

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 02-0820 Issue Date: - 4 2002 CBL: 092 A001001

Location of Construction: 548 Island Ave *PI* Owner Name: Stevenson Monica L / *Sohn Freeman* Owner Address: 1501 Beacon St # 1701 *PORTLAND* Phone: 207-766-2010

Business Name: n/a Contractor Name: *CONTRACTOR DESIGN* Weinschenk, Ric Builders Contractor Address: 33 Island Avenue Portland Phone: 2078283900

Ressee/Buyer's Name: n/a Phone: n/a Permit Type: Single Family Zone: *I-B*

Past Use: Single Family Proposed Use: Single Family / Demo existing 40' x 30' one story house; Build new 56' x 52' two story home w/ 14' x 20' attached garage and 56 linear foot seck w/1/2 circle circumfrepce. Permit Fee: \$1,876.00 Cost of Work: \$254,000.00 CEO District: 3

Proposed Project Description: Demo existing house & rebuild new 56' x 52' house with garage and deck. FIRE DEPT: Approved Denied INSPECTION: Use Group *R3* Type *5* Signature: *[Signature]* Signature: *[Signature]* 10/3/02

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action Approved Approved w/Conditions Denied Signature: *Paul Griesbach* Date: *8/15/02*

Permit Taken By: *gg* Date Applied For: 07/22/2002 Zoning Approval

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
2. Building permits do not include plumbing, septic or electrical work.
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..
Special Zone or Reviews: Shoreland *N/A per Section 14-449* Wetland Flood Zone *Panel 15 Zone C* Subdivision Site Plan *#2002-0162* Major Minor MM Denied *ok with conditions* Date: *8/15/02*
Zoning Appeal: Variance Miscellaneous Conditional Use Interpretation Approved Denied Not in District or Landmark Does Not Require Review Requires Review Approver Approved w/Conditions Denied Date: *[Signature]*

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

11/25/02 Setback inspection on site w/ R. Weisberg and A.J. Alves.
Strings AND PINS ARE IN PLACE. MEASURED FROM FORMS. OK TO
BACKFILL JM

12-11-02 W/TAMMY AM Went to site using hay to
cover drain file & some straps being used instead
of anchor bolts.

PM Went back w/ Public Safety officer to stop job
felt installed ok to backfill. nm

1/13/03 - w/M. Way - showing progress ok - 1st floor mostly
framed - 2nd about 30% - New Corp "College Design"
has taken over job. ⁸⁵⁴⁻⁵⁴⁶⁵ Kelly Engineering is monitoring
will need reports from Kelly Engineering before
C/O

2/3/03 J. Adams and A. Rowe ~~at~~ inspection this date.

call to owner re: elevation survey. am

3/18/03 Inspection of progress w/Jodine photos of site for Jay R.
Spoke w/Rick Wortley about window dimension being a min. of 6"
at narrowest point - he thought 4" - will need to adjust. Also check
Round top window at stair landing for Tempered seal - could not read. JB

3/24/03 See submittal from Back Bay Boundary verifying the
Height of the Structure JB

3/24/03 Spoke w/John Freeman (husband) about progress and submitting
all changes and special inspections to our office for record prior
to C.O. - prefer ASAP - He agreed. JB

1/1/03 See submittal on Tempered Glass around egress JB
1/1/03 T. Weisberg



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 548 Island Ave

CBL 092 A001001

Issued to Stevenson Monica L /Weinschenk, Ric Builders

Date of Issue 11/17/2003

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. 02-0820, 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

Entire

Single Family Dwelling (R3 Use)
Type 5B Construction

Limiting conditions:

This certificate supersedes
certificate issued

Approved:

[Handwritten signature]
.....

(Date)

Inspector

[Handwritten signature]
.....

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 notes]
3000 ...
Monica L / A Rowe

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	Cape Elizabeth
Street Subdivision Lot #	427 Cape Elizabeth Neck, Is.

