

City of Portland, Maine - Building or Use Permit

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

Permit No: 20106011	Date Applied For:	CBL: 109B B010001
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Location of Construction: 68 SUNSET RD	Owner Name:	Owner Address:	Phone:
Business Name:	Contractor Name: Gallagher Maura Anne	Contractor Address: 15 Sturdivant Rd	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Replacement System	

Proposed Use:	Proposed Project Description:
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Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 04/21/2011**Note:** **Ok to Issue:**

1) Per the State of Maine Subsurface Rules, the approved permit expires if the system is not installed within 2 years of the date of issuance.

Comments:

11/5/2010-jmb: Routed back to Gayle for the applicants signature on the variance request.

11/8/2010-gg: Owners seasonal phone# is 781-4545. /gg

4/21/2011-jmb: Received signed copies from Gayle

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 **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.

109B B 010

2010 6011

2901

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, SHS 11
(207) 287-5888 Fax (207) 287-3185

PROPERTY LOCATION		>> Caution Permit Required – Attach in Space Below <<	
City, Town, or Plantation	Portland	PORTLAND Date Permit Issued: <u>4/21/11</u> \$ <u>1110</u> <input type="checkbox"/> If Double Fee Charged FEE L.P.I. # <u>2732</u> Local Plumbing Inspector Signature: <u>Jeanne Beate</u>	
Street or Road	68 Sunset Road		
Subdivision, Lot #	Cliff Island		
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	Gallagher Maura	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	
Mailing Address of Owner/Applicant	68 Sunset Road Cliff Island		
Daytime Tel. #	766-0968	Municipal Tax Map # <u>109B</u>	Lot # <u>610</u>
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 or Applicant: <u>Maura A. Gallagher</u>		Local Plumbing Inspector Signature: _____	
Date: <u>9-14-10</u>		(1st) Date Approved: _____	
		(2nd) Date Approved: _____	

PERMIT INFORMATION		
TYPE OF APPLICATION (Check only one item)	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: <u>DBD</u> Year Installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> 4. Experimental System	<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 checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Holding Tank, _____ gallons <input type="checkbox"/> 5. Non-engineered Disposal Field (only) <input type="checkbox"/> 6. Separated Laundry System <input type="checkbox"/> 7. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 8. Engineered Disposal Field (only) <input type="checkbox"/> 9. Pre-treatment, specify: _____ (Item numbers are used for data entry purposes)
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
<u>27,500</u> sq. ft. <input type="checkbox"/> acres	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify)	<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: _____
SHORELAND ZONING		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<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>1000</u> gallons	<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 checked="" type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE <u>900</u> sq. ft. <input type="checkbox"/> lin. ft.	<input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes If Yes, 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>270</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit/s) <input type="checkbox"/> 2. Table 502.2 (other facilities) SHOW CALCULATIONS -- for other facilities -- <input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER-METER DATA
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	LATITUDE AND LONGITUDE
PROFILE CONDITION DESIGN <u>Z, A III, I</u> at Observation Hole # <u>DP1</u> Depth <u>24</u> " Elevation _____" OF MOST LIMITING SOIL FACTOR	<input type="checkbox"/> 2. Medium -- 2.6 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 (Item numbers are used for data entry purposes)	<input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. Required Specify only for engineered systems: DOSE: _____ gallons	at Center of Disposal Area Lat. <u>43</u> d <u>41</u> m <u>44</u> s Lon. <u>70</u> d <u>06</u> m <u>27</u> s If GPS, state margin of error: _____'

SITE EVALUATOR STATEMENT			
I certify that on <u>6/9/10</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).			
<u>Maura Hampton</u> Site Evaluator Signature	<u>263</u> SE #	<u>6/11/10</u> Date	RECEIVED SEP 20 2010 Page 1 of 3 HHE-200 Rev. 8/09
<u>Mark J. Hampton</u> Site Evaluator Name Printed	<u>756-2900</u> Telephone #	_____ Email Address	

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

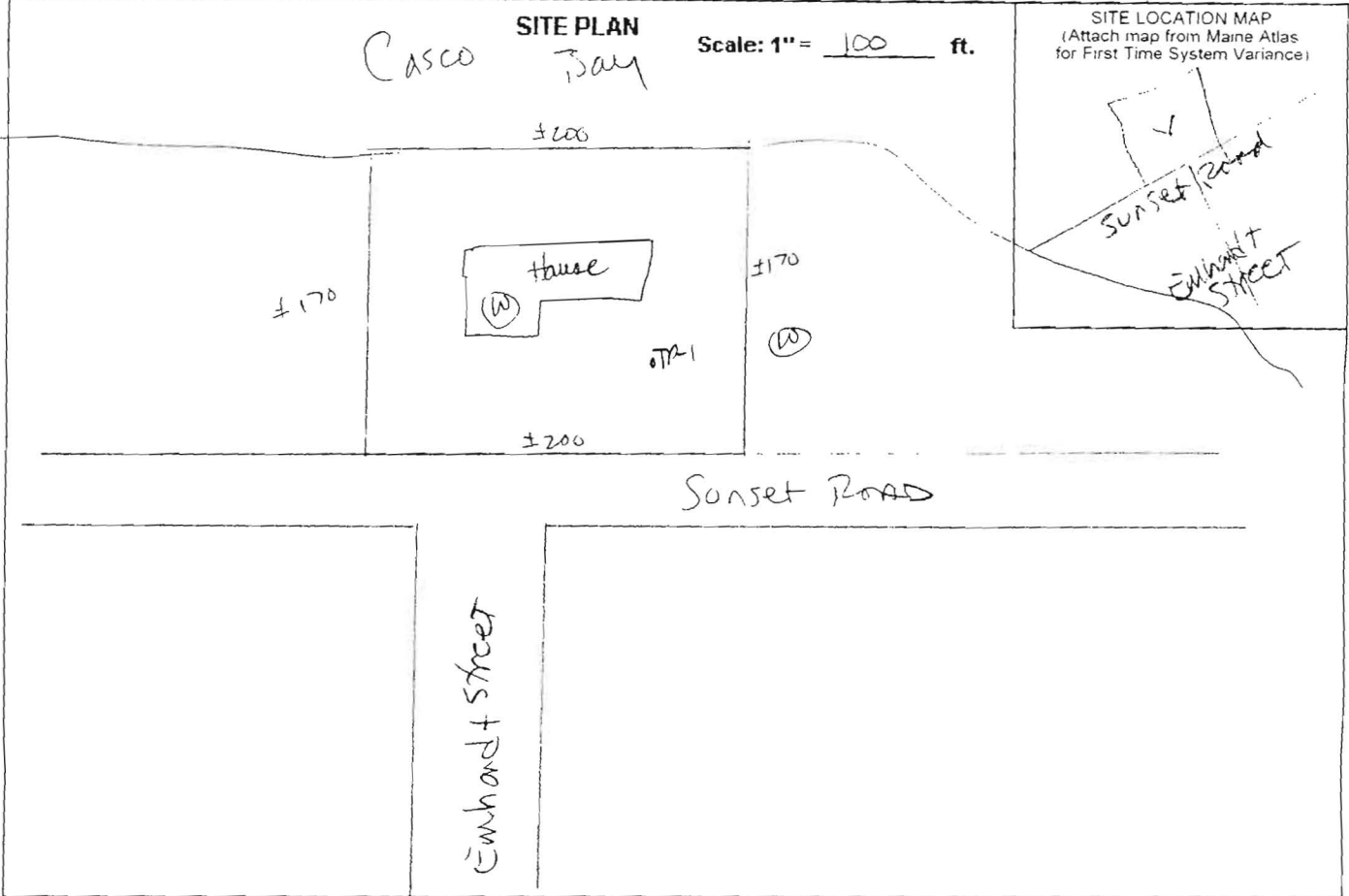
Dept. of Building Inspections
City of Portland Maine

2901

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
 Division of Environmental Health, STS 11
 (207) 287-5689 FAX (207) 287-3165

Town, City, Plantation: Portland Street, Road, Subdivision: Cliff Island Owner or Applicant Name: Maura Gallagher



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	Sandy loam	Frangible	Dark brown	
6				
12	Sandy loam	Frangible	Brown	None noted
18				
24	XXXX	XXXX	XXXX	XXXX
30			ledge	
36				
42				
48				

Soil Profile: Z Classification: A-1(1) Slope: Z Limiting Factor: 24 " Depth

Groundwater Restrictive Layer 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: _____ " Depth

Groundwater Restrictive Layer Bedrock

Mary Hampton
 Site Evaluator Signature

263
 SE #

6/14/10
 Date

2901

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Division of Environmental Health, STS 11
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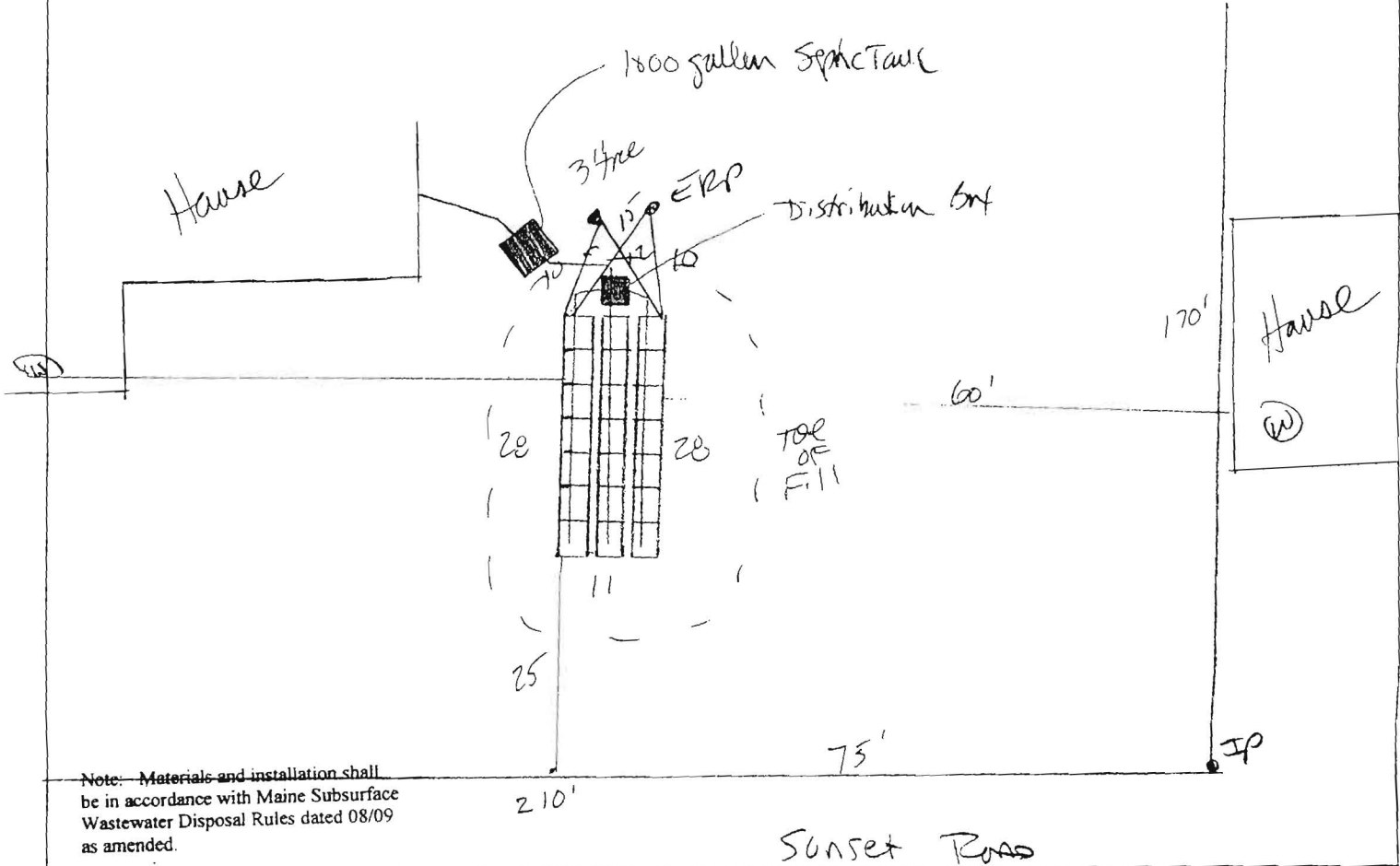
Town, City, Plantation
Portland

Street, Road, Subdivision O
Cliff Island

Owner or Applicant Name
Maura Gallagher

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



Note: Materials and installation shall be in accordance with Maine Subsurface Wastewater Disposal Rules dated 08/09 as amended.

BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 24 "

Depth of Backfill (downslope) 24 "

DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -35 "

Top of Distribution Pipe or Proprietary Device -45 "

Bottom of Disposal Field -56 "

ELEVATION REFERENCE POINT

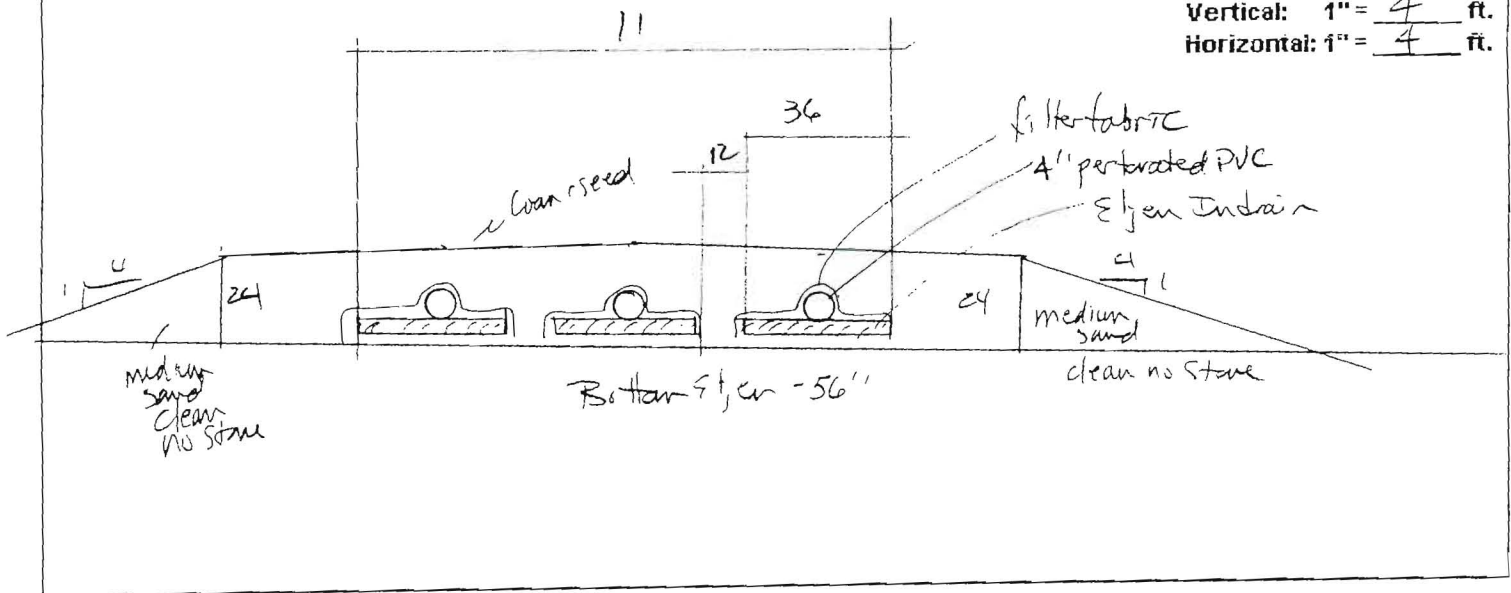
Location & Description: nail 42' up

13" spruce

Reference Elevation is: 0.0" or: _____

DISPOSAL FIELD CROSS-SECTION

Scales:
Vertical: 1" = 4 ft.
Horizontal: 1" = 4 ft.



Maura Gallagher
Site Evaluator Signature

263
SE #

6/14/10
Date

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 Cliff Island</u>
Permit No. _____	Date Permit Issued _____	
Property Owner's Name: <u>Maura Gallagher</u>	Tel. No.: <u>706-0968</u>	
System's Location: <u>68 Sunset Road Cliff Island</u>		
Property Owner's Address: <u>15 Sturdivant Road Cumberland Foreside, 04118</u>		
(if different from above)		

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:
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.

Maura A. Gallagher
SIGNATURE OF OWNER

4.19.11
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, 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: _____

Jeanie Bourke
LPI SIGNATURE

4/20/11
DATE

HHE-204 Rev 08/05

RECEIVED

AUG 27 2010

FORMS
Replacement System Variance Request

VARIANCE CATEGORY							VARIANCE REQUESTED TO:		
SOILS									
Soil Profile	Ground Water Table			"			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	60	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			
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.

Mary Hanes
SITE EVALUATOR'S SIGNATURE

6/14/10
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

2011

Received from Alfred Stullig

Location of Work 11 Summer 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: 1098 P.010

Check #: 0762 **Total Collected \$** 110.00

**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