

2009 6002

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10 SHS
(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 # 11022 TOWN COPY Date Permit Issued: 08/12/09 \$ 110.00/lot <input type="checkbox"/> If Double Fee Charged Local Plumbing Inspector Signature: <i>Charles M. ...</i> L.P.I. # 110651	
Street or Road	21 WILEY STREET		
Subdivision, Lot *			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	BARUCH-RUNYON ADELE		
Mailing Address of	15 CRITTER DRIVE WINDHAM, ME 04062		
Daytime Tel. *	671-3199		
		Municipal Tax Map * 87 Lot * D-11	

Owner or Applicant Statement 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>Samuel McKern/SPA Agent 6-22-09</i> Signature of Owner/Applicant Date	Caution: Inspections Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. <i>Sig Huns</i> Local Plumbing Inspector Signature (1st) Date Approved: 10-17-09 (2nd) Date Approved:
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PERMIT INFORMATION

TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>CESSPOOL</u> 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 PLUMB ALL DRAIN LINES INTO BUILDING SEWER DRAIN LINE 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. 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 & old 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 (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components
SIZE OF PROPERTY 1.16 ACRES <input type="checkbox"/> sq. ft. <input type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> 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 type="checkbox"/> Regular b. <input checked="" type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. 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 <u>624</u> sq. ft. <input type="checkbox"/> lin. ft. 13 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 180 gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS for other facilities - (1 BEDROOM) 2 BEDROOMS AT 90 GALLONS PER DAY EACH 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>43</u> d <u>39</u> m <u>40</u> s Lon. <u>70</u> d <u>11</u> m <u>30</u> s if a.p.s., state margin of error
SOIL DATA & DESIGN CLASS PROFILE <u>2</u> / CONDITION <u>A</u> / DESIGN <u>2</u> AT Observation Hole * <u>TP 1</u> Depth <u>15</u> " OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd 2. <input type="checkbox"/> Medium - 2.6 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	EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not required 2. <input type="checkbox"/> May be required 3. <input checked="" type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ Gallons	

SITE EVALUATOR STATEMENT

I certify that on 3/12/09 (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).

Albert Frick 163 SE * 3/17/2009 Date

ALBERT FRICK (207) 839-5563 AFAC@MAINERR.COM E-mail Address

Site Evaluator Name Printed Telephone Number

ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD GORHAM, MAINE 04038 - (207) 839-5563
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator
HHE-200 Rev. 4/05

Closen 4/15/09

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10 515
 (207) 287-5672 FAX (207) 287-4172

Town, City, Plantation
PORTLAND, PEAKS ISLAND

Street, Road Subdivision
21 WILEY STREET

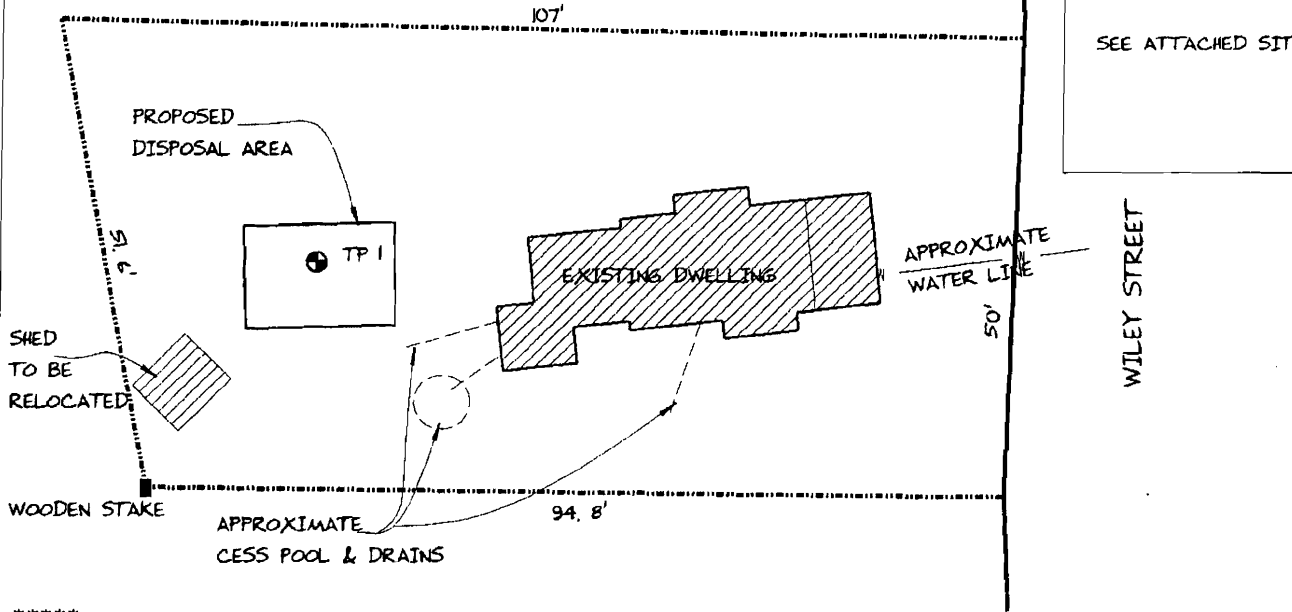
Owner's Name
ADELE BARUCH-RUNYON

SITE PLAN

Scale $1'' = 20'$ Ft.
 or as shown

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

SEE ATTACHED SITE PLAN



 NOTE: PROPERTY LINES PER TOWN TAX MAP AND AS POINTED OUT BY OWNER'S REPRESENTATIVE ON-SITE, VERIFY PRIOR TO INSTALLATION TO ASSURE FILL FROM DISPOSAL AREA IS CONTAINED ON PROPERTY

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

Observation Hole TP 1 Test Pit Boring
 _____ " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
STONY			
SANDY LOAM	FRIABLE	BROWN	
BEDROCK			

Soil Classification: 2 Profile, A Condition
 Slope: _____ %
 Limiting Factor: 15"
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

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

Texture	Consistency	Color	Mottling

Soil Classification: _____ Profile, _____ Condition
 Slope: _____ %
 Limiting Factor: _____"
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Albert Frick
 Site Evaluator Signature

