

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
 Application And
 Notes, if Any,
 Attached

PERMIT ISSUED

Permit Number: 060104

JAN 24 2006

CITY OF PORTLAND

This is to certify that Roberts & Roberts Llc /Roberts & Roberts
 has permission to Interior alterations to kitchen 1st fl base cabinets on 2nd
 AT 85 Pleasant Ave Pi 087 B003001

provided that the person or persons who own or control the building accepting this permit shall comply with all of the provisions of the Statutes of the State of Oregon and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission proceeds before this building or part thereof is altered or proposed-in-
 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____
 Health Dept. _____
 Appeal Board _____
 Other _____
 Department Name

Janne Bouke 1/24/06
 Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 06-0104	Issue Date: 01/24/2006	CBL: 087 B003001
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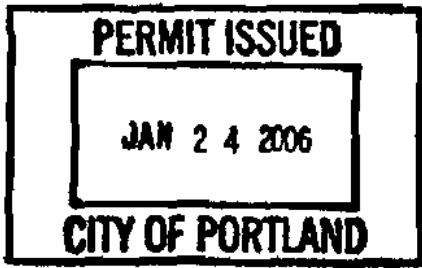
Location of Construction: 85 Pleasant Ave Pi	Owner Name: Roberts & Roberts Llc	Owner Address: 379 Island Ave	Phone: 766-5819
Business Name:	Contractor Name: Roberts & Roberts	Contractor Address: Portland	Phone:
Lessee/Buyer's Name:	Phone:	Permit Type: Alterations - Dwellings	Zone: IR-1

Past Use: Single Family	Proposed Use: Single Family w/interior alterations to 1st fl kitchen & bath, add 2 baths on 2nd fl	Permit Fee: \$291.00	Cost of Work: \$30,000.00	CEO District: 2
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: 5B	

Proposed Project Description: Interior alterations to kitchen & 1st fl bath, add 2 baths on 2nd fl	Signature:	Signature: JMB 1/24/06
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:	Date:	

Permit Taken By: jmb	Date Applied For: 01/24/2006	Zoning Approval	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. 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.</p>	<p>Special Zone or Reviews</p> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <i>All Interior</i> <input type="checkbox"/> Site Plan <i>Interior</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>JMB 1/24/06</i>	<p>Zoning Appeal</p> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	<p>Historic Preservation</p> <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>JMB</i>
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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 is 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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT _____ ADDRESS _____ DATE _____ PHONE _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ DATE _____ PHONE _____



General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>85 PLEASANT PEAKS ISLAND</u>		
Total Square Footage of Proposed Structure <u>EXISTING</u>		Square Footage of Lot <u>10,112</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>87 B 2,3#8</u>	Owner: <u>CHRISTOPHER ROBERTS</u> <u>ROBERTS & ROBERTS LLC</u>	Telephone: <u>766-5819</u>
Lessee/Buyer's Name (If Applicable) <u>NA</u>	Applicant name, address & telephone: <u>CHRISTOPHER ROBERTS</u> <u>379 ISLAND AVE</u> <u>PEAKS ISLAND 04103</u> <u>766-5819</u>	Cost Of Work: \$ <u>30,000</u> Fee: \$ <u>291.00</u> C of O Fee: \$ <u>/</u>
Current Specific use: <u>SINGLE FAMILY</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>SINGLE FAMILY</u>		
Project description: <u>RENEW SURFACES, CONSTRUCT 2 NEW BATHROOMS 2nd FL</u> <u>RENOVATE 1st FL Bath AND INSTALL NEW KITCHEN & APPLIANCES</u> <u>(WINDOWS DOORS, STAIRS EXISTING)</u>		
Contractor's name, address & telephone: _____ _____ _____		
Who should we contact when the permit is ready: <u>C. ROBERTS</u> Mailing address: _____ Phone: <u>766 5819</u>		

Please submit all of the information outlined in the Commercial Application Checklist.
Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

This is not a permit; you may not commence ANY work until the permit is issued.

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initialzing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

- NA Footing/Building Location Inspection: Prior to pouring concrete
- NA Re-Bar Schedule Inspection: Prior to pouring concrete
- NA Foundation Inspection: Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
- Final/~~Certificate of Occupancy~~: Prior to any occupancy of the structure or use. **NOTE:** There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

NA **CERTIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

[Signature]
Signature of Applicant/Designee

Date

01/24/06

[Signature]
Signature of Inspections Official

Date

01/24/06

CBL:

081-B-3

Building Permit #:

06-0104

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 06-0104	Date Applied For: 01/24/2006	CBL: 087 B003001
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Business Name:	Contractor Name: Roberts & Roberts	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: Single Family w/interior alterations to 1st fl kitchen & bath, add 2 baths on 2nd fl	Proposed Project Description: Interior alterations to kitchen & 1st fl bath, add 2 baths on 2nd fl
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Dept: Zoning Status: Approved with Conditions Reviewer: Jeanine Bourke Approval Date: 01/24/2006

