

3356

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Portland	Town/City	Portland
Street or Road	12 Cranston Street	Permit #	2012 65559
Subdivision, Lot #		Date Permit Issued	11/10/12
OWNER/APPLICANT INFORMATION		Fee: \$	Double Fee Charged []
Name (last, first, MI)	Kevin McGuire	Local Plumbing Inspector Signature	
Mailing Address of Owner/Applicant	12 Cranston Street Portland, 04103	L.P.I. # 1081	
Daytime Tel. #	838-8136	Municipal Tax Map # _____ Lot # _____	
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 _____ Date _____		Local Plumbing Inspector Signature _____ (1st) date approved _____	

PERMIT INFORMATION		
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>Cespool</u> Year installed: <u>untc</u> <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input checked="" type="checkbox"/> 3. Replacement System Variance <input checked="" 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	<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	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
17,000 SF <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>4</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	<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	DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

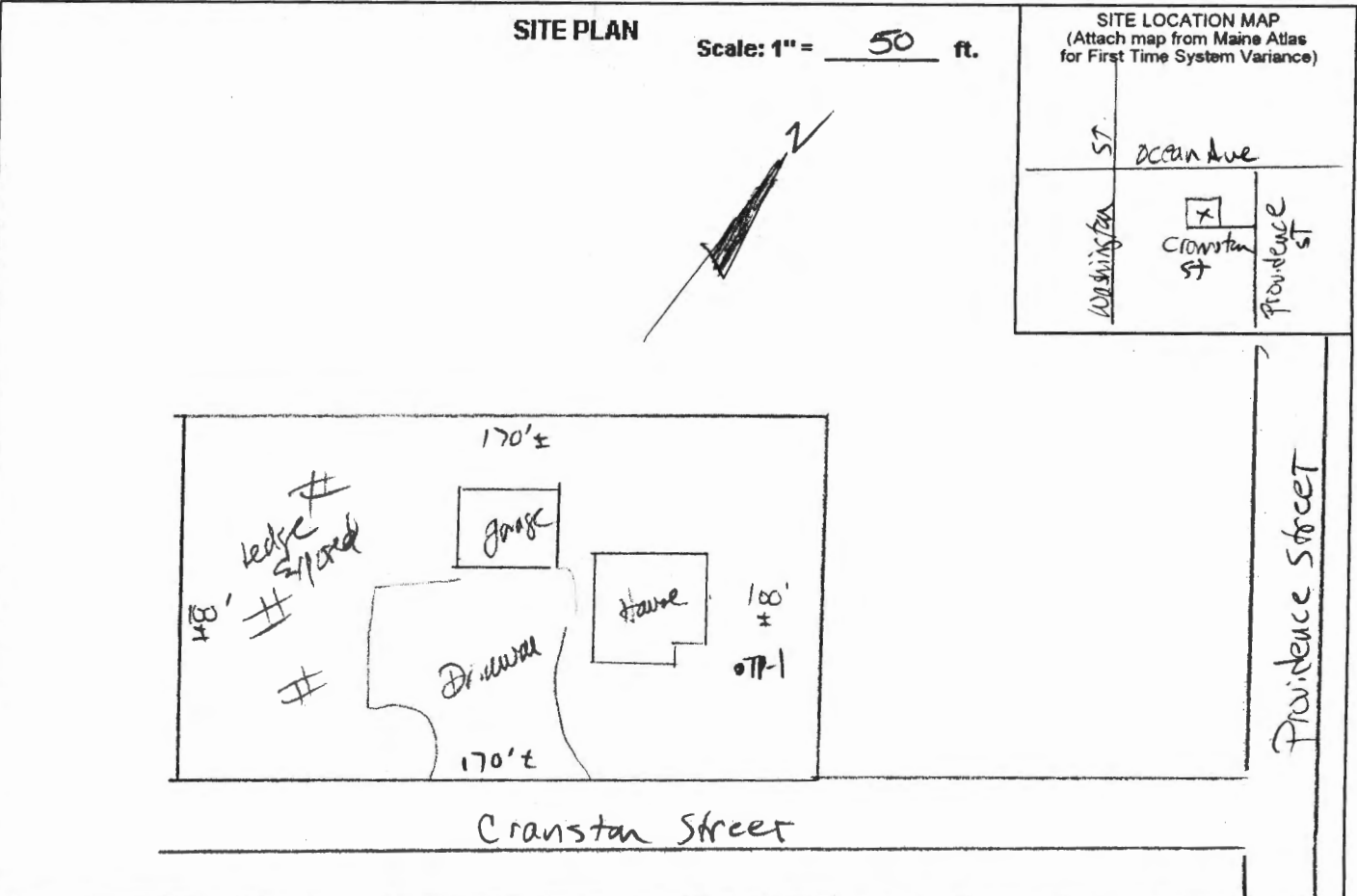
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1600</u> GAL.	<input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input checked="" type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>1200</u> sq. ft. <input type="checkbox"/> lin. ft.	<input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	<u>360</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	LATITUDE AND LONGITUDE
PROFILE CONDITION <u>31C</u> at Observation Hole # <u>701</u> Depth <u>30</u> " of Most Limiting Soil Factor	<input type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd	<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	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA at center of disposal area Lat. <u>43</u> d <u>41</u> m <u>14</u> s Lon. <u>70</u> d <u>15</u> m <u>56</u> s if g.p.s. state margin of error: _____

