

Revised

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, SHS 11
(207) 287-6338 Fax (207) 287-3166

| | | | |
|--|--|---|---|
| PROPERTY LOCATION | | >> Caution Permit Required -- Attach in Space Below << | |
| City, Town, or Plantation | PORTLAND | 2010 6017 | |
| Street or Road | DEBHAM STREET | | |
| Subdivision, Lot # | (LOT 3-5) | | |
| OWNER/APPLICANT INFORMATION | | PORTLAND Date Permit Issued: 10/27/10 | PERMIT # 11457 TOWN COPY \$ 11/10/10 <input type="checkbox"/> Double Fee Charged |
| Name (last, first, MI) | MORAN, MARK <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant | Local Plumbing Inspector Signature: <i>James Bouke</i> L.P.I. # 09324 | |
| Mailing Address of Owner/Applicant | P.O. Box 6012 KALMOUTH, ME. 04105 | | |
| Daytime Tel. # | 408-9535 | 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. <i>Mark Moran</i> Signature of Owner or Applicant _____ Date _____ | | Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. Local Plumbing Inspector Signature: _____ (1st) Date Approved: _____ Local Plumbing Inspector Signature: _____ (2nd) Date Approved: _____ | |

| PERMIT INFORMATION | | | |
|--|---|--|--|
| TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input 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 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 <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Approval | 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 12000 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres | DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling, 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 type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped | TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____ | |

| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | | | |
|---|---|---|--|
| TREATMENT TANK <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>1000</u> gallons | DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input checked="" type="checkbox"/> a. Cluster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. Regular load <input type="checkbox"/> d. 14-20' load <input type="checkbox"/> 4. Other: _____ SIZE: <u>1440</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> 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: <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 <u>9, D1, A</u> at Observation Hole # <u>1P1</u> Depth <u>11</u> " Elevation <u>-69</u> " OF MOST LIMITING SOIL FACTOR | DISPOSAL FIELD SIZE <input type="checkbox"/> 1. Small - 2.0 sq. ft./gpd <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 checked="" type="checkbox"/> 5. Extra-Large - 5.0 sq. ft./gpd | EFFLUENT RECTOR 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 | LATITUDE AND LONGITUDE at Center of Disposal Area Lat. <u>43</u> d <u>42</u> m <u>3</u> s Lon. <u>70</u> d <u>18</u> m <u>14</u> s If GPS, state margin of error: <u>GOOGLE</u> |

SITE EVALUATOR STATEMENT

I certify that on 12/1/09 (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).

James A. Mancini 247 DEC. 3, 2009
Site Evaluator Signature SE # Date

JAMES G. MANCINI 892-9498 APRIL 14, 2010 + OCT. 22, 2010
Site Evaluator Name Printed Telephone # Date

