

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3626

PROPERTY ADDRESS		90-E-1 PORTLAND 4270 TOWN COPY Date Permitted: 12/13/91 Fee: 160.00 L.P.I. # 01241 Chief Plumbing Inspector Non-Engineer	
Town Or Planction	PORTLAND 766-4444		
Street	SARGENT ROAD MAP 90		
Subdivision Lot #	PEAKS ISLAND LOT E-1		
PROPERTY OWNERS NAME			
Last Name	CALLAHAN	First Name	THOMAS P.
Applicant Name	(305) 296-7404		
Mailing Address of Owner/Applicant (if Different)	903 FRANCES STREET KEY WEST, FL. 33040		
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 the Permit. Signature of Owner/Applicant: <u>Thomas P. Callahan</u> Date: <u>7/27/91</u>		Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules. Signature: <u>A. Rowe</u> Date Approved: <u>7/14/91</u>	

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1. <input type="checkbox"/> NEW SYSTEM 2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE	INSTALLATION IS: COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+20.00 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
SEASONAL CONVERSION to be completed by the LPI 5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____ 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED	IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____
SIZE OF PROPERTY: <u>6,000</u> ± ZONING: _____	TYPE OF WATER SUPPLY PUBLIC WATER	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Flow 2. <input type="checkbox"/> AEROBIC SIZE: <u>1800</u> GALS.	WATER CONSERVATION 1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) SINGLE FAMILY DWELLING (2 BEDROOM) DESIGN FLOW: <u>206</u> (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: <u>Z</u> CONDITION: <u>A</u> DEPTH TO LIMITING FACTOR: <u>32</u>	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER <u>350</u> Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	

SITE EVALUATOR STATEMENT

On July 11, 1991 (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.

Signature: Albert Frick SE# 163 Date: 7/19/91

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



Albert Frick Associates, Inc.
 Soil Scientists & Site Evaluators
 95A County Road Gorham, Maine 04038
 (207) 839-5563

Town, City, Plantation MAP 90, LOTE-1 Street, Road, Subdivision PORTLAND SARGENT ROAD Owner's Name CALLAHAN, THOMAS P.

SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole TB3 Test Pit Boring

* Depth of Organic Horizon Above Mineral Soil _____

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

REFUSAL

Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
			<u>30</u>	<input type="checkbox"/> Restrictive Layer
				<input checked="" type="checkbox"/> Bedrock

SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole TB4 Test Pit Boring

* Depth of Organic Horizon Above Mineral Soil _____

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

FIRM REFUSAL

Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
			<u>46</u>	<input type="checkbox"/> Restrictive Layer
				<input checked="" type="checkbox"/> Bedrock

SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole TB5 Test Pit Boring

* Depth of Organic Horizon Above Mineral Soil _____

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

FIRM REFUSAL

Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole _____ Test Pit Boring

* Depth of Organic Horizon Above Mineral Soil _____

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

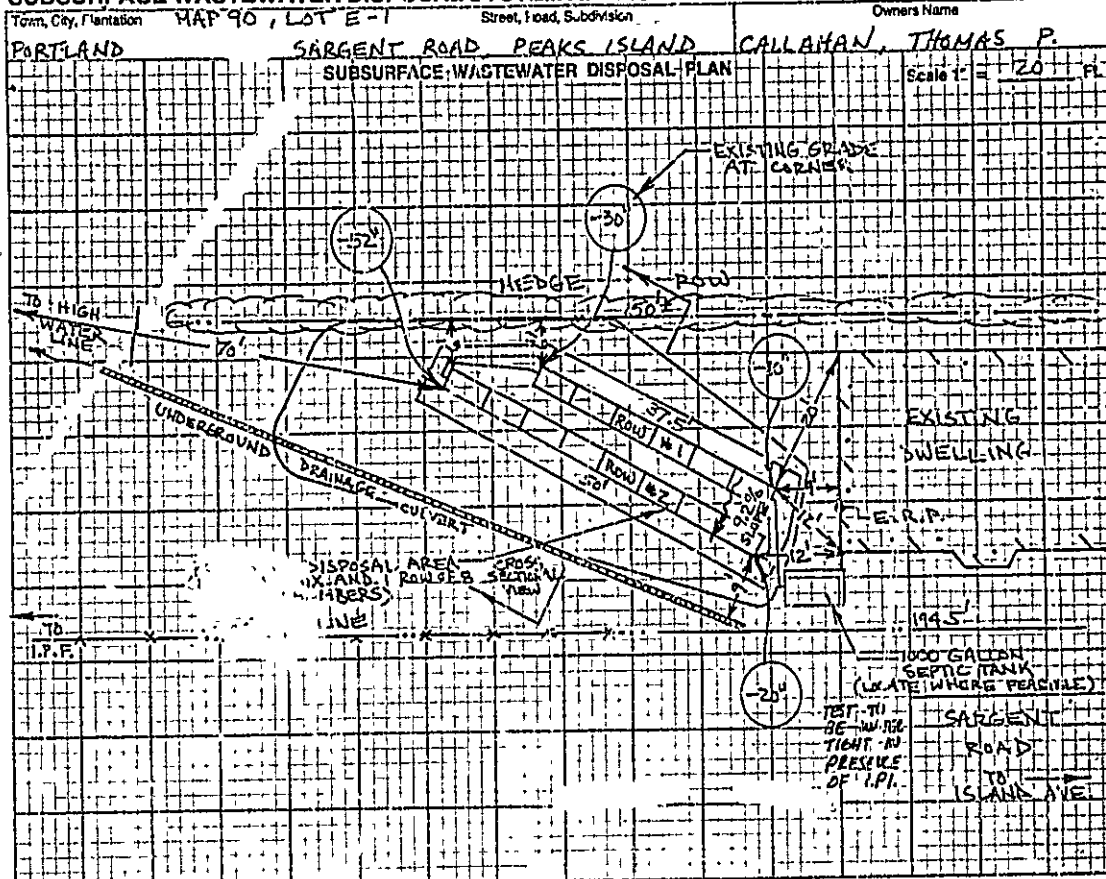
Albert Frick
 Site Evaluator

163
 SE#

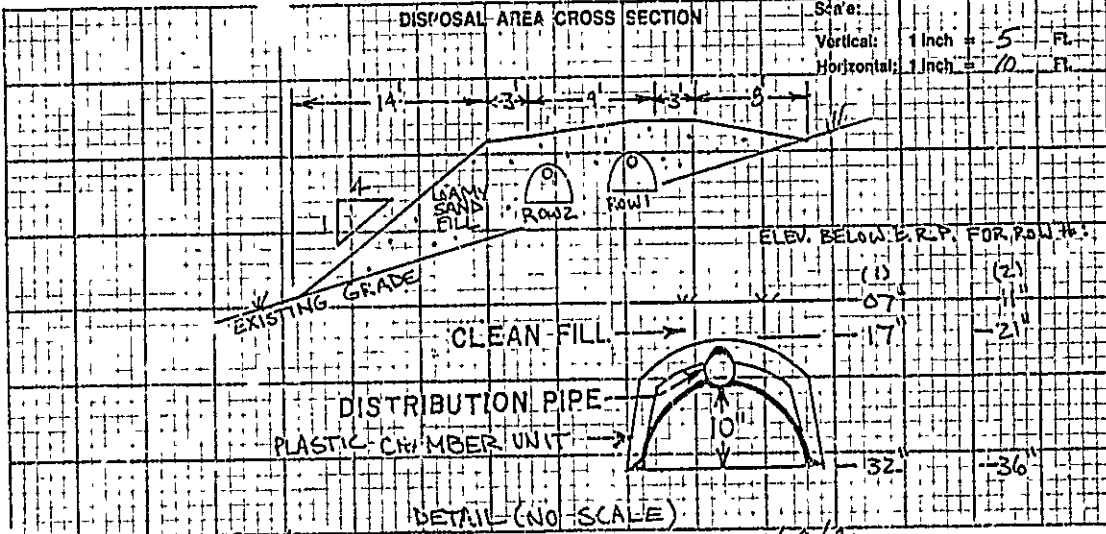
7/14/91
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	3'-23"	Reference Elevation Is	06	BOTTOM OF GRAY SKIRTING ON REAR OF HOUSE, OR BELOW BOTTOM OF WHITE SIDING.	
Depth of Fill (Downslope)	9'-41"	Bottom of Disposal Area	SEE DETAIL BELOW		
		Top of Distribution Lines or Chambers			



Albert Greich 163 7/19/91
Site Evaluator Signature SE# Date

Page 3 of 3
HHE-200 Rev. 1/84

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

Town of PORTLAND

Permit No. 4270 E Date Permit Issued 13/AUG/91
MONTH/DAY/YEAR

Property Owner's Name: CALLAHAN, THOMAS P. Tel. No. _____

System's Location: PEAKS ISLAND, SARGENT ROAD (MAP 90, LOT E-1)
STREET

PORTLAND Maine ZIP
TOWN

Property Owner's Address: 903 FRANCES STREET
(if different from above) STREET

KEY WEST FL 33040
TOWN STATE ZIP

Telephone 305 296 7404

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 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. 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.

Thomas P. Callahan

PROPERTY OWNER'S SIGNATURE

7/27/91

DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		Inches	
	Restrictive Layer	to 6"		Inches	
	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'			
Water bodies	1. Perennial	50'	60'		70'
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'	5'±	9'±
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With Basement	5'	10'	2'-3'	9'
	2. Without Basement	5'	10'	2'-3'	6'
Property Line		4'	5'		

OTHER

(1. Fill extension Grade--to J.) FILL EXTENSION TO EXCEED 4:1 NEAR PROPERTY LINE TO PREVENT ENCROACHMENT

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 top of the fill does not extend to the 3:1 slope.

Albert Spick
SITE EVALUATOR'S SIGNATURE

7/19/91
DATE

LPI STATEMENT

I, Samuel Hoffses, LPI for the Town of Portland 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:

Samuel Hoffses
LPI'S SIGNATURE

13/10/91
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.

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8704

Location of Construction: Sargent Ave., Peaks Island		Owner: Peter Donnally & Grace Noonan-Kaye		Phone: 766-5971	
Lease/Buyer's Name:		Phone:		Business Name:	
Architect: Will Winkelman		Address: 500 Seashore Ave., Peaks Isl		Phone: 766-5669	
Past Use:		Proposed Use: Reconstruction as a 2 bdrm home		COST OF WORK: \$ 135,000.00	
Proposed Project Description: Reconstruction of cottage to year round home		Signature:		PERMIT FEE: \$ 695.00	
Permit Taken By: Vicki Dover		Date Applied For: 12/17/96		INSPECTION: Use Group: Type:	

Permit No: 96124

PERMIT ISSUED

Permit Issued:
DEC 27 1996

CITY OF PORTLAND

Zone: CB
IR-2 90-E-1

Zoning Approval:
06-23 12/20/96

Special Zone or Reviews:
 Shoreland Use Structure
 Welland 75' Buffering
 Flood Zone WA Zone C
 Subdivision
 Site Plan (ma) minor m

PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)
 Approved
 Approved with Conditions
 Denied

Signature: _____ Date: _____

This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
 Building permits do not include plumbing, septic or electrical work.
 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.
 Contractor will be in to pull dump permits when ready to demo
 Mail per to owner

PERMIT ISSUED WITH REQUIREMENTS

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 OF APPLICANT: Will Winkelman ADDRESS: 500 Seashore Ave., Peaks Isl 04108 DATE: 12/17/96

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: Architect/agent PHONE: _____

Zoning Appeal:
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: 12/18/96

J. Anderson
 ARCHITECT

M. Carter
 CEO DISTRICT

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector