

MISCELLANEOUS- GREAT DIAMOND  
ISLAND

SCREEN ENCLOSED PORCH

for

new owner

MR. ALBERT GLICKMAN

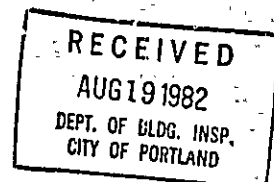
15 WHITNEY POINT, GREAT DIAMOND IS.

PORTLAND, ME.

SUMMER RES.

COST \$4,800.00

note ELLIOT  
House

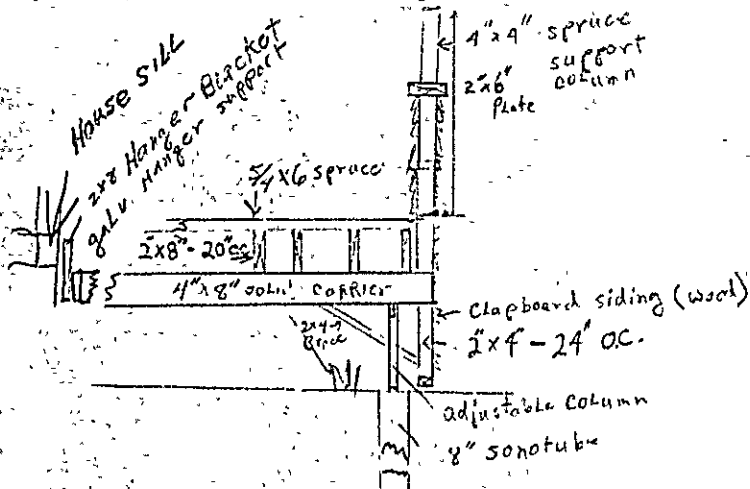


OWNER - Home Address  
MR. ALBERT GLICKMAN  
9864 WILSHIRE BLVD.  
BEVERLY HILLS, CALIFORNIA  
90210

CONTRACTOR  
DENNIS WINSLOW-CARPENTRY  
68 WOODFIELD RD  
PORTLAND, ME.  
04102

213-274-8222

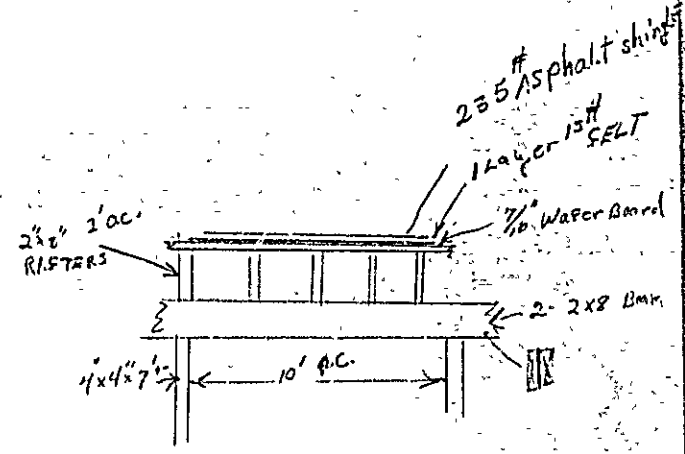
207-772-5311



Deck SECTION

End VIEW

RECEIVED  
AUG 19 1982  
DEPT. OF BLDG. I. P.  
CITY OF PORTLAND

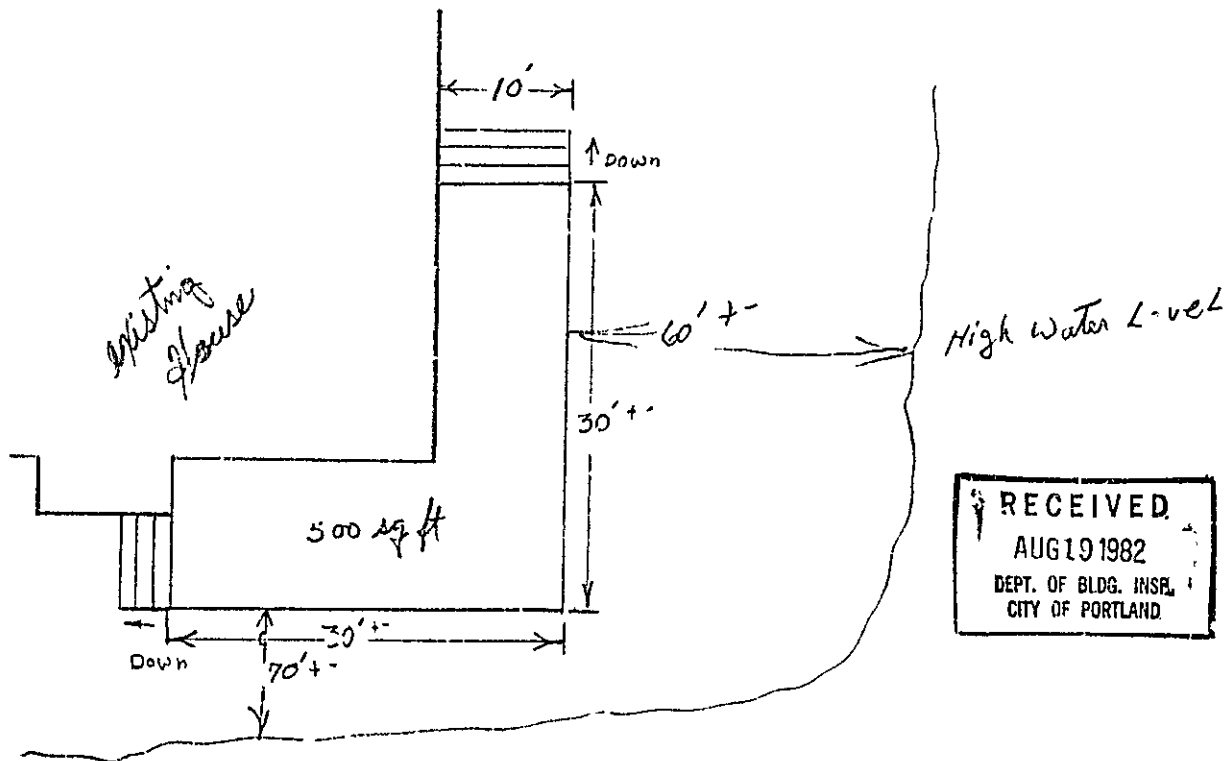


Roofs; PITCH  $\frac{12}{14}$

Roof SECTION

Front VIEW

RECEIVED  
AUG 19 1982  
DEPT. OF BLDG. I. P.  
CITY OF PORTLAND



- 1) REMOVE Existing deck.
  - 2) Build SCREEN ENCLOSED Porch
- } SAME SQ. FT. SIZE

APPLICATION FOR PERMIT

PERMIT ISSUED

AUG 20 1982

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION 00684

ZONING LOCATION R-2 PORTLAND, MAINE Aug. 19, 1982

CITY OF PORTLAND

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE
The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

- 1. Owner's name and address Mr. Albert Glickman, 9864 Wilshire Blvd., Beverly Hills, Cal. 90210
2. Lessee's name and address
3. Contractor's name and address Dennis Winslow, 68 Woodfield Rd., City

Proposed use of building single fam. No. of sheets
Last use same No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot
Estimated contractual cost \$4,800.00

FIELD INSPECTOR—Mr. @ 775-5451

Appeal Fees \$
Base Fee
Late Fee
TOTAL \$ 35.00

To rebuild existing porch, 5x22x 500 sq. ft., to be screened in, as per plan.

Stamp of Special Conditions

ISSUE PERMIT TO #3

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? yes
Is any electrical work involved in this work? yes
Is connection to be made to public sewer?
Has septic tank notice been sent?
Height average grade to top of plate
Size, front depth No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber—Kind Dressed or full size? Corner posts Sill
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor 2nd 3rd
On centers: 1st floor 2nd 3rd
Maximum span: 1st floor 2nd 3rd
If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE
BUILDING INSPECTION—PLAN EXAMINER
ZONING: A.K. Macdonald 8/19/82
BUILDING CODE:
Fire Dept.:
Health Dept.:
Other:

MISCELLANEOUS
Will work require disturbing of any tree on a public street? no
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

Signature of Applicant Dennis Winslow Phone #

Type Name of above Dennis Winslow 1 2 3 4
Other and Address

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY





# APPLICATION FOR PERMIT

**PERMIT ISSUED**

B.O.C.A. USE GROUP .....  
B.O.C.A. TYPE OF CONSTRUCTION 00 493 .....

JUL 8 1980

ZONING LOCATION \_\_\_\_\_ PORTLAND, MAINE, July 8, 1980 CITY of PORTLAND

To the DIRECTOR OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

- LOCATION B3-C-A-A End Echo Point, Great Diamond Island Fire District #1  #2
- Owner's name and address Earle D. Reed - 1183 Shore Road, Cape Elizabeth Telephone 799-0668
  - Lessee's name and address Eliz Telephone .....
  - Contractor's name and address ..... Telephone 04107
  - Architect ..... Specifications ..... Plans ..... No. of sheets .....
- Proposed use of building summer cottage ..... No. families .....
- Last use same ..... No. families .....
- Material ..... No. stories ..... Heat ..... Style of roof ..... Roofing .....
- Other buildings on same lot ..... Fee \$ 10.00
- Estimated contractual cost \$ 2,000 .....

FIELD INSPECTOR—Mr. ....

### GENERAL DESCRIPTION

- This application is for: @ 775-5451-  
Ext. 234
- Dwelling .....
  - Garage .....
  - Masonry Bldg. ....
  - Metal Bldg. ....
  - Alterations .....
  - Demolitions .....
  - Change of Use .....
  - Other .....

To make alterations and repairs to dwelling as per plans. 1 sheet of plans.

Stamp of Special Conditions

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

PERMIT IS TO BE ISSUED TO  1  2  3  4

Other: .....

### DETAILS OF NEW WORK

- Is any plumbing involved in this work? .....
  - Is connection to be made to public sewer? .....
  - Has septic tank notice been sent? .....
  - Height average grade to top of plate ..... Height average grade to highest point of roof .....
  - Size, front ..... depth ..... No. stories ..... solid or filled land? ..... earth or rock? .....
  - Material of foundation ..... Thickness, top ..... bc ..... m ..... cellar .....
  - Kind of roof ..... Rise per foot ..... Roof covering ..... Kind of heat ..... fuel .....
  - No. of chimneys ..... Material of chimneys ..... of lining ..... Corner posts ..... Sills .....
  - Framing Lumber—Kind ..... Dressed or full size? .....
  - Size Girder ..... Columns under girders ..... Size ..... Max. on centers .....
  - Studs (outside walls and carrying partitions) 2x4-1 1/2" O. C. Bridging in every floor and flat roof span over 2 feet.
  - Joists and rafters: 1st floor ..... 2nd ..... 3rd ..... roof .....
  - On centers: 1st floor ..... 2nd ..... 3rd ..... roof .....
  - Maximum span: 1st floor ..... 2nd ..... 3rd ..... roof ..... height? .....
- If one story building with masonry walls, thickness of walls? .....

### IF A GARAGE

No. cars now accommodated on same lot ....., to be accommodated ..... number commercial cars to be accommodated .....

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? .....

APPROVALS BY: \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING INSPECTION—PLAN EXAMINER .....

ZONING: .....

BUILDING CODE: .....

Fire Dept.: .....

Health Dept.: .....

Others: .....

MISCELLANEOUS

Will work require disturbing of any tree on a public street? .....

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? .....

Signature of Applicant Earle D. Reed Phone # ..... same .....

Type Name of above Earle D. Reed ..... 1  2  3  4

Other .....

and Address .....

OFFICIAL FILE COPY

**CERTIFICATE OF APPROVAL**

FOR SEWAGE DISPOSAL FOR THE TOWN/CITY OF South Portland

OWNER John B. ...  
 ADDRESS Charter ...  
 Location where system was installed and inspected \_\_\_\_\_, MAINE

Cert of App Number  
**No. 2285 EC**

Date C O A Issued:  
 11 / 17 / 77  
 Month Day Year

Installer's Name K.A. ... F.I.  M.I.

Date Inspected  
 10 / 25 / 77  
 Month Day Year

**OCT 20 1977**  
 Date Permit Issued

THE SUBSURFACE SEWAGE DISPOSAL SYSTEM AND/OR COMPONENT(S) INSTALLED PURSUANT TO THE ABOVE CERTIFICATE OF APPROVAL NUMBER HAS BEEN PERSONALLY EXAMINED AND HAS BEEN PROPERLY INSTALLED IN COMPLIANCE WITH THE MUNICIPAL AND STATE SUBSURFACE SEWAGE DISPOSAL REGULATIONS.

*[Signature]*  
 Signature of LPI

State Office Use Only  
 Date Received

ORIGINAL - To be sent to: Department of Human Services  
 Division of Health Engineering 221 State Street Augusta, Maine 04333

**SUBSURFACE SEWAGE DISPOSAL PERMIT FOR THE TOWN/CITY OF**

Town/City Code 05107 LPI Number 1723 License Number 1173 Date Issued 10 20 77 PERMIT NUMBER  
 Address of System's Location 13-1A-D Soil Evaluator C.R. ... Month Day Year **No. 2285 EP**  
 Street, Road Name/Subdivision GREAT St. Rd. DIAMOND  
 Name of Applicant A. ... Last Name of Applicant F.I.  M.I.

Permit Issuance: 1. Regular 2. Local Variance 3. State Variance 4. Local Waiver Option  1

Type of System: 1. New 2. Replacement 3. Expansion 4. Experimental  1

System to Serve: 1. Single (Res) 2. Multi-Fam (Res) 3. Mobile Home 4. Commercial 5. School 6. Other (Specify)  1

Complete System (Tank with): 1. Trench 2. Bed 3. Chamber 4. Mound 5. Special System (Includes one Waterless Toilet)  1

Treatment Tank (only): 1. S.p.l.c. (\$10 each) 2. Aerobic (\$10 each) 3. Holding (\$20 each)  1

Disposal Area (only): 1. Trench 2. Bed 3. Chamber 4. Mound 5. Other (\$20 each)\* (Specify)  1

Waterless Toilets: 1. Pit Privy 2. Vault Privy 3. Compost Toilet (\$10 each)  2

Other Systems: 1. Laundry Waste 2. Separated Chamber(s) (\$10 each)  1

STATE OFFICE USE ONLY: Signature of LPI [Signature]

Date Received 11/17/77 Administrative Fee 3  
 Receipt Number ... Money Received ...  
 Administrative Code  Form 200  LPI to Insert soil Category (L)  (H)  Total or Doub's Fee 3.00  
 Double Fee 1. Yes

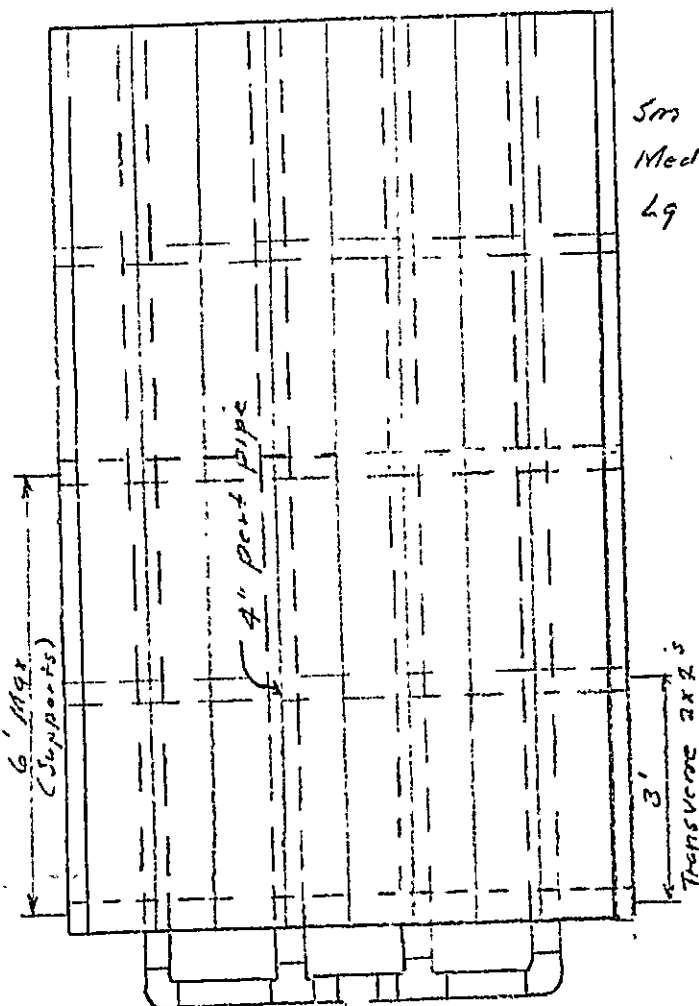
This "Subsurface Sewage Disposal Permit" is invalid if work is not commenced within six (6) months from date of issuance. Up in completion of work a "Certificate of Approval" must be obtained.  
 Original - To be sent to: Department of Human Services, Division of Health Engineering 221 State Street, Augusta, Maine 04333  
 \*Refer to Sec 2.6 for Fee Schedule on Systems over 2000 Gal./Day HHE 210.377



Proposed Bed Sizes

	Seasonal	Year Round
Sm	8' x 12'	12' x 16'
Med	12' x 16'	16' x 24'
Lg	16' x 16'	24' x 24'

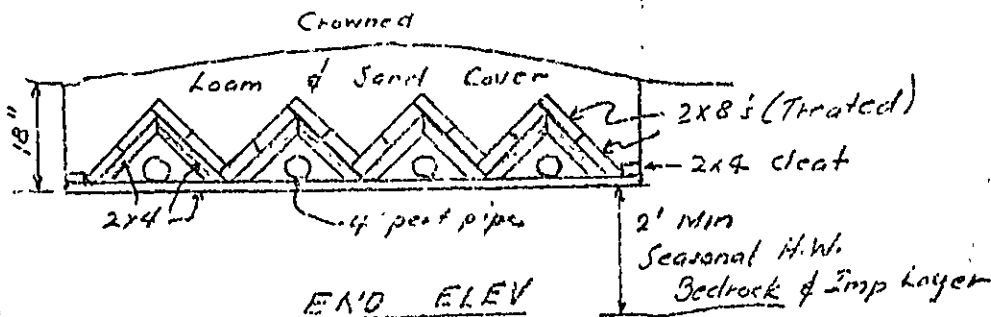
RAND  
LEACHING  
CHAMBER  
SYSTEM



PLAN

↳ Septic Tank

Scale 1/2" = 1'  
4-21-76  
5-15-76 (Revised)  
T. Rand  
PR # 1513



END ELEV

2' Min  
Seasonal H.W.  
Bedrock & Imp Layer



DAVID E. SMITH  
COMMISSIONER

STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333

May 25, 1976

Mr. Theodore T. Rand, P.E.  
Little Diamond Island  
Portland, Maine 04109

Dear Ted:

We are in receipt of your revised leaching chamber system dated May 15, 1976.

In principal, we feel that these chamber systems you propose may be a simple and economical answer for the Maine islands where there is difficulty in obtaining stone and sand and constructing conventional disposal systems.

We have several concerns about the sizing of your systems, particular in the Medium and Large Systems where we question whether the size would be adequate if you are installing them directly over silts where percolation rates are in excess of 60 minutes per inch. The 24 x 24 plank chamber systems, assuming the mat is the limiting factor for ultimate failure, appear to be adequate to handle approximately 150 gallons per day.

Persons having these systems installed should be aware of the fact that it may be necessary from time to time to remove the planks and physically remove the mat or at some point in time add on to the systems should a problem occur.

The Department is prepared to permit the installation of these plank chamber systems on the islands in Casco Bay on a trial basis, with the understanding that should they appear to be undersized that they will have to be added onto.

Very truly yours.

*Donald C. Hoxie*  
Donald C. Hoxie, Director  
Division of Health Engineering

DCII/emf

cc Mr. Erno R. Goodwin  
LPI, 389 Congress St., Portland  
Eugene Moreau; Clough Toppan, Russ Martin; Bruce Johnson; Paul Mathieu

DUPLICATE — To be retained by the Plumbing inspector

MAINE DEPARTMENT OF HEALTH AND WELFARE  
APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT

(For systems disposing of less than 2000 gallons per day) This is NOT a permit; this form when completed must be presented to the Local Plumbing Inspector to obtain a permit

Town: Portland Street, Road, etc.:  Crescent Ave Permit No: 2285 Date: 10/20/77  
If on water body, give name: Diamond Island

Owner of property: John Burrell Owner's address: 45 Barrow Dr Cumberland Size of lot: 21,320 Ft. Sq. 10'1" Acres: 0

Name & type of establishment if other than private home: Summer Residence Is lot Zoned?  Yes  No Type of Zoning:  Residential  Commercial  Resource Protection

Name of applicant: Owner If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following:  
 Deed restriction re. private sewage disposal  
 Copy of the subdivision's soils report  
 Soils report from a State Agency

Applicant's address: Owner Tel No: 829-5562 Subdivision name: Assessors Lot No.: 1,8

Applicant's signature: John Burrell Date: 10/20/77 Date of subdivision: 33A-D

This application is for:  New System  Expanded System  Replacement System  Replacement of  Treatment Tank Only  Disposal Area Only

The water supply for this property is:  Dug well, depth \_\_\_\_\_ lining \_\_\_\_\_  Drilled well, depth \_\_\_\_\_ lining \_\_\_\_\_  Surface water  Body  Cistern  with disinfection  without disinfection  Public Utility, name: AW Dist

**SITE INVESTIGATION** Show location of pits and/or borings on sketch on page 2, and refer to completed sample form and Chapter 4 of the Code, II.

Soil Profile No. 1	Soil Profile No. 1 cont'd	Soil Profile No. 2	Soil Profile No. 3	Soil Profile No. 4
<input checked="" type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input checked="" type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring
Organic strata Inches: <u>0"</u>	Organic strata Inches: _____	Organic strata Inches: <u>0"</u>	Organic strata Inches: _____	Organic strata Inches: _____
1st strata Inches: <u>DRFSL</u>	1st strata Inches: <u>DRFSL</u>	1st strata Inches: <u>DRFSL</u>	1st strata Inches: _____	1st strata Inches: _____
2nd strata Inches: <u>12"</u>	2nd strata Inches: <u>15"</u>	2nd strata Inches: <u>7"</u>	2nd strata Inches: _____	2nd strata Inches: _____
3rd strata Inches: <u>13"</u>	3rd strata Inches: _____	3rd strata Inches: <u>15"</u>	3rd strata Inches: _____	3rd strata Inches: _____
Total Depth of observation hole inches: _____	Total Depth of observation hole inches: <u>47"</u>	Total Depth of observation hole inches: <u>43"</u>	Total Depth of observation hole inches: _____	Total Depth of observation hole inches: _____
Max. Ground water table—mottling Inches: _____	Max. Ground water table—mottling Inches: <u>28"</u>	Max. Ground water table—mottling Inches: <u>27"</u>	Max. Ground water table—mottling Inches: _____	Max. Ground water table—mottling Inches: _____
Impervious layer, clay, etc. Inches: _____	Impervious layer, clay, etc. Inches: <u>32"</u>	Impervious layer, clay, etc. Inches: <u>29"</u>	Impervious layer, clay, etc. Inches: _____	Impervious layer, clay, etc. Inches: _____
Bedrock Type of Bedrock: _____	Bedrock Type of Bedrock: _____	Bedrock Type of Bedrock: _____	Bedrock Type of Bedrock: _____	Bedrock Type of Bedrock: _____
Surface slope: _____ %	Surface slope: <u>6%</u>	Surface slope: <u>12%</u>	Surface slope: _____ %	Surface slope: _____ %
Soil Group & Condition per Table 9-1 of the Code, II: _____	Soil Group & Condition per Table 9-1 of the Code, II: <u>6-C</u>	Soil Group & Condition per Table 9-1 of the Code, II: <u>6-C</u>	Soil Group & Condition per Table 9-1 of the Code, II: _____	Soil Group & Condition per Table 9-1 of the Code, II: _____

On 9/15/77 (date), a site investigation for this project was completed. I supervised this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the men the proposed private sewage disposal system. I also recommend the shown on page 2.

Signature: Glenn Howard and Registration/Certification Number: 143 Date signed: 10-14-77

Soil Scientist  
 Geologist  
 Soil Engineer  
 Citer, must show current letter of certification to LPI

**PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED** Show location of system and details on sketches on page 2, and refer to completed sample form

<p><b>SYSTEM:</b></p> <input checked="" type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Open Pit Privy <input type="checkbox"/> Compost Toilet <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Other, describe _____ See Chapter 9 of the Code, II.	<p><b>TREATMENT TANK:</b></p> <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Manufacturer: <u>1000 McJannet</u> Size in gallons: <u>60</u> <input type="checkbox"/> Aerobic Tank Manufacturer: _____ Model No: _____ Size in gallons: _____	<p><b>SUBSURFACE ABSORPTION AREA</b></p> <p>Type: <input type="checkbox"/> Trench System: Total trench length: <u>12'</u>  <input type="checkbox"/> Bed System: Length: _____ Width: _____  <input type="checkbox"/> Chamber System: Number: _____ Type: <input type="checkbox"/> Type A <input type="checkbox"/> Type F <u>12X10</u> Cluster: <u>RAND CHAMBER</u>  <input type="checkbox"/> Mound System: Length: _____ Width: _____ at base  <input type="checkbox"/> Special System: Length: _____ Width: _____  <input type="checkbox"/> Non-discharge System: Bed Length: _____ Width: _____ Holding Tank Size: _____ Gal. Manufacturer: _____  <input type="checkbox"/> Alarm device provided, type: _____</p>		<p><b>SITE MODIFICATION</b></p> Fill is— <input type="checkbox"/> required, <input checked="" type="checkbox"/> not required— Fill will be _____ inches deep <p><b>DETAILS</b></p> <input type="checkbox"/> A Distribution Box is required. Pumping is— <input type="checkbox"/> required, <input checked="" type="checkbox"/> is not required. The Dose will be _____ gallons <p><b>DISTANCES</b></p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 100 feet from any and all wells; springs; surface water bodies and courses (lake, pond, ocean, brook, stream, river); swamps; marshes; and bogs. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 500 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.
		<p><b>PROPERTY/LOT LOCATION MAP</b></p>		<p><b>FOR THE USE OF LPI ONLY</b></p> <p>Denial: Application is denied for following reasons; portions of the Code II are cited.                  * Form is incomplete ( ) pg. as to ( ) General Info, ( ) Site Investigation, ( ) System Proposed.  <input type="checkbox"/> Site Plan, <input type="checkbox"/> Disposal System Plan, <input type="checkbox"/> Cross-Section, <input type="checkbox"/> Statement, See Section 2.3.  <input type="checkbox"/> Site Investigation indicates site is ( ) totally unsuitable for disposal system; Sections 4.5 and 9.5, Table 9-1, Group 9 and 10 ( ) unsuitable for system proposed, Sections 4.3, 4.6, 9.5, Table 9-1.  <input type="checkbox"/> System Proposed does not conform to Code; See Sections 9.  <input type="checkbox"/> Site Investigation indicates site modifications are necessary; See Sections 4.3, 4.4, 4.6, 4.8, 4.9, 4.10, 4.11, 4.12, 4.13, 4.14, 4.15, 4.16, 4.17, 4.18, 4.19, 4.20, 4.21, 4.22, 4.23, 4.24, 4.25, 4.26, 4.27, 4.28, 4.29, 4.30, 4.31, 4.32, 4.33, 4.34, 4.35, 4.36, 4.37, 4.38, 4.39, 4.40, 4.41, 4.42, 4.43, 4.44, 4.45, 4.46, 4.47, 4.48, 4.49, 4.50, 4.51, 4.52, 4.53, 4.54, 4.55, 4.56, 4.57, 4.58, 4.59, 4.60, 4.61, 4.62, 4.63, 4.64, 4.65, 4.66, 4.67, 4.68, 4.69, 4.70, 4.71, 4.72, 4.73, 4.74, 4.75, 4.76, 4.77, 4.78, 4.79, 4.80, 4.81, 4.82, 4.83, 4.84, 4.85, 4.86, 4.87, 4.88, 4.89, 4.90, 4.91, 4.92, 4.93, 4.94, 4.95, 4.96, 4.97, 4.98, 4.99, 4.100.  <input type="checkbox"/> Miscellaneous _____ See Section _____                  Acceptance: Application for permit is approved ( ) with condition specified, comply with Section _____ ( ) without condition.                  Signed: <u>Glenn Howard</u> Date: <u>10/20/77</u> IHE-200 7/74             </p>

DUPLICATE — To be retained by the Plumbing Inspector  
 MAINE DEPARTMENT OF HEALTH AND WELFARE  
 APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT  
 (For systems disposing of less than 2000 gallons per day)

Town <i>Portland</i>	Street, Road, etc. <i>Crescent Hill</i> If on water body, give name <i>Griffin Island</i>	Owner of property <i>John Baker L. 1777</i>
Site Plan	Scale 1" = 100 Ft. or	
Private Sewage Disposal Plan	Scale 1" = 20' or	
Subsurface Absorption Area Cross-section	Scale: Vertical — 1" = 5' or Horizontal — 1" = 20' or 5'	

Statement. (no permit may be issued unless signed)

I certify that all the information submitted to be true and correct. And I understand that issuance of a permit is based upon the information and plans submitted by the applicant. I also understand that any falsification of this application is reason to deny a permit to install a private sewage disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I understand that no guarantee is intended or implied by reason of any advice or approval given by the Administrative Authority or its agent.

MHS 200 7/74

Signature Required

Date: *X 11/27*

Applicant: *J. Baker L. 1777*

Owner: *X John Baker L. 1777*



DUPLICATE — To be retained by the Plumbing Inspector

MAINE DEPARTMENT OF HEALTH AND WELFARE APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT		(For systems disposing of less than 2000 gallons per day)	This is NOT a permit, this form when completed must be presented to the Local Plumbing Inspector to obtain a permit		Page 1 of 2
Town <i>Portland</i>	Street, Road, etc. <i>61 Raymond St</i> If on water body, give name	Permit No. <i>1218</i>	Date <i>4/17/77</i>		
Owner of property <i>40 Curtis Laughlin</i> <i>61 Raymond St Portland Me</i>		Owner's address <i>61 Raymond St Portland Me</i>	Size of lot <i>8712</i>	<input type="checkbox"/> Sq. feet <input type="checkbox"/> Acres	
Name & type of establishment if other than private home <i>Drink Seasonal Clubhouse</i>	Name of applicant <i>Curtis Laughlin</i>	Is lot Zoned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Zoning <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Resource Protection	If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following: <input type="checkbox"/> Deed restriction to private sewage disposal <input type="checkbox"/> Copy of the subdivision's soils report <input type="checkbox"/> Soils report from a State Agency	
Applicant's address <i>61 Raymond St</i>	Tel. No.	Applicant's signature <i>[Signature]</i>		Date	Subdivision name <i>83A-E-1</i>
This application is for: <input type="checkbox"/> New System <input checked="" type="checkbox"/> Expanded System <input type="checkbox"/> Replacement System <input type="checkbox"/> Replacement of <input type="checkbox"/> Treatment Tank Only <input type="checkbox"/> Disposal Area Only					
The water supply for this property is: <input type="checkbox"/> Dug well, depth _____ lining _____ <input type="checkbox"/> Drilled well, depth _____ lining _____ <input type="checkbox"/> Spring <input type="checkbox"/> Surface water <input type="checkbox"/> Body <input type="checkbox"/> Course <input type="checkbox"/> with disinfection <input type="checkbox"/> without disinfection <input type="checkbox"/> Public Utility, name <i>City of Portland</i>					

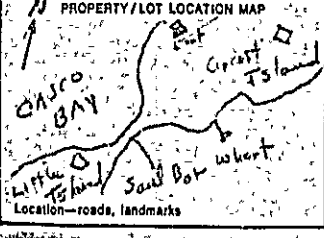
Soil Profile No.	Soil Profile No. 1 (cont'd)		Soil Profile No. 2		Soil Profile No. 3		Soil Profile No. 4	
	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring
Organic strata Inches <i>0"</i>	Organic strata Inches <i>yellow Brn Sand 7"</i>	Organic strata Inches <i>0"</i>	Organic strata Inches <i>0"</i>	Organic strata Inches <i>0"</i>	Organic strata Inches <i>0"</i>	Organic strata Inches <i>0"</i>	Organic strata Inches <i>0"</i>	Organic strata Inches <i>0"</i>
1st strata Inches <i>DL Brn FSL 1"</i>	1st strata Inches <i>DL Brn FSL 1"</i>	1st strata Inches <i>Red Brn FSL 1"</i>	1st strata Inches <i>DL Brn FSL 1"</i>	1st strata Inches <i>DL Brn FSL 1"</i>	1st strata Inches <i>DL Brn FSL 1"</i>	1st strata Inches <i>DL Brn FSL 1"</i>	1st strata Inches <i>DL Brn FSL 1"</i>	1st strata Inches <i>DL Brn FSL 1"</i>
2nd strata Inches <i>Mo Y Brn to Gy Sand 26"</i>	2nd strata Inches <i>Mo Y Brn to Gy Sand 26"</i>	2nd strata Inches <i>yellow Brn Sand 26"</i>	2nd strata Inches <i>DL Brn FSL 1"</i>	2nd strata Inches <i>DL Brn FSL 1"</i>	2nd strata Inches <i>DL Brn FSL 1"</i>	2nd strata Inches <i>DL Brn FSL 1"</i>	2nd strata Inches <i>DL Brn FSL 1"</i>	2nd strata Inches <i>DL Brn FSL 1"</i>
3rd strata Inches <i>yellow Brn FSL 15"</i>	3rd strata Inches <i>yellow Brn FSL 15"</i>	3rd strata Inches <i>DL Brn to Olive FSL 19"</i>	3rd strata Inches <i>DL Brn FSL 1"</i>	3rd strata Inches <i>DL Brn FSL 1"</i>	3rd strata Inches <i>DL Brn FSL 1"</i>	3rd strata Inches <i>DL Brn FSL 1"</i>	3rd strata Inches <i>DL Brn FSL 1"</i>	3rd strata Inches <i>DL Brn FSL 1"</i>
Total Depth of observation hole Inches	Total Depth of observation hole Inches <i>54</i>	Total Depth of observation hole Inches <i>50</i>	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches
Max. Ground water table—mottling Inches	Max. Ground water table—mottling Inches <i>45"</i>	Max. Ground water table—mottling Inches <i>34"</i>	Max. Ground water table—mottling Inches	Max. Ground water table—mottling Inches	Max. Ground water table—mottling Inches	Max. Ground water table—mottling Inches	Max. Ground water table—mottling Inches	Max. Ground water table—mottling Inches
Impervious layer, clay, etc. Inches	Impervious layer, clay, etc. Inches	Impervious layer, clay, etc. Inches	Impervious layer, clay, etc. Inches	Impervious layer, clay, etc. Inches	Impervious layer, clay, etc. Inches	Impervious layer, clay, etc. Inches	Impervious layer, clay, etc. Inches	Impervious layer, clay, etc. Inches
Bedrock Type of Bedrock	Bedrock Type of Bedrock	Bedrock Type of Bedrock	Bedrock Type of Bedrock	Bedrock Type of Bedrock	Bedrock Type of Bedrock	Bedrock Type of Bedrock	Bedrock Type of Bedrock	Bedrock Type of Bedrock
Surface slope %	Surface slope % <i>3</i>	Surface slope % <i>3</i>	Surface slope %	Surface slope %	Surface slope %	Surface slope %	Surface slope %	Surface slope %
Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II <i>6-C</i>	Soil Group & Condition per Table 9-1 of the Code, II <i>6-C</i>	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II

On *9-30-76* (date), a site investigation for this project was completed. I supervised this soil evaluation and certify that the results indicated above best represent the soil conditions found. I also recommend the following type and size of private sewage disposal system. I also recommend the proposed private sewage disposal system layout and location shown on page 2.

Signature: *[Signature]* and Registration/Certification Number: *PE # 1513* Date signed: *4-25-77*

Soil Scientist  
 Geologist  
 Soil Engineer  
 Other, must show current letter of certification to LPI

SYSTEM	TREATMENT TANK	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION
		Type	SIZE	
<input type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Open Pit Privy <input type="checkbox"/> Compost Toilet <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Other, describe _____ See Chapter 9 of the Code, II	<input type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Manufacturer: _____ Size in _____ <input type="checkbox"/> Aerobic Tank Manufacturer: _____ Size in gallons _____	<input type="checkbox"/> Trench System, Total trench length _____ <input type="checkbox"/> Bed System Length _____ Width _____ <input type="checkbox"/> Chamber System <input type="checkbox"/> Type A _____ <input type="checkbox"/> Type F _____ <input type="checkbox"/> Mound System Length _____ Width _____ at base _____ <input type="checkbox"/> Special System / Length _____ Width _____ <input type="checkbox"/> Non discharge System Bed Length _____ Width _____ Holding Tank Size _____ Gal. Manufacturer _____ <input type="checkbox"/> Alarm device provided, type _____	<input type="checkbox"/> Very Small <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large	Fill is— <input type="checkbox"/> required, <input checked="" type="checkbox"/> not required Fill will be _____ inches deep DETAILS <input type="checkbox"/> A Distribution Box is required Pumping is— <input type="checkbox"/> required, <input checked="" type="checkbox"/> is not required The Dose will be _____ gallons DISTANCES <input type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 100 feet from any and all wells; springs, surface water bodies and courses (lake, pond, ocean, brook, stream, river), swamps; marshes; and bogs <input type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.



FOR THE USE OF LPI ONLY

Denial, Application is denied for following reasons; portions of the Code II are cited.  
 Form is incomplete (\_\_\_\_\_ pg) as to  General Info,  Site Investigation,  System Proposed,  Site Plan,  Disposal System Plan,  Cross-Section,  Statement. See Section 23

Site investigation indicates site is  totally unsuitable for disposal system; Sections 45 and 95, Table 9-1 Group 9 and 10  Unsuitable for system proposed; Sections 43, 46, 95, Table 9-1.

System Proposed does not conform to Code; See Sections 9

Site investigation indicates site modifications are necessary; See Sections  43,  44,  46,  87.

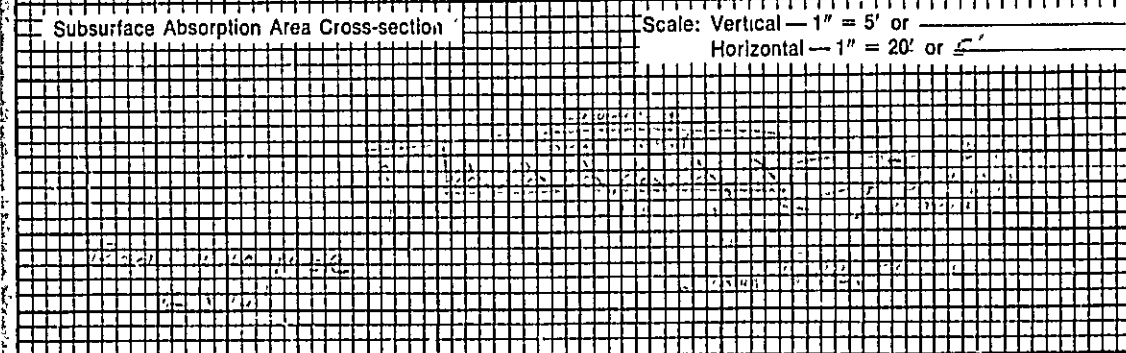
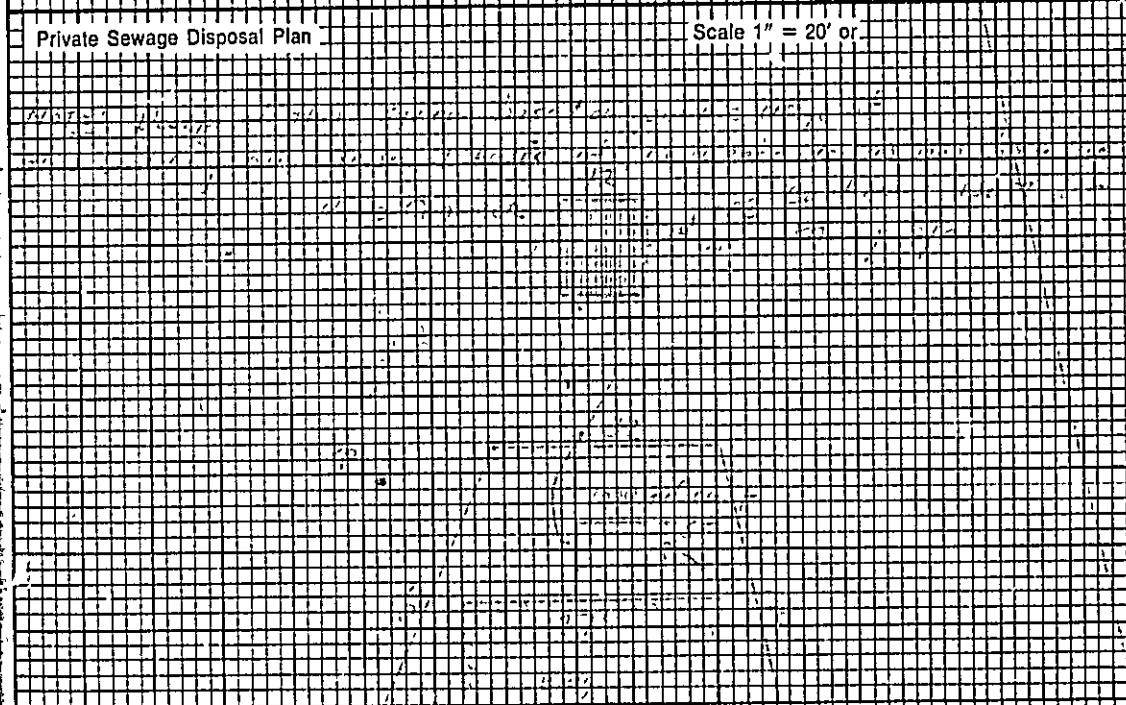
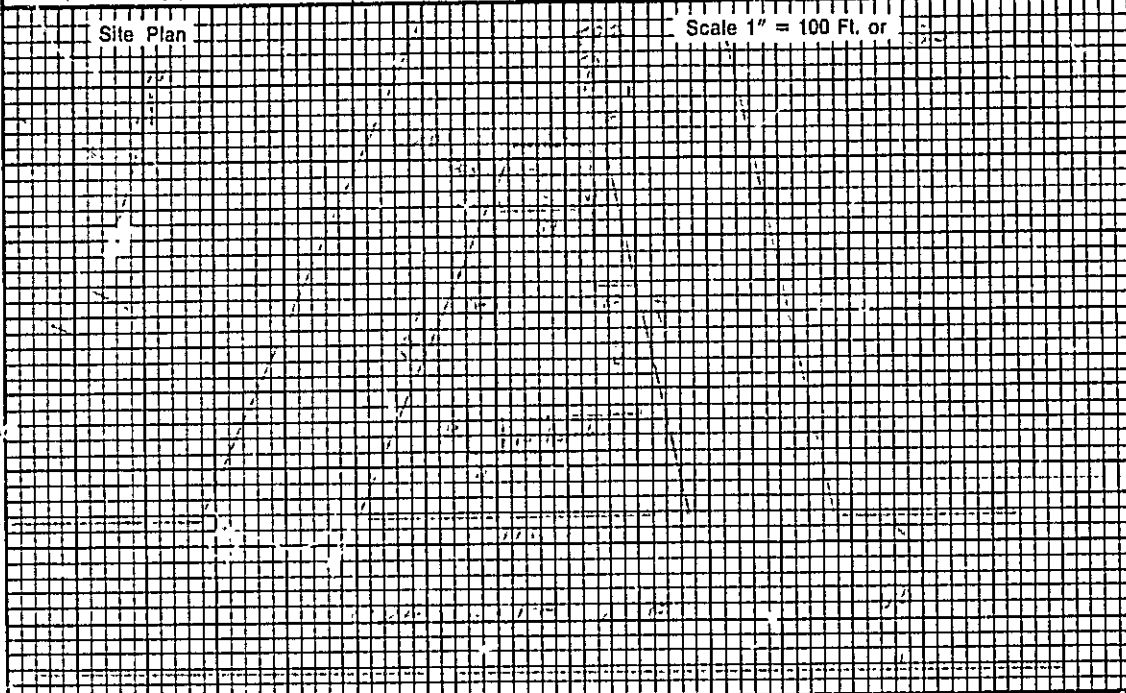
Miscellaneous \_\_\_\_\_ See Section \_\_\_\_\_

Acceptance Application for permit is approved  with condition specified, comply with Section \_\_\_\_\_  
 without condition.

Signed LPI: *[Signature]* Date: *6/17/77* HME-200 7/74

DUPLICATE — To be retained by the Plumbing Inspector  
 MAINE DEPARTMENT OF HEALTH AND WELFARE  
 APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT  
 (For systems disposing of less than 2000 gallons per day)

Town <i>D. Island</i>	Street, Road, etc. <i>Crescent Ave</i> If on water body, give name <i>Sum. I.</i>	Owner of property <i>St. Ignace Island Assoc</i>
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Statement: (no permit may be issued unless signed)  
 I certify that all the information submitted to be true and correct; and I understand that issuance of a permit is based upon the information and plans submitted by the applicant; I also understand that any falsification of this application is reason to deny a permit to install a private sewage disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I understand that no guarantee is intended or implied by reason of any advice or approval given by the Administrative Authority or its agent.

Signature Required  
 Date: *6-11-74*  
 Applicant: *Arthur J. Campbell*  
 Owner: *Arthur J. Campbell*



DAVID E. SMITH  
COMMISSIONER

STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333

*Carol R*

November 18, 1976

*file*  
↓

*83A-A-7*  
*Ben Reed*  
*Goodwin*

Mr. Tyler R. Stevens  
4 Oakwood Road  
Cape Elizabeth, ME 04107

Subject: Waiver to the Maine Plumbing Code, Part II,  
Stevens Property, Great Diamond Island, Portland

Dear Sir:

This will acknowledge receipt of a waiver request and a plan with soils information by Theodore Rand, P.E., showing the proposed sewage disposal system for the subject project. It is not in compliance with the Maine Plumbing Code, Part II, because of set-back from tidal water, the reason for the waiver request.

In consideration of the plan dated September 27, 1976, and recommendations by Mr. Rand, this office will grant the responsible Local Plumbing Inspector the right to waive certain provisions of the Maine Plumbing Code for the following disposal system under authority of Section 3.14:

1. The installation of a 750 gallon septic tank to be followed by a 12'x12' Rand leaching chamber system.
2. The chamber system shall be located at least 62 feet from the high water mark of Casco Bay.
3. In all other respects the installation is to comply with the Maine Plumbing Code, Part II, Private Sewage Disposal Regulations and follow the plan submitted with his proposal.

This approval is a variance to the Maine Plumbing Code, Part II, only. It is not a variance to or an exemption from the requirements of your Local Shoreland Zoning Ordinance. Please be advised that a variance from your Local Appeals Board may not be possible, under the requirements of Section 12C, State of Maine Guidelines for Municipal Shoreland Zoning Ordinances.

Final approval of the sewage portion is subject to permit by the Local Plumbing Inspector before the construction of this system. A completed HHE-200 Form must be submitted to him for processing. The inspector is to be notified before covering the work, and the work is to be left uncovered until his inspection. Approval is also subject to any local ordinances.

Yours very truly,

*Russell G. Martin*  
Russell G. Martin  
Plans and Standards Review  
Division of Health Engineering

RGM/mm  
cc: Erno R. Goodwin, LPI  
Benjamin Reed  
encl.



PERMIT TO INSTALL PLUMBING

Great Diamond Island  
PERMIT NUMBER 0519

Address **83-A-F 1,2,3 Bay Ave.**

Installation For **summer residence**

Owner of Bldg **Vincent Leto**

Owner's Address: **21 Woolsey St. New Haven, Conn.**

Plumber **Ted Rand- Little Diamond** Date **11-15-76**

Date Issued

Portland Plumbing Inspector

By **ERNOLD R GOODWIN**

App. First Insp.

Date

By

App. Final Insp.

Date

By

Type of Bldg

- Commercial
- Residential
- Single
- Multi Family
- New Construction
- Remodeling

NEW	REPL			FEE
		SINKS		
		LAVATORIES		
		TOILETS		
		BATH TUBS		
		SHOWERS		
		DRAINS FLOOR SURFACE		
		HOT WATER TANKS		
		TANKLESS WATER HEATERS		
		GARBAGE DISPOSALS		
1		SEPTIC TANKS & leaching	1	25.00
		HOUSE SEWERS		
		ROOF LEADERS		
		AUTOMATIC WASHERS		
		DISHWASHERS		
		OTHER		
		<b>base fee</b>		<b>3.00</b>
			<b>TOTAL</b>	<b>28.00</b>

Building and Inspection Services Dept. Plumbing Inspection

DUPLICATE — To be retained by the Plumbing Inspector

MAINE DEPARTMENT OF HEALTH AND WELFARE APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT		(For systems disposing of less than 2000 gallons per day)	This is NOT a permit; this form when completed must be presented to the Local Plumbing Inspector to obtain a permit	Page 1 of 2
Town <b>Portland</b>	Street, Road, etc. <b>Bay Ave Green Island</b>	Permit No. <b>0519</b>	Date <b>11/15/76</b>	
Owner of property <b>Warrant lots 21 Woodway St New Haven Conn</b>	Owner's address <b>06513</b>	Size of lot <b>44.242</b>	<input type="checkbox"/> Sq feet <input type="checkbox"/> Acres	
Name & type of establishment if other than private home <b>Summer Residence</b>	Is lot Zoned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Zoning	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Resource Protection	
Name of applicant Owner's agent <b>Owner</b>	If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following: <input type="checkbox"/> Deed restriction re private sewage disposal <input type="checkbox"/> Copy of the subdivision's soils report <input type="checkbox"/> Soils report from a State Agency			
Applicant's address Street, Box, etc.	Tel No. <b>203-865-5537</b>	Maine		
Town	Subdivision name	Lot No. <b>B3A-F 1, 2, 3</b>		
Applicant's signature <i>[Signature]</i>	Date <b>11/15/76</b>			
Owner's signature <i>[Signature]</i>	Date <b>11/15/76</b>			
This application is for: <input type="checkbox"/> New System <input type="checkbox"/> Expanded System <input type="checkbox"/> Replacement System <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Treatment Tank Only <input type="checkbox"/> Disposal Area Only				
The water supply for this property is: <input type="checkbox"/> Dug well, depth _____, lining _____; <input type="checkbox"/> Drilled well, depth _____, lining _____; <input type="checkbox"/> Spring <input type="checkbox"/> _____ depth _____; <input type="checkbox"/> Surface water <input type="checkbox"/> Body, <input type="checkbox"/> Course— <input type="checkbox"/> with disinfection, <input type="checkbox"/> without disinfection <input type="checkbox"/> Public Utility, name <b>Public</b>				

**SITE INVESTIGATION** Show location of pits and/or borings on sketch on page 2, and refer to completed sample form and Chapter 4 of the Code, II.

Soil Profile No	Soil Profile No 1		Soil Profile No 2		Soil Profile No 2 Cont'd		Soil Profile No 3		Soil Profile No 4	
	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring
Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata
Inches <b>0"</b>	Inches <b>0"</b>	Inches <b>0"</b>	Inches <b>0"</b>	Inches <b>0"</b>	Inches <b>0"</b>	Inches <b>0"</b>	Inches <b>0"</b>	Inches <b>0"</b>	Inches <b>0"</b>	Inches <b>0"</b>
1st strata <b>DBV FSL</b>	1st strata <b>DBV FSL</b>	1st strata <b>DBV FSL</b>	1st strata <b>DBV FSL</b>	1st strata <b>DBV FSL</b>	1st strata <b>DBV FSL</b>	1st strata <b>DBV FSL</b>	1st strata <b>DBV FSL</b>	1st strata <b>DBV FSL</b>	1st strata <b>DBV FSL</b>	1st strata <b>DBV FSL</b>
Inches <b>13"</b>	Inches <b>13"</b>	Inches <b>13"</b>	Inches <b>13"</b>	Inches <b>13"</b>	Inches <b>13"</b>	Inches <b>13"</b>	Inches <b>13"</b>	Inches <b>13"</b>	Inches <b>13"</b>	Inches <b>13"</b>
2nd strata <b>2' 0" to 6" silt loam</b>	2nd strata <b>16" FSL</b>	2nd strata <b>16" FSL</b>	2nd strata <b>16" FSL</b>	2nd strata <b>16" FSL</b>	2nd strata <b>16" FSL</b>	2nd strata <b>16" FSL</b>	2nd strata <b>16" FSL</b>	2nd strata <b>16" FSL</b>	2nd strata <b>16" FSL</b>	2nd strata <b>16" FSL</b>
Inches <b>4 1/2"</b>	Inches <b>4"</b>	Inches <b>4"</b>	Inches <b>4"</b>	Inches <b>4"</b>	Inches <b>4"</b>	Inches <b>4"</b>	Inches <b>4"</b>	Inches <b>4"</b>	Inches <b>4"</b>	Inches <b>4"</b>
3rd strata	3rd strata <b>1 1/2' to 2' FSL</b>	3rd strata <b>1 1/2' to 2' FSL</b>	3rd strata <b>1 1/2' to 2' FSL</b>	3rd strata <b>1 1/2' to 2' FSL</b>	3rd strata <b>1 1/2' to 2' FSL</b>	3rd strata <b>1 1/2' to 2' FSL</b>	3rd strata <b>1 1/2' to 2' FSL</b>	3rd strata <b>1 1/2' to 2' FSL</b>	3rd strata <b>1 1/2' to 2' FSL</b>	3rd strata <b>1 1/2' to 2' FSL</b>
Inches	Inches <b>16"</b>	Inches <b>16"</b>	Inches <b>16"</b>	Inches <b>16"</b>	Inches <b>16"</b>	Inches <b>16"</b>	Inches <b>16"</b>	Inches <b>16"</b>	Inches <b>16"</b>	Inches <b>16"</b>
Total Depth of observation hole	Total Depth of observation hole	Total Depth of observation hole	Total Depth of observation hole	Total Depth of observation hole	Total Depth of observation hole	Total Depth of observation hole	Total Depth of observation hole	Total Depth of observation hole	Total Depth of observation hole	Total Depth of observation hole
Inches <b>56"</b>	Inches	Inches	Inches <b>48"</b>	Inches	Inches	Inches	Inches	Inches	Inches	Inches
Max. Ground water table—mottling	Max. Ground water table—mottling	Max. Ground water table—mottling	Max. Ground water table—mottling	Max. Ground water table—mottling	Max. Ground water table—mottling	Max. Ground water table—mottling	Max. Ground water table—mottling	Max. Ground water table—mottling	Max. Ground water table—mottling	Max. Ground water table—mottling
Inches <b>16"</b>	Inches	Inches	Inches <b>22"</b>	Inches	Inches	Inches	Inches	Inches	Inches	Inches
Impervious layer, clay, etc.	Impervious layer, clay, etc.	Impervious layer, clay, etc.	Impervious layer, clay, etc.	Impervious layer, clay, etc.	Impervious layer, clay, etc.	Impervious layer, clay, etc.	Impervious layer, clay, etc.	Impervious layer, clay, etc.	Impervious layer, clay, etc.	Impervious layer, clay, etc.
Inches	Inches	Inches	Inches <b>34"</b>	Inches	Inches	Inches	Inches	Inches	Inches	Inches
Bedrock	Bedrock	Bedrock	Bedrock	Bedrock	Bedrock	Bedrock	Bedrock	Bedrock	Bedrock	Bedrock
<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident
Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock
Surface slope <b>0%</b>	Surface slope	Surface slope	Surface slope <b>8%</b>	Surface slope	Surface slope	Surface slope	Surface slope	Surface slope	Surface slope	Surface slope
Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II
<b>C-8</b>			<b>C-3</b>							

On **11-15-76** (date), a site investigation for this project was completed, supervised, this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the following type and size of private sewage disposal system, and I also recommend the proposed private sewage disposal system, layout and location shown on page 2.

Signature and Registration/Certification Number  
**Merle Brand**  
**PEH 1513**

Date signed **11-9-76**

Soil Scientist  
 Geologist  
 Soil Engineer  
 Other; must show current letter of certification to LPI

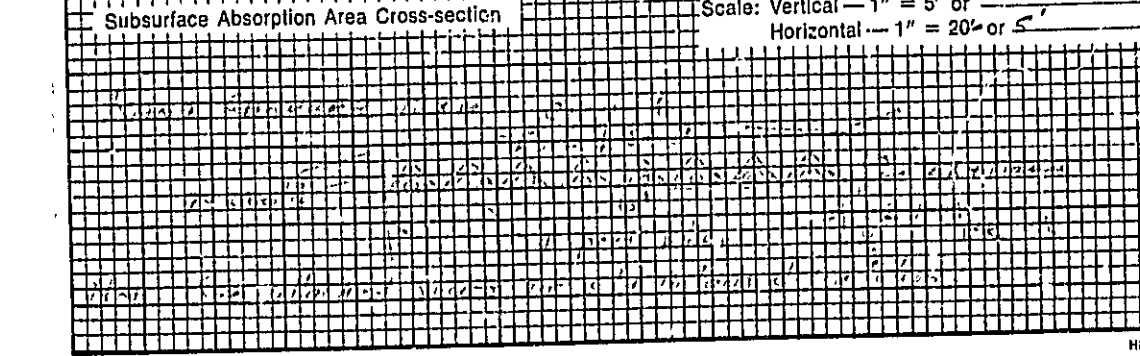
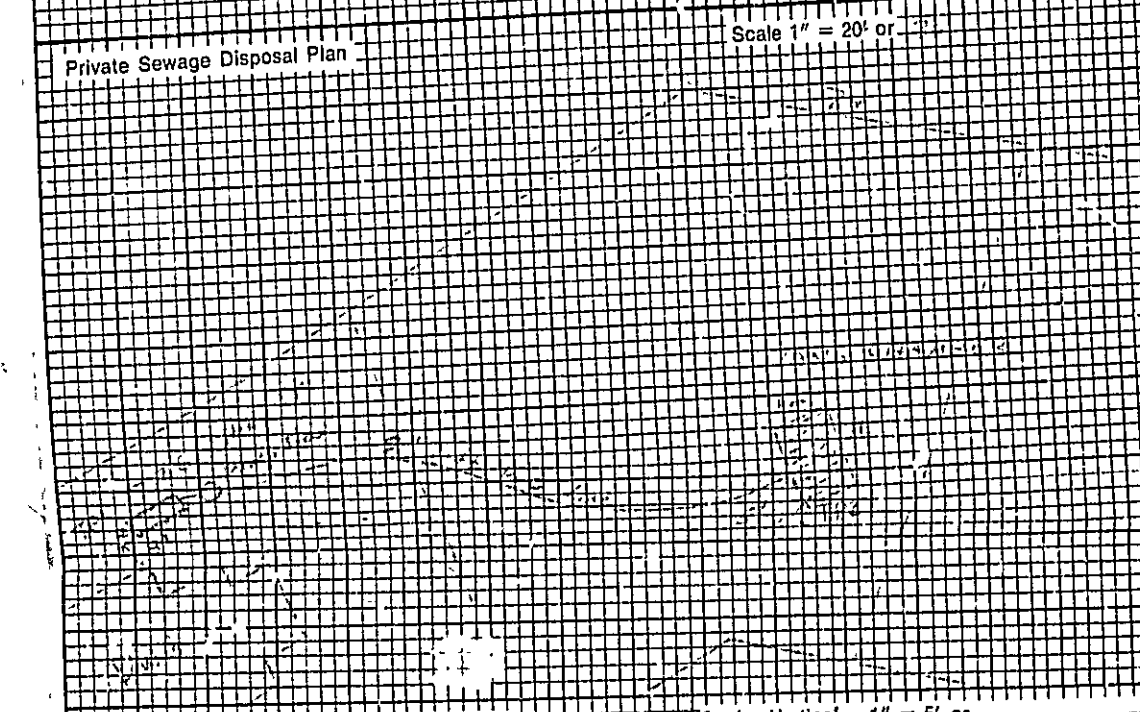
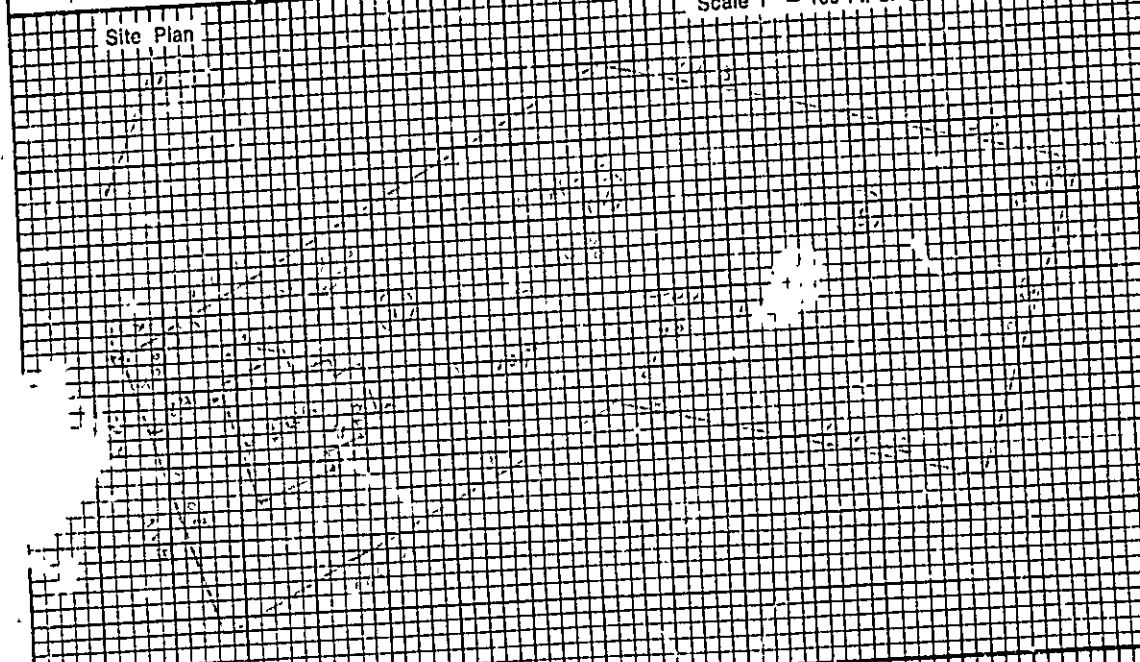
**PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED** Show location of system and details on sketch on page 2, and refer to completed sample form

<input type="checkbox"/> <b>COMBINED SYSTEM</b> <input type="checkbox"/> <b>SEPARATED SYSTEM</b> <input type="checkbox"/> <b>Sealed Vault Privy</b> <input type="checkbox"/> <b>Open Privy</b> <input type="checkbox"/> <b>Compost Toilet</b> <input type="checkbox"/> <b>Incinerator Toilet</b> <input type="checkbox"/> <b>Chemical Toilet</b> <input type="checkbox"/> <b>Other, describe</b>	<input type="checkbox"/> <b>TRENCH SYSTEM</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Manufacturer— <b>Mc Truck 16</b> Size in gallons <b>7.7</b>	<input type="checkbox"/> <b>TRENCH SYSTEM</b> Total trench length _____ <input type="checkbox"/> <b>Bed System</b> Length _____ Width _____ <input checked="" type="checkbox"/> <b>Chamber System</b> <input type="checkbox"/> Type A <input type="checkbox"/> Single File <input type="checkbox"/> Type F <input type="checkbox"/> Cluster <input type="checkbox"/> <b>Mound System</b> Length _____ Width _____ at base _____ <input type="checkbox"/> <b>Special System</b> Length _____ Width _____ <input type="checkbox"/> <b>Non-discharge System</b> Bed length _____ Width _____ Holding Tank Size _____ Gal. Manufacturer _____ <input type="checkbox"/> Alarm device provided, type _____	<input type="checkbox"/> <b>SITE MODIFICATION</b> Fill is— <input type="checkbox"/> required, <input type="checkbox"/> not required Fill will be _____ inches deep <b>DETAILS</b> <input type="checkbox"/> A Distribution Box is required Pumping is— <input type="checkbox"/> required, <input type="checkbox"/> not required The Dose will be _____ gallons <b>DISTANCES</b> <input type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 100 feet from any and all water bodies and courses (lake, pond, ocean, brook, stream, river); swamps, marshes; and bogs. <input type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies
	<input type="checkbox"/> <b>Aerobic Tank</b> Manufacturer— Model No _____ Size in gallons _____		

<b>PROPERTY/LOT LOCATION MAP</b> 	<b>FOR THE USE OF LPI ONLY</b> Denial Application is denied for following reasons; portions of the Code II are cited: <input type="checkbox"/> Site Plan, <input type="checkbox"/> Disposal System Plan, <input type="checkbox"/> Cross-Section, <input type="checkbox"/> Statement, See Section 23. <input type="checkbox"/> Site Investigation indicates site is <input type="checkbox"/> totally unsuitable for disposal system; Sections 45 and 95, Table 9-1 Group 9 and 10 <input type="checkbox"/> Unsuitable for system proposed; Section 43, 46, 95, Table 9-1. <input type="checkbox"/> System Proposed does not conform to Code; See Sections 9, _____ <input type="checkbox"/> Site Investigation indicates site modifications are necessary; See Sections <input type="checkbox"/> 43, <input type="checkbox"/> 44, <input type="checkbox"/> 46, <input type="checkbox"/> 87, _____ <input type="checkbox"/> Miscellaneous _____ See Section _____ Acceptance: Application for permit is approved <input type="checkbox"/> with condition specified, comply with Section _____ <input type="checkbox"/> without condition. Signed LPI <b>[Signature]</b> Date <b>11/15/76</b> HHE-200 7/74
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DUPLICATE — To be retained by the Plumbing Inspector  
MAINE DEPARTMENT OF HEALTH AND WELFARE  
APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT  
(For systems disposing of less than 2000 gallons per day)

Town Bowdoin Street, Road, etc. PO Box 100 Owner of property Michael G. G...  
 If on water body, give name Indian Island



HHE-200 7774

Statement: (no permit may be issued unless signed)  
 I certify that all the information submitted to be true and correct; and I understand that issuance of a permit is based upon the information and plans submitted by the applicant. I also understand that any falsification of this application is reason to deny a permit to install a private sewage disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I understand that no guarantee is intended or implied by reason of any advice or approval given by the Administrative Authority or its agent.

Date: X 11.15.196 Signature Required  
 Applicant: Michael G. G...  
 Owner: X Michael G. G...

# PERMIT TO INSTALL PLUMBING

PERMIT NUMBER **0481**

Address **105-B-21 Alexander Ave**  
 Installation For: **summer residence**  
 Owner of Bldg: **Jessie Stuart**  
 Owner's Address: **95 Prescott St - Cambridge, Mass.**  
 Plumber: **Red Rand Little Diamond** Date: **10-16-76**

Date Issued

Portland Plumbing Inspector

By **ERNOLD R. GOODWIN**

App. First Insp. **DCT 25 76**

Date

By

App. Final Insp.

Date

By

Type of Bldg.

- Commercial
- Residential
- Single
- Multi Family
- New Construction
- Remodeling

NEW	REPL			
		SINKS		
		LAVATORIES		
		TOILETS		
		BATH TUBS		
		SHOWERS	FLOOR	SURFACE
		DRAINS		
		HOT WATER TANKS		
		TANKLESS WATER HEATERS		
		GARBAGE DISPOSALS		25.00
<b>1</b>		SEPTIC TANKS		
		HOUSE SEWERS		
		ROOF LEADERS		
		AUTOMATIC WASHERS		3.00
		DISHWASHERS		
		OTHER	Fee	
			TOTAL	28.00

Building and Inspection Services Dept: Plumbing Inspection

DUPLICATE - To be retained by the Plumbing Inspector

MAINE DEPARTMENT OF HEALTH AND WELFARE  
 APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT (For systems disposing of less than 2000 gallons per day) This is NOT a permit; the form when completed must be presented to the Local Plumbing Inspector to obtain a permit Page 1 of 2

Town Portland Street, Road, etc. Little Diamond School Permit No. 04F4 Date 10/19/76  
 if on water supply line name

Owner of property Jessie Stuart 95 Prescott St Cambridge Mass 02138 Size of lot 10,635  Sq feet  Acres  
 Name & type of establishment if other than private home Summer Residence Is lot Zoned?  Yes  No Type of zoning  Residential  Commercial  Resource Protection

Name of applicant Jessie Stuart If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following:  
 Deed restriction re private sewage disposal  
 Copy of the subdivision's soils report  
 Soils report from a State Agency

Applicant's address 95 Prescott St Cambridge Mass Tel No \_\_\_\_\_  
 Town Maine Subdivision name \_\_\_\_\_ Lot No. 105-R-21  
 Applicant's signature \_\_\_\_\_ Date Oct 17 1976  
 Owner's signature Jessie Stuart Date Oct 17 1976

This application is for:  New System  Expanded System  Replacement System  Replacement of  Treatment Tank Only  Disposal Area Only  
 The water supply for this property is:  Dug well, depth \_\_\_\_\_ lining \_\_\_\_\_  Drilled well, depth \_\_\_\_\_ lining \_\_\_\_\_  Spring  Surface water  Body,  Course  with disinfection  without disinfection  Public Utility, name PUD # 1

SITE INVESTIGATION Show location of pits and/or borings on sketch on page 2, and refer to completed sample form and Chapter 4 of the Code, II.

Soil Profile No	Soil Profile No 1		Soil Profile No 2		Soil Profile No		Soil Profile No		Soil Profile No	
	<input checked="" type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input checked="" type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring
Organic strata	Inches 0"	Organic strata	Inches 2"	Organic strata	Inches	Organic strata	Inches	Organic strata	Inches	Organic strata
1st strata	<u>DK Br FSL</u>	1st strata	<u>DK Br FX</u>	1st strata		1st strata		1st strata		1st strata
Inches 8"		Inches 8"		Inches		Inches		Inches		Inches
2nd strata	<u>Lt Br V FSL</u>	2nd strata	<u>Lt Br V FSL</u>	2nd strata		2nd strata		2nd strata		2nd strata
Inches 16"		Inches 27"		Inches		Inches		Inches		Inches
3rd strata	<u>Lt Br - Olive V FSL</u>	3rd strata		3rd strata		3rd strata		3rd strata		3rd strata
Inches 8"		Inches		Inches		Inches		Inches		Inches
Total Depth of observation hole	Inches 51"	Total Depth of observation hole	Inches 42"	Total Depth of observation hole	Inches	Total Depth of observation hole	Inches	Total Depth of observation hole	Inches	Total Depth of observation hole
Max Ground water table - mottling	22" Inches	Max Ground water table - mottling	24" Inches	Max Ground water table - mottling	Inches	Max Ground water table - mottling	Inches	Max Ground water table - mottling	Inches	Max Ground water table - mottling
Impervious layer, clay, etc	Inches	Impervious layer, clay, etc	Inches	Impervious layer, clay, etc	Inches	Impervious layer, clay, etc	Inches	Impervious layer, clay, etc	Inches	Impervious layer, clay, etc
Bedrock	32" Inches	Bedrock	32" Inches	Bedrock	Inches	Bedrock	Inches	Bedrock	Inches	Bedrock
Type of Bedrock	<u>Very soft</u>	Type of Bedrock	<u>Very soft</u>	Type of Bedrock		Type of Bedrock		Type of Bedrock		Type of Bedrock
Surface slope	15%	Surface slope	15%	Surface slope	%	Surface slope	%	Surface slope	%	Surface slope
Soil Group & Condition per Table 9-1 of the Code, II	A-2	Soil Group & Condition per Table 9-1 of the Code, II	A-2	Soil Group & Condition per Table 9-1 of the Code, II		Soil Group & Condition per Table 9-1 of the Code, II		Soil Group & Condition per Table 9-1 of the Code, II		Soil Group & Condition per Table 9-1 of the Code, II

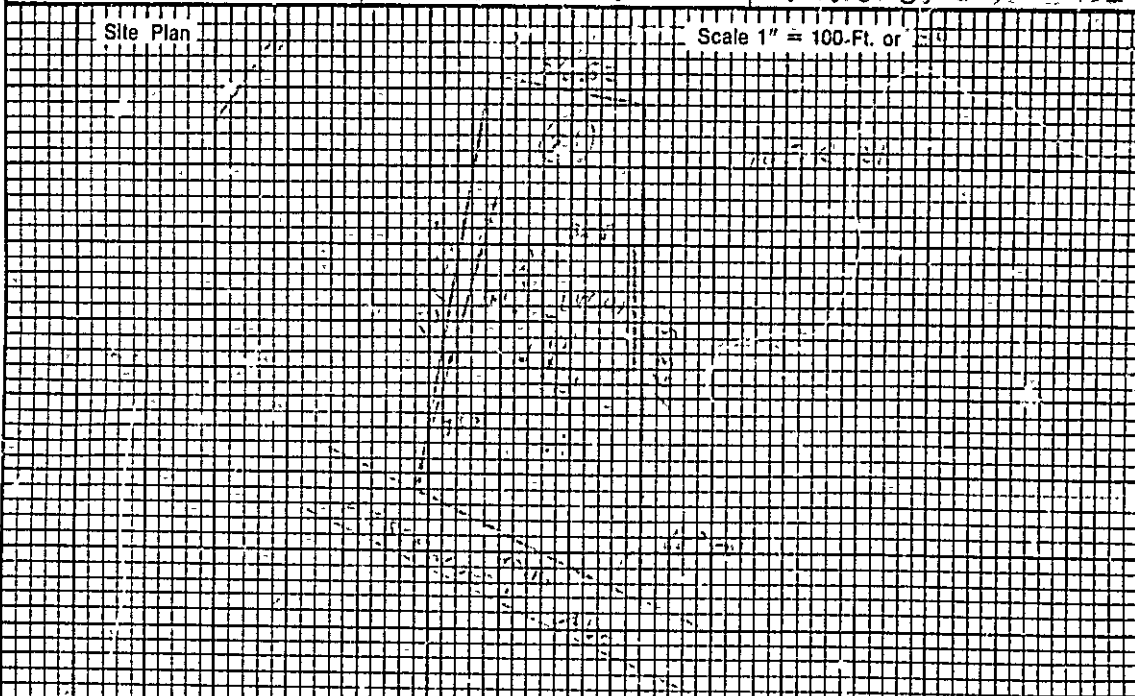
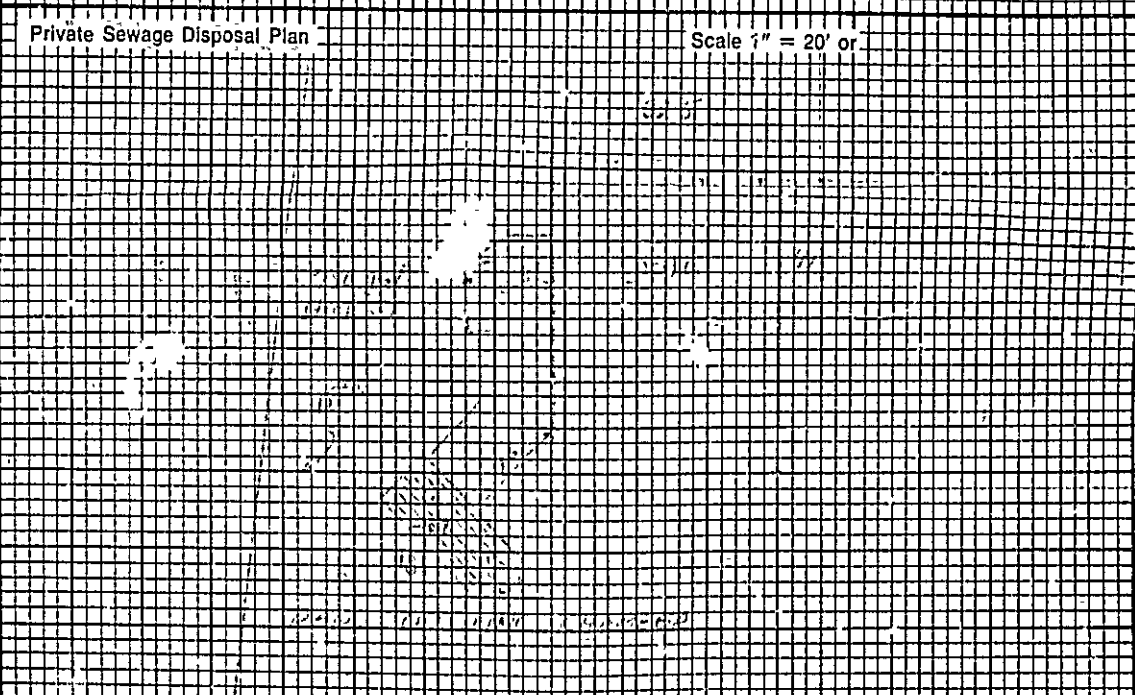
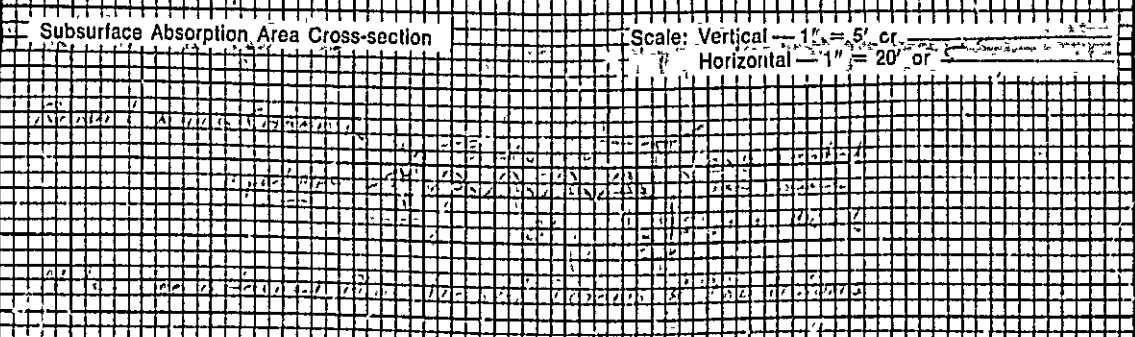
On 9-15-76 (date), a site investigation for this project was completed. I supervised this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the following type and size of private sewage disposal system. I also recommend the proposed private sewage disposal system layout and location shown on page 2.  
 Signature Richard W. ... PE # 1513  
 Date signed 9-17-76

PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED Show location of system and details on sketches on page 2, and refer to completed sample form

<b>SYSTEM</b> <input checked="" type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Open Pit Privy <input type="checkbox"/> Compost Toilet <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Other, describe _____ See Chapter 9 of the Code, II.	<b>TREATMENT</b> <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Metal Manufacturer _____ Size in gallons <u>750</u> <input type="checkbox"/> Aerobic Tank Manufacturer _____ Model No. _____ Size in gallons _____	<b>SUBSURFACE ABSORPTION AREA</b>		<b>SITE MODIFICATION</b> Fill is <input checked="" type="checkbox"/> required, <input type="checkbox"/> not required Fill will be _____ inches deep <b>DETAILS</b> <input type="checkbox"/> A Distribution Box is required Pumping is <input type="checkbox"/> required, <input checked="" type="checkbox"/> is not required The Dose will be _____ gallons
		Type _____ <input type="checkbox"/> Trench System: Total trench length _____ <input type="checkbox"/> Bed System: Length _____ Width _____ <input type="checkbox"/> Chamber System: Number _____ <input type="checkbox"/> Type A <input type="checkbox"/> Single File <input type="checkbox"/> Cluster <input type="checkbox"/> Type F <input type="checkbox"/> _____ <input type="checkbox"/> Mound System: Length _____ Width _____ at base <input type="checkbox"/> Spacial System: Length _____ Width _____ <input type="checkbox"/> Non-discharge System: Bed Length _____ Width _____ Holder Tank Size _____ Gal Manufacturer _____ <input type="checkbox"/> Alarm device provided, type _____	SIZE <input type="checkbox"/> Very Small <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large	<b>DISTANCES</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - The proposed subsurface absorption area will be located at least 100 feet from any and all wells; springs; surface water bodies and courses (lake, pond, ocean, brook, stream, river); swamps; marshes, and bogs. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - The proposed subsurface absorption area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.

PROPERTY/LOT LOCATION MAP Little Diamond School  
 FOR THE USE OF LPI ONLY  
 Denial Application is denied for following reasons; portions of the Code II are cited  
 Form is incomplete (pg) as to  General Info,  Site Investigation,  System Proposed,  
 Site Plan,  Disposal System Plan,  Cross Section,  Statement See Section 2.3.  
 Site Investigation indicates site is  totally unsuitable for disposal system; Sections 4.5 and 9.5, Table 9-1 Group 9 and 10.  Unsuitable for system proposed; Sections 4.2, 4.8, 9.5, Table 9-1.  
 System Proposed does not conform to Code; See Sections 9.1.  
 Site Investigation indicates site modifications are necessary, See Sections  4.3,  4.4,  4.8,  6.7.  
 Non-scalar rows  
 Acceptance: Application is approved  with condition specified, comply with Section \_\_\_\_\_  
 Signed LPI [Signature] Date 10/19/76 HHE 200 7174

DUPLICATE — To be retained by the Plumbing Inspector  
 MAINE DEPARTMENT OF HEALTH AND WELFARE  
 APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT  
 (For systems disposing of less than 2000 gallons per day)

Town <u>Portland</u>	Street, Road, etc. <u>Passaic Ave</u> If on water body, give name <u>Little Diamond Island</u>	Owner of property <u>Jessie Stewart</u>
Site Plan	Scale 1" = 100-Ft. or	
		
Private Sewage Disposal Plan	Scale 1" = 20' or	
		
Subsurface Absorption Area Cross-section	Scale: Vertical — 1" = 5' or Horizontal — 1" = 20' or	
		

Statement: (no permit may be issued unless signed)  
 I certify that all the information submitted to be true and correct, and I understand that issuance of a permit is based upon the information and plans submitted by the applicant. I also understand that any falsification of this application is reason to deny a permit to install a private sewage disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I understand that no guarantee is intended or implied by reason of any advice or approval given by the Administrative Authority or its agent.

MHE 200 7/74

Signature Required

Date: X Oct 13, 1976  
 Applicant: \_\_\_\_\_  
 Owner: X Jessie Stewart



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date May 26, 1976 19  
 Receipt and Permit number A1869

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: H-1 Crescent Ave. Great Diamond Island  
 OWNER'S NAME: Kenneth Bowley ADDRESS: same

OUTLETS: (number of)  
 Lights \_\_\_\_\_  
 Receptacles \_\_\_\_\_ FEES  
 Switches \_\_\_\_\_  
 Plugmold \_\_\_\_\_ (number of feet)  
 TOTAL 30 ..... 3.00

FIXTURES: (number of)  
 Incandescent \_\_\_\_\_  
 Fluorescent \_\_\_\_\_ (Do not include strip fluorescent)  
 TOTAL \_\_\_\_\_  
 Strip Fluorescent, in feet \_\_\_\_\_

SERVICES:  
 Permanent, total amperes 200 ..... 3.00  
 Temporary \_\_\_\_\_

METERS: (number of) 1 ..... .50

MOTORS: (number of)  
 Fractional \_\_\_\_\_  
 1 HP or over \_\_\_\_\_

RESIDENTIAL HEATING:  
 Oil or Gas (number of units) \_\_\_\_\_  
 Electric (number of rooms) 6 ..... 6.00

COMMERCIAL OR INDUSTRIAL HEATING:  
 Oil or Gas (by a main boiler) \_\_\_\_\_  
 Oil or Gas (by separate units) \_\_\_\_\_  
 Electric (total number of kws) \_\_\_\_\_

APPLIANCES: (number of)  
 Ranges 1 Water Heaters 1  
 Cook Tops \_\_\_\_\_ Disposals 1  
 Wall Ovens \_\_\_\_\_ Dishwashers \_\_\_\_\_  
 Dryers 1 Compactors \_\_\_\_\_  
 Fans \_\_\_\_\_ Others (denote) \_\_\_\_\_  
 TOTAL ..... 6.00

MISCELLANEOUS: (number of)  
 Branch Panels \_\_\_\_\_  
 Transformers \_\_\_\_\_  
 Air Conditioners \_\_\_\_\_  
 Signs \_\_\_\_\_  
 Fire/Burglar Alarms \_\_\_\_\_  
 Circus, Fairs, etc. \_\_\_\_\_  
 Alterations to wires \_\_\_\_\_  
 Repairs after fire \_\_\_\_\_  
 Heavy Duty, 220v outlets \_\_\_\_\_  
 Emergency Lights, battery \_\_\_\_\_  
 Emergency Generators \_\_\_\_\_

INSTALLATION FEE DUE: 18.50

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE: \_\_\_\_\_  
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) ..... \_\_\_\_\_  
 FOR PERFORMING WORK WITHOUT A PERMIT (304-9) ..... \_\_\_\_\_  
 TOTAL AMOUNT DUE: 18.50

INSPECTION:  
 Will be ready on \_\_\_\_\_, 19\_\_\_\_; or Will Call

CONTRACTOR'S NAME: Don Mailman  
 ADDRESS: 1049 9 Froswick Ave. So. Portland  
 TEL.: 774-2771

MASTER LICENSE NO.: 2238 SIGNATURE OF CONTRACTOR: Don Mailman  
 LIMITED LICENSE NO.: \_\_\_\_\_

PERMIT TO INSTALL PLUMBING

Address Pessenden Ave. Casco Bay **Gr. D**  
 Installation for single family dwelling **PERMIT**  
 Owner of Bldg. Alden Pinninoro **and 14809**  
 Owner's Address Pittsfield, Me. 04967 **NUMBER 4009**  
 Plumber: OWNER **7-13-76**

Date Issued 7-13-76  
 Portland Plumbing Inspector  
 By ERNOLD R. GOODWIN

App. First Insp.  
 Date 1976  
 By [Signature]

App. Final Insp.  
 Date AUG  
 By [Signature]

- Type of Bldg.
- Commercial
  - Residential
  - Single
  - Multi Family
  - New Construction
  - Remodeling

NEW	REPL	OWNER	NO.	FEE
		SINKS		
		LAVATORIES		
		TOILETS		
		BATH TUBS		
		SHOWERS		
		DRAINS FLOOR SURFACE		
		HOT WATER TANKS		
		TANKLESS WATER HEATERS		
		GARBAGE DISPOSALS		
1		SEPTIC TANKS & Leaching field		25.00
		HOUSE SEWERS		
		ROOF LEADERS		
		AUTOMATIC WASHERS		
		DISHWASHERS		
		OTHER		
		fee		3.00
		TOTAL		28.00

Building and Inspection Services Dept.; Plumbing Inspection



JUL 1

MAINE DEPARTMENT OF HEALTH AND WELFARE APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT		(For systems disposing of less than 2000 gallons per day)	This is NOT a permit, this form when completed must be presented to the Local Plumbing Inspector to obtain a permit.		Page 1 of 2
Town <b>Portland</b>	Street, Road, etc. <b>WESGADEN AVE</b>	Permit No. <b>4667</b>	Date <b>7/13/76</b>		
Owner of property <b>Allen Finimare</b>		Owner's address <b>Apt. 20A New Englander Motor Inn Pittsfield, Maine 04967</b>		Size of lot <b>100.92</b>	<input type="checkbox"/> Sq feet <input type="checkbox"/> Acres
Name & type of establishment If other than private home <b>Summer Residence</b>		Is lot Zoned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Zoning <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Resource Protection		
Name of applicant Owner's agent <b>[Signature]</b>		If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following: <input type="checkbox"/> Deed restriction re private sewage disposal <input type="checkbox"/> Copy of the subdivision's soils report <input type="checkbox"/> Soils report from a State Agency			
Applicant's address Street, Box, etc. <b>[Address]</b>		Tel. No.		Subdivision name	
Town <b>[Town]</b>		Maine		Lot No. <b>105-9 -26</b>	
Applicant's signature <b>[Signature]</b>		Date <b>7/24/76</b>		Date <b>7/24/76</b>	
Owner's signature <b>[Signature]</b>		Date <b>7/24/76</b>			

This application is for  New System  Expanded System  Replacement System  Replacement of  Treatment Tank Only  Disposal Area Only

The water supply for this property is  Dug well, depth \_\_\_\_\_, lining \_\_\_\_\_  Drilled well, depth \_\_\_\_\_, lining \_\_\_\_\_  Spring  Public Utility, name **DUN**

depth \_\_\_\_\_ lining \_\_\_\_\_ Surface water  Body  Course  with disinfection  without disinfection

**SITE INVESTIGATION** Show location of pits and/or borings on sketch on page 2, and refer to completed sample form and Chapter 4 of the Code, II.

Soil Profile No.	Soil Profile No. 1		Soil Profile No. 2		Soil Profile No. 3		Soil Profile No. 4		Soil Profile No. 5	
	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring
Organic strata	Inches 0"	Inches 0"	Inches 0"	Inches 0"	Inches 0"	Inches 0"	Inches 0"	Inches 0"	Inches 0"	Inches 0"
1st strata	<b>Topsoil</b> Inches 12"	<b>Topsoil</b> Inches 9"	<b>Topsoil</b> Inches 9"	<b>Topsoil</b> Inches 9"	<b>Topsoil</b> Inches 9"	<b>Topsoil</b> Inches 9"	<b>Topsoil</b> Inches 9"	<b>Topsoil</b> Inches 9"	<b>Topsoil</b> Inches 9"	<b>Topsoil</b> Inches 9"
2nd strata	<b>Dr. Brn Sand &amp; Gravel</b> Inches 20"	<b>Dr. Brn Sand</b> Inches 24"	<b>Dr. Brn Sand</b> Inches 24"	<b>Dr. Brn Sand</b> Inches 24"	<b>Dr. Brn Sand</b> Inches 24"	<b>Dr. Brn Sand</b> Inches 24"	<b>Dr. Brn Sand</b> Inches 24"	<b>Dr. Brn Sand</b> Inches 24"	<b>Dr. Brn Sand</b> Inches 24"	<b>Dr. Brn Sand</b> Inches 24"
3rd strata	<b>Fine Silty Sand &amp; Gravel</b> Inches 22"	<b>Fine Silty Sand &amp; Gravel</b> Inches 22"	<b>Fine Silty Sand &amp; Gravel</b> Inches 22"	<b>Fine Silty Sand &amp; Gravel</b> Inches 22"	<b>Fine Silty Sand &amp; Gravel</b> Inches 22"	<b>Fine Silty Sand &amp; Gravel</b> Inches 22"	<b>Fine Silty Sand &amp; Gravel</b> Inches 22"	<b>Fine Silty Sand &amp; Gravel</b> Inches 22"	<b>Fine Silty Sand &amp; Gravel</b> Inches 22"	<b>Fine Silty Sand &amp; Gravel</b> Inches 22"
Total Depth of observation hole	Inches 58"	Inches 56"	Inches 56"	Inches 56"	Inches 56"	Inches 56"	Inches 56"	Inches 56"	Inches 56"	Inches 56"
Max. Ground water mottling	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident
Impervious layer, clay, etc.	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident
Bedrock	Inches	Inches 56"	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches
Type of Bedrock		<b>Schist</b>								
Surface slope										
Soil Group & Condition per Table 9-1 of the Code, II	<b>B-6</b>	<b>B-6</b>	<b>B-6</b>	<b>B-6</b>	<b>B-6</b>	<b>B-6</b>	<b>B-6</b>	<b>B-6</b>	<b>B-6</b>	<b>B-6</b>

On **9-25-75** (date), a site investigation for this project was completed. I supervised this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the following type and size of private sewage disposal system. I also recommend the proposed private sewage disposal system layout and location shown on page 2.

Signature **[Signature]** and Registration/Certification Number **PEP 1573** Date signed \_\_\_\_\_

Soil Scientist  Geologist  Soil Engineer  Other, must show current letter of certification to LPI

**PRIVATE, SEWAGE DISPOSAL SYSTEM PROPOSED** Show location of system and details on sketches on page 2, and refer to completed sample form

<b>SYSTEM</b> <input type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM <input type="checkbox"/> Septic Vault Privy <input type="checkbox"/> Open Pit Privy <input type="checkbox"/> Compost Toilet <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Other, describe _____ See Chapter 9 of the Code, II.	<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Manufacturer: <b>Mc Tank Co</b> Size in gallons: <b>750</b> <input type="checkbox"/> Aerobic Tank Manufacturer: _____ Model: _____ Size in gallons: _____	<b>SUBSURFACE ABSORPTION AREA</b> Type: _____ SIZE: _____ <input type="checkbox"/> Trench System: Total trench length _____ <input type="checkbox"/> Bed System: Length _____ Width _____ <input type="checkbox"/> Chamber System: Number _____ <input type="checkbox"/> Type A <input type="checkbox"/> Single File <input type="checkbox"/> Cluster <b>RASIC</b> <input type="checkbox"/> Type F <input type="checkbox"/> Mound System: Length _____ Width _____ at base <input type="checkbox"/> Special System: Length _____ Width _____ <input type="checkbox"/> Non discharge System: Bed Length _____ Width _____ Holding Tank Size _____ Gal. Manufacturer: _____ <input type="checkbox"/> Alarm device provided, type _____		<b>SITE MODIFICATION</b> Fill is <input type="checkbox"/> required, <input checked="" type="checkbox"/> not required Fill will be _____ inches deep <b>DETAILS</b> <input type="checkbox"/> A Distribution Box is required Pumping is <input type="checkbox"/> required, <input checked="" type="checkbox"/> is not required. The Dose will be _____ gallons.
		<b>DISTANCES</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 100 feet from any and all wells; springs, surface water bodies and courses (lake, pond, ocean, brook, stream, river); swamps; marshes; and bogs. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.		

**PROPERTY LOT LOCATION MAP**

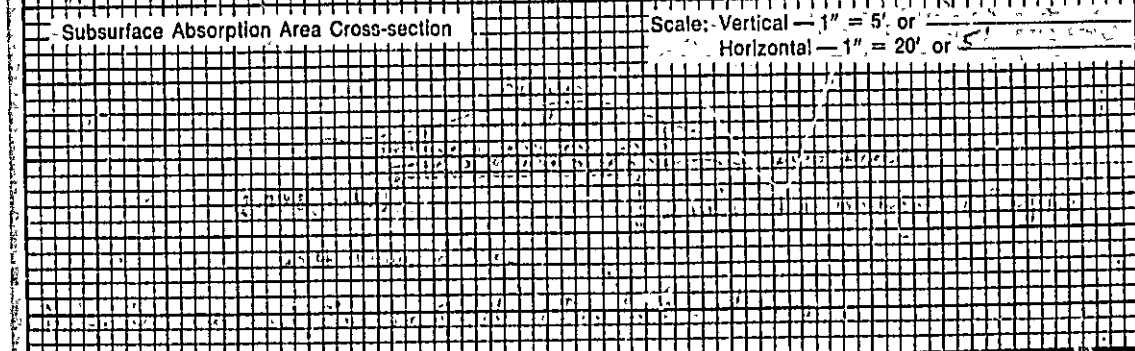
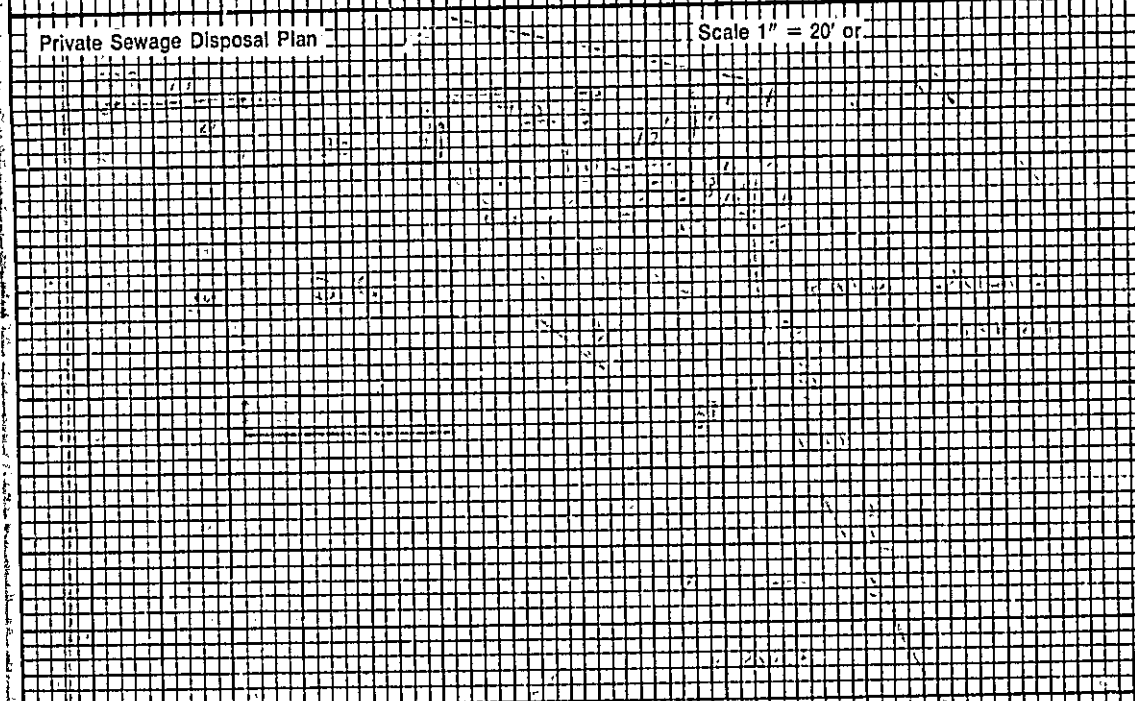
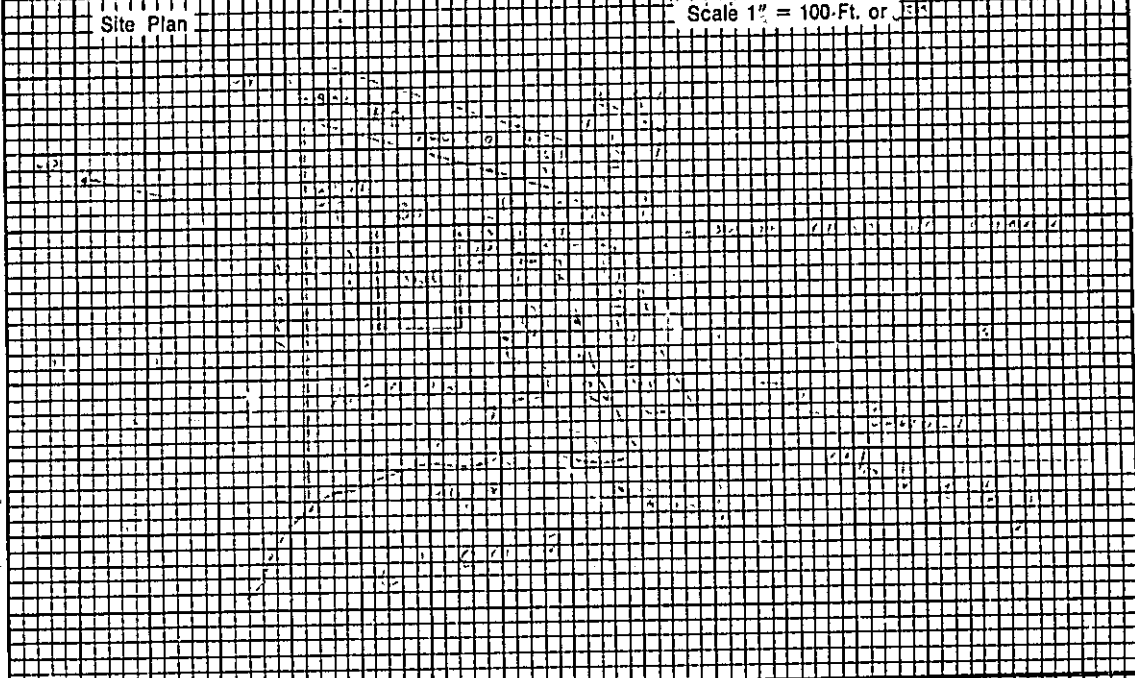
**FOR THE USE OF LPI ONLY**

