

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207)283-1826

**PROPERTY ADDRESS**  
Town or Platation: PORTLAND  
Street Subdivision Lot #: 438 ISLAND AVE (PEAKS ISLAND)  
**PROPERTY OWNERS NAME**  
GERQUEST PETER & MABEL  
Last: \_\_\_\_\_ First: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_  
Mailing Address of Owner/Applicant (if Different): \_\_\_\_\_

90-6-2  
JRTLAND 4424- TOWN CODE  
Date: 03/27/92 \$ 16.00 FEE  
Arthur Howe Chief Plumbing Inspector  
Local Plumbing Inspector for 6/22/91

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 Plumbing Inspector to deny a Permit.

**Caution: Inspection Required**  
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.  
Arthur Howe Local Plumbing Inspector Signature  
Date: 7-28-93 Date Approved

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></p> <p>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</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>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 e. <input checked="" type="checkbox"/> Requires Local Plumbing Inspector Approval f. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p><b>INSTALLATION IS:</b></p> <p>COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK (ONLY) 6. <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</p>
<p><b>SEASONAL CONVERSION</b> (to be completed by the LP)</p> <p>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</p>	<p><b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED: <u>7</u> THE FAILING SYSTEM IS: <u>PRE-1974</u> 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER <u>SUMMER COTTAGE</u> SPECIFY _____</p>
<p>SIZE OF PROPERTY: <u>APPROX 8000 sq. ft.</u> ZONING: _____</p>	<p>TYPE OF WATER SUPPLY: <u>PUBLIC</u></p>	

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC (Regular) <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: <u>750 (MIN.) GALS.</u></p>	<p><b>WATER CONSERVATION</b></p> <p>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: _____</p>	<p><b>PUMPING</b></p> <p>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 SIZE: _____ GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC)</b></p> <p><u>2 BEDROOMS</u></p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <u>7/3</u> CONDITION: <u>C</u> DEPTH TO LIMITING FACTOR: <u>21</u></p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MED UM 3. <input checked="" type="checkbox"/> MED UM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER <u>350</u> Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> 14-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER _____</p>	<p><b>DESIGN FLOW:</b> <u>211</u> (GALLONS/DAY)</p>

**SITE EVALUATOR STATEMENT**

On 3-3-92 (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.

Mark Quinn Site Evaluator Signature  
262 SE#  
3.4.92 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

Town of PORTLAND

Permit No. \_\_\_\_\_ E

Date Permit Issued \_\_\_\_\_  
MONTH, DAY, YEAR

Property Owner's Name: PETER & MABEL GIERQUEST Tel. No. \_\_\_\_\_

System's Location: 438 ISLAND AVE. PEAKS ISLAND  
STREET

PORTLAND Maine ZIP \_\_\_\_\_  
TOWN

Property Owner's Address: 92 LOCKWOOD ROAD  
(if different from above) STREET

RIVERSIDE CONNECTICUT 06873  
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 limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site's restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

The OWNER(s) will 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 concerns with this Variance provided they have performed their duties in a reasonable and proper manner.

  
PROPERTY OWNER'S SIGNATURE

March 5 1992  
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 6"		Inches
Soil Condition	Restrictive Layer		to 5"		Inches
Iron (Pb+20)	Bedrock		to 10"		Inches
SETBACK DISTANCES (IN FEET)	FROM:				
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'	50'		
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With Basement	5'	10'	5'	10'
	2. Without Basement	5'	10'		
Property Line		4'	5'		

**OTHER**

1. Fill extension Grade—to 3:1

2.

**Footnotes:**

1. This setback dimension cannot be reduced by variance. See Table 6-2.
2. 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.
3. Sufficient distance shall be maintained to assure that the 3:1 fill does not extend to the 3:1 slope.

SITE EVALUATOR'S SIGNATURE

DATE

**LPI STATEMENT**

I, Thomas L. Hoffses, LPI for the Town of Portland, have conducted a 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 on the Application and my on-site investigation I (check and complete either a or b):

a.  approve,  do not approve; the variance request is 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 and 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:

**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

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

PORTLAND PEAKS IS

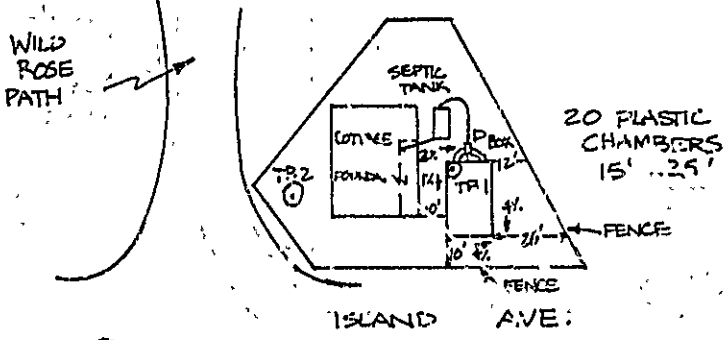
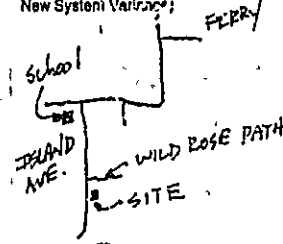
Street, Road, Subdivision

438 ISLAND AVE PETER + MABEL GERQUEST  
SITE PLAN

Owner's Name

PETER + MABEL GERQUEST  
SITE LOC. ON PLAN (Attach  
Map from "Line Atlas for  
New System Variance")

Scale 1" = 50 Ft.



- NOTES: ① SEPTIC TANK OF 1000 GAL. CAPACITY IS PREFERRED, HOWEVER SPACE IS LIMITED AND 750 GAL. TANK MAY BE NEEDED. TANK CONFIGURATION IS SUGGESTED ONLY. PLASTIC TANK WOULD BE ACCEPTABLE IF IT FITS.
- ② PLASTIC CHAMBERS SHALL BE LOW PROFILE "INFILTRATOR" AVAILABLE FROM EKO-TEC.
- ③ SEWER LINE IS TO BE RAISED TO OBTAIN GRAVITY FLOW.

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Hole Shown Above)				
Observation Hole	<input checked="" type="checkbox"/> T-7	<input type="checkbox"/> Test Pit	<input type="checkbox"/> Boring	Depth of Organic Horizon Above Mineral Soil
Texture	Consistency	Color	Mottling	
0-6" GREEN SAND		DK BROWN		0
6-10" SANDY LOAM	FRAGILE	YELLOW		10
10-15" LOAM		BROWN		15
15-20" SILTY SAND	FIRM	WHITE GRAY	COMMON	20
20-30" SAND				30
30-40" SAND				40
40-50" RED CLAY				50
50-60" SAND				60
60-70" SAND				70
70-80" SAND				80
Soil Classification: <u>7/3</u>	Slope: <u>1-4%</u>	Limiting Factor: <u>Z1</u>	Groundwater: <input type="checkbox"/>	Feeder Layer: <input type="checkbox"/>
Soil Classification: <u>Z</u>	Slope: <u>---</u>	Limiting Factor: <u>3B</u>	Groundwater: <input type="checkbox"/>	Feeder Layer: <input type="checkbox"/>

*[Signature]*  
SPM Evaluator's Signature

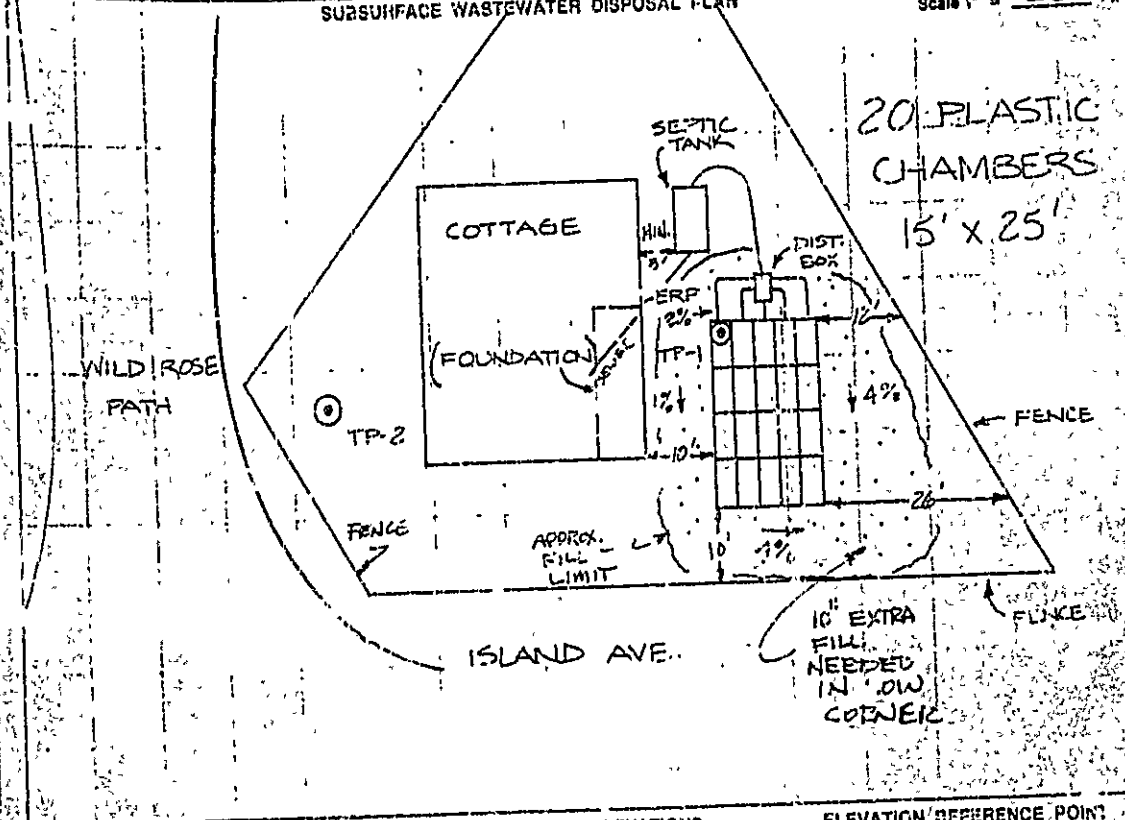
267  
Site

5-4-92  
Date

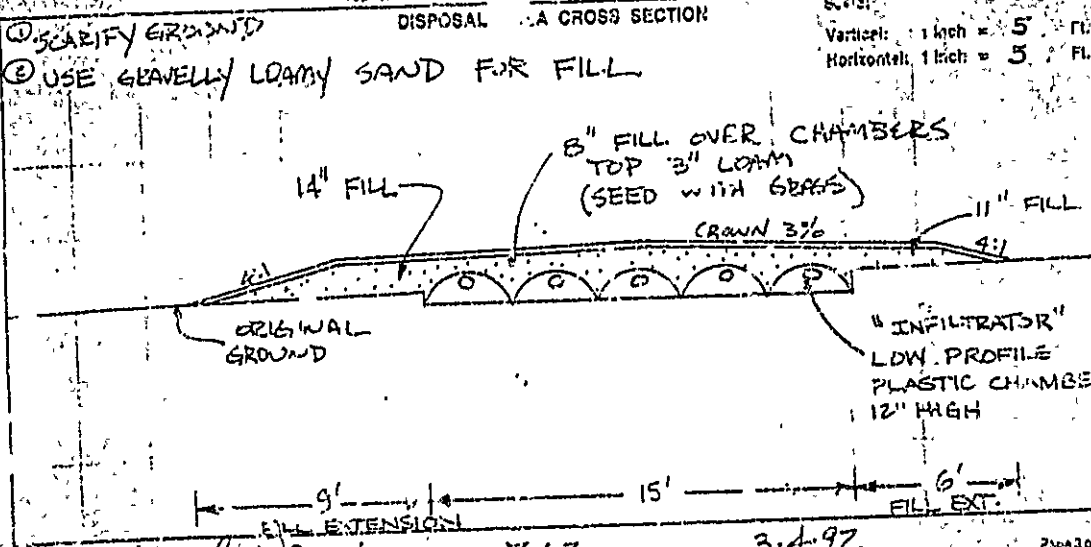
**SUBSURFACE WASTEWATER DISPOSAL SYSTEM A**

Department of Human Services  
Division of Health Engineering

PORTLAND PEAKS IS. 438 ISLAND AVE. PETER & MABEL GERQUEST



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) 11"	Reference Elevation 0	TOP OF CONCRETE BLDG. FOUNDATION
Depth of Fill (Downslope) 14-24"	Bottom of Disposal Area -53"	
	Top of Distribution L. or Chambers -41"	



Site Evaluator Signature: *Mark Quinn* 267 SE# Date: 3-4-92