


SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Bureau of Health Engineering
12071 287-5672 FAX 12071 287-4112

PROPERTY LOCATION	
Town or Plantation:	PORTLAND PEAKS ISLAND
Street Subdivision Lot #:	13b REAR REED AVENUE 91-0-9
PROPERTY OWNERS NAME	
Last:	STANHOPE SUSAN
Applicant's Name:	JOANNE FIORE
Mailing Address of Owner:	C/O First Island Realty P.O. Box 7341 Portland, Maine 04102
Daytime Tel #:	
Owner Statement	
I state that the information submitted is correct to the best of my knowledge and I understand that any falsification is reason for the Denial of and/or Local Plumbing Inspector to deny a permit.	
 Signature of Owner/Applicant Date: 10/12/99	

PORTLAND Permit Received: 10/12/99	PERMIT # 7042	STATE COPY <input checked="" type="checkbox"/> 100% Local Plumbing Inspector Signature: _____ Date Approved: _____
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

TYPE OF APPLICATION: 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input checked="" type="checkbox"/> Expanded System <input checked="" type="checkbox"/> a. one time exempted <input type="checkbox"/> b. non exempted 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"/> New System Variance (Municipal-soil condition) 3. <input type="checkbox"/> First Time System Variance (State) 4. <input checked="" type="checkbox"/> Replacement System Variance <input checked="" type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval 5. <input type="checkbox"/> Minimum Lot Size Variance 6. <input type="checkbox"/> Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENTS: 1. <input checked="" type="checkbox"/> Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & oil toilet) 3. <input type="checkbox"/> Alternative Toilet _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank 5. <input type="checkbox"/> Holding Tank _____ Gallons 6. <input type="checkbox"/> Non-Engineered Disposal Area (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Engineered System 1-2000 gpd 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Area (only) 11. <input type="checkbox"/> Pretreatment
SIZE OF PROPERTY: : 4,750 SQ. FT.	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit 2. <input type="checkbox"/> Multiple Family Dwelling: Number of Units: _____ 3. <input type="checkbox"/> Other: _____	TYPE OF WATER SUPPLY: SEASONAL WATER
SHORELAND ZONING: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ SIZE: 1000 Gallons	DISPOSAL AREA TYPE / SIZE 1. <input type="checkbox"/> Bed _____ Sq. Ft. 2. <input checked="" type="checkbox"/> Proprietary Device 624 Sq. Ft. <input type="checkbox"/> Cluster <input checked="" type="checkbox"/> Linear <input checked="" type="checkbox"/> Regular <input type="checkbox"/> H-20 3. <input type="checkbox"/> Trench 4. <input type="checkbox"/> Other: _____ 13 ELJEN IN-DRAINS	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes <input type="checkbox"/> Multi-compartment tank <input type="checkbox"/> Tank in series <input type="checkbox"/> Increase in tank capacity <input checked="" type="checkbox"/> Filter on tank outlet	CRITERIA USED FOR DESIGN FLOW (Show Calculations) SINGLE FAMILY DWELLING 2 BEDROOMS 90 GPD/BEDROOM =				
PROFILE & DESIGN CLASS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>PROFILE</th> <th>DESIGN</th> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">A/C</td> </tr> </table> DEPTH TO MOST LIMITING FACTOR: 20-28'	PROFILE	DESIGN	3	A/C	DISPOSAL AREA SIZING 1. <input type="checkbox"/> Small - 2.00 2. <input type="checkbox"/> Medium - 2.60 3. <input checked="" type="checkbox"/> Medium-Large - 3.30 4. <input type="checkbox"/> Large - 4.00 5. <input type="checkbox"/> Extra-Large - 5.00	PUMPING 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required (NOSE _____ Gallons)	DESIGN FLOW: 180 (Gallons/Day)
PROFILE	DESIGN						
3	A/C						

SITE EVALUATOR'S STATEMENT

On **8/10/99** (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

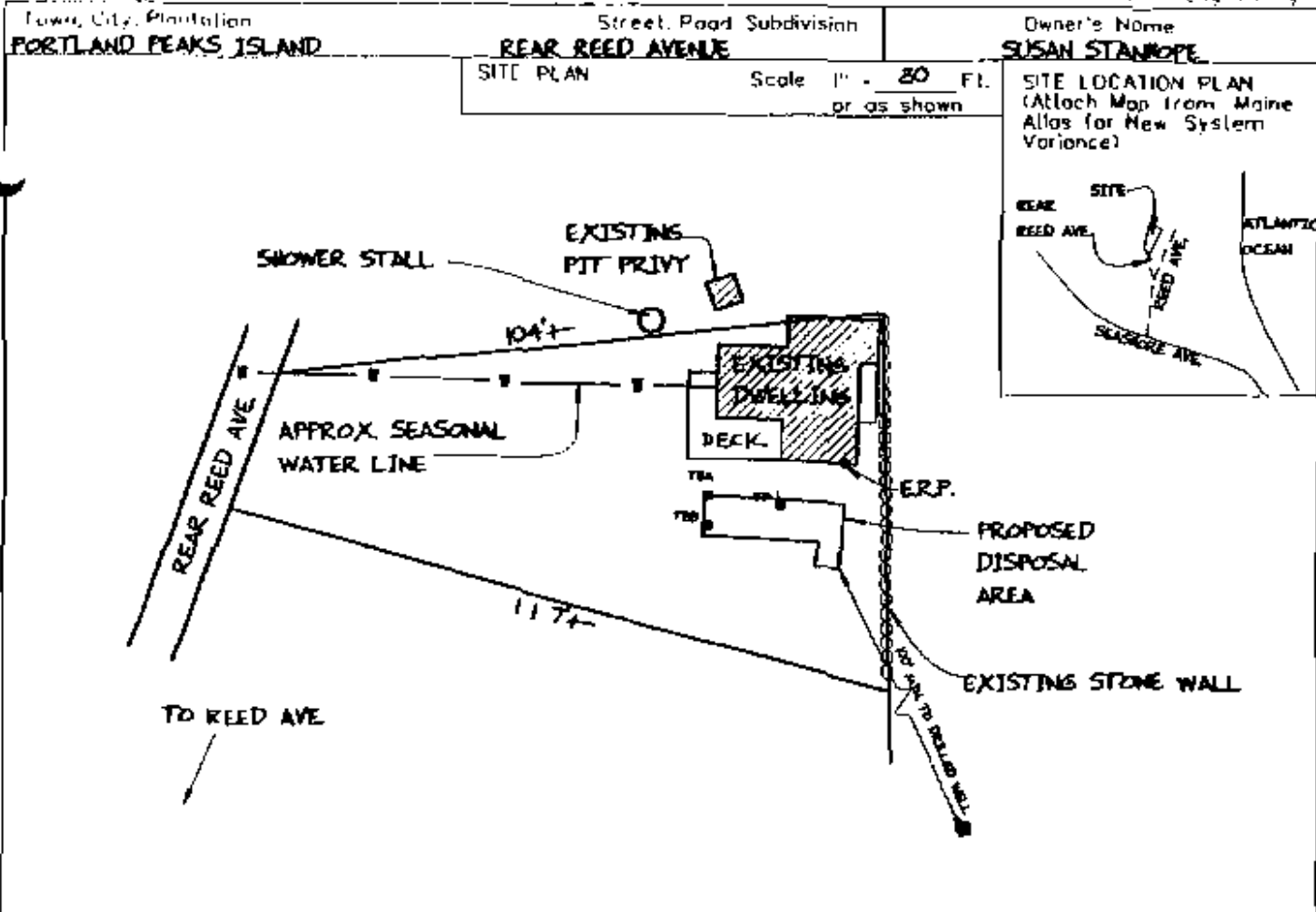
9/10/99

Date

3

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Community Services
Division of Health Engineering



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 (feet)	Texture	Consistency	Color	Mottling
0			DARK	
			BROWN	
	SANDY		DARK	
	LOAM	FRIABLE	YELLOW	
			BROWN	
			YELLOW	
			BROWN	
	LOAMY SAND	FIRM	OLIVE	COMMON
			BROWN	DISTINCT
			BEDROCK	
40				
50				

Soil Classification: **3 A/C**
 Profile: _____ Condition: _____
 Slope: _____
 Limiting Factor: **28**
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

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

DEPTH BELOW MINERAL SOIL SURFACE (feet)	Texture	Consistency	Color	Mottling
0				
10				
20				
			TBA = 24" TO BEDROCK	
			TBB = 30" TO BEDROCK	
30				
40				
50				

