



Maine Department of Human Resources
Division of Health Engineering,
(207) 287-5672 Fax: (207) 287-5673

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

| | | | |
|---------------------------|---------------------|--------------------------------------|---|
| PROPERTY LOCATION | | >> CAUTION: LPI APPROVAL REQUIRED << | |
| City, Town, or Plantation | Portland | Town/City | Portland, Maine |
| Street or Road | Ice Pond Drive (59) | Date Permit Issued | 1/24/18 |
| Subdivision, Lot # | Lot 9 | Fee: \$ | Double Fee Charged <input type="checkbox"/> |

| | | | |
|------------------------------------|-------------------------------------|---|------------------|
| OWNER/APPLICANT INFORMATION | | <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. This Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules. | |
| Name (last, first, MI) | The Vesta Corp | Local Plumbing Inspector Signature | Douglas P. Meier |
| Mailing Address of Owner/Applicant | P.O. Box 1468 Portland, ME 04104 | L.P.I. # | 1188 |

| | | | |
|--|--------------|--|-------|
| Daytime Tel. # | 207-232-8050 | 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: <u>Thomas D. Wells</u> | | Local Plumbing Inspector Signature: _____ | |
| Date: <u>1/18</u> | | (1st) date approved: _____ | |
| | | (2nd) date approved: _____ | |

| | | | | | |
|--|--|---|--|---|--|
| 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. <25% Expansion <input type="checkbox"/> b. >= 25% 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 <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <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 | |
| 0.67 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES | | <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) | | <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 | | Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |

| | | | |
|--|---|--|---|
| 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 type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1,000</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 type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>960</u> sq. ft. <input type="checkbox"/> lin. ft. | <input type="checkbox"/> 1. No <input checked="" 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 checked="" type="checkbox"/> d. Filter on Tank Outlet | <u>291</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 — <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA |
| SOIL DATA | DISPOSAL FIELD SIZING | EFFLUENT/EJECTOR PUMP | LATITUDE AND LONGITUDE |
| PROFILE <u>3</u> CONDITION <u>D</u> at Observation Hole # <u>TP-1</u> Depth <u>12</u> " of Most Limiting Soil Factor Groundwater | <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 | at center of disposal area Lat. <u>N43</u> d <u>42</u> m <u>07.12</u> s Lon. <u>W70</u> d <u>15</u> m <u>57.69</u> s if g.p.s. state margin of error: <u>20</u> |

| | | |
|---|------------------|---------------------------------|
| SITE EVALUATOR STATEMENT | | |
| I certify that on <u>09-14-15</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241). | | |
| Signature | SE # | Date |
| <u>Richard A. Sweet</u> | <u>034</u> | <u>09/22/15</u> |
| Site Evaluator Name Printed | Telephone Number | Email Address |
| <u>Richard A. Sweet</u> | <u>797-2110</u> | <u>dick@sweetassociates.com</u> |

BP 2018-00033
 CBL 414 A019 001



Department of Permitting and Inspections

Electronic Signature and Fee Payment Confirmation

Notice: Your electronic signature is considered a legal signature per state law.

By digitally signing the attached document(s), you are signifying your understanding that this is a legal document and your electronic signature is considered a **legal signature** per Maine state law. You are also signifying your intent on paying your fees by the selections below.

1. Once the complete application package has been received by us, and entered into the system
2. You will receive an e-mailed invoice from our office which signifies that your electronic permit application and corresponding paperwork have been entered, ready for payment, to begin the process.
3. You then have the following four (4) payment options:

- provide an on-line electronic check or credit/debit card (we accept American Express, Discover, VISA, and MasterCard) payment
- call the Inspections Office at (207) 874-8703 and speak to an administrative representative to provide a credit/debit card payment over the phone
- hand-deliver a payment method to the Inspections Office, Room 315, Portland City Hall
- deliver a payment method through the U.S. Postal Service, at the following address:

**City of Portland
Department of Permitting and Inspections
389 Congress Street, Room 315
Portland, Maine 04101**

By signing below, I understand the review process starts only once my payment has been received. After all approvals have been met and completed, I will then be issued my permit and it will be sent via e-mail. **No work shall be started until I have received my permit.**

Applicant Signature: *Maria DiDullo, mgr.* Date: *1/4/18*
The Vasta Corp.

I have provided digital copies and sent them on: Date: *1/4/18*

NOTE: All electronic paperwork must be delivered to buildinginspections@portlandmaine.gov or by physical means ie; a thumb drive or CD to the office.



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 Fax: (207) 287-3165

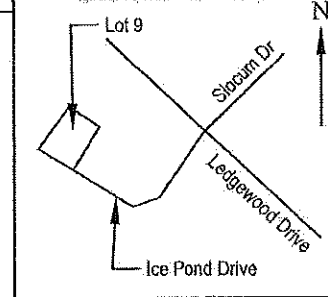
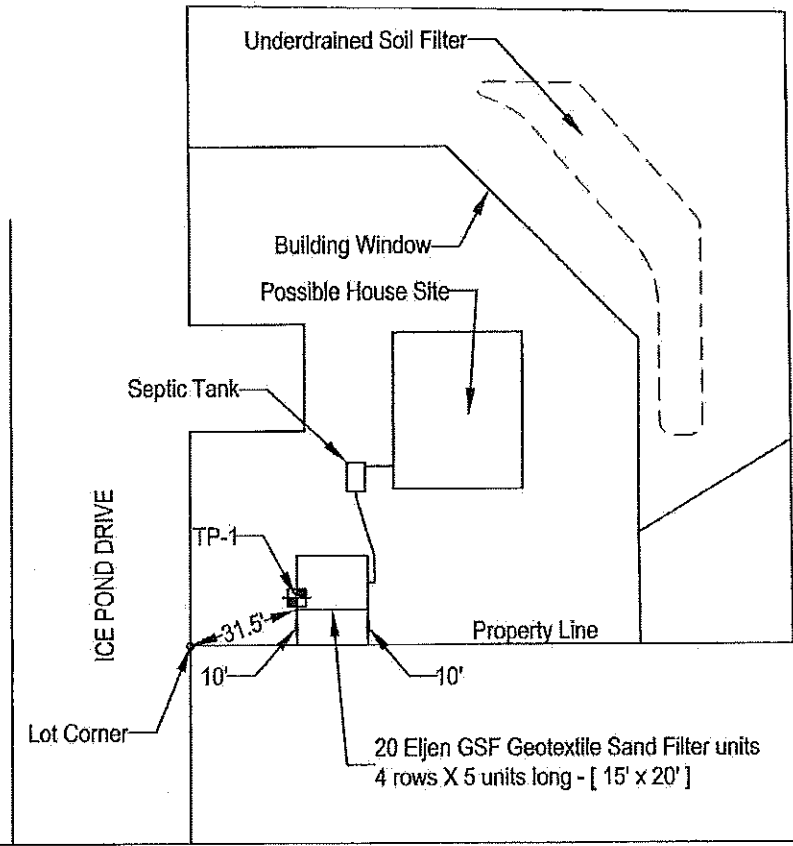
Town, City, Plantation
 Portland

Street, Road, Subdivision
 Ice Pond Drive

Owner or Applicant Name
 Tim O'Donovan

SITE PLAN Scale 1" = 50 ft.

SITE LOCATION PLAN



NOTES:

1. Septic tank and disposal field must be located at least 8' and 20' from a foundation.
2. Scarify all ground to be filled.
3. Insulate the Distribution Box (D-Box).
4. Min. 1/4"/ft (2%) pitch of pipe from building to septic tank.
5. Min. 1/8"/ft (1%) pitch of pipe from septic tank to disposal field.
6. Review the Eljen Geotextile Sand Filter (GSF) Design and Installation Manual before installing this system.

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

Observation Hole # TP-1 Test Pit Boring

Depth of organic horizon above mineral soil _____"

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|-----------------|-------------|-----------------|----------------|
| 0 | | | Dark Brown | |
| 6 | Fine Sandy Loam | Friable | Reddish Brown | |
| 12 | | Firm | Yellowish Brown | Common & Faint |
| 18 | | | | |
| 24 | | | | |
| 30 | | | | |
| 36 | | | | |
| 42 | | | | |
| 48 | | | | |

Limit of Excavation at 17 inches

| | | | | | | |
|------------------------|--------------------------|-------------------------|-----------------------------------|---|--|----------------------------------|
| Soil Profile: <u>3</u> | Classification: <u>D</u> | Slope: <u>5</u> Percent | Limiting Factor: <u>12"</u> Depth | <input checked="" 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: _____ | Slope: _____ Percent | Limiting Factor: _____ Depth | <input type="checkbox"/> Groundwater | <input type="checkbox"/> Restrictive Layer | <input type="checkbox"/> Bedrock |
|---------------------|-----------------------|----------------------|------------------------------|--------------------------------------|--|----------------------------------|

Richard O'Connell
 Site Evaluator Signature

034
 SE #

09/22/15
 Date



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5622 Fax: (207) 287-3165

Town, City, Plantation
 Portland

Street, Road, Subdivision
 Ice Pond Drive

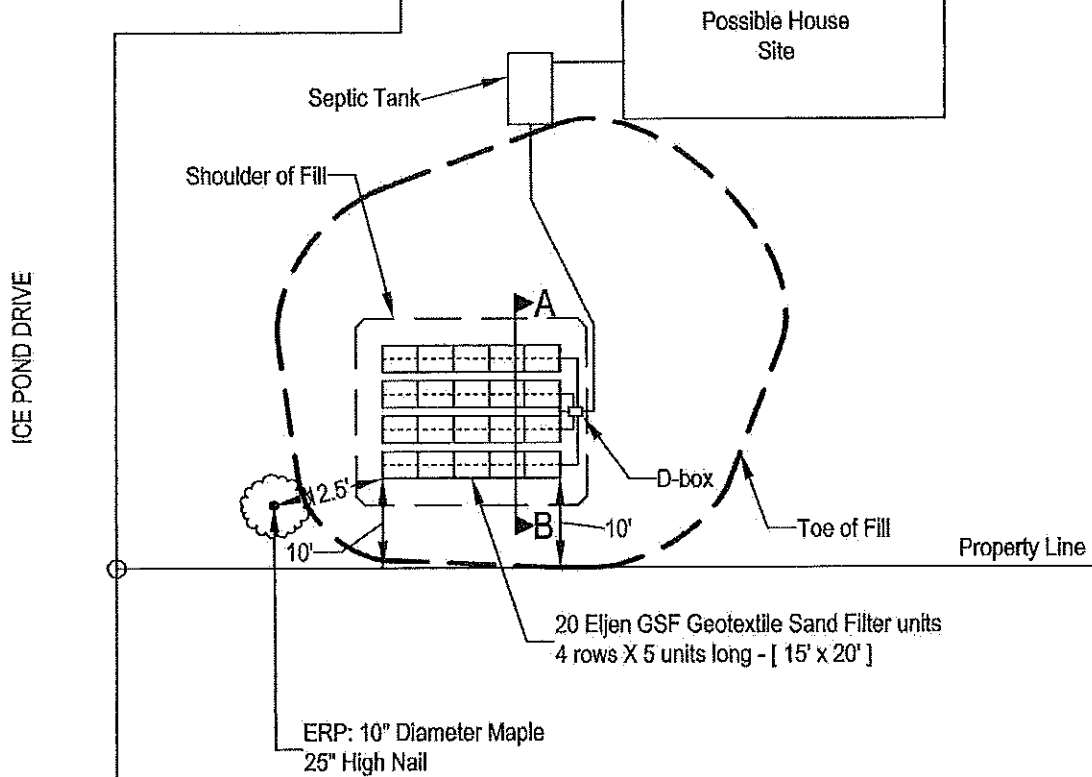
Owner or Applicant Name
 Tim O'Donovan

Date:

