

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that DANA R. BOWDOIN

Located At 51 CHURCH RD (CLIFF ISLAND)

Job ID: 2012-01-3094-SUBSRF

CBL: 109B- F-051-001

has permission to install replacement Subsurface Wastewater System (Single Family).
provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer


02/13/2012
Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD

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 Inspections 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 24 months. If the project is not started or ceases for 24 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.**
1. **Septic field and extension inspection for bottom preparation/ scarification to verify removal of vegetation, established transitional horizon and erosion and sedimentation control measures.**
 2. **Backfill inspection of septic field for approved materials, stabilization, slopes and extensions.**
 3. **Exposed septic field installation and tank location inspection to check elevations, dimensions, piping, plumbing station and system design prior to covering.**

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF 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.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM AP

PROPERTY LOCATION

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

City, Town, or Plantation: Portland, Cliff Island
Street or Road: S. 53 Rear, Church Rd.
Subdivision, Lot #: -

109 B F 051 2012 013094

The Subsurface Wastewater Disposal System *shall not* be installed until a Permit is attached HERE by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

OWNER/APPLICANT INFORMATION

Name (last, first, MI): Bowdoin, Dana Owner Applicant
Mailing Address of Owner/Applicant: P.O. Box 232
Georgetown, ME 04548
Daytime Tel. #: (209) 371-2386

[Signature] #360 2/13/2012
Municipal Tax Map # 109-B F Lot # 51

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.

X Dana R Bowdoin
Signature of Owner or Applicant Date

[Signature]
Local Plumbing Inspector Signature (1st) date approved (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>03D</u> Year installed: <u>?</u> 3. Expanded System a. Minor Expansion b. Major Expansion 4. Experimental System 5. Seasonal Conversion	THIS APPLICATION REQUIRES 1. No Rule Variance 2. First Time System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval 3. Replacement System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval 4. Minimum Lot Size Variance 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS 1. Complete Non-engineered System 2. Primitive System (graywater & alt. toilet) 3. Alternative Toilet, specify: _____ 4. Non-engineered Treatment Tank (only) 5. Holding Tank, _____ gallons 6. Non-engineered Disposal Field (only) 7. Separated Laundry System <input checked="" type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) 9. Engineered Treatment Tank (only) 10. Engineered Disposal Field (only) 11. Pre-treatment, specify: _____ 12. Miscellaneous Components
SIZE OF PROPERTY <u>0.39</u> SQ. FT. ACRES	DISPOSAL SYSTEM TO SERVE 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. Multiple Family Dwelling, No. of Units: _____ 3. Other: _____ (specify)	TYPE OF WATER SUPPLY <input 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 <u>shared well, seasonal</u>
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete a. Regular b. Low Profile 2. Plastic 3. Other: _____ CAPACITY: <u>1000</u> GAL.	DISPOSAL FIELD TYPE & SIZE <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench 3. Proprietary Device a. cluster array c. Linear b. regular load d. H-20 load 4. Other: _____ SIZE: <u>750</u> sq. ft. lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: a. multi-compartment tank b. _____ tanks in series c. increase in tank capacity 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
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>4 / A III /</u> at Observation Hole # <u>T4-1</u> Depth <u>36"</u> of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input checked="" 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	EFFLUENT/EJECTOR PUMP <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	3. Section 503.0 (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>43</u> d <u>41</u> m <u>41</u> s Lon. <u>70</u> d <u>06</u> m <u>19</u> s if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on Dec. 5, 2011 (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).

Donald W. Newberg
Site Evaluator Signature

248
SE #

Dec. 5, 2011
Date

Donald W. Newberg
Site Evaluator Name Printed

(209) 833-6336
Telephone Number

pdnewberg@comcast.net
E-mail Address

RECEIVED
JAN 10 2012
NEWBERG PERMITS

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
 Division of Environmental Health
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

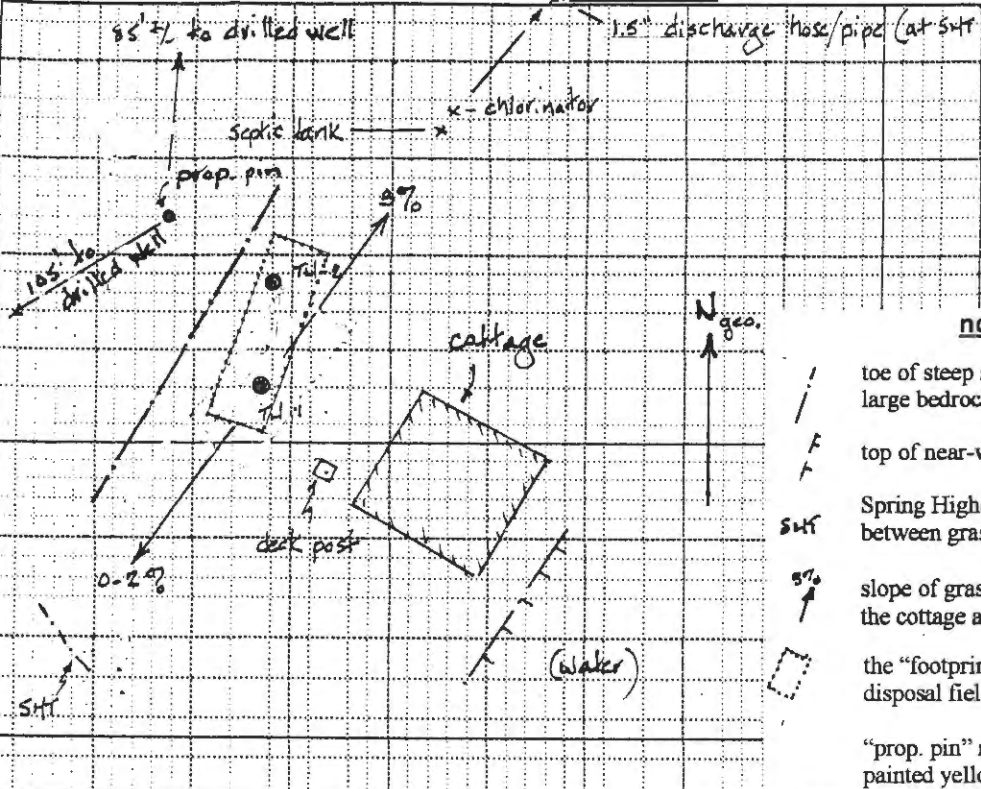
Portland: Cliff Island

5153 Rear Church Rd.

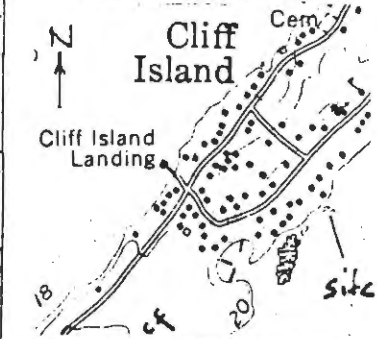
Bowdoin, Dana

SITE PLAN

Scale 1" = 50 ft. or as shown



SITE LOCATION PLAN



notes

- / — toe of steep slope... vegetated with loose, but rotated, large bedrock fragments and some exposed bedrock
- / — top of near-vertical rock face (13' from bldg.)
- SHT Spring Highest Tide ... marked by a sharp boundary between grass and rock or sand
- 5% slope of grassed surface in the rectangular area between the cottage and the steep slope to the northwest
- the "footprint" of a proposed 15' x 50' pipe in stone disposal field to serve a 3-bedroom structure
- "prop. pin" northwest of proposed field is a pipe painted yellow, located near a chlorinator

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

Observation Hole TH-1 Test Pit Boring
 0.5" Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	fine sandy loam	friable	10YR 3/2 v. dk grayish br.	old fill (?)
10	loamy med. sand	loose	7.5YR 3/4 dk. br.	(none obsd.)
20				
30				
36	(probe refusal - bedrock - at 36")			
40				
50				

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
<u>L</u> <u>A III</u>	<u>0-2%</u>	<u>36"</u>	<input type="checkbox"/> Restrictive Layer
Profile Condition			<input checked="" type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

Observation Hole TH-2 Test Pit Boring
 0.5" Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	fine sandy loam	↑ friable	7.5YR 3/4 dk. br.	(none obsd.)
10	loamy sand	↓	10YR 3/4 dk. yel. br.	
20		probe refusal .. bedrock fragment (ov slab)		
30				
40				
50				

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
<u>L</u> <u>A III</u>	<u>3%</u>	<u>≥ 16"</u>	<input type="checkbox"/> Restrictive Layer
Profile Condition			<input type="checkbox"/> Bedrock
			<input checked="" type="checkbox"/> Pit Depth

David L. Lintner
 Site Evaluator Signature

248
 SE #

Nov. 21, 2011; Dec. 1, 2011
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
 Division of Environmental Health
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Portland: Cliff Island

5153 Rear Church Rd.

Bowdoin, Dana

SUBSURFACE WASTEWATER DISPOSAL PLAN

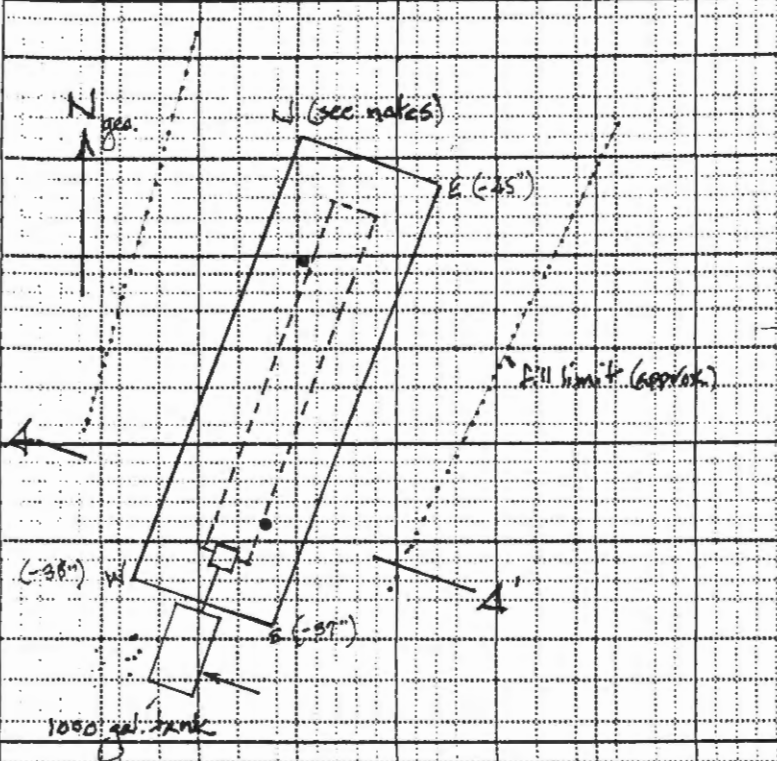
SCALE: 1" = 20 FT.

construction notes:

- The system is to be installed following all requirements of the **Maine Subsurface Waste Water Disposal Rules**.
- Organic material (sod) should be stripped beneath the entire fill area. Near surface roots and large rocks should be removed. (The removal of any interfering trees might be considered.)
- Scarify soil surface before placing fill. Approximately 4" of fill should be mixed into the soil below the stone to create a "transitional horizon" (see Rules, section 11B.4, p. 88)
- A layer of filter fabric should be placed above the stone, as specified in the Rules, section 11F. 4, p.91.
- The d-box should have **solid** PVC pipe connections to each of the outer rows of distribution pipe.
- Final cover should consist of 6" of fill and 4" of loam. It should be raked, seeded, and mulched.

system location ties:

from ERP: 17' to S corner (-37") and 23' to E corner (-45")
 from location ref. (roofing nail in 6" white birch, 23" above grade) **distances to the S and E corners should be measured before construction begins**.



FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope) 30"
 Depth of Fill (Downslope) 38"

Finished Grade Elevation -11"
 Top of Distribution Pipe or Proprietary Device -21"
 Bottom of Disposal Area -32"

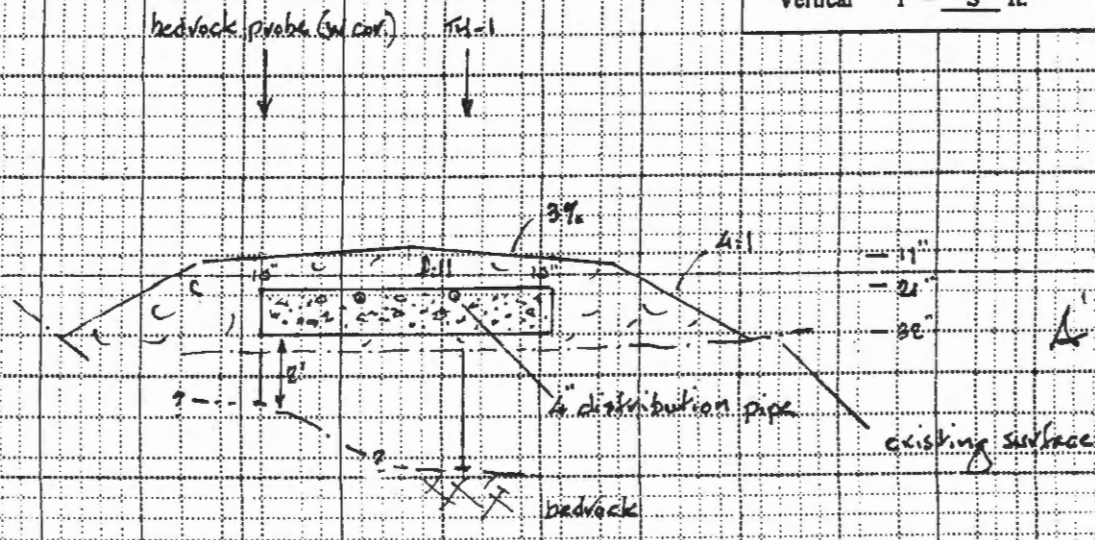
Location & Description: flagged roofing nail in deck post, 23" above grade
 Reference Elevation: 0"

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = 10 ft.

Vertical 1" = 5 ft.



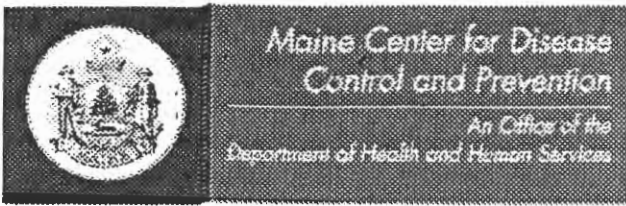
Shed L. Lewis
 Site Evaluator Signature

248

SE #

Dec. 5, 2011

Date



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-5672
Fax: (207) 287-4172; TTY: 1-800-606-0215

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION Town of Portland

Property Owner's Name: Dana Bowdoin Tel. No.: (207) 371-2386

System's Location: 5153 Rear Church Rd. Cliff Island

Property Owner's Address: P.O. Box 292 Georgetown ME Zip Code 04548

e-mail address: _____

The subsurface wastewater disposal system design for the subject property requires a replacement system variance first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires local approval local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)

- Due to the steep (36°) slope on the northwest side of the property,
- as well as the shallow depth to bedrock, the maximum distance
- that can be achieved between the proposed pipe in stone disposal

SITE EVALUATOR system and the Spring highest tide is 75.'

SECTION OF RULE
Table 8A ... see also
section 8C.1 b, p. 73

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

I, Donald W. Newberg, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

Donald W. Newberg SIGNATURE OF SITE EVALUATOR 12/5/11 DATE

PROPERTY OWNER

I, Dana R. Bowdoin, am the owner agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with 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.

Dana R. Bowdoin SIGNATURE OF OWNER 12-6-11 DATE
 AGENT FOR THE OWNER

D.W. NEWBERG ASSOCIATES, INC.

1588 Harpswell Neck Rd., Harpswell, Maine 04079

tel. and fax: (207) 833-6336

pdnewberg@sus.com-maine.net

• hydrogeologic investigations

• subdivision planning

• septic system design



FACSIMILE COVER SHEET

date: 2-10-12

to: John Rioux fax #: 874-8916

from: Don Newberg

subject: proposed replacement septic system for Dana Bowdoin

no. of pages (incl. cover sheet): 2

comments:

446-200 form, p.1 12-5-2011

WDL Application #: W00 Municipality: _____
Facility Type: Residential Commercial – include DEP Form DEPLW1076
Application Type: Renewal Transfer Renewal AND Transfer 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: Dana R Bowdoin Telephone: 371-2386

Primary Residence Address: P.O. Box 232 Georgetown, ME 04548

Town: Georgetown State: ME Zip: 04548

e-mail: danabo63@msn.com OBD Street Address: Church Rd Rear 51-53 Cliff Island

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. Need variance
- 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 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 0
#of SEASONAL dwellings connected to the OBD 1 AND # of bedrooms in each 3

PART 5. Public Notice and Certification of Application

Complete the PUBLIC NOTICE form below and, within 30 days PRIOR TO filing the application, send by certified mail or Certificate of Mailing to abutters and to the municipal office where the OBD is located. Alternatively, an applicant may hand-deliver the public notice provided each abutter provides written, signed receipt of the notification. By signing below, you certify that public notice has been provided.

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** 

Dana Bowdoin DANA R Bowdoin 12/6/11
Applicant Signature Print name Date

Co-Applicant Signature Print name Date

Co-Applicant Signature Print name Date

Co-Applicant Signature Print name Date

Co-Applicant Signature Print name Date

Submit completed application to:

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



Maine Department of Environmental Protection
GENERAL APPLICATION OVERBOARD DISCHARGE (OBD) < 2,000 GPD

PUBLIC NOTICE
MAINE WASTE DISCHARGE LICENSE APPLICATION

Please take note that, pursuant to 38 MRSA, Sections 413 and 414-A, Dana Bowdoin of
(applicant name)

P.O. Box 233, Georgetown ME 04548 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 270
(volume)

gallons per day of treated wastewater to the CISCO BAY in Cliff Island Portland, Maine.
(receiving water) (municipality)

The application will be filed on or about Dec, 2011 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

Copies to

John & Sharon Haltanen
Carlton & Eleanor Cushing



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

Feb 10 2012

Received from Daniel Jacques

Location of Work 259 Commercial St

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Permit # 0012013048 Total: _____

Building (IL) _____ Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other 4 Certificate of Occupancy

CBL: 041 A 017

Check #: Vibe Total Collected \$ 300.00

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: Hayle

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy