

COMMENTS

1-28-99 Meet Rick Winsbark at the site on Edwards St. HI the footer is placed and Rick verified the set backs. with pins + stakes they will set up the walls later today and pour on 1-29-99 (T.R.)

2-1-99 John + Jimmie checked + measured back field. Checked chambers + felt, ~~checked~~ ~~checked~~ ~~checked~~ OK to give

3-12-99 - Pouring cement in Garage / mudroom / 1st floor. Rebar is in place and the wall construction. The 2' x 10" studs are a little less than the rest of the wall. Rebar is most protection as well as the rest of the wall.

2 x 8 span 11' 11" (OK) Floor Joist
 2 x 8 span 11' 10" (OK) ^{2nd floor}
 2 x 10 span 16' (OK) 2 x 10 15' 8" (OK)

H Header to phone room No Jack studs under Header need Extra studs under Ends of 2x10 on H.O's

How are the 3 stairs going to be supported? Near front porch Suggesting (OK) Talked to Rick went back and He will have things corrected.

5-21-99 Mike called + I stopped by + Reminded the Finish man about Nailing Post under the Stair Landing Electrical was not ready (TR)

7-2-99 Stair column Resting on Sheet Rock
 Front Deck 6" Spacing under Rails 1st Floor
 Front Deck 6" Spacing under Rails 2nd Floor

5-8-99 Relocate Smoke Alarm Master Bed Room
 Side Deck 6" Spacing Sounded
 Stove is Removed From a Downst cottage.

Inspection Record		Date
Foundation:	Type	
3-31-99 OK on corrections (TR)	Footer Set Back	1-28-99
Plumbing:		3-31-99
Final: Sleeping cottages is Equipped with the Sines		
Other: Tested 9-9-99		
	OK to close permit	



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 45 Adams Street, Portland, Maine 04103

Issued to 45 Adams Street, Portland, Maine

Date of Issue September 21, 1979

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 88-1111, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Structure

single family with garage and attached double car sleeping rooms only. To remain a single family new septic system. Book 96 Type B Use B

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

[Signature]

[Signature]

(Date)

Inspector

Inspector of Buildings

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

[Handwritten signature]

No Fee
Per M. Ke N. 9-15

PLUMBING APPLICATION

085-CC-001

Department of Human Services
Division of Health Engineering TR/ma

PROPERTY ADDRESS

Town Or Plantation: City of Portland / Peaks Island.
 Street Subdivision Lot #: 308 Seashore Ave P.I.

PROPERTY OWNERS NAME

Last: Castle First: Paul & Stephanie
 Applicant Name: Solevsky & Son's Plg & Hgt Inc
 Mailing Address of Owner/Applicant (If Different): P.O. Box 242 Cape Cottage Br. Cape Elizabeth Me. 04109

PORTLAND Date Permit Issued: 3 29 99 PERMIT # 6821 STATE COPY \$ 48 FEE # Double Fee Charged
 L.P.I. # 0124

 151 Local Plumbing Inspector Signature

Owner/Applicant Statement

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

 Signature of Owner/Applicant Date 3/29/99

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

Date Approved

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type Of Structure To Be Served: 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 _____	Plumbing To Be Installed By: 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>02307</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	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. OR HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	2	Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	2	Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	1	Water Heater
OR TRANSFER FEE [\$6.00]	Fixtures (Subtotal) Column 2		10	Fixtures (Subtotal) Column 1
			2	Fixtures (Subtotal) Column 2
			12	Total Fixtures
			\$	Fixture Fee
			\$	Transfer Fee
		\$	Hook-Up & Relocation Fee	
		\$	Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

\$ 48.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

98-1442
85-C-C-201

PROPERTY LOCATION	
Town or Plantation	PORTLAND, PEAKS ISLAND
Street Subdivision Lot	49 EDWARDS STREET LOT #270
PROPERTY OWNER'S NAME	
Last:	First:
CASTLE	PAUL & STEPHANIE
Applicant's Name	PAUL M. CASTLE
Mailing Address of Owner	110 ROSAIRE PLACE N.W. ATLANTA, GA. 30327-4049
Daytime Tel.	404-767-2621

PORTLAND Date Permit Issued: 12/11/98	PERMIT # 6796	STATE COPY	FEE \$ 110.00	<input type="checkbox"/> Double Fee Charged
Local Plumbing Inspector Signature: 5-17-99 Recheck of Paper			L.P.I. # 01124	
Municipal Tax Map 85-CC-1239 Lot 268, 270-272				

Owner Statement

I state 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

Paul M. Castle 12-10-98
Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

<p>TYPE OF APPLICATION:</p> <ol style="list-style-type: none"> <input type="checkbox"/> First Time System <input checked="" type="checkbox"/> Replacement System Type Replaced _____ Year Installed _____ <input checked="" type="checkbox"/> Expanded System <input type="checkbox"/> a. one time exempted <input checked="" type="checkbox"/> b. non exempted <input type="checkbox"/> Experimental System <input type="checkbox"/> Seasonal Conversion 	<p>THIS APPLICATION REQUIRES:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> No Rule Variance <input type="checkbox"/> New System Variance (Municipal-soil condition) <input type="checkbox"/> First Time System Variance (State) <input type="checkbox"/> Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> Minimum Lot Size Variance <input type="checkbox"/> Seasonal Conversion Approval 	<p>DISPOSAL SYSTEM COMPONENT(S)</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> Non-Engineered System <input type="checkbox"/> Primitive System (graywater & all toilet) <input type="checkbox"/> Alternative Toilet _____ <input type="checkbox"/> Non-Engineered Treatment Tank <input type="checkbox"/> Holding Tank _____ Gallons <input type="checkbox"/> Non-Engineered Disposal Area (only) <input type="checkbox"/> Separated Laundry System <input type="checkbox"/> Engineered System (+2000 gpd) <input type="checkbox"/> Engineered Treatment Tank (only) <input type="checkbox"/> Engineered Disposal Area (only) <input type="checkbox"/> Pretreatment
<p>SIZE OF PROPERTY 24,652 SQ. FT.</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> Single Family Dwelling Unit <input type="checkbox"/> Multiple Family Dwelling: Number of Units _____ <input type="checkbox"/> Other _____ 	<p>TYPE OF WATER SUPPLY PUBLIC WATER</p>
<p>SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> a. Regular <input checked="" type="checkbox"/> b. Low Profile (IF NECESSARY) <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ <p>SIZE 1000 Gallons</p>	<p>DISPOSAL AREA TYPE / SIZE</p> <ol style="list-style-type: none"> <input type="checkbox"/> Bed _____ Sq. Ft. <input checked="" type="checkbox"/> Proprietary Device 344 Sq. Ft. <input type="checkbox"/> Cluster <input checked="" type="checkbox"/> Linear <input checked="" type="checkbox"/> Regular <input type="checkbox"/> H-20 <input type="checkbox"/> Trench <input type="checkbox"/> Other _____ <p>28 ELJEN IN DRAIN UNITS</p>	<p>GARBAGE DISPOSAL UNIT</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Multi-compartment tank <input type="checkbox"/> Tank in series <input type="checkbox"/> Increase in tank capacity <input type="checkbox"/> Filter on tank outlet 	<p>CRITERIA USED FOR DESIGN FLOW (Show Calculations)</p> <p>EXISTING 2 BEDROOM</p> <p>POTENTIAL EXPANSION TO 4 BEDROOM</p> <p>DESIGN FLOW: 360 (Gallons/Day)</p>		
<p>PROFILE & DESIGN CLASS</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">PROFILE 2</td> <td style="width: 50%;">DESIGN A</td> </tr> </table> <p>DEPTH TO MOST LIMITING FACTOR 22"</p>	PROFILE 2	DESIGN A	<p>DISPOSAL AREA SIZING</p> <ol style="list-style-type: none"> <input type="checkbox"/> Small - 2.00 <input type="checkbox"/> Medium - 2.60 <input checked="" type="checkbox"/> Medium-Large - 3.30 <input type="checkbox"/> Large - 4.10 <input type="checkbox"/> Extra-Large - 5.00 	<p>PUMPING</p> <ol style="list-style-type: none"> <input type="checkbox"/> Not required <input checked="" type="checkbox"/> May be required <input type="checkbox"/> Required <p>DOSE 3 Gallons</p>	<p>SEE NOTE ON PAGE 3</p>
PROFILE 2	DESIGN A				

SITE EVALUATOR'S STATEMENT

On 8/6/98 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules.

Albert Frick
Site Evaluator Signature

SE 63

9/1/98
Date

Rick Wine Shank contractor,
is Building an addition

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND, PEAKS ISLAND	Street, Road Subdivision 49 EDWARDS STREET, LOT #270	Owner's Name PAUL CASTLE
SITE PLAN Scale 1" = <u>50 Ft.</u> or as shown		SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)

SOIL 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			DARK	
			BROWN	
10	CHANNERY SANDY LAOM	FRIABLE	DARK YELLOW BROWN	
20	BEDROCK			
30				
40				
50				

Soil Classification 2 A	Slope %	Limiting Factor 22"	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile	Condition		

Observation Hole _____ Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

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

NOTE: TEST BORINGS IN CORNERS OF PROPOSED DISPOSAL AREA WERE FOUND TO BE IN EXCESS OF 22" TO BEDROCK

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

Albert Frick
Site Evaluator Signature

63
SE

9/1/98
Date