

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Licensee of Contractor: 1141 Ocean Ave's, Portland Owner's Address: same Contractor Name: same	Lessee/Buyer's Name: Tom Villacci Address: same Property Use: residential garage	Phone: 773-0092 Business Name: same	Permit No: 95-0656 Permit issued: JUN 28 1995
Proposed Project Description: for change of use only residential garage using garage for repair etc	COST OF WORK: \$ 000 FIRE DEPT: \$ 25.00 INSPECTION: Group 5 Type:	Signature: [Signature] Date: 6/21/95	Zone: [Blank] CBL: [Blank]

PERMIT ISSUED WITH LETTER

- This permit application doesn't preclude the Applicant(s) from meeting all applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- Permitting permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

no debris

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature: [Signature]
 ADDRESS: 1041 Ocean Ave
 DATE: 6/21/95
 PHONE: [Blank]

RESPONSIBLE PERSON IN CHARGE OF WORK TITLE: [Blank]
 PHONE: [Blank]

Write-Permit Desk City-Assessor's Canary-Div. File-Public File Ivory Card-Inspector

Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	Historic Preservation <input type="checkbox"/> North District or Landmark <input checked="" type="checkbox"/> Does Not Require Review <input type="checkbox"/> Reviews Review
Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date: 6/22/95 CEO DISTRICT: 6 A. [Signature]

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3826

PROPERTY ADDRESS

Town Or Variation: **POWELLAND**

Street Subdiv on Lot: **441 OCEAN AVENUE**

PROPERTY OWNER'S NAME:

Last: **VILLACCI** First: **THOMAS**

Applicant Name:

Making address of Owner/Applicant (if Different):

Caution: Permit Required

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 Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/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.

Local Plumbing Inspector Signature _____ Date Approved _____

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- EXPERIMENTAL SYSTEM

SEASONAL CONVERSION
to be completed by the LPI

- SYSTEM COMPLIES WITH RULES
- CONNECTED TO SANITARY SEWER
- SYSTEM INSTALLED - P/I
- SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED: **POG 1984**

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER

SIZE OF PROPERTY: **20000**

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
- Requiring Local Plumbing Inspector Approval
- Requires State and Local Plumbing Inspector Approval
- MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVICE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER _____ SPECIFY _____

INSTALLATION IS:

COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (Includes Alternative Toilet)
- ENGINEERED (> 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK _____ GAL
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

TYPE OF WATER SUPPLY:
PUBLIC WATER

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: **1000** GALS.

WATER CONSERVATION

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

- NOT REQUIRED
- MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED DOSE: **75** GALS

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC)

SINGLE FAMILY DWELLING
3 BEDROOMS 270 gpd

GARAGE
3 EMPLOYEES @ 15gpd 45 gpd

DESIGN FLOW: **315** (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
12	C

DEPTH TO LIVING FACTOR: **24**

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

- BCC _____ Sq. Ft.
- CHAMBER **1090** Sq. Ft.
- TRENCH **12** Linear Ft.
- OTHER: _____

SITE EVALUATOR STATEMENT

On **JUNE 16, 1995** (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Albert Frick
Site Evaluator Signature

163
S.E.P.

6/16/95
Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

Page 1 of 3
1111C-200 Rev. 11/90



Albert Frick Associates, Inc.

Soil Scientists & Site Evaluation

95A County Road Corham, Maine 04018
(207) 839-5563 FAX (207) 839-5564

Albert Frick SS, SE
James Logan SS, SE
Matthew Logan SE

June 21, 1995

Sam Hoffses, C.E.O.
City of Portland
Congress Street
Portland, ME 04101

6/21/95

Post-It® brand fax transmittal memo 7371		# of pages 4
To Sam Hoffses	From Albert Frick	
Co City of Portland	Phone #	
Dept	Fax #	
Fax # 874-8716		

Re: Tom Villacci, 1041 Ocean Avenue, Portland

Dear Sam:

Tom Villacci was in today to obtain a permit for the above-referenced site. Attached is a revised page 1 and revised Replacement System Variance form. This permit does not require STATE approval, as I had incorrectly marked. This permit, however, does require LPI approval.

The brook along the side property line would have been classified as perennial under the old Code, and would have required State approval (in the past). When completing the form, I reviewed the U.S.G.S. map and found that the small brook is not shown, and therefore is classified as a MINOR WATERCOURSE under the current Code, requiring LPI approval. I failed to make the change throughout the application.

Respectfully,

Albert Frick

AF/nd

cc Tom Villacci

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO	
		TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
SOILS					
Soil Profile	Ground Water Table		to 6"		inches
Soil Condition	Restrictive Layer		to 6"		inches
from HMF-200	Bedrock		to 10"		inches
SETBACK DISTANCES (IN FEET)	FROM				
Potable Water Supplies	1. Well > 2000 gpd/day	100'	300'		
	2. Well < 2000 gpd/day				
	a. Neighbor's	50'	60'		
	b. Property Owner's	25'	50'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		
	2. Intermittent (MIND WATER COURSE)		20'		42'
	3. Man-made drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		8'
Property Line		4'	5'		5'

OTHER

1. Fill extension (to 3:1) NEAR PROP. LINE, WHERE NECESSARY.
- 2.
- 3.

Footnotes:

- a. This setback distance cannot be reduced by variance. See Table E 2.
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but closer to that well than the system it is replacing.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

Albert Frick
SITE EVALUATOR'S SIGNATURE

6/19/95
DATE

LPI STATEMENT

I, _____, LPI for the Town of _____ have conducted an on-site inspection of the proposed replacement system and have determined to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Wastewater Disposal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System 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. Comments Section below and return to the applicant.

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, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: _____

LPI'S 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

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application for the proposed replacement system which does not comply with the Rules. The LPI shall review the Replacement System Variance Request and Application 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 from the rules.
2. A system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

GENERAL INFORMATION

Permit No. 5438 E Town of PORTLAND
 Date Permit Issued 6/21/95
MONTH/DAY/YEAR

Property Owner's Name: THOMAS VILACCI Tel. No. _____

System's Location: 1041 OCEAN AVENUE
STREET
PORTLAND Maine 04106
TOWN STATE ZIP

Property Owner's Address: _____
(if different from above) STREET TOWN STATE ZIP

SPECIFIC INSTRUCTIONS TO THE:

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, 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, then complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

It 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.

The OWNER shall sign this statement. I, therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

PROPERTY OWNER'S SIGNATURE

DATE

File



CITY OF PORTLAND
CERTIFICATE OF SETBACK REDUCTION

I, Marge Schmuckal, Zoning Administrator for the City of Portland, Cumberland County, State of Maine, hereby certify that on the 18th day of MAY, 19 95, the following setback reduction was granted pursuant to the provisions of section 14-437 of the City of Portland's Land Use Code.

1. Property Owner: Raymond S. Kusche
2. Address and Assessor's Chart, Block and Lot of subject property: 19 Old Barn Lane 388A-A-26
3. Property: Cumberland County Registry Book _____, Page _____ (Last recorded _____ Deed in Chain of Title):
4. Setback Reduction Granted: to authorize side yard set back violation

IN WITNESS WHEREOF, I have hereto set my hand and seal this 18th day of May, 19 95.

Marge Schmuckal
Zoning Administrator

STATE OF MAINE
Cumberland, ss.

May 18, 19 95

Then personally appeared the above-named Marge Schmuckal and acknowledged the above certificate to be his/her free act and deed in his/her capacity as Zoning Administrator for the City of Portland.

Mary A. Giesik
MARY A. GIESIK
NOTARY PUBLIC
CUMBERLAND COUNTY, MAINE
Printed or Typed Name)
Notary Public

THIS CERTIFICATE MUST BE RECORDED BY THE PROPERTY OWNER IN THE CUMBERLAND COUNTY REGISTRY OF DEEDS FOR THE SETBACK REDUCTION TO BE VALID.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3826

