

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY LOCATION

City, Town, or Plantation: CLIFF ISLAND

Street or Road: ISLAND AVENUE

Subdivision, Lot #: _____

>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

PORTLAND

PERMIT # 10749 TOWN COPY

Date Permit Issued: 9/12/08

\$ 1,168

If Double Fee Charged

Suzanne Ben
Local Plumbing Inspector Signature

L.P.I. # 1,0,67

OWNER/APPLICANT INFORMATION

Name (last, first, MI): THOMPSON, DONALD Owner Applicant

Mailing Address of Owner/Applicant: 22 GEORGE STREET
GORHAM, ME 04038

Daytime Tel. #: 892-3665

Municipal Tax Map # _____ Lot # _____

OWNER OR APPLICANT STATEMENT
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.

CAUTION: INSPECTION REQUIRED
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

Donald H Thompson 8/27/08
Signature of Owner or Applicant Date

Local Plumbing Inspector Signature (1st) date approved

Local Plumbing Inspector Signature (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: _____ 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	THIS APPLICATION REQUIRES <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	DISPOSAL SYSTEM COMPONENTS <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
SIZE OF PROPERTY 1 ± <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	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) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	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 checked="" 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>1,000</u> GAL.	DISPOSAL FIELD TYPE & SIZE <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>891</u> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input checked="" 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 checked="" 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 501.2 (other facilities) SHOW CALCULATIONS --- for other facilities --- 3 BEDROOMS @ 90 gpd = 270 gpd TOTAL
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>3 / AIII C / 1</u> at Observation Hole # <u>TP#1</u> Depth <u>18</u> " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Small---2.0 sq. ft. / gpd <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	EFFLUENT/EJECTOR PUMP <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	ATTACH WATER METER DATA <input type="checkbox"/> 3. Section 503.0 (meter readings) LATITUDE AND LONGITUDE at center of disposal area Lat. <u>40</u> d. <u>02</u> m. <u>22</u> s Lon. <u>07</u> d. <u>05</u> m. <u>41</u> s if g.p.s. state margin of error: <u>4'</u>

SITE EVALUATOR STATEMENT

I certify that on Aug-2008 (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).

John M. Toothaker
Site Evaluator Signature

347
SE #

updated Aug 15-2008
Date

John M. Toothaker
Site Evaluator Name Printed

(207) 839-5746
Telephone Number

tooth@maine.rr.com
E-mail Address

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



Maine Department of Health and Human Services

Maine Center for Disease Control and Prevention

286 Water Street, 3rd Floor
11 State House Station
Augusta, ME 04333-0011

John R. Nicholas
Commissioner

Dora Anne Mills, MD, MPH
Public Health Director
Maine CDC Director

John Elias Baldacci
Governor

May 2, 2006

John Toothaker
23 Davis Annex
Gorham, ME 04038

Subject: Don Thompson Application, Cliff Island

*Keep this with
the new permit
issued 9/12/08*

Dear Mr. Toothaker:

The Department received a faxed copy of a design for the subject property on April 19, 2006. Unfortunately it was misplaced and I did not receive it until the end of the following week. You wanted us to review the application and give you our opinion and any suggestions/recommendations we may have.

Because this application does not require a State approval or otherwise require our involvement, we must decline its review unless you can offer a compelling reason why it needs to be reviewed by the State. We are all very backlogged at the moment and do not have extra time to review items that do not need State approval. If you wish, you may submit the application with a request for an advisory ruling per Section 121.0 of the Subsurface Wastewater Disposal Rules.

If you have any further questions, please feel free to contact me at (207) 287-5687.

Sincerely,

Jennifer E. Sanborn, Environmental Specialist II
Wastewater and Plumbing Control Program
Division of Health Engineering
e-mail: Jennifer.E.Sanborn@maine.gov

/jes

xc: File
Ken Stratton, SSE
James Jacobsen, ES IV
Mike Nugent, LPI
Don Thompson, Owner

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. 2006)
2. There will be no change in use of the structure except as authorized for minor 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>Cliff Island</u>
Permit No. _____	Date Permit Issued _____
Property Owner's Name: <u>Don Thompson</u>	Tel. No.: <u>892-3665</u>
System's Location: <u>Cliff Island Avenue</u>	
Property Owner's Address: <u>22 George Street, Gorham, Maine</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:
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.

Donald W. Thompson
SIGNATURE OF OWNER

10/17/05
DATE

LOCAL PLUMBING INSPECTOR

I, MIKE NUGENT, the undersigned, have ~~inspected 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, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments:
REPLACING MALFUNCTIONING SYSTEM

Mike Nugent
LPI SIGNATURE

6/20/06
DATE

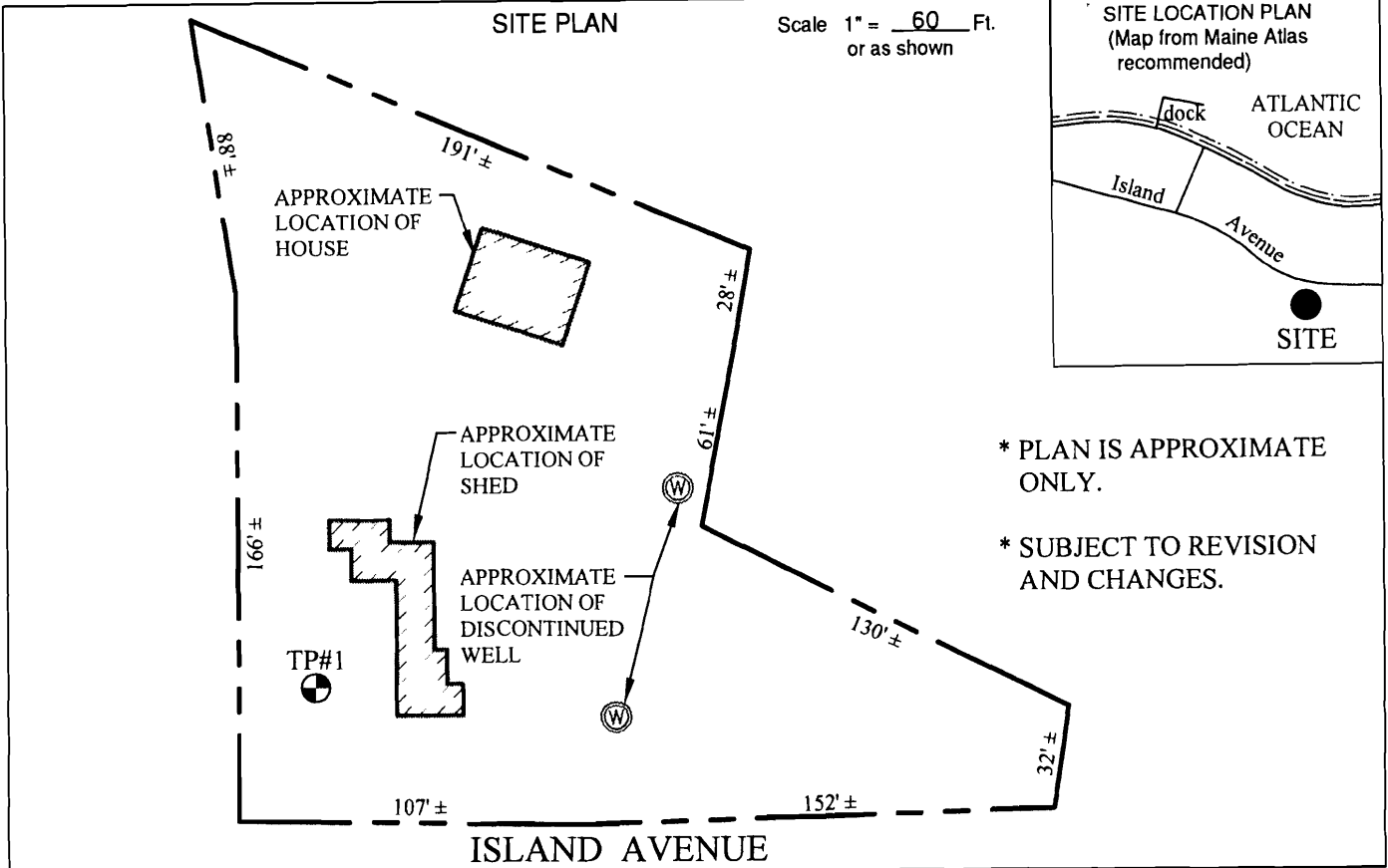
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, 10 SHS
 (207) 287-5672 FAX (207) 287-3165

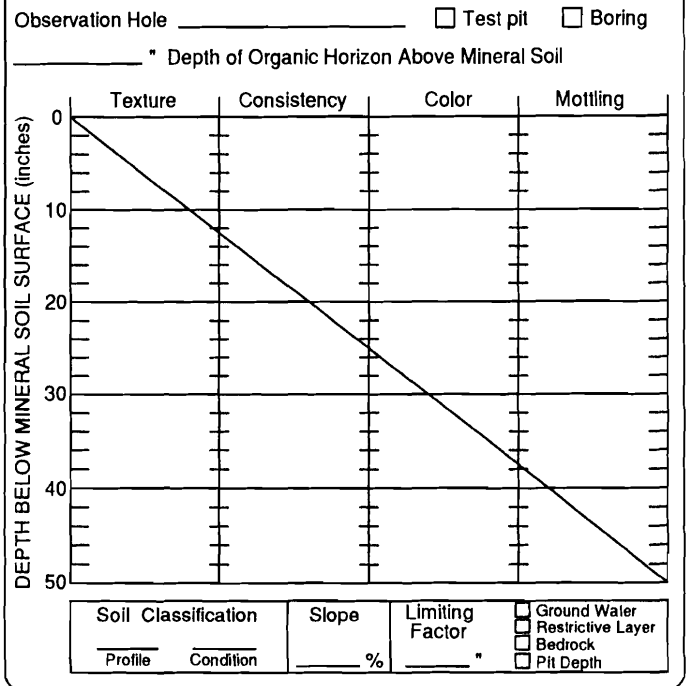
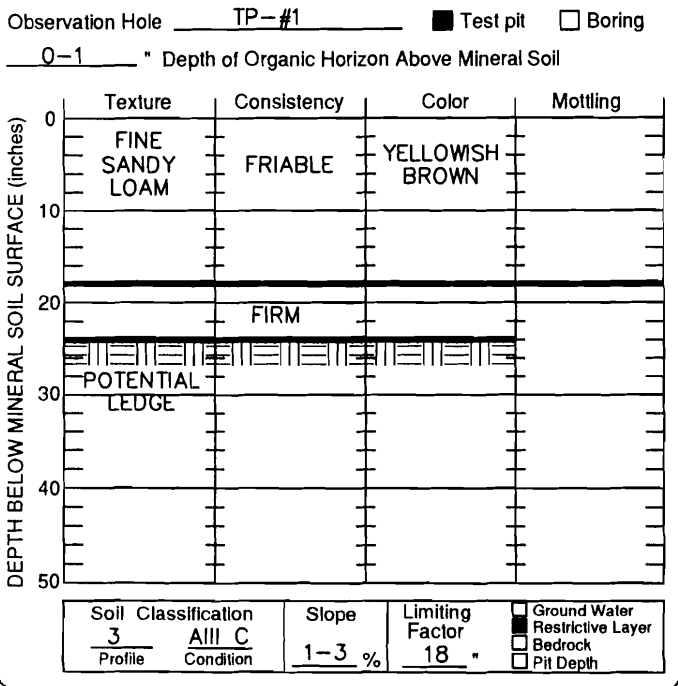
Town, City, Plantation
 CLIFF ISLAND

Street, Road, Subdivision
 ISLAND AVENUE

Owner or Applicant Name
 DONALD THOMPSON



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



John M. Toothaker
 Site Evaluator Signature

#347
 SE #

Sept 4-08
 Date

Revised

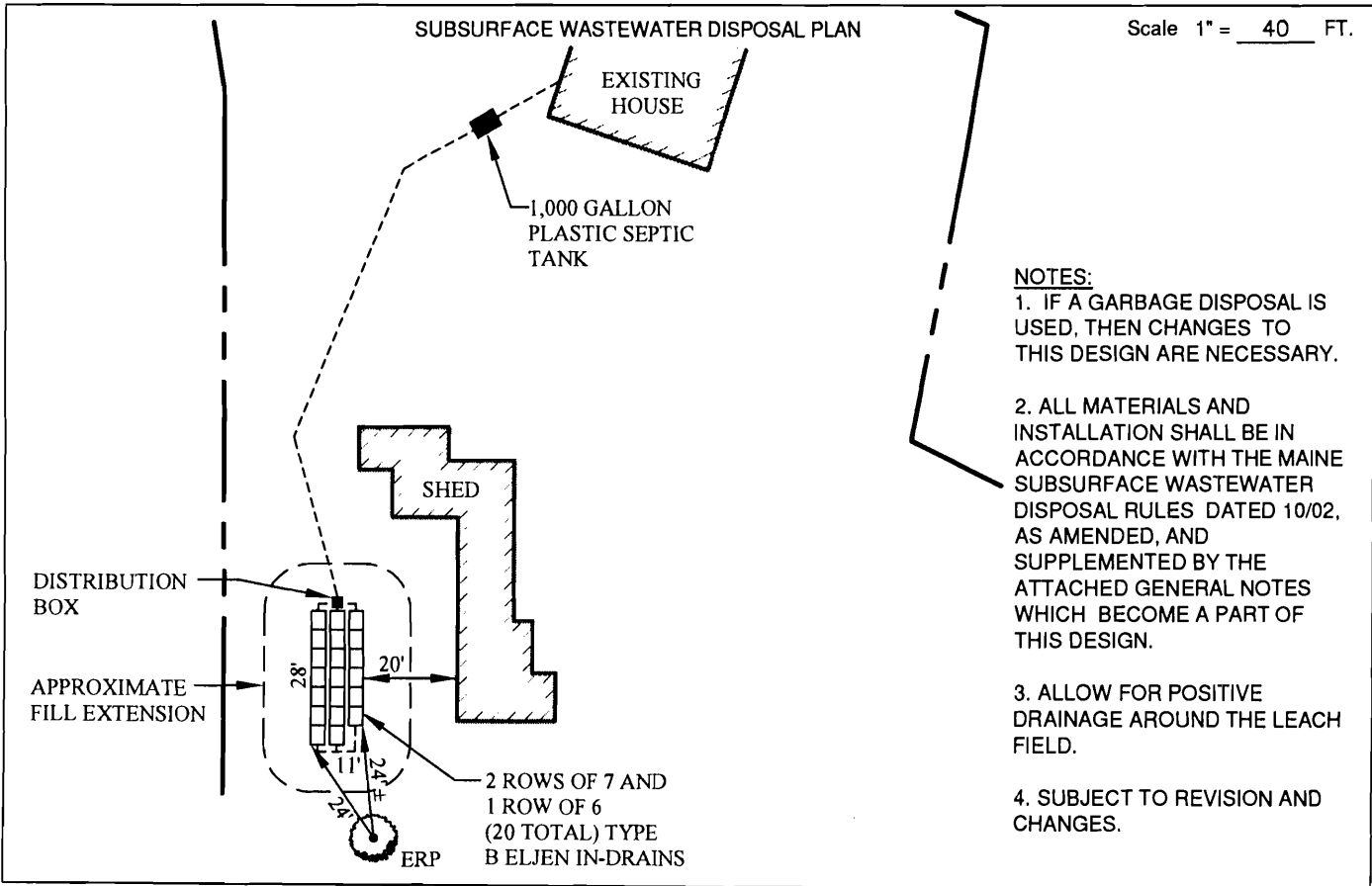
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, 10 SHS
 (207) 287-5672 FAX (207) 287-3165

Town, City, Plantation
 CLIFF ISLAND

Street, Road, Subdivision
 ISLAND AVENUE

Owner or Applicant Name
 DONALD THOMPSON



BACKFILL REQUIREMENTS

Depth of Fill (Upslope)
 Depth of Fill (Downslope)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
 Top of Distribution Pipe or Proprietary Device
 Bottom of Disposal Area (Bottom of Stone)

ELEVATION REFERENCE POINT

Location & Description
 Reference Elevation

DISPOSAL FIELD CROSS SECTION

SEE ATTACHED SHEET 4

John M. Toothaker
 Site Evaluator Signature

#347
 SE #

Sept 4 08
 Date

Revised JMT

Town, City, Plantation
Cliff ISLAND

Street, Road, Subdivision
ISLAND AVENUE

Owner or Applicant Name
DONALD THOMPSON

SCALE: 1"=5' HORIZ.
1"=5' VERT.

NOTES:

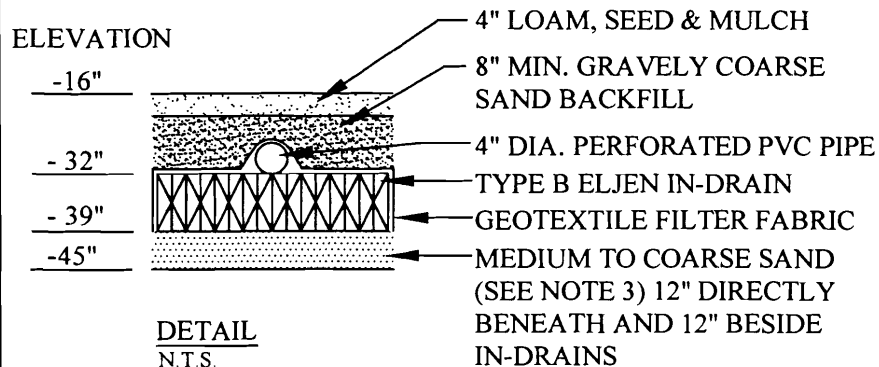
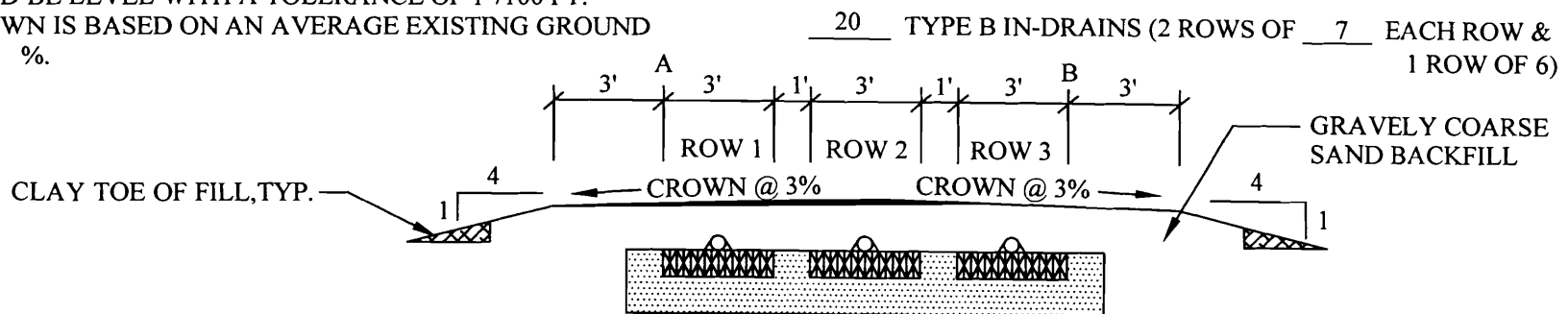
1. FILL REQUIREMENTS VARY GREATLY BECAUSE OF BED LOCATION. CONTRACTOR SHALL FIELD CHECK ALL SLOPES BEFORE DETERMINING ACTUAL FILL REQUIREMENTS.
2. NOTES ON PAGE OF ARE HEREBY MADE PART OF THIS HHE-200 FORM.
3. THE FIRST 12" DIRECTLY BENEATH THE IN-DRAINS SHALL BE MEDIUM TO COARSE TEXTURED SAND WITH AN EFFECTIVE SIZE OF 0.25 TO 2.0 mm. NO GREATER THAN 5% PASSING A #200 SIEVE AND NO PARTICLES LARGER THAN 3/4 INCH OR MATERIALS MEETING THE ASTM C-33 SPECIFICATION. CONCRETE OR WASHED SAND IS A RELIABLE CHOICE. SUITABILITY OF BANK RUN SAND OR SITE DISPOSAL AREA SOIL MUST BE VERIFIED.
4. ROTO-TILL ORIGINAL SURFACE THOROUGHLY IN ALL AREAS OF THE SYSTEM INCLUDING FILL EXTENSIONS BEFORE PLACING FILL. REMOVE ALL ORGANIC LAYER IN AREA OF SYSTEM.
5. ROWS SHOULD BE LEVEL WITH A TOLERANCE OF 1"/100 FT.
6. SECTION SHOWN IS BASED ON AN AVERAGE EXISTING GROUND SLOPE OF %.

FILL REQUIREMENTS AT SECTION:

DEPTH OF FILL (UPSLOPE) 45"
 DEPTH OF FILL (DOWNSLOPE) 45"

CONSTRUCTION ELEVATIONS: NAIL UP 47" IN A 6" DIA. SRUCE TREE
 E.R.P. REFERENCE ELEVATION IS 0"

FINISH GRADE	-16"
TOP OF DISTRIBUTION	-28"
BOTTOM OF IN-DRAINS	-39"



DETAIL
N.T.S.

John M. Toothaker
Site Evaluator Signature

#347
SE #

Sept 4 08
Date

Revised And

General Notes

(attachment to form HHE-200)
< 1,000 gpd Septic System

1. It is your right to get a second opinion if you don't agree with the professional opinion of Tooth & Associates, LLC.
2. Property information is from the owner or applicant and shall be correct and verified prior to signing this HHE-200 application.
3. All work shall be done per the Maine Subsurface Wastewater Disposal Rules dated 6/02 as amended.
4. All work shall be done only in dry conditions for disposal area.
5. No vehicular or equipment traffic to be allowed on disposal area. Construct disposal area outside the corner flags located in the field. Protect down slope area as well.
6. Backfill, if required, is to be gravelly coarse sand to coarse sand texture and to be free of foreign debris. If backfill is coarser than original soil, then mix top 4" of backfill and original soil with rototiller.
7. No neighboring wells are apparent (unless so indicated) within 100' of disposal area. Owner or applicant shall verify this prior to signing the HHE-200 application.
8. The disposal field stone shall be clean, uniform in size and free of fines, dusts, ashes, or clay. It shall be no smaller than ¼ inch and no larger than 2½ inches in size (per Section 805.2.3 of the Maine Subsurface Wastewater Rules).
9. Use minimum separation distances required (unless reduced by variance or special circumstance).
 - a. Wells with water usage of 2,000 or more gpd or public water supply wells:

Disposal fields:	300'
Septic Tanks and Holding Tanks:	100'
 - b. any well to disposal area: 100'
 - c. any well to septic tank 100'
 - d. septic tank or disposal area to lake, river, stream or brook: 100' for major watercourse
50' for minor watercourse
 - e. house to treatment tank: 8'
 - f. house to disposal area: 20'
 - g. all other separation distances, for less than 1,000 gpd per Maine Subsurface Wastewater Disposal Rules use Table 700.2.
10. Location of septic near a wetland may require a separate permit. As such, the owner or applicant prior to construction of the septic system shall hire a professional wetland scientist to evaluate adjacent wetlands and prepare needed permits.
11. Garbage disposals are not recommended and, if installed, are done so at the owner's risk. Follow Maine State Plumbing Code if installed.
12. Pump Stations shall be water tight to prevent infiltration of ground and surface water.
13. Pressure lines and force mains shall be flushed of any foreign material and pumps shall be checked for proper on/off cycle before being put into service.
14. Force mains, pump stations, and /or gravity piping subject to freezing shall be adequately insulated or installed below the frost line.

Tooth & Associates, LLC 347 Main Street, Unit 1B, Gorham, Maine 04038 (207)839-5746



Maine Department of Health and Human Services

Maine Center for Disease Control and Prevention
286 Water Street, 3rd Floor
11 State House Station
Augusta, ME 04333-0011

John R. Nicholas
Commissioner

John Elias Baldacci
Governor

Dora Anne Mills, MD, MPH
Public Health Director
Maine CDC Director

May 2, 2006

John Toothaker
23 Davis Annex
Gorham, ME 04038

Subject: Don Thompson Application, Cliff Island

Dear Mr. Toothaker:

The Department received a faxed copy of a design for the subject property on April 19, 2006. Unfortunately it was misplaced and I did not receive it until the end of the following week. You wanted us to review the application and give you our opinion and any suggestions/recommendations we may have.

Because this application does not require a State approval or otherwise require our involvement, we must decline its review unless you can offer a compelling reason why it needs to be reviewed by the State. We are all very backlogged at the moment and do not have extra time to review items that do not need State approval. If you wish, you may submit the application with a request for an advisory ruling per Section 121.0 of the Subsurface Wastewater Disposal Rules.

If you have any further questions, please feel free to contact me at (207) 287-5687.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer E. Sanborn", written over a large, stylized circular flourish.

Jennifer E. Sanborn, Environmental Specialist II
Wastewater and Plumbing Control Program
Division of Health Engineering
e-mail: Jennifer.E.Sanborn@maine.gov

/jes

xc: File
Ken Stratton, SSE
James Jacobsen, ES IV
Mike Nugent, LPI
Don Thompson, Owner

Subsurface Wastewater Program

Phone: (207) 287-5672

Fax: (207) 287-3165

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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>Cliff Island</u>
Permit No. _____	Date Permit Issued _____
Property Owner's Name: <u>Don Thompson</u>	Tel. No.: <u>892-3665</u>
System's Location: <u>Cliff Island Avenue</u>	
Property Owner's Address: <u>22 George Street, Gorham, Maine</u>	
(if different from above)	

SPECIFIC INSTRUCTIONS TO THE: LOCAL PLUMBING INSPECTOR (LPI):

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Donald Thompson
SIGNATURE OF OWNER

10/17/05
DATE

LOCAL PLUMBING INSPECTOR

I, MIKE NUGENT, the undersigned, have ~~inspected~~ ~~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):

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Comments:

REPLACING MALFUNCTIONING SYSTEM

Mike Nugent
LPI SIGNATURE

6/20/06
DATE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-6672 FAX (207) 287-4172

PROPERTY LOCATION		>> Caution: Permit Required – Attach in Space Below <<	
City, Town, or Plantation	Cliff Island	PORTLAND	PERMIT # 9920 TOWN COPY
Street or Road	Cliff Island Avenue	Date Permit Issued: 10/20/06	\$ 1000 <input type="checkbox"/> If Double Fee Charged
Subdivision, Lot #		<i>[Signature]</i> Local Plumbing Inspector Signature	L.P.I. # 06610
OWNER/APPLICANT INFORMATION		109 B E 4 # 20056020	
Name (last, first, MI)	Thompson Don	Municipal Tax Map # 109BE4 Lot # _____	
Mailing Address of	22 George Street	Owner or Applicant Statement	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	Gorham, Maine		
Daytime Tel. #	892-3665	Caution: Inspections Required	
Owner or Applicant Statement		Caution: Inspections Required	
I state 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.	
<i>[Signature]</i> Signature of Owner or Applicant		<i>[Signature]</i> Local Plumbing Inspector Signature	
Date: 10/16/05		Date Approved: _____	

PERMIT INFORMATION			
TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non-exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 1. <input type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input checked="" type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENT(S) 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd or more) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: 12. <input type="checkbox"/> Miscellaneous components	SIZE OF PROPERTY 1 +/- <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY _____		TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input type="checkbox"/> Concrete a. <input type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input checked="" type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input checked="" type="checkbox"/> Cluster array c. <input type="checkbox"/> Linear b. <input type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE <u>891</u> sq. ft. <input type="checkbox"/> lin. ft. <u>4 rows of 5 Type-B Eljens-Modified</u>	GARBAGE DISPOSAL UNIT 1. <input type="checkbox"/> No 3. <input checked="" type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment Tank b. <input type="checkbox"/> Tanks in Series c. <input type="checkbox"/> Increase in Tank Capacity d. <input checked="" type="checkbox"/> Filter on Tank Outlet	DESIGN FLOW <u>270</u> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS -- for other facilities -- 3 bedrooms @ 90gpd 270gpd 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA
SOIL DATA & DESIGN CLASS PROFILE <u>3</u> CONDITION <u>1</u> DESIGN <u>2</u> at Observation Hole # <u>2</u> Depth <u>18</u> " Elevation _____ OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small -- 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium -- 2.6 sq. ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large -- 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large -- 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra Large -- 5.0 sq. ft./gpd	PUMPING 1. <input type="checkbox"/> Not Required 2. <input checked="" type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ gallons	

SITE EVALUATOR STATEMENT	
I Certify that on <u>Sept 23, 2006</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>[Signature]</i> Site Evaluator Signature	<u>#347</u> SE #
<u>John M. Toothaker</u> Site Evaluator Name Printed	<u>Sept 30, 2005</u> Date
<u>839-5746</u> Telephone #	

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation

Cliff Island

Street, Road Subdivision

Cliff Island Avenue

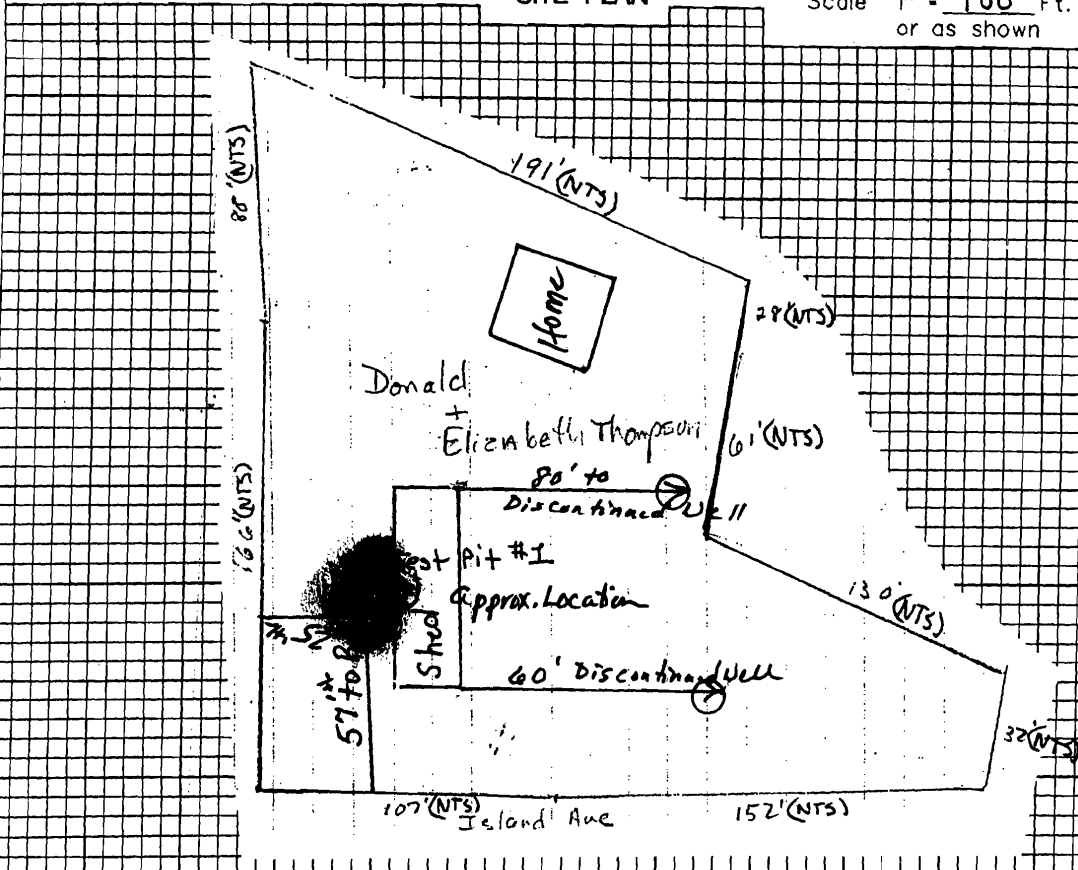
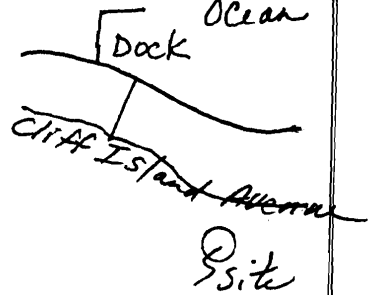
Owner's Name

Don Thompson

SITE PLAN

Scale 1" = 100 Ft.
or as shown

SITE LOCATION PLAN
(Map from Maine Atlas
recommended)



NTS = Not to Scale

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

Observation Hole: # I Test Pit Boring
0-1" Depth of Organic Horizon Above Mineral Soil

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	Fine Sandy Loam	Friable	Yellowish Brown	
10				
20				
30		Firm		
40				
50				

Potential ledge

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification: 3 A/C
Slope: _____ %
Limiting Factor: 18"
Ground Water:
Restrictive Layer:
Bedrock:
Pit Depth:

Soil Classification _____
Slope _____ %
Limiting Factor _____"
Ground Water:
Restrictive Layer:
Bedrock:
Pit Depth:

John M. Toothaker
Site Evaluator Signature

#347
SE

Sept. 30, 2005
Date

TOWN, CITY PLANTATION
Cliff Island

STREET, ROAD, SUBDIVISION
Island Ave

OWNERS NAME
Don Thompson

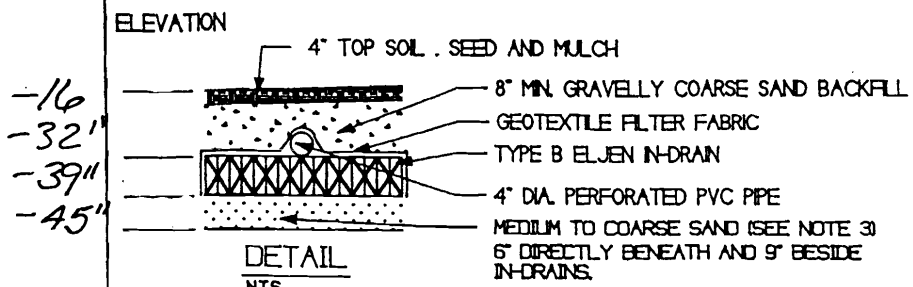
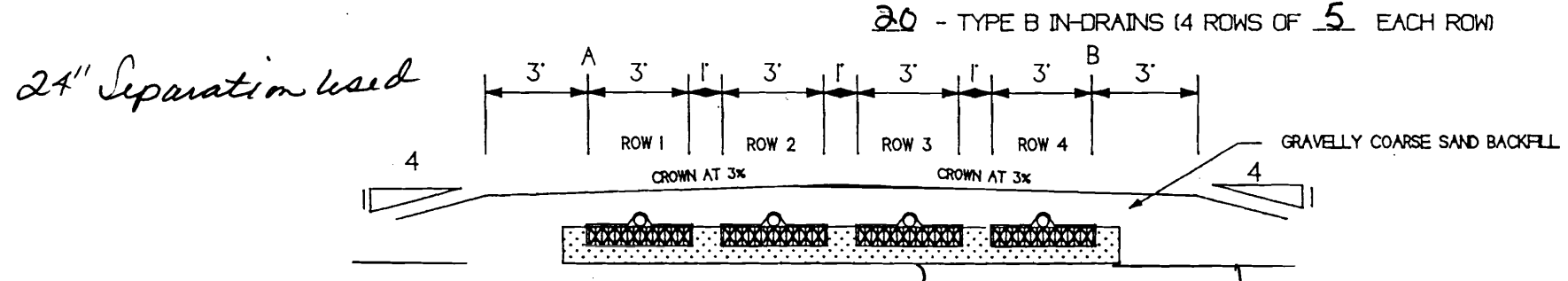
SCALE:
VERT.: 1"=5'
HORIZ.: 1"=5'

NOTES:

1. FILL REQUIREMENTS VARY GREATLY BECAUSE OF BED LOCATION. CONTRACTOR SHALL FIELD CHECK ALL SLOPES BEFORE DETERMINING ACTUAL FILL REQUIREMENTS.
2. NOTES ON PAGE OF ARE HEREBY MADE PART OF THIS HHE-200 FORM.
3. THE FIRST 6" DIRECTLY BENEATH THE IN-DRAINS SHALL BE MEDIUM TO COARSE TEXTURED SAND, WITH AN EFFECTIVE SIZE OF 0.25 TO 2.0 MM, NO GREATER THAN 5% PASSING A #200 SIEVE, AND NO PARTICLES LARGER THAN 3/4 INCH OR MATERIALS MEETING THE ASTM C-33 SPECIFICATION. CONCRETE OR WASHED SAND IS A RELIABLE CHOICE. SUITABILITY OF BANK RUN SAND OR SITE DISPOSAL AREA SOIL MUST BE VERIFIED.
4. ROTO-TILL ORIGINAL SURFACE THOROUGHLY IN ALL AREAS OF THE SYSTEM INCLUDING FILL EXTENSIONS BEFORE PLACING FILL. REMOVE ALL ORGANIC LAYER IN AREA OF SYSTEM.
5. ROWS SHOULD BE LEVEL WITH A TOLERANCE OF 1/100 FT.
6. SECTION SHOWN IS BASED ON AN AVERAGE EXISTING GROUND SLOPE OF %.

FILL REQUIREMENTS AT SECTION:
 DEPTH OF FILL (UPSLOPE) 45"
 DEPTH OF FILL (DOWNSLOPE) 45"

CONSTRUCTION ELEVATIONS: <u>nail up 47" in 6" Spruce</u>	
E.R.P. REFERENCE ELEVATION IS <u>0"</u>	
ROW	
FINISH GRADE	<u>-16"</u>
TOP OF DISTRIBUTION PIPE	<u>-28"</u>
BOTTOM OF IN-DRAINS	<u>-39"</u>



Bottom Spec. S from -45"

John M. Tothaker
SITE EVALUATOR SIGNATURE

#347
SE

Sept 30, 2005
DATE

PAGE ___ OF ___

General Notes

(attachment to form HHE-200)
< 1,000 gpd Septic System

1. It is your right to get a second opinion if you don't agree with the professional opinion of Tooth & Associates.
2. Property information is from the owner or applicant and shall be correct and verified prior to signing this HHE-200 application.
3. All work shall be done per the Maine Subsurface Wastewater Disposal Rules dated 6/02 as amended.
4. All work shall be done only in dry conditions for disposal area.
5. No vehicular or equipment traffic to be allowed on disposal area. Construct disposal area outside the corner flags located in the field. Protect down slope area as well.
6. Backfill, if required, is to be gravelly coarse sand to coarse sand texture and to be free of foreign debris. If backfill is coarser than original soil, then mix top 4" of backfill and original soil with rototiller.
7. No neighboring wells are apparent (unless so indicated) within 100' of disposal area. Owner or applicant shall verify this prior to signing the HHE-200 application.
8. The disposal field stone shall be clean, uniform in size and free of fines, dusts, ashes, or clay. It shall be no smaller than ¾ inch and no larger than 2½ inches in size (per Section 805.2.3 of the Maine Subsurface Wastewater Rules).
9. Use minimum separation distances required (unless reduced by variance or special circumstance).
 - a. Wells with water usage of 2,000 or more gpd or public water supply wells:

Disposal fields:	300'
Septic Tanks and Holding Tanks:	100'
 - b. any well to disposal area: 100'
 - c. any well to septic tank 100'
 - d. septic tank or disposal area to lake, river, stream or brook: 100' for major watercourse
50' for minor watercourse
 - e. house to treatment tank: 8'
 - f. house to disposal area: 20'
 - g. all other separation distances, for less than 1,000 gpd per Maine Subsurface Wastewater Disposal Rules use Table 700.2.
10. Location of septic near a wetland may require a separate permit. As such, the owner or applicant prior to construction of the septic system shall hire a professional wetland scientist to evaluate adjacent wetlands and prepare needed permits.
11. Garbage disposals are not recommended and, if installed, are done so at the owner's risk. Follow Maine State Plumbing Code if installed.
12. Pump Stations shall be water tight to prevent infiltration of ground and surface water.
13. Pressure lines and force mains shall be flushed of any foreign material and pumps shall be checked for proper on/off cycle before being put into service.
14. Force mains, pump stations, and /or gravity piping subject to freezing shall be adequately insulated or installed below the frost line.

Tooth & Associates 23 Davis Annex, Gorham, Maine 04038 (207)839-5746

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. 2006)
2. There will be no change in use of the structure except as authorized for minor 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 Cliff Island
Permit No. Date Permit Issued
Property Owner's Name: Don Thompson Tel. No.: 892-3665
System's Location: Cliff Island Avenue
Property Owner's Address: 22 George Street, Gorham, Maine
(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.
Signature: Donald Thompson DATE: 7/11/05

LOCAL PLUMBING INSPECTOR
I, _____, 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. () 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, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.
Comments:
LPI SIGNATURE DATE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
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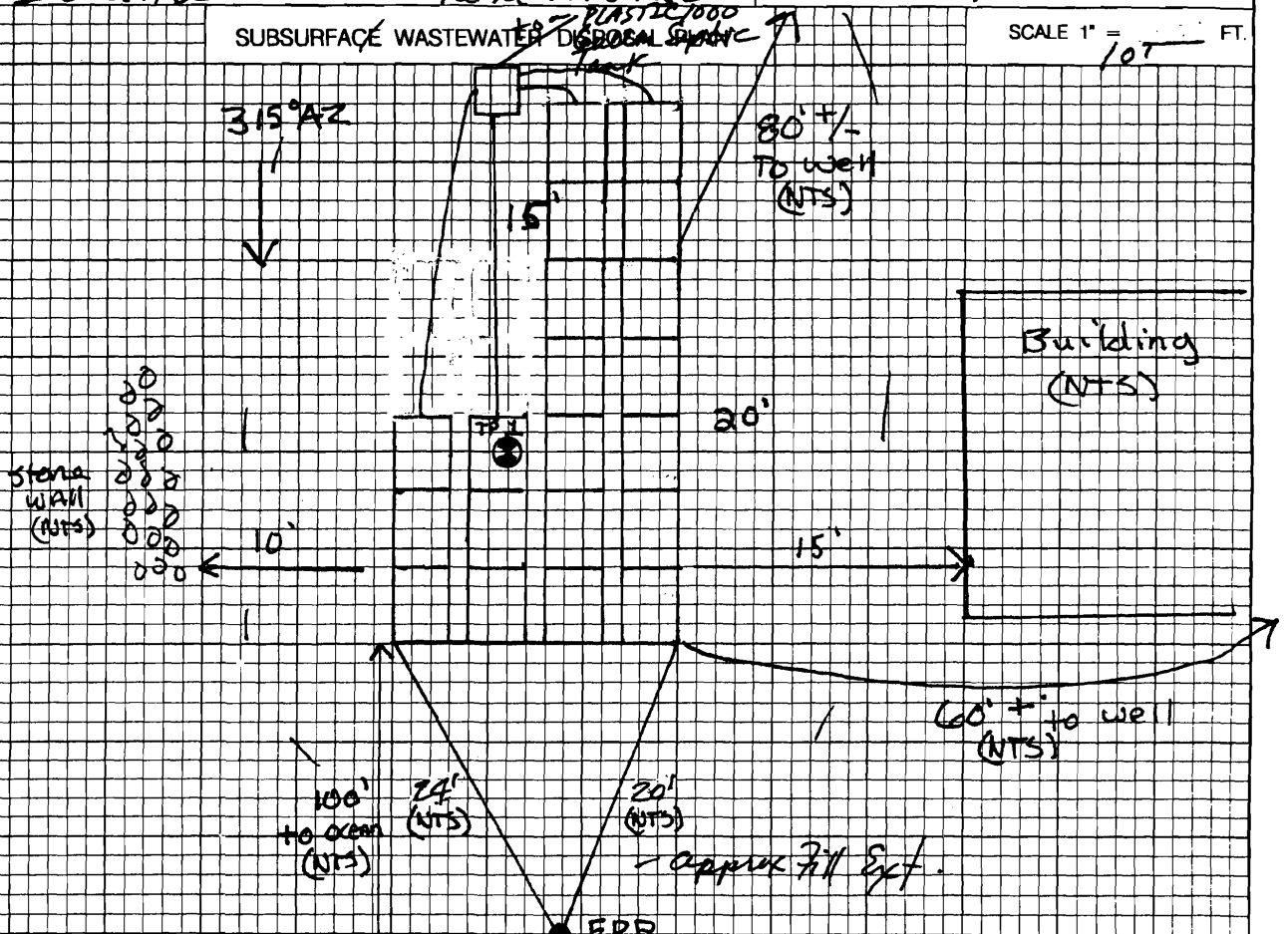
Town, City, Plantation
Cliff Island

Street, Road, Subdivision
Island Avenue

Owner's Name
Don Thompson

SUBSURFACE WASTEWATER DISPOSAL SYSTEM

SCALE 1" = 10' FT.



FILL REQUIREMENTS

Depth of Fill (Upslope) _____
Depth of Fill (Downslope) _____

CONSTRUCTION, ELEVATIONS

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

ELEVATION REFERENCE POINT

Location & Description _____
Reference Elevation _____

LEGEND:

- MON - GRANITE MONUMENT
- IR - IRON ROD FOUND
- IPF - IRON PIPE FOUND
- TP - TEST PIT

DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" =
HORIZONTAL: 1" =

NOTES:

1. IF A GARBAGE DISPOSAL IS USED, THEN CHANGES TO THIS DESIGN ARE NECESSARY
2. ALLOW FOR POSITIVE DRAINAGE AROUND THE LEACHFIELD
3. ALL MATERIALS AND INSTALLATION SHALL BE IN ACCORDANCE WITH THE MAINE SUBSURFACE WASTEWATER DISPOSAL RULES DATED 6/02, AS AMENDED, AND SUPPLEMENTED BY THE ATTACHED GENERAL NOTES WHICH BECOME A PART OF THIS DESIGN.

SEE PAGE 4

John M. Loothaker
Site Evaluator Signature

#347
SE

Sept. 30, 2005
Date

892-3665 Don- ^{ours}

06-088

632-7270

TOOTH & ASSOCIATES, LLC

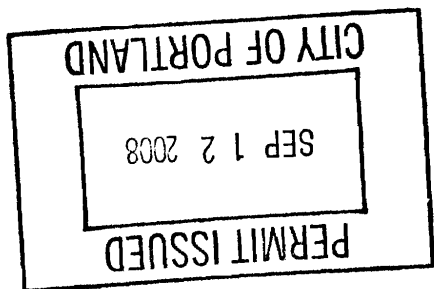
Soil Surveys, Septic Designs, Planning

Unit 1 B, 347 Main Street, Gorham ME 04038

Ph: 207-839-5746 Fax: 207-839-5746

Agg 15-2008

Code Enforcement,
Variance for Donald Thompson
across from the Estate parcel variance
form is considered update. This
form was original and @ the
City of Portland files.



Thanks,
John M. Toothaker