

930718

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 145 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form

Owner: James & Colleen Grout Phone # _____
 Address: Box 331 WX Westminister, VT 05158
 LOCATION OF CONSTRUCTION: Willis St- Great Diamond Island
 Contractor: RYNY Leddy Bldrs. Sub: 87-8083
 Address: 64 Eastern Prom- Ptd Phone # MC 04101
 Est. Construction Cost: 25,000 - Feroced Use: vacant lot
 Past Use: 1-fam dwlg
 # of Existing Res. Units _____ # of New Rec. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal M M S P Condominium _____ Conversion _____
 Explain Conversion: const 1-fam dwlg 28'x20'

Date: 7/26/93		Subdivision:	
Inside Fire Limits:		Name:	
Blgd Code:		Lot: A15-17 1993	
Time Limit:		Owner:	
Estimated Cost: 25,000		City of Portland	

Zoning: Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other: (if explain) WDA-28-16-93

Foundations: 83 - B-C- 6,7
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other: _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

Floors:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____
 Chimneys:
 Type: _____ Number of Fire Places _____ Date: _____
 Heating:
 Type of Heat: _____
 Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____
 10. Masonry Materials _____
 11. Metal Materials _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____
 Swimming Pools:
 Type: _____
 Pool Size: _____ Square Footage _____
 3. Must conform to National Health, Food and State Law.

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

PERMIT ISSUED WITH LETTER

PERMIT ISSUED

Permit Received By: Louise E. Chase
 Signature of Applicant: [Signature] Date: 7/26/93
 Signature of CEO: Paul Leddy Date: _____
 Inspection Dates: _____

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3822

PROPERTY ADDRESS
 Town or Plantation: PORTLAND
 Street Subdivision Lot #: WILLIS ST. LOTS 617 GREAT DICKENS BLVD
PROPERTY OWNERS NAME
 Last: GROOT First: JIM
 Applicant Name: Paul Leedy
 Mailing Address of Owner/Applicant (if Different): 64 Eastern Road Port. Me. 04101 871-8083

PORTLAND 4838 TOWN COPY
 Date Permit Expires: 10/26/93 Fee: 160.00
 Signature: Arthur Rowe
 Date: 10/12/88

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 Inspector to deny a Permit.

Signature of Owner/Applicant: _____ Date: _____

Caution: Inspection Required
 I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.
 Signature: Arthur Rowe Date Approved: 9-3-88

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p> <p>SEASONAL CONVERSION to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED PER SYSTEM DESIGN RECORDS AND ATTACHED 8. <input type="checkbox"/> IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 2. <input type="checkbox"/> TRENCH 3. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p> <p>SIZE OF PROPERTY: <u>22,620 SF</u> ZONING: _____</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p> <p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY: _____</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIVATE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>TYPE OF WATER SUPPLY <u>PUBLIC SUPPLY</u></p>
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DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>750</u> GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>SINGLE FAMILY DWELLING</u> <u>2 BEDROOMS</u> <u>TABLE 7-1</u> <u>MINIMUM FLOW</u> <u>180 GPD</u> (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>4</u> CONDITION: <u>B</u> DEPTH TO LIMITING FACTOR: <u>NONE</u></p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL 2. <input checked="" type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED 2. <input checked="" type="checkbox"/> CHAMBER <u>260</u> Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____</p>	

SITE EVALUATOR STATEMENT

On Oct 6, 1988 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Signature: Jim Wood Date: 11/3/88
 Site Evaluator Signature: _____ FE# _____
 (Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