PROPERTY ADDRESS		<p>Caution: Permit Required</p> <p>PORTLAND 5438 TOWN COPY</p> <p><i>Arthur Rowe</i> Local Plumbing Inspector Signature LPI # 01129</p>
Town Or Plantation	PORTLAND	
Street Subdivision Lot #	1041 OCEAN AVENUE	
PROPERTY OWNERS NAME		
Last: VILLACCI	First: THOMAS	<p>Caution: Inspection Required</p> <p><i>Arthur Rowe</i> Local Plumbing Inspector Signature Date Approved 6-29-95</p>
Applicant Name		
Maping Ass # of Owner/Applicant (# Differs)		
<p>Owner/Applicant Statement</p> <p>I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.</p> <p><i>Thomas Villacci</i> Signature of Owner/Applicant Date</p>		

PERMIT INFORMATION		
<p>THIS APPLICATION IS FOR:</p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>b. <input checked="" type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM (Includes Alternative Toilet)</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>SEASONAL CONVERSION to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P#</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED <u>PRE 1974</u></p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input checked="" type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>
<p>SIZE OF PROPERTY _____ ZONING _____</p>	<p>TYPE OF WATER SUPPLY PUBLIC WATER</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)									
<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input checked="" type="checkbox"/> REQUIRED DOSE: <u>75</u> GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>SINGLE FAMILY DWELLING</u></p> <p><u>3 BEDROOMS 270 gpd</u></p> <p><u>GARAGE</u></p> <p><u>3 EMPLOYEES @ 15 gpd 45 gpd</u></p> <p>DESIGN FLOW: <u>315</u> (GALLONS/DAY)</p>						
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1"> <tr> <th>DEPTH TO LIMITING FACTOR</th> <th>OFFICE</th> <th>CONDITION</th> </tr> <tr> <td><u>24</u></td> <td><u>12</u></td> <td><u>C</u></td> </tr> </table>	DEPTH TO LIMITING FACTOR	OFFICE	CONDITION	<u>24</u>	<u>12</u>	<u>C</u>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>1070</u> Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> TRENCH</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	
DEPTH TO LIMITING FACTOR	OFFICE	CONDITION							
<u>24</u>	<u>12</u>	<u>C</u>							

SITE EVALUATOR STATEMENT

On JUNE 16, 1995 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Albert Frick 163 6/16/95
Site Evaluator Signature SE# Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.) 839-5563