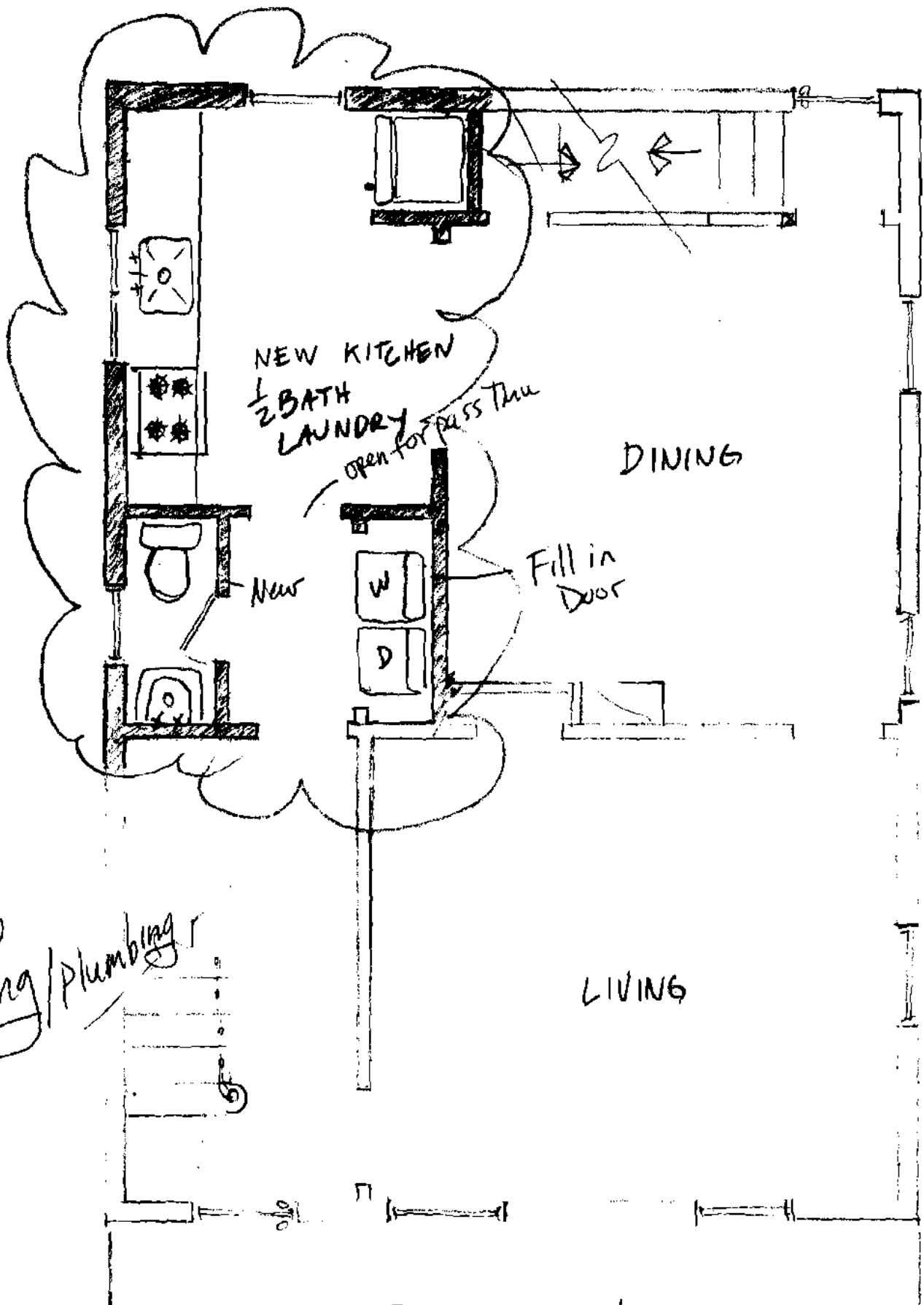
Note: Ok to Issue:

- 1) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.

Dept: Building Status: Approved with Conditions Reviewer: Jeanine Bourke Approval Date: 01/24/2006

Note: Ok to Issue:

- 1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 2) Must maintain 6'-8" headroom in bathrooms at fixtures per R305 code



All New Wiring/Plumbing

NEW KITCHEN
 1/2 BATH
 LAUNDRY
 open for pass thru

DINING

Fill in Door

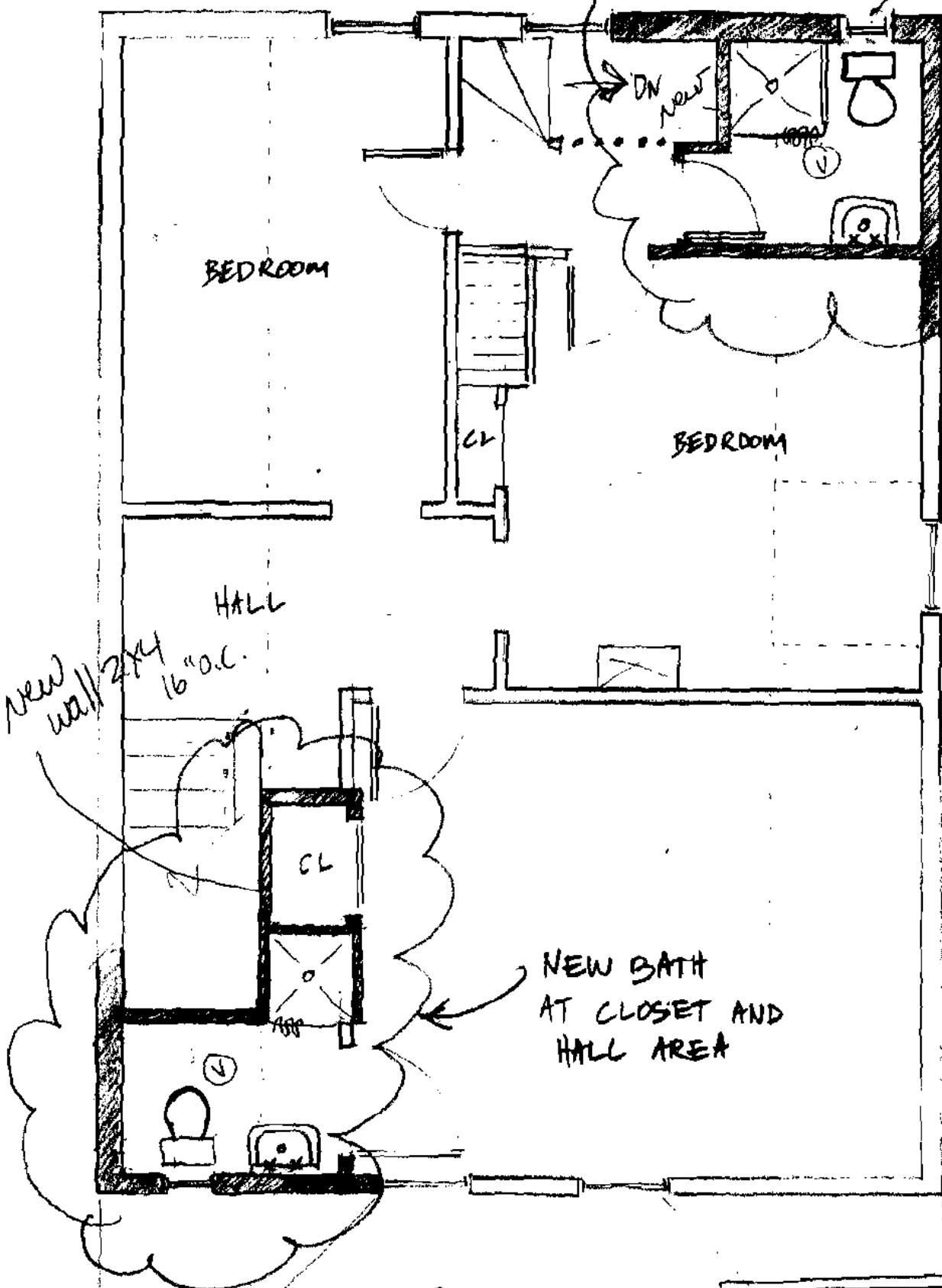
LIVING

1st FLOOR PLAN

85 PLEASANT ST
PEAKS ISLAND
SCALE 1/4" = 1'
4/20/01 CAR

NEW BATH AT REAR HALL LANDING

New Window



All bath fixtures meet 6'8" headroom per R305

New wall 2x4 16" o.c.

NEW BATH AT CLOSET AND HALL AREA

2ND FLOOR PLAN

85 PLEASANT ST PEAKS ISLAND
SCALE: 1/4" = 1'
01/20/06 CAR

This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

Current Owner Information

Card Number	1 of 1
Parcel ID	087 B003001
Location	85 PLEASANT AVE PI
Land Use	SINGLE FAMILY
Owner Address	ROBERTS & ROBERTS LLC 379 ISLAND AVE PEAKS ISLAND ME 04108
Book/Page	23109/239
Legal	87-B-3 PLEASANT AVE PEAKS ISLAND 10246 SF

#/24/plb
245
IR-2

Current Assessed Valuation For Fiscal Year 2006

Land	Building	Total
\$117,780	\$53,800	\$171,580

#104

Estimated Assessed Valuation For Fiscal Year 2007*

Land	Building	Total
\$190,500	\$63,500	\$254,000

* Value subject to change based upon review of property status as of 4/1/06. The tax rate will be determined by City Council in May 2006.

Property Information

Year Built 1865	Style Old Style	Story Height 1.5	Sq. Ft. 1480	Total Acres 0.235		
Bedrooms 3	Full Baths 1	Half Baths	Total Rooms 4	Attic None	Basement Part	

Outbuildings

Type	Quantity	Year Built	Size	Grade	Condition
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Sales Information

Date 09/02/2005	Type LAND	Price \$389,000	Book/Page 23109-239
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Picture and Sketch

[Picture](#) [Sketch](#) [Tax Map](#)

[Click here](#) to view Tax Roll Information.

Any information concerning tax payments should be directed to the Treasury office at 874-8490 or e-





CITY OF PORTLAND, MAINE
Department of Building Inspections

_____ 1.24 _____ 20 06

Received from Robert's - Roberts

Location of Work 25 Pleasant Hill

Cost of Construction \$ _____

Permit Fee \$ 291

Building (IL) ___ Plumbing (I5) ___ Electrical (I2) ___ Site Plan (U2) ___

Other _____

CBL: 2238

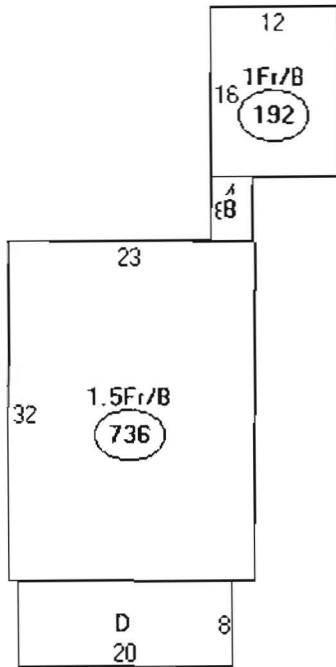
Check #: 290

Total Collected \$ 291.00

THIS IS NOT A PERMIT

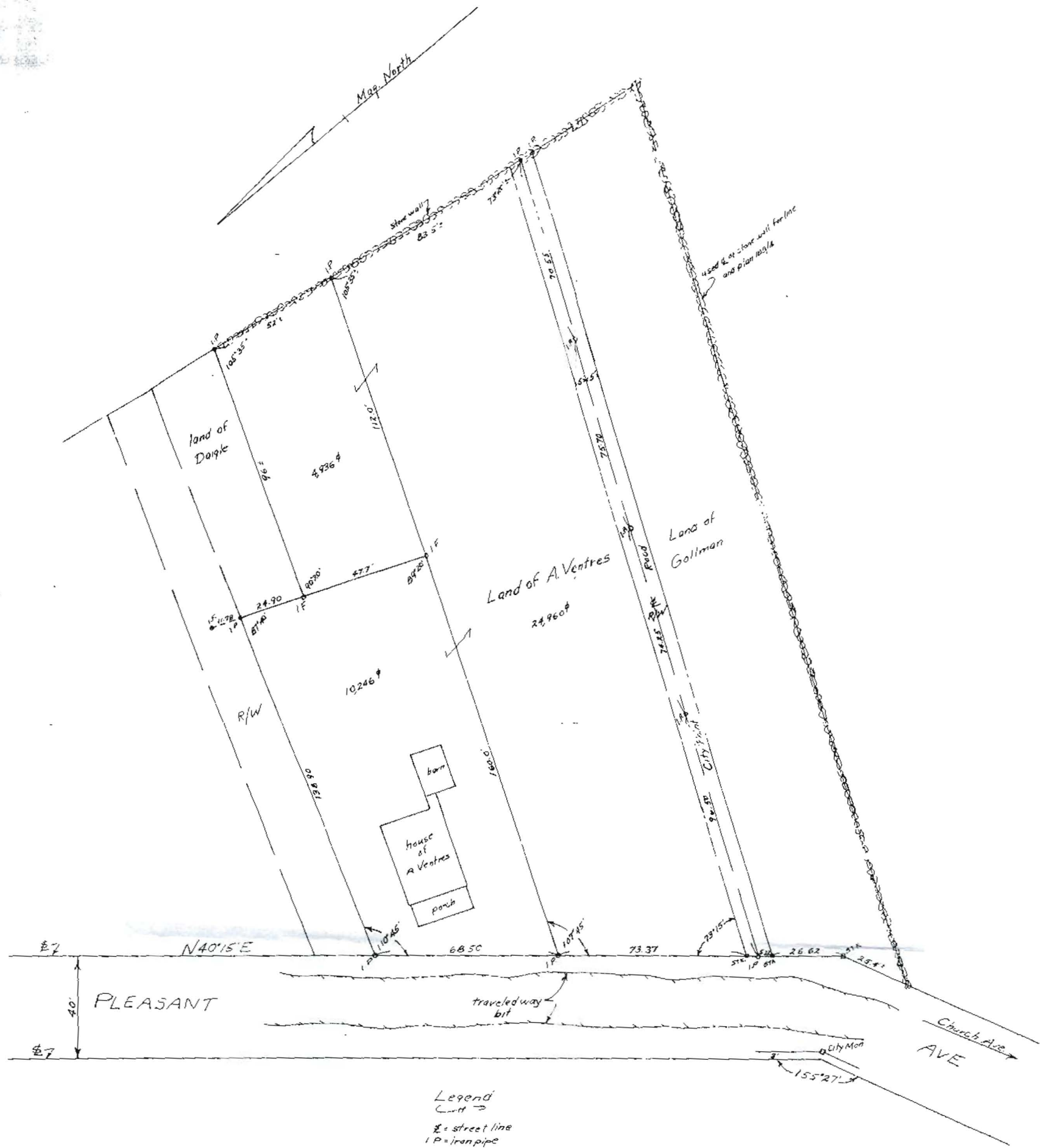
No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy



Descriptor/Area

- A: 1.5Fr/B
736 sqft
- B: FUB
24 sqft
- C: 1Fr/B
192 sqft
- D: EP
160 sqft



Legend
 ————> street line
 IP = iron pipe
 IF = iron found
 Stk = wood stake
 # = square feet
 ± = plus or minus

State of Maine, Cumberland ss
 Registry of Deeds
 Received August 5 1952
 at 2:50 p.m. and recorded in
 Plan Book 192 Page 190
 Attest [Signature]
 Registrar

PLAN OF PROPERTY	
IN	
PEAKS ISLAND	
PORTLAND, MAINE	
MADE FOR	
A. VENTRES	
Lloyd E. Jones - Surveyor	R.R. 1 Box 79 Long Is. Me. 04050
Scale 1"=20'	DATE 5-25-51

Lloyd E. Jones

Scanned 6624106

20056027

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10, 545
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION		>> Caution: Permit Required - Attach In Space Below <<	
City, Town, or Plantation	PORTLAND, PEAKS ISLAND	PORTLAND PERMIT # 9717 TOWN COPY Date Permit Issued: 12/27/06 / \$ 1100.00 <input type="checkbox"/> Double Fee <input checked="" type="checkbox"/> FEE Charged Local Plumbing Inspector Signature: <i>[Signature]</i> L.P.I.# 0680	
Street or Road	85 PLEASANT AVENUE		
Subdivision, Lot *			
OWNER/APPLICANT INFORMATION		Municipal Tax Map # 87	Lot # SEC 8 LOTS 23 & 8
Name (last, first, MI)	ROBERTS CHRIS	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. Local Plumbing Inspector Signature: <i>[Signature]</i> Date Approved: 3/1/06 Signature of Owner/Applicant: _____ Date: _____ (2nd) Date Approved: _____	
Mailing Address of <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	379 ISLAND AVENUE PEAKS ISLAND, ME.		
Daytime Tel. *			

Owner or Applicant Statement		Caution: Inspections Required	
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner/Applicant	Date	Local Plumbing Inspector Signature	(2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: CESSPOOL Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 1. <input type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. <input type="checkbox"/> Replacement System Variance a. <input checked="" type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENTS 1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & d/t toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-Engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd) 9. <input type="checkbox"/> Engineered Treatment Tank (any) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components
SIZE OF PROPERTY +/- 40,150 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: 3 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY: 1000 gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE: 1008 sq. ft. <input type="checkbox"/> lin. ft. 21 ELJEN IN-DRAIN UNITS	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> Increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet	DESIGN FLOW 270 gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling units(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities - 3 BEDROOMS AT 90 GALLONS PER DAY EACH
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN 3 / A/C / 1 AT Observation Hole # TP 1 Depth 20 " OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd 2. <input type="checkbox"/> Medium - 2.5 sq.ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	PUMPING 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ Gallons	<input type="checkbox"/> Section 303.0 (meter readings) AT PERMIT ISSUED

SITE EVALUATOR STATEMENT		PERMIT ISSUED	
I certify that on 10/27/05 (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 (10-144A CMR 241).		JAN 27 2006	
Site Evaluator Signature: <i>[Signature]</i>	SE # 163	Date: 12/12/2005	

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10 SHS
(207) 287-5572 FAX (207) 287-4172

Town, City, Plantation
PORTLAND, PEAKS ISLAND

Street, Road Subdivision
85 PLEASANT AVENUE

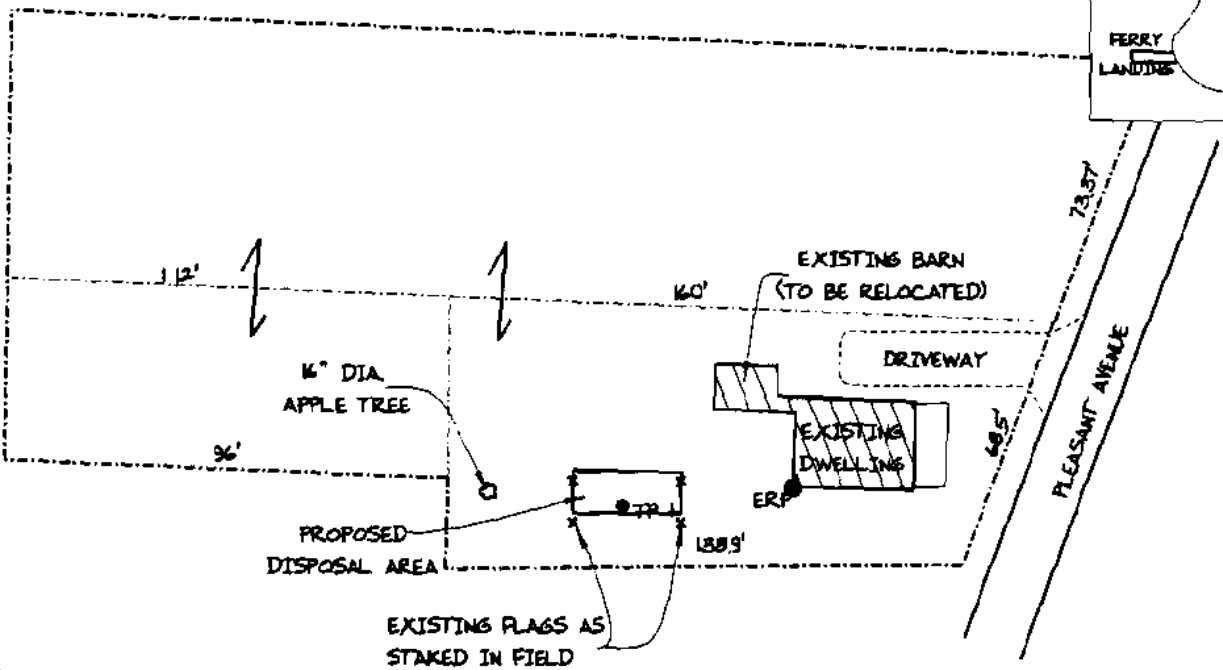
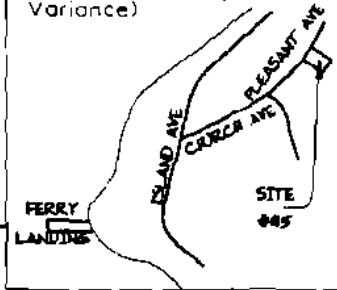
Owner's Name
CHRIS ROBERTS

SITE PLAN

Scale 1" = 50 Ft.
or as shown

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

PROPERTY INFORMATION PER SURVEY PLAN
BY LLOYD JONES, DATED 5-25-81



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	SANDY LOAM		DARK BROWN	
10	LOAMY SAND	FRIBLE	DARK YELLOW BROWN	
20	LOAMY SAND AND SAND	FIRM		COMMON, DISTINCT
30				SATURATED
33		REFUSAL		
40				
50				

Soil Classification: **3 A/C**
Profile: **3** Condition: **A/C**
Slope: **20**
Limiting Factor: **20**
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

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				
33				
40				
50				

Soil Classification: **Profile** Condition: **Condition**
Slope: **Slope**
Limiting Factor: **Limiting Factor**
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Site Evaluator Signature

163
SE

Date

12/12/2005

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HHE-200 Rev. 10/02

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering Station 10 SHS
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation
PORTLAND, PEAKS ISLAND

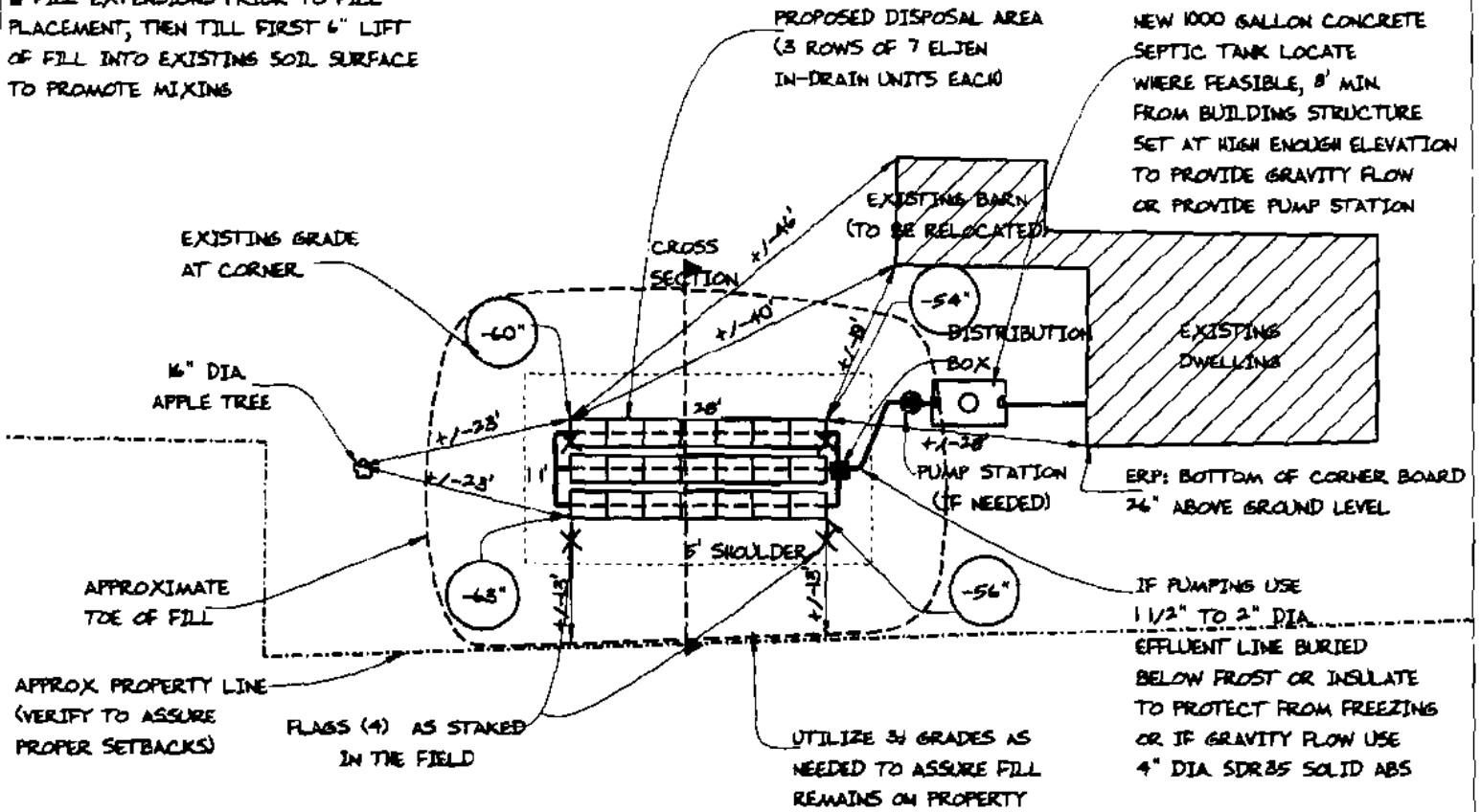
Street, Road, Subdivision
85 PLEASANT AVENUE

Owner's Name
CHRIS ROBERTS

NOTE: THOROUGHLY ROTOTILL ENTIRE AREA UNDER DISPOSAL FIELD & FILL EXTENSIONS PRIOR TO FILL PLACEMENT, THEN TILL FIRST 6" LIFT OF FILL INTO EXISTING SOIL SURFACE TO PROMOTE MIXING

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.



FILL REQUIREMENTS

Depth of Fill (Upslope) : 21" - 27"
Depth of Fill (Downslope) : 23" - 30"
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

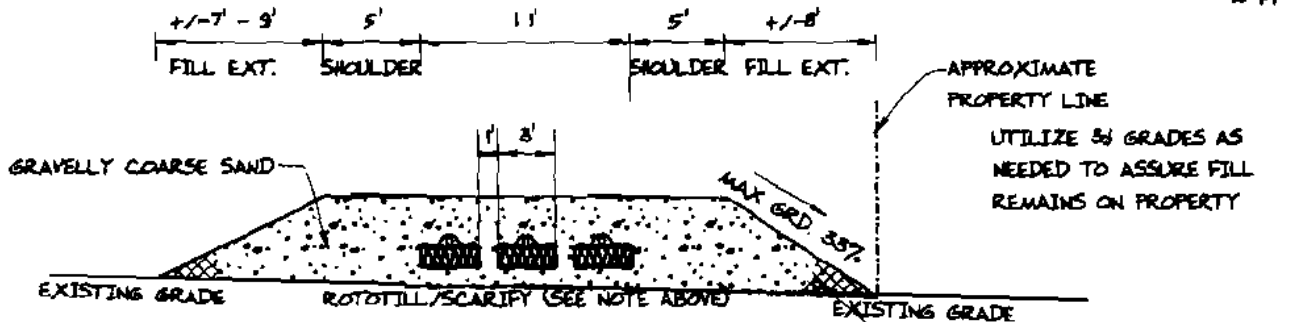
Finished Grade Elevation
Top of Distribution Pipe or Proprietary Device
Bottom of Disposal Area

SEE
DETAIL
BELOW

ELEVATION REFERENCE POINT

Location & Description
BOTTOM OF CORNER TRIM BOARD, 24" ABOVE GRADE
Reference Elevation is: 0.0' or -----

DISPOSAL AREA CROSS SECTION



CLEAN FILL	FINISHED GRADE	-53"
GEOTEXTILE FABRIC		-45"
OVER 4" DIA PERF. PIPE		-49"
ELJEN IN-DRAIN UNIT		-56"
		-62"

CAP TOE OF FILL WITH SANDY LOAM MATERIAL TO PREVENT WASTEWATER BREAKOUT

Albert Frick
Site Evaluator Signature

63
SE

12/12/2005
Date

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

ATTACHMENT TO SUBSURFACE WASTEWATER DISPOSAL APPLICATION

PORTLAND, PEAKS ISLAND

85 PLEASANT AVENUE

CURTIS ROBERTS

TOWN

LOCATION

APPLICANT'S NAME

7) The actual water flow or number of bedrooms shall not exceed the design criteria indicated on this application without a re-evaluation of the system as proposed. If the system is supplied by public water or a private service with a water meter, the water consumption per period should be divided by the number of days to calculate the average daily water consumption (water usage (cu. ft.) x 7.48 cu. ft. (gallons per cu. ft.) divided by the # of days in period).

8) The general minimum setbacks between a well and septic system serving a single family residence is 100-300 feet, unless the local municipality has a more stringent requirement. A well installed by an abutter within the minimum setback distances prior to the issuance of a permit for the proposed disposal system may void this design.

9) When a gravity system is proposed: BEFORE CONSTRUCTION/INSTALLATION BEGINS, the system installer or building contractor shall review the elevations of all points given in this application and the elevation of the existing and/or proposed building drain and septic tank inverts for compatibility to minimum slope requirement. In gravity systems, the invert of the septic tank(s) outlet(s) shall be at least 4 inches above the invert of the distribution box outlet at the disposal area. When an effluent pump is required, provisions shall be made to make certain that surface ground water does not enter the septic tank or pump station, by sealing/grouting all seams and connections, and by placement of a riser and lid at or above grade. An alarm device warning of a pump failure shall be installed. Also, when pumping is required of a chamber system, install a "T" connection in the distribution box and place 3 inches of stone or a splash plate in the first chamber. Insulate gravity pipes, pump lines and the distribution box as necessary to prevent freezing.

10) On all systems, remove the vegetation, organic duff and old fill material from under the disposal area and any fill extension. On sites where the proposed system is to be installed in natural soil, scarify the bottom and sides of the excavated disposal area with a rake. Do not use wheeled equipment on the scarified soil surface. For systems installed in fill, scarify the native soil by roto-tilling to a depth of at least 8 inches over the entire disposal and fill extension area to prevent glazing and to promote fill bonding. Place fill in loose layers no deeper than 8 inches and compact before placing more fill (this ensures that voids and loose pockets are eliminated to minimize the chance of leakage or differential setting). Do not use wheeled equipment on the scarified soil area until after 12 inches of fill is in place. Keep equipment off proprietary devices. Divert the surface water away from the disposal area by ditching or shallow landscape swales.

11) Unless noted otherwise, fill shall be gravelly coarse sand, which contains no more than 5% fines (silt and clay).

12) Do not install systems on loamy, silty, or clayey soils during wet periods since soil smearing/glazing may seal off the soil interface.

13) Seed all filled and disturbed surfaces with perennial grass seed, then mulch with hay or equivalent material to prevent erosion. Alternatively, bark or permanent landscape mulch may be used to cover system. Woody trees or shrubs are not permitted on the disposal area or fill extensions.



Allert Frick Associates, Inc.
Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038
(207) 859-5563

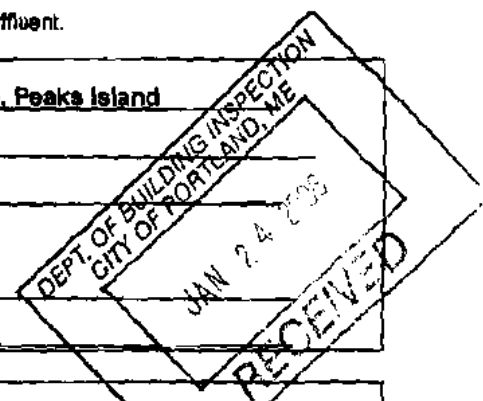
REPLACEMENT SYSTEM VARIANCE REQUEST

LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

Form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI will review the Replacement System Variance Request and HHE-200 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 as defined in the Rules (Sec. 2008)
2. There will be no change in use of the structure except as authorized for minor expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

GENERAL INFORMATION		Town of <u>Portland, Peaks Island</u>
Permit No. _____		Date Permit Issued _____
Property Owner's Name: <u>Chris Roberts</u>		Tel. No.: _____
System's Location: <u>85 Pleasant Avenue</u>		
Property Owner's Address: <u>779 ISLAND AVE.</u>		
(if different from above) <u>PEAKS ISLAND ME 04108</u>		



SPECIFIC INSTRUCTIONS TO THE:

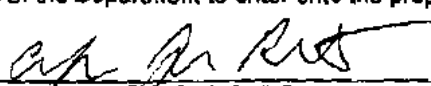
LOCAL PLUMBING INSPECTOR (LPI):
If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval 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, complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:
If 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.

