

912458

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$25. Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Avis O. Carland Phone # 797-6604  
 Address: 35 87 Sixth St; Ptld, ME 04103  
 LOCATION OF CONSTRUCTION 37 Sixth St.  
 Contractor: OWNER Sub: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Est. Construction Cost: \$500. Proposed Use: 1-fam w/o shed  
 Past Use: 1-fam w shed  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
 # Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion demolish shed - appx 15'x20'

**PERMIT ISSUED**

**For Official Use Only**

Date 4/1/91 Subdivision: \_\_\_\_\_  
 Inclusive Fire Limits: \_\_\_\_\_  
 Bldg Code: \_\_\_\_\_  
 Time Limit: \_\_\_\_\_  
 Estimated Cost: \$500 Owner/submitter: \_\_\_\_\_

APR - 5 1991  
 CITY OF PORTLAND

Zoning: R-3 Zone  
 Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_

Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other (Explain) OK WDA 4-5-91

**Foundation:**  
 1. Type of Soil: \_\_\_\_\_  
 2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_  
 3. Footings Size: \_\_\_\_\_  
 4. Foundation Size: \_\_\_\_\_  
 5. Other \_\_\_\_\_

**Floor:**  
 1. Sills Size: \_\_\_\_\_ Sills must be anchored.  
 2. Girder Size: \_\_\_\_\_  
 3. Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_  
 4. Joists Size: \_\_\_\_\_ Spacing 16" O.C.  
 5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_  
 6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_  
 7. Other Material: \_\_\_\_\_

**Exterior Walls:**  
 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. No. windows \_\_\_\_\_  
 3. No. Doors \_\_\_\_\_  
 4. Header Size: \_\_\_\_\_ Span(s) \_\_\_\_\_  
 5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_  
 6. Corner Posts Size \_\_\_\_\_  
 7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_  
 10. Masonry Materials \_\_\_\_\_  
 11. Metal Materials \_\_\_\_\_

**Interior Walls:**  
 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. Header Size: \_\_\_\_\_ Span(s) \_\_\_\_\_  
 3. Wall Covering Type \_\_\_\_\_  
 4. Fire Wall if required \_\_\_\_\_  
 5. Other Materials \_\_\_\_\_

**Ceiling:**  
 1. Ceiling Joists Size: \_\_\_\_\_  
 2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 3. Type Ceilings: \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_

**Roof:**  
 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_ Action: Approved  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_

**Chimneys:**  
 Type: \_\_\_\_\_ Number of "Fire Places" \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Heating:**  
 Type of Heat: \_\_\_\_\_

**Electrical:**  
 Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

**Plumbing:**  
 1. Approval of soil test if required Yes \_\_\_\_\_ No \_\_\_\_\_  
 2. No. of Tubs or Showers \_\_\_\_\_  
 3. No. of Flushes \_\_\_\_\_  
 4. No. of Lavatories \_\_\_\_\_  
 5. No. of Other Fixtures \_\_\_\_\_

**Swimming Pools:**  
 1. Type: \_\_\_\_\_  
 2. Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_  
 3. Must conform to National Electrical Code and State Law.

**HISTORIC PRESERVATION**

**PERMIT ISSUED  
 WITH REQUIREMENTS**

Permit Received By Louise E. Chase  
 Signature of Applicant Avis O. Carland Date April 1, 1991  
 Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_  
 Inspection Dates \_\_\_\_\_

# PLUMBING APPLICATION

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

**PROPERTY ADDRESS**

Town Or Plantation: Portland

Street Subdivision Lot #: Lot 37 Sixth Street

**PROPERTY OWNERS NAME**

Last: Cariand First: Avis

Applicant Name: Deane Taylor

Mailing Address of Owner/Applicant (if Different): P.O. Box 162 Windham Me 04062

**Caution: Permit Required**

PORTLAND  
Date Permitted: 10-23-91 \$ 16 TOWN COPY  
L.P.I. # \_\_\_\_\_ FEE 600.00 Fee Charge

Local Plumbing Inspector Signature: [Signature]  
Chief Plumbing Inspector

**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: [Signature]

Date: 7/31/91

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: [Signature]

Date Approved: 4-8-92

**PERMIT INFORMATION**

<b>This Application is for</b> 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	<b>Type Of Structure To Be Served:</b> 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 _____	<b>Plumbing To Be Installed By:</b> 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <u>1093</u>

Hook-Up & Piping Relocate Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b> <input checked="" type="checkbox"/> HOOK-UP: in an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
Number of Hook-Ups & Relocations				Fixtures (Subtotal) Column 1
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 2

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

\$	Fixtures (Subtotal) Column 1
\$	Fixtures (Subtotal) Column 2
\$	Total Fixtures
\$	Fixture Fee
\$ 6	Hook-Up & Relocation Fee
\$ 6	Permit Fee (Total)

**PLUMBING APPLICATION**

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

**PROPERTY ADDRESS**

Town Or Plantation: Portland

Street Subdivision Lot #: Lot 37 Sixth Street

**PROPERTY OWNERS NAME**

Last: Carland First: Avis

Applicant Name: Deane Taylor

Mailing Address of Owner/Applicant (If Different): P.O. Box 962 Windham Me. 04062

**Caution: Permit Required**

PORTLAND PERMIT # 4252 STATE COPY

Date of Issue: 7-31-92 \$ 6 FEE

Local Plumbing Inspector Signature: [Signature] L.P.I. # \_\_\_\_\_

Chief Plumbing Inspector

**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: [Signature]

**NOT INSPECTED: Inspection Required THIS HAS BEEN ALL BURIED LONG AGO. 4-8-92**

Local Plumbing Inspector Signature: [Signature] Date Approved: 7/31/92

**PERMIT INFORMATION**

<b>This Application is for</b>	<b>Type Of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	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 _____	1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>1093</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b> <input checked="" type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Cupidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations	Other: _____		Water Heater	
\$ Hook-Up & Relocation Fee	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixtures Fee
				Hook-Up & Relocation Fee
		\$ 6	Permit Fee (Total)	\$ 6

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

PROPERTY ADDRESS		<p>PORTLAND PERMIT # 4147 STATE COPY</p> <p>TOWN</p> <p>Date Permit Issued: 3/26/90 \$14.00 FEE</p> <p>Local Plumbing Inspector Signature: <i>[Signature]</i> L.P.I.# 0124</p> <p>Chief Plumbing Inspector</p>	
Town Or Plantation	PORTLAND		
Street Subdivision Lot #	37 SIXTH STREET		
PROPERTY OWNERS NAME			
Last:	CARLAND	First:	AVIS
Applicant Name:			
Mailing Address of Owner/Applicant (if Different)	35 SIXTH ST. PORTLAND, ME.		
Owner/Applicant Statement		<p><b>Caution: Inspection Required</b></p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.</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>Avis R. Carland</i> 3/25/90 Signature of Owner/Applicant Date</p>		<p>Local Plumbing Inspector Signature _____ Date Approved _____</p>	

PERMIT INFORMATION		
<p><b>THIS APPLICATION IS FOR:</b></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><b>THIS APPLICATION REQUIRES:</b></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>3. <input checked="" 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><b>INSTALLATION IS:</b></p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd) 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><b>SEASONAL CONVERSION</b> 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><b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED: ?</p> <p><b>THE FAILING SYSTEM IS:</b></p> <p>1. <input type="checkbox"/> BED      3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER      4. <input checked="" type="checkbox"/> OTHER <u>Cess-Pool</u></p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></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: <u>Approx. 1 AC.</u></p> <p>ZONING: _____</p>	<p><b>TYPE OF WATER SUPPLY</b> <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: <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><b>WATER CONSERVATION</b></p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input checked="" type="checkbox"/> REQUIRED</p> <p>DOSE: <u>100</u> GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES WATER RECORDS, ETC.)</b></p> <p><u>3 BEDROOMS</u></p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <u>3</u>      CONDITION: <u>C (E)</u></p> <p>DEPTH TO LIMITING FACTOR: <u>28" (3")</u></p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></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><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>500</u> Sq. Ft.</p> <p><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	<p><b>DESIGN FLOW:</b> <u>294</u> (GALLONS/DAY)</p>

**SITE EVALUATOR STATEMENT**

On 4-17-90 (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.

*Norman J. Scott*      207      7-2-90  
Site Evaluator Signature      SE#      Date

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

Page 1 of 3  
HHE-200 Rev. 11/86

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

PORTLAND

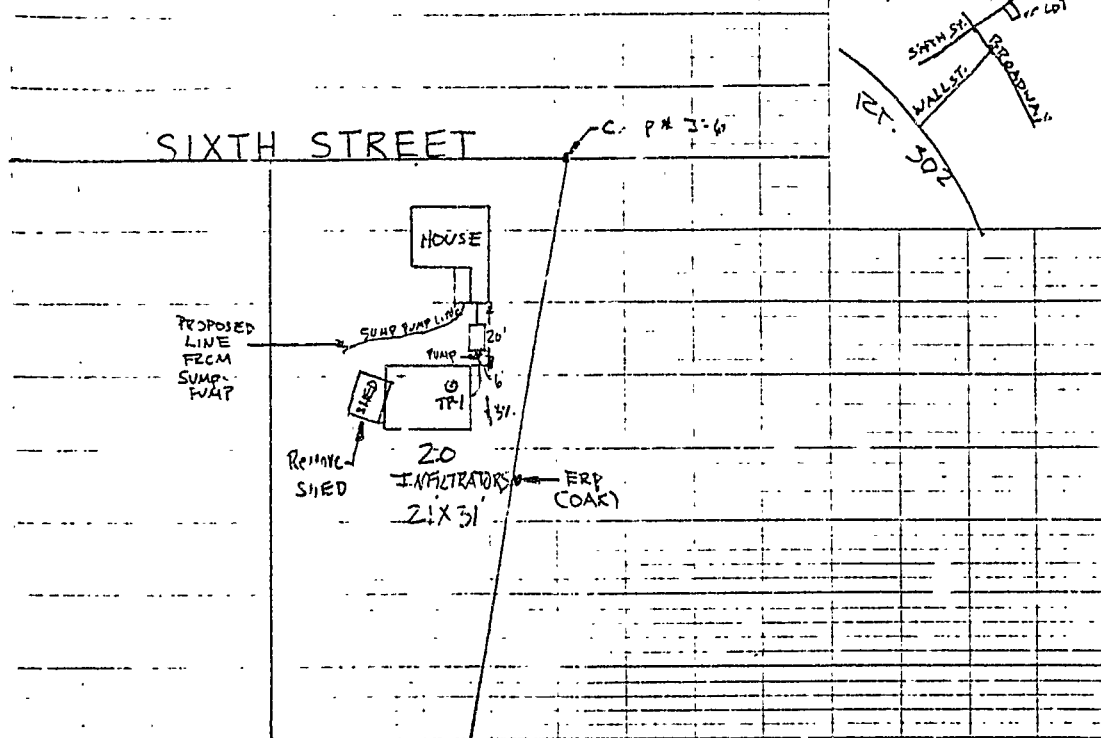
SIXTH STREET

AVIS CARLOND

SITE PLAN

Scale 1" = 50' FL

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



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)				
Observation Hole <u>TP-1</u>		<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		
* Depth of Organic Horizon Above Mineral Soil				
Texture	Consistency	Color	Mottling	
0		YELLOW		
6		BROWN		
10		TO		
15	FRAGILE	DARK		
20		BROWN		
25		BLACK		
30		CLAY		
35		YELLOW	COMMON	
40		GRAY		
45	FRAGILE			
50				
Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
<u>3</u>	<u>E</u>	<u>2</u>	<u>3</u>	

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)				
Observation Hole <u>  </u>		<input type="checkbox"/> Test Pit <input type="checkbox"/> Boring		
* Depth of Organic Horizon Above Mineral Soil				
Texture	Consistency	Color	Mottling	
0				
6				
10				
15				
20				
25				
30				
35				
40				
45				
50				
Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock

Norman A. Scott  
Site Evaluator Signature

207  
SE#

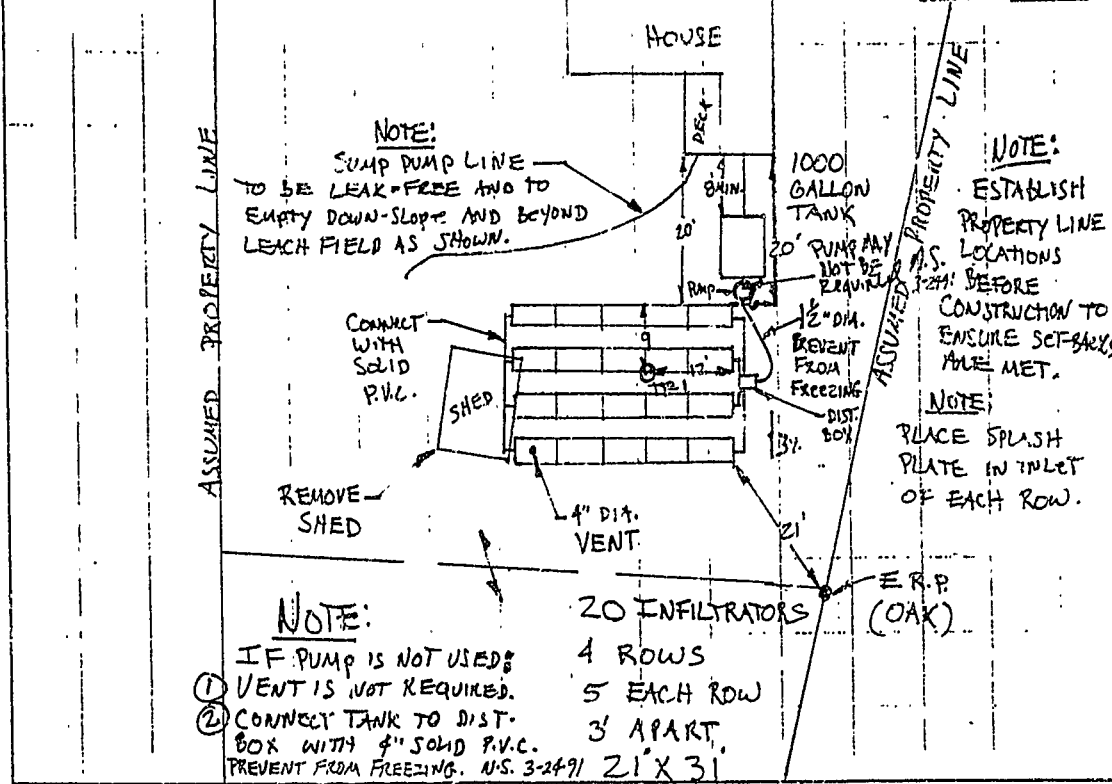
Revised From S-1-86 R.A. Sweet  
7-2-90  
Date