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' ft

Existing Grade Elevations
 -47" -61"
 -38" -50"
 FIELD CORNERS



BACKFILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Backfill (upslope) 34-48"
 Depth of Backfill (downslope) 25-37"

Finished Grade Elevation (at Row 1) -13"
 Top of Proprietary Device (at Row 1) -21"
 Bottom of Disposal Field (at Row 1) -38"

Location & Description: 10" Diameter Maple
 25" High Nail

Reference Elevation is 0.0" or:

NOTE: SCARIFY ALL GROUND SURFACE TO BE FILLED. USE GRAVELLY COARSE SAND WITHIN 3' OF ELJENS. REMAINING FILL: LOAMY SAND (no clay)

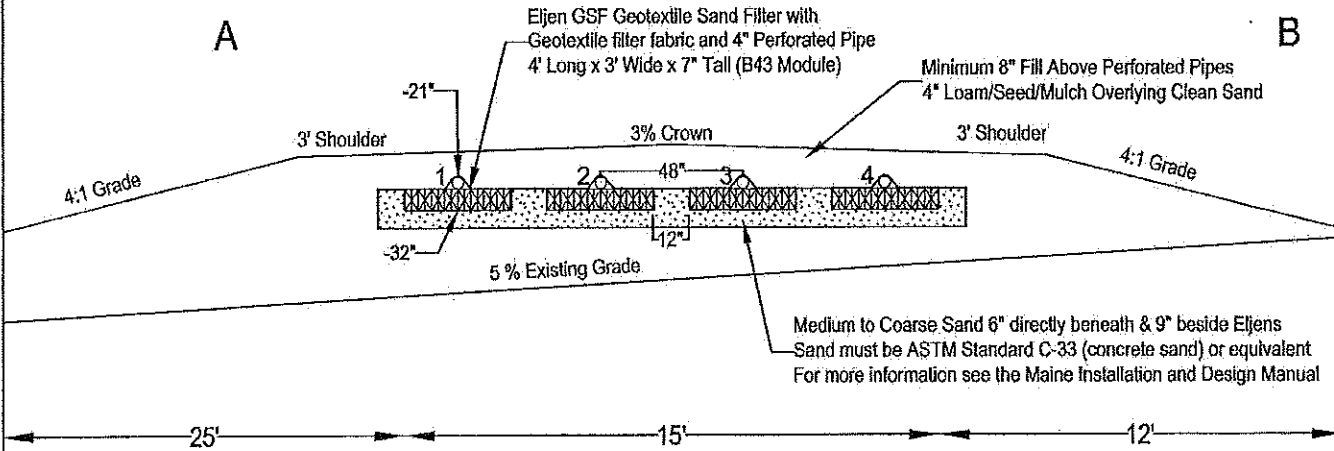
DISPOSAL FIELD CROSS SECTION

APPROXIMATE ABOVE GRADE FILL REQUIRED
 36.2 cubic yards of LOAM
 164 cubic yards of SAND
 Compactor: +20% Loam & +15% Sand
 Volume of chambers not considered

Scales:
 Vertical: 1" = 5'
 Horizontal: 1" = 5'

| ROW # | 1 | 2 | 3 | 4 |
|--------|------|------|------|------|
| TOP | -21" | -21" | -21" | -21" |
| BOTTOM | -32" | -32" | -32" | -32" |

TOP OF ROW #1 INLET AT -21"



Richard O'Donovan
 Site Evaluator Signature

034
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