

**PUBLIC NOTICE**  
**MAINE WASTE DISCHARGE LICENSE APPLICATION**

Please take note that, pursuant to 38 MRSA, Sections 413 and 414-A, BRUCE E. RIDEOUT of  
(applicant name)

129 7TH AVE, COLLEGEVILLE, PA 19426 intends to file a wastewater discharge license application  
(primary mailing address)

with the Department of Environmental Protection (DEP). The application is for the discharge of 300  
(volume)

gallons per day of treated wastewater to the LUCKSE SOUND, CASCO BAY in PORTLAND, Maine.  
(receiving water) (municipality)

The application will be filed on or about 5/15/15 and will be available for public inspection at  
(date)

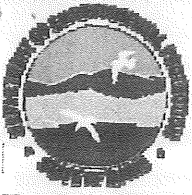
DEP's Augusta office during normal business hours. A copy may also be seen at the municipal offices in

PORTLAND, Maine.  
(municipality)

A request that the Board of Environmental Protection assume jurisdiction over this application must be received by the DEP, in writing, no later than 20 days after the application is found acceptable for processing. Written public comments and requests for a public hearing will be accepted for at least 30 days after the application is found acceptable for processing. Requests shall state the nature of the issue(s) to be raised. Unless otherwise provided by law, a hearing is discretionary and may be held if the Commissioner or the Board finds significant public interest or there is conflicting technical information.

Public comment will be accepted until a final administrative action is taken to approve, approve with conditions or deny this application. Written public comments or requests for information may be made to the address below.

Department of Environmental Protection  
Division of Water Quality Management  
OBD Licensing  
17 State House Station  
Augusta, ME 04333-0017  
207-287-3901



|  |   |
|--|---|
| WDL Application #: <u>W005191</u>  | Municipality: <u>POB</u>  |
| Facility Type: <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Commercial - include DEP Form DEPLW1076                    |
| Application Type: <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Transfer    | <input type="checkbox"/> Renewal AND Transfer <input type="checkbox"/> Modification |

**PART 1. Applicant Information (Legal Owner of the OBD Property AND All Users)**

(Use additional paper, if necessary, to provide co-applicant information for ALL authorized users of the OBD.)

Name: BRUCE E. RIDEOUT Telephone: 610-489-5759

Primary Residence Address: 129 7TH AVENUE

Town: COLLEGEVILLE State: PA Zip: 19426

e-mail: brideoutoursinus.edu OBD Street Address: 152 SUNSET RD, CLIFF ISLAND, ME 04019

1. Is this application for the transfer of an existing license?  Yes  No If "Yes", include evidence of title, right or interest in the property (e.g., copy of deed, lease or easement, or option to buy or lease agreement).
2. Is this application for a commercial OBD license?  Yes  No If "Yes", include supplemental application form DEPLW1076.

**PART 2. Site Evaluation** Check the appropriate boxes.

- A qualified LSE has determined that my OBD system CAN be replaced with an alternative system
- A qualified LSE has determined that my OBD system CANNOT be replaced.
- I have previously submitted a copy of the LSE report to the DEP.
- A copy of the LSE report is attached to this application. ("LSE" is Licensed Site Evaluator)

**PART 3. Primary Residence/Grant Eligibility**

1. Is the property containing the OBD your PRIMARY residence?  Yes  No

If "YES" and you checked that that the OBD system CAN be replaced, and you would like to be considered for grant assistance, enter the combined annual income of all owners of the OBD. \$ \_\_\_\_\_

2. Do you intend to perform a significant action (construction material and labor costs exceeding \$50,000) at your residence at any time during the next five years?  Yes  No

The Department reserves the right to require documentation of primary residency and income for purposes of determining grant eligibility.

**PART 4. Facility Information**

OBD laws and rules limit the authorized discharge flow volume to either the previous license limit or the estimated volume produced by the facility during the 12-month period prior to June 1, 1987. As of June 1, 1987, please certify the:

# of YEAR-ROUND dwellings connected to the OBD 0 AND # of bedrooms in each —  
 # of SEASONAL dwellings connected to the OBD 1 AND # of bedrooms in each 3

**PART 5. Title, Right or Interest** Check the appropriate box.

The applicant must either: 1) own or control; 2) have an easement granting rights; or 3) have an authorized written agreement granting rights to use any portion of another property for any part of the OBD system.

My OBD system (including disinfection unit and outfall pipe) serves only my property and is located entirely on my property. Include a copy of your deed with this application.