Denial. Application is denied for following reasons; portions of the Code II are cited.  
 Form is incomplete (\_\_\_\_\_ pg) as to  General Info.  Site Investigation.  System Proposed.  
 Site Plan.  Disposal System Plan.  Cross Section.  Statement. See Section 2.3  
 Site Investigation indicates site is  totally unsuitable for disposal system; Sections 4.5 and 9.5, Table 9-1 Group 9 and 10.  Unsuitable for system proposed, Sections 4.3, 4.6, 9.5, Table 9-1.  
 System Proposed does not conform to Code; See Sections 9  
 Site Investigation indicates site modifications are necessary; See Sections  4.3,  4.4,  4.6.  
 Miscellaneous \_\_\_\_\_ See Section \_\_\_\_\_  
 Acceptance: Application for permit is approved  with condition specified, compl with Section \_\_\_\_\_  
 without condition.  
 Signed LPI \_\_\_\_\_ Date **7/12/76**

**DUPLICATE — To be retained by the Plumbing Inspector**  
**MAINE DEPARTMENT OF HEALTH AND WELFARE**  
**APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT**  
 (For systems disposing of less than 2000 gallons per day)

Page 1

Town <u>Portland</u>	Street, Road, etc. <u>Fessenden Ave</u> If on water body, give name <u>Casco Bay</u>	Owner of property <u>Alden Finnimore</u>
----------------------	---	--



Statement. (no permit may be issued unless signed)  
 I certify that all the information submitted to be true and correct; and I understand that issuance of a permit is based upon the information and plans submitted by the applicant. I also understand that any falsification of this application is reason to deny a permit to install a private sewage disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I understand that no guarantee is intended or implied by reason of any advice or approval given by the Administrative Authority or its agent.

Signature Required

Date: 6/17/76  
 Applicant: [Signature]  
 Owner: [Signature]



DAVID E. SMITH  
COMMISSIONER

STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333

July 6, 1976

Alden H. Finnimore  
New Englander Motor Inn  
Apartment 20A  
Pittsfield, ME 04967

Subject: Experimental Private Sewage Disposal System,  
Finnimore Property, Little Diamond Island, Fessenden Avenue, Portland

Dear Sir:

This is to acknowledge receipt of a completed HHE-200 Form dated June 24, 1976 for the subject property. Also received was an application and agreement form signed by yourself and Erno R. Goodwin, L.P.I. You are requesting permission to install a "Rand-plank" leaching chamber system in lieu of a conventional sewage disposal field and to locate the system 50 feet from the high water mark of Casco Bay.

In consideration of the plan dated June 24, 1976, and recommendations by Mr. Rand, this office will grant the responsible Local Plumbing Inspector the right to waive certain provisions of the Maine Plumbing Code for the following disposal system under authority of Section 3.14:

1. The installation of a 750 gallon septic tank followed by a 8' X 12' "Rand-plank" leaching chamber system. The installation is to follow the plan submitted with the proposal.
2. Additional area shall be held in reserve for possible future expansion of the disposal system, should the need arise.
3. The disposal system shall be located at least 50 feet from the high water mark of Casco Bay.
4. In all other respects the installation is to comply with the Maine Plumbing Code, Part II, Private Sewage Disposal Regulations.

Final approval of the sewage portion is subject to permit by the Local Plumbing Inspector before the construction of this system. A completed HHE-200 Form must be submitted to him for processing. The inspector is to be notified before covering the work, and the work is to be left uncovered until his inspection. He shall be supplied with copies of approved plans for his reference at inspection. Approval is also subject to any local ordinances.

Yours very truly,

*Russell S. Marten*  
W. Clough Toppan, Sanitary Engineer  
Plans and Standards Review  
Division of Health Engineering

RGM/mm  
cc: Erno R. Goodwin, LPI  
Paul Mathieu  
encl.

PERMIT TO INSTALL PLUMBING **Island**

Address **33B-1 Crescent Ave. Grt. Diamond** PERMIT NUMBER **4081**

Installation For **Septic system**

Corner of Bldg **Kenneth Rowley- 1 Poe St. Portland, Ma.**

Owner's Address **same**

Plumber **owner** Date **4-28-75**

NEW	REPL	NO	FFE
-----	------	----	-----

		SINKS		
		LAVATORIES		
		TOILETS		
		BATH TUBS		
		SHOWERS		
		DRAINS FLOOR SURFACE		
		POT WATER TANKS		
		TANKLESS WATER HEATERS		
		GARBAGE DISPOSALS		
X		SEPTIC TANKS	1	25.00
		HOUSE SEWERS		
		ROOF LEADERS		
		AUTOMATIC WASHERS		
		DISHWASHERS		
		OTHER		
		<b>Base fee</b>		<b>3.00</b>
		<b>TOTAL</b>		<b>28.00</b>

Date Issued **4-28-75**

Portland Plumbing Inspector  
By **ARNOLD B GOODWIN**

App. First Insp.

Date

App. First Insp.

Date

By

- Type of Bldg.
- Commercial
  - Residential
  - Single
  - Multi Family
  - New Construction
  - Remodeling

Building and Inspection Services Dept: Plumbing Inspection

July 19, 1976

Steve Fournier  
Land Use Consultants, Inc.  
1100 Forest Ave.  
Portland, Maine

Re: Lot 3 of new subdivision (Old Portland Assessors Plan 83-C-13)

Dear Sir:

This is an existing building and has its own private disposal system which there is no record of a malfunction of same for the last 12 years.

Therefore, it is and has been occupied for a good many years with absolutely no malfunction of this system. It is in a well traveled location and is observed by all coming and going when we are making inspections upon Great Diamond Island.

Very truly yours,

Ernold R. Goodwin, R.S.  
Chief Plumbing Inspector

ERG:k.

# CITY OF PORTLAND, MAINE

## Application for Permit to Install Wires

Permit No. 59059  
 Issued 7/10/72  
 Portland, Maine July 10, 1972

To the City Electrician, Portland, Maine:

The undersigned hereby applies for a permit to install wires for the purpose of conducting electric current, in accordance with the laws of Maine, the Electrical Ordinance of the City of Portland, and the following specifications:

(1) Form must be completely filled out - Minimum Fee, \$1.00

Owner's Name and Address Mrs. Susan Kato 7 Logwood Park Belmont

Contractor's Name and Address P. J. Corrigan Peaks Island

Location Great Diamond Island Use of Building Building

Number of Families .. Apartments .. Stores .. Number of Stories 2

Description of Wiring: New Work .. Additions 2 .. Alterations ..

Pipe .. Cable .. Metal Molding .. BX Cable .. Plug Molding (No. of feet) ..

No. Light Outlets .. Plugs .. Light Circuits .. Plug Circuits ..

FIXTURES: No. .... Fluor. or Strip Lighting (No. feet) ..

SERVICE: Pipe .. Cable  .. Underground .. No. of Wire 3 .. Size 12

METERS: Relocated  .. Added .. Total No. Meters ..

MOTORS: Number .. Phase .. H. P. .. Amps .. Volts .. Starter ..

HEATING UNITS: Domestic (Oil) .. No. Motors .. Phase .. H.P. ....

Commercial (Oil) .. No. Motors .. Phase .. H.P. ....

Electric Heat (No. of Rooms) ..

APPLIANCES: No. Ranges .. Watts .. Brand Feeds (Size and No.) ..

Water Elec. Heaters 1 .. Watts 4500 .. Extra Cabinets or Panels ..

Miscellaneous .. Watts .. Signs (No. Units) ..

Transformers .. Air Conditioners (No. Units) ..

Will commence July .. ready to cover in .. 19 .. Inspection July 12 1972

Amount of Fee \$ 3 .. Signed E. E. Corrigan

DO NOT WRITE BELOW THIS LINE

SERVICE .....	METER .....	GROUND .....
VISITS: 1 .....	2 .....	3 .....
4 .....	5 .....	6 .....
7 .....	8 .....	9 .....
10 .....	11 .....	12 .....

REMARKS:

INSPECTED BY .....

(OVER)

1837

### CITY OF PORTLAND, MAINE Application for Permit to Install Wires

Permit No. 59062  
Issued 7-10-72  
July 10, 1972

Portland, Maine

To the City Electrician, Portland, Maine:

The undersigned hereby applies for a permit to install wires for the purpose of conducting electric current, in accordance with the laws of Maine, the Electrical Ordinance of the City of Portland, and the following specifications:

*(This form must be completely filled out - Minimum Fee, \$1.00)*

Owner's Name and Address Helen Arcey Sunset Drive Grant, Diamond Island

Contractor's Name and Address Gowen Eng. Commercial Ed.

Location \_\_\_\_\_ Use of Building House

Number of Families 1 Apartments \_\_\_\_\_ Stores \_\_\_\_\_ Number of Stories 2

Description of Wiring: New Work \_\_\_\_\_ Additions \_\_\_\_\_ Alterations ✓

..... Change service to 100 AMP

Pipe Cable \_\_\_\_\_ Metal Molding \_\_\_\_\_ BX Cable \_\_\_\_\_ Plug Molding (No. of feet) \_\_\_\_\_

No. Light Outlets \_\_\_\_\_ Plugs \_\_\_\_\_ Light Circuits \_\_\_\_\_ Plug Circuits \_\_\_\_\_

FIXTURES: No. \_\_\_\_\_ Fluor. or Strip Lighting (No. feet) \_\_\_\_\_

SERVICE: Pipe \_\_\_\_\_ Cable \_\_\_\_\_ Underground \_\_\_\_\_ No. of Wires \_\_\_\_\_ Size \_\_\_\_\_

METERS: Relocated \_\_\_\_\_ Added \_\_\_\_\_ Total No. Meters \_\_\_\_\_

MOTORS: Number \_\_\_\_\_ Phase \_\_\_\_\_ H. P. \_\_\_\_\_ Amps \_\_\_\_\_ Volts \_\_\_\_\_ Starter \_\_\_\_\_

HEATING UNITS: Domestic (Oil) \_\_\_\_\_ No. Motors \_\_\_\_\_ Phase \_\_\_\_\_ H.P. \_\_\_\_\_

Commercial (Oil) \_\_\_\_\_ No. Motors \_\_\_\_\_ Phase \_\_\_\_\_ H.P. \_\_\_\_\_

Electric Heat (No. of Rooms) \_\_\_\_\_

APPLIANCES: No Ranges \_\_\_\_\_ Watts \_\_\_\_\_ Brand Freeds (Size and No.) \_\_\_\_\_

Elec. Heaters \_\_\_\_\_ Watts \_\_\_\_\_

Miscellaneous \_\_\_\_\_ Watts \_\_\_\_\_ Extra Cabinets or Panels \_\_\_\_\_

Transformers \_\_\_\_\_ Air Conditioners (No. Units) \_\_\_\_\_ Signs (No. Units) \_\_\_\_\_

Will commence \_\_\_\_\_ 19 \_\_\_\_\_ Ready to cover in \_\_\_\_\_ 19 \_\_\_\_\_ Inspection will call

Amount of Fee \$ \_\_\_\_\_

Signed Joseph Ben Harrison  
Murie

DO NOT WRITE BELOW THIS LINE

SERVICE ..	METER			GROUND		
VISITS: 1	2	3	4	5	6	...
7	8	9	10	11	12	

REMARKS:

INSPECTED BY

(OVER)

## CITY OF PORTLAND, MAINE

### Application for Permit to Install Wires

Permit No. \_\_\_\_\_  
 Issued \_\_\_\_\_  
 Portland, Maine 7-6 ... , 19 72

To the City Electrician, Portland, Maine:

The undersigned hereby applies for a permit to install wires for the purpose of conducting electric current, in accordance with the laws of Maine, the Electrical Ordinance of the City of Portland, and the following specifications:

(This form must be completely filled out -- Minimum Fee, \$1.00)

Owner's Name and Address Kenneth Bowley Tel. \_\_\_\_\_  
 Contractor's Name and Address \_\_\_\_\_ Tel. \_\_\_\_\_  
 Location St. Maria Isl. Use of Building \_\_\_\_\_  
 Number of Families \_\_\_\_\_ Apartments \_\_\_\_\_ Stores \_\_\_\_\_ Number of Stories \_\_\_\_\_  
 Description of Wiring: New Work \_\_\_\_\_ Additions \_\_\_\_\_ Alterations \_\_\_\_\_  
Temp. Service  
 Pipe ... Cable ... Metal Molding \_\_\_\_\_ BX Cable \_\_\_\_\_ Plug Molding (No. of feet) \_\_\_\_\_  
 No. Light Outlets \_\_\_\_\_ Plugs \_\_\_\_\_ Light Circuits \_\_\_\_\_ Plug Circuits \_\_\_\_\_  
**FIXTURES:** No. \_\_\_\_\_ Fluor. or Strip Lighting (No. feet) \_\_\_\_\_  
**SERVICE:** Pipe \_\_\_\_\_ Cable \_\_\_\_\_ Underground \_\_\_\_\_ No. of Wires \_\_\_\_\_ Size \_\_\_\_\_  
**METERS:** Relocated \_\_\_\_\_ Added \_\_\_\_\_ Total No. Meters \_\_\_\_\_  
**MOTORS:** Number \_\_\_\_\_ Phase \_\_\_\_\_ H. P. \_\_\_\_\_ Amps \_\_\_\_\_ Volts \_\_\_\_\_ Starter \_\_\_\_\_  
**HEATING UNITS:** Domestic (Oil) \_\_\_\_\_ No. Motors \_\_\_\_\_ Phase \_\_\_\_\_ H.P. \_\_\_\_\_  
 Commercial (Oil) \_\_\_\_\_ No. Motors \_\_\_\_\_ Phase \_\_\_\_\_ H.P. \_\_\_\_\_  
 Electric Heat (No. of Rooms) \_\_\_\_\_  
**APPLIANCES:** No. Ranges \_\_\_\_\_ Watts \_\_\_\_\_ Brand Feeds (Size and No.) \_\_\_\_\_  
 Elec. Heaters \_\_\_\_\_ Watts \_\_\_\_\_  
 Miscellaneous \_\_\_\_\_ Watts \_\_\_\_\_ Extra Cabinets or Panels \_\_\_\_\_  
 Transformers \_\_\_\_\_ Air Conditioners (No. Units) \_\_\_\_\_ Signs (No. Units) \_\_\_\_\_  
 Will commence \_\_\_\_\_ 19 \_\_\_\_\_ Ready to cover in \_\_\_\_\_ 19 \_\_\_\_\_ Inspection \_\_\_\_\_ 19 \_\_\_\_\_  
 Amount of Fee \$ 1.00

Signed Kenneth A. Bowley P.E.

DO NOT WRITE BELOW THIS LINE

SERVICE .....	METER				GROUND	
VISITS: 1	2	3	4	5	6	
..... 7	8	9	10	11	12	

REMARKS:

INSPECTED BY



# REPLACEMENT SYSTEM VARIANCE REQUEST

## THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application for the proposed replacement system which does not comply with the Rules. The LPI shall review the Replacement System Variance Request and Application 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 from the rules.
2. A system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

### GENERAL INFORMATION

Permit No. 3975 E Town of PORTLAND  
Date Permit Issued 9/7/90  
MONTH/DAY/YEAR  
Property Owner's Name TIM FLAHERTY Tel. No. \_\_\_\_\_  
System's Location: BAY AVE. GREAT DIAMOND ISLAND  
STREET  
PORTLAND Maine ZIP  
TOWN  
Property Owner's Address: TIM FLAHERTY REAL ESTATE  
(if different from above) 23 BRIDGTON ROAD STREET  
WESTBROOK, ME. 04092 STATE ZIP  
TOWN STATE ZIP

### SPECIFIC INSTRUCTIONS TO THE:

#### 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, then complete this Replacement Variance Request with your signature on reverse side of form.

#### PROPERTY OWNER:

It 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.

The OWNER shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

Tim J. Flaherty  
PROPERTY OWNER'S SIGNATURE

9-7-90  
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
<b>SOILS</b>					
Soil Profile	Ground Water Table	to 8"		7	inches
Soil Condition	Restrictive Layer	to 8"		7	inches
from HHE-200	Bedrock	to 10"			inches
<b>SFTBACK DISTANCES (IN FEET)</b>					
	*FROM	TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
Potable Water Supplies	1. Well: > 2000 gal/day	100'	300'		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50'	60'		
	b. Property Owner's	25'	50'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

**OTHER**

1. Fill extension Grade--to 3:1

2.

3.