PROPERTY OWNER

I understand that the proposed system requires a variance to 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.



 SIGNATURE OF OWNER

01/20/06

 DATE

LOCAL PLUMBING INSPECTOR

I, MIKE AUGENT, the undersigned, ~~have~~ ~~been~~ ~~employed~~ have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement Variance Request, the Application and my on-site investigation, I (check and complete either a or b):

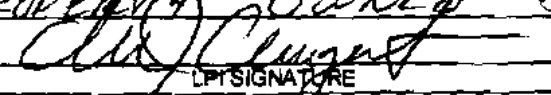
a. (I approve, disapprove) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant.

—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, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments:

FILL EXTENSION MUST TERMINATE ON
THE PROPERTY OWNED BY CHRIS ROBERTS 8702



 LPI SIGNATURE

1/27/06

 DATE

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
SOILS								
Soil Profile	Ground Water Table			to 7"			inches	
Soil Condition from HHE-200	Restrictive Layer			to 7"			inches	
	Bedrock			to 12"			inches	
SETBACK DISTANCES (in feet)	Disposal Fields (total design flow)			Septic Tanks (total design flow)			Disposal Fields	Septic Tanks
From	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	To	To
Wells with water usage of 2000 or more gpd or public water supply wells	300 ft	300 ft	300 ft	100 ft	100 ft	100 ft		
Owner's wells	100 down to 60 ft [a]	200 down to 100 ft	300 down to 150 ft	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft		
Neighbor's wells	100 down to 60 ft [f]	200 down to 120 ft [f]	300 down to 180 ft [f]	100 down to 50 ft [f]	100 down to 75 ft [f]	100 down to 75 ft [f]		
Water supply line	10 ft	20 ft	25 ft [h]	10 ft	10 ft	10 ft [h]		
Water course, major - for replacements only, see Table 400.4 for major expansions	100 down to 60 ft [d]	200 down to 120 ft [d]	300 down to 180 ft [d]	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft [e]	100 down to 50 ft [e]	150 down to 75 ft [e]	50 down to 25 ft [e]	50 down to 25 ft [e]	50 down to 25 ft [e]		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	75 down to 35 ft	25 down to 12 ft	25 down to 12 ft	25 down to 12 ft		
Edge of fill extension -- Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]	25 ft [e]		
Slopes greater than 3:1	10 ft [g]	18 ft [g]	25 ft [g]	N/A	N/A	N/A		
No full basement (e.g. slab, frost wall, columns)	15 down to 7 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		
Full basement (below grade foundation)	20 down to 10 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		
Property lines	10 down to 5 ft [c]	18 down to 9 ft [c]	20 down to 10 ft [c]	10 down to 4 ft [c]	15 down to 7 ft [c]	20 down to 10 ft [c]		
Burial sites or graveyards, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft	25 ft	25 ft		
OTHER								
1. Fill extension 3:1 Grade as needed to allow fill to remain on property								
2.								
3.								

- Footnotes: [a.] Single-family well setbacks may be reduced as prescribed in Section 701.2.
 [b.] This distance may be reduced to 25 feet, if the septic or holding tank is tested in the plumbing inspector's presence and shown to be watertight or of monolithic construction.
 [c.] Additional setbacks may be needed to prevent fill material extensions from encroaching onto abutting property.
 [d.] Additional setbacks may be required by local Shoreland zoning.
 [e.] Natural Resource Protection Act requires a 25 feet setback, on slopes of less than 20%, from the edge of soil disturbance and 100 feet on slopes greater than 20%. See Chapter 15.
 [f.] May not be any closer to neighbors well than the existing disposal field or septic tank unless written permission is granted by the neighbor. This setback may be reduced for single family houses with Department approval. See Section 702.3.
 [g.] The fill extension shall reach the existing ground before the 3:1 slope or within 100 feet of the disposal field.
 [h.] See Section 1402.10 for special procedures when these minimum setbacks cannot be achieved.

Robert French
 SITE EVALUATOR'S SIGNATURE

12/12/2005
 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



LIONEL PLANTE ASSOCIATES

87-B-2

DATE:

Send to: *Tammy Munson*
Attention:
Office Location:
Fax Number: *8748716*

From: *Guy Inadette*
Office Location: *LPA Inc*
Phone Number: *766-2508*
Number of Pages, Including Cover: *2*

URGENT REPLY ASAP PLEASE COMMENT PLEASE REVIEW FOR YOUR INFORMATION

COMMENTS:

Re: 85 Pleasant Ave Peaks Island
Chris Roberto - owner

Lionel Plante Associates
98 Island Avenue, Peaks Island, ME 04108
Phone: 207.766.2508 | Fax: 207.766.2507
LPlante@maine.rr.com

JM :

FAX NO. : 2078395564

Feb. 22 2006 02:05PM P2

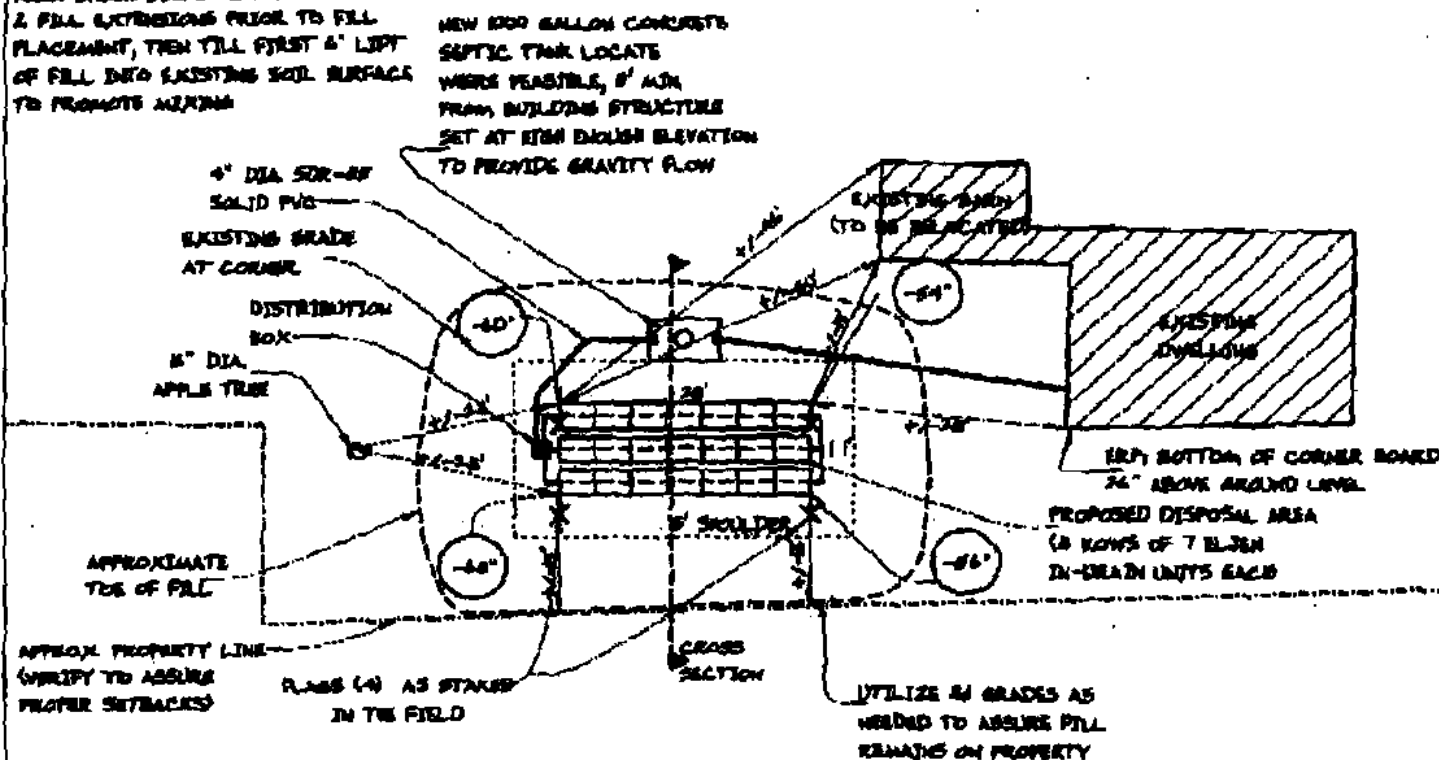
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Drawn by: [unclear] Date: 2/22/06
Checked by: [unclear] Date: 2/22/06

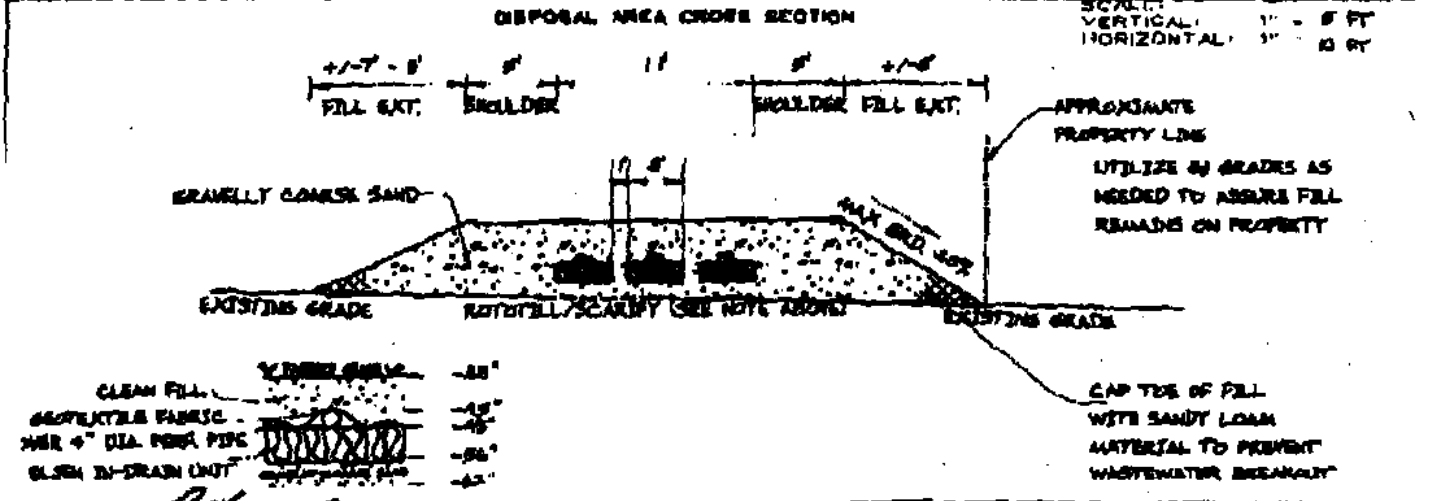
Town, City, Plantation PORTLAND, PEAKS ISLAND	Street, Road, Subdivision 85 PLEASANT AVENUE	Owner's Name CHRIS ROBERTS
---	--	--------------------------------------

NOTE: THOROUGHLY ROTOTILL ENTIRE AREA UNDER DISPOSAL FIELD & FILL EXTENSIONS PRIOR TO FILL PLACEMENT, THEN FILL FIRST 4" LIFT OF FILL INTO EXISTING SOIL SURFACE TO PROMOTE MIXING

SUBSURFACE WASTEWATER DISPOSAL PLAN SCALE 1" = 30' FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Pit (Average)	21" - 27"	Final Grade Elevation	21" - 27"	Location & Description	Bottom of CORNER
Depth of Pit (Maximum)	28" - 30"	Top of Distribution Pipe or Proprietary Device	28" - 30"	TRIM BOARD 24" ABOVE GRADE	
DEPTH AT CROSS SECTION (shown below)		Bottom of Disposal Area		Reference Elevation is 0.0' or _____	



Robert Fitch
Site Evaluator Signature

MRB 2/22/06
Date Update

Page 3 of 3
181E-200 Rev. 10/02

ALBERT FRICK ASSOCIATES - 884 COUNTY ROAD ROAD CORNHAM MAINE 03840 - (207) 848-8888