

City 2918

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION Maine Dept. of Health & Human Services
Division of Environmental Health, SHS 11
(207) 287-6689 Fax (207) 287-3165

PROPERTY LOCATION		>> Caution Permit Required – Attach in Space Below <<	
City, Town, or Plantation	Portland Cliff Island	210-147	
Street or Road	Island Avenue		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION		PORTLAND PERMIT # 11374 TOWN COPY	
Name (last, first, MI)	Rideout Bruce	Date Permit issued: 8, 3, 10	\$ 11.00 <input type="checkbox"/> Double Fee Charged
Mailing Address of Owner/Applicant	179 7th Avenue Collegedale, PA 19426	Local Plumbing Inspector Signature: <i>Deanne Benke</i>	L.P.I. # 0732
Daytime Tel. #		109-8821	
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: <i>M.W. J. Hampton</i> Date: 7/14/10		RECEIVED	
		Municipal Tax Map # 109-B Lot # 21	
		(1st) Date Approved _____ (2nd) Date Approved _____	

PERMIT INFORMATION		
TYPE OF APPLICATION (Check only one item) <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: <u>septic tank</u> Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> 4. Experimental System	THIS APPLICATION REQUIRES <input checked="" 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 type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval	DISPOSAL SYSTEM COMPONENTS <input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (garden & 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 <u>13,900</u> sq. ft. <input checked="" type="checkbox"/> _____ acres <input type="checkbox"/>	DISPOSAL SYSTEM TO SERVE <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)	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: _____
SHORELAND ZONING <input type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <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	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input 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 _____ sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <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	DESIGN FLOW <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 PROFILE CONDITION DESIGN at Observation Hole # _____ Depth _____" Elevation _____" OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING <input 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 (Item numbers are used for data entry purposes)	EFFLUENT/EJECTOR PUMP <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. Required Specify only for engineered systems: DOSE: _____ gallons	LATITUDE AND LONGITUDE at Center of Disposal Area Lat. <u>43</u> d <u>42</u> m <u>02</u> s Lon. <u>70</u> d <u>06</u> m <u>10</u> s If GPS, state margin of error: _____'

SITE EVALUATOR STATEMENT		
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).		
Signature: <i>M.W. J. Hampton</i> Site Evaluator Signature	SE # <u>243</u>	Date <u>7/14/10</u>
Site Evaluator Name Printed: <u>M.W. 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.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, STS 11
(207) 287-6669 FAX (207) 287-3165

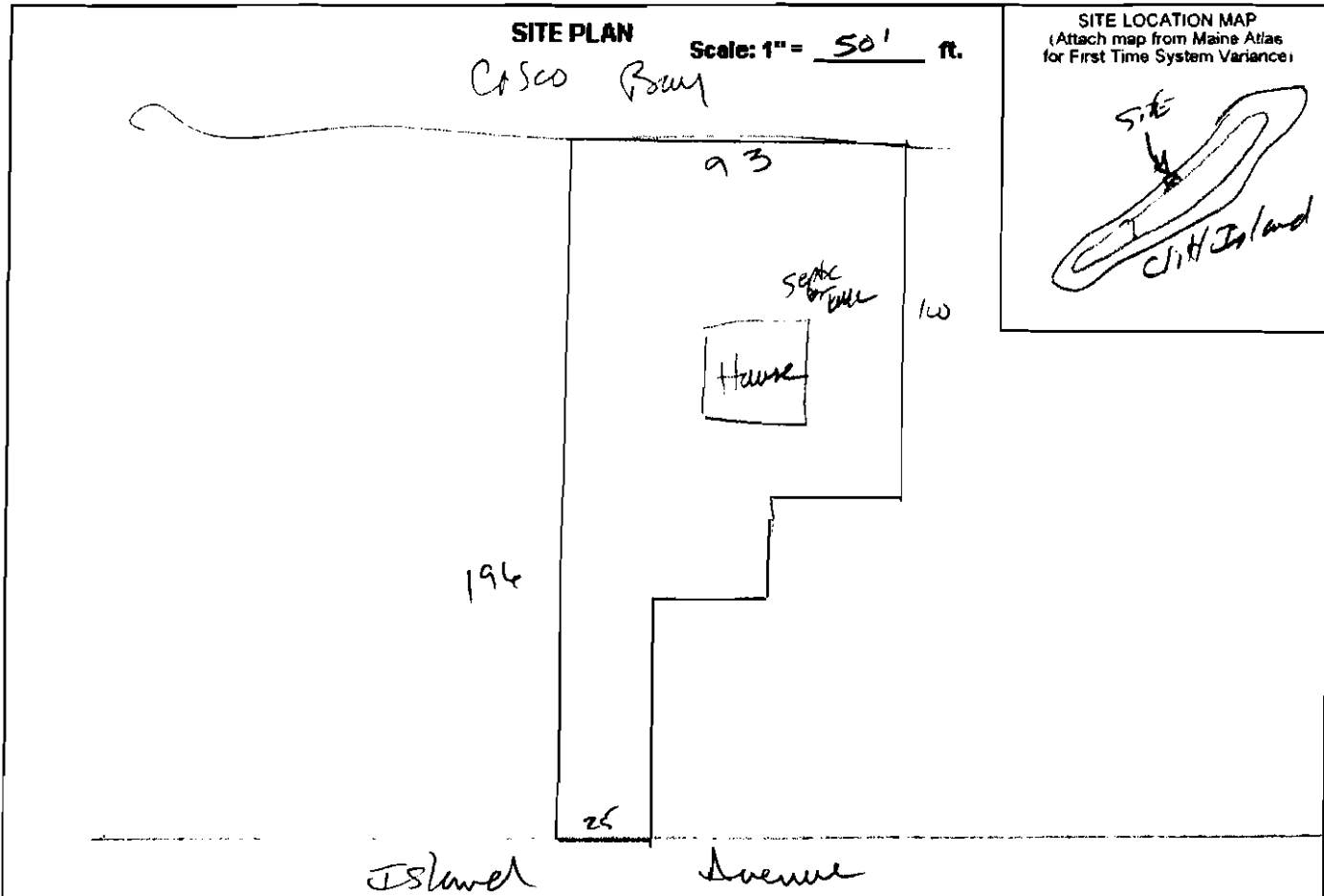
Town, City, Plantation
Portland

Street, Road, Subdivision
Cliff Island (Island Ave)

Owner or Applicant Name
Bruce Pigeon

SITE PLAN Scale: 1" = 50' ft.

SITE LOCATION MAP
(Attach map from Maine Atlas for First Time System Variance)



SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

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	Classification	Slope	Limiting Factor	<input type="checkbox"/> Groundwater
Profile	Condition	Percent	"	<input type="checkbox"/> Restrictive Layer
			Depth	<input 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
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48				

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

M. H. 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) 287-3166

Town, City, Plantation

Portland

Street, Road, Subdivision

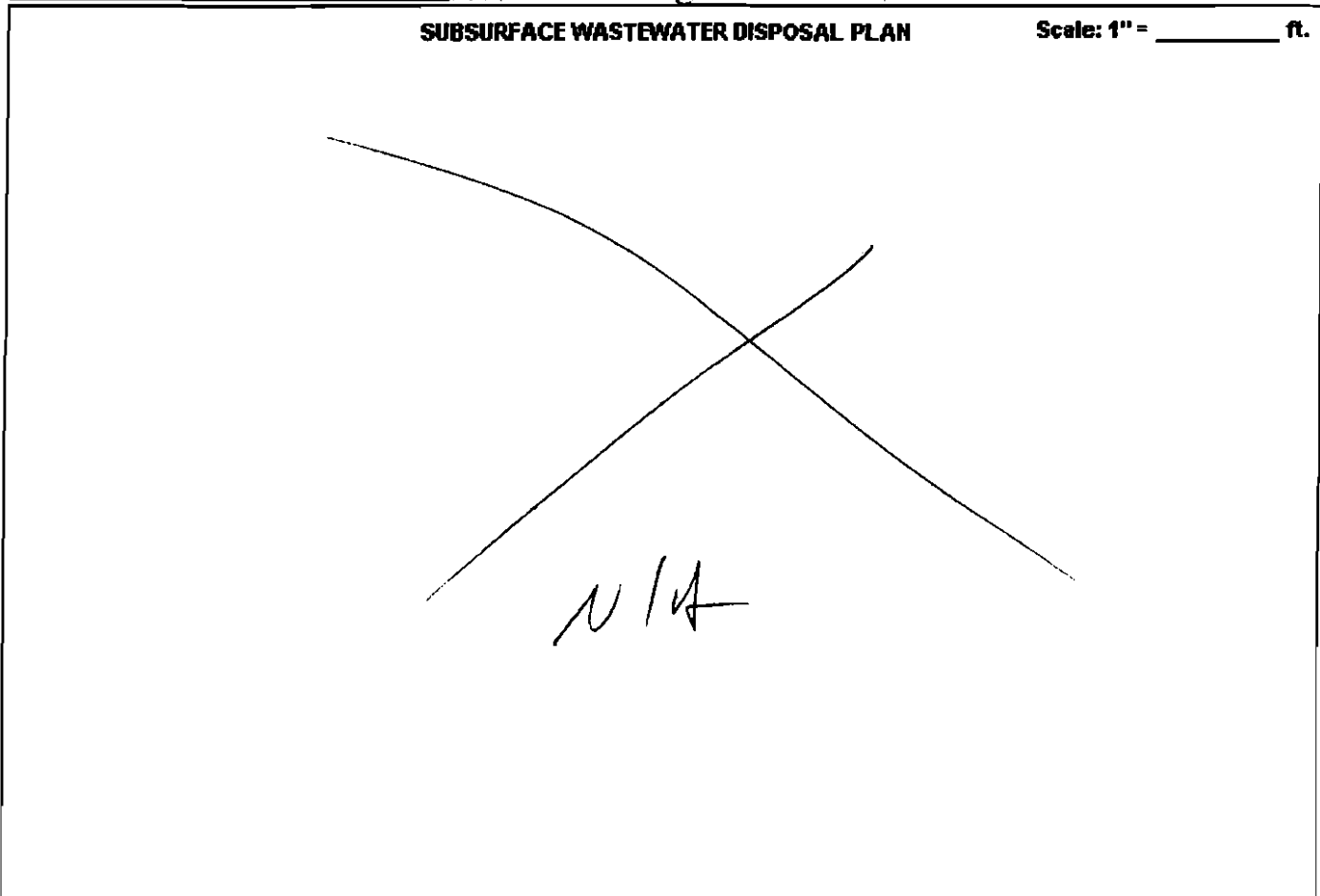
Cliff Island (Island Ave)

Owner or Applicant Name

Bruce Rideout

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = _____ ft.



BACKFILL REQUIREMENTS

Depth of Backfill (upslope) _____"
Depth of Backfill (downslope) _____"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation _____"
Top of Distribution Pipe or Proprietary Device _____"
Bottom of Disposal Field _____"

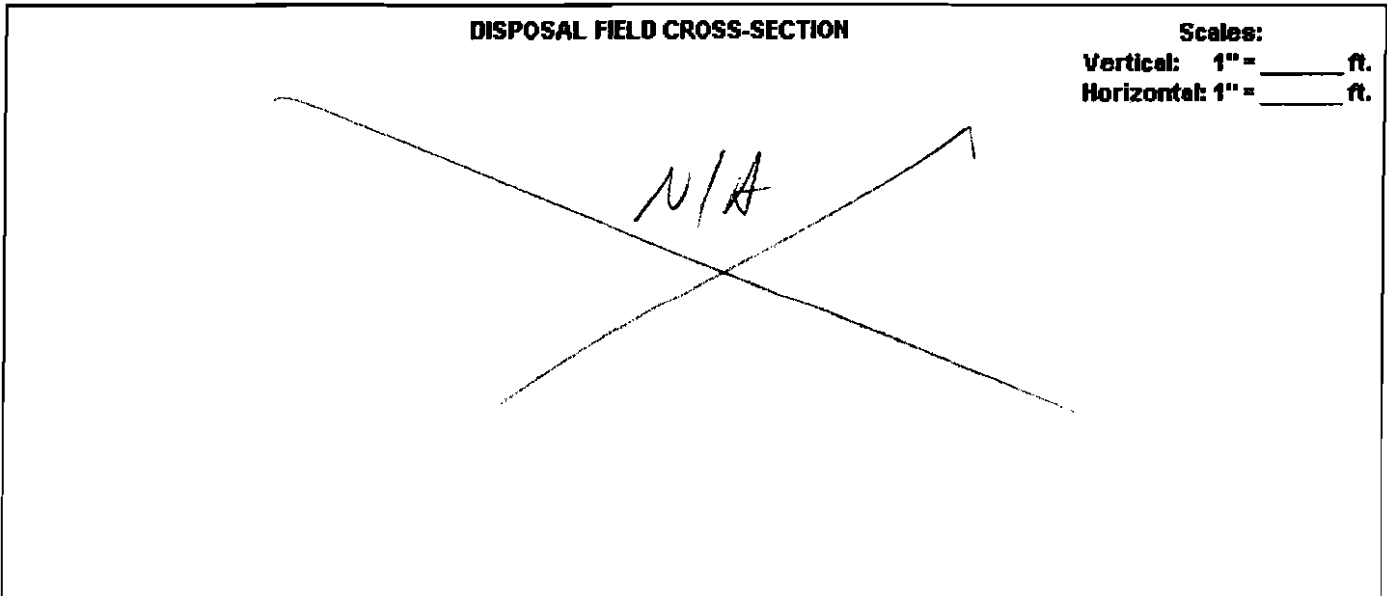
ELEVATION REFERENCE POINT

Location & Description: _____
Reference Elevation is: 0.0" or: _____

DEPTHS AT CROSS-SECTION (shown below)

DISPOSAL FIELD CROSS-SECTION

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



Mary Hannah
Site Evaluator Signature

203
SE #

7/12/10
Date



MARK HAMPTON ASSOCIATES, INC.

SOIL EVALUATION • WETLAND DELINEATIONS • SOIL SURVEYS • WETLAND PERMITTING

2918

July 12, 2010

Mr. Bruce Rideout
129 7th Avenue
Collegetown, PA 19426

Re: Overboard Discharge Cliff Island, Map 109-B Lot 21

city copy

Dear Mr. Rideout,

As you have requested, I have evaluated your parcel for the updating of your overboard discharge system. I have had discussions with Mr. Gregg Wood, Maine Department of Environmental Protection, who is responsible for the re-licensing of overboard discharge systems. I have forwarded to Mr. Wood the proposed design of the new septic tank, buried sand filter, and chlorinator system. I have attached to this letter his email response to that information.

I have also contacted Ms. Jeanie Bourke for the City of Portland to be sure we have addressed any permitting requirements that they have. Attached to this letter is a completed HHE-200 application for the replacement of the septic tank on your property from a 750 gallon to a 1000 gallon septic tank. This application has been submitted to the City of Portland and processed. This permit is valid for a two year period, after which the permit expires if the work has not been completed by then.

At this time, you have the permission of the state and the city to complete the installation of the new septic tank, buried sand filter and chlorinator for your overboard discharge system. I would suggest you provide a copy of this information to Mr. Bobby Howard for pricing and installation of the project. If you have any questions or require additional information, please contact me.

Sincerely,

Mark J. Hampton L.S.E., C.S.S.
Licensed Site Evaluator #263
Certified Soil Scientist #216

Enc.

Cc: Mr. Gregg Wood, MDEP
Ms. Jeanie Bourke, City of Portland

P.O. BOX 1931 • PORTLAND, ME 04104-1931 • 207-773-8650 • mhampto1@maine.rr.com

Quality services that meet your deadlines

RECEIVED
JUL 14 2010
Dept. of Building Inspections
City of Portland Maine

756-2900

RE: Sand Filter Design for both Bruce and Doug Ridout Cliff Island

Subject: RE: Sand Filter Design for both Bruce and Doug Ridout Cliff Island
From: "Wood, Gregg" <Gregg.Wood@maine.gov>
Date: Fri, 9 Jul 2010 07:53:39 -0400
To: "hampfam" <mhamptol@maine.rr.com>
CC: "Hinkel, Bill" <Bill.Hinkel@maine.gov>

Good morning Mark:

No, you do not need anything from us to proceed with construction of the sandfilter. Please send us an e-mail when you've completed the construction. Thanks.

Gregg Wood
MEPDES Permitting
Division of Water Quality Management
Bureau of Land & Water Quality
Maine Department of Environmental Protection
17 State House Station
Augusta, ME 04333-0017
ph: 207-287-7693
fax: 207-287-3435
e-mail: gregg.wood@maine.gov

Team because there is only one direction

-----Original Message-----

From: hampfam [<mailto:mhamptol@maine.rr.com>]

Sent: Friday, July 09, 2010 7:37 AM

To: Wood, Gregg

Subject: Sand Filter Design for both Bruce and Doug Ridout Cliff Island

Gregg,

This the a sand filter design I am proposing to install on both Bruce and Doug Rideout's parcels on Cliff Island.

Both homes have 3 bedrooms. I am using a loading rate of 2 gallons per square foot per day. Each system will have a 1000 gallon septic tank located prior to the sand filter. The construction of the sand filter will be somewhat controlled by site constraints such as ledge. The exact length and width of the sand filters will be determined during construction. I will be retained to oversee the construction activities and will prepare as-builts of the constructed sand filters. A chlorinator will be installed after each sand filter and a connection will be made to the existing outfall piping. The sand filters will use a plywood form lined with a 6 mil plastic liner that will have chemically sealed seams.

Is there anything you need formally before we proceed on construction of the sand filters? My understanding is that both the Rideout's plan on construction of the sand filters this fall.

If you have any questions please let me know.

Thanks

Mark Hampton

RE: Sand Filter Design for both Bruce and Doug Ridout Cliff Island

Mark Hampton Associates, Inc.



MARK HAMPTON ASSOCIATES, INC.

SOIL EVALUATION • WETLAND DELINEATIONS • SOIL SURVEYS • WETLAND PERMITTING

P.O. BOX 1931 • PORTLAND, ME 04104-193 • 207-773-8850
Cell Phone: 756-2900 • mhamp1@maine.rr.com

Quality services that meet your deadline

JOB OBD Sand Filter 5-Bedroom home

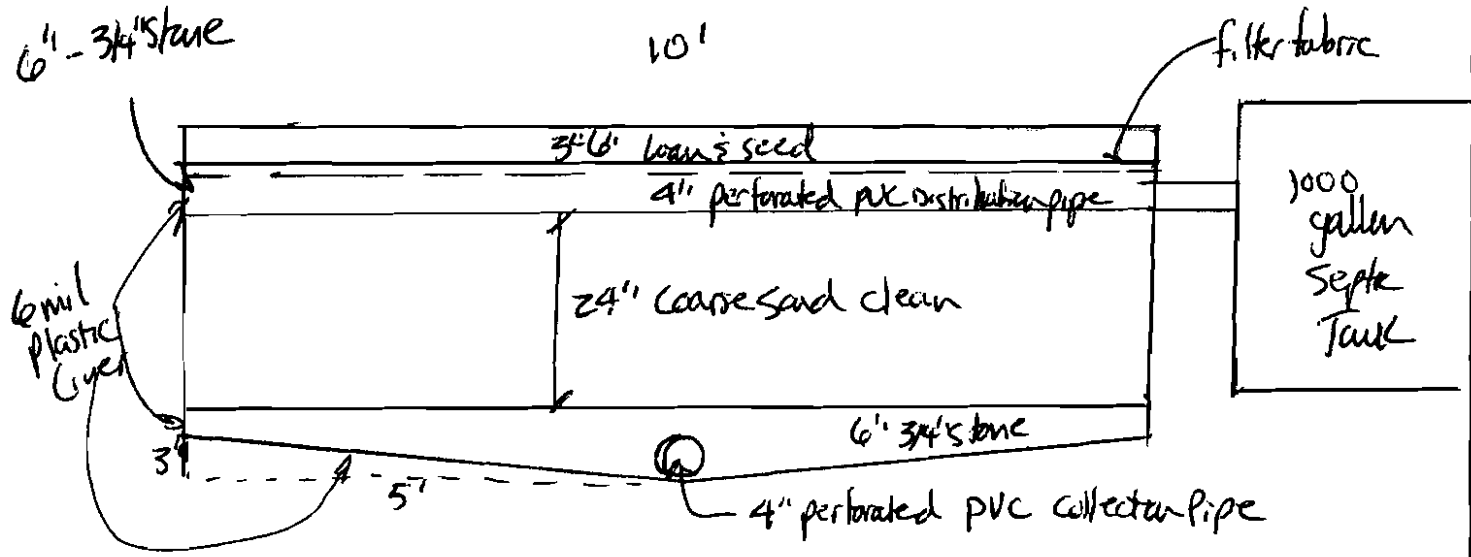
SHEET NO. 1 OF 1

CALCULATED BY MJH DATE 6/14/10

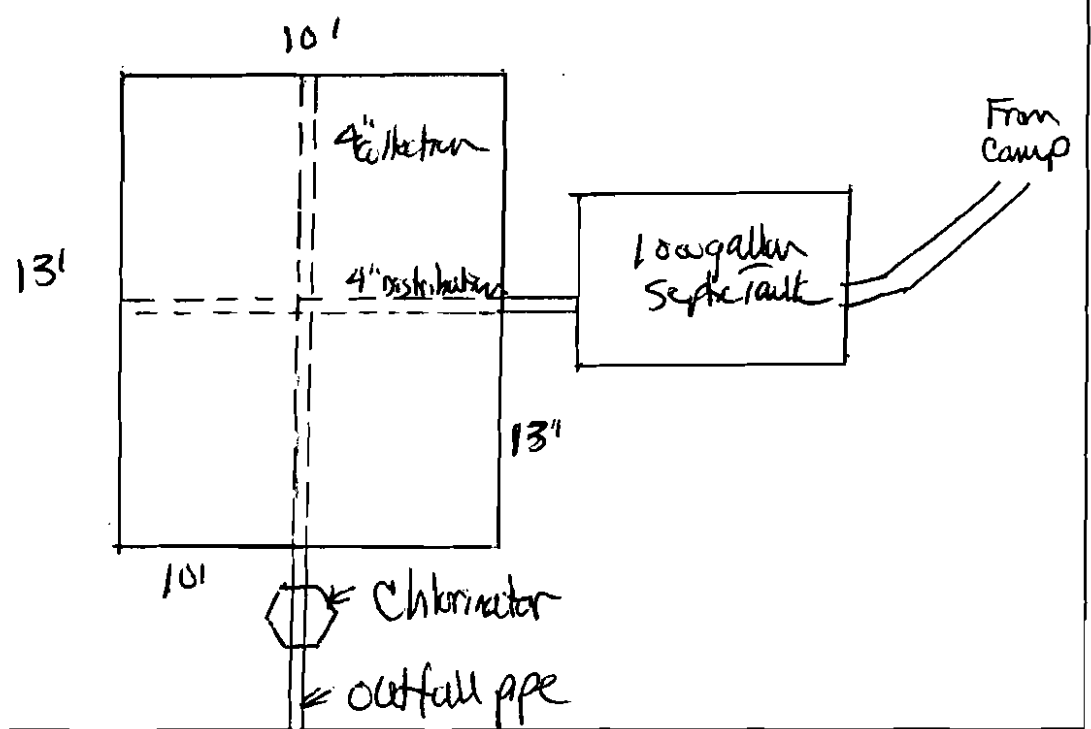
CHECKED BY _____ DATE _____

SCALE See Below

X-Section 1"=2'



Plan View 1"=5'



City of Portland, Maine - Building or Use Permit

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

Permit No: 20106007	Date Applied For: 07/15/2010	CBL: 109B B021001
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Location of Construction: 150 SUNSET RD	Owner Name: RIDEOUT BRUCE E	Owner Address: 129 7TH AVE	Phone:
Business Name:	Contractor Name: Bruce Rideout	Contractor Address: 129 7TH AVE COLLEGEVILLE	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Replacement System	

Proposed Use:	Proposed Project Description:
----------------------	--------------------------------------

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 08/03/2010**Note:** **Ok to Issue:**

- 1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

Comments:

7/27/2010-jmb: Left vcmg for Mark H. To verify the property location as his letter calls out lots 18 & 41, also if this is for 2 properties or one.

8/3/2010-jmb: Spoke with Mark H., the septic tank installation is for this property, the other 2 lots are for OBD upgrades which are under the jurisdiction of the DEP. He just sent information on these for our files.

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 tank location inspection**

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.