**Footnotes:**

- a. This setback distance cannot be reduced by variance. See Table 6-2.  
b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but 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

*Richard Sweet*  
SITE EVALUATOR'S SIGNATURE

9-6-90  
DATE

**LPI STATEMENT**

I, *E. J. Spade*, LPI for the Town of *Rollins* *5170*, have conducted an on-site inspection for the proposed replacement system and have determined to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Wastewater Disposal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System 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 Variance\* exceed(s) 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, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments:

*George R. Jordan* *123*  
LPI'S SIGNATURE

9/7/90  
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

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department  
Division of  
6.

PROPERTY ADDRESS  
Town Or Plantation GREAT DIAMOND IS.  
PORTLAND  
Street  
Subdivision Lot # BAY AVE  
PROPERTY OWNERS NAME  
Last FLAHERTY First TIM  
Applicant Name  
Mailing Address of Owner/Applicant (If Different)

PORTLAND 3975  
Date Permit Issued: 12/9/90 \$ 40  Double Fee Charged  
Kenneth A. Adams L.P.I. # 01122  
Local Plumbing Inspector Signature

**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  
Kenneth A. Adams 1601 2-20-91  
Local Plumbing Inspector Signature Date Approved

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></p> <p>1 <input type="checkbox"/> NEW SYSTEM 2 <input checked="" type="checkbox"/> REPLACEMENT SYSTEM 3 <input type="checkbox"/> EXPANDED SYSTEM 4 <input type="checkbox"/> EXPERIMENTAL SYSTEM</p> <p><b>SEASONAL CONVERSION</b> 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 - P# 8 <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1 <input type="checkbox"/> NO RULE VARIANCE 2 <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3 <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a <input checked="" 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><b>INSTALLATION IS:</b></p> <p>COMPLETE SYSTEM</p> <p>1 <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM 2 <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3 <input type="checkbox"/> ENGINEERED (+2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS</p> <p>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><b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED <u>1974</u> THE FAILING SYSTEM IS: 1 <input type="checkbox"/> BED 3 <input type="checkbox"/> TRENCH 2 <input type="checkbox"/> CHAMBER 4 <input checked="" type="checkbox"/> OTHER <u>SEE PIPE</u></p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></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 _____</p>	<p><b>TYPE OF WATER SUPPLY</b> <u>PUBLIC</u></p>
<p>SIZE OF PROPERTY <u>25,714 SF</u> ZONING <u>SHORELAND</u></p>	<p>SPECIFY _____</p>	

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <p>1 <input checked="" type="checkbox"/> SEPTIC <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2 <input type="checkbox"/> AEROBIC SIZE <u>1000</u> GALS.</p>	<p><b>WATER CONSERVATION</b></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><b>PUMPING</b></p> <p>1 <input type="checkbox"/> NOT REQUIRED 2 <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3 <input checked="" type="checkbox"/> REQUIRED DOSE _____ GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC)</b></p> <p><u>4 BEDROOMS</u></p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE <u>B</u> CONDITION <u>D</u> DEPTH TO LIMITING FACTOR <u>7</u></p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1 <input type="checkbox"/> SMALL 2 <input type="checkbox"/> MEDIUM 3 <input type="checkbox"/> MEDIUM-LARGE 4 <input checked="" type="checkbox"/> LARGE 5 <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1 <input type="checkbox"/> BED _____ Sq Ft 2 <input checked="" type="checkbox"/> CHAMBER <u>540</u> Sq Ft <input checked="" type="checkbox"/> PLASTIC <input type="checkbox"/> H-20 3 <input type="checkbox"/> TRENCH _____ Linear Ft 4 <input type="checkbox"/> OTHER _____</p>	<p><b>DESIGN FLOW</b> <u>375</u> (GALLONS/DAY)</p>

**SITE EVALUATOR STATEMENT**  
On 8/9/90 (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.  
Richard Adams 034 9-6-90  
Site Evaluator Signature CE# Date  
(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion)

# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 289-3826

**PROPERTY ADDRESS**

Town Or Plantation: Portland

Street: 87-A-1, 2, 3, 5, 1

Subdivision Lot #: GREAT DIA M50 151

**PROPERTY OWNERS NAME**

Last: Wiggins First: Theresa

Applicant Name: Theresa Wiggins

Mailing Address of Owner/Applicant (if different): 21 One Plaza Dr.

PORTLAND PERMIT # 356 TOWN COPY

Date Permit Issued: 3.23.84

FEE:  Double Charged

L.P.I. # \_\_\_\_\_

Local Plumbing Inspector Signature: \_\_\_\_\_

**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: Theresa Wiggins Date: 3-23-84

**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: [Signature] Date Approved: AUG 22 1984

**PERMIT INFORMATION**

This Application is for:

1.  NEW PLUMBING

2.  RELOCATED PLUMBING

Type Of Structure To Be Served:

1.  SINGLE FAMILY DWELLING

2.  MODULAR OR MOBILE HOME

3.  MULTIPLE FAMILY DWELLING

4.  OTHER - SPECIFY: \_\_\_\_\_

Plumbing To Be Installed By:

1.  MASTER PLUMBER

2.  OIL BURNERMAN

3.  MFG'D HOUSING DEALER/MECHANIC

4.  PUBLIC UTILITY EMPLOYEE

5.  PROPERTY OWNER

LICENSE # 11677

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type Of Fixture	Number	Column 1 Type Of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District		Hosebibb / Slickcock		Bathtub (and Shower)
		7	Floor Drain	1	Shower (Separate)
			Urinal	1	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain	1	Wash Basin
			Indirect Waste	1	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)	1	Other: <u>HOUSE SEWER</u>	1	Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	5	Fixtures (Subtotal) Column 1
				8	Fixtures (Subtotal) Column 2
				13	Total Fixtures
				36	Fixture Fee
\$					Hook-Up Fee
\$					Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

Permit # 940474 City of Portland BUILDING PERMIT APPLICATION Fee 95.00 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: McKinley Partners Phone # \_\_\_\_\_

Address: \_\_\_\_\_

LOCATION OF CONSTRUCTION Great Diamond Island

Contractor: Wright-Ryan Const. Sub: \_\_\_\_\_  
10 Danforth St Portland, ME 04101

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Est. Construction Cost: 15,000. Proposed Use: Restrooms

Past Use: Ice Storage Shed

# of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_

Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

# Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_

Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_

Explain Conversion Make Interior Renovation

083-B-M-001

Foundation:

1. Type of Soil: \_\_\_\_\_
2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_
3. Footings Size: \_\_\_\_\_
4. Foundation Size: \_\_\_\_\_
5. Other \_\_\_\_\_

Floor:

1. Sills Size: \_\_\_\_\_ Sills must be anchored.
2. Girder Size \_\_\_\_\_
3. Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_
4. Joists Size \_\_\_\_\_ Spacing If O.C. \_\_\_\_\_
5. Bridging Type \_\_\_\_\_ Size: \_\_\_\_\_
6. Floor Sheathing Type \_\_\_\_\_ Size: \_\_\_\_\_
7. Other Material \_\_\_\_\_

Exterior Walls:

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. No. windows \_\_\_\_\_
3. No. Doors \_\_\_\_\_
4. Header Size \_\_\_\_\_ Span(s) \_\_\_\_\_
5. Bracing: \_\_\_\_\_ No. \_\_\_\_\_
6. Corner Posts Size \_\_\_\_\_
7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_
10. Masonry Materials \_\_\_\_\_
11. Metal Materials \_\_\_\_\_

Interior Walls:

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
3. Wall Covering Type \_\_\_\_\_
4. Fire Wall if required \_\_\_\_\_
5. Other Materials \_\_\_\_\_

White - Tax Assessor

For Official Use Only

Date 23 May 1994 Subdivision: \_\_\_\_\_  
 Inside Fire Limits: \_\_\_\_\_ Name MAY 24 1994  
 Bldg Code: \_\_\_\_\_ Lot \_\_\_\_\_  
 Time Limit: \_\_\_\_\_ Ownership: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_

Zoning:

Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ B. ck \_\_\_\_\_ Side \_\_\_\_\_ 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 (Explain) W/S 15-24-94

Ceiling:

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

Roof:

1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
3. Roof Covering Type \_\_\_\_\_

Chimneys:

Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

Heating:

Type of Heat: \_\_\_\_\_

Electrical:

Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

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:

1. Type: \_\_\_\_\_
2. Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_
3. Must conform to National Electrical Code and State Law.

Permit Received By Mary Gresik

Signature of Applicant Bill Paschkey Date 23 May 94

CEO's District \_\_\_\_\_

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

Permit # 940346 City of Portland BUILDING PERMIT APPLICATION Fee 520.00 Zone \_\_\_\_\_ Map # PERMIT ISSUED

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: George Bell Phone # \_\_\_\_\_

Address: \_\_\_\_\_

LOCATION OF CONSTRUCTION 083-F-A-027 Great Diamond Island

Contractor: Wright-Ryan Sub: Building # 27

Address: 10 Danforth St Portland, ME 04101 Phone # 773-3625

Est. Construction Cost: 100,000.00 Propose Use: 1-fam

Past Use: Jail

# of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_

Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq Ft. \_\_\_\_\_

# Stairs: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_

Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_

Explain Conversion: Change of Use from Jail to 1-fam with Int Reno

as per plans  
Foundation:

1. Type of Soil: \_\_\_\_\_
2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_
3. Footings Size: \_\_\_\_\_
4. Foundation Size: \_\_\_\_\_
5. Other \_\_\_\_\_

Floor:

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

Exterior Walls:

1. Studding Size: \_\_\_\_\_
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: \_\_\_\_\_ Weather Exposure \_\_\_\_\_
10. Masonry Materials: \_\_\_\_\_
11. Metal Materials: \_\_\_\_\_

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 REQUIREMENTS**  
White - Tax Assessor

**For Official Use Only** APR 29 1994

Date: 17 March 1994 Subdivision: \_\_\_\_\_ Name: \_\_\_\_\_

Inside Fire Limits: \_\_\_\_\_ Bldg Code: \_\_\_\_\_ Ownership: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_

Time Limit: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_

Zoning: IR-1  
Street Frontage Provided: \_\_\_\_\_  
Provided Setbacks Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_

Review Required:  
Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
Special Exception \_\_\_\_\_  
Other (Explain): 4-29-94

**HISTORIC PRESERVATION**

Attaching:  
1. Ceiling Joists Size \_\_\_\_\_ Not in District nor Load calc.  
2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_ Does not require review  
3. Type Ceiling \_\_\_\_\_ Size \_\_\_\_\_ Requires Review  
4. Insulation Type \_\_\_\_\_  
5. Ceiling Height: \_\_\_\_\_

Roof:  
1. Truss or Rafter Size \_\_\_\_\_ Sp. \_\_\_\_\_ Approved \_\_\_\_\_  
2. Sheath Type \_\_\_\_\_ Size \_\_\_\_\_  
3. Roof Covering Type \_\_\_\_\_

Chimneys:  
Type \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

Roofing:  
Type of Heat: \_\_\_\_\_

Electrical:  
Service Entrance Size \_\_\_\_\_ Smoke Detector required Yes \_\_\_\_\_ No \_\_\_\_\_

Combustibles:  
1. Approval of \_\_\_\_\_ test if required Yes \_\_\_\_\_ No \_\_\_\_\_  
2. No. of Tubes or Showers \_\_\_\_\_  
3. No. of Flushes \_\_\_\_\_  
4. No. of Lavatories USE UP A-3 TYPE 3-15  
5. No. of Other Fixtures \_\_\_\_\_

Swimming Pools:  
1. Type: \_\_\_\_\_  
2. Pool Size: \_\_\_\_\_ Square Footage \_\_\_\_\_  
3. Must conform to National Electrical Code and State Law

Permit Received By: Mary Gralik

Signature of Applicant: [Signature] Date 17 March 94

Signature of Approver: [Signature]

CEO's District: 8111 Paschke

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

766-2961 IS. NO.  
page 870-9539

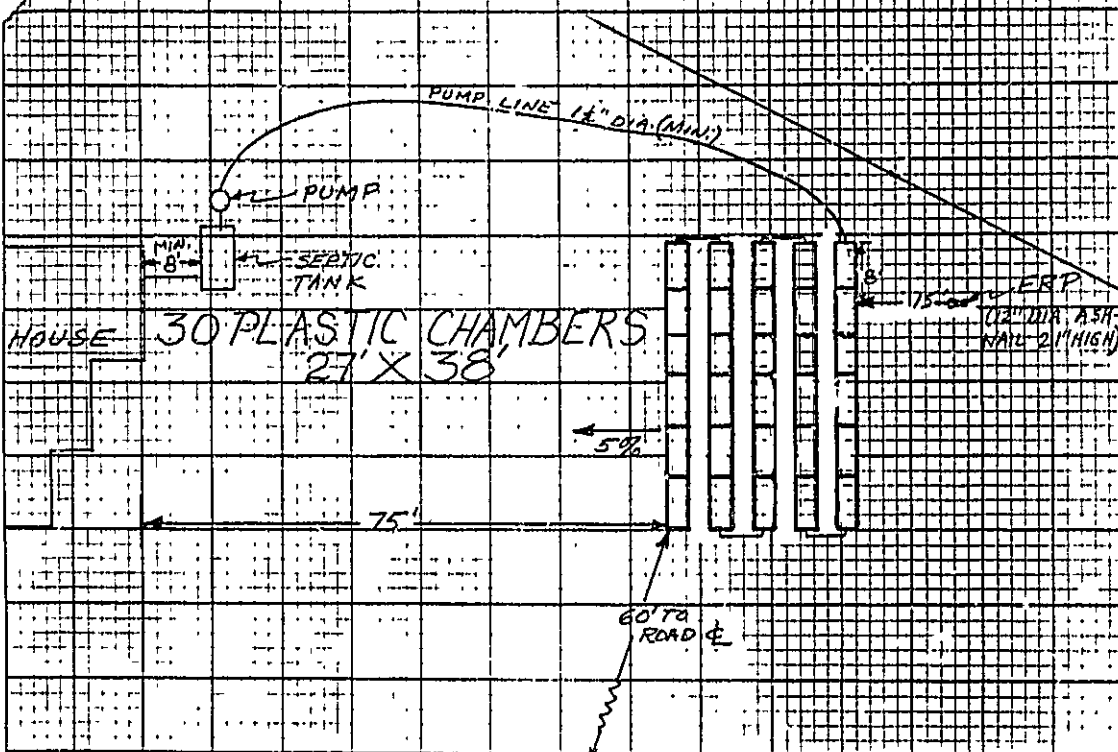
WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

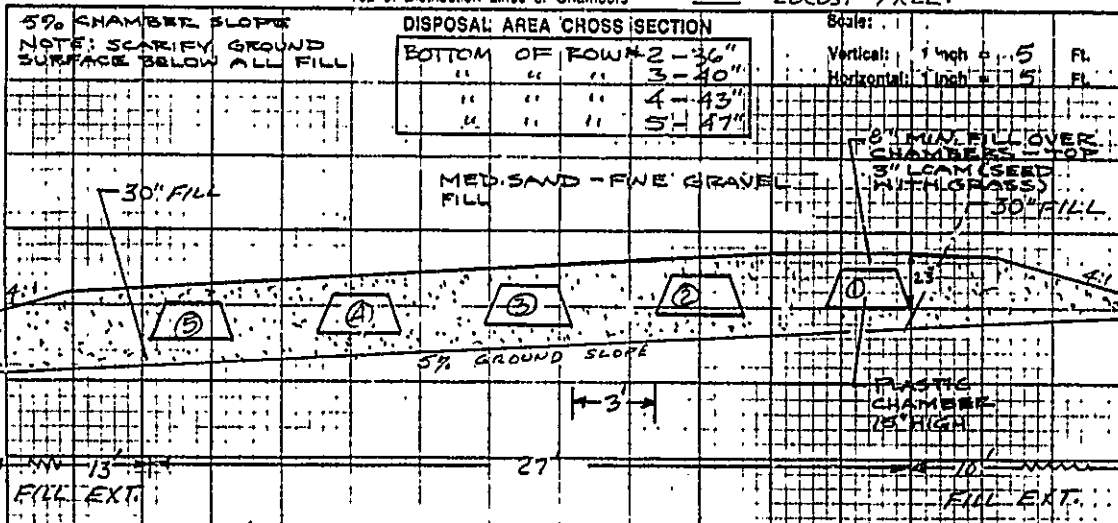
Address: GREAT DIAMOND ISLAND, RTLAND  
Street/Road, Subdivision: BAY AVE.  
Owner's Name: TIM FLAHERTY

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' FL



<b>FILL REQUIREMENTS</b>	<b>CONSTRUCTION ELEVATIONS</b>	<b>ELEVATION REFERENCE POINT LOCATION &amp; DESCRIPTION</b>
Depth of Fill (Upslope) <u>30"</u>	Reference Elevation is <u>0</u>	NAIL IN ORANGE SQUARE ON LOCUST TREE.
Depth of Fill (Downslope) <u>50"</u>	Bottom of Disposal Area (ROW #1) <u>-32"</u>	
	Top of Distribution Lines or Chambers <u>-17"</u>	



Richard *Armet*  
Site Evaluator Signature

03A  
SE#

9-6-90  
Date

Page 3 of 3  
HHE-200 Rev 1/84

# FACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Plantation (GREAT DIAMOND ISL.)  
STAND

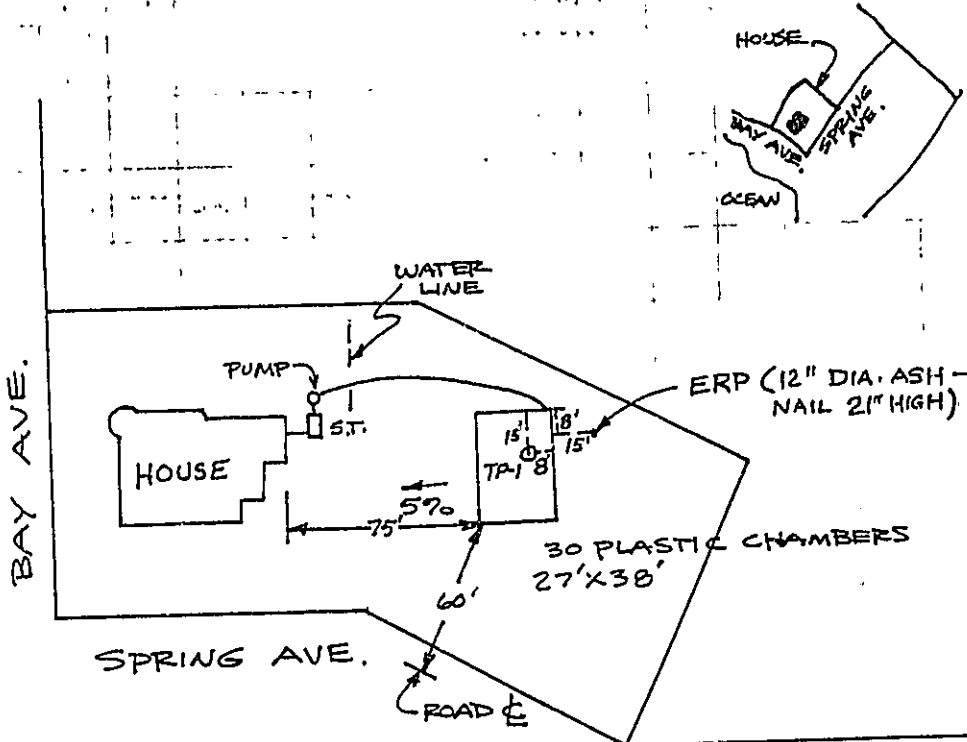
Street, Road, Subdivision

BAY AVE.  
SITE PLAN

Owners Name  
TIM FLAHERTY

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

Scale 1" = 50 Ft.



