existing Grade Elevations**

-40"	-62"
-47"	-70"

FIELD CORNERS

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' ft



### BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 26-48"  
 Depth of Backfill (downslope) 33-56"

### CONSTRUCTION ELEVATIONS

Finished Grade Elevation (at Row 1) -14"  
 Top of Proprietary Device (at Row 1) -22"  
 Bottom of Disposal Field (at Row 1) -39"

### ELEVATION REFERENCE POINT

Location & Description: 12" Diameter Maple  
8" High Nail  
 Reference Elevation is 0.0' or: \_\_\_\_\_

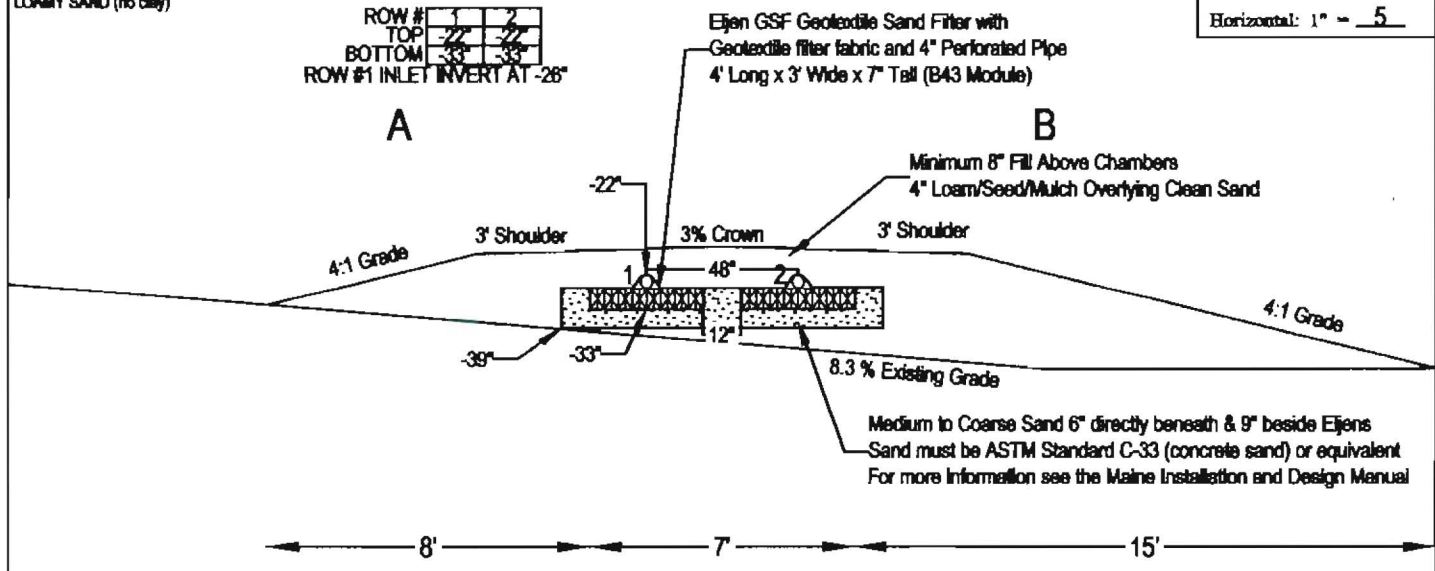
NOTE: SCARIFY ALL GROUND SURFACE TO BE FILLED. USE GRAVELLY COARSE SAND WITHIN 3' OF ELJENS. REMAINING FILL: LOAMY SAND (no clay)

## DISPOSAL FIELD CROSS SECTION

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

ROW #	1	2
TOP	-22"	-22"
BOTTOM	-33"	-33"

ROW #1 INLET INVERT AT -26"



*Richard O'Connell*  
 Site Evaluator Signature

034  
 SE #

11/08/10  
 Date

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

# 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.

<b>GENERAL INFORMATION</b>	Town of <u>Cliff Island</u>
Permit No. _____	Date Permit Issued _____
Property Owner's Name: <u>Kristine Saunders</u>	Tel. No.: <u>772-7447</u>
System's Location: <u>41 South Road</u>	
Property Owner's Address: <u>127 Neal Street</u>	
(if different from above) <u>Portland, ME 04102-3209</u>	

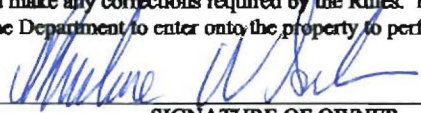
**SPECIFIC INSTRUCTIONS TO THE:  
LOCAL PLUMBING INSPECTOR (LPI):**  
If any of the variances exceed your approval authority and/or do not meet all the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to 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:**  
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. 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**

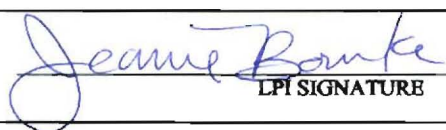
I understand that the proposed system requires a variance to the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required 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.

 Nov 12, 2010  
SIGNATURE OF OWNER DATE

**LOCAL PLUMBING INSPECTOR**

I, Jeanie Bourke, the undersigned, ~~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 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: Also verified with Brent C. for reduction of setbacks

 **RECEIVED** 12/21/10  
LPI SIGNATURE DATE

NOV 12 2010 HHE-204 Rev 08/05



Replacement System Variance Request

VARIANCE CATEGORY							VARIANCE REQUESTED TO:	
SOILS								
Soil Profile	Ground Water Table					"		12" inches
Soil Condition	Restrictive Layer					"		inches
from HHE-200	Bedrock					"		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	70'	60'
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	45'	15'
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 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		
<b>OTHER</b>								
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 can not be achieved.

  
 SITE EVALUATOR SIGNATURE

11/08/10  
 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



# CITY OF PORTLAND, MAINE

Department of Building Inspections

## Original Receipt

Nov. 12 2010

Received from Kristine Saunders

Location of Work 41 South St. Cliff St.

Cost of Construction \$ \_\_\_\_\_ Building Fee: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Site Fee: \_\_\_\_\_

Certificate of Occupancy Fee: \_\_\_\_\_

**Total:** \_\_\_\_\_

Building (IL) \_\_\_\_\_ Plumbing (I5) \_\_\_\_\_ Electrical (I2) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_

Other \_\_\_\_\_

CBL: 109 BA 001

Check #: MC **Total Collected \$** 110.00

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

Taken by: *Wayle*

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

## **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 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**   **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.**

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

**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.**