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

Albert Frick
 Site Evaluator Signature

K3
 SE

9/10/99
 Date

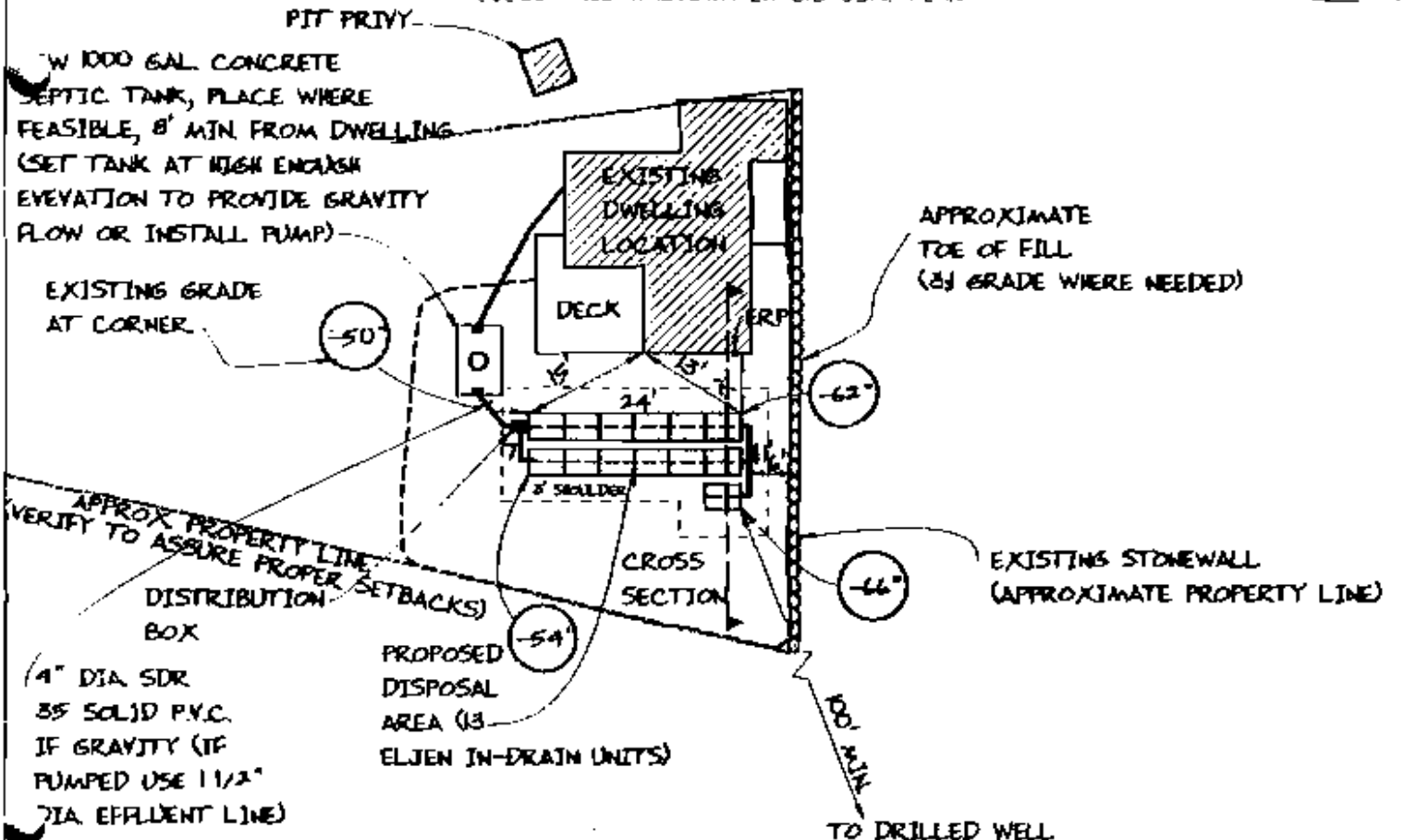
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND PEAKS ISLAND	Street, Road, Subdivision REAR REED AVENUE	Owner's Name SUSAN STANHOPE
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SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



FILL REQUIREMENTS

Depth of Fill (Upslope)	29" - 41"
Depth of Fill (Downslope)	32" - 45"

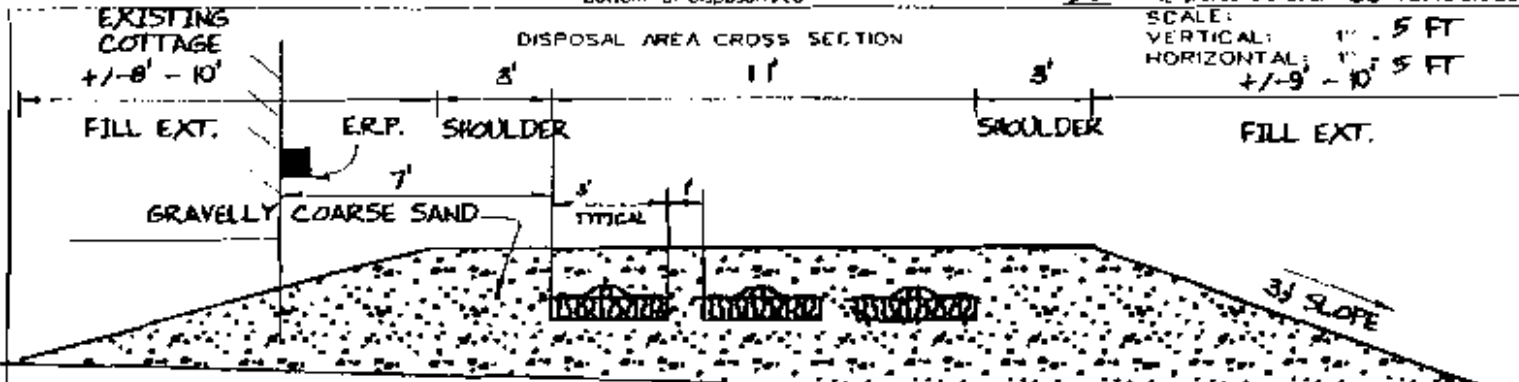
CONSTRUCTION ELEVATIONS

Finished Grade Elevation	-21"
Top of Distribution Pipe or Proprietary Device	-33"
Bottom of Disposal Area	-50"

ELEVATION REFERENCE POINT

Location of Electric Meter Box
8" ABOVE BOTTOM OF SIDING, FT
Reference Elevation 00" ABOVE GRADE

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



Albert Smith
Site Evaluator Signature

K.S. SE
9/10/99
Date



Albert Frick Associates, Inc.

Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038

(207) 839-5563

PORTLAND (PEAKS ISLAND) REAR REED AVE. JOANNE FIORE
TOWN LOCATION APPLICANT'S NAME

1) The Plumbing and Subsurface Wastewater Disposal Rules adopted by the State of Maine, Department of Human Services pursuant to 22 M.R.S.A. § 42 (the "Rules") are incorporated herein by reference and made a part of this application and shall be consulted by the owner/applicant, the system installer and/or building contractor for further construction details and material specifications. The system installer should contact Albert Frick Associates, Inc. 839-5563, if there are any questions concerning materials, procedures or designs. The system installer and/or building contractor installing the system shall be solely responsible for compliance with the Rules and with all state and municipal laws and ordinances pertaining to the permitting, inspection and construction of subsurface wastewater disposal systems.

2) This application is intended to represent facts pertinent to the Rules only. It shall be the responsibility of the owner/applicant, system installer and/or building contractor to determine compliance with and to obtain permits under all applicable local, state and/or federal laws and regulations (including, without limitation, Natural Resources Protection Act, wetland regulations, zoning ordinances, subdivision regulations, Site Location of Development Act and minimum lot size laws) before installing this system or considering the property on which the system is to be installed a "buildable" lot. It is recommended that a wetland scientist be consulted regarding wetland regulations.

Prior to the commencement of construction/installation, the local plumbing inspector shall inform the owner/applicant and Albert Frick Associates, Inc. of any local ordinances which are more restrictive than the Rules in order that the design may be amended. All designs are subject to review by local, state and/or federal authorities. Albert Frick Associates, Inc.'s liability shall be limited to revisions required by regulatory agencies pursuant to laws or regulations in effect at the time of preparation of this application.

3) All information shown on this application relating to property lines, well locations, subsurface structures and underground facilities (such as, utility lines, drains, septic systems, water lines, etc.) are based solely upon information provided by the owner/applicant and has been relied upon by Albert Frick Associates, Inc. in preparing this application. The owner/applicant shall review this application prior to the start of construction and confirm this information.

4) Installation of a garbage (grinder) disposal is not recommended. If one is installed, an additional 1000 gallon septic tank or a septic tank filter should be connected in series to the proposed septic tank.

5) The system user shall avoid introducing kitchen grease or fats into this system. Chemicals such as septic tank cleaners and/or chlorine (such as from water treatment) and controlled or hazardous substances shall not be disposed of in this system.

ATTACHMENT TO SUBSURFACE WASTEWATER DISPOSAL APPLICATION

PORTLAND (PEAKS ISLAND) REAR REED AVE. JOANNE FIGRE
TOWN LOCATION APPLICANT'S NAME

- 6) The septic tank should be pumped within two years of installation and subsequently as recommended by the pump service, but in no event should the septic tank be pumped less often than once every three years.
- 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.) ÷ # 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 requirements. 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. An alarm device warning of a pump failure shall be installed. Also, when pumping is required to 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 thoroughly before placing more fill (this ensures that voids and loose pockets are eliminated to minimize the chance of leakage). Do not use wheeled equipment on the scarified soil area until after 12 inches of fill is in place. Keep equipment off the chambers. Divert the surface water away from the disposal area by ditching or shallow 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.



Albert Erick Associates, Inc.

Soil Scientists & Site Evaluators

274 County Road, Colchester Maine 04028

1992-2011

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 on 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. 1903)
2. There will be no change in use of the structure except as authorized for one-time exempted 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 PORTLAND (PEAKS ISLAND)

Permit No. _____

Date Permit Issued _____

Property Owner's Name: N/E STANHOPE (JOANNE FIORE) Tel. No.: _____

System's Location: REAR REED AVENUE

Property Owner's Address: _____

(if different from above)

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 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

10/12/89
DATE

LOCAL PLUMBING INSPECTOR

I, _____, 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):

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

Comments: _____

LPI SIGNATURE

DATE

Replacement System Variance Request

VARIANCE CATEGORY	VARIANCE REQUESTED		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		Septic Tanks		Disposal Fields	Septic Tanks
	Less than 1000 gpd	1000 to 2000 gpd	Less Than 1000 gpd	1000 to 2000 gpd	To	To
From						
Wells with water usage of 2000 or more gpd	300 ft	300 ft	100 ft	100 ft		
Owner's wells	100 down to 50 ft	200 down to 100 ft	100 ^a down to 50 ft	100 down to 50 ft		
Neighbor's wells	100 ^a down to 50 ft	200 ^a down to 120 ft	100 ^a down to 50 ft	100 ^a down to 75 ft		
Water supply line	10 ft ^a	20 ft ^a	10 ft ^a	10 ft ^a		
Water course, major - for replacements only, see Table 400.4 for exempted expansions	100 down to 60 ft	200 down to 120 ft	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft	100 down to 50 ft	50 down to 25 ft	50 down to 25 ft		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	25 down to 12 ft	25 down to 12 ft		
Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams (edge of fill extension)	25 ft ^d	25 ft ^d	25 ft ^d	25 ft ^d		
Slopes greater than 3:1	10 ft	15 ft	N/A	N/A		
No full basement (e.g. slab, frost wall, columns)	15 down to 7 ft	30 down to 15 ft	8 down to 5 ft	14 down to 7 ft	7'	5'±
Full basement (below grade foundation)	20 down to 10 ft	30 down to 15 ft	8 down to 5 ft	14 down to 7 ft		
Property lines	10 down to 5 ^c ft	18 ft down to 9 ^c ft	10 ft down to 4 ^c ft	15 ft down to 7 ^c ft	6'	
Burial sites or graveyards, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft		

OTHER

1. Fill extension Grade - to 3:1

2.

3.

Footnotes:

- a. This setback distance cannot be reduced by the LPI, but may be considered for reduction by State variance.
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 (or 200 ft. for 1000-2000 gpd) feet and 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 or property line.
- d. Natural Resources Protection Act requires a 25 foot setback on slopes with less than 20% from the edge of disturbance and 100 feet on slopes greater than 20% except for the repair or installation of a replacement system when no practical alternative exists.

Albert Frick
SITE EVALUATOR'S SIGNATURE

REVISED

9/10/99

9/9/99
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

ELECTRICAL PERMIT

City of Portland, Me.

Single
43



etd

To the Chief Electrical Inspector, Portland Maine:
The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date 5/10/00
Permit # 403
CBL# 091-14-007

SITE LOCATION: 142 Rear Reed Ave Peaks Island

OWNER Joanne Fiore TENANT _____

						TOTAL EACH FEE			
OUTLETS	Receptacles	30	Switches	20	Smoke Detectors	4	54	20	10.80
FIXTURES	incandescent	10	fluorescent	1	Strips		11	20	2.20
SERVICES	Overhead		Underground		TTL AMPS	<800		15.00	
	Overhead		Underground			>800		25.00	
Temporary Service	Overhead		Underground		TTL AMPS			25.00	
								25.00	
METERS	(number of)							1.00	
MOTORS	(number of)							2.00	
RESID/COM	Electric units							1.00	
HEATING	oil/gas units		Interior		Exterior			5.00	
APPLIANCES	Ranges		Cook Tops		Wall Ovens			2.00	
	insta-Hot		Water heaters	1	Fans		1	2.00	2.00
	Dryers		Disposals		Dishwasher			2.00	
	Compactors		Spa		Washing Machine			2.00	
	Others (denote)							2.00	
MSC. (number of)	Air Cond/win							3.00	
	Air Cond/cent							10.00	
	HVAC		EMS		Thermostat			5.00	
	Signs							10.00	
	Alarms/res							5.00	
	Alarms/com							15.00	
	Heavy Duty(CRKT)							2.00	
	Circus/Carnv							25.00	
	Alterations							5.00	
	Fire Repairs							15.00	
E Lights							1.00		
E Generators							20.00		
PANELS	Service		Remote	1	Main		1	4.00	4.00
TRANSFORMER	0-25 Kva							5.00	
	25-200 Kva							8.00	
	Over 200 Kva							10.00	
						TOTAL AMOUNT DUE			35.00
						MINIMUM FEE/COMMERCIAL 35.00			
						MINIMUM FEE		25.00	

INSPECTION: Will be ready _____ or will call _____

CONTRACTORS NAME William Flynn MASTER LIC. # 4548
 ADDRESS 24 COTTENHILL CT LIMITED LIC. # _____
 TELEPHONE 766 2780 756 4588

SIGNATURE OF CONTRACTOR [Signature]

ELECTRICAL PERMIT

City of Portland, Me.

Single (2)



10/13/2001

etc

To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 5/16/00
 Permit # 2301 403
 CBL# 091-117
091-12-007

SITE LOCATION: 142 Rear Rear Ave Arms Island

OWNER Joanne Fiore TENANT _____

						TOTAL EACH FEE	
OUTLETS	Receptacles	30	Switches	20	Smoke Detectors	4	54 20 10.80
FIXTURES	Incandescent	10	fluorescent	1	Strip	11	20 2.20
SERVICES	Overhead		Underground		TTL AMPS	<800	15.00
	Overhead		Underground			>800	25.00
Temporary Service	Overhead		Underground		TTL AMPS		25.00
							25.00
METERS	(number of)						1.00
MOTORS	(number of)						2.00
REVISIONS	Electric units						1.00
HEATING	oil/gas units		Interior		Exterior		5.00
	APPLIANCES	Ranges	Cook tops		Wall Oven		2.00
	Inst. Hot		Water heaters	1	Fans	1	2.00 2.00
	Dryers		Disposals		Dishwasher		2.00
	Compressors		Sps		Washing Machine		2.00
	Oil/eye (diesel)						2.00
MISC. (number of)	Air Cond'n						3.00
	Air Cond'cent				Pool		10.00
	FRAC		EMS		Thermostat		5.00
	Signs						10.00
	Alarm/tee						8.00
	Alarm/com						18.00
	Heavy Duty(CRKT)						2.00
	Circuit Break						25.00
	Alterations						5.00
	Fire Repairs						15.00
	E-Lights						1.00
	E Generators						20.00
PANELS	Service		Remote	1	Main	1	4.00 4.00
	TRANSFORMER	0-25 Kva					5.00
		25-200 Kva					8.00
		Over 200 Kva					10.00
						TOTAL AMOUNT DUE	35.00
						MINIMUM FEE/COMMERCIAL 35.00	MINIMUM FEE 25.00

INSPECTION: Will be ready _____ or will call _____

CONTRACTORS NAME William Flynn MASTER LIC. # 4548
 ADDRESS 24 Goutenville St LIMITED LIC. # _____
 TELEPHONE 766 2380 766 4588

SIGNATURE OF CONTRACTOR [Signature]