

100 Clark Street

SHAW-WALKER
1950

PORTLAND HEALTH DEPARTMENT

REQUEST FOR SERVICE

DATE RECEIVED		11/25/68	BY	Ms. Gallagher, PHN	DISTRICT	
REQUEST BY	NAME				PHONE	
	ADDRESS				PHONE	
CONDITIONS	NAME	Owner: Meserveys				
	ADDRESS	106 Clark Street (injection)				
	DES.	Third floor flush-pump not working - children have been using this and only flushing it once a day - mother states they are not using it any longer because doctor told her this could be the source of the infectious hepatitis in the family in the house.				
DIVISION	SANITATION	HOUSING	NURSING	CATEGORY		
PRIORITY	ROUTINE	SPECIAL REPORT TO	Referred to Dr. Spadum		BY	ASO
	URGENT				DATE	11-26-68
SPECIAL INSTRUCTIONS						
Comments: The use of the flush is discontinued - Mrs Meserveys has had a check-up in the local health center and he will send in the necessary reports. Send bill out to del users. (over)						

d to be boarded up.

also:- send memo to the plumbing inspector & check if
plumbing inspector is checking this but also he said it
should be boarded.

OWNER'S NAME: John A. York **ADDRESS:** RFD #2
So. Ptld, Me.

COMPLAINANT'S NAME: Mary Dobrowski **ADDRESS:** 104 Clark St.
Portland, Me.

Rubbish, trash, and rats. They clean up the yard, but after the inspector has checked the yard, it reverts back to the same situation. Woman at 104 Clark has a rent and it is essential for her to keep her tenant. She has found a rat in her house. Children at 98 Clark have

ACTION TAKEN: also made a complaint.

Referred to Sanitation 5/15/67.

INSPECTOR'S NAME:

100 Clark Street

May 15, 1967

REQUEST FOR SERVICE				PORTLAND HEALTH DEPARTMENT	
DATE RECEIVED	7/15/69	Report to Sanitation 7/15/69		DISTRICT	
REQUEST BY	NAME	Mary Dabrowski		PHONE	
	ADDRESS	104 Clark Street			
CONDITIONS	NAME	104 Clark St. H. 11th, PED #2		PHONE	
	ADDRESS	104 Clark Street - So. Portland			
	DES.				
	inhabit. trash and rats. They cleaned up the yard, but still there are rats in the the yard, it smells right back to square				
DIVISION	<input checked="" type="checkbox"/> SANITATION	<input type="checkbox"/> HOUSING	<input type="checkbox"/> NURSING	CATEGORY	
PRIORITY	<input type="checkbox"/> ROUTINE	<input type="checkbox"/> SPECIAL REPORT TO		BY DATE	
SPECIAL INSTRUCTIONS		condition. The area at 104 Clark Park street and it is essential for health Keep her records. Mrs. Dabrowski also found what was her house. With the yard at 104 Clark in such a bad condition.			
COMMENTS					

She's found a rat in her house, Fr. S. Klobowski
fears she will lose her tenant. She children
at 98 Clark also have made a complaint
about 100 Clark.

5/29/66

REQUEST FOR SERVICE

PORTLAND HEALTH DEPARTMENT

DATE RECEIVED		8/23/66	BY	M. Leadr	DISTRICT		
REQUEST BY	NAME	Mary Sabrowsky			PHONE		
	ADDRESS	104 Clark Street					
CONDITIONS	NAME					PHONE	
	ADDRESS	104 Clark Street					
	DESC	Garage - looks like is under still on the trails in the yard. People throw rubbish and garbage all around the property. They have been bombed but still maintain in sanitary conditions					
DIVISION	SANITATION	HOUSING	NURSING	CATEGORY			
PRIORITY	ROUTINE	SPECIAL REPORT TO		BY DATE	OK-8-29-66		
SPECIAL INSTRUCTIONS		Have V.O. to tenant 2nd floor to clean up					
COMMENTS	1st floor vacant On the structure should be posted w/ it is in a dilapidated condition owner John York (Southborough)						

The above mentioned conditions are in violation of the City Ordinances "Minimum Standards for Continued Occupancy" and "Authority to Vacate Buildings" and must be corrected on or before May 23, 1956.

Photos yes no

Proj. No.

Date 4/17/47

COORDING	LOCATION	100 CLARK	COMP.
SANIT.	D.U. LOC.	1ST FLOOR	PERMITS
INFEST.	OCCUPY	WOMEN	
BASE D.O.	WORKER	LETAROP	
DET'NO	ADDRESS	CLARK ST	STO

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities	Violations	LOC. RENT FURN. W. I. GAS PER. ALL'D LENS KEAT BATH' FLEM N. OR N.S. CR'S																	
					1	2	3	4	5	6	7	8	9	10	11	12						
W. J. A. YORK	2 / 8 MS				/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
					/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
					/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
					/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/

LIVING

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 85' x 7'	L		L	L	L	L					
NO SLEEP'G	X	X	X	L	L	L					
VENTILATION 1/18 & 1/2	L		L	L	L	L					
PLUMBING	L		L	L	L	L					
WIRING	L		L	L	L	L					
DRY-IN WALLS	L		L	L	L	L					
Ceilings	L		L	L	L	L					
Windows	L		L	L	L	L					
Doors	L		L	L	L	L					
Floors	L		L	L	L	L					

Remarks: 1) LOSS OF 150 P.P.T.

KITCHEN SINK & WATER

SINK

SUPPLY & WASTE

PLUG. GEN'L

HEATING

STACKS, FLUES, VENTS

CHIMNEYS VENTED, DEP'D

BATHING FACILITIES

SHOWER MAX. 400

MAX W. 1 PER 10

MIN. 7' STOD HT.

VENT'LD

PROPER ACCESS

PLU'G

SANIT'G

TOILET FACILITIES

SHOWER MAX. 200

MAX W. FLEM & LAV 1 PER 10

VENT'LD

PROPER ACCESS

PLU'G

SANIT'G

INFESTATION

RATS MICE BEETLES OTHER (SPECIFY) MICE P.I.

EXPRESS

DUAL TEL. NO

CUST'N

Portland Health Dept.
OS-7

Inspector J. J. JAMES

Photos yes no
 Proj. No.

Date 4/17/56

CROWDING	<input checked="" type="checkbox"/>	LOCATION	<u>109 CLARK ST</u>	COMP.	
SANITY	<input checked="" type="checkbox"/>	D.U. LOC.	<u>2nd floor</u>	PERM.	
INFEST.	<input checked="" type="checkbox"/>	OCCUPY	<u>MURRAY CAMPBELL</u>		
BASE D.U.	<input type="checkbox"/>	OTHER			
NET'N	<input checked="" type="checkbox"/>	ADDRESS			

DWELLING UNIT SCHEDULE

Occupants Information Occupancy Facilities Violations

	LOC.	RENT	FURN.	WK-1.	RMS	PER.	ALL'D	LGAS	HEAT	BATH	FLSH	K-SK	H.W.	CK'S
1. <u>MURRAY CAMPBELL</u>	<u>child</u>	<u>10</u>	<u>2FURN</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>5</u>	<u>3</u>	<u>7</u>	<u>0</u>	<u>1/2</u>	<u>0</u>	<u>1</u>	<u>1/2</u>	<u>1/2</u>
2.														
3.														
4.														

	KITCHEN	BATH	TOILET	Living		OTHER	TOTAL	
OVERCROWDING 65' - 7"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
NO SLEEP'G	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
VENTILATION 1/12 ± 1/2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
LIGHTING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
DET'N WALLS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
CEILING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1>X</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
WINDOWS	<u>2>X</u>	<u>2>X</u>	<u>2>X</u>	<u>2>X</u>	<u>2>X</u>	<u>2>X</u>		
DOORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
FLOORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Remarks

1. large crack in ceiling
 2. Windows need putty

KITCHEN SINK & WATER

SINK
 SUPPLY & DRAIN opening behind sink
 PLUG. GEN'L

HEATING

STACKS, FLUES, VENTS
 HT'GS VENTED, REP'N

BATHING FACILITIES

SHARED MAX. 4DU NONE
 HDG W. 1 PER 15
 SH. 7' STD HT.
 VENT'LN
 PROPER ACCESS
 PL'D
 SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU
 HDG U FLSH & LAV 1 PER 10
 VENT'LN
 PROPER ACCESS
 PL'D
 SANIT'N

INFESTATION

RATS B O E
 OTHER (SPECIFY)

EGRESS

DUAL YES NO
 OBST'N

Portland
Health Dept.

OS-7

Inspector Christensen

Photos yes no

Date 7/2/52

Proj. No. C.I. W-7R-84P2 Ass'ts Zone Zone Viol

Stories 2 1/2 DOM ASDR SAR NSA M NS ST P Com. Units — Rng Units — Del. Units 2

LOCATION	<u>100 Clay St</u>	COMP
OWNER	<u>Bertha Lothrop</u>	PERM
OWNER AGENT	<u>R.F.D. Old Orchard Me.</u>	<u>OK</u>
OWNER AGENT		
OWNER AGENT		
OWNER AGENT		
OWNER AGENT		
OWNER AGENT		
OWNER AGENT		

Occupants	Information				Occupancy				Facilities				Violations	
	LOC.	RENT	FURN	WK. I	RMS	PER.	ALL'D	LORS	HEAT	BATH	FLSH	K.SK		H.W.
1. <u>Charles Campbell</u>														
2. <u>Mrs Fern Wright</u>														
3.														
4.														
5.														
6.														
7.														
8.														

STRUCTURE SCHEDULE

STRUCTURE RATING

(trim need paint)

YARD

GARBAGE & RUBBISH

CONTAINERS COMPLY

DRAINAGE

ZONE VIOL.

STRUCTURE EXTERIOR

STEPS, STAIRS, PORCHES back Porches dilapidated & front railing loose

FOUNDATION Mortar Missing from bricks on east corner

WALLS

WINDOWS, DOORS Pane Missing in cellar window

ROOF, DRAINAGE trim rotted. leak in roof from in cellar

OUT BUILDINGS

INFESTATION

RATS R. G. E

OTHER (SPECIFY)

EGRESS

DUAL YES NO

OBST'N

STRUCTURE INTERIOR

WALL, OBST'N

HALL, LIGHTING

HALL, FLOOR WALLS CEILING Plaster / rose in front hallway

STAIRWAYS

WINDOWS, AIRSHUTT Pane Missing in attic

ELECT. WIRING have wiring in front main in attic

HEATING CENTRAL - 3: NO

STACKS FLUES, VENTS

CHIMNEY bricks loose in rear chimney

EQUIPMENT, REPAIR

PLUMBING

SUPPLY LINE

WASTE LINE

BASEMENT

GEN'L SANI N

DAMPNESS R. G

STAIRS broken tread in cellar stairs

LIGHTING

BASE DWL. UNIT

MIN 7' x 3' None

DAMPNESS R. G

WINDOW 1/12 x 6"

DUAL EGRESS YES NO

PROHIBITED COMB'N USE

ASSOC. USE HAZARD

HAZARDOUS VENTS

Remarks

Portland Health Dept.

Inspector C. W. Stensson

Photos yes no
 Proj. No.

Date 7/2/52

CROWDING	LOCATION	100 Clark St	COMP.
SANIT.	B.U. LOC.	1st Floor	PLND.
INFEST.	OCCUPY	Charles L. Campbell	WEW
BASE B.U.	OWNER		
DET'N	AGENT		
	ADDRESS		YES /

DWELLING UNIT SCHEDULE

Occupants	Information	Occupancy	Facilities					Violations		
			KITCHEN	BATH	TOILET	DINING	OTHER			
		LOC. RENT FURN. WK. I. W/S	PER. ALL'D LGNS	HEAT	BATH	FLSH	K.SK	H.W.	CK'G	
1. Charles L. Campbell		NA	h ²	2	0	h ²	2	P	h ²	h ²
2.										
3.										
4.										

	KITCHEN	BATH	TOILET	LIVING DINING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 83' - 7'	✓		✓	✓	✓	✓					
NO SLEEP'G	✓	✓	✓	✓	✓	✓					
VENTILATION 1/12 & 1/2	✓		✓	✓	✓	✓					
LIGHTING WIRING	✓		✓	✓	✓	✓					
CEILING WALLS	✓		✓	✓	✓	✓					
WINDOWS	2) X		2) X	2) X	2) X	2) X					
DOORS	✓		✓	✓	✓	✓					
FLOORS	✓		✓	✓	✓	✓					

Remarks

1) No vent
 2) Windows loose Need Potty

KITCHEN SINK & WATER
 SINK Trap and pipe under sink need repair.
 SUPPLY & WASTE Waste line should be repaired
 PLG. GEN'L

HEATING
 ST'CS, FLGS, VENTS No collar on living room stove pipe
 HT'GS VENTED, REP'N

BATHING FACILITIES
 SHARED TANK, 40U None
 200 U. 1 PER 10
 MIN. 7' STOR HT.
 VENT'LN
 PROPER ACCESS
 PLG'G
 SANIT'N

TOILET FACILITIES
 SHARED MAX. 2 DU
 200 U FLSH & LAV 1 PER 10
 VENT'LN No vent
 PROPER ACCESS
 PLG'G
 SANIT'N

INFESTATION
 RATS FL DI OI C
 OTHER (SPECIFY)

EGRESS
 EQUAL YES NO
 OBST'N

Portland Health Dept.

HI 2

Inspector W. E. White

Photos yes no

Proj. No.

Date 7/3/52

DWELLING UNIT SCHEDULE

CROWDING	-	LOCATION	<u>100 Clark St.</u>	COMP.	
SANIT.	-	B.U. LOC.	<u>2nd floor</u>	PERM.	
INFEST.	-	OCCUPY	<u>Mrs Fern Wright</u>	NO.	
BASE R.U.	-	OWNER	<u>Bertha Lothrop</u>		
DET'N	X	ADDRESS	<u>RFD Old Orchard MA</u>	VIS.	

Occupants

Information

Occupancy

Facilities

Violations

	LOC.	RENT	FURN.	WK.I.	RMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	CK'G
1. <u>Mrs Fern Wright</u>														
2.														
3.														
4.														

	KITCHEN	BATH	TOILET	LIVING	BED	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 65' x 77'	/	0	/	/	/	/	/	/	/		
50 SLEEP'G	X	X	X	/	/	/	/	/	/		
VENTILATION 1/12 x 1/2	/	/	/	/	/	/	/	/	/		
LIGHTING WIRING	/	/	/	/	/	/	/	/	/		
DET'N WALLS	/	/	/	/	/	/	/	/	/		
CEILING	/	/	/	/	/	/	/	/	/		
WINDOWS	1) X	/	/	/	/	/	/	/	/		
DOORS	/	/	/	/	/	/	/	/	/		
FLOORS	/	/	/	/	/	/	/	/	/		

KITCHEN SINK & WATER

SINK

SUPPLY & WASTE PIPE on waste line leaks

FLOO. GEN'L

HEATING

STACKS, FLUES, VENTS

WY'RS VENTED, REP'N

BATHING FACILITIES

SHARED MAX. 400 None

ENG U. 1 PER 10

MIN. 7" STOD HT.

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 00

ENG U FLSH & LAV 1 PER 10

VENT'LN None

PROPER ACCESS

PLB'G

SANIT'N

INFESTATION

RATS FL OI C

OTHER (SPECIFY)

GRESS

QUAL YES. NO

OBS'N

Remarks

1 room has no outlet

1. Window casing in kitchen rotted

Portland
Health Dept.

H I 2

Inspector Christensen

CITY OF PORTLAND
HEALTH DEPARTMENT
HOUSING DIVISION



August 29, 1952

Loc. 10. Clark Street
Loc w/i S S
Bldg X Fire X Elec X Other
Issued August 29, 1952
Expires September 29, 1952

Bertha Lothrop
R.F.D. Old Orchard
Maine

OK

DATE 10/6/53

Dear Sir:

On July 2, 1952 an examination was made of the premises located at Clark Street, Portland, Maine. Non-compliance with the ordinances relating to housing conditions was found as detailed below. In accordance with the provisions of the above ordinance, you are hereby ordered to correct these defects according to specifications within the time limits allowed. Failure to comply with this notice will necessitate legal action.

Some repairs or improvements required will necessitate permits which are to be obtained from the Building Inspector, Health, Fire or other City Departments. These must be obtained before the work is started. If any additional information is desired, visit or telephone the Housing Supervisor at this Office, telephones 4-1431, extension 226. Kindly notify this office as soon as all corrections have been completed.

Very truly yours,
Edward W. Colby, M.D.
Health Director

By _____
Housing Supervisor

VIOLATIONS & SPECIFICATIONS

- 3/26/53 CH-15
1/17/53 Johns
12/10/52 Davis
11/25/52 Davis
- OK 10/6/53
- ## Responsibility of Owner or Agent ** Responsibility of Occupant
- ## Plumbing
Check and have repaired all defective plumbing and plumbing fixtures throughout the structure.
- ✓ a) Repair or replace the leaking waste line in the kitchen in the second floor apartment.
 - ✓ b) Repair or replace the defective trap and leaking waste lines in the kitchen of the first floor apartment.
 - ✓ c) Provide adequate ventilation to the toilet rooms of the first, second floor apartments by installing a window to the outside air or by means of a of a ventilation system to the outside air.
- ## Electrical Equipment
Check and have repaired all defective electric wiring and electrical fixtures throughout the structure.
- ✓ a) Repair or replace the exposed bare wiring in the living room in the attic.
- ## Structural Repairs
Repair and put in good order all dilapidated and hazardous parts of the structure as follows:
- ✓ a) Repair or replace the rotted window casing in the kitchen of the second floor apartment.
 - ✓ b) Install putty to the loose window panes in all the rooms throughout the first floor apartment.
 - ✓ c) Repair or replace the loose or missing plaster in the back hallway.
 - ✓ d) Repair or replace the window panes in the attic.
 - ✓ e) Repair or replace the broken or worn treads on the cellar stairway.
 - ✓ f) Repair or replace the dilapidated parts of the back porches.
 - ✓ g) Repair or replace the missing handrail on the front stairway.
 - ✓ h) Repair or replace the window pane in the cellar window.
 - ✓ i) Repair or replace the dilapidated or rotted around the stairs.
 - ✓ j) Repair or replace the leaking or loose drain in the cellar.
- ## Heating Equipment
Repair or replace the loose or missing bricks in the rear chimney.
✓ Install a collar on the stove pipe at the chimney in the living room in the first floor apartment.

CITY OF PORTLAND
HEALTH DEPARTMENT
INSPECTION DIVISION

The above mentioned conditions are in violation of the City Ordinance "Minimum Standard for Continued Occupancy" and must be corrected on or before September 29, 1952.