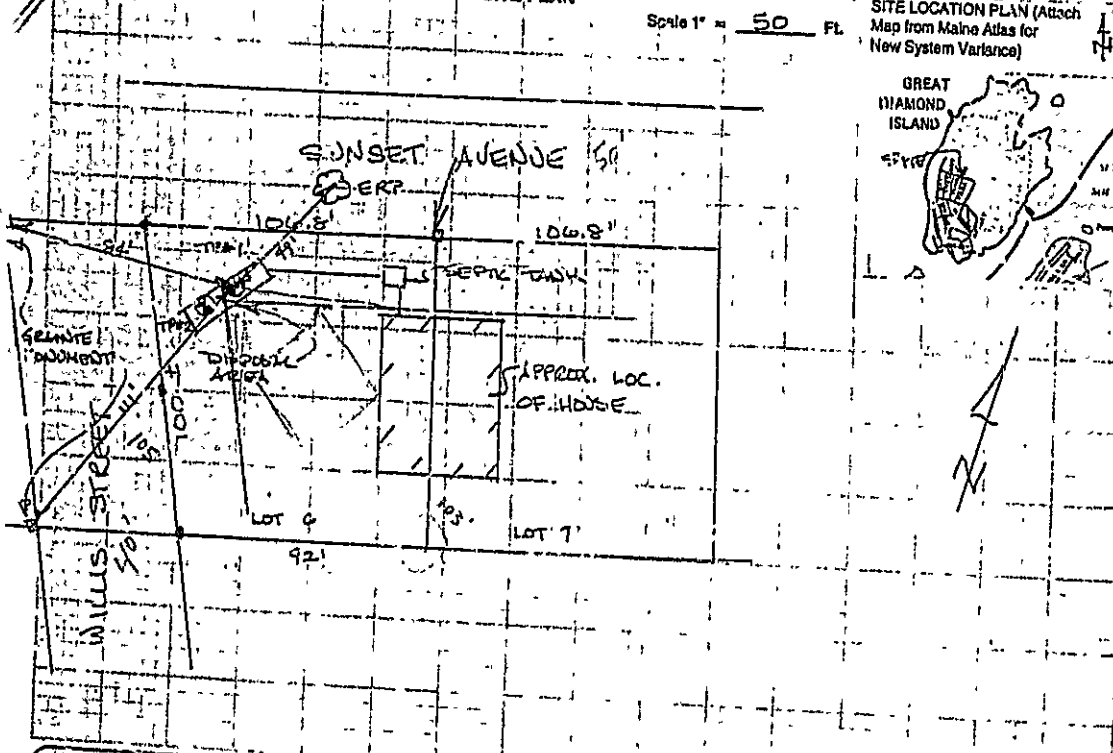
City, Plantation
PORTLAND

Street, Road, Subdivision
WILLIS ST. LOTS 6 & 7
GREAT DIAMOND ISLAND

Owners Name
JIM E. ROOT

Scale 1" = **50** FT.

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



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)				
Observation Hole #1		Depth of Organic Horizon Above Mineral Soil		
Texture	Consistency	Color	Mottling	
0-2" FINE SANDY LEAF		BROWN		
2-10" STONEY FINE SANDY LEAF		BROWN		
10-15" FINE SANDY LEAF		BROWN		
15-20" TO				
20-25" FINE LOAMY SAND				
25-30" SAND				
30-40" SAND				
40-50" SAND				
50-60" SAND				
60" TO				
BOTTOM OF HOLE				
Soil Classification: A-1	Slope: 3%	Limiting Factor: NOISE	<input type="checkbox"/> Ground Water <input type="checkbox"/> Rock Layer <input type="checkbox"/> Bedrock	

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)				
Observation Hole #2		Depth of Organic Horizon Above Mineral Soil		
Texture	Consistency	Color	Mottling	
0-2" FINE SANDY LEAF		BROWN		
2-10" STONEY FINE SANDY LEAF		BROWN		
10-15" FINE SANDY LEAF		BROWN		
15-20" TO				
20-25" FINE LOAMY SAND				
25-30" SAND				
30-40" SAND				
40-50" SAND				
50-60" SAND				
60" TO				
BOTTOM OF HOLE				
Soil Classification: A-1	Slope: 3%	Limiting Factor: NOISE	<input type="checkbox"/> Ground Water <input type="checkbox"/> Rock Layer <input type="checkbox"/> Bedrock	

[Signature]
Site Evaluator Signature

104
SEP

11/3/88
Date

FACE WASTEWATER DISPOSAL SYSTEM APPLICATION

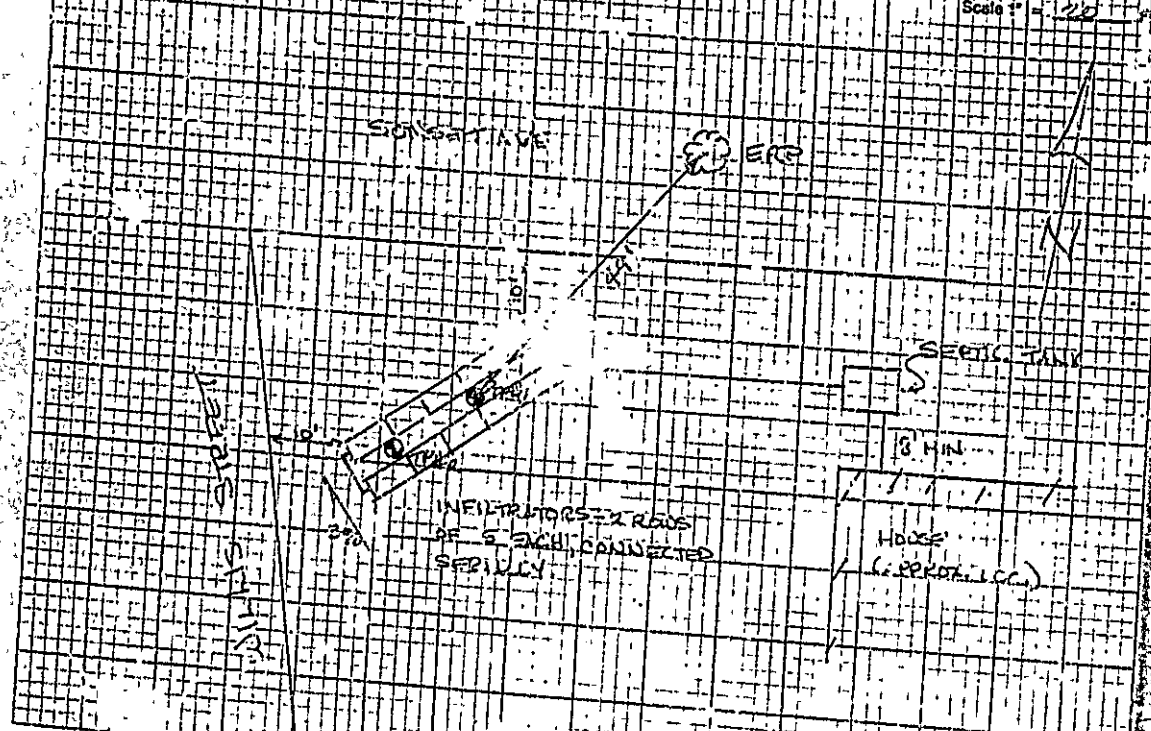
Department of Human Services
Division of Health Engineering

Location: **ISLAND, GREAT DIAMOND ISLAND, WILLIS ST. LOTS 607**
Street, Road, or Division: **WIL GROUT**

Owner's Name

SUBSURFACE WASTEWATER DISPOSAL PLAN

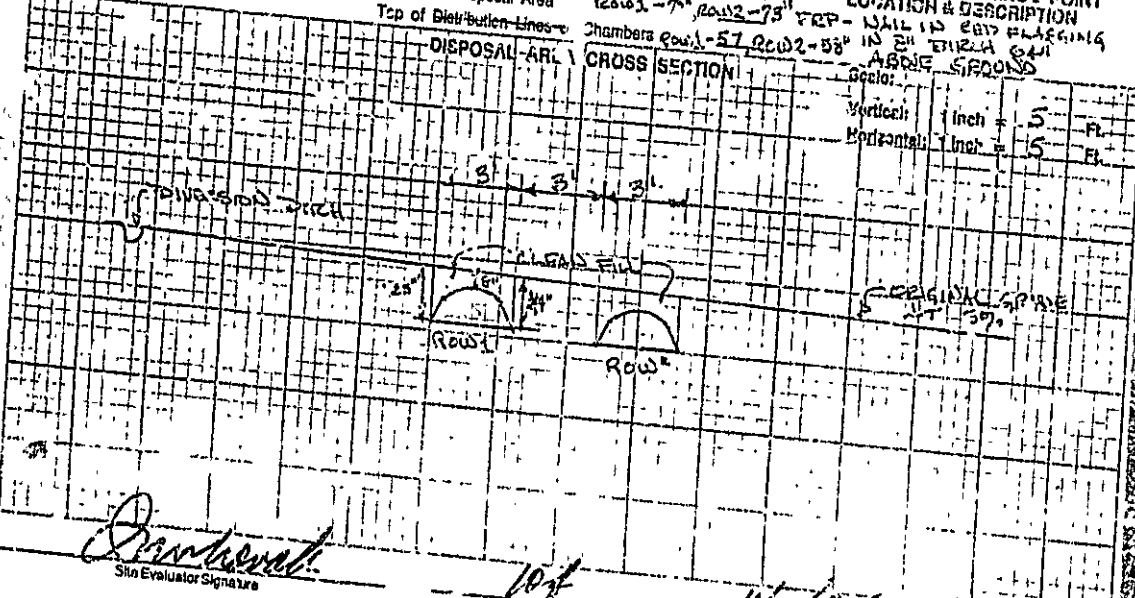
Scale: 1" = 20'



FILL REQUIREMENTS
Depth of Fill (Upslope) **-2'**
Depth of Fill (Downslope) **0'**

CONSTRUCTION ELEVATIONS
Reference Elevation is **90'**
Bottom of Disposal Area **90'**
Top of Distribution Lines **90'**

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
FER - NAIL IN END FLAGGING ABOVE SPREAD



[Signature]
Site Evaluator Signature

[Signature]
SE#

[Signature]
Date