

C36 416A A001001

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION		Maine Department of Human Services Division of Health Engineering, 10 818 (207) 287-5872 Fax: (207) 287-3185	
PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Portland	Town/City	Permit #
Street or Road	852 Ocean Avenue	Date Permit Issued	Fee: \$ Double Fee Charged <input type="checkbox"/>
Subdivision, Lot #	416A A001001	Local Plumbing Inspector Signature	L.P.I. # 1081
OWNER/APPLICANT INFORMATION		<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Town <input type="checkbox"/> State	
Name (last, first, MI)	O'Rourke, Patricia M. J.	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.	
Mailing Address of Owner/Applicant	Marja Timberlake P&A PO Box 30, Freeville, NY 13045	Municipal Tax Map #	Lot #
Daytime Tel. #	207-807-3043	CAUTION: INSPECTION REQUIRED	
OWNER OR APPLICANT STATEMENT		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
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.		Local Plumbing Inspector Signature (1st) date approved	
Signature of Owner or Applicant Date		Local Plumbing Inspector Signature (2nd) 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>Trench</u> Year installed: <u>unkn</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 <input checked="" 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 & s&K 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	
+ - 1/4 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</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 checked="" type="checkbox"/> Year Round <input 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 checked="" 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 checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>720</u> sq. ft. <input type="checkbox"/> ln. 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>218</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	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	ATTACH WATER METER DATA
PROFILE <u>2</u> CONDITION <u>All</u> at Observation Hole # <u>TP-1</u> Depth <u>52</u> " of Most Limiting Soil Factor <u>Bedrock</u>	<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) LATTITUDE AND LONGITUDE at center of disposal area Lat. <u>N43</u> d <u>41</u> m <u>42.18</u> s Lon. <u>W70</u> d <u>15</u> m <u>49.98</u> s if g.p.s. state margin of error: <u>20</u>
SITE EVALUATOR STATEMENT			
I certify that on <u>08-05-13</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>Richard A. Sweet</u> Site Evaluator Signature		<u>034</u> SE #	<u>08/14/13</u> Date
<u>Richard A. Sweet</u> Site Evaluator Name Printed		<u>797-2110</u> Telephone Number	<u>dick@sweetassociates.com</u> Email Address
Designed with SeptiCAD v3			
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.			

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, Brother G. Biron, 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

Date 08/27/13

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all 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. 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

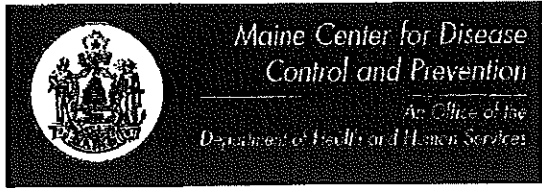
DATE

- Notes:
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 7.B.4 of the Subsurface Wastewater Disposal Rules 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 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).

	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 Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One): Outside Shoreland Zone-50 Inside Shoreland Zone-65 Subdivision-65



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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

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

GENERAL INFORMATION		Town of	<u>Portland</u>
Property Owner's Name:	<u>Patricia M. J. O'Rourke</u>	Tel. No.:	<u>207-807-3043</u>
System's Location:	<u>852 Ocean Avenue</u>		
Property Owner's Address:	<u>852 Ocean Ave, Portland</u>	Zip Code:	<u>04103</u>
e-mail address:	<u>maria.2285@gmail.com</u>		

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

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)	SECTION OF RULE
1. <u>Disposal Field 5 feet from property line and 11.5 feet from house foundation.</u>	<u>Table 8A</u>
2. _____	_____
3. _____	_____

SITE EVALUATOR

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

The disposal field will be on the downslope side of the property line and the basement wall.

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

Richard A. Sweet
SIGNATURE OF SITE EVALUATOR

08-14-13
DATE

700635076ADE/AD
PROPERTY OWNER
Maria Timberlake, POA for Patricia O'Rourke
 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.

Maria Timberlake, POA for Patricia O'Rourke
 SIGNATURE OF OWNER
 SIGNATURE OF OWNER
 AGENT FOR THE OWNER

8/16/2013
DATE

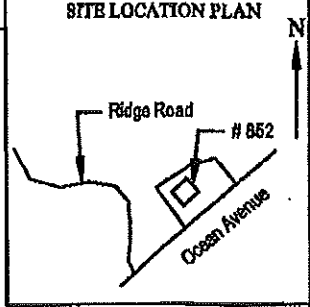
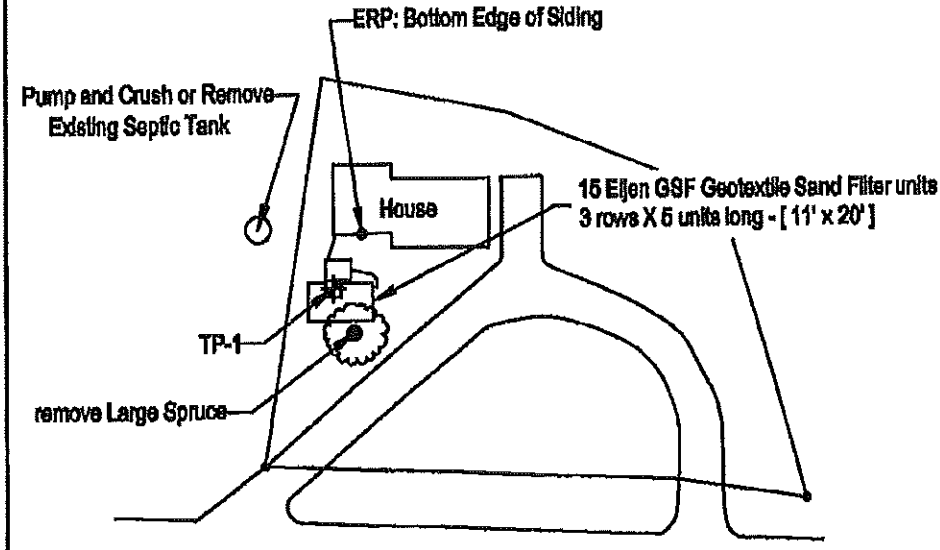
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health & Engineering, Section 18
(207) 287-5872 Fax: (207) 287-3163

Town, City, Plantation: **Portland** Street, Road, Subdivision: **852 Ocean Avenue** Owner or Applicant Name: **Patricia M. J. O'Rourke**

SITE PLAN Scale 1" = 50 ft.

SITE LOCATION PLAN



- NOTES:**
1. Scarify all ground to be filled.
 2. Insulate the Distribution Box (D-Box).
 3. Min. 1/4"/ft (2%) pitch of pipe from building to septic tank.
 4. Min. 1/8"/ft (1%) pitch of pipe from septic tank to disposal field.
 5. Review the Ejen Geotextile Sand Filter (GSF) Design and Installation Manual before installing this system.
 6. Replumb sewer drain in basement.
 7. An additional bedroom will require a fourth row of 5 Ejens.



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				
6	Sandy Loam	Friable	Dark Brown	
12				
18				
24				
30	Sandy Loam	Friable	Reddish Brown	
36				
42				
48				

Bedrock at 62 inches

Soil Profile: <u>2</u>	Classification Condition: <u>All</u>	Slope Percent: <u>11</u>	Limiting Factor Depth: <u>52"</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

Richard O'Rourke
Site Evaluator Signature

034 SE # **08/14/13** Date

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
852 Ocean Avenue

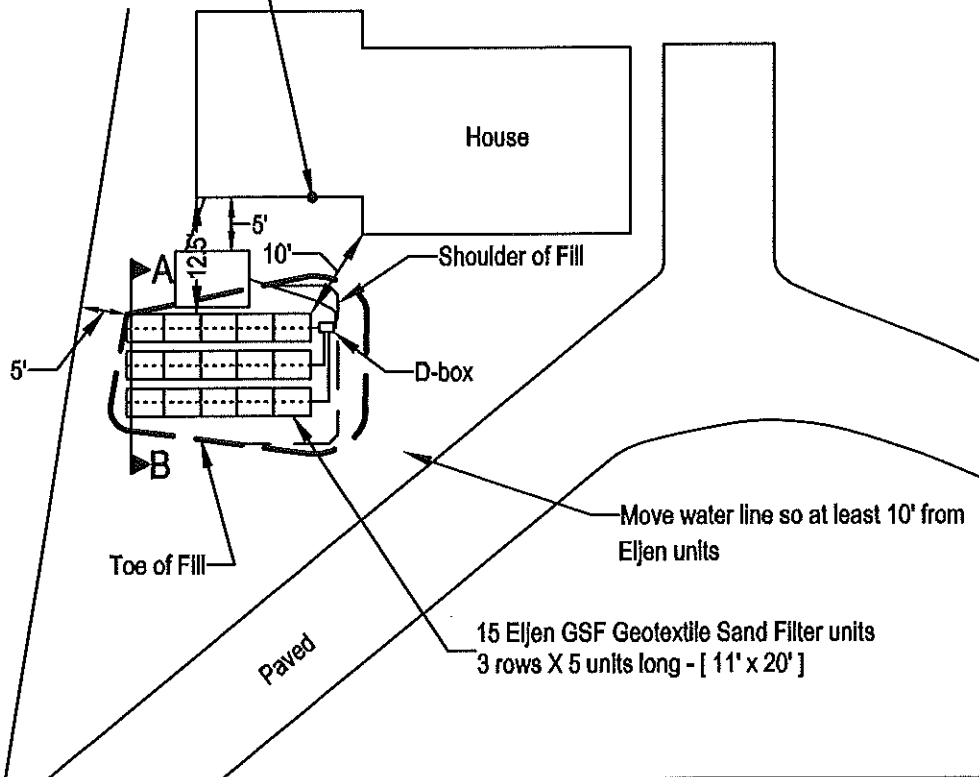
Owner or Applicant Name
Patricia, M. J. O'Rourke

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' ft

Existing Grade Elevations	
-43"	-50"
FIELD CORNERS	
-58"	-63"

ERP: Bottom Edge of Siding



BACKFILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT
Location & Description: Bottom Edge of Siding

Depth of Backfill (upslope) 0-7"
Depth of Backfill (downslope) 2-7"

Finished Grade Elevation (at Row 1) -44"
Top of Proprietary Device (at Row 1) -52"
Bottom of Disposal Field (at Row 1) -69"

Reference Elevation is 0.0' or: _____

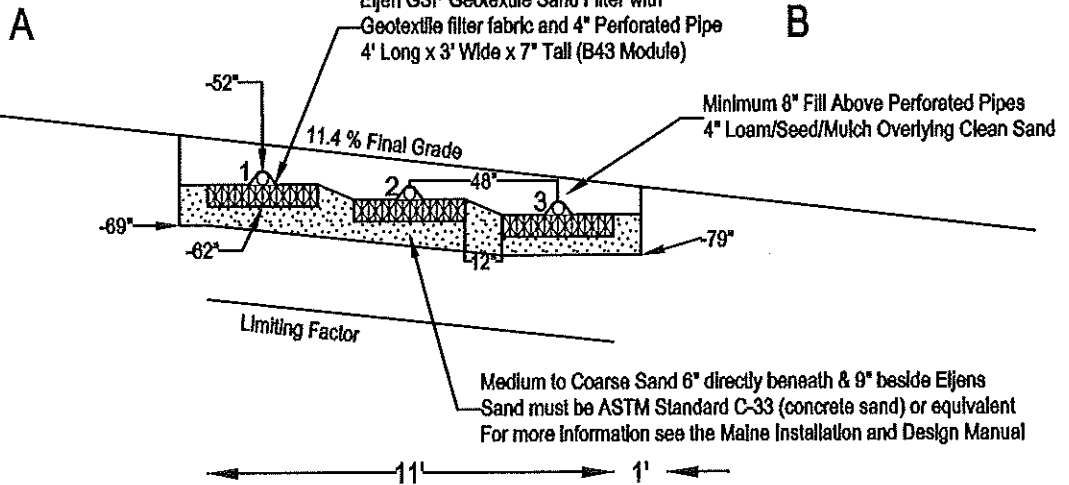
NOTE: SCARIFY ALL GROUND SURFACE TO BE FILLED. USE GRAVELLY COARSE SAND WITHIN 3' OF ELJENS. REMAINING FILL: LOAMY SAND (no clay)

DISPOSAL FIELD CROSS SECTION

APPROXIMATE ABOVE GRADE FILL REQUIRED
8.3 cubic yards of LOAM
-2.3 cubic yards of SAND
Compaction: +20% Loam & +15% Sand
Volume of chambers not considered

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

ROW #	1	2	3
TOP	-52"	-57"	-62"
BOTTOM	-63"	-68"	-73"
TOP OF ROW #1 INLET AT -52"			

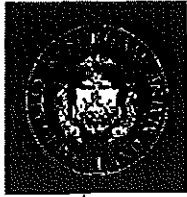


Richard O'Rourke
Site Evaluator Signature

034
SE #

08/14/13
Date

Page 3 of 3
HHE-200 Rev. 10/02



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Jeff Levine, AICP, Director
Director of Planning and Urban Development

Tammy Munson
Director, Inspections Division

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 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 opportunities below.

I, the undersigned, intend and acknowledge that no permit application can be reviewed until payment of appropriate permit fees are *paid in full* to the Inspections Office, City of Portland Maine by method noted below:



Within 24-48 hours, once my complete permit application and corresponding paperwork has been electronically delivered, I intend to call the Inspections Office at 207-874-8703 and speak to an administrative representative and provide a credit/debit card over the phone.



Within 24-48 hours, once my permit application and corresponding paperwork has been electronically delivered, I intend to hand deliver a payment method to the Inspections Office, Room 315, Portland City Hall.



I intend to deliver a payment method through the U.S. Postal Service mail once my permit paperwork has been electronically delivered.

Applicant Signature:

Maria Timberlake, P.O. for Patricia O'Rourke

700663870ADE4AD..

I have provided digital copies and sent them on:

Date:

8/16/2013

Date:

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

Room 315 - 389 Congress Street- Portland, Maine 04101 (207) 874-8763 - Fax: 874-8716 - TTY: 874-8936