SITE EVALUATOR STATEMENT		
I certify that on <u>11/26/12</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).		
<u>Mary Hampton</u> Site Evaluator Signature	<u>263</u> SE #	<u>11/27/12</u> Date
<u>Mary J. Hampton</u> Site Evaluator Name Printed	<u>756-2900</u> Telephone Number	E-mail Address

Note : Changes to or deviations from the design should be confirmed with the Site Evaluator. Page 1 of 3
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RECEIVED
DEC 10 2012

Town, City, Plantation: Portland Street, Road, Subdivision: 12 Cranston Street Owner or Applicant Name: Kevin McGuire



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

Observation Hole # 1/1 Test Pit Boring

_____ " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	Sandy loam	Firm	Dark Brown	
6				
12	Sandy loam	Firm	Brown	
18				
24				
30				
36	Sandy loam	Firm	olive	Common + Distinct
42				
48				

Soil Profile: <u>3</u>	Classification Condition: <u>C</u>	Slope Percent: <u>2</u>	Limiting Factor Depth: <u>30</u> "	<input type="checkbox"/> Groundwater
				<input type="checkbox"/> Restrictive Layer
				<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
0				
6				
12				
18				
24				
30				
36				
42				
48				

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

3356

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

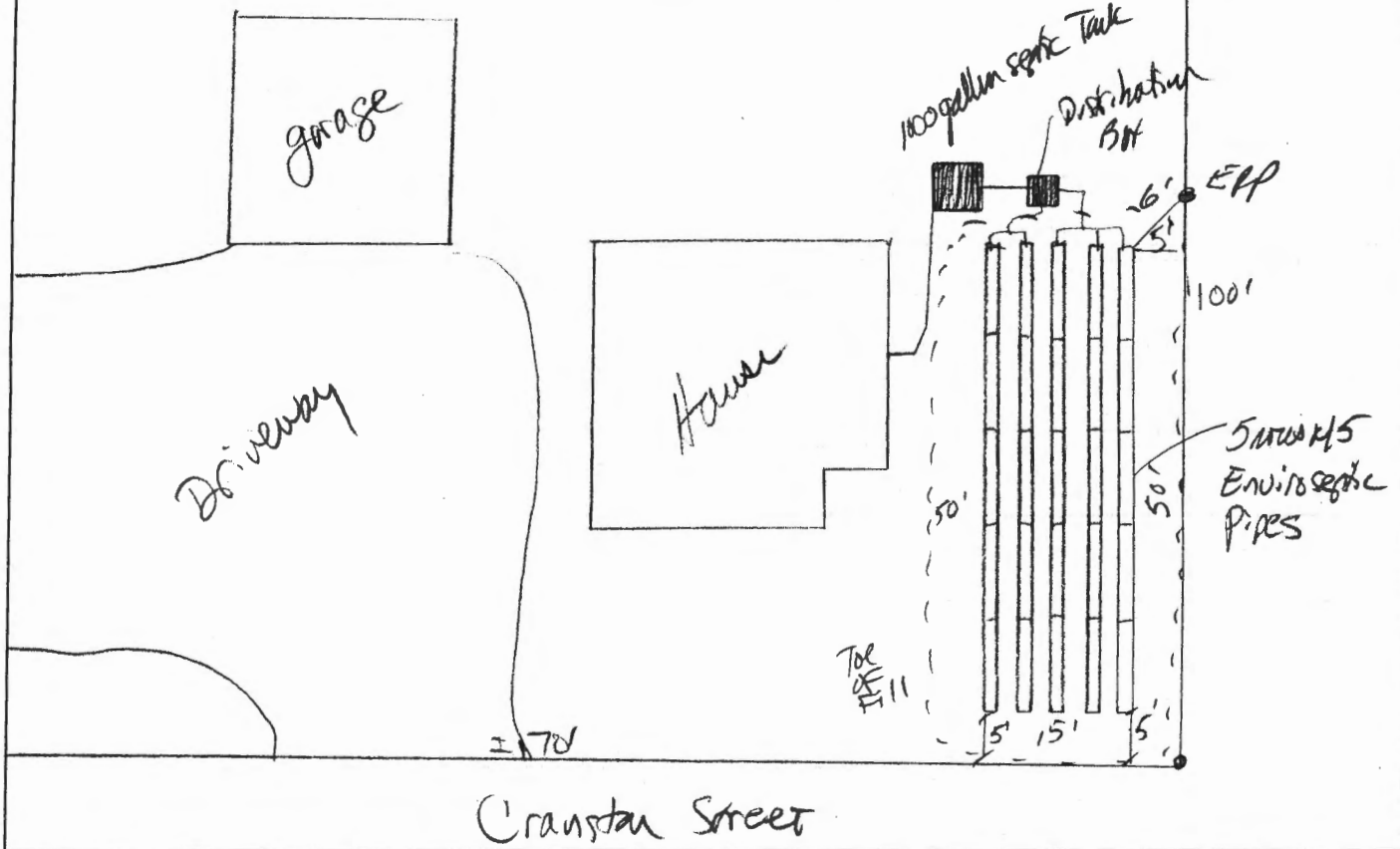
Town, City, Plantation
 Portland

Street, Road, Subdivision
 12 Cranston Street

Owner or Applicant Name
 Kevin McGuire

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 6"
 Depth of Backfill (downslope) 6"

CONSTRUCTION ELEVATIONS

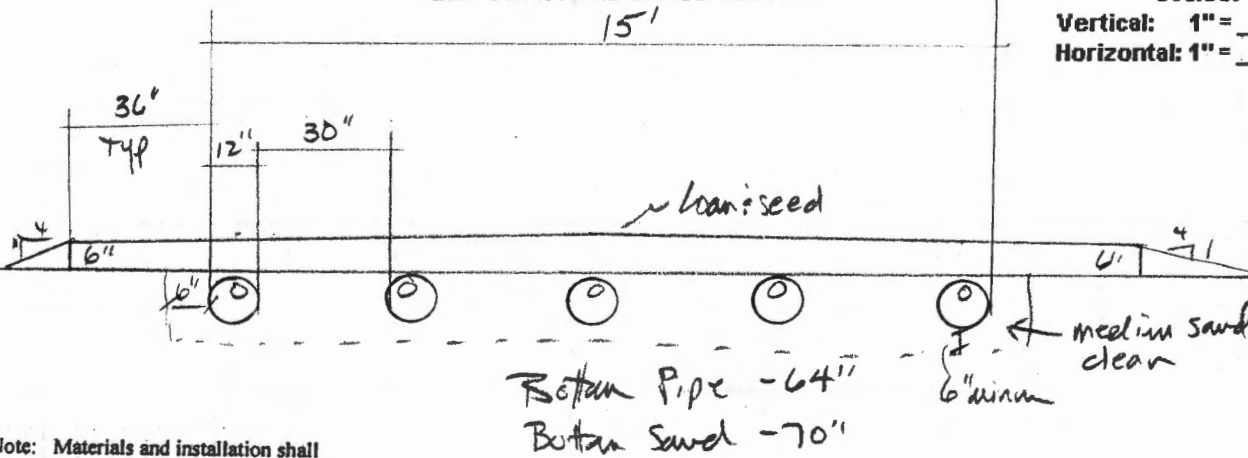
Finished Grade Elevation -42"
 Top of Distribution Pipe or Proprietary Device -52"
 Bottom of Disposal Field -64"

ELEVATION REFERENCE POINT

Location & Description: nail 48" up
 20' or maple
 Reference Elevation is: 0.0" or:

DISPOSAL FIELD CROSS-SECTION

Scales:
 Vertical: 1" = 4 ft.
 Horizontal: 1" = 4 ft.



Note: Materials and installation shall be in accordance with Maine Subsurface Wastewater Disposal Rules dated 01/11 as amended.

M. W. Hampton
 Site Evaluator Signature

263
 SE #

11/27/12
 Date

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City of Portland, Maine - Building or Use Permit

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

Permit No: 201265559	Date Applied For: 12/10/2012	CBL: 169 B011001
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Location of Construction: 12 CRANSTON ST	Owner Name: MCGUIRE TERRI E	Owner Address: 12 CRANSTON ST	Phone: (207) 838-8136
Business Name:	Contractor Name: Kevin McGuire	Contractor Address: 12 Cranston St. Portland	Phone: (207) 838-8136
Lessee/Buyer's Name	Phone:	Permit Type: Replacement System	

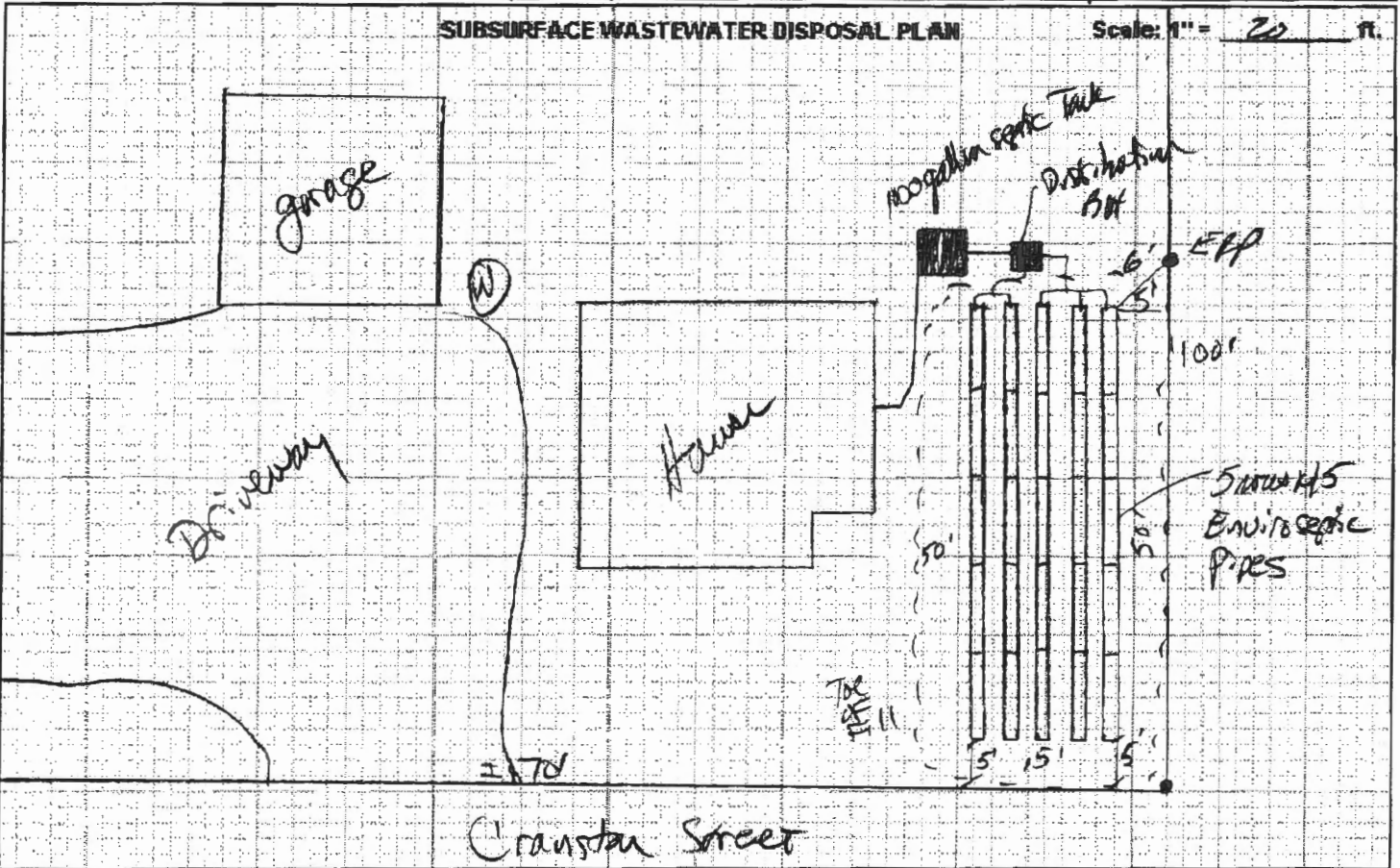
Proposed Use:	Proposed Project Description:
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Dept: Building	Status: Approved w/Conditions	Reviewer: Jon Rioux	Approval Date: 01/08/2013
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Septic field and extension inspection for bottom preparation/ scarification to verify removal of vegetation, established transitional horizon and erosion and sedimentation control measures. Backfill inspection of septic field for approved materials, stabilization, slopes and extensions. Exposed septic field installation and tank location inspection to check elevations, dimensions, piping, plumbing station and system design prior to covering.			

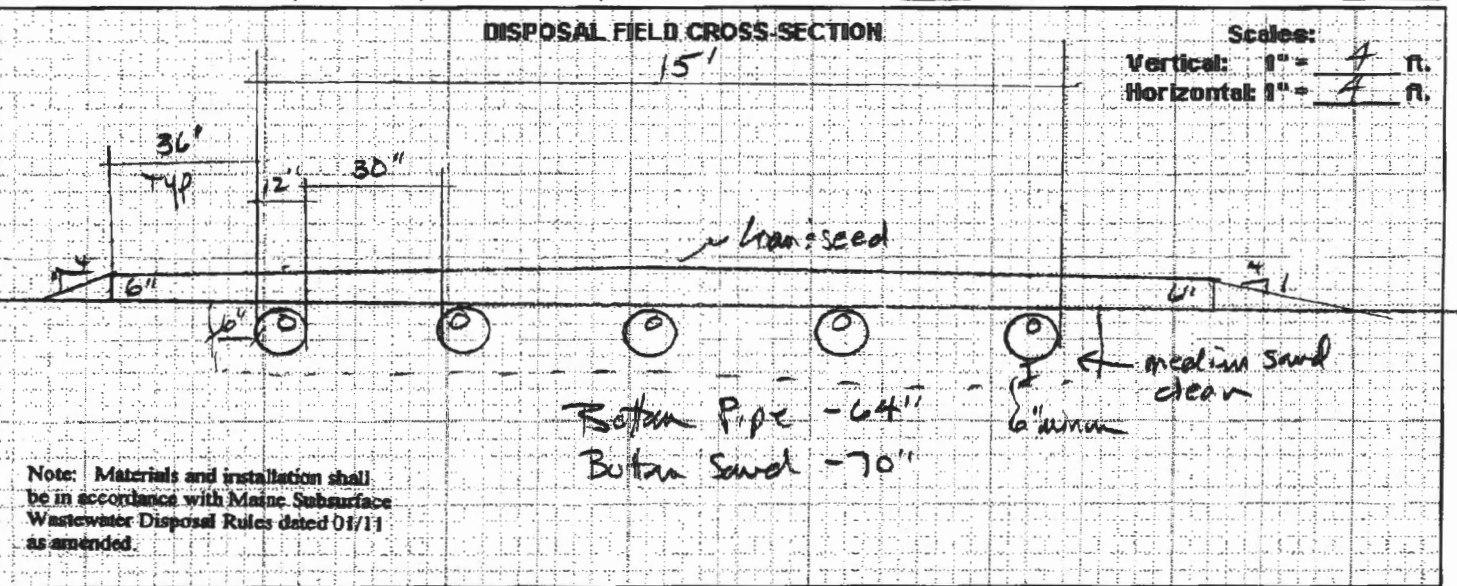
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Maine Dept. of Health & Human Services
 Division of Environmental Health, STS 11
 (207) 287-5889 FAX (207) 287-3165

Town, City, Plantation Portland	Street, Road, Subdivision 12 Cranston Street	Owner or Applicant Name Kevin McGuire
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BACKFILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Backfill (upslope) <u>6"</u>	Finished Grade Elevation <u>-42"</u>	Location & Description: <u>nail 48' up</u>
Depth of Backfill (downslope) <u>6"</u>	Top of Distribution Pipe or Proprietary Device <u>-52"</u>	<u>20' of maple</u>
DEPTHS AT CROSS-SECTION (shown below)	Bottom of Disposal Field <u>-64"</u>	Reference Elevation is: <u>0.0'</u> or: _____



Note: Materials and installation shall be in accordance with Maine Subsurface Wastewater Disposal Rules dated 01/11 as amended.

Mary Hampton
 Site Evaluator Signature

263
 SE #

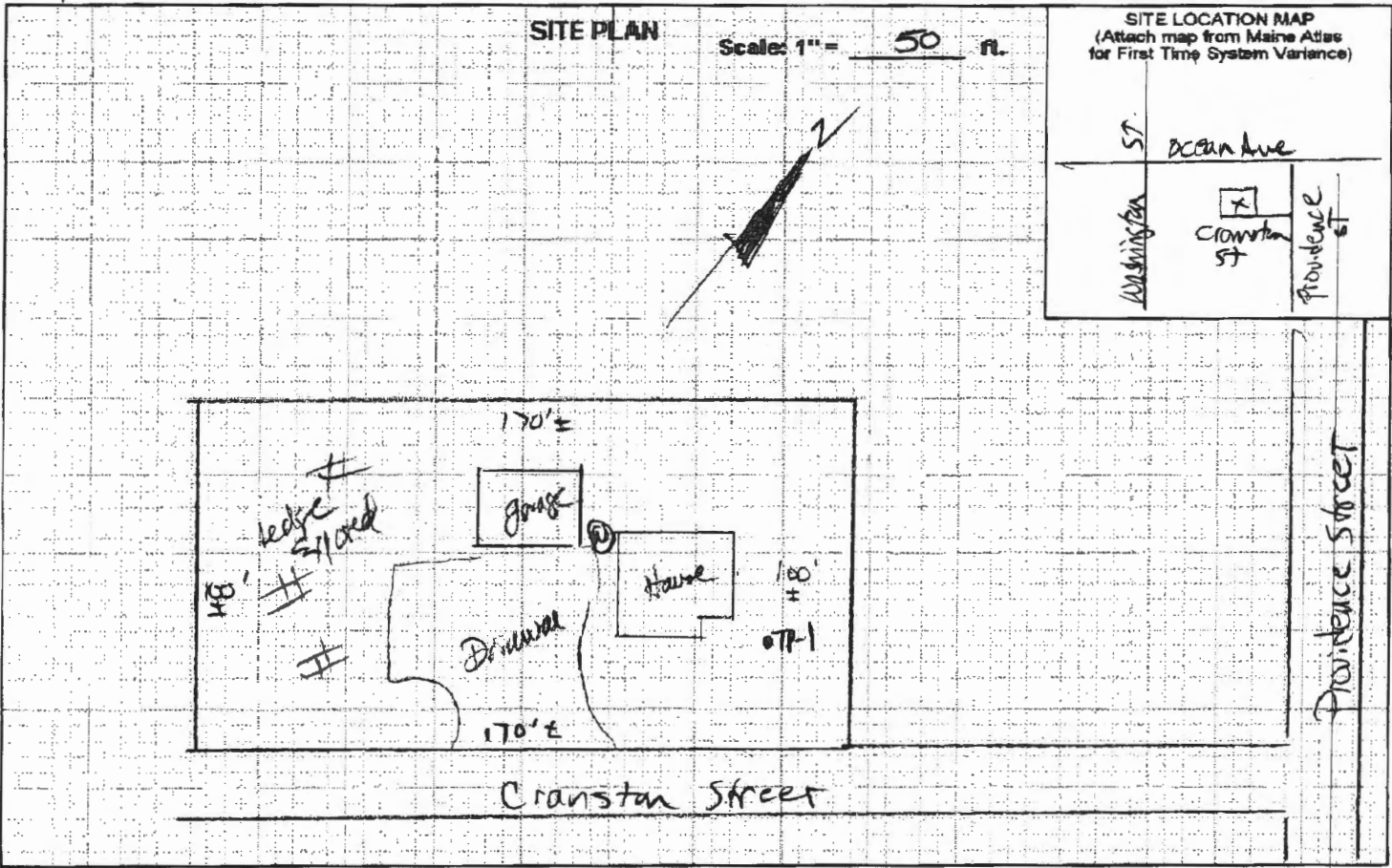
11/27/12
 Date

11/18/13
 Date
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3356

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: 12 Cranston Street Owner or Applicant Name: Kevin McGuire



Observation Hole # TP1 Test Pit Boring

Depth of organic horizon above mineral soil: _____ "

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	Sandy loam	Friable	Dark brown	
6				
12	Sandy loam	Friable	Brown	
18				
24				
30				
36	Sandy loam	Firm	olive	Common → distinct
42				
46				

Soil Profile: 3 Classification: C Slope: 2 Limiting Factor: 30 " Depth

Groundwater Restrictive Layer Bedrock

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				
46				

Soil Profile: _____ Classification: _____ Slope: _____ Limiting Factor: _____ " Depth

Groundwater Restrictive Layer Bedrock

Maury Hannah Site Evaluator Signature 203 SE# 11/27/12 Date Rev. 11/2/13 Page 2 of 3
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11176



Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services

John E. Baldacci, Governor Brenda M. Harvey, Commissioner

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) 287-5689
Fax: (207) 287-3165; TTY: 1-800-606-0215

169 B011

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200) for a proposed 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 & Human Services until approval has been received from them.

GENERAL INFORMATION
Property Owner's Name: Kevin McGuire Town/City of Portland
System's Location: 12 Cranston Street Portland Tel. No.: 838-8136
Property Owner's Address: _____ ZIP Code 04103
(if different from above) _____ E-mail Address: _____
Property Owner's Telephone Number: _____

The onsite sewage 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 only local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use Additional Sheets, if needed.) SECTION OF RULE