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

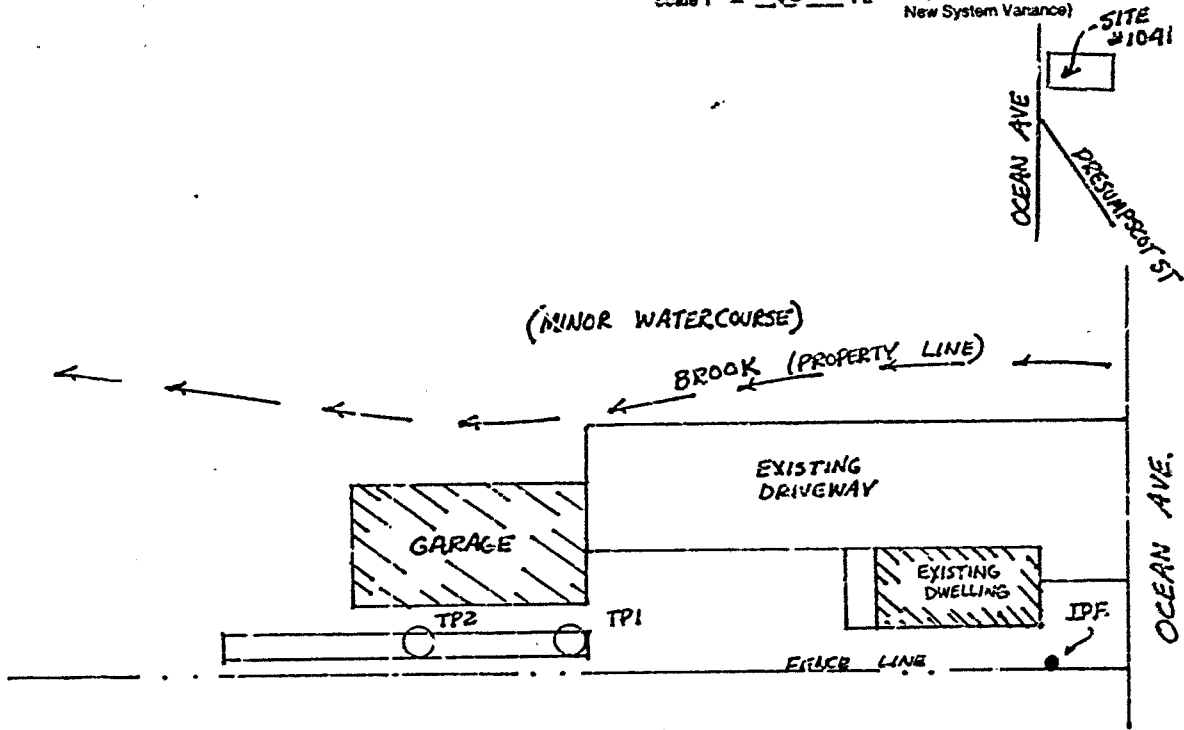
Town, City, Plantation
PORTLAND

Street, Road, Subdivision
1041 OCEAN AVE
SITE PLAN

Owners Name
VILLACCI, THOMAS

SITE LOCATION PLAN (Attach
Map from Maine Atlas for
New System Variance)

Scale 1" = 50' PL



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)							
Observation Hole <u>TP1</u>	<input checked="" type="checkbox"/> Test Pit	<input type="checkbox"/> Boring	Observation Hole <u>TP2</u>	<input checked="" type="checkbox"/> Test Pit	<input type="checkbox"/> Boring		
* Depth of Organic Horizon Above Mineral Soil			* Depth of Organic Horizon Above Mineral Soil				
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
		GRAYISH BROWN (VARIABLE)		SANDY AND LOAMY SAND FILL	FRAGILE TO FIRM	OLIVE BROWN (VARIABLE)	
				WITH ROOTS AND COBBLES			
							FREE WATER
Soil <u>12</u>	Classification	Slope	Limiting Factor	Soil <u>12</u>	Classification	Slope	Limiting Factor
							<u>24</u>
<input type="checkbox"/> Ground Water	<input type="checkbox"/> Restrictive Layer	<input type="checkbox"/> Bedrock		<input checked="" type="checkbox"/> Ground Water	<input type="checkbox"/> Restrictive Layer	<input type="checkbox"/> Bedrock	

Albert Freich
Site Evaluator or Signature

163
SE#

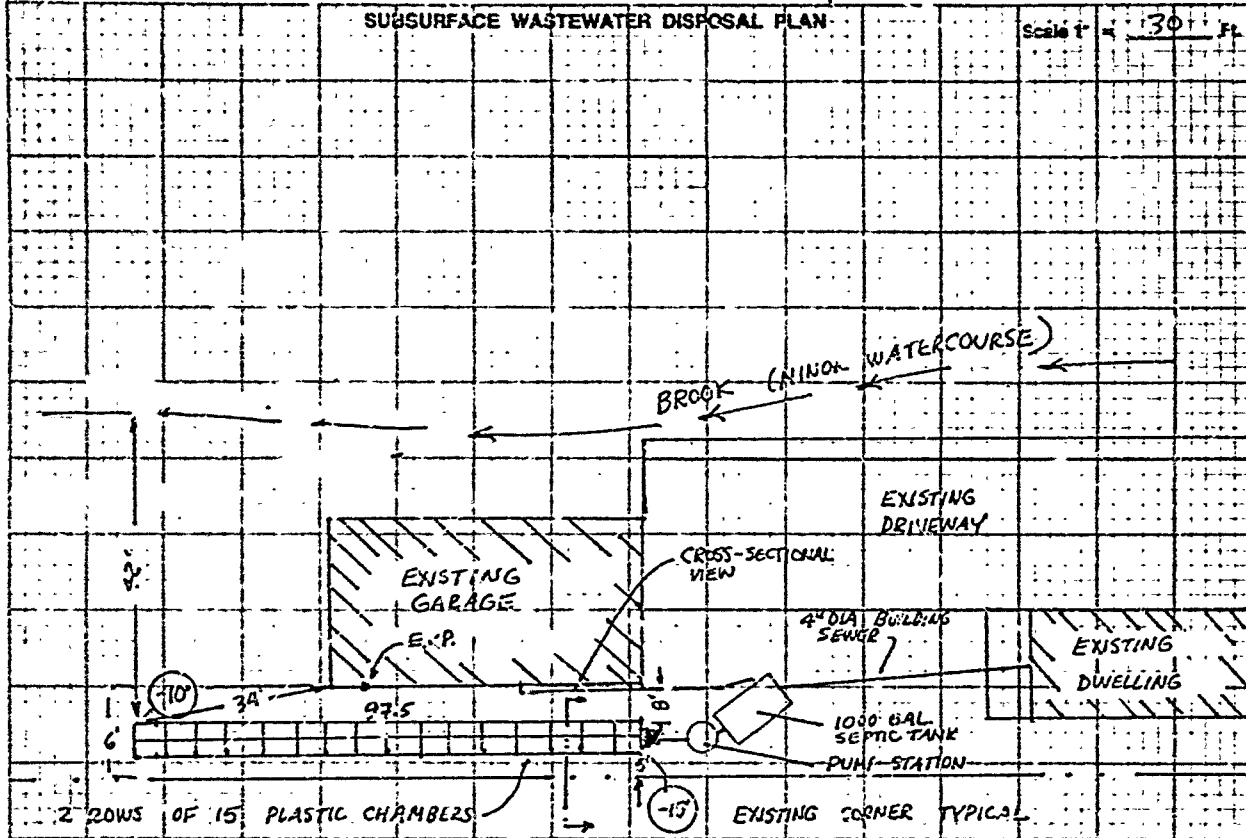
6/19/95
Date

Page 1 of 3
HHE 1 Rev. 1/84

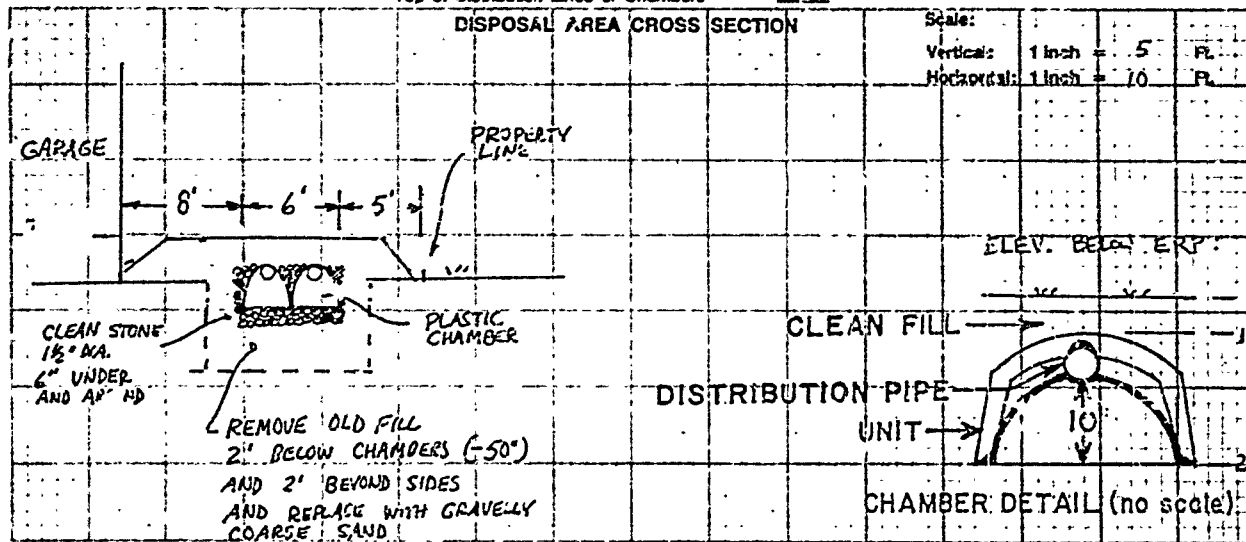
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND** Street, Road, Subdivision: **1041 OCEAN AVE.** Owner's Name: **THOMAS VILLACCI**



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	10-15"	Reference Elevation is 00"
Depth of Fill (Downslope)	10-15"	Bottom of Disposal Area -26"
		Top of Distribution Lines or Chambers -10"
		BOTTOM OF SIDING



Albert Freick
Site Evaluator Signature

163
SE#

6/19/95
Date



Albert Frick Associates, Inc.
Soil Scientists & Site Evaluators
25A County Road 1 Corbett, Maine 04038
(207) 839-5563 Fax: (207) 839-5564

Albert Frick SS, SE
James Logan SS, SE
Matthew Logan SE

PORTLAND 1041 OCEAN AVENUE THOMAS GILLACCI
TOWN LOCATION APPLICANT'S NAME

1) The Plumbing and Subsurface Wastewater Disposal Rules adopted by the State of Maine, Department of Human Services pursuant to 22 M.R.S.A. § 42 (the "Rules") are incorporated herein by reference and made a part of this application and shall be consulted by the owner/applicant, the system installer and/or building contractor for further construction details and material specifications. The system installer should contact Albert Frick Associates, Inc. 839-5563, if there are any questions concerning materials, procedures or designs. The system installer and/or building contractor installing the system shall be solely responsible for compliance with the Rules and with all state and municipal laws and ordinances pertaining to the permitting, inspection and construction of subsurface wastewater disposal systems.

2) This application is intended to represent facts pertinent to the Rules only. It shall be the responsibility of the owner/applicant, system installer and/or building contractor to determine compliance with and to obtain permits under all applicable local, state and/or federal laws and regulations (including, without limitation, Natural Resources Protection Act, wetland regulations, zoning ordinances, subdivision regulations, Site Location of Development Act and minimum lot size laws) before installing this system or considering the property on which the system is to be installed a "buildable" lot. It is recommended that a wetland scientist be consulted regarding wetland regulations.

Prior to the commencement of construction/installation, the local plumbing inspector shall inform the owner/applicant and Albert Frick Associates, Inc. of any local ordinances which are more restrictive than the Rules in order that the design may be amended. All designs are subject to review by local, state and/or federal authorities. Albert Frick Associates, Inc.'s liability shall be limited to revisions required by regulatory agencies pursuant to laws or regulations in effect at the time of preparation of this application.

3) All information shown on this application relating to property lines, well locations, subsurface structures and underground facilities (such as, utility lines, drains, septic systems, water lines, etc.) are based solely upon information provided by the owner/applicant and has been relied upon by Albert Frick Associates, Inc. in preparing this application. The owner/applicant shall review this application prior to the start of construction and confirm this information.

4) Installation of a garbage (grinder) disposal is not recommended. If one is installed, an additional 1000 gallon septic tank should be connected in series to the proposed septic tank.

5) The system user shall avoid introducing kitchen grease or fats into this system. Chemicals such as septic tank cleaners and/or chlorine (such as from water treatment) and controlled or hazardous substances shall not be disposed of in this system.

ATTACHMENT TO SUBSURFACE WASTEWATER DISPOSAL APPLICATION

PORTLAND 1041 OCEAN AVENUE THOMAS VILLACCI
TOWN LOCATION APPLICANT'S NAME

6) The septic tank should be pumped within two years of installation and subsequently as recommended by the pump service, but in no event should the septic tank be pumped less often than once every three years.

7) The actual water flow or number of bedrooms shall not exceed the design criteria indicated on this application without a re-evaluation of the system as proposed. If the system is supplied by public water or a private service with a water meter, the water consumption per period should be divided by the number of days to calculate the average daily water consumption (water usage (cu.ft.) x 7.48 cu.ft./gallons per cu.ft.) ÷ # of days in period).

8) The general minimum setbacks between a well and septic system serving a single family residence is 100-300 feet, unless the local municipality has a more stringent requirement. A well installed by an abutter within the minimum setback distances prior to the issuance of a permit for the proposed disposal system may void this design.

9) When a gravity system is proposed: **BEFORE CONSTRUCTION/INSTALLATION BEGINS**, the system installer or building contractor shall review the elevations of all points given in this application and the elevation of the existing and/or proposed building drain and septic tank inverts for compatibility to minimum slope requirements. In gravity systems, the invert of the septic tank(s) outlet(s) shall be at least 4 inches above the invert of the distribution box outlet at the disposal area. When an effluent pump is required, provisions shall be made to make certain that surface ground water does not enter the septic tank or pump station. An alarm device warning of a pump failure shall be installed. Also, when pumping is required to a chamber system, install a "T" connection in the distribution box and place 3 inches of stone or a splash plate in the first chamber. Insulate gravity pipes, pump lines and the distribution box as necessary to prevent freezing.

10) On all systems, remove the vegetation, organic duff and old fill material from under the disposal area and any fill extension. On sites where the proposed system is to be installed in natural soil, scarify the bottom and sides of the excavated disposal area with a rake. Do not use wheeled equipment on the scarified soil surface. For systems installed in fill, scarify the native soil by roto-tilling to a depth of at least 8 inches over the entire disposal and fill extension area to prevent glazing and to promote fill bonding. Place fill in loose layers no deeper than 8 inches and compact thoroughly before placing more fill (this ensures that voids and loose pockets are eliminated to minimize the chance of leakage). Do not use wheeled equipment on the scarified soil area until after 12 inches of fill is in place. Keep equipment off the chambers. Divert the surface water away from the disposal area by ditching or shallow swales.

11) Unless noted otherwise, fill shall be gravelly coarse sand which contains no more than 5% fines (silt and clay).

12) Do not install systems on loamy, silty, or clayey soils during wet periods since soil smearing/glazing may seal off the soil surface.

13) Seed all filled and disturbed surfaces with perennial grass seed, then mulch with hay or equivalent material to prevent erosion.



Albert Frick Associates, Inc.
Soil Scientists & Site Evaluators

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application for the proposed replacement system which does not comply with the Rules. The LPI shall review the Replacement System Variance Request and Application 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 from the Rules.
2. A system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

GENERAL INFORMATION

Permit No. 5438 E Town of PORTLAND
Date Permit Issued 6-21-95
MONTHLY/WEEKLY VR
Property Owner's Name: THOMAS VILLACCI Tel. No. _____
System's Location: 1041 OCEAN AVENUE
STREET
PORTLAND Maine
TOWN ZIP
Property Owner's Address: _____
(if different from above) STREET
TOWN STATE ZIP

SPECIFIC INSTRUCTIONS TO THE:

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, then complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

It 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 restrictions 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.

The OWNER shall sign this statement. Therefore, having read both this Replacement System Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and I hereby release all the persons concerned with this Variance, provided they have performed their duties in a proper manner.

Thomas Villacci
PROPERTY OWNER'S SIGNATURE

6-21-95
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
		TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
SOILS					
Soil Profile	Ground Water Table	to 5"			inches
Soil Condition	Restrictive Layer	to 5"			inches
from HHE-200	Bedrock	to 10"			inches
SETBACK DISTANCES (IN FEET)	FROM:	TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
Potable Water Supplies	1. Well > 2000 gal/day	100'	300'		
	2. Well < 2000 gal/day				
	a. Neighbor's	50'	60'		
	b. Property Owner's	25'	50'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	0'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		8'
Property Line		4'	5'		5'

OTHER

1. Fill extension Grade to 3:1 NEAR PROP. LINE WHERE NECESSARY.

2. _____

3. _____

Footnotes:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but closer to that well than the system it is replacing.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

Robert Freich

6/19/95

SITE EVALUATOR'S SIGNATURE

DATE

LPI STATEMENT

I, _____, LPI for the Town of _____ have conducted an on-site inspection for the proposed replacement system and have determined to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Wastewater Disposal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System 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, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: _____

LPI'S SIGNATURE

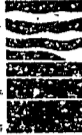
DATE

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (I) 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



Albert Frick Associates, Inc.

