


SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

| | | | |
|--|--|---|--|
| PROPERTY LOCATION | | >> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW << | |
| City, Town, or Plantation | Portland Cliff Island |  PORTLAND PERMIT # 10968 TOWN COPY Date Permit Issued: 6/3/09 \$ 11100 <input type="checkbox"/> # Double Fee Charged Local Plumbing Inspector Signature: Thomas M. Mandy L.P.I. # 0749 | |
| Street or Road | 142 Sunset Rd. | | |
| Subdivision, Lot # | | | |
| OWNER/APPLICANT INFORMATION | | | |
| Name (last, first, MI) | Ernest Carolyn | | |
| | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant | | |
| Mailing Address of Owner/Applicant | P.O. Box 98 Cliff Island, ME 04019 | | |
| Daytime Tel. # | 766-0009 | 109 BB 018 Municipal Tax Map # 109B Lot # 18/41 | |
| 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>Carolyn Ernest</u> Date: <u>5-14-09</u> | | (1st) date approved: _____ | |
| | | Local Plumbing Inspector Signature: _____ (2nd) date approved: _____ | |

| | | | |
|---|--|---|--|
| PERMIT INFORMATION | | | |
| TYPE OF APPLICATION | | THIS APPLICATION REQUIRES | |
| <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"/> 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 Approval <input checked="" type="checkbox"/> 3. Replacement System Variance <input 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 | |
| SIZE OF PROPERTY | | DISPOSAL SYSTEM TO SERVE | |
| 18,700 SF <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES | | <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped | |
| SHORELAND ZONING | | DISPOSAL SYSTEM COMPONENTS | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <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. 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 | |
| | | TYPE OF WATER SUPPLY | |
| | | <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 | |

| | | | |
|--|--|--|--|
| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | | | |
| TREATMENT TANK | | DISPOSAL FIELD TYPE & SIZE | |
| <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> 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 checked="" type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>500</u> sq. ft. <input type="checkbox"/> lin. ft. | |
| SOIL DATA & DESIGN CLASS | | GARBAGE DISPOSAL UNIT | |
| PROFILE CONDITION DESIGN <u>5 1 B 1 1</u> at Observation Hole # <u>TP1</u> Depth <u>248</u> of Most Limiting Soil Factor | | <input checked="" 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 | |
| DISPOSAL FIELD SIZING | | EFFLUENT/EJECTOR PUMP | |
| <input type="checkbox"/> 1. Small—2.0 sq. ft. / gpd <input checked="" type="checkbox"/> 2. Medium—2.6 sq. ft. / gpd <input 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 checked="" type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons | |
| | | DESIGN FLOW | |
| | | <u>180</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS for other facilities | |
| | | ATTACH WATER METER DATA | |
| | | LATITUDE AND LONGITUDE at center of disposal area Lat. <u>43</u> d <u>41</u> m <u>54</u> s Lon. <u>70</u> d <u>06</u> m <u>18</u> s If g.p.s., state margin of error: _____ | |

| | | |
|--|------------------|----------------|
| SITE EVALUATOR STATEMENT | | |
| I certify that on <u>4/30/09</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). | | |
| Site Evaluator Signature | SE # | Date |
| <u>M. W. Hampton</u> | <u>263</u> | <u>5/11/09</u> |
| Site Evaluator Name Printed | Telephone Number | E-mail Address |
| <u>M. W. Hampton</u> | <u>756-2900</u> | |
| Note: Changes to or deviations from the design should be confirmed with the Site Evaluator. | | |

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 Fax (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Portland Cliff Island

Sunset Rd.

Carolyn Rideout

SITE PLAN

Scale 1" = 50 ft. or as shown

SITE LOCATION PLAN
(map from Maine Atlas
recommended)

Landings → Ocean

Cliff Island
Sunset Rd.
Island Ave.
church

Sunset Road

Cemetery

±145'

±30'

±50'

±18'

OK-1

15/20%

House

30'

30'

±94'

±100'

Ocean

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

Observation Hole TPI ☒ Test Pit ☐ Boring
" Depth of Organic Horizon Above Mineral Soil

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

| | Texture | Consistency | Color | Mottling |
|----|------------------|-------------|------------|----------|
| 0 | Waxy Sand | Friable | Dark Brown | |
| 10 | | | | |
| 20 | Coarse Waxy Sand | Friable | Brown | none |
| 30 | | | | noted |
| 40 | Coarse Waxy Sand | Friable | Tan | |
| 50 | | | | |

| | Texture | Consistency | Color | Mottling |
|----|---------|-------------|-------|----------|
| 0 | | | | |
| 10 | | | | |
| 20 | | | | |
| 30 | | | | |
| 40 | | | | |
| 50 | | | | |

| | | | |
|--|---------------------|-------------------------------|--|
| Soil Classification <u>5 B</u> Profile Condition | Slope <u>2</u> % | Limiting Factor <u>748</u> | <input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input checked="" type="checkbox"/> Pit Depth |
|--|---------------------|-------------------------------|--|

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

Marie J. Hough
Site Evaluator Signature

263
SE #

5/1/09
Date

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Division of Health Engineering
(207) 287-5672 Fax (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

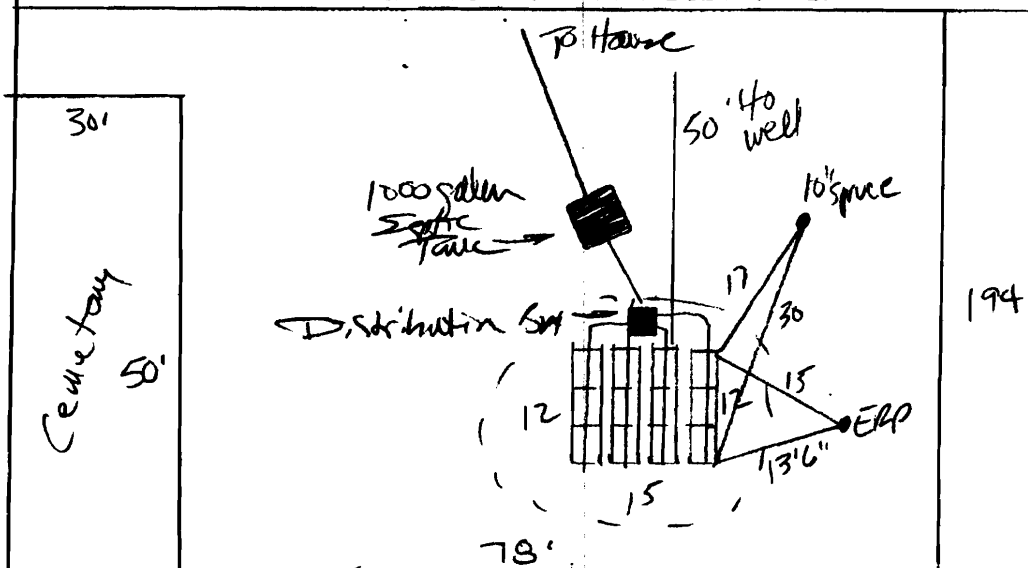
Townland Cliff Island

Sunset Rd.

Carolyn Rideout

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



Note: Materials and installation shall be in accordance with Maine Subsurface Wastewater Disposal Rules dated 08/05 as amended.

Sunset Rd.

FILL REQUIREMENTS

Depth of Fill (Upslope) 12

Depth of Fill (Downslope) 12

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -49
Top of Distribution Pipe or Proprietary Device -59
Bottom of Disposal Area -71

ELEVATION REFERENCE POINT

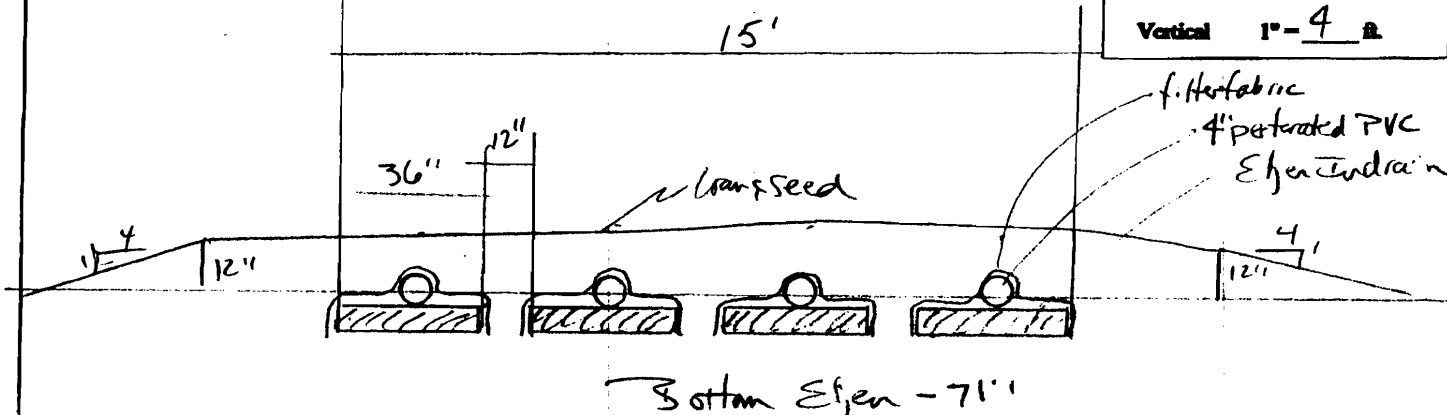
Location & Description: nail 51' up
10' spruce
Reference Elevation: 0

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = 4 ft.

Vertical 1" = 4 ft.



Mark Hough
Site Evaluator Signature

263
SE #

5/1/09
Date

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request an HHE-200 and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 1906.0)
2. There will be no change in use of the structure except as authorized for one-time exempted expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. 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>Carolyn Rudeart</u> | Tel. No.: <u>766-0009</u> | |
| System's Location: <u>142 Sunset Rd, Cliff Island</u> | | |
| Property Owner's Address: _____ | | |
| (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:

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. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have 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.

Carolyn Rudeart
SIGNATURE OF OWNER

5-14-2009
DATE

LOCAL PLUMBING INSPECTOR

I, Thomas M. Mackley, 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 (check and complete either a or b):

☒ a. (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. -OR-

☐ b. find that one or more of the requested Variances exceeds my approval authority as LPI. I (☐ recommend, ☐ do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, the reasons shall be stated in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: _____

Thomas M. Mackley #0744
LPI SIGNATURE

06/01/09
DATE

HHE-204 Rev 08/05

Replacement System Variance Request

2674

| VARIANCE CATEGORY | LIMIT OF LPI'S APPROVAL AUTHORITY | | | | | | VARIANCE REQUESTED TO: | |
|---|-----------------------------------|-------------------------|------------------------|---------------------------|-------------------------|-----------------------|------------------------|---------------------|
| SOILS | | | | | | | | |
| Soil Profile | Ground Water Table | | | to 7" | | | inches | |
| Soil Condition | Restrictive Layer | | | to 7" | | | inches | |
| from HHE-200 | Bedrock | | | to 12" | | | 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 | | |
| Owner's wells | 100 down to 60 ft [a] | 200 down to 100 ft | 300 down to 150 ft | 100 down to 50 ft [b] | 100 down to 50 ft | 100 down to 50 ft | 60' | 50' |
| Neighbor's wells | 100 down to 60 ft [f] | 200 down to 120 ft [f] | 300 down to 180 ft [f] | 100 down to 50 ft [f] | 100 down to 75 ft [f] | 100 down to 75 ft [f] | 80' | 90' |
| Water supply line | 10 ft | 20 ft | 25 ft [h] | 10 ft | 10 ft | 10 ft [h] | | |
| Water course, major - | 100 down to 60 ft [d] | 200 down to 120 ft [d] | 300 down to 180 ft [d] | 100 down to 50 ft [b] | 100 down to 50 ft | 100 down to 50 ft | | |
| Water course, minor | 50 down to 25 ft [e] | 100 down to 50 ft [e] | 150 down to 75 ft [e] | 50 down to 25 ft [e] | 50 down to 25 ft [e] | 50 down to 25 ft [e] | | |
| Drainage ditches | 25 down to 12 ft | 50 down to 25 ft | 75 down to 35 ft | 25 down to 12 ft | 25 down to 12 ft | 25 down to 12 ft | | |
| Edge of fill extension -- Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams | 25 ft [e] | 25 ft [e] | 25 ft [e] | 25 ft [e] | 25 ft [e] | 25 ft [e] | | |
| Slopes greater than 3:1 | 10 ft [g] | 18 ft [g] | 25 ft [g] | N/A | N/A | N/A | | |
| No full basement [e.g. slab, frost wall, columns] | 15 down to 7 ft | 30 down to 15 ft | 40 down to 20 ft | 8 down to 5 ft | 14 down to 7 ft | 20 down to 10 ft | | |
| Full basement [below grade foundation] | 20 down to 10 ft | 30 down to 15 ft | 40 down to 20 ft | 8 down to 5 ft | 14 down to 7 ft | 20 down to 10 ft | | |
| Property lines | 10 down to 5 ft [c] | 18 down to 9 ft [c] | 20 down to 10 ft [c] | 10 down to 4 ft [c] | 15 down to 7 ft [c] | 20 down to 10 ft [c] | | |
| 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.] Single-family well setbacks may be reduced as prescribed in Section 701.2.

[b.] This distance may be reduced to 25 feet, if the septic or holding tank is tested in the plumbing inspector's presence and shown to be watertight or of monolithic construction.

[c.] Additional setbacks may be needed to prevent fill material extensions from encroaching onto abutting property.

[d.] Additional setbacks may be required by local Shoreland zoning.

[e.] 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.

[f.] May not be any closer to neighbors well than the existing disposal field or septic tank unless written permission is granted by the neighbor. This setback may be reduced for single family houses with Department approval. See Section 702.3.

[g.] The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.

[h.] See Section 1402.8 for special procedures when these minimum setbacks cannot be achieved.

Mary Hampton
SITE EVALUATOR'S SIGNATURE

5/1/09
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