PROPERTY OWNERS NAME

Last: Stevenson	First: Monica L.
Applicant Name:	Salevskid Some Pl & Htg.
Mailing Address of Owner/Applicant (If Different)	P.O. Box 242 Cape Cottage Bx. Cape Elizabeth Me. 04109

2003-8134

PORTLAND 8440 TOWN COPY

Date Permit Issued: 11/28/03 \$ 1120.00 If Double Fee Charged

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # 0603

2003-8134
09 2 A 001

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 Inspectors to deny a Permit.

Signature of Owner/Applicant

Date 4/20/03

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 11/5/03

PERMIT INFORMATION

This Application is for	Type of Structure To :	Served:	Plumbing To Be Installed By:
	1. <input checked="" type="checkbox"/> NEW PLUMBING	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	
2. <input type="checkbox"/> RELOCATED PLUMBING	3. <input type="checkbox"/> MULTIFAMILY	4. _____	2. <input type="checkbox"/> OIL BURNERMAN
	4. <input type="checkbox"/> _____		3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC
			4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
			5. <input type="checkbox"/> PROPERTY OWNER
			LICENSE# _____

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number	Type of Fixture	Column 1 Number	Type of Fixture
<input type="checkbox"/> HOOK-UP to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP to an existing subsurface wastewater disposal system.	-	Hosebibb/ Sillcock	-	Bathtub (and Shower)
				Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	1	Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor	1	Garbage Disposal
OR <input type="checkbox"/> TRANSFER FEE (\$6.00)		Bidet	1	Laundry Tub
		Other: _____	1	Water Heater
		Fixtures (Subtotal) Column 2	19	Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

2002-6010

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Office of Waste Engineering & Regulation
(207) 287-8071 FAX (207) 287-4472

PROPERTY LOCATION		>> Caution: Permit Required - Attach in Space Below <<	
City, Town, or Plantation	PORTLAND, PEAKS ISLAND	Date Permit Issued: <u>9/24/03</u> \$ <u>11210.00</u> <input type="checkbox"/> Double Fee Charged L.P.I. # <u>0640</u> Local Plumbing Inspector Signature: <u>[Signature]</u>	TOWN COPY 092-1-001
Street or Road	548 ISLAND AVENUE		
Subdivision, Lot *			
OWNER/APPLICANT INFORMATION			
Name (Last, First, MI)	STEVENSON MONICA		
Address of	1501 BEACON STREET, # 170		
City, State, Zip	BROOKLINE, MA 02446		
Daytime Tel. #			
Owner or Applicant Statement		Caution: Inspections Required	
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.		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: <u>qr</u> Date Approved: <u>6/20/03</u>	

PERMIT INFORMATION

TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENT(S)
1. <input type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input checked="" type="checkbox"/> Expanded System a. <input checked="" type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non-exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	1. <input checked="" 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 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	1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & all 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	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
18,000 +/- sq. ft. <input type="checkbox"/> acres	1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>4</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY: _____	1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public <input type="checkbox"/> Other: _____
SHORELAND ZONING	DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
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: <u>1000</u> gallons	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 type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> R-20 loaded 4. <input type="checkbox"/> Other _____ SIZE: <u>9x0</u> sq. ft. <input type="checkbox"/> lin. ft. <u>20 ELTEN IN-DRAIN UNITS</u> <u>(90° FEED)</u>	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"/> Tank in series c. <input type="checkbox"/> Increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet	360 gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling units) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities - 4 BEDROOMS AT 90 GALLONS PER DAY EACH = 360 GPD
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	PUMPING	
PROFILE: <u>5</u> / <u>B</u> / <u>2</u> DESIGN: _____ At Observation Hole # <u>TP1</u> Depth: _____" Elevation: <u>-34</u> " OF MOST LIMITING SOIL FACTOR: _____	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	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: DISE: _____ Gallons	

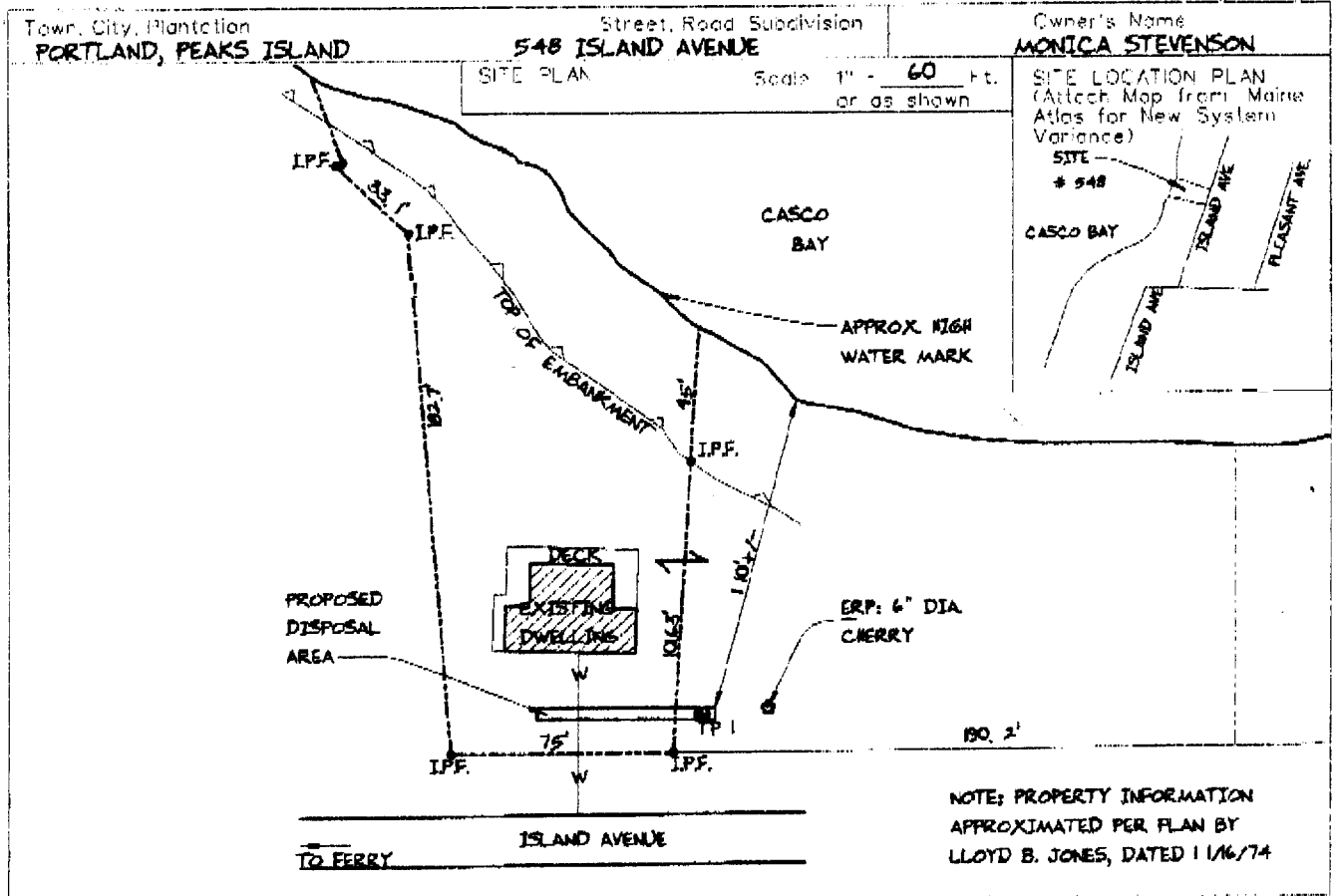
SITE EVALUATOR STATEMENT

I certify that on 10/2/03 (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).

Site Evaluator Signature: Albert Frick SE # 163 Date: 8/28/2002

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human 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 (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM		DARK BROWN	
10	GRAVELLY LOAMY SAND	FRIABLE	DARK YELLOWISH BROWN	
20	SAND	SOMEWHAT FIRM		
30		FIRM		FEW FAINT
50	LIMIT OF EXCAVATION			

Soil Classification: **S** Profile, **C** Condition
Slope: Limiting Factor: **30"**
 Ground Water
 Restrictive Layer
 Bedrock
 PI 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				
40				
50				

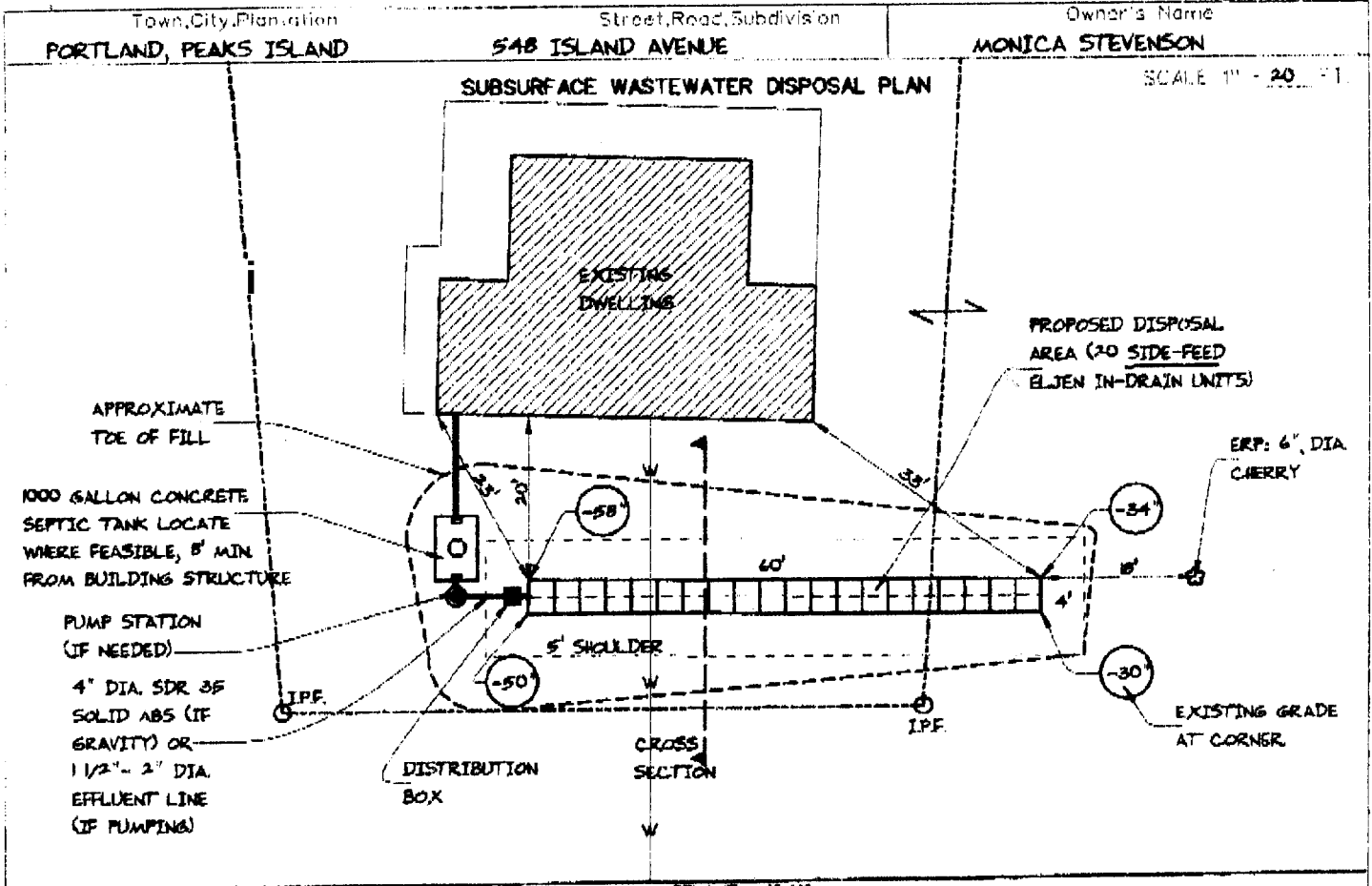
Soil Classification: Profile, Condition
Slope: Limiting Factor:
 Ground Water
 Restrictive Layer
 Bedrock
 PI Depth

Albert Frick
Site Evaluator Signature

K-3
SE * Date 8/28/2002

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



FILL REQUIREMENTS

Depth of Fill (Upslope) ± 0" - 20"
Depth of Fill (Downslope) ± 4" - 28"

CONSTRUCTION ELEVATIONS

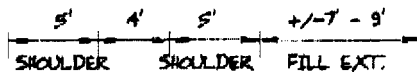
Finished Grade Elevation
Top of Proprietary Device
Bottom of Disposal Area

SEE
DETAIL
BELOW

ELEVATION REFERENCE POINT

Location & Description NAIL 28" ABOVE
BASE OF 6" DIA. CHERRY
Reference Elevation 00"
SCALE:
VERTICAL 1" = 5 FT
HORIZONTAL 1" = 10 FT

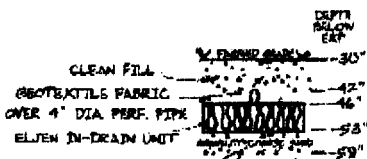
DISPOSAL AREA CROSS SECTION



GRAVELLY COARSE SAND



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

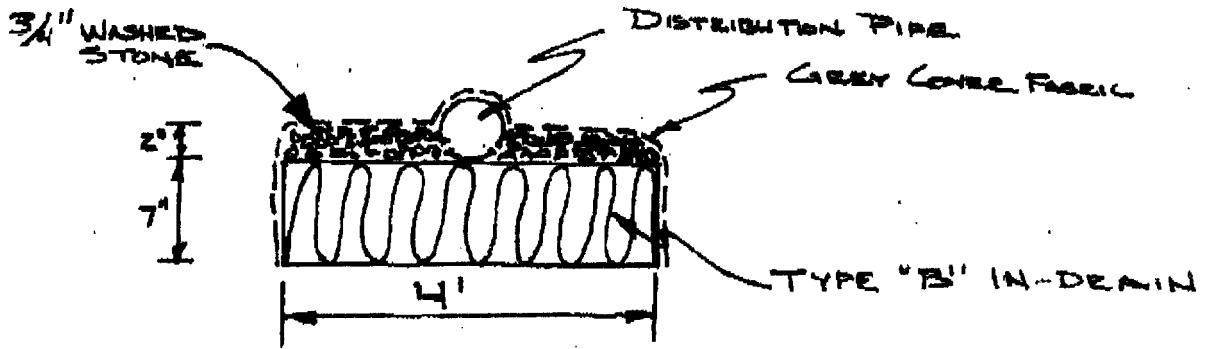


Albert Frick
Site Evaluator Signature

163
SE

8/28/2002
Date

SUGGESTED DISTRIBUTION METHOD FOR TYPE "B" IN-DEANS TURNED 90°



DETAIL
N.T.S.

NOTES PER ELJEN CORP:

1. TURNING TYPE "B" IN-DEANS AS SHOWN ABOVE SHALL ONLY BE DONE AS A LAST RESORT AND BE DONE ON A CASE BY CASE BASIS.
2. ELJEN CORP. DOES NOT ENCOURAGE THIS TYPE LAYOUT SINCE IT MAY GET CONFUSING WITH ITS SUGGESTED LAYOUT.

5/9/00

**Albert Frick Associates, Inc.****Soil Scientists & Site Evaluators**

93A County Road Corham, Maine 04038

(207) 839-5563

<u>Portland, Peaks Island</u>	<u>548 Island Avenue</u>	<u>Stevenson</u>
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

<u>Bottled Rocks Island</u>	<u>548 Island Avenue</u>	<u>Sterenton</u>
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 Frick Associates, Inc.
 Soil Scientists & Site Evaluators
 95A Cotuit Road - Carham, Maine 04032
 (207) 839-5063