1. Bed 10 feet from foundation Table 8A
2. Bed 5 feet from property line Table 8A
3. Tank 5 feet from house Table 8A
SITE EVALUATOR Well 60 feet from disposal bed and 70 feet from Tank Table 8A

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/her professional opinion feels the variance request is justified and the site limitations can be overcome, he/she 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 page if necessary.

This disposal bed and septic tank is replacing a cesspool. The design will provide better quality treatment. Surrounding properties are on public water and sewer.

I, Mary Hampton, 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, and no practical alternative is available. Specifically: there is no other alternative for placement of a disposal bed and tank on the property
Mary Hampton 11/27/12
SIGNATURE OF SITE EVALUATOR DATE

PROPERTY OWNER
I, Kevin McGuire, 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.
[Signature] 12/10/12
SIGNATURE OF OWNER DATE
 AGENT FOR THE OWNER

Caring..Responsive..Well-Managed..We are DHHS.

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all First Time System Variance requests prior to rendering a decision.

I, Jonathan Rios, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) approve the requested variance. I (will will not) issue a permit for the system's installation as proposed by the application.

_____ LPI Signature _____ 01/05/12 Date

LOCAL PLUMBING INSPECTOR - Referral to the Department of Health and Human Services

The local plumbing inspector shall review all First Time System Variance requests prior to forwarding to the Division of Environmental Health.

I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone or local ordinances controlling such disposal. Therefore, I (do do not) recommend the issuance of a permit for the system's installation as proposed by the application.

_____ LPI Signature _____ Date

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (does does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

_____ SIGNATURE OF THE DEPARTMENT _____ DATE

- Note: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 701.2 for Municipal Review.)
2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 701.1 for Department Review.) The LPI's signature is required on these variance requests prior to submission to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT
WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 700.3 to 700.13)**

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Adjustment		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check one): Outside Shoreland 50 Inside Shoreland 65 Subdivision 65