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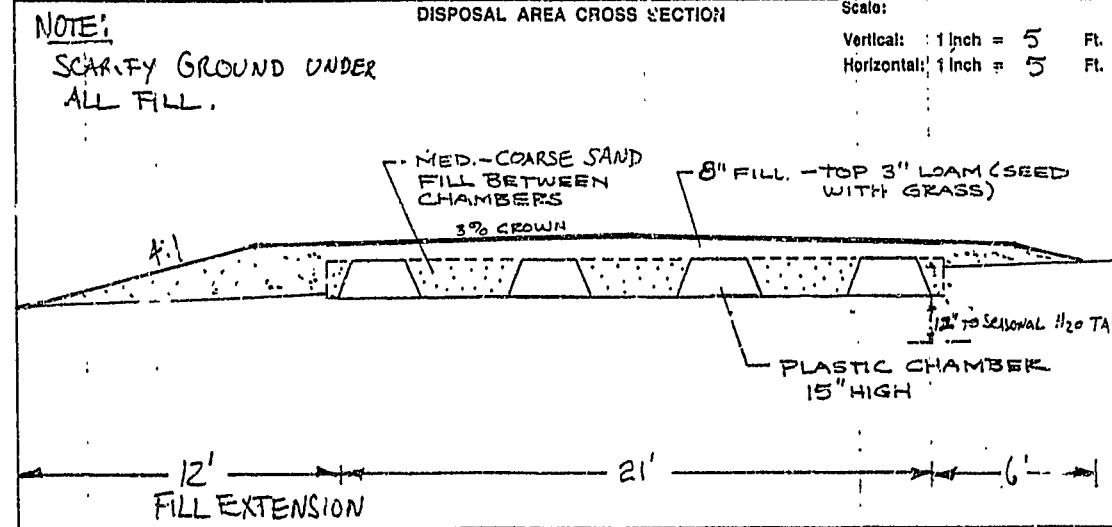
**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Town, City, Plantation: **PORTLAND** Street, Road, Subdivision: **SIXTH STREET** Owners Name: **AVIS CARLAND**

Scale 1" = 20 Ft.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>11"</u>	Reference Elevation is <u>0</u>	OAK WITH NAIL IN CENTER OF ORANGE CROSS.
Depth of Fill (Downslope) <u>22"</u>	Bottom of Disposal Area <u>-62"</u>	
	Top of Distribution Lines or Chambers <u>-52"</u>	



Site Evaluator Signature: Norman A. Scott SE#: 207 Date: 7-2-37

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. \_\_\_\_\_ E

Date Permit Issued \_\_\_\_\_  
MONTH/DA/YEAR

Property Owner's Name: AVIS CARLAND Tel. No. 797-6604

System's Location: SIXTH STREET

PORTLAND TOWN Maine ZIP

Property Owner's Address: 37 SIXTH ST.

(if different from above) PORTLAND STATE ME ZIP

### SPECIFIC INSTRUCTIONS TO THE LPI:

#### 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. 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.

Avis O. Carland  
PROPERTY OWNER'S SIGNATURE

March 20, 1991  
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS	Ground Water Table	to 6"		3 inches	
	Restrictive Layer	to 6"		inches	
	Bedrock	to 10"		inches	
Soil Profile					
Soil Condition from HHE-200					
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 drain	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	3'	10'		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

**OTHER**

1. Fill extension Grade--to 3:1

2. Sect. 4 B 26. - Request Fill Soil to be treated as original ground

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.

Norman A. Scott  
SITE EVALUATOR'S SIGNATURE

6-30-90  
DATE

**LPI STATEMENT**

Norman A. Scott, 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 Applicant, 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:

[Signature]  
LPI'S SIGNATURE

20/mar/91  
DATE

**FOR USE BY THE DEPARTMENT ONLY**

The Department has reviewed the variances, and (  does  does not ) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

Scott D. N. Pollin  
SIGNATURE OF THE DEPARTMENT

3/22/91  
DATE



912458

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$25. Zone \_\_\_\_\_ Map \_\_\_\_\_

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Avis O. Carland Phone # 797-5671  
 Address: 35 22 Sixth St; Bldg. 15 04103  
 LOCATION OF CONSTRUCTION  37 Sixth St.  
 Contractor: owner Sub: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Est. Construction Cost: \$500. Proposed Use: 1-fam w/2 sh. 1  
 Past Use: 1-fam w/2 sh. 1  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
 # Stories: \_\_\_\_\_ Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion demolish shed - approx 15'x20'

#### Foundation:

1. Type of Soil: \_\_\_\_\_
2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_
3. Footings Size: \_\_\_\_\_
4. Foundation Size: \_\_\_\_\_
5. Other: \_\_\_\_\_

#### Floor:

1. Sills Size: \_\_\_\_\_ Sills must be anchored.
2. Girder Size: \_\_\_\_\_
3. Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_ Spacing 16" O.C.
4. Joists Size: \_\_\_\_\_ Size: \_\_\_\_\_
5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_
6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_
7. Other Material: \_\_\_\_\_

#### Exterior Walls:

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. No. windows \_\_\_\_\_
3. No. Doors \_\_\_\_\_
4. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
5. Cladding: Yes \_\_\_\_\_ No \_\_\_\_\_
6. Corner Posts Size \_\_\_\_\_
7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_ Weather Exposure \_\_\_\_\_
9. Siding Type \_\_\_\_\_
10. Masonry Materials \_\_\_\_\_
11. Metal Materials \_\_\_\_\_

#### Interior Walls:

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
3. Wall Covering Type \_\_\_\_\_
4. Fire Wall if required \_\_\_\_\_
5. Other Materials \_\_\_\_\_

White-Tax Assessor

Yellow-GPCOG

White Tsg.-CEO

PERMIT ISSUED

For Official Use Only

APR - 5 1991

CITY OF PORTLAND

Date: 4/1/91  
 Inside Fire Limits: \_\_\_\_\_  
 Bldg Code: \_\_\_\_\_  
 Time Limit: \_\_\_\_\_  
 Estimated Cost: \$500.  
 Ownership: \_\_\_\_\_  
 Public \_\_\_\_\_  
 Private \_\_\_\_\_