163
 SE •

3/17/2009
 Date

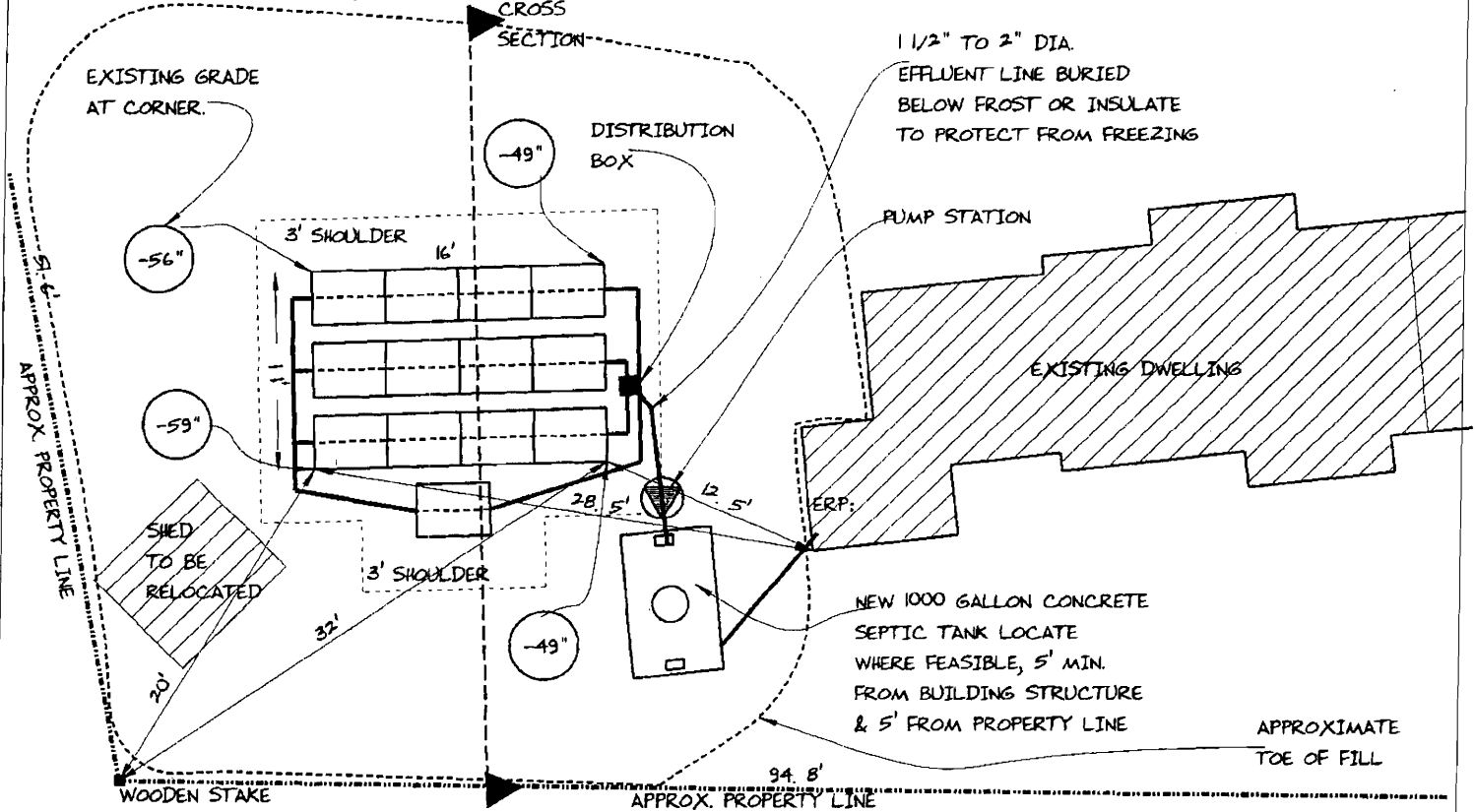
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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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: **21 WILEY STREET** Owner's Name: **ADELE BARUCH-RUNYON**

SUBSURFACE WASTEWATER DISPOSAL PLAN SCALE 1" = 10 FT.
 NOTE: PROPERTY LINES PER TOWN TAX MAP AND AS POINTED OUT BY OWNERS REPRESENTATIVE ON-SITE, VERIFY PRIOR TO INSTALLATION TO ASSURE FILL FROM DISPOSAL AREA IS CONTAINED ON PROPERTY



FILL REQUIREMENTS

Depth of Fill (Upslope) : 30" - 37"
 Depth of Fill (Downslope) : 30" - 40"
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

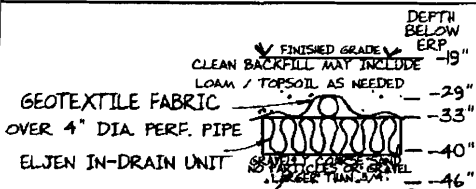
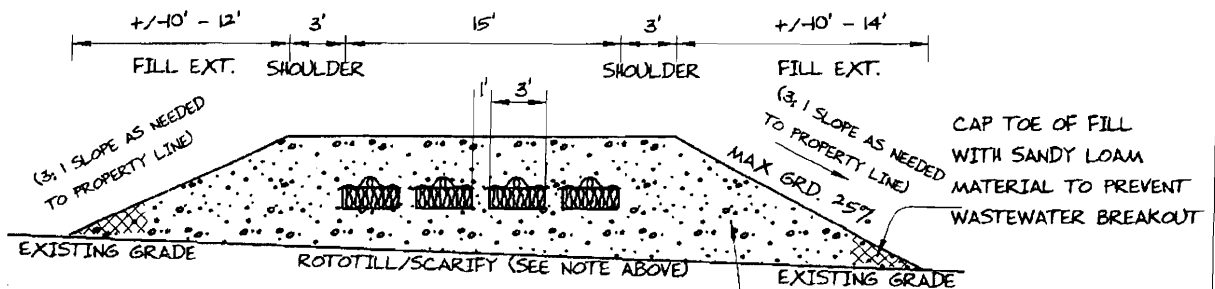
Finished Grade Elevation
 Top of Distribution Pipe or Proprietary Device
 Bottom of Disposal Area