Page 1 of 3
HHE-200 Rev. 4/05

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

James A. Mancini

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

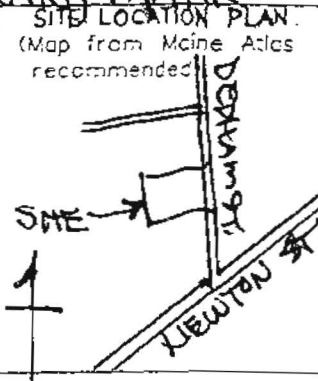
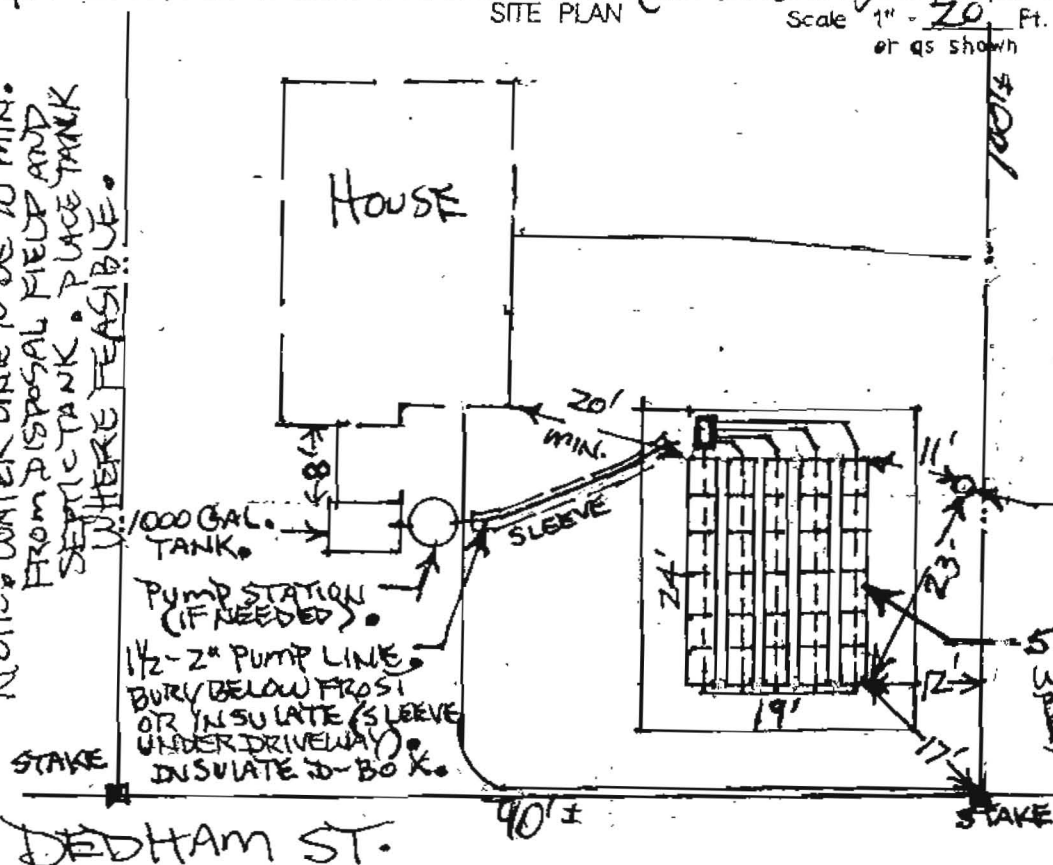
Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation
PORTLAND

Street, Road, Subdivision
DEDHAM ST. (LOT 3-5)

Owner's Name
MORANG MARK

NOTES: WATER LINE TO BE 10' MIN. FROM DISPOSAL FIELD AND SEPTIC TANK. PLACE TANK WHERE FEASIBLE.



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

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

| Texture | Consistency | Color | Mottling |
|-----------|-------------|----------------|-----------|
| SILT LOAM | PLIABLE | BROWN 10YR 4/3 | |
| CLAY | FIRM | OLIVE | ▲▲▲ WATER |

DEPTH BELOW MINERAL SOIL SURFACE (inches): 0, 10, 20, 30, 40, 50

Soil Classification: **9 DL**
Profile: **DL** Condition: **X**

Slope: **11** %

Limiting Factor: **11**

Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

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

| Texture | Consistency | Color | Mottling |
|---------|-------------|-------|----------|
| | | | |

DEPTH BELOW MINERAL SOIL SURFACE (inches): 0, 10, 20, 30, 40, 50

Soil Classification: _____
Profile: _____ Condition: _____

Slope: _____ %

Limiting Factor: _____

Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

James J. Mancini
Site Evaluator Signature

247 SE

APRIL 14, 2010
Date
OCT. 22, 2010

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(607) 257-3672 FAX (607) 257-4372

Town, City, Plantation
PORTLAND

Street, Road, Subdivision
DEEDHAM ST. (LOT 3-5)

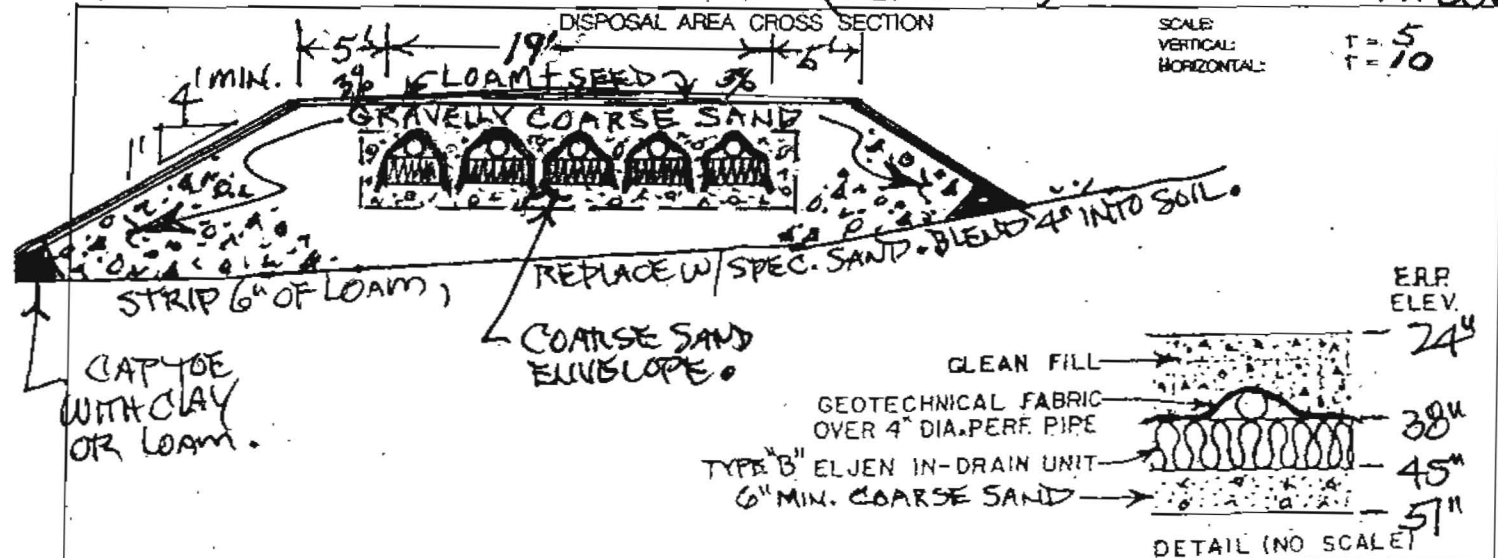
Owner's Name
MORAN, MARK

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.

"SEE PAGE 2 OF 3"

| FILL REQUIREMENTS | CONSTRUCTION ELEVATIONS | ELEVATION REFERENCE POINT |
|---------------------------------|--|--------------------------------|
| (ABOVE GRADE) 34-39" | Finished Grade Elevation = 24" | Location & Description NAIL IN |
| Depth of Fill (Upslope) | Top of (Distribution Pipe) or Proprietary Device = 34" | PINE 524 OFF GRADE |
| Depth of Fill (Downslope) 4-45" | Bottom of Disposal Area (6" SAND BASE) = 51" | Reference Elevation AT 00" |



James H. Mancini
Site Evaluator Signature

247
SE

APRIL 14, 2010
Date
OCT 22, 2010



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

Dec 30, 2010

Received from Mainely Properties, Inc.

Location of Work 15 Dredman

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 110.

Building (I1) _____ Plumbing (I5) Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 336 D003

Check #: 1094 Total Collected \$ 110.00

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

Taken by: [Signature]

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

2010 6017

336 D003

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, SMS 11
(207) 287-5332 Fax (207) 287-3165

| | | | |
|--|--------------------------------------|--|--|
| PROPERTY LOCATION | | >> Caution Permit Required - Attach in Space Below << | |
| City, Town, or Plantation | PORTLAND | 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. | |
| Street or Road | DEBHAM STREET | | |
| Subdivision, Lot # | (LOT 3-5) | | |
| OWNER/APPLICANT INFORMATION | | | |
| Name (last, first, MI) | MORAN, MARK | | |
| Mailing Address of Owner/Applicant | P.O. Box 6012 KALMOUTH, ME. 04005 | | |
| Daytime Tel # | 408-9535 | | |
| 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 of Health & Human Services 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>[Signature]</i> | | Local Plumbing Inspector Signature: _____ | |
| Date: 10/20/10 | | (1st) Date Approved: _____ | |
| | | (2nd) Date Approved: _____ | |

| PERMIT INFORMATION | | |
|--|---|--|
| TYPE OF APPLICATION | THIS APPLICATION REQUIRES | DISPOSAL SYSTEM COMPONENTS |
| <input checked="" type="checkbox"/> 1. First Time System <input 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 | <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 <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Approval | <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (greywater & all 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 9,000 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: 3 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 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 checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____ |
| SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped | |

| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | | | |
|---|---|---|--|
| 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: 1000 gallons | <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input checked="" type="checkbox"/> a. Cluster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: 1440 sq ft <input checked="" type="checkbox"/> 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 | 270 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: DV 4 at Observation Hole # TPI Depth: 11" Elevation: -69" OF MOST LIMITING SOIL FACTOR | DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Small - 2.0 sq. ft./gpd <input type="checkbox"/> 2. Medium - 2.5 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 checked="" 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 | LATITUDE AND LONGITUDE at Center of Disposal Area Lat: 43° 42' 3" N Lon: 70° 18' 14" W If GPS, state margin of error: GOOGLE |

SITE EVALUATOR STATEMENT

I certify that on 12/1/09 (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)

James A. Mancini 247 DEC. 3, 2009
 Site Evaluator Signature SE # Date

JAMES G. MANCINI 892-9498 APRIL 14, 2010
 Site Evaluator Name Printed Telephone # Email Address

Page 1 of 3
 HHE-200 Rev. 4/05

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation
PORTLAND

Street, Road, Subdivision
DEDHAM ST. (Lot 3-5)

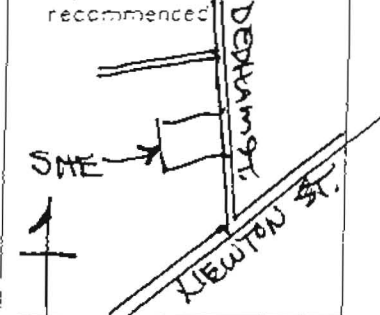
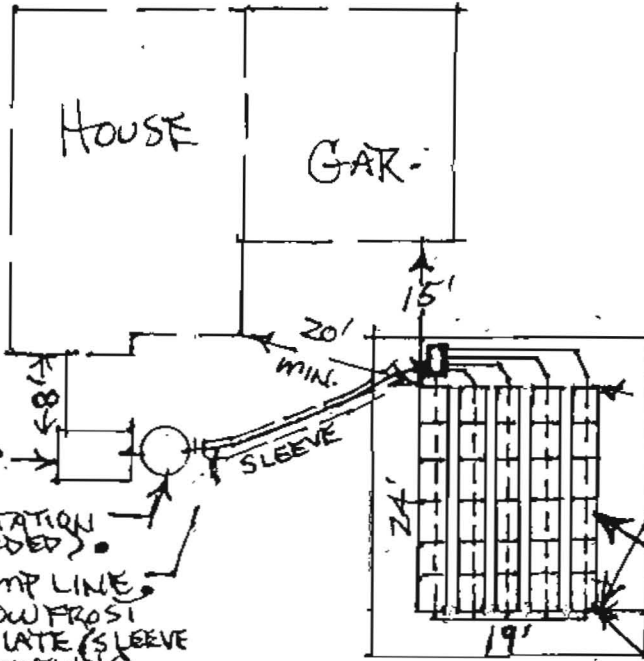
Owner's Name
MORAN, MARK

SITE PLAN

Scale 1" = 20' Ft.
or as shown

SITE LOCATION PLAN
(Map from Maine Atlas recommended)

NOTE: WATER LINE TO BE 10' MIN. FROM DISPOSAL FIELD AND SEPTIC TANK. PLACE TANK WHERE FEASIBLE.



(EXP) 2" DIA. PINE.

5 ROWS OF 6 EJT UNITS. WITH 12" OF COARSE SAND BETWEEN ROWS, 6" BELOW FOOTPRINT, AND 9" AROUND PERIMETER.

STAKE

STAKE

DEDHAM ST.

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

Observation Hole TPI Test Pit Boring
" 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 | SILT LOAM | PLIABLE | BROWN 10YR 4/3 | |
| 10 | CLAY | FIRM | OLIVE | WATER |
| 20 | | | | |
| 30 | | | | |
| 40 | | | | |
| 50 | | | | |

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

Soil Classification **9 D1** Slope **11%** Limiting Factor **II** Ground Water Restrictive Layer Bedrock Pit Depth

Soil Classification Slope Limiting Factor Ground Water Restrictive Layer Bedrock Pit Depth

James H. Mancini 247
Site Evaluator Signature SC

APRIL 14, 2010
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Public Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4372

Town, City, Plantation
PORTLAND

Street, Road, Subdivision
DEDHAM ST. (LOT 3-5)

Owner's Name
MORAN, MARK

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT

"SEE PAGE 2 OF 3"

FILL REQUIREMENTS
(ABOVE GRADE)
Depth of Fill (Upslope)
Depth of Fill (Downslope)

34-39"
4"-45"

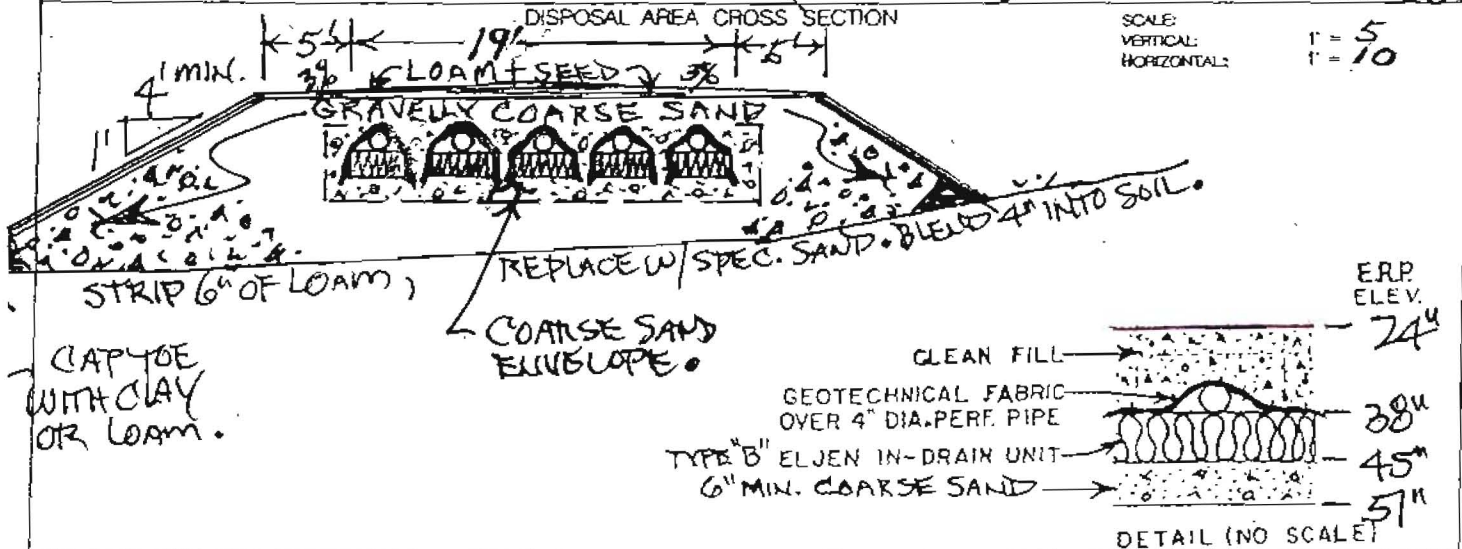
CONSTRUCTION ELEVATIONS

Finished Grade Elevation: -24"
Top of (Distribution Pipe) or Proprietary Device: -34"
Bottom of Disposal Area (6" SAND BASE): -51"

ELEVATION REFERENCE POINT

Location & Description: NAIL IN 7"
Reference Elevation: PINE, 52" OFF GRADE. AT 00"

DISPOSAL AREA CROSS SECTION



James A. Mancini
Site Evaluator Signature

247
SE

APRIL 14, 2010
Date

City of Portland, Maine - Building or Use Permit

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

| | | |
|------------------------|---------------------------------|---------------------|
| Permit No: 20106017 | Date Applied For: 10/20/2010 | CBL: 336 D003001 |
|------------------------|---------------------------------|---------------------|

| | | | |
|--|---|---|--------|
| Location of Construction: 0 DEDHAM ST | Owner Name: Grandview M & M Llc | Owner Address: Po Box 6012 | Phone: |
| Business Name: | Contractor Name: Grandview M & M Llc | Contractor Address: Po Box 6012 Falmouth | Phone |
| Lessee/Buyer's Name | Phone: | Permit Type: | |

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

Dept: Building Status: Approved with Conditions Reviewer: Jeanine Bourke Approval Date: 10/27/2010

Note: Ok to Issue:

- 1) The pump pipe to the field located under the driveway shall be sleeved and if above 4' shall also be insulated.
- 2) The approved site plan shows a 12' driveway to the left of the disposal field, it jogs right and extends along the side of the building to the rear corner. This site is situated so that a future garage could be built to the right of the principal structure. This septic system is located to the right of the house, it is not designed to handle loading (H-20) requirements for vehicular traffic. The pavement is not approved to extend onto the disposal field or extension. Prior to a future application for garage addition, a review is required by this department for potential implications to this design.
- 3) This approves a reduction in the minimum lot size to 12,000 sf, as allowed in MSWWDR, Chapter 243 Sec. 1000.0.

Comments:

10/21/2010-jmb: Left vmsg for Mark M. For minimum lot size approval, garage on plan and driveway over the disposal field, as built is mirror of approved house plan, bulkhead addition and survey letter. Also emailed Johann B. @ NECS

10/22/2010-jmb: Mark called back and I returned call, left msg. Spoke with Mark, he will submit all the changes except as built plans, I noted the mirrored as built on the permit notes. He is not adjusting the disposal field location for a future garage. Also left vmsg for Brent L. At state to review the soils for variance per Table 600.2 class 4, and driveway issues.

10/26/2010-jmb: Spoke to Brent L. He confirmed no variance required for the soils and agreed the sleeve is required for the pipe under the driveway.

10/27/2010-jmb: Received revised HHE-200, ok to issue

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 field and extension inspection for bottom preparation/scarification to verify removal of vegetation, established transitional horizon and erosion and sedimentation control measures.**

 X **Exposed septic field installation and tank location inspection to check elevations, dimensions, piping, pumping station and system design prior to covering.**

 X **Backfill inspection of septic field for approved materials, stabilization, slopes and extensions**

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.