OR

My OBD system is shared with another property owner, or it crosses under a road or other properties. Include a copy of each property owner's deed describing easements or written signed agreement between the property owners. An agreement must grant rights to use the property for at least 5 years.

**PART 6. Public Notice and Certification of Application**

- Complete the PUBLIC NOTICE form on the next page and, within 30 days PRIOR TO filing the application, send a copy of the Public Notice by certified mail to abutters\* and a copy of the entire application with Public Notice to the municipal office where the OBD property is located.
- Submit a list of all abutters and copies of the certified mailing receipts with your application. You do not have to wait until the signature card is returned to you, the receipt of mailing is all that is required.
- By signing below, you certify that Public Notice has been provided.

\*Abutter, for the purposes of the Public Notice, is any person who owns property that is adjoining the OBD property, including owners of property directly across a public or private right of way.

**A COMPLETE APPLICATION PACKAGE SHOULD INCLUDE:**

- The completed and signed application.
- A copy of the deed to the property and copies of all easements or authorized agreements,
- A recent site evaluation report (Form HHE-200) completed by a Licensed Site Evaluator. If you are unsure whether a site evaluation report is required for a renewal or transfer application, please contact us.
- A list of property abutters, and proof (certified mail receipts) that the Public Notice was sent to abutters and the application *and* Public Notice was sent to the municipal office where the OBD property is located.
- There is a \$100 license transfer fee for transfer of an existing license. Checks made payable to, *Treasurer – State of Maine*. **DO NOT SEND** the \$100 fee unless the application is for transfer of an existing license.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**SIGNATURE  
REQUIRED** 

Bruce E. Rideout  
Applicant Signature

BRUCE E. RIDEOUT  
Print name

5/7/15  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

Submit completed application with supporting documents to:

Department of Environmental Protection  
DWQM - OBD Licensing  
17 State House Station  
Augusta, ME 04333-0017

Applicant 2918

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Maine Dept. of Health & Human Services  
Division of Environmental Health, SHS 11  
(207) 287-5889 Fax (207) 287-3165

|  |  |   |  |
|--|--|---|--|
| <b>PROPERTY LOCATION</b>   |  | PORTLAND PERMIT # 11374 APPLICANTS COPY   |  |
| City, Town, or Plantation  | Portland Cliff Island  | Date Permit Issued:   | 8 13 10 11 11 10 <input type="checkbox"/> Double Fee Charged |
| Street or Road   | Island Avenue SUNSET RD.   | Local Plumbing Inspector Signature: <u>James Burke</u> L.P.I. # <u>071312</u>   |  |
| Subdivision, Lot #   |  | THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED. |  |
| <b>OWNER/APPLICANT INFORMATION</b>   |  | Municipal Tax Map # <u>1010</u> Lot # <u>21</u>   |  |
| Name (last, first, MI)   | Rideout Bruce <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant | <b>Caution: Inspection Required</b>   |  |
| Mailing Address of Owner/Applicant   | 179 7th Avenue (mail) Collegedale, PA 19426  | I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.  |  |
| Daytime Tel. #   |  | (1st) Date Approved _____   |  |
| <b>Owner or Applicant Statement</b>  |  | Local Plumbing Inspector Signature _____ (2nd) 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. |  |   |  |
| Signature of Owner or Applicant: <u>Mary Hampton</u> Date: <u>7/14/10</u>  |  |   |  |

|  |  |   |
|--|--|---|
| <b>PERMIT INFORMATION</b>  |  |   |
| <b>TYPE OF APPLICATION</b><br>(Check only one item)  | <b>THIS APPLICATION REQUIRES</b>   | <b>DISPOSAL SYSTEM COMPONENTS</b>   |
| <input type="checkbox"/> 1. First Time System<br><input checked="" type="checkbox"/> 2. Replacement System<br>Type Replaced: <u>septic tank</u><br>Year Installed: _____<br><input type="checkbox"/> 3. Expanded System<br><input type="checkbox"/> 4. Experimental System | <input checked="" type="checkbox"/> 1. No Rule Variance<br><input type="checkbox"/> 2. First Time System Variance<br><input type="checkbox"/> a. Local Plumbing Inspector Approval<br><input type="checkbox"/> b. State & Local Plumbing Inspector Approval<br><input type="checkbox"/> 3. Replacement System Variance<br><input type="checkbox"/> a. Local Plumbing Inspector Approval<br><input type="checkbox"/> b. State & Local Plumbing Inspector Approval | <input type="checkbox"/> 1. Complete Non-engineered System <u>septic tank</u><br><input type="checkbox"/> 2. Primitive System (graywater & alt. toilet)<br><input type="checkbox"/> 3. Alternative Toilet, specify: _____<br><input type="checkbox"/> 5. Holding Tank, _____ gallons<br><input type="checkbox"/> 6. Non-engineered Disposal Field (only)<br><input type="checkbox"/> 7. Separated Laundry System<br><input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more)<br><input type="checkbox"/> 10. Engineered Disposal Field (only)<br><input type="checkbox"/> 11. Pre-treatment, specify: _____<br>(Item numbers are used for data entry purposes) |
| <b>SIZE OF PROPERTY</b><br><u>13,900</u> sq. ft. <input type="checkbox"/> acres  | <b>DISPOSAL SYSTEM TO SERVE</b>  | <b>TYPE OF WATER SUPPLY</b>   |
| <b>SHORELAND ZONING</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  | <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of bedrooms: <u>3</u><br><input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____<br><input type="checkbox"/> 3. Other: _____ (specify)   | <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private<br><input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other:   |

|   |  |  |   |
|---|--|--|---|
| <b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>   |  |  |   |
| <b>TREATMENT TANK</b><br><input type="checkbox"/> 1. Concrete<br><input type="checkbox"/> a. Regular<br><input type="checkbox"/> b. Low profile<br><input checked="" type="checkbox"/> 2. Plastic<br><input type="checkbox"/> 3. Other: _____<br>CAPACITY <u>1000</u> gallons | <b>DISPOSAL FIELD TYPE &amp; SIZE</b><br><input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench<br><input type="checkbox"/> 3. Proprietary Device<br><input type="checkbox"/> a. Cluster array <input type="checkbox"/> c. Linear<br><input type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load<br><input type="checkbox"/> 4. Other: _____<br>SIZE _____ <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. | <b>GARBAGE DISPOSAL UNIT</b><br><input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes<br>If Yes, specify one below:<br><input type="checkbox"/> a. Multi-compartment Tank<br><input type="checkbox"/> b. _____ Tanks in Series<br><input type="checkbox"/> c. Increase in Tank Capacity<br><input type="checkbox"/> d. Filter on Tank Outlet | <b>DESIGN FLOW</b><br><u>270</u> gallons per day<br>BASED ON:<br><input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s))<br><input type="checkbox"/> 2. Table 502.2 (other facilities)<br>SHOW CALCULATIONS -- for other facilities --<br><input type="checkbox"/> 3. Section 503.0 (meter readings)<br>ATTACH WATER-METER DATA |
| <b>SOIL DATA &amp; DESIGN CLASS</b><br>PROFILE <u>1</u> CONDITION <u>1</u> DESIGN <u>1</u><br>at Observation Hole # _____<br>Depth _____ " Elevation _____ "<br>OF MOST LIMITING SOIL FACTOR  | <b>DISPOSAL FIELD SIZING</b><br><input type="checkbox"/> 2. Medium -- 2.6 sq. ft./gpd<br><input type="checkbox"/> 3. Medium-Large -- 3.3 sq. ft./gpd<br><input type="checkbox"/> 4. Large -- 4.1 sq. ft./gpd<br><input type="checkbox"/> 5. Extra-Large -- 5.0 sq. ft./gpd<br>(Item numbers are used for data entry purposes)  | <b>EFFLUENT/EJECTOR PUMP</b><br><input checked="" type="checkbox"/> 1. Not Required<br><input type="checkbox"/> 2. Required<br>Specify only for engineered systems:<br>DOSE: _____ gallons   | <b>LATITUDE AND LONGITUDE</b><br>at Center of Disposal Area<br>Lat. <u>43</u> d <u>46</u> m <u>02</u> s<br>Lon. <u>70</u> d <u>06</u> m <u>10</u> s<br>If GPS, state margin of error: _____'  |

|  |                              |                      |
|--|------------------------------|----------------------|
| <b>SITE EVALUATOR STATEMENT</b>  |                              |                      |
| I certify that on <u>7/12/10</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). |                              |                      |
| Site Evaluator Signature: <u>Mary Hampton</u>  | SE #: <u>243</u>             | Date: <u>7/12/10</u> |
| Site Evaluator Name Printed: <u>MARY J. HAMPTON</u>  | Telephone #: <u>756-2900</u> | Email Address: _____ |

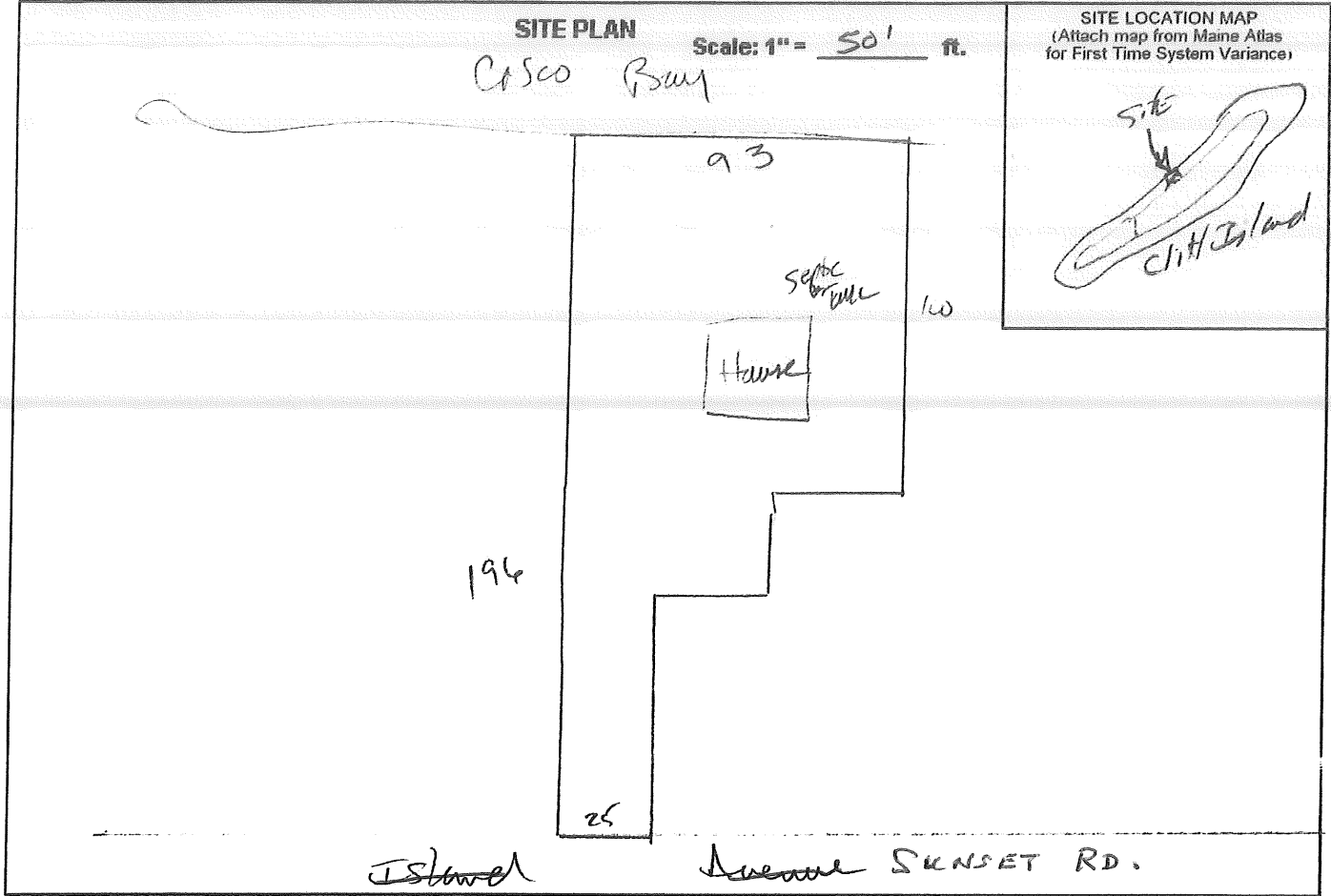
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

2918

**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: SUNSET RD. Cliff Island (Island town)  
Owner or Applicant Name: Bruce Fincoat



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

| Observation Hole # | <input type="checkbox"/> Test Pit           | <input type="checkbox"/> Boring |               |                       |  |
|--------------------|---|---------------------------------|---------------|-----------------------|--|
| _____              | <input type="checkbox"/>                    | <input type="checkbox"/>        |               |                       |  |
| _____ "            | Depth of organic horizon above mineral soil |                                 |               |                       |  |
|                    | Texture                                     | Consistency                     | Color         | Mottling              |  |
| 0                  |   |                                 |               |                       |  |
| 6                  |   |                                 |               |                       |  |
| 12                 |   |                                 |               |                       |  |
| 18                 |   |                                 |               |                       |  |
| 24                 |   |                                 |               |                       |  |
| 30                 |   |                                 |               |                       |  |
| 36                 |   |                                 |               |                       |  |
| 42                 |   |                                 |               |                       |  |
| 48                 |   |                                 |               |                       |  |
|                    | Soil Profile                                | Classification Condition        | Slope Percent | Limiting Factor Depth | <input type="checkbox"/> Groundwater<br><input type="checkbox"/> Restrictive Layer<br><input type="checkbox"/> Bedrock |

| Observation Hole # | <input type="checkbox"/> Test Pit           | <input type="checkbox"/> Boring |               |                       |  |
|--------------------|---|---------------------------------|---------------|-----------------------|--|
| _____              | <input type="checkbox"/>                    | <input type="checkbox"/>        |               |                       |  |
| _____ "            | Depth of organic horizon above mineral soil |                                 |               |                       |  |
|                    | Texture                                     | Consistency                     | Color         | Mottling              |  |
| 0                  |   |                                 |               |                       |  |
| 6                  |   |                                 |               |                       |  |
| 12                 |   |                                 |               |                       |  |
| 18                 |   |                                 |               |                       |  |
| 24                 |   |                                 |               |                       |  |
| 30                 |   |                                 |               |                       |  |
| 36                 |   |                                 |               |                       |  |
| 42                 |   |                                 |               |                       |  |
| 48                 |   |                                 |               |                       |  |
|                    | Soil Profile                                | Classification Condition        | Slope Percent | Limiting Factor Depth | <input type="checkbox"/> Groundwater<br><input type="checkbox"/> Restrictive Layer<br><input type="checkbox"/> Bedrock |

M. W. Hough  
Site Evaluator Signature

263  
SE #

7/12/10  
Date

2918

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

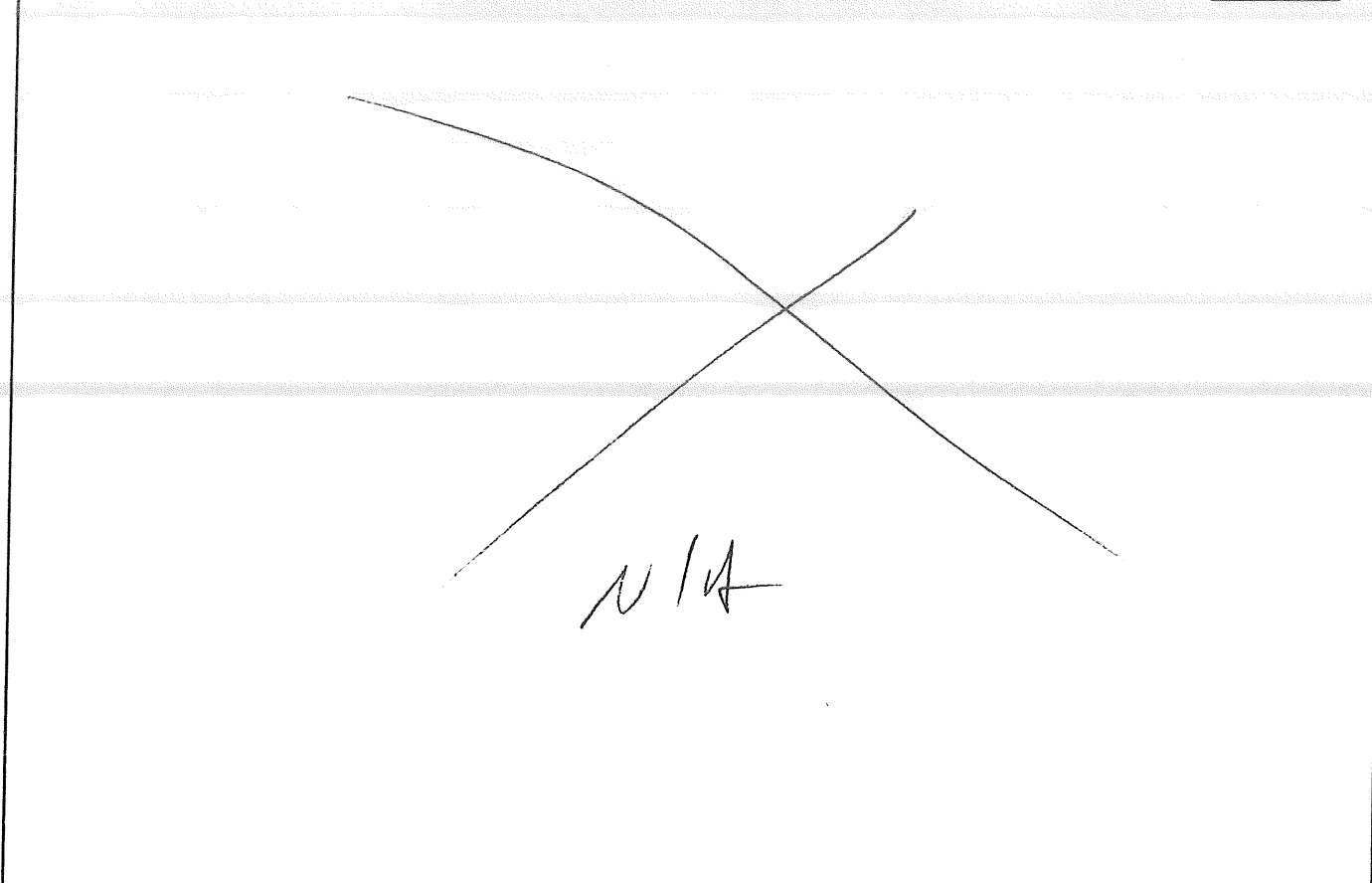
Town, City, Plantation  
*Portland*

Street, Road, Subdivision *SUNSET RD*  
*Cliff Island (Island Ave)*

Owner or Applicant Name  
*Bruce Videout*

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = \_\_\_\_\_ ft.



### BACKFILL REQUIREMENTS

Depth of Backfill (upslope) \_\_\_\_\_"

Depth of Backfill (downslope) \_\_\_\_\_"

DEPTHS AT CROSS-SECTION (shown below)

### CONSTRUCTION ELEVATIONS

Finished Grade Elevation \_\_\_\_\_"

Top of Distribution Pipe or Proprietary Device \_\_\_\_\_"

Bottom of Disposal Field \_\_\_\_\_"

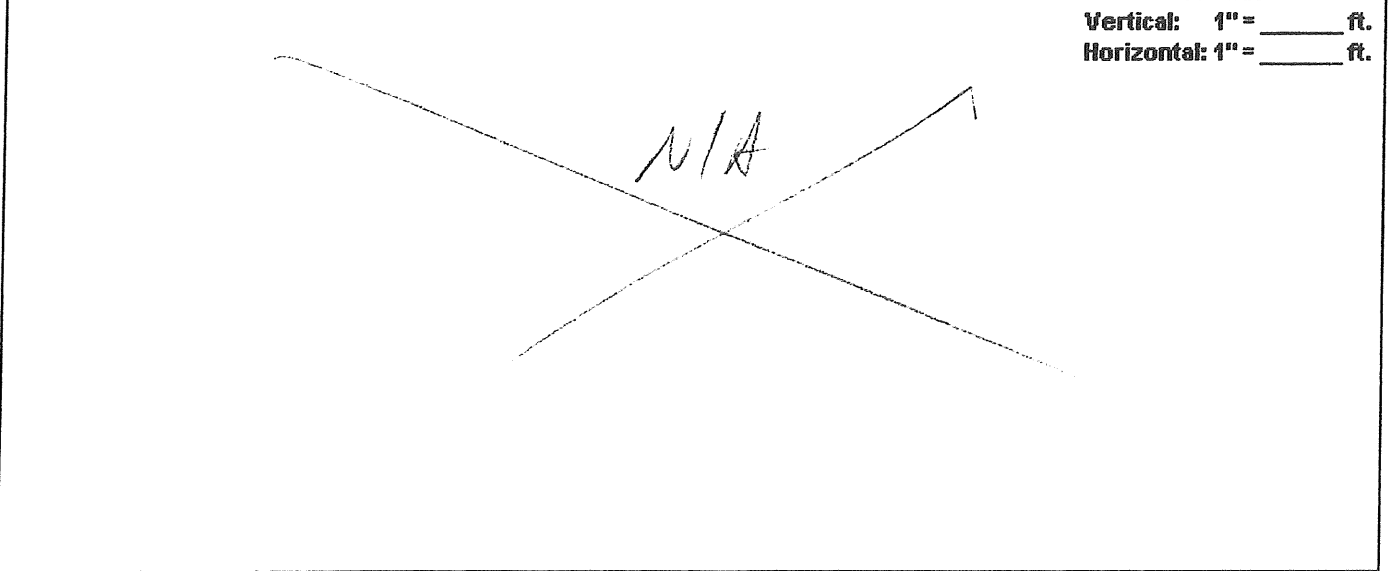
### ELEVATION REFERENCE POINT

Location & Description: \_\_\_\_\_

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

### DISPOSAL FIELD CROSS-SECTION

Scales:  
Vertical: 1" = \_\_\_\_\_ ft.  
Horizontal: 1" = \_\_\_\_\_ ft.



*M. W. H. Humphreys*  
Site Evaluator Signature

*263*  
SE #

*7/12/10*  
Date



JOB OBD Sand Filter 3 Bedroom home

SHEET NO. 1 OF 1

CALCULATED BY M.J.H DATE 6/14/10

CHECKED BY \_\_\_\_\_ DATE \_\_\_\_\_

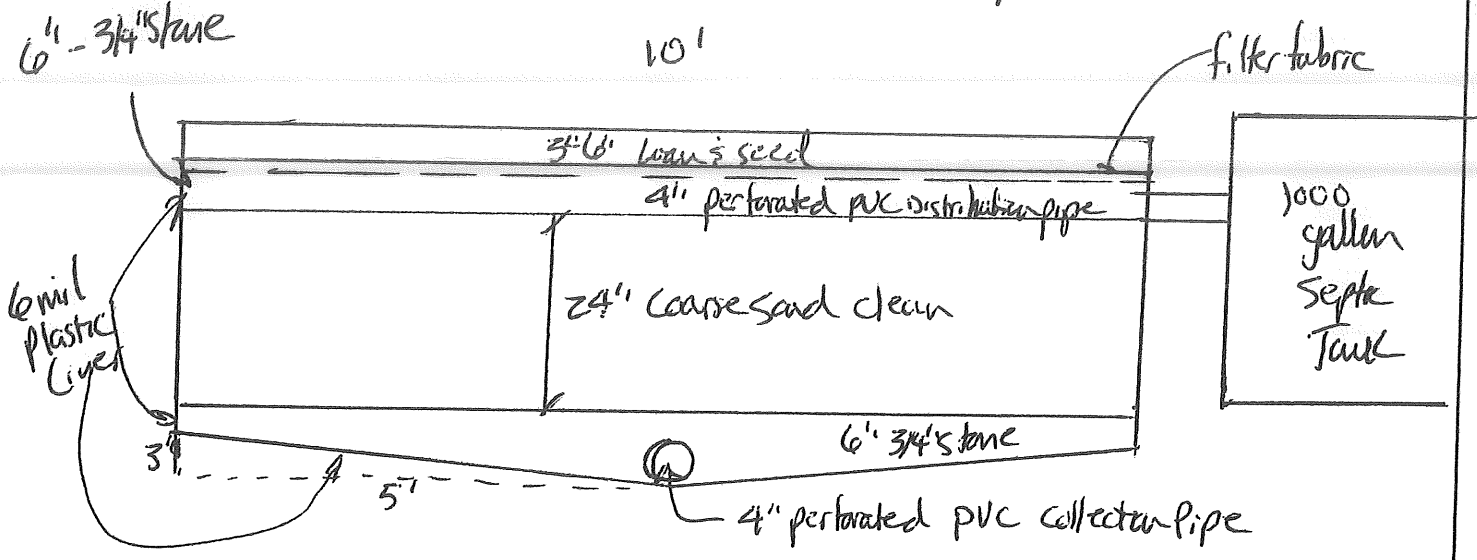
SCALE See Below

MARK HAMPTON ASSOCIATES, INC.  
SOIL EVALUATION • WETLAND DELINEATIONS • SOIL SURVEYS • WETLAND PERMITTING

P.O. BOX 1931 • PORTLAND, ME 04104-1931 • 207-773-8650  
Cell Phone: 756-2900 • mhampto1@maine.rr.com

Quality services that meet your deadline

### X-Section 1"=2'



### Plan View 1"=5'