ELEVATION REFERENCE POINT
 Location & Description
 WINDOW SILL 38" ABOVE BOTTOM OF SIDING
 Reference Elevation is: 0.0' or

SEE
 DETAIL
 BELOW

DISPOSAL AREA CROSS SECTION

SCALE:
 VERTICAL: 1" = 5 FT
 HORIZONTAL: 1" = 10 FT



Albert Frick
 Site Evaluator Signature

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 SE *

3/17/2009
 Date

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REPLACEMENT SYSTEM VARIANCE REQUEST


THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

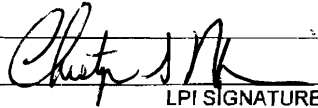
This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request and HHE-200 and may approve the Request if all of the following requirements can be met, and the variance(s) 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. 2006)
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>Adele Baruch-Runyon</u>	Tel. No.: <u>671-3199</u>	
System's Location: <u>21 Wiley Street</u>		
Property Owner's Address: <u>15 Critter Drive</u>		
(if different from above) <u>Windham, ME 04062</u>		

<p>SPECIFIC INSTRUCTIONS TO THE: LOCAL PLUMBING INSPECTOR (LPI):</p> <p>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.)</p> <p>SITE EVALUATOR:</p> <p>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.</p> <p>PROPERTY OWNER:</p> <p>If 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.</p>

<p>PROPERTY OWNER</p> <p>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.</p> <p align="center">  SIGNATURE OF OWNER <u>10-22-09</u> DATE </p>

<p>LOCAL PLUMBING INSPECTOR</p> <p>I, <u>Chris Hanson</u>, the undersigned, have visited the above property and 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):</p> <p><input checked="" type="checkbox"/> a. (✓) approve, <input type="checkbox"/> 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.</p> <p>--OR--</p> <p><input type="checkbox"/> b. find that one or more of the requested Variances exceeds my approval authority as LPI. I (<input type="checkbox"/> recommend, <input type="checkbox"/> 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.</p> <p>Comments:</p> <hr/> <p align="center">  LPI SIGNATURE <u>10/12/09</u> DATE </p>

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	Restrictive Layer			to 7"			inches	
from HHE-200	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	10.5'	5'
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]		5'
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 Grade - to 3:1 (as needed to property line)

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.

Albert Frick
SITE EVALUATOR'S SIGNATURE

3/17/2009
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



0599900

RETTD

MAINE REVENUE SERVICES
REAL ESTATE TRANSFER TAX
DECLARATION

TITLE 36, M.R.S.A. SECTIONS 4641-4641N

PLEASE TYPE OR PRINT CLEARLY

1. COUNTY CUMBERLAND		DO NOT USE RED INK!	
2. MUNICIPALITY/TOWNSHIP PEAKS ISLAND		BOOK/PAGE—REGISTRY USE ONLY	
3. GRANTEE/ PURCHASER	3a) Name (LAST, FIRST, MI) RUNYON-BARUCH, ADELE		3b) SSN or Federal ID 109 36 2846
	3c) Name (LAST, FIRST, MI)		3d) SSN or Federal ID
	3e) Mailing Address 15 CRITTER DRIVE		
	3f) City WINDHAM		3g) State ME
		3h) Zip Code 04062	
4. GRANTOR/ SELLER	4a) Name (LAST, FIRST, MI) RYDER, JANE M		4b) SSN or Federal ID 02830 7282
	4c) Name (LAST, FIRST, MI)		4d) SSN or Federal ID
	4e) Mailing Address 20 SUGAR HILL DRIVE		
	4f) City HARWICH		4g) State MA
		4h) Zip Code 02645	
5. PROPERTY	5a) Map Block Lot Sub-Lot 87 - D - 11 -		Check any that apply: <input type="checkbox"/> No tax maps exist <input type="checkbox"/> Multiple parcels <input type="checkbox"/> Portion of parcel
	5c) Physical Location 21 WILEY ST, PEAKS ISLAND		5b) Type of property—Enter the code number that best describes the property being sold. (See instructions) 5d) Acreage:
6. TRANSFER TAX	6a) Purchase Price (If the transfer is a gift, enter "0")		6a \$ 138,644 .00
	6b) Fair Market Value (enter a value only if you entered "0" in 6a) or if 6a) was of nominal value)		6b \$.00
	6c) Exemption claim - <input type="checkbox"/> Check the box if either grantor or grantee is claiming exemption from transfer tax and explain.		
7. DATE OF TRANSFER (MM-DD-YYYY) 5 20 2009 MONTH DAY YEAR		8. WARNING TO BUYER—If the property is classified as Farmland, Open Space or Tree Growth, a Substantial financial penalty could be triggered by development, subdivision, partition or change in use. <input type="checkbox"/> CLASSIFIED	
9. SPECIAL CIRCUMSTANCES—Were there any special circumstances in the transfer which suggest that the price paid was either more or less than its fair market value? If yes, check the box and explain: <input type="checkbox"/>		10. INCOME TAX WITHHELD— Buyer(s) not required to withhold Maine income tax because: <input type="checkbox"/> Seller has qualified as a Maine resident <input type="checkbox"/> A waiver has been received from the State Tax Assessor <input type="checkbox"/> Consideration for the property is less than \$50,000	
11. OATH	Aware of penalties as set forth by Title 36 §4641-K, we hereby swear or affirm that we have each examined this return and to the best of our knowledge and belief, it is true, correct, and complete. Grantee(s) and Grantor(s) or their authorized agents are required to sign below: Grantee <u>[Signature]</u> Date <u>5-21-09</u> Grantor <u>[Signature]</u> Date <u>5/20/09</u> Grantee _____ Date _____ Grantor _____ Date _____		
12. PREPARER	Name of Preparer <u>Warren Currier & Buchanan</u> Phone Number <u>207-772-1262</u> Mailing Address <u>57 Exchange Street</u> E-Mail Address <u>brenda @wacubu.com</u> <u>Portland, ME 04101</u>		

<http://www.maine.gov/revenue/propertytax/transfer/transfer.htm>

AUG 1 2009

Chicago Title Insurance Company

OWNER(S) AND PURCHASER(S) AFFIDAVIT AND INDEMNITY

On oath, the undersigned depose(s) and state(s) that in connection with the premises 21 Wiley Street, Peaks Island, Portland, ME, 04108, which is being conveyed today by **Jane M. Kilkelly to Adele Baruch-Runyon**:

OWNERS AFFIDAVIT AND INDEMNITY: (I) (we) hereby certify that there are not tenants or other occupants presently in possession of the premises (other than the purchasers named herein) and that there is no person to whom a debt is due for personal labor or services performed or materials used in the erection, alteration, repair, improvement or removal of a building or other structure upon the above land and buildings, by virtue of an agreement with, or by the consent of the undersigned, or of a person having authority from or rightfully acting for the undersigned in promising or furnishing such labor, services or materials, for work actually performed during the past one hundred twenty (120) days, and have no knowledge of any real estate licensee (broker or agent) who may assert a lien against the property based on nonpayment of professional services rendered by the licensee to facilitate the sale of the property. In the event that a debt is due for such work done or materials used or services rendered, the undersigned hereby agree(s) to indemnify and hold harmless the Buyer(s), **Chicago Title Insurance Company and Old Port Title** from any and all debts and costs of collection in connection with said debt.

Dated at Portland, State of Maine, this 05/22/09.

By Jane M. Kilkelly, Owner(s) of the property:

Jane M. Kilkelly as attorney-in-fact for Jane Kilkelly aka Jane Kilkelly
Jane M. Kilkelly

STATE OF Maine

COUNTY OF Cumberland

Subscribed and sworn to before me this 05/22/09.



Melinda P. Shain
Attorney at Law

PURCHASER(S) AFFIDAVIT: (I) (We) hereby certify that (I) (We) have not received notice of any lien or potential lien filed or to be filed by a Real Estate Licensee who provided professional services to facilitate the sale of the property described above. In the event that a debt is due for such services rendered, the Undersigned hereby agree(s) to indemnify and hold harmless **Chicago Title Insurance Company and Old Port Title** from any and all debts and costs of collection in connection with said debt.

By: Adele Baruch-Runyon, Purchaser(s) of the property:

Adele Baruch-Runyon
Adele Baruch-Runyon

STATE OF Maine

COUNTY OF Cumberland

Subscribed and sworn to before me this 05/22/09.



Melinda P. Shain
Attorney at Law

APR 10 2010

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 D011001
Location 21 WILEY ST
Land Use SEASONAL

Owner Address RYDER JANE M
 20 SUGAR HILL DR
 HARWICH MA 02645

Book/Page NCFY08/
Legal 87-D-11
 WILEY ST
 PEAKS ISLAND
 5045 SF

Current Assessed Valuation

Land \$139,000 **Building** \$47,500 **Total** \$186,500

Property Information

Year Built 1900	Style Cottage	Story Height 1	Sq. Ft. 416	Total Acres 0.116	
Bedrooms 1	Full Baths 1	Half Baths	Total Rooms 3	Attic None	Basement Pier/slab

Outbuildings

Type SHED-FRAME	Quantity 1	Year Built 1980	Size 7X8	Grade D	Condition F
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Sales Information

Date 03/01/1998	Type LAND + BLDING	Price	Book/Page 13708-153
---------------------------	------------------------------	--------------	-------------------------------

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-mailed.

New Search!

AUG 1 2008

State Id 0 City Permit Id 2009-6002

Type Replacement System

Schedule Inspection

Invoicing

Save

Close

20096002

Addr: WILEY ST 16 CBL 087 D011001 District: 1 Appl Date 08/05/2009

Building Permit # 0 Inspector Iss/Appr. Date Completed

Other Permits Referenced Status: Pending

Applicant Name: Adele Baruch-Runyon Owner Name: BARUCH-RUNYON ADEL

Mail Address: 15 Critter Drive Mail Address: 15 CRITTER DR

City, State, Zip: Windham ME 04062 City, State, Zip: WINDHAM , ME 04062

Phone: (207) 671-3199 Phone:

Site Plan Appl Id - 0

Site Evaluator Information:

Name Albert Frick SE Number 163 Phone (207) 839-5563 Evaluation Date 03/17/2009

Name Richard Sweet SE Number 034 Phone (207) 797-2110 Evaluation Date 08/17/2005

CreatedBy lmd CreateDate 08/05/2009 ModBy lmd ModDate 08/05/2009 Time 15:18

State Id | 0 | City Permit Id | 2009-6002

Type | Replacement System

Schedule Inspection

Invoicing

Save

Close

20096002

Addr: | WILEY ST

| 16

CBL | 087 D011001

District: | 1

Appl Date

| 08/05/2009

Building Permit # | 0

Inspector

Iss/Appr. Date

Completed

Type Replaced:	Cesspool	Yr	
Property Size	0	Size Type	acres
		Shore Land Zoning?	<input type="checkbox"/>
This Application Requires	Replacement Sys. Variance - Local		
Disposal System To Serve	Single Family	Bedrooms	2
		Units	0
Other System			
Type of Water Supply	Public	Other	
Treatment Tank	Concrete - Low Profile	Other	
		Capacity	0
Disposal Field Type	Propriety Device - Linear	Other	
		Size	0
		Type	
Garbage Disposal Unit	No		
Design Flow Gallons	180	Table Type	Table 50.1 (dwelling units)
		Other	
Soil Data And Design Class	Profile 2	Cond	a
		Design	2
Disposal Field Sizing	Med-Large 3.3 sq ft/gpd	Pumping	Required
		Dose	0

CreatedBy | lmd

CreateDate

| 08/05/2009

ModBy

| lmd

ModDate

| 08/05/2009

Time

| 15:18

Time

| 15:18