Soil Scientists & Site Evaluators

95A County Road Corham, Maine 04038
(207) 839-5563 FAX (207) 839-5564

Albert Frick, S, SE
James Logan, S, SE
Matthew Lojan, SE

June 21, 1995

Sam Hoffses, C.E.D.
City of Portland
Congress Street
Portland, ME 04101

Re: Tom Villacci, 1041 Ocean Avenue, Portland

Dear Sam:

Tom Villacci was in today to obtain a permit for the above-referenced site. Attached is a revised page 1 and revised Replacement System Variance form. This permit does not require STATE approval, as I had incorrectly marked. This permit, however, does require LPI approval.

The brook along the side property line would have been classified as perennial under the old Code, and would have required State approval (in the past). When completing the form, I reviewed the U.S.G.S. map and found that the small brook is not shown, and therefore is classified as a MINOR WATERCOURSE under the current Code, requiring LPI approval. I failed to make the change throughout the application.

Respectfully,

Albert Frick

AF/nd

cc. Tom Villacci



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 1041 Ocean Ave

Issued to Pom Villacci

Date of Issue 18 July 1995

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 950656, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Single Family w/Garage for

Limiting Conditions:

Auto Repair

This certificate supersedes
certificate issued

Approved:

7/18/95 *A. Rowe*
(Date) Inspector

[Signature]
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 1041 Ocean Avs. Portland		Owner: Tom Villacci	Phone: 773-0082	Permit No: 950656
Owner Address: same	Leasee/Buyer's Name:	Phone:	Business Name:	PERMIT ISSUED Permit Issued: JUN 28 1995
Contractor Name:	Address:	Phone:		
Past Use: residential garage	Proposed Use: using garage for auto repair	COST OF WORK: \$ 000	PERMIT FEE: \$ 25.00	CITY OF PORTLAND Zone: CBL F-7 Zoning Approval: <i>[Signature]</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Proposed Project Description: for change of use only		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION Group Use Group S-11 Type: 5B BOCA 93 Signature: <i>[Signature]</i>	
		PEDFSTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	Signature: _____ Date: _____	
Permit Taken By: Latini	Date Applied For: 6/21/95			Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied
<p>1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</p>				Historic Preservation <input type="checkbox"/> Not in District or Landmark <input checked="" type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review
no debris				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: 6/22/95
CERTIFICATION I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit				PERMIT ISSUED WITH LETTER
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	CEO DISTRICT 6 A. Rowe
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:	
White-Permit Desk Green-Assessor's Canary-D.R.W. Pink-Office Clerk Ivory Card-Inspector				

COMMENTS

7/17/95 This was an after the fact permit
OK for C.O. alone

X

Type	Inspection Record	Date
Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final:	_____	_____
Other:	_____	_____

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

June 27, 1995

RE: 1041 Ocean Avenue

Tom Villacci
1041 Ocean Ave.
Portland, Me 04103

Dear Sir:

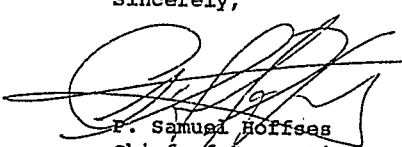
Your application to change the use of a residential garage to auto repair has been reviewed and a permit is herewith issued subject to the following requirements: This permit does not excuse the applicant from meeting applicable state and Federal laws.

No Certificate of Occupancy will be issued until all requirements of this letter are met.

1. This use shall comply with the external effects of section 14-247 for this zone. Please pay particular attention to the requirements that the use shall be operated within a completely enclosed structure. NO work outside of the garage can be done.
2. Please read and implement section 408.0 Public Garages, of attached sheet.
3. A permit is required from the Portland Fire Department for garage repair.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

/el

cc: M. Schmuckal, Asst. Chief of Inspection Services

RECEIVED
JUN 21 1935
CITY OF PORTLAND, ME

STONE WALL
DE LINE

ED 176/122

3 RODS. 7 LINKS

OCEAN AVENUE

60.06'
N 27°-09'-11" E

House
Parking

Space

Living

Super

3.23

RECEIVED
JUN 21 1935
DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

John J. O'Brien

M. S. GOODWIN
JUN 21 1935
B33/217

S 60°-17'-58"

N 60°-17'-58"

58.41
404.24

E 383.07

1/2 RAILROAD
GRAND TRUNK
OF CANADA TRACK

58.41
404.24