#### Zoning:

Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_

#### Review Required:

Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variances \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning: Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other (Explain) OK W/DA 4-5-91

#### Ceiling:

1. Ceiling Joists Size: \_\_\_\_\_ Spacing \_\_\_\_\_
2. Ceiling Strapping Size: \_\_\_\_\_
3. Type Ceilings: \_\_\_\_\_ Size: \_\_\_\_\_
4. Insulation Type: \_\_\_\_\_
5. Ceiling Height: \_\_\_\_\_

#### Roof:

1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
3. Roof Covering Type \_\_\_\_\_

#### Chimneys:

Type: \_\_\_\_\_ Number of Fire Places: \_\_\_\_\_

#### Heating:

Type of Heat: \_\_\_\_\_

#### Electrical:

Service Entrance Size: \_\_\_\_\_ Smoke Detector Required: Yes \_\_\_\_\_ No \_\_\_\_\_

#### Plumbing:

1. Approval of soil test if required: Yes \_\_\_\_\_ No \_\_\_\_\_
2. No. of Tubs or Showers \_\_\_\_\_
3. No. of Flushes \_\_\_\_\_
4. No. of Lavatories \_\_\_\_\_
5. No. of Other Fixtures \_\_\_\_\_

#### Swimming Pools:

1. Type: \_\_\_\_\_ Square Footage \_\_\_\_\_
2. Pool Size: \_\_\_\_\_
3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant Avis O. Carland Date 4/1/91

Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_

Inspection Dates \_\_\_\_\_

PERMIT ISSUED  
 WITH REQUIREMENTS

© Copyright GPCOG 1988

PLOT PLAN



FEES (Breakdown From Front)	Type	Inspection Record	
		Date	
Base Fee \$ <u>25-</u>		/	/
Subdivision Fee \$ _____		/	/
Site Plan Review Fee \$ _____		/	/
Other Fees \$ _____		/	/
(Explain) _____		/	/
Late Fee \$ _____		/	/

COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant Arvis O. Carls

Date April 1, 1991

37 SIXTH ST

BUILDINGS AND BUILDING REGULATIONS

§ 6-18

"105.7.10 *Appeals*: Appeals from final decisions of the board may be taken to superior court pursuant to Rule 80B of the Maine Rules of Civil Procedure.

"105.7.11 *Liberal construction of provisions*: The provisions of sections 105.7 through 105.7.14 shall be applied by the board and liberally construed by any court so as to effectuate the purpose of preventing the unnecessary demolition of historically significant structures and contributory structures within historic districts.

"105.7.12 *Applicability*: The provisions of sections 105.7 through 105.7.14 shall apply to all proceedings pending on or after the date of their enactment and to any permits issued for the work not yet commenced on the effective date so as to prevent the loss of additional buildings which are part of the cultural heritage of Portland. Notwithstanding the provisions of section 105.7.3, a pending application for a demolition permit may be scheduled for approval by the board within ninety (90) days of the enactment of these provisions, if notice has been given to the persons entitled thereto pursuant to section 105.7.7 prior to the enactment of these provisions.

"105.7.13 *Moratorium repealed*: The moratorium on the demolition of structures of architecturally or historically significant structures located in historic districts be and hereby is repealed.

"105.7.14 *Effective date*: The provisions of sections 105.7 through 105.7.14 shall take effect immediately as an emergency, pursuant to article II, section 8 of the charter, in order to prevent the unnecessary loss of additional structures.

"105.8 *Removal and disposal of demolition debris*: Before a permit either to demolish or remove a structure or a part thereof or to remove or dispose of existing demolition debris, as defined herein, is issued, the applicant will satisfy the building official that:

- "1. All such debris will be removed from the island and transported to the mainland for disposal prior to the expiration of the permit;
- "2. The debris will be removed to a duly licensed disposal facility; and
- "3. The disposal of the debris at such facility will be in accordance with all applicable federal and state rules, statutes and regulations relating to the transportation and disposition of such material.

"105.8.1 *Demolition debris*: Demolition debris includes, but is not limited to, materials which are created by site preparation, clearing land or erection of a structure. It also includes, but is not limited to, brush, tree limbs, stumps; and building materials and the waste products of building activity, such as: clay, brick, masonry, concrete, plaster, glass, wood and wood products, asphalt, rubber, metal; and plumbing, electrical and heating fixtures, appurtenances thereto and parts thereof.

"105.8.2 No demolition debris shall either be disposed of or stored on any of the islands."