## 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	FINE SA	FRIBLE	DR. BRN.	
0	LOI			
10	SANDY	FIRM	GRAY	PRON.
15	SILT			
15	LO			
20				
30				
40				
50				

Soil <u>S</u>	Classification <u>D</u>	Slope <u>5%</u>	Limiting Factor <u>7</u>	<input type="checkbox"/> Ground Water
Profile	Condition	%		<input type="checkbox"/> Rooting Layer
				<input type="checkbox"/> Erodible

Observation Hole \_\_\_\_\_  Test Pit  Boring

Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil _____	Classification _____	Slope _____	Limiting Factor _____	<input type="checkbox"/> Ground Water
Profile _____	Condition _____	% _____		<input type="checkbox"/> Rooting Layer
				<input type="checkbox"/> Erodible

Richard Admet  
Site Evaluator Signature

034  
SE#

9-6-90  
Date





**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date June 16, 19 87  
 Receipt and Permit number D 10788

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: Great Diamond Island -  
 OWNER'S NAME: BYAKTA Dictar Assoc. ADDRESS: 3333 Falmouth,

	FEES
<b>OUTLETS:</b>	
Receptacles <u>4,000</u> Switches _____ Plugmold _____ ft. TOTAL <u>4,000</u> .....	44.40
<b>FIXTURES:</b> (number of)	
Incandescent <u>1,000</u> Fluorescent _____ (not strip) TOTAL <u>1,000</u> .....	12.90
Strip Fluorescent _____ ft. ....	
<b>SERVICES:</b>	
Overhead <u>X</u> Underground _____ Temporary _____ TOTAL amperes <u>1500</u> ..	7.00
METERS: (number of) <u>100</u> .....	50.00
<b>MOTORS:</b> (number of)	
Fractional _____ .....	
1 HP or over _____ .....	
<b>RESIDENTIAL HEATING:</b>	
Oil or Gas (number of units) _____ .....	
Electric (number of rooms) _____ .....	
<b>COMMERCIAL OR INDUSTRIAL HEATING:</b>	
Oil or Gas (by a main boiler) _____ .....	
Oil or Gas (by separate units) _____ .....	
Electric Under 20 kws _____ Over 20 kws <u>X</u> .....	10.00
<b>APPLIANCES:</b> (number of)	
Ranges <u>100</u> _____ Water Heaters <u>100</u> _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers <u>100</u> _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL .....	
<b>MISCELLANEOUS:</b> (number of)	
Branch Panels _____ .....	
Transformers _____ .....	
Air Conditioners Central Unit _____ .....	
Separate Units (windows) _____ .....	
Signs 20 sq. ft. and under _____ .....	
Over 20 sq. ft. _____ .....	
Swimming Pools Above Ground _____ .....	
In Ground _____ .....	
Fire/Burglar Alarms Residential _____ .....	
Commercial _____ .....	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____ .....	
over 30 amps _____ .....	
Circus, Fairs, etc. _____ .....	
Alterations to wires _____ .....	
Repairs after fire _____ .....	
Emergency Lights, battery _____ .....	
Emergency Generators _____ .....	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT .....	INSTALLATION FEE DUE:
FOR REMOVAL OF A "STOP ORDER" (304-16.b) .....	DOUBLE FEE DUE:
TOTAL AMOUNT DUE:	124.30

**INSPECTION:**  
 Will be ready on ready, 19 87; or Will Call \_\_\_\_\_  
**CONTRACTOR'S NAME:** Eastern Elec. Coro.  
**ADDRESS:** P.O. Box 346  
**TEL:** 772-6762  
**MASTER LICENSE NO.:** 3279 **SIGNATURE OF CONTRACTOR:** \_\_\_\_\_  
**LIMITED LICENSE NO.:** \_\_\_\_\_

ELECTRICAL INSTALLATIONS -

Bldg # 17

INSPECTIONS: Service \_\_\_\_\_ by \_\_\_\_\_

Service called in \_\_\_\_\_

Closing-in to Permit by Price

PROGRESS INSPECTIONS: 5/20/87 2/16/88

6/12/87 3/9/88

7/15/87 (Bldg 13 - called meter

7/30/87 200 amp for Pool)

11/10/87 8/21/87 (Final Bldg 13, 15, 16, 17, 21, 23)

1/3/88 24, 25, per 15 - huge amount

Bldg 60, Public Safety

Permit Application Register Page No. \_\_\_\_\_

By Inspector \_\_\_\_\_

Final Inspection \_\_\_\_\_

Date of Permit \_\_\_\_\_

Owner \_\_\_\_\_

Location \_\_\_\_\_

Permit Number \_\_\_\_\_

DATE:	REMARKS:
5/20/87	unit # A walls may be closed
6/12/87	unit # 2 & 3 " B, & C. "
6/16/87	Electric heat is in wrong area on this permit must be changed to Radiant and by the room.
7/15/87	unit # D & H walls may be closed.
7/15/87	unit # 5, 6 & 7 - Stone Street walls may be closed.
7/30/87	Service Bldg # 18 single family dwelling. OK
7/23/87	Called CMP for services Bldg # 15 & 16 - 4 services 1 meter each

11/16/87 Permit must be updated and changed - this permit was taken out for the whole project - These are supposed to be taken by separate units.

11/16/87 Called CMP to place meters Bldg # 46 & Bldg # 13 - 1 meter each -

1/7/88 - walls may be closed in Bldg # 18.

1/16/88 - walls may be closed in Bldg # 16 - units F, E, G, H

2/21/88 walls may be closed in Bldg # 15

3/9/88 final for 100 unit 17 (A) and Bldg 18

4/14/88 Bldg # 13 walls may be closed in - ok 5/3/88

5/3/88 Services Bldg's 21, 23, 24, 25 ok to place meters

6/2/88 Bldg # 20 - 200 amp overhead service called thru it.

6/22/88 # walls may be closed in Bldg # 13 & 25  
 797 - 2722

# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 289-3628

## PROPERTY ADDRESS

Town Or Plantation: Great  
Portland  
Street: Dimond Island  
Sub-division Lot #:

## PROPERTY OWNERS NAME

PROJECT MANAGEMENT INC  
Last: PROJECT MANAGEMENT INC  
First:

Applicant Name: DANIEL STAFFORD

Mailing Address of Owner/Applicant (If Different): 100 RED OAK ST.  
PORTLAND ME

PORTLAND PERMIT # 3,445 TOWN COPY

Date Permit Issued: 1/16/11 \$ 13,010.00 FEE  If Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 11213

## 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: [Signature] Date: Jan 10

## 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: \_\_\_\_\_

## PERMIT INFORMATION

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type Of Structure To Be Served:</b> 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: _____	<b>Plumbing To Be Installed By:</b> 1. <input type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>11227</u>
---	---	---

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b>  HOOK-UP: to an existing subsurface wastewater disposal system.  PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	1	Hosebibb / Silcock	1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease/Oil Separator	1	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Latet		Laundry Tub
		Other: _____	1	Water Heater
Number of Hook-Ups & Relocations				
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	9	Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
			10	Total Fixtures
				Fixture Fee
				Hook-Up & Relocation Fee
				Permit Fee (Town)
				\$ 30.

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



**APPLICATION FOR PERMIT**  
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES  
 ELECTRICAL INSTALLATIONS

Date April 6, 1981 19  
 Receipt and Permit number A67012

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 83-C-C-1 Great Diamond  
 OWNER'S NAME: Leonard Allen ADDRESS: \_\_\_\_\_

OUTLETS: Receptacles \_\_\_\_\_ Switches \_\_\_\_\_ Plugmold \_\_\_\_\_ ft TOTAL \_\_\_\_\_

FIXTURES: (number of) Incandescent \_\_\_\_\_ Fluorescent \_\_\_\_\_ (not strip) TOTAL \_\_\_\_\_  
 Fluorescent \_\_\_\_\_ ft. \_\_\_\_\_

SEW \_\_\_\_\_ and  Underground \_\_\_\_\_ Temporary \_\_\_\_\_ TOTAL amperes 200 3.00

METE. (number of) 1 \_\_\_\_\_  
 MOTORS. (number of) Fractional \_\_\_\_\_ 1 HP or over \_\_\_\_\_

RESIDENTIAL HEATING: Oil or Gas (number of units) \_\_\_\_\_  
 Electric (number of rooms) \_\_\_\_\_

COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) \_\_\_\_\_  
 Oil or Gas (by separate units) \_\_\_\_\_  
 Electric Under 20 kws \_\_\_\_\_ Over 20 kws \_\_\_\_\_

APPLIANCES: (number of) Ranges \_\_\_\_\_ Water Heaters \_\_\_\_\_  
 Cook Tops \_\_\_\_\_ Disposals \_\_\_\_\_  
 Wall Ovens \_\_\_\_\_ Dishwashers \_\_\_\_\_  
 Dryers \_\_\_\_\_ Compactors \_\_\_\_\_  
 Fans \_\_\_\_\_ Others (denote) \_\_\_\_\_

TOTAL \_\_\_\_\_

MISCELLANEOUS: (number of) Branch Panels \_\_\_\_\_  
 Transformers \_\_\_\_\_  
 Air Conditioners Central Unit \_\_\_\_\_  
 Separate Units (windows) \_\_\_\_\_

Signs 20 sq. ft. and under \_\_\_\_\_  
 Over 20 sq. ft. \_\_\_\_\_

Swimming Pools Above Ground \_\_\_\_\_  
 In Ground \_\_\_\_\_

Fire/Burglar Alarms Residential \_\_\_\_\_  
 Commercial \_\_\_\_\_

Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under \_\_\_\_\_  
 over 30 amps \_\_\_\_\_

Circus, Fairs, etc. \_\_\_\_\_

Alterations to wires \_\_\_\_\_

Repairs after fire \_\_\_\_\_

Emergency Lights, battery \_\_\_\_\_

Emergency Generators \_\_\_\_\_

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... INSTALLATION FEE DUE: 3.50  
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) ..... DOUBLE FEE DUE: \_\_\_\_\_

TOTAL AMOUNT DUE: 3.50

INSPECTION: Will be ready on \_\_\_\_\_ 19\_\_ ; or Will Call   
 CONTRACTOR'S NAME: Henry Bellavance  
 ADDRESS: 3 Asselyn Rd. Scarborough  
 TEL.: 883-2581

MASTER LICENSE NO.: 333 SIGNATURE OF CONTRACTOR: Henry Bellavance  
 LIMITED LICENSE NO.: \_\_\_\_\_

INSPECTOR'S COPY — WHITE  
 OFFICE COPY — CANARY  
 CONTRACTOR'S COPY — GREEN



Rick Rowland had a call  
about GREAT Diamond Island  
it seems there's a house  
supposedly going up without  
a permit — ~~was supposed~~  
~~to give me the address~~  
~~(but didn't follow through)~~

Did you see any illegal  
construction? Its off Willis St  
between Bay & Sunset (complaint  
from DANNY CAR) — ~~was~~

# ELECTRICAL PERMIT

## City of Portland, Me.



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 specification:

Date 07 Sept 1995  
 Permit # 4512

LOCATION: Great Diamond Island (Pump House)

OWNER David Clem ADDRESS \_\_\_\_\_

OUTLETS			TOTAL EACH FEE	
RECEPTACLES	(number of)	Switches		.20
INCANDESCENT		fluorescent		.20
FLUORESCENT STRIP				.20
SERVICES	Overhead		TTL AMPS TO	800
	Underground			800
TEMPORARY SERV.	Overhead	60	AMPS OVER	800
	Underground			60
METERS	(number of)			25.00
MOTORS	(number of)			1.00
RESID/COM	Electric units			2.00
HEATING	oil/gas units			1.00
APPLIANCES	Ranges	Cook Tops	Wall Ovens	5.00
	Water heaters	Fans	Dryers	2.00
DISPOSALS	Dishwasher	Compactors	Others (denote)	2.00
MISC. (number of)	Air Cond/win			3.00
	Air Cond/cent			10.00
	Signs			5.00
	Pools			10.00
	Alarms/res			5.00
	Alarms/com			15.00
	Heavy Duty			2.00
	Outlets			25.00
	Circus/Carnv			5.00
	Alterations			15.00
	Fire Repairs			1.00
	E Lights			20.00
	E Generators			4.00
	Panels			5.00
TRANSFER	0-7 Kva			8.00
	25-200 Kva			10.00
	Over 200 Kva			
TOTAL AMOUNT DUE				25.00
MINIMUM FEE				25.00

INSPECTION:  Will be ready  Ready or will call

CONTRACTORS NAME D. Collins Elec  
 ADDRESS P.O. Box 570 Springvale, ME 04083  
 TELEPHONE 324-8218  
 MASTER LICENSE No. 4512  
 LIMITED LICENSE No. \_\_\_\_\_

SIGNATURE OF CONTRACTOR





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

Location of Construction: <b>Willis and Park, Great Diamond Island</b>		Owner: <b>Samuel Tucker</b>	
Owner Address:		Leasee/Buyer's Name:	
Contractor Name: <b>Project Management, Inc</b>		Address: <b>225 Commercial Street</b>	
Past Use: <b>vacant lot</b>		Phone: <b>775-7442</b>	
Proposed Project Description: <b>Build a single family dwelling</b>		Business Name:	
Proposed Use: <b>build a single fam dwelling</b>		PERMIT FEE: <b>\$ 245.00</b>	
COST OF WORK: <b>\$45,000.00</b>		INSPECTION: Use Group <b>33</b> Type: <b>523</b>	
Signature:		Signature: <i>[Signature]</i>	
Action:		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Approved		Approved with Conditions	
Denied		Date:	
Permit Taken By: <b>Victoria A. Dover</b>		Date Applied For: <b>November 21, 1995</b>	

**PERMIT ISSUED**  
**NOV 30 1995**  
**CITY OF PORTLAND**

Zone: CBL-D  
 ER-2 83B-R-378  
 Zoning Approval: *[Signature]* 11/29/95  
 Special Zone or Reviews:  
 Shoreland  
 Wetland  
 Flood Zone  
 Sd Division  
 Site Plan  major  minor  mm

Zoning Appeal  
 Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

Historic Preservation  
 Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action:  
 Approved  
 Approved with Conditions  
 Denied  
 Date: *[Signature]* 11/21/95

**PERMIT ISSUED WITH LETTER**

1. This permit application doesn't 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.

**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 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 provisions of the code(s) applicable to such permit

*Cyrus Hagge*  
 SIGNATURE OF APPLICANT  
 Cyrus Hagge

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: **White-Permit Desk** ADDRESS: **225 Commercial st** DATE: **28 November 1995** Permit Routed  
**Green-Assessor's** **Canary-D.P.W.** **Pink-Public File** **Ivory Card-Inspector**  
 PHONE: **775-7442** PHONE: **775-7442**

CEO DISTRICT: **6**  
*A. Rowe*

Permit # 900459 City of Portland BUILDING PERMIT APPLICATION Fee \$45.00 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot # \_\_\_\_\_  
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Diamond Cove Assoc. Phone # 797-6241  
 Address: P.O. Box 3572-Portland, Me 04104  
 LOCATION OF CONSTRUCTION Fort McKinley, Maine Pier  
 Contractor: Maine Bay Canvas Sub: \_\_\_\_\_  
 Address: 977 Brighton Ave. 04102 Phone # 773-2261  
 Est. Construction Cost: \_\_\_\_\_ Proposed Use: \_\_\_\_\_  
 Past Use: \_\_\_\_\_  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions: L. \_\_\_\_\_ W. \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
 # Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion To erect 35 by 13ft. awning as per plan

For Official Use Only  
 Date May 22, 1990 Name \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Blg Code \_\_\_\_\_ Ownership \_\_\_\_\_  
 Time Limit \_\_\_\_\_  
 Estimated Cost 34800.00 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 (Explain) OK 10/11/89 - 105-30-90

Foundation:  
 1. Type of Soil: \_\_\_\_\_  
 2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_  
 3. Footings Size: \_\_\_\_\_  
 4. Foundation Size: \_\_\_\_\_  
 5. Other \_\_\_\_\_

Floor:  
 1. Sills Size: \_\_\_\_\_ Sills must be anchored.  
 2. Girder Size: \_\_\_\_\_  
 3. Joist Column Spacing \_\_\_\_\_ Size: \_\_\_\_\_  
 4. Joist Size: \_\_\_\_\_ Spacing 16" O.C.  
 5. Joist Spacing Type: \_\_\_\_\_ Size: \_\_\_\_\_  
 6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_  
 7. Other Material: \_\_\_\_\_

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 \_\_\_\_\_

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

Ceiling:  
 1. Ceiling Joists Size: \_\_\_\_\_  
 2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 3. Type Ceiling: \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_

Roof:  
 1. Truss or Rafter Size \_\_\_\_\_  
 2. Sheathing Type: \_\_\_\_\_  
 3. Roof Covering Type: \_\_\_\_\_

Chimneys:  
 Type \_\_\_\_\_ Number of Fix. Places \_\_\_\_\_

Heating:  
 Type of Heat: \_\_\_\_\_

Electrical:  
 Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

Plumbing:  
 1. Approval of soil test if required \_\_\_\_\_  
 2. No. of Tubs or Showers \_\_\_\_\_  
 3. No. of Flushes \_\_\_\_\_  
 4. No. of Lavatories \_\_\_\_\_  
 5. No. of Other Fixtures \_\_\_\_\_

Swimming Pools:  
 1. Type: \_\_\_\_\_  
 2. Pool Size: \_\_\_\_\_ Square Footage \_\_\_\_\_  
 3. Must conform to National Electrical Code and State Law.

Permit Received By Latini Date 5/22/90

Signature of Applicant David Bateman Date 5/22/90

Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_

Inspection Dates \_\_\_\_\_

White Tax Assesor Yellow-GPCOG White Tag CEO \_\_\_\_\_  
 © Copyright GPCOG 1968

PILOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 45.00  
Subdivision Fee \$ \_\_\_\_\_  
Site Plan Review Fee \$ \_\_\_\_\_  
Other Fees \$ \_\_\_\_\_  
(Explain) \_\_\_\_\_  
Late Fee \$ \_\_\_\_\_

Type	Inspection Record	Date
OK	OK	3/22/90

COMMENTS submitting consent form certificate of final record drawing

C-19-90-014. OK

Signature of Applicant

Date 3/22/90



APPLICATION FOR PERMIT

PERMIT ISSUED

MAR 27 1984

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION PORTLAND, MAINE March 23, 1984

CITY of PORTLAND

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION 83-1-1, 2, 3, B & 9 Great Island Telephone
1. Owner's name and address Fred Giggey, Esq. Telephone
2. Lessee's name and address Telephone 766-2917
3. Contractor's name and address Jackson & Casey Corp., Pks. Isl. No. of sheets 766-5537

Proposed use of building dwelling No. families
Last use No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot
Estimated contractual cost \$ 20,000 Appeal Fees \$
Base Fee \$ 110.00
Late Fee \$
TOTAL \$ 110.00

FIELD INSPECTOR—Mr. @ 775-5451 Stamp of Special Conditions

To construct foundation consisting of concrete footings and sonotubes, also to rebuild porch area

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work involved in this work?
Is a connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average to highest point of roof
Size, front depth No. stories solid or fill land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber—Kind Dress (ed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8' ect.
Joists and rafters: 1st floor 2nd roof
On centers: 1st floor 2nd 3rd roof
Maximum span: 1st floor 2nd 3rd height?
If one story building with masonry walls, thickness of walls?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE
BUILDING INSPECTION—PLAN EXAMINER
ZONING:
BUILDING CODE:
Fire Dept.:
Health Dept.:
Others:

MISCELLANEOUS
Will work require disturbing of any tree on a public street?
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?

Signature of Applicant Phone # same
Type Name of above Send in by mail Jackson & Casey 10 20 100 40
Other and Address

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY