

BK 11691 PG 008

65797

**WARRANTY DEED
(JOINT TENANCY)**

THOMAS A. POWER and CAROL I. POWER, of Falmouth, County of Cumberland, and State of Maine,

for consideration paid, grant to

JON S. OXMAN and MARJORIE B. OXMAN, of Auburn, County of Androscoggin, and State of Maine,

with **WARRANTY COVENANTS**, as joint tenants, the land in Portland, County of Cumberland, State of Maine:

A certain lot or parcel of land located on Cushing Island in the City of Portland, Cumberland County, Maine, and on that portion thereof known as Whitehead and being Lot #3 on Plan of Whitehead Passage Subdivision, Cushing Island, Portland, Maine, made for Whitehead Associates by Land Use Consultants, Inc. under date of September 1974, which said plan is duly recorded in Cumberland County Registry of Deeds, Plan Book 106, Page 9, to which Plan reference is hereby made for a more particular description.

This conveyance also includes the following rights and easements insofar as Grantors may lawfully convey the same:

A. The right to reasonable use, in common with others, of the "Government Pier" at Spring Cove and the "Mule Barn" adjacent thereto.

B. The right in common with others to pass over the shores and beaches of Cushing Island, including those not owned by the Grantors.

C. The right to use in common with others the roads, avenues, ways, landings, wharfs, piers and public grounds on Cushing Island.

This conveyance is subject to the following exceptions, restrictions, covenants and reservations:

A. Any exceptions, restrictions, covenants or reservations set forth in a deed from Martin R. Johnson and Peter L. Murray, Trustees, dated April 17, 1975, and recorded at said Registry of Deeds, Book 3685, Page 266, and an easement to Central Maine Power Company dated September 17, 1970, recorded at said Registry of Deeds, Book 3152, Page 774.

B. An easement over, on and in the premises hereby conveyed for a distance of fifteen (15) feet to either side of the center line of Whitehead Avenue, as it may exist from time to time, on said premises so that said Peter L. Murray and Martin R. Johnson, Trustees, their successors and assigns, may continue to use said Whitehead Avenue and may enter on to and excavate said lands within said bounds for the purpose of installing, maintaining, repairing,

RESIDENTIAL LAND

NON-RESIDENTIAL LAND

Listing # 2179

Date

Listing Broker CAROL POWER

Brokers Home Phone 797-7380

Price \$ 89,000

Name THOMAS POWER

Office Code: 324

SA 4.0 %

Address CUSHING ISLAND, PORTLAND

Poss: TOT

Fin. Terms: SEE LB

BA 4.0

Dir: LOT 106C-A-25, CUSHING ISLAND

Area 01

Pole #

Showing Instructions: SEE LB

Current Use: VACANT LAND

SITE DATA

Type: Residential Commercial

Taxes \$ 2239 Tax Year 93/94

Map/Lot # 106C-A-25 Bk/pg # 7128/317

Ground: Fee simple Leased

Lot Size: Dimen 172x537±

Acres 2.25AC± #SF 98,440'±

Frontage: Road 180'± Water 180'±

Approved by local planning board

Part of subdivision Subdividable

Approved by BEP Industrial Park

Survey (Date) Soil Test (Date 4/10/86)

Zoning SHORELAND R-1 Permitted SINGLE FAMILY RES

Electricity Amps Phase

Gas: natural bottled

Water: public private

Sewer: public private

Fence Storm Drain Sidewalk

Curb RR side St. Surface GRAVEL

Traffic Count Topo: Wooded LIGHTLY near SOME CLEARING

WATER SOURCE

Please state how you know what type of system you have:

- public Problems with present system (pump, supply, quality)?
- drilled yes no. If yes, explain:
- dug Installed by date results
- driven pt water tested by date results
- spring Satisfactory Satis. w/notation Unsatisfactory
- other # of people presently using this water supply?

Is a filter system being used and/or needed on present water supply? yes no AVAILABLE-TO BE INSTALLED BY PURCHASER If yes, state purpose and annual cost.

RESIDENTIAL LAND

#30 SINGLE LOT #31 DEVELOPMENT

NON-RESIDENTIAL LAND

#32 SINGLE LOT #33 DEVELOPMENT

HISTORIC CUSHING ISLAND 2+AC WATERFRONT BLDG LOT GENTLY SLOPING TOWARD SPRING COVE NEAR WHITE HEAD PASSAGE W/PROTECTED DEEP WATER ANCHORAGE. ABUTTS NATURE CONSERVANCY. A RARE OFFERING ONLY 10 MINS FROM PORTLAND.

874-8893 Portland Zoning Dept
Mr Bill Giroux



** Formerly Dept of The Army Site known as Fort Levett

HAZARDOUS MATERIALS

Has this property ever been tested for RADON gas?

yes no WATER yes no

yes, what were the results:

Do you know of any other hazardous materials in, or about the property such as:

Dump Sites yes no unknown

Underground storage tank yes no unknown

Other yes no WW II BUNKERS (DERP FUDS)**

WASTE DISPOSAL SYSTEM

SOILS If any - Have you ever experienced any malfunction in any part of the system during your ownership of this property? Type TEST AVAIL. yes no If yes, explain:

Size TO BE INSTALLED BY PURCHASER

Age If Public sewer system, have you experienced any system or line malfunction? yes no

Date Last Served If yes, explain:

Service Co. Please state how you know what type of system you have

Date Installed # of people presently using this system?

Yearly Cost

READ SELLER'S STATEMENT CAREFULLY BEFORE SIGNING

I am the owner of the property described herein. I have supplied all the information which is contained on this form. I know the information will be communicated to prospective buyers and will be relied upon by them in their decision to purchase the property. I have read the above data sheet and the information contained thereon and I hereby represent that all statements and information are correct. There are no defects or hazardous conditions known to me on the property, except as described herein.

SELLER *Carol Power* DATE 8/26/94 AGENT _____ DATE _____
SELLER *H. Power*

BUYER'S STATEMENT

The broker, whether a listing broker or potential selling broker, hereby discloses that he is acting solely as an agent for the seller in the marketing, negotiation and sale of this property. The information on this sheet is provided by the seller. The broker believes the information to be accurate but does not warrant the statements made here. The buyer should seek information from professionals regarding any specific issue or concern pertaining to hazardous materials or other aspects of the property.

BUYER _____ DATE _____

Received 3/20/02

Sub. 2002-6002

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-6672 FAX (207) 287-4172

PROPERTY LOCATION		>> Caution: Permit Required -- Attach in Space Below <<	
City, Town, or Plantation	PORTLAND	The Subsurface Wastewater Disposal System <i>shall not</i> be installed until a Permit is attached HERE by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.	
Street or Road	CUSHING ISLAND		
Subdivision, Lot #	LOT 3		
OWNER/APPLICANT INFORMATION			
Name (last, first, MI) Owner	OXMAN, JON		
Mailing Address of	48 WETHERLY PLACE		
Daytime Tel. #	AUBURN, ME	Municipal Tax Map # _____ Lot # _____	
Owner or Applicant Statement I state that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.		Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant _____ Date _____		Local Plumbing Inspector Signature _____ Date Approved _____	

PERMIT INFORMATION			
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENT(S)	
1. <input checked="" type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ 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	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. 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 & alt 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 or more) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____	
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE		TYPE OF WATER SUPPLY
2 1/4 <input type="checkbox"/> sq. ft. <input checked="" 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: _____		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	SPECIFY		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

DESIGN-DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW <u>360</u> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 901.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 901.2 (other facilities) SHOW CALCULATIONS -- for other facilities -- 3. <input type="checkbox"/> Section 903.0 (meter readings) ATTACH WATER-METER DATA
1. <input checked="" type="checkbox"/> Concrete a. <input type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input checked="" 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 checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE <u>1344</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	1. <input checked="" type="checkbox"/> No 2. <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	
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	PUMPING	
PROFILE CONDITION DESIGN <u>2, 1, C, 1</u> at Observation Hole # <u>731</u> Depth <u>30</u> " Elevation _____ 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 type="checkbox"/> May Be Required 3. <input checked="" type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ gallons	

SITE EVALUATOR STATEMENT

I Certify that on 1-25-02 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

<u>[Signature]</u> Site Evaluator Signature	<u>351</u> SE #	<u>2-28-02</u> Date
<u>MATTHEW ENGELMAN</u> Site Evaluator Name Printed	<u>797-2110</u> Telephone #	

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-8872 FAX (207) 287-4172

Town, City, Plantation

PORTLAND

Street, Road, Subdivision

CUSHING ISLAND LOT 3

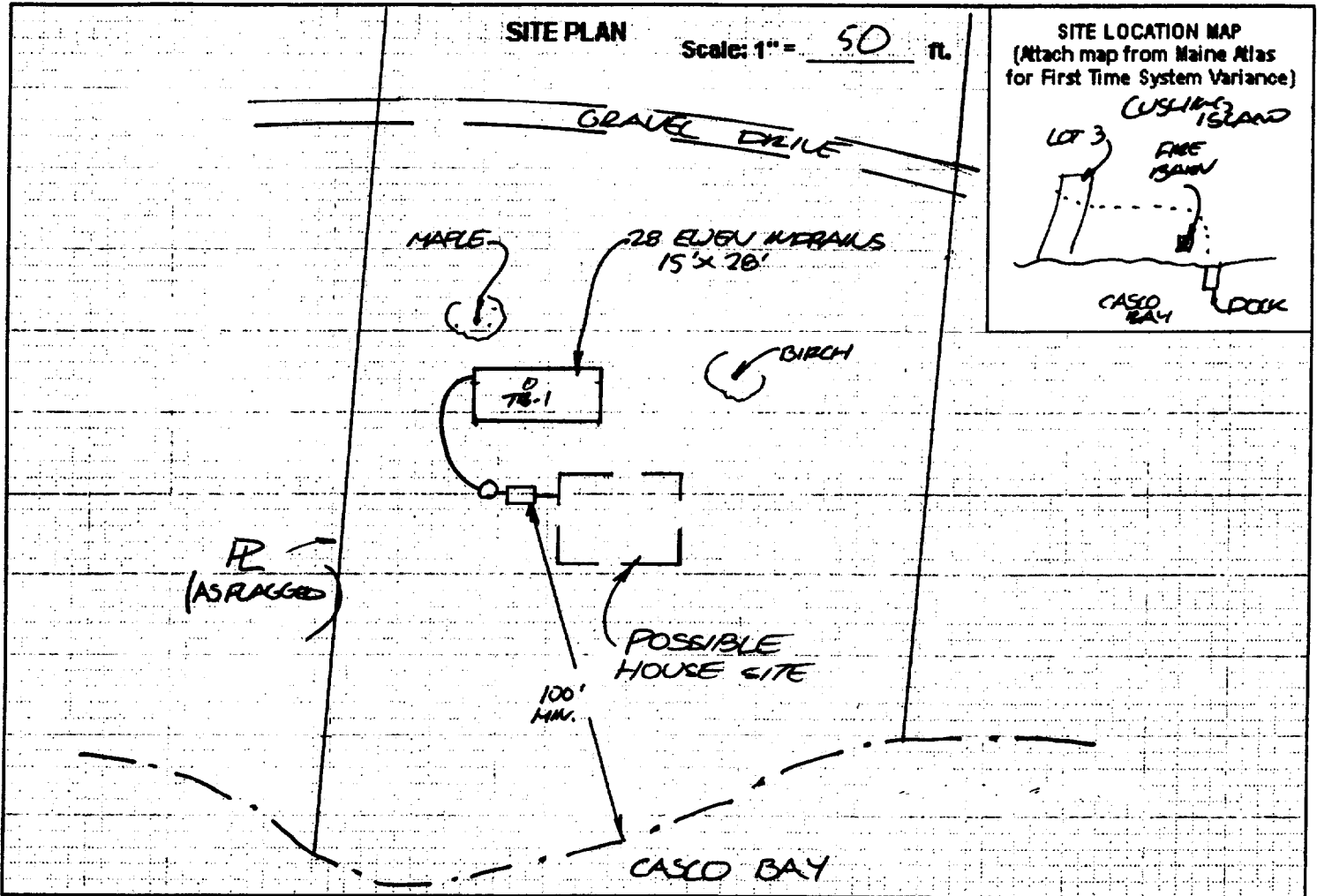
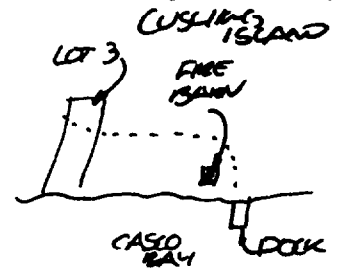
Owner or Applicant Name

JOHN OSMAN

SITE PLAN

Scale: 1" = 50 ft.

SITE LOCATION MAP
 (Attach map from Maine Atlas
 for First Time System Variance)



SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # 7B-1 Test Pit Boring

Depth of organic horizon above mineral soil					
Texture	Consistency	Color	Mottling		
0					
0-6		BROWN			
6-12					
12-18	FRIABLE	YELLOW BROWN			
18-24					
24-30			COMMON		
30-36			DISTINCT		
36-42					
42-48					
4		LEGE			
Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock	
2	C		20		

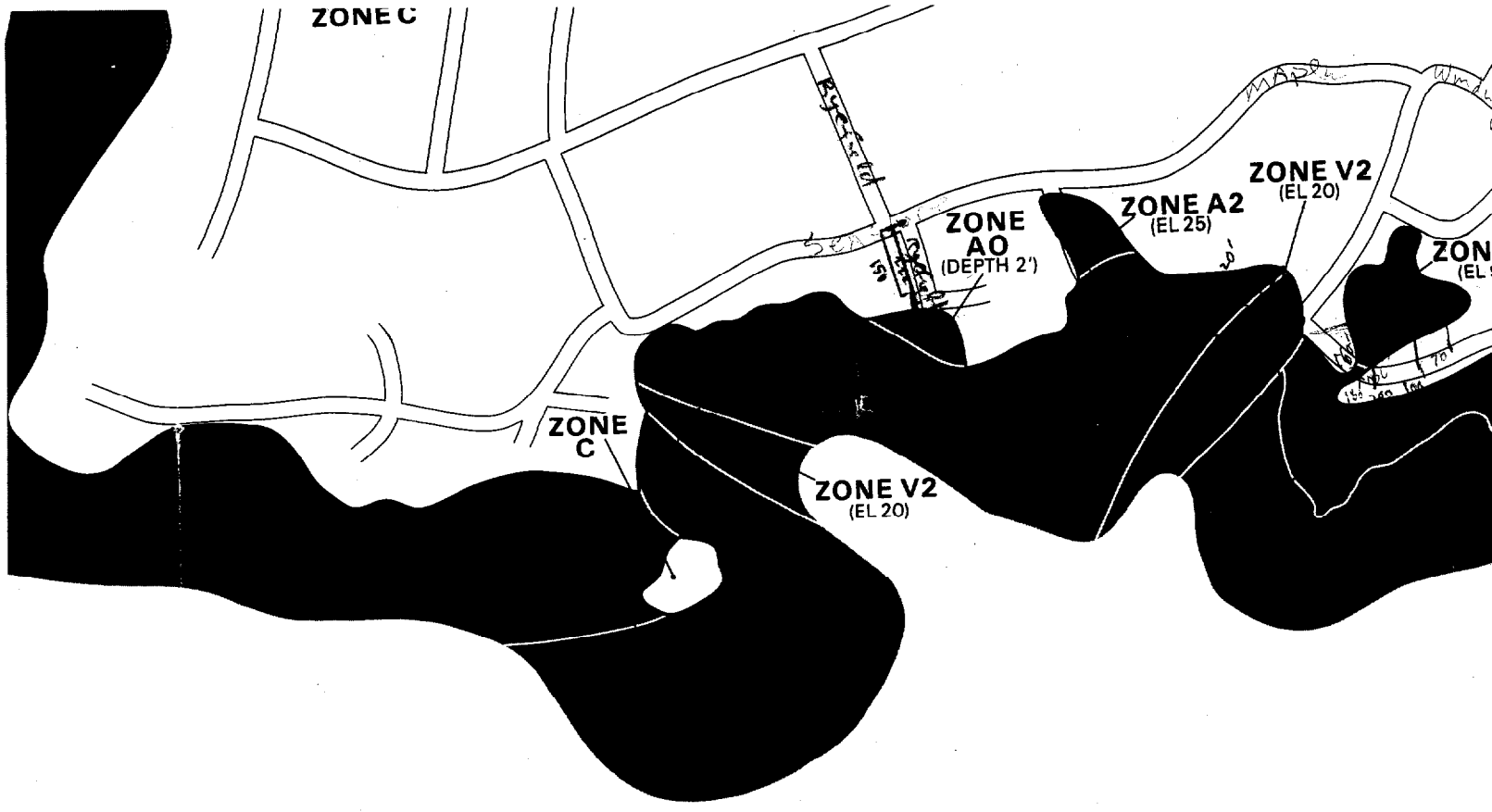
Observation Hole # _____ Test Pit Boring

Depth of organic horizon above mineral soil					
Texture	Consistency	Color	Mottling		
0					
6					
12					
18					
24					
30					
36					
42					
48					
Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock	

[Signature]
 Site Evaluator Signature

351
 SE #

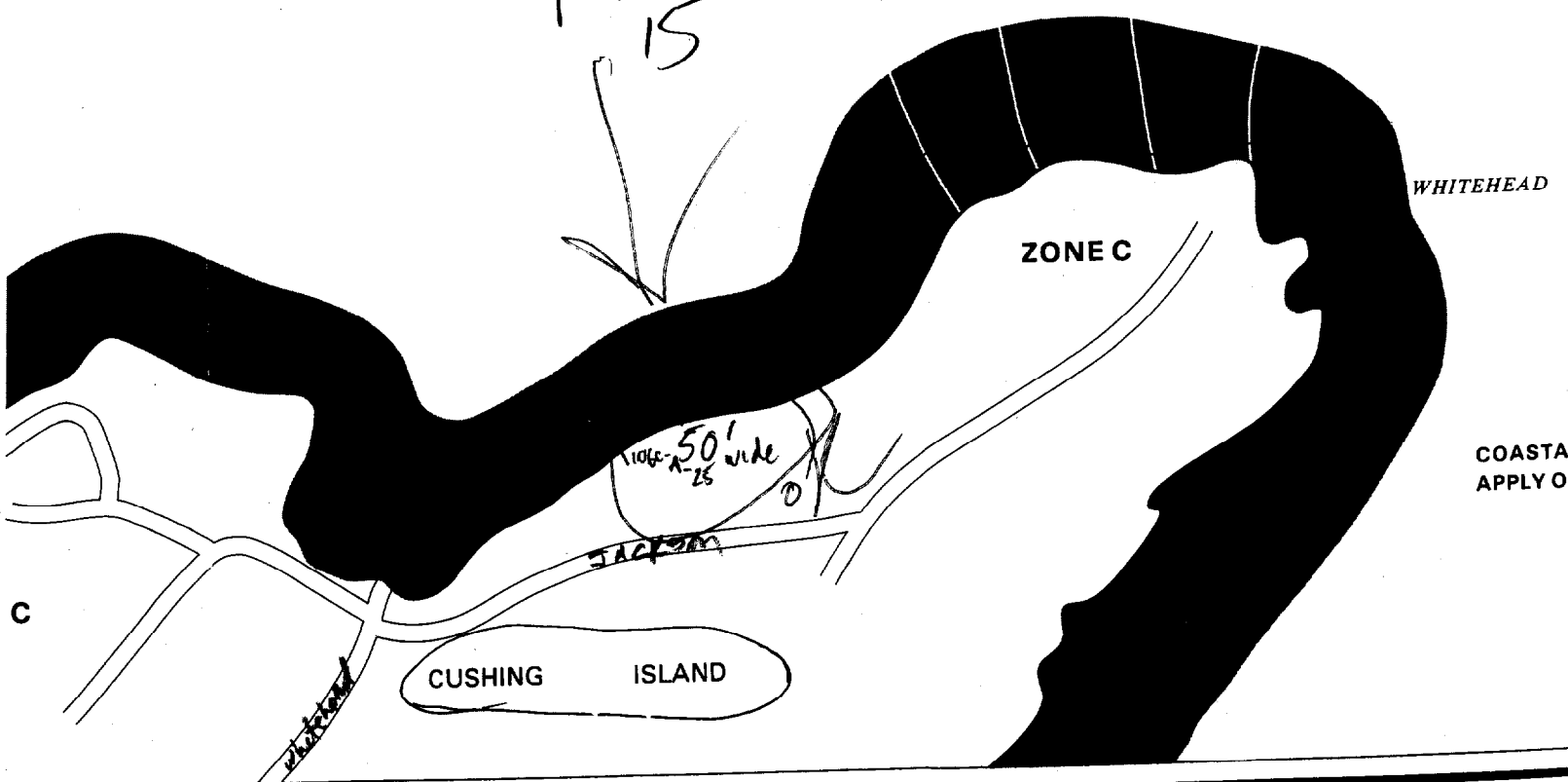
2-29-02
 Date



WHITEHEAD

PASSAGE

Panel
15



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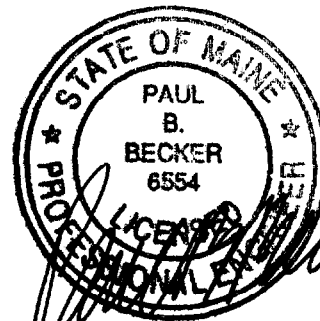
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Tel. 207-879-1838 ■ Fax 207-879-1822

STRUCTURAL DETAILS

OXMAN RESIDENCE
CUSHINGS ISLAND
PORTLAND, MAINE

FOR CONSTRUCTION
05/07/02

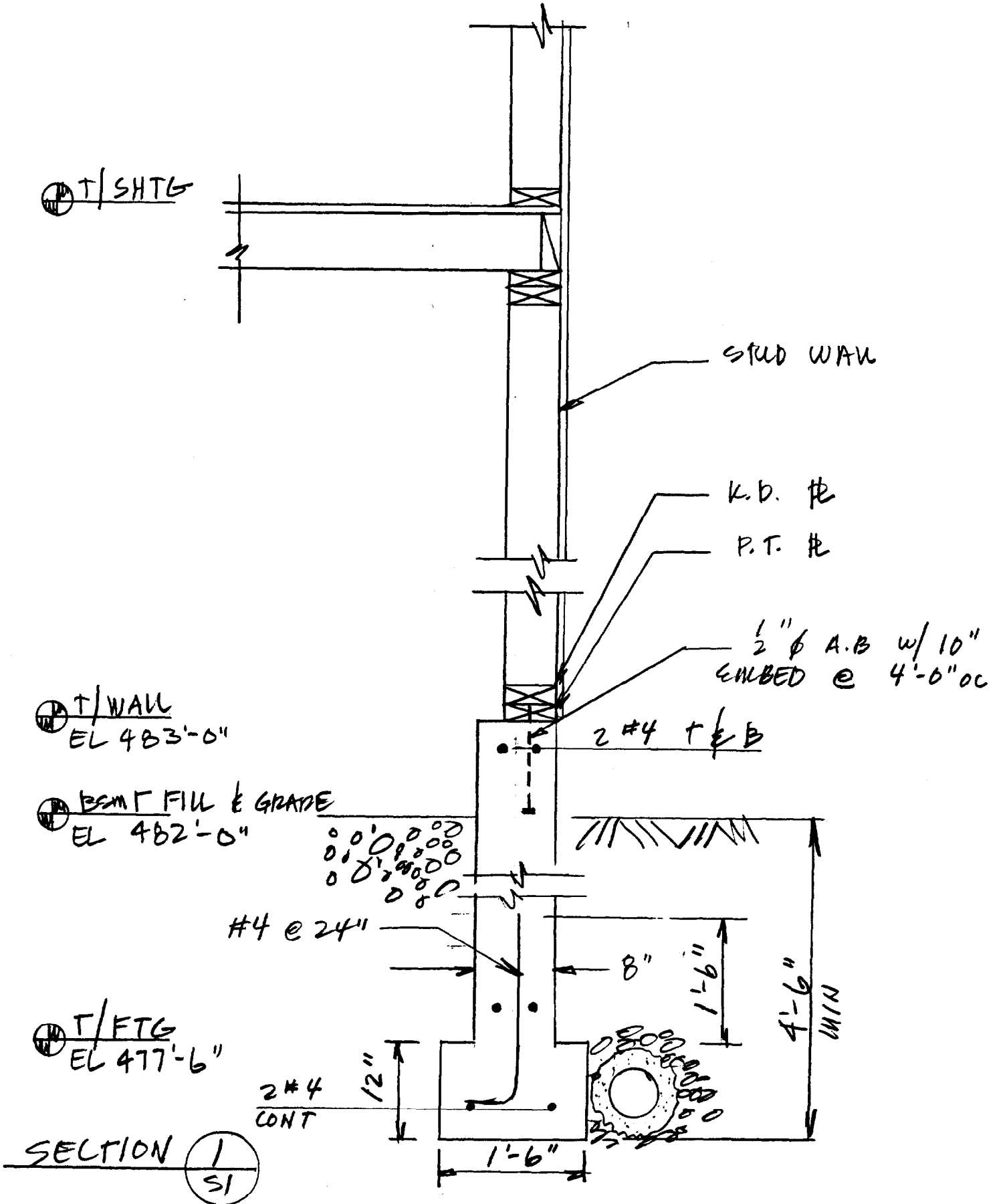


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Project OXIIAN
W.O. _____ Sheet 1 Of 16
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Project OXMAN
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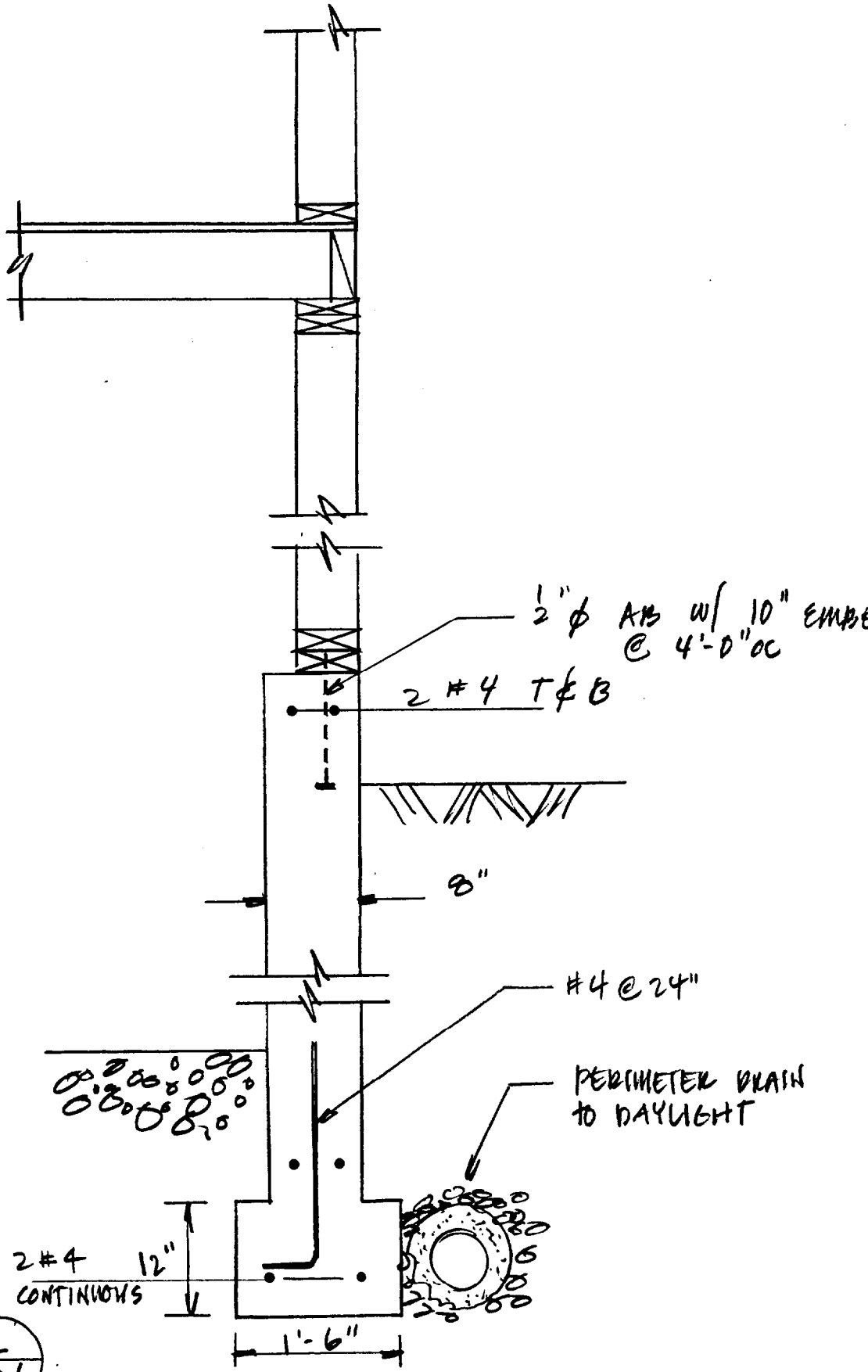
⊙ T/SHTG

⊙ T/WAN
EL 485'-0"

⊙ GRAVE
EL 484'-0"

⊙ BSMT FILL
EL 482'-0"

⊙ T/FTG
EL 479'-6"



SECTION

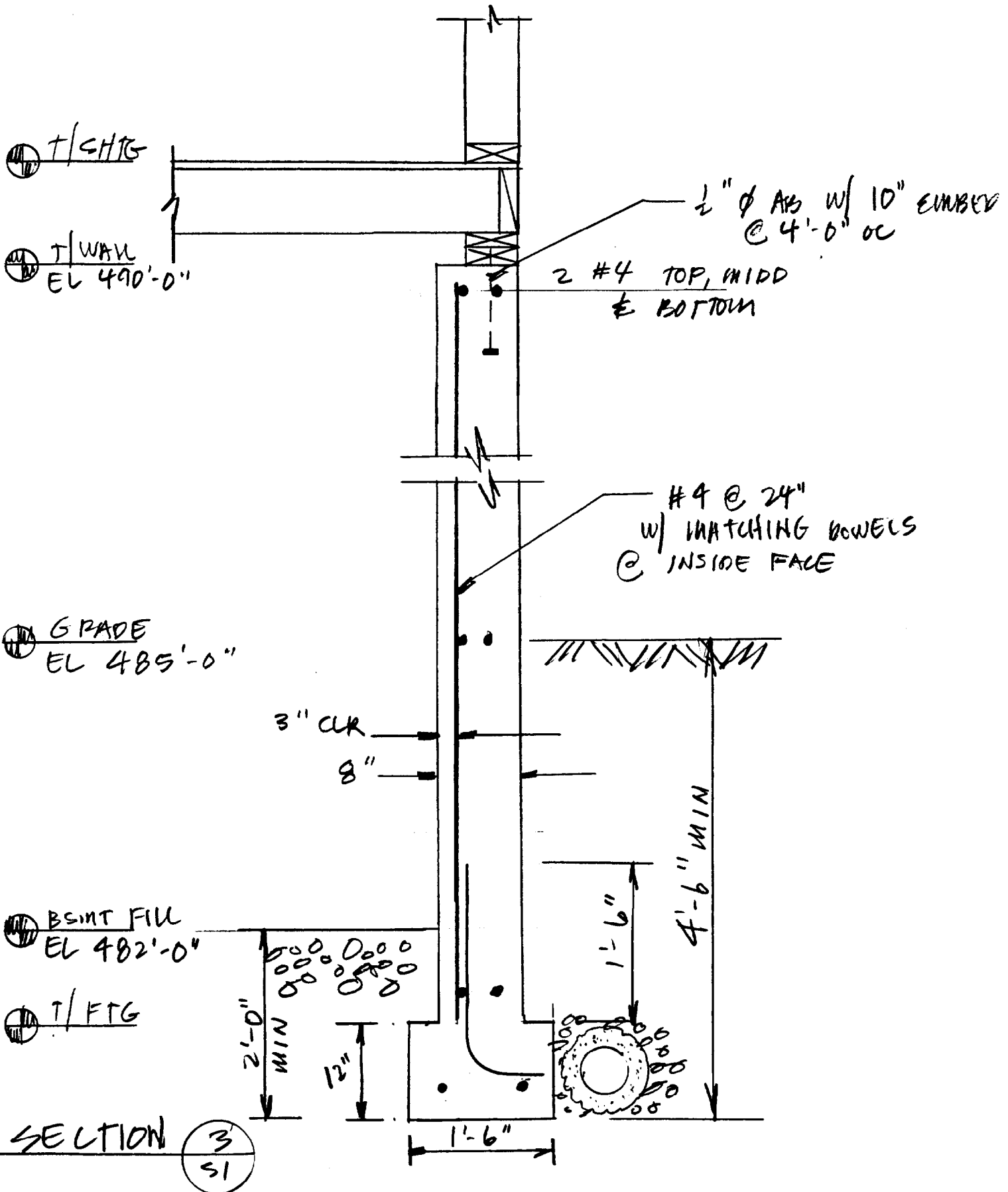
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Project OXMAN
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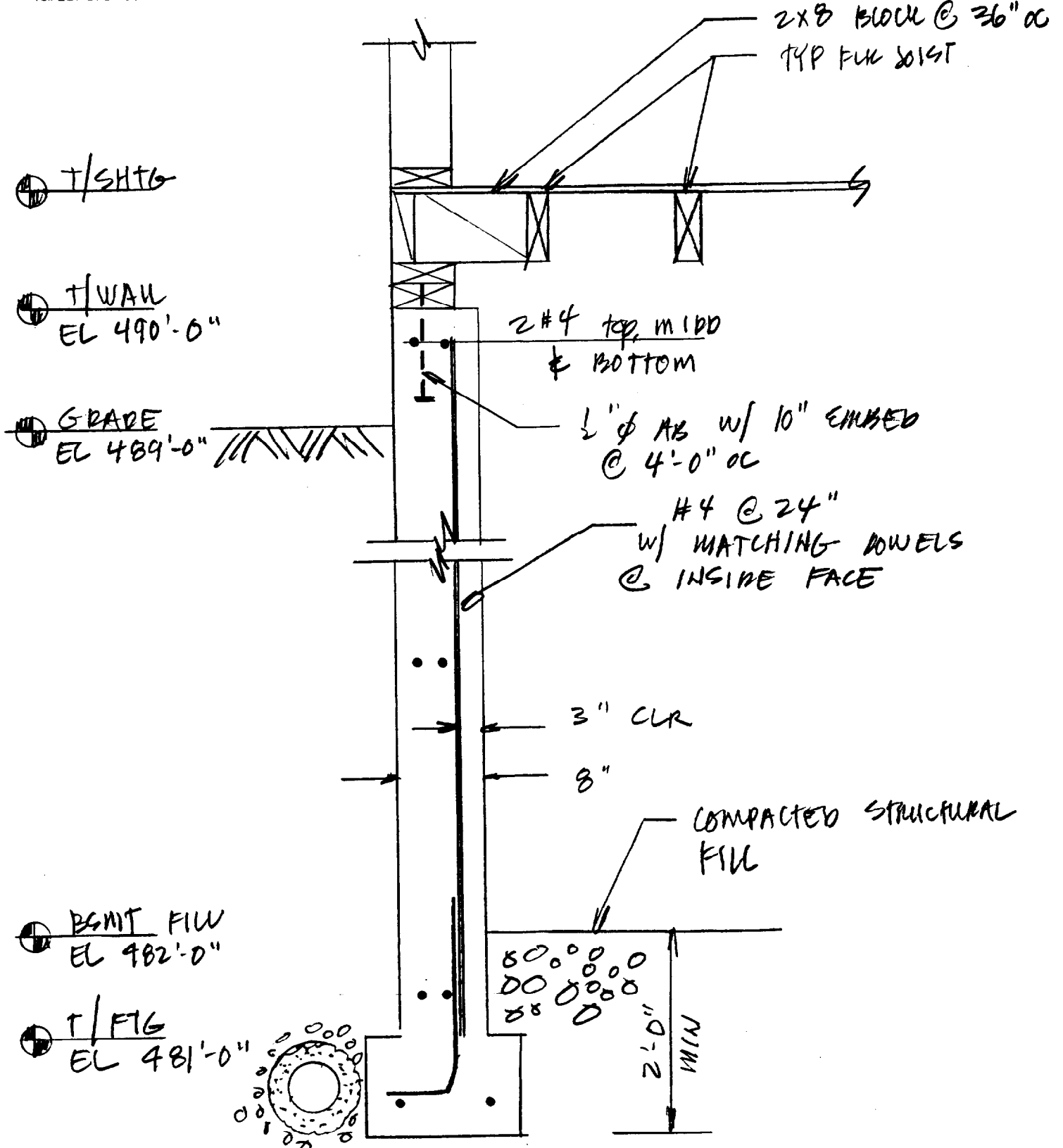


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Project OXINIAN
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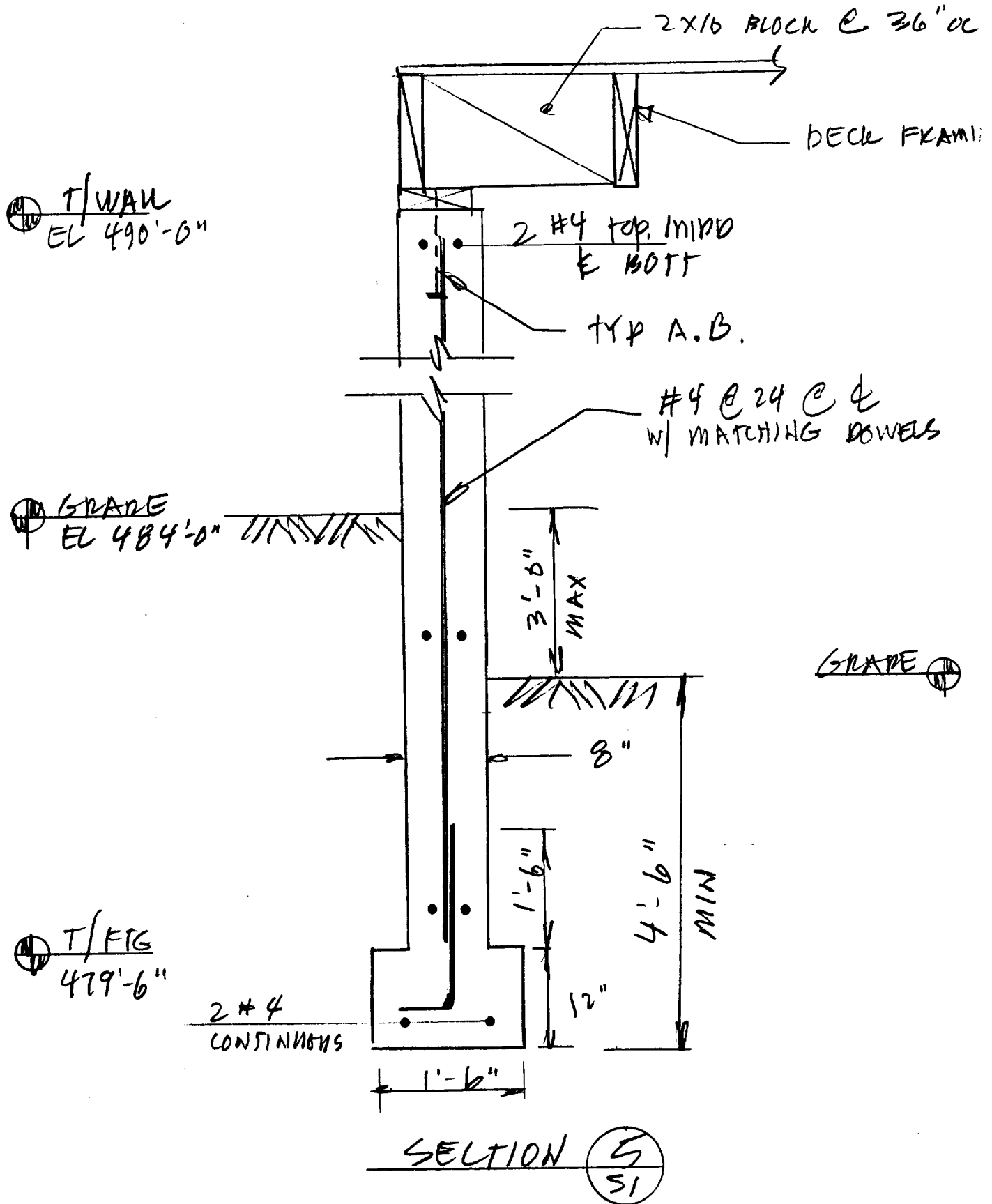
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Project OXMAN
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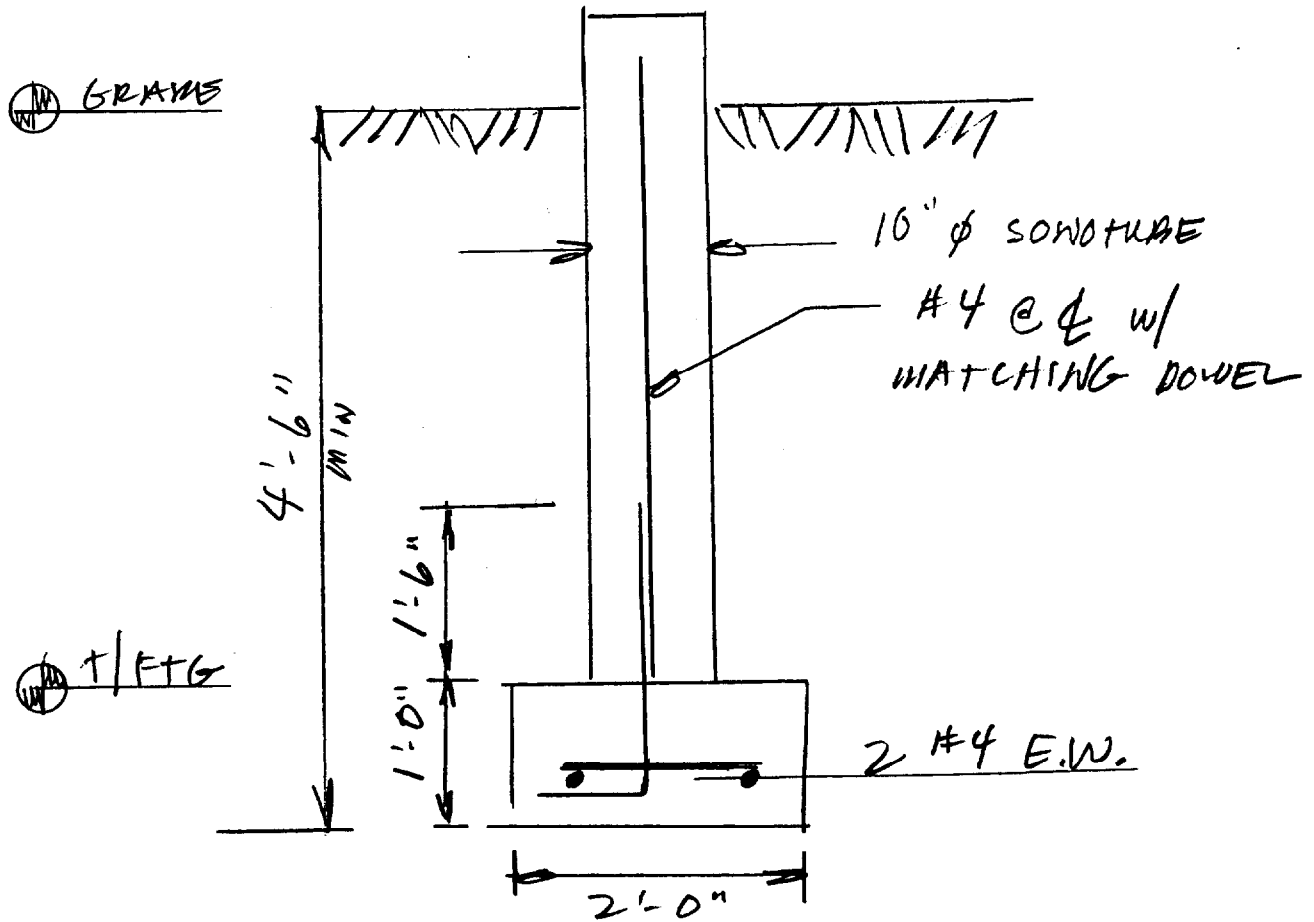


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Project Ox/NAW
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TYPICAL SONOTUBE

SECTION

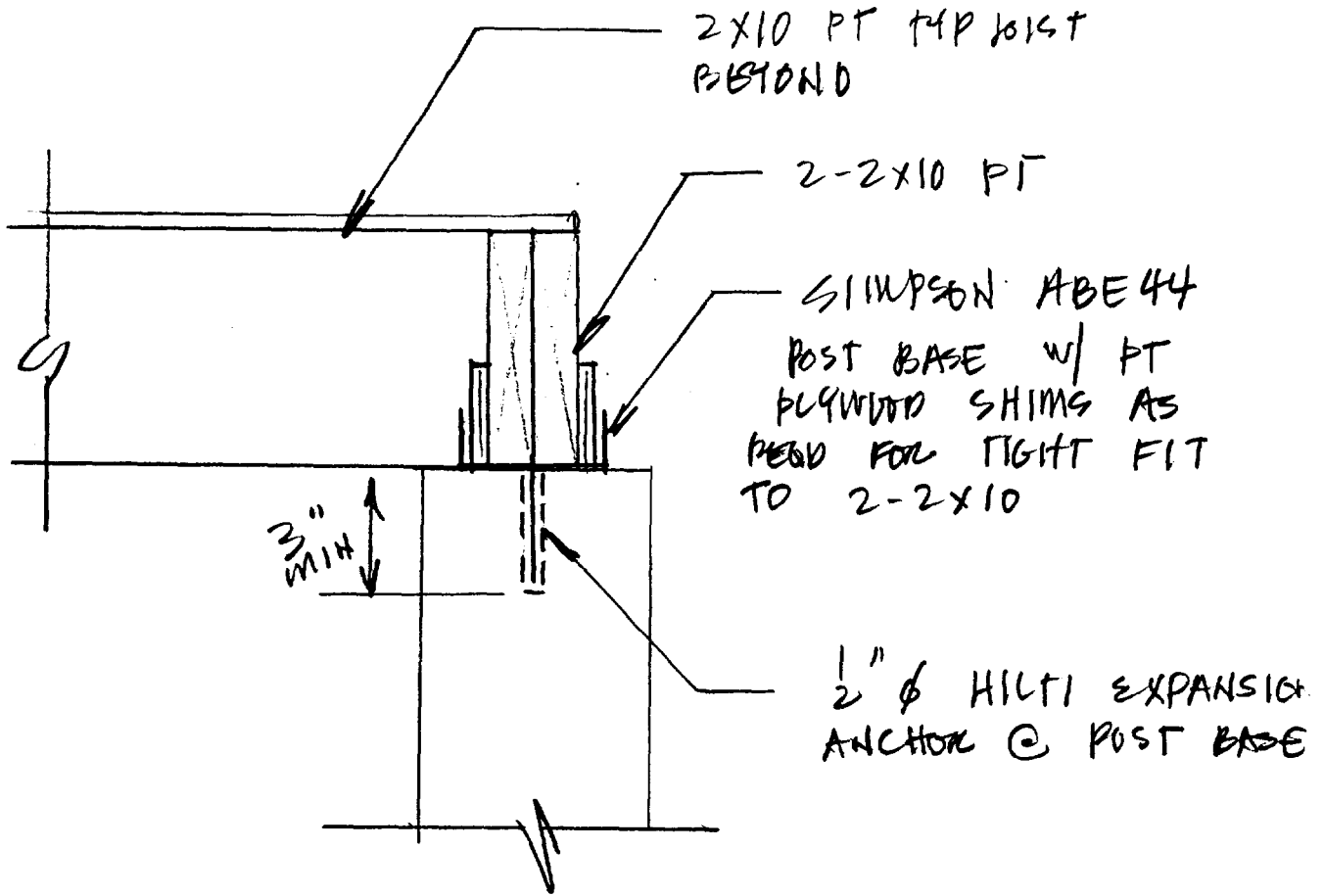
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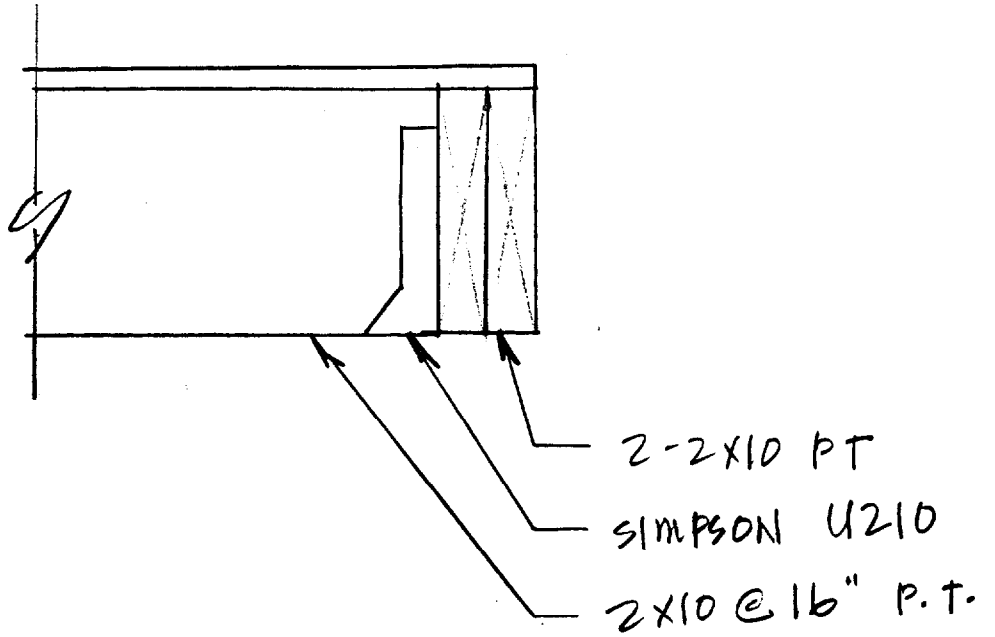
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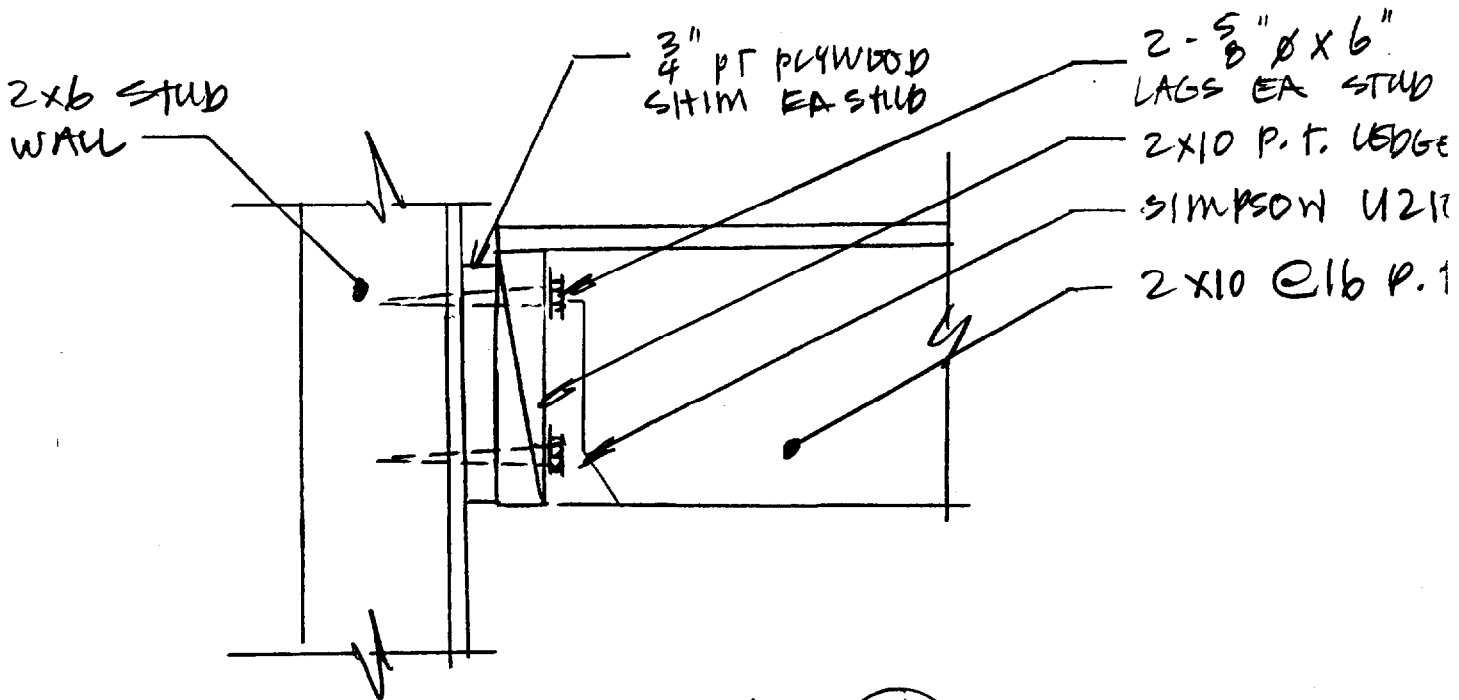
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SECTION 7
S2



SECTION 8



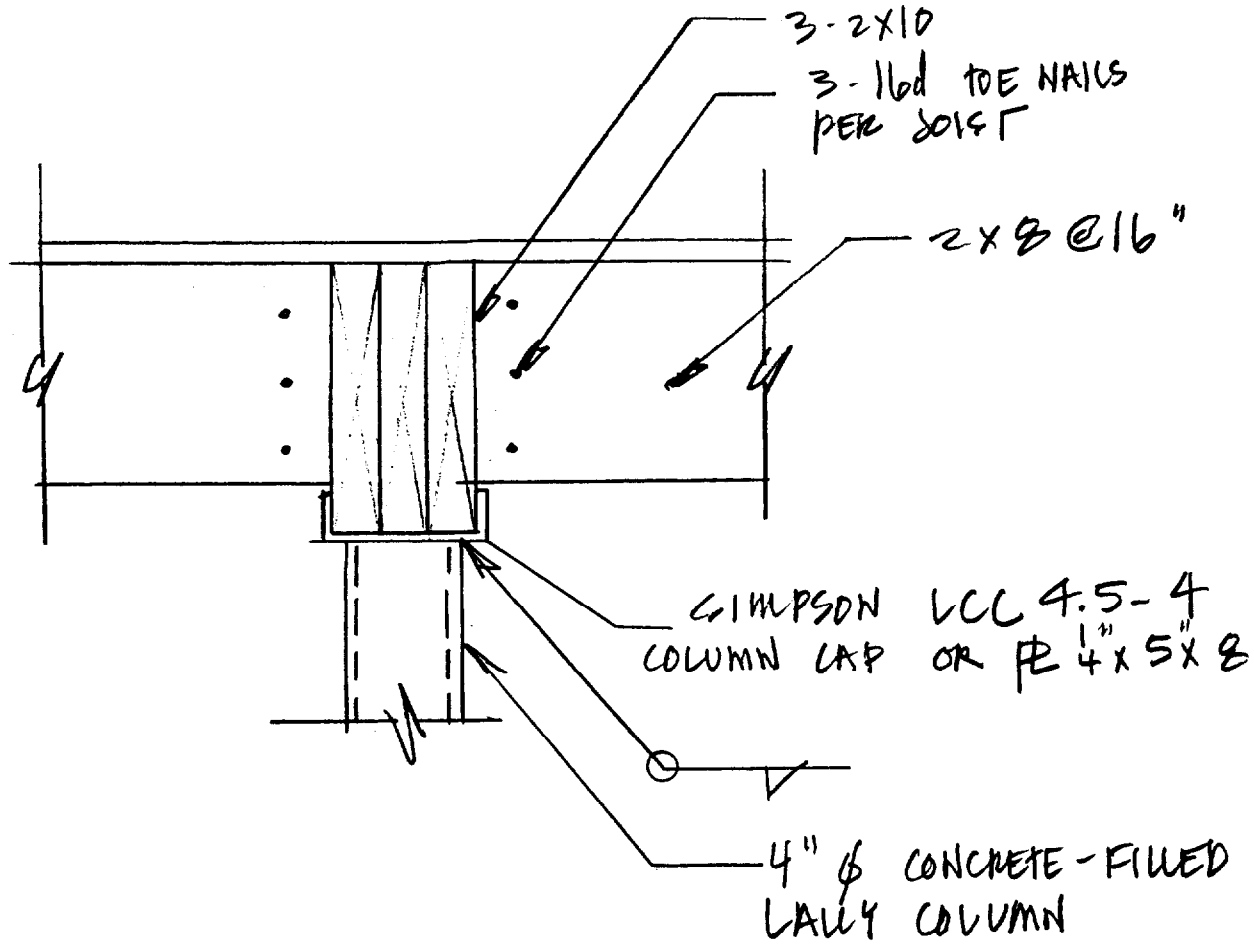
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Project OXLUAN
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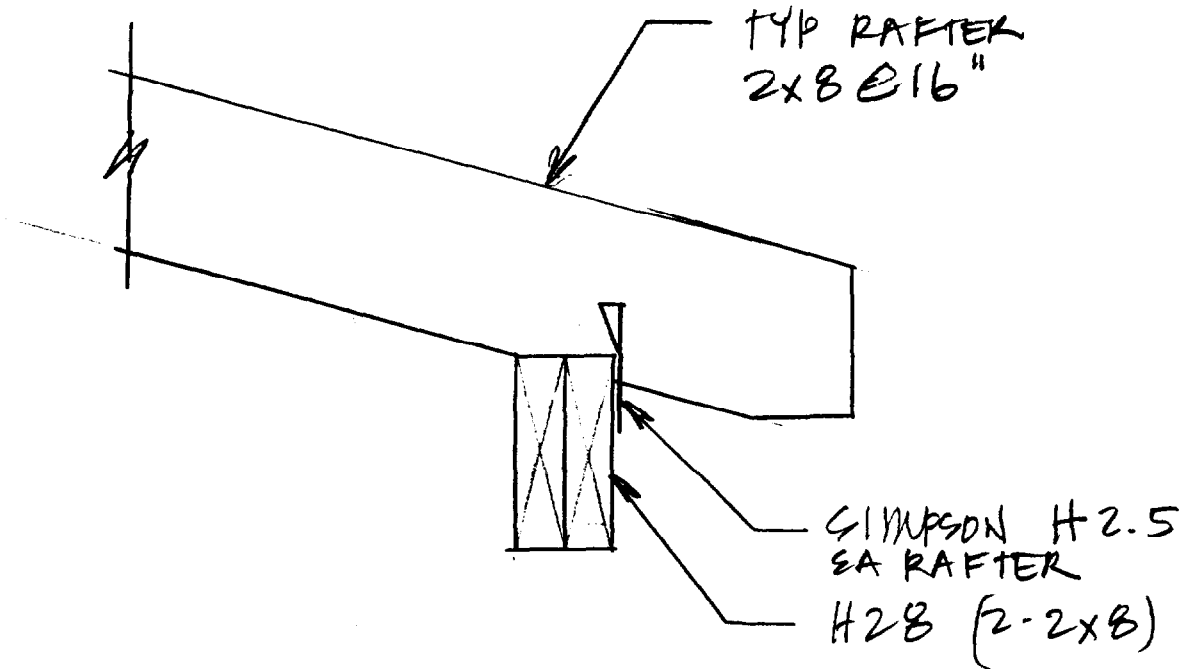
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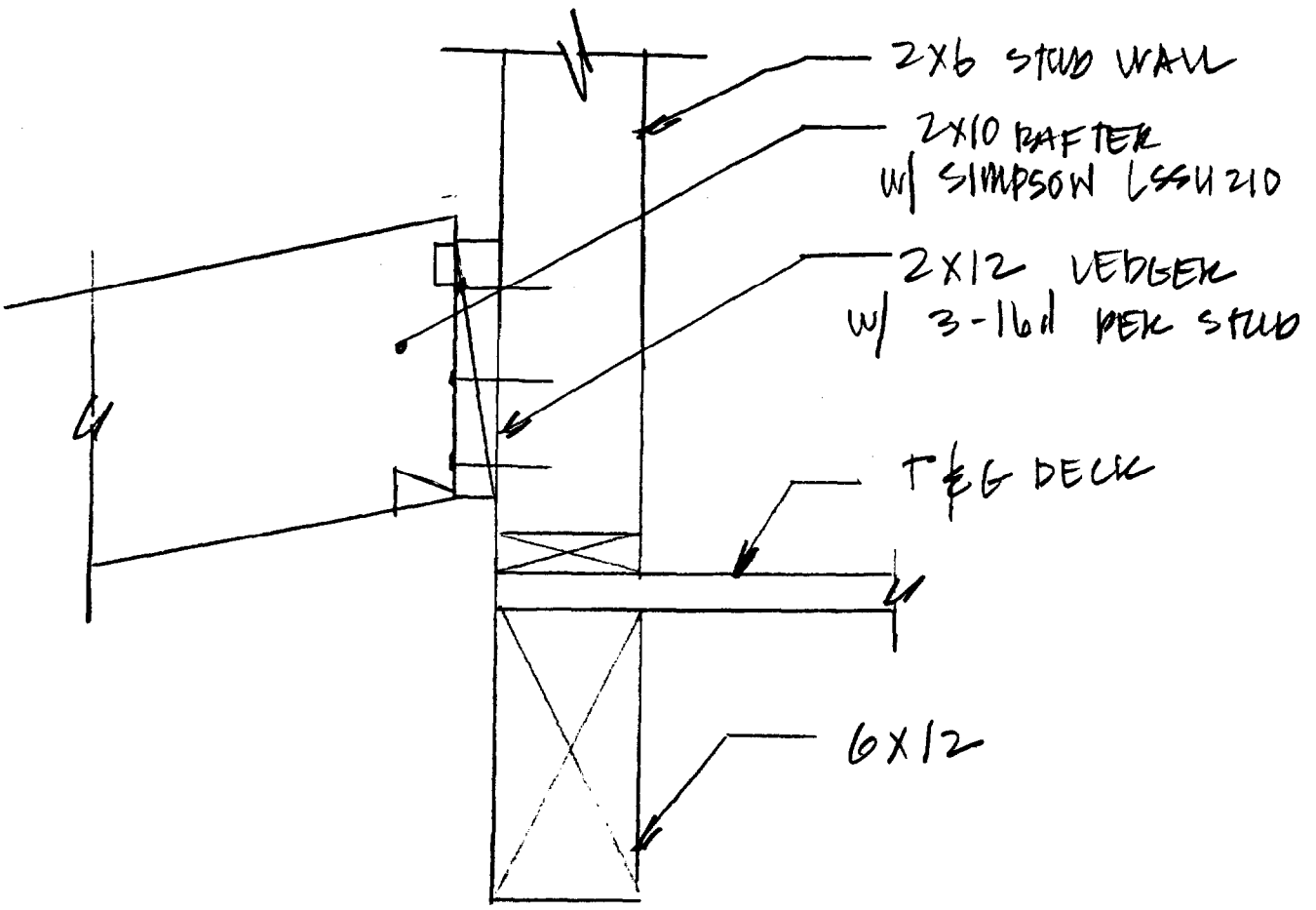
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Project Oxman
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SECTION 11
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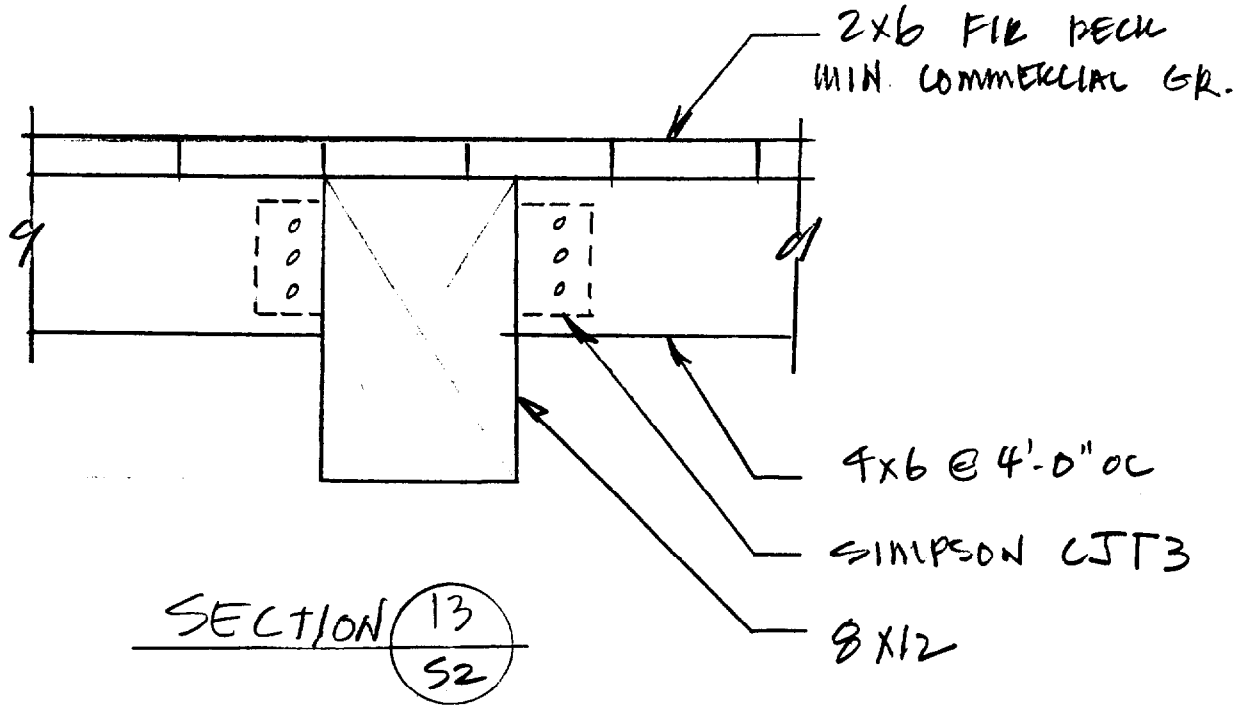
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S2

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Project OXMAN
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The CJT is a concealed connector. It can be installed three ways: with no routing of header/post or beam; a routed header/post, or a routed beam.

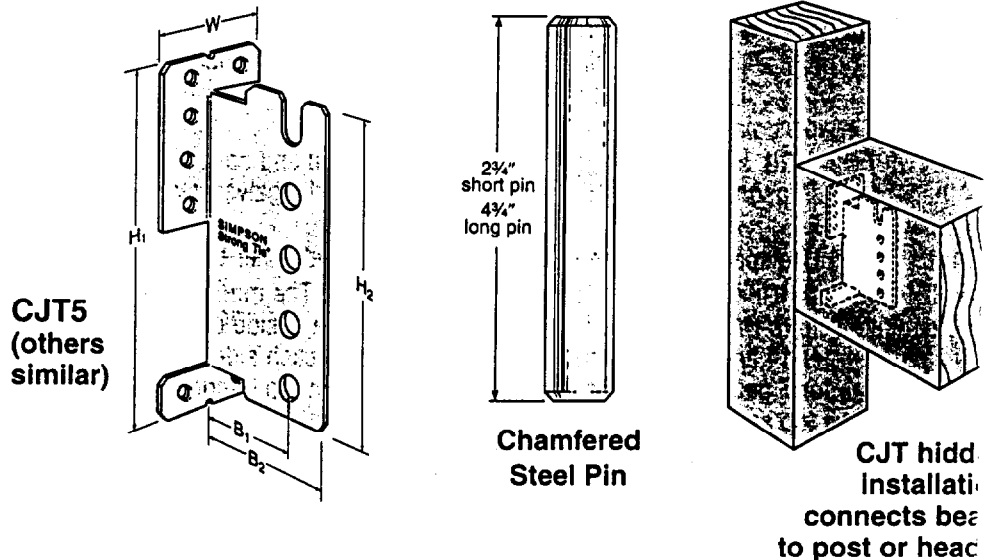
MATERIAL: 12 gauge **FINISH:** Galvanized

INSTALLATION: • Use all specified fasteners. See General Notes.

- The CJT Kit is supplied with all pins and screws required. Screws require a Phillips # 3 driver.
- The joist/beam may be sloped to 45° with full table loads.
- Request F-CJT flier for installation instructions and ordering information.

OPTIONS: Order short or long pins, eg. CJT3S or CJT3L.

CODES: ICBO 5537.

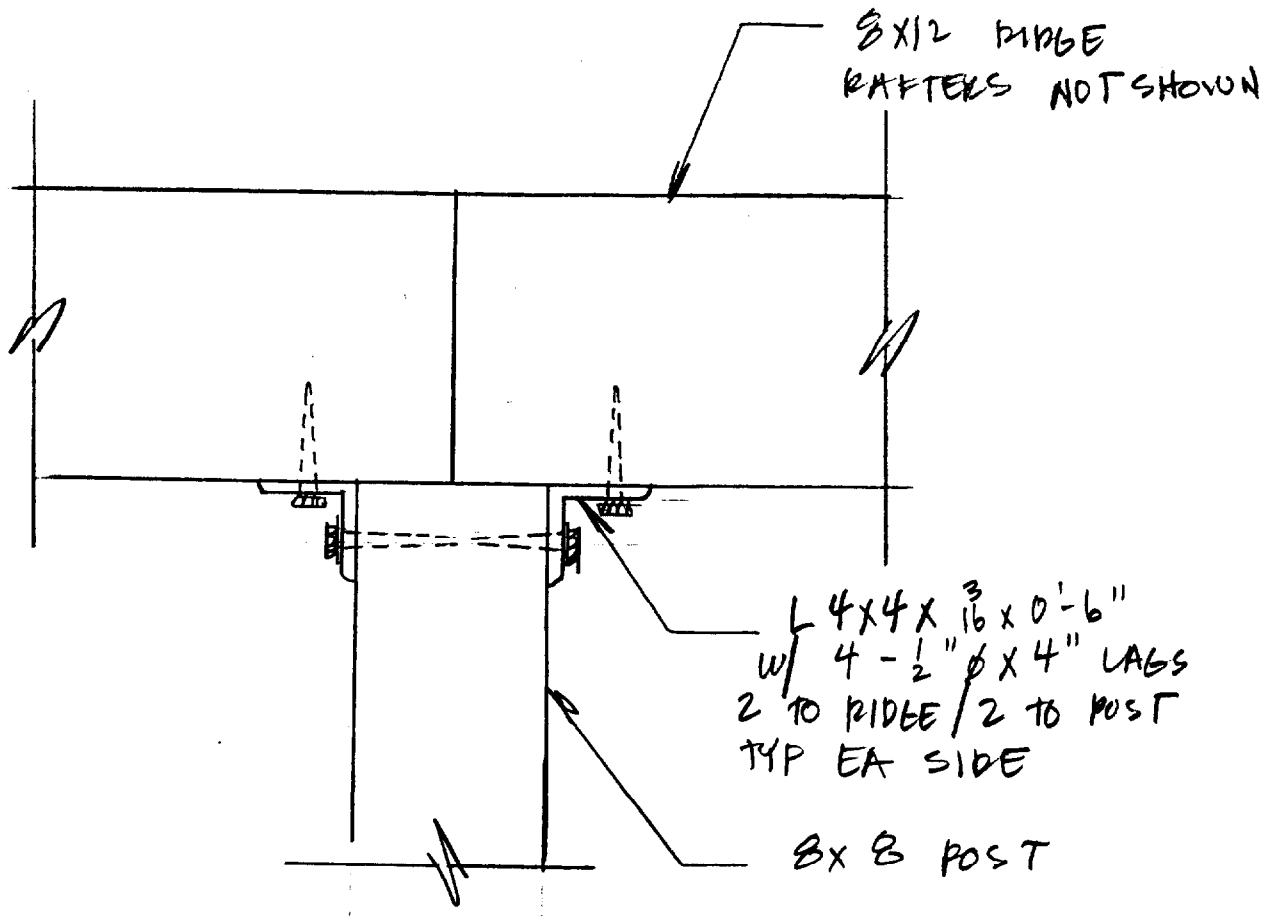


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Project OYMAN
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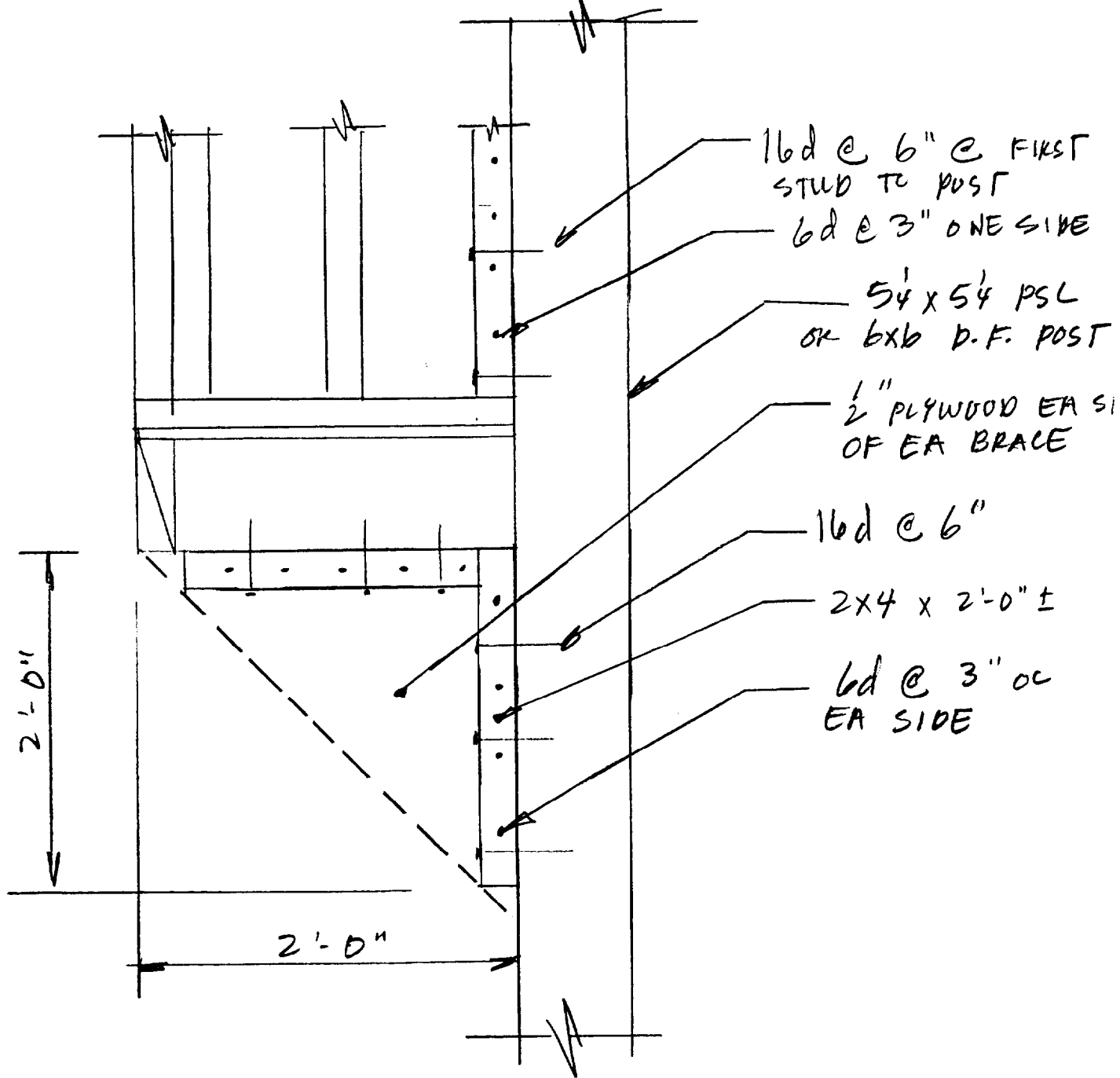
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Project: OXMAN
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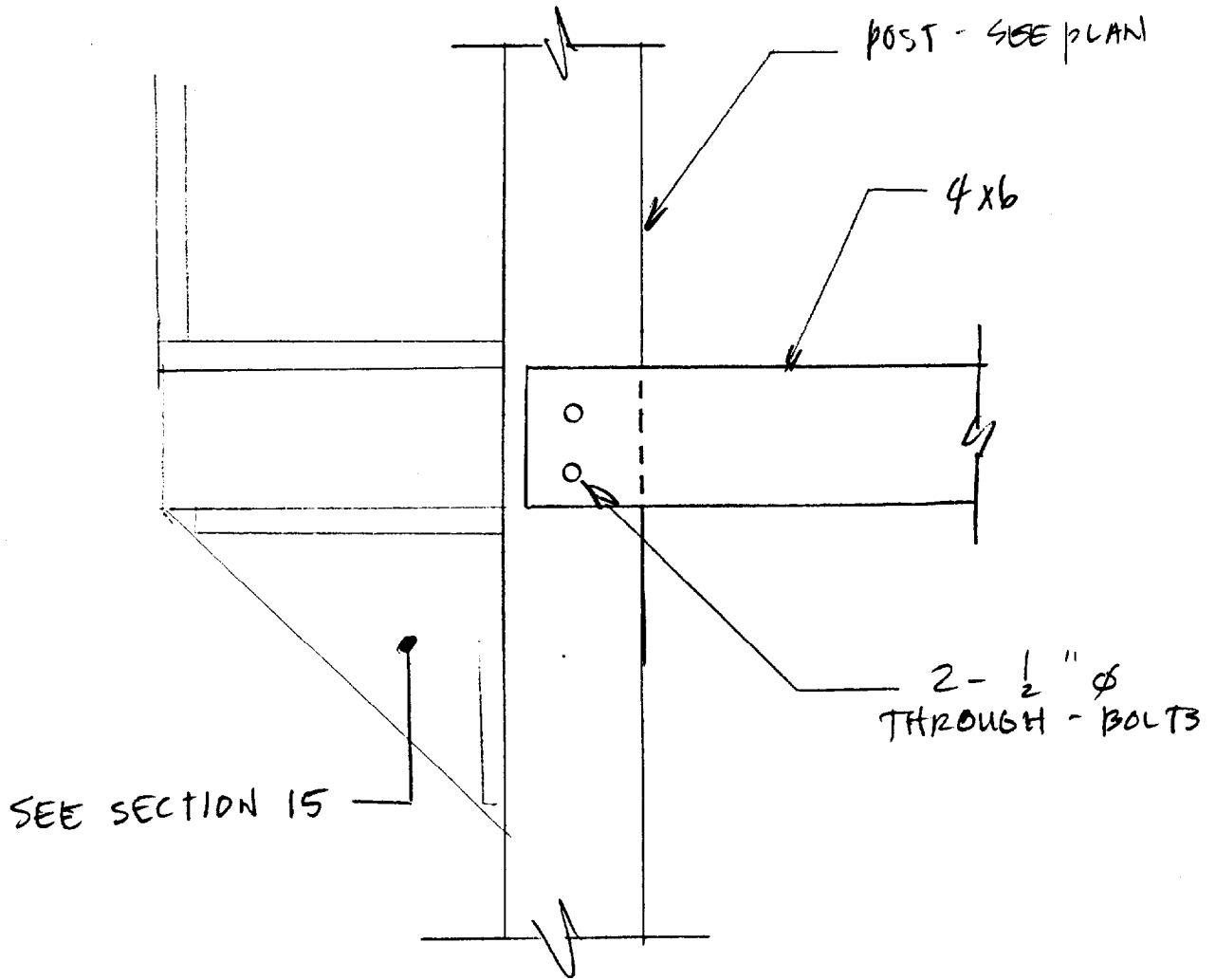
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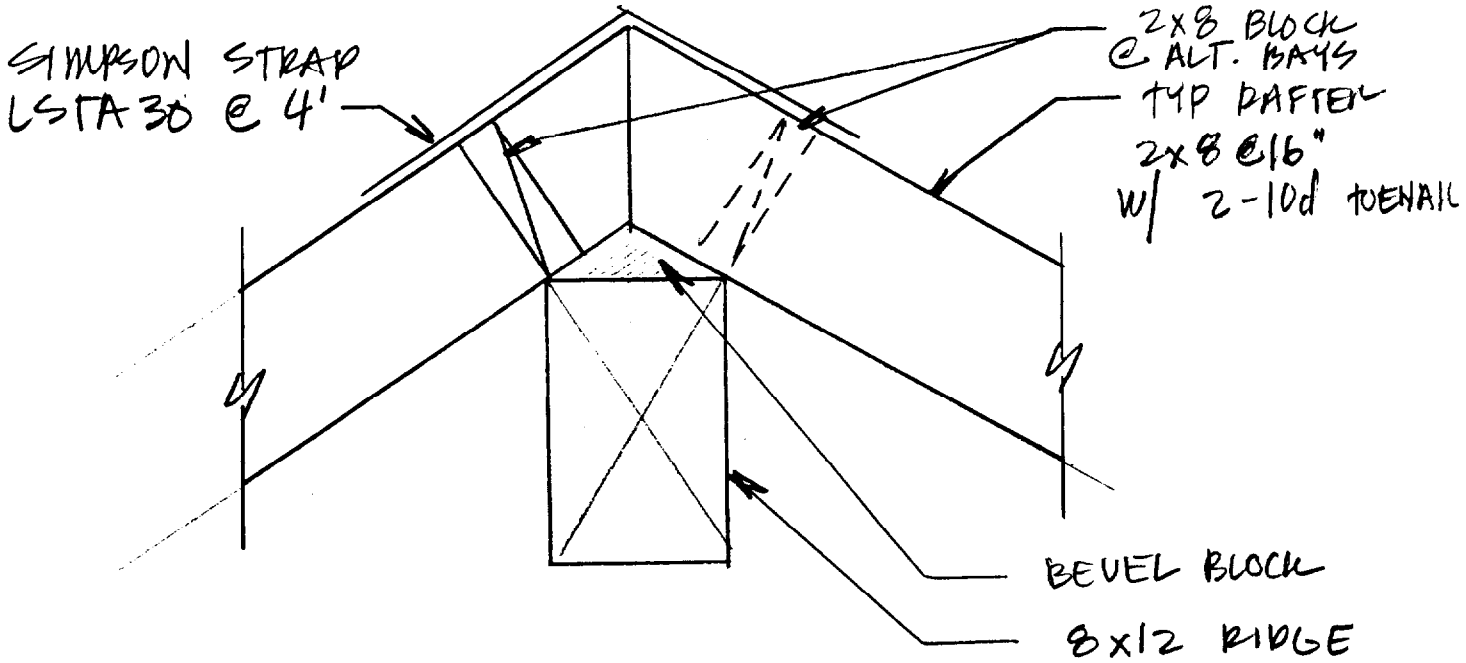
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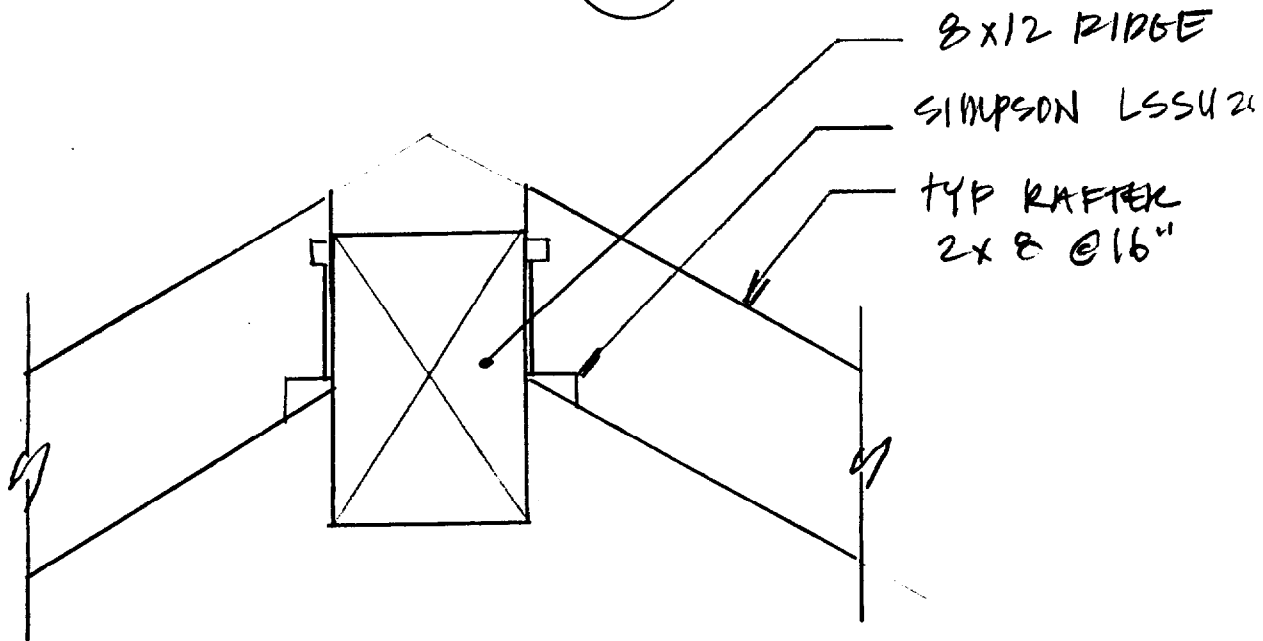


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SECTION 17



ALT SECTION 17
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