~~Section 105.8 of the Department of Building Inspection is amended by deleting it in its entirety.~~



CITY OF PORTLAND, MAINE  
DIVISION OF INSPECTION SERVICES

DEMOLITION CALL LIST

AVIS O. CARLAND hereby requests permission to demolish  
37 Leitch St. Portland, Me. beginning on the following date: \_\_\_\_\_

for the following work as described: \_\_\_\_\_

UTILITY APPROVAL

CENTRAL MAINE POWER COMPAN.  
Meter Department  
772-7411, ext. 4234  
Date & Name: no

NEW ENGLAND TELEPHONE COMPANY  
Dig Safe Center  
1-800-225-4977  
Date & Name: no

NORTHERN UTILITIES  
Distribution Department  
797-8002  
Date & Name: no

PORTLAND WATER DISTRICT  
John Libby  
774-5961  
Date & Name: no

PUBLIC CABLE CO. (T.V.)  
George Grisby  
775-2381  
Date & Name: no

Historic Preservation Comm.  
Gary Hamilton  
874-8300 X 8699  
no

ASBESTOS NOTIFICATION:

U.S.EPA Region 1  
Demo/Reno Clerk (APC-2311)  
JFK Federal Building  
Boston, MA 02203  
Tel (617) 567-3219

Maine Department of Environmental  
Protection  
Bureau of Air Quality Control  
State House Station  
Attn: Catharine Clayton-Richardson  
Augusta, ME 04333

I have contacted all of the above utility companies and/or necessary City departments.

Date: April 1, 1991 Signed: Avis O. Carland

/el 3/26/90

CITY OF PORTLAND

DEPARTMENT OF PARKS/PUBLIC WORKS  
Sewer Division  
874-8300 Ext. 8871  
Date & Name: no

DEPARTMENT OF PARKS/PUBLIC WORKS  
Traffic Division  
874-8300 Ext. 8891  
Date & Name: no

DEPARTMENT OF PARKS/PUBLIC WORKS  
Forestry Division  
874-8300 Ext. 8820  
Date & Name: no

DEPARTMENT OF PLANNING/URBAN DEVELOPMENT  
Inspection Services Division  
(rodent/vermin/asbestos) no

FIRE DEPARTMENT *not allowed to burn.*  
Dispatcher for Communications  
874-8300 Ext. 8576  
Date & Name: 7/27/91 St. Germain

DEPARTMENT OF PARKS/PUBLIC WORKS  
Carol Poliskey (Sealed Drain Permit)  
874-8300 Ext. 8822  
Date & Name: no

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

**PROPERTY ADDRESS**

Town Or Plantation: PORTLAND

Street: 37 SIXTH STREET

Subdivision Lot #: 37

**PROPERTY OWNERS NAME**

Last: CARLAND First: AVIS

Applicant Name: Avis O. Carland

Mailing Address of Owner/Applicant (if Different): 35 1/2 St. Portland, Me. 04103

PORTLAND Sewerage Permit 4147 TOWN COPY

Permit No. 123-269-914 Fee \$114.00 Double Fee  Charged

Date 0.12.91

Local Plumbing Inspector Signature: [Signature]

Chief Plumbing Inspector

**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: Avis O. Carland Date: 3/24/91

**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: MAITSAAC Date Approved: 8/11/92

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></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><b>THIS APPLICATION REQUIRES:</b></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>3. <input checked="" 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>c. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p><b>INSTALLATION IS:</b></p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></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><b>SEASONAL CONVERSION</b></p> <p>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><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED: <u>?</u></p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED      3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER      4. <input checked="" type="checkbox"/> OTHER: <u>Cess-Pool</u></p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></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 _____</p> <p style="text-align: center;">SPECIFY</p>
<p><b>SIZE OF PROPERTY</b></p> <p>Approx. <u>1 AC.</u></p>	<p><b>ZONING</b></p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p><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: <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><b>WATER CONSERVATION</b></p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input checked="" type="checkbox"/> MAY BE REQUIRED</p> <p><u>N.S.</u> (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input checked="" type="checkbox"/> REQUIRED</p> <p>DOSE: <u>100</u> GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p><u>3 BEDROOMS</u></p>				
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table border="1"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td><u>3</u></td> <td><u>C (E)</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>26" (3')</u></p>	PROFILE	CONDITION	<u>3</u>	<u>C (E)</u>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></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><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>500</u> Sq. Ft.</p> <p><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	<p><b>DESIGN FLOW:</b> <u>294</u> (GALLONS/DAY)</p>
PROFILE	CONDITION						
<u>3</u>	<u>C (E)</u>						

**SITE EVALUATOR STATEMENT**

On 4-19-86 (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.

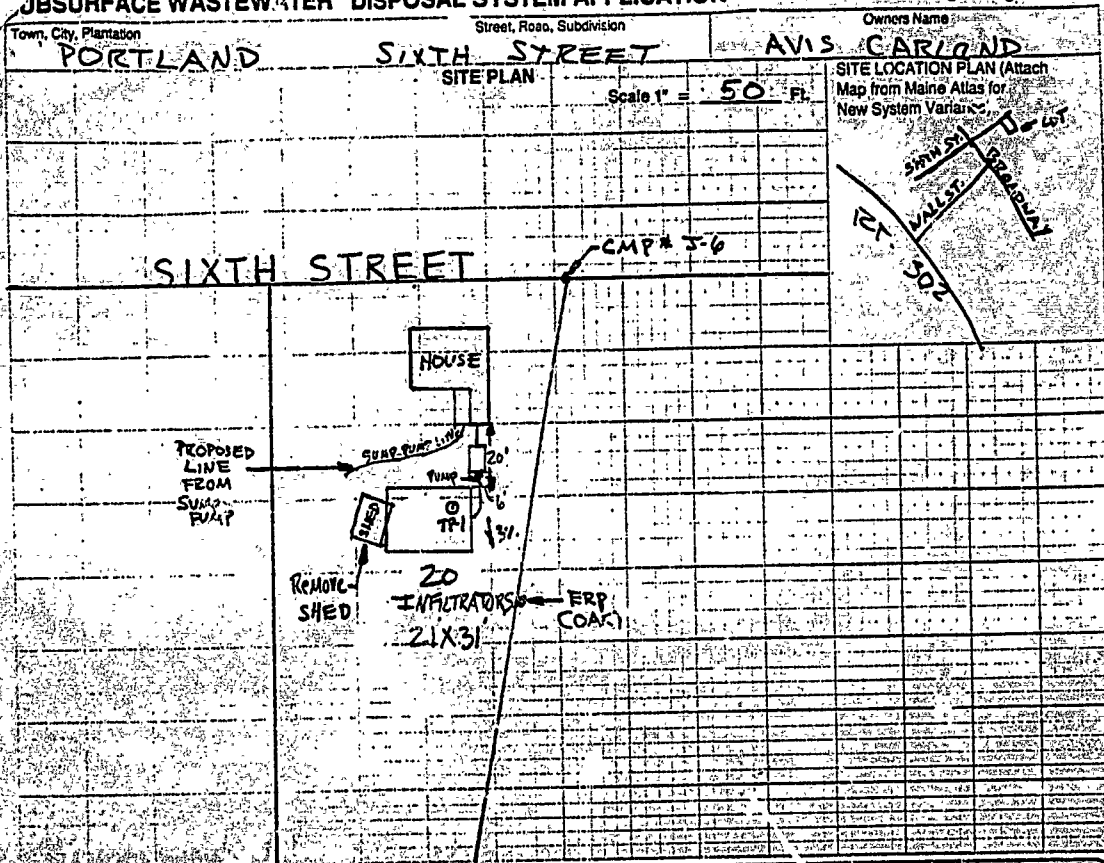
Signature: Norman S. Scott SE#: 207 Date: 7-2-90

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

Page 1 of 3  
H.H. 200 Rev. 11/86

# SEWERSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering



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

Observation Hole  TP  Test Pit  Boring

Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (Inches)	Texture	Consistency	Color	Mottling
0			YELLOW	
0-2	SANDY		BROWN	
2-10	LOAM		TO	
10-13	FILL	FRAGILE	DARK	
13-20			BROWN	
20-25			BLACK	
25-35	SANDY		OCIVE	
35-45	LOAM		YELLOW	COMMON
45-55			GRAY	
55-65	LOAMY	FRAGILE		
65-75	SAND	TO		
75-85		FIRM		
85-95				
95-100				

Soil Profile: <u>3</u>	Classification: <u>E</u>	Slope: <u>2</u>	Limiting Factor: <u>3</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
------------------------	--------------------------	-----------------	---------------------------	--

Observation Hole  TP  Test Pit  Boring

Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (Inches)	Texture	Consistency	Color	Mottling
0				
0-2				
2-10				
10-13				
13-20				
20-25				
25-35				
35-45				
45-55				
55-65				
65-75				
75-85				
85-95				
95-100				

Soil Profile: <u>3</u>	Classification: <u>E</u>	Slope: <u>2</u>	Limiting Factor: <u>3</u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
------------------------	--------------------------	-----------------	---------------------------	---

*Norman A. Scott*  
 Site Evaluator Signature

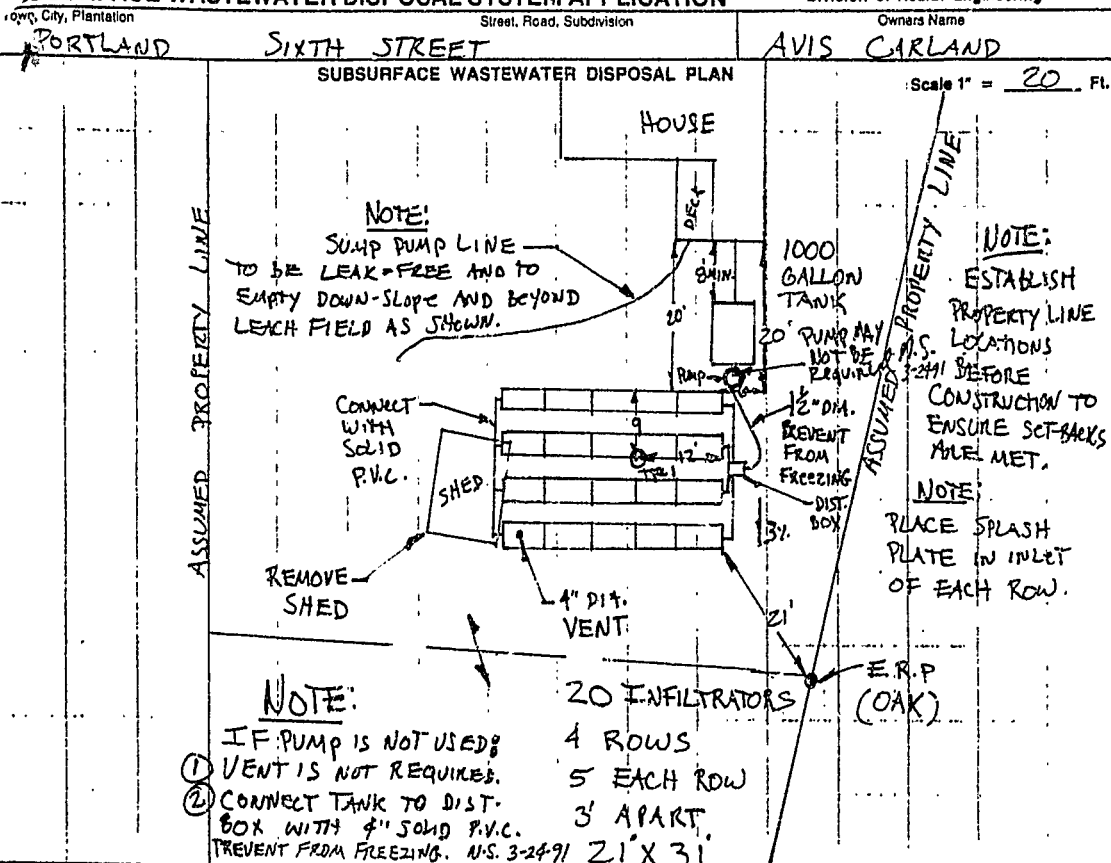
207  
 SE#

Revised From S-1-86 RA/SJMT  
7-2-90  
 Date

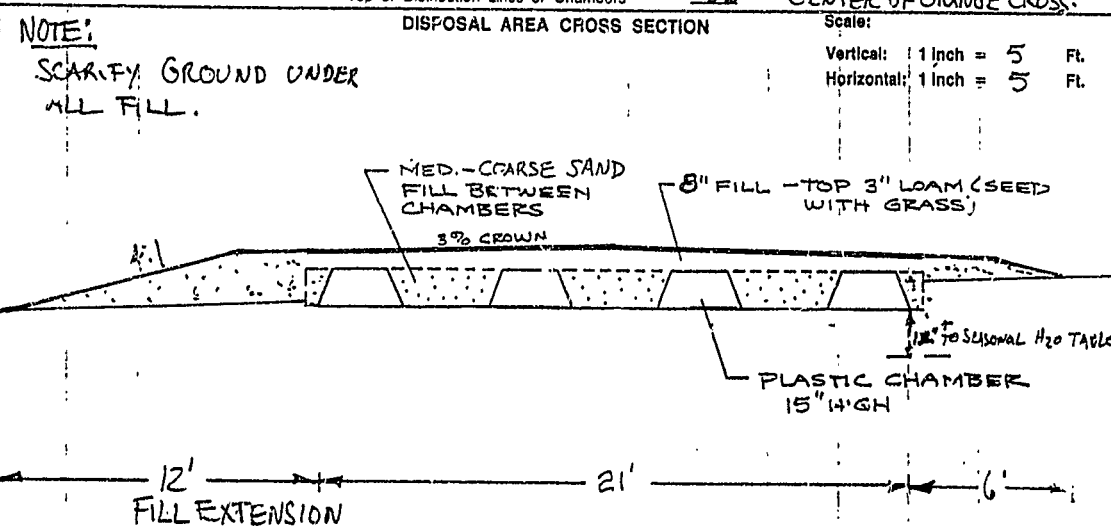
Page 2 of 3  
 HHE-200 Rev. 1/84

**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) 11"	Reference Elevation is 2	OAK WITH NAIL IN
Depth of Fill (Downslope) 22"	Bottom of Disposal Area -67"	CENTER OF ORANGE CROSS.
	Top of Distribution Lines or Chambers -52"	



*Norman A. Scott*  
Site Evaluator Signature

207  
SE#

7-2-90  
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 Permitted Issued \_\_\_\_\_  
MONTH DAY YEAR

Property Owner's Name: AVIS CARLAND

Tel. No. 777-6604

System's Location: SIXTH STREET

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

Property Owner's Address: 37 SIXTH ST.

(if different from above)

PORTLAND TOWN ME 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/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.

Avis O. Carland  
PROPERTY OWNER'S SIGNATURE

March 20, 1991  
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS	Soil Profile	Ground Water Table	to 6"		3 inches
	Soil Condition	Restrictive Layer	to 6"		inches
	from H. ( )	Bedrock	to 10"		inches
SETBACK DISTANCES (IN FEET)	FROM:	TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
Potable Water Supply	1. Well: > 2000 gal/day	100'	300'		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50'	60'		
	b. Property Owner's	25'	30'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (35%)	5'	10'		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Lines		4'	5'		

**OTHER**

1. Fill extension Grade—to 3:1

2. SECT. 6 B Z.C. - Request Fill soil to be treated as original ground

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.

Norman A. Scott  
SITE EVALUATOR'S SIGNATURE

6-30-90  
DATE

**LPI STATEMENT**

I, Norman A. Scott, 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.
- b. find that one or more of the requested Variances exceeds my approval authority as LPI. I  recommend and  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  recommended.

Comments: \_\_\_\_\_

Norman A. Scott  
LPI'S SIGNATURE

6/30/90  
DATE

**FOR USE BY THE DEPARTMENT ONLY**

The Department has reviewed the variance(s) and (  does  does not ) give its approval. Comments, recommendations or reasons for the Variance denial, are given in the attached letter.

Scott D. Hall  
SIGNATURE OF THE DEPARTMENT

6/30/90  
DATE