



CITY OF PORTLAND, MAINE  
Department of Building Inspection

## Certificate of Occupancy

LOCATION 85-11-PT12, Alderbrook Rd., Peaks Island

Date of Issue April 18, 1989

Issued to Barry and Bridget Kinner

This is to certify that the building, premises, or part thereof, at the above location built—altered—changed as to use and Building Permit No. 000004, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire

APPROVED OCCUPANCY

Single Family

Limiting Conditions:

None

This certificate supersedes  
certificate issued

Approved:

(Name)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or leasee for one dollar.

PERMIT # 000864 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

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

Owner: Barry and Bridgett Kinner  
 Address: Island Avenue, Peaks Island, 04108

LOCATION OF CONSTRUCTION Alderbrook Rd., 85-M-PT12, Peaks Island

CONTRACTOR Lionel R. Plante SUBCONTRACTORS 766-2508

ADDRESS Island Avenue, Peaks Island 04108

Est. Construction Cost \$50,000 Type of Use single family

Fast Use: \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ # Stories \_\_\_\_\_ Lot Size \_\_\_\_\_

Is Proposed Use: \_\_\_\_\_ Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_  
To construct new 2 bedroom single family  
Conversion - Explain dwelling as per plans. Minor. Minor Site

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE  
 Residential Buildings Only:  
 # Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Units \_\_\_\_\_

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

Floors:  
 1. Sills Size: \_\_\_\_\_ Sills must be anchored.  
 2. Girder Size: \_\_\_\_\_  
 3. Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_ Spacing 16" O.C.  
 4. Joists Size: \_\_\_\_\_  
 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 Sizes \_\_\_\_\_ Spans(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 \_\_\_\_\_

**For Official Use Only**

Date: June 27, 1988 Subdivision: Yes / No \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Name \_\_\_\_\_  
 Bldg Code \_\_\_\_\_ Lot \_\_\_\_\_  
 Time Limit \_\_\_\_\_ Block \_\_\_\_\_  
 Estimated Cost \$50,000 Permit Expiration \_\_\_\_\_ Public \_\_\_\_\_  
 Value/Structure \_\_\_\_\_ Ownership \_\_\_\_\_ Private \_\_\_\_\_  
 Fee 270.00

Ceiling:  
 1. Ceiling Joists Size: \_\_\_\_\_  
 2. Ceiling Strapping Size: \_\_\_\_\_  
 3. Type Ceiling: \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_ JUL 19 1988

Roof:  
 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_ City of Portland  
 3. Roof Covering Type \_\_\_\_\_  
 4. Other \_\_\_\_\_

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 00.00  
 5. No. of Other Fixtures 00.2AS

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

Zoning:  
 District TR1 Street Frontage Req. \_\_\_\_\_ Provided \_\_\_\_\_  
 Required Setbacks: Front 30 Back 30 Side 20 Side 20

Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shore and Floodplain Mgmt. \_\_\_\_\_ Special Exception \_\_\_\_\_  
 Other (Explain) \_\_\_\_\_  
 Date Approved \_\_\_\_\_

Permit Received By Nancy L. Dzema

Signature of Applicant: Bridgett Kinner Date: 6/27/88

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

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

**PERMIT ISSUED**  
 WITH LETTER

88/16/0

White-Tax Assessor Yellow-GPCOG White Tag (CEO) Copyright GPCOG 1988

**PLOT PLAN**

N  
↑

**FEES (Breakdown From Front)**  
Base Fee \$ 25.00  
Subdivision Fee \$ \_\_\_\_\_  
Site Plan Review Fee \$ 50.00, Minor, Minor  
Other Fees \$ 245.00  
(Explain) \_\_\_\_\_  
Late Fee \$ \_\_\_\_\_

Type	Invoice	Order	Date
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant Budget A. Kemmer Date 6/27/88



CITY OF PORTLAND, MAINE

389 CONGRESS STREET  
PORTLAND, MAINE 04101  
(207) 775-5451

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF  
INSPECTION SERVICES DIVISION

July 19, 1988

Barry and Bridgett Kinner  
Island Avenue  
Peaks Island, ME 04108

RE: Lot 85-M-PT12, Alderbrook Road, Peaks Island

Dear Sir:

Your application to construct a single family dwelling has been reviewed and a permit is herewith issued subject to the following requirement(s):

Site Plan Review:

Public Works - Approved - Mr. Stephen Harris 7/6/88  
Inspection Services - Approved - Mr. Hoffses 7/19/88

Building Code Requirements

All setbacks must be approved by Code Officer Addato before placing concrete for foundation.

Please read and implement items 4, 5, 6, and 7 of the attached building permit report.

If you have any questions regarding these requirement(s), please do not hesitate to contact this office.

Sincerely,

P. Samuel Hoffses  
Chief, Inspection Services

PSH/jq

cc: Stephen Harris, Public Works

BUILDING PERMIT REPORT

DATE: 19/July/88

ADDRESS: LOT 25-M-PT 12 Peak Island

REASON FOR PERMIT: Single Family Dwelling

BUILDING OWNER: Kinner

CONTRACTOR: Lionel R. Plante

PERMIT APPLICANT owner

APPROVED: 4, 5, 6, 7 DENIED

CONDITION OF APPROVAL OR DENIAL:

- 1.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 2.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 3.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including floors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.
- 4.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m<sup>2</sup>). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- 5.) In addition to any automatic fire alarm system required by Sections 1018.3.5, a minimum of one single station smoke detector shall be installed in each guest room, suite or sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm, suitable to warn the occupants within the individual unit (see Section 1717 3.1).



In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

In dwelling units with split levels, a smoke detector installed on the upper level shall suffice for the adjacent lower level provided the lower level is less than one full story below the upper level. If there is an intervening door between the adjacent levels, a smoke detector shall be installed on both levels.

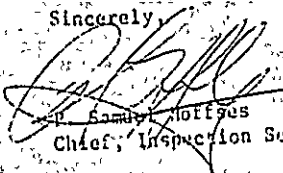
All detectors shall be installed in an approved location. Where more than one detector is required to be installed within an individual dwelling unit, the detectors shall be wired in such a manner that the actuation of one alarm will actuate all the alarms in the individual unit.

6.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.

7.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 6 inches cannot pass through any opening.

8.) Section 25-135 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year."

Sincerely,

  
Paul G. Morris  
Chief, Inspection Services

/ksc  
11/9/87

**CITY OF PORTLAND, MAINE**

**SITE PLAN REVIEW**

Processing Form

Applicant Barry and Bridget Kinner Date June 27, 1988  
 Mailing Address Island Avenue, Peaks Island 04108 Address of Proposed Site Alderbrook Rd., 85-M-PT 12, Peaks Island  
 Proposed Use of Site Single Family Site Identifier(s) from Assessors Maps 8-M-PT 12  
 Acreage of Site 1 Acre / 32 x 46 Ground Floor Coverage IR 1 Zoning of Proposed Site  
 Site Location Review (DEP) Required: ( ) Yes ( ) No Proposed Number of Floors 2  
 Board of Appeals Action Required: ( ) Yes ( ) No Total Floor Area 2,944 Sq. Ft.  
 Planning Board Action Required: ( ) Yes ( ) No  
 Other Comments: \_\_\_\_\_  
 Date Dept. Review Due: \_\_\_\_\_

**BUILDING DEPARTMENT SITE PLAN REVIEW**  
 (Does not include review of construction plans)

- Use does NOT comply with Zoning Ordinance
  - Requires Board of Appeals Action
  - Requires Planning Board/City Council Action

Explanation \_\_\_\_\_

- Use complies with Zoning Ordinance — Staff Review Below

Zoning: SPACE & BULK, as applicable

COMPLIES

COMPLIES CONDITIONALLY

DOES NOT COMPLY

DATE	ZONE LOCATED	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

Applicant: Barry & Bridgett Kanner Date: July 14, 1988  
Address: Alderbrook Road Peaks Island  
Assessors No.: 85-M-PT 12

CHECK LIST AGAINST ZONING ORDINANCE

Date -  
Zone Location - IR-1  
Interior or corner lot -  
Use - Single Family  
Sewage Disposal - Inground septic  
Rear Yards - 30' } Required,  
Side Yards - 20' }  
Front Yards - 30' }  
Projections -  
Height - Two story  
Lot Area -  
Building Area - 1326<sup>sq</sup> + Garage  
Area per Family -  
Width of Lot -  
Lot Frontage -  
Off-street Parking -  
Loading Bays -

Site Plan -

Shoreland Zoning -

Flood Plains -



**CITY OF PORTLAND, MAINE**  
**SITE PLAN REVIEW**  
 Processing Form

Applicant Barry and Bridget Kinner Date June 27, 1988  
 Mailing Address Island Avenue, Peaks Island 04108 Address of Proposed Site Alderbrook Rd., 85-M-PT 12, Peaks Island  
 Proposed Use of Site Single Family Site Identifier(s) from Assessors Maps 85-M-PT 12  
 Acreage of Site 1 Acre / 32 x 46 Zoning of Proposed Site RK 1  
 Ground Floor Coverage \_\_\_\_\_

Site Location Review (DEP) Required: ( ) Yes ( ) No Proposed Number of Floors 2  
 Board of Appeals Action Required: ( ) Yes ( ) No Total Floor Area 2,944 Sq. Ft.  
 Planning Board Action Required: ( ) Yes ( ) No

Other Comments: \_\_\_\_\_  
 Date Dept. Review Due: \_\_\_\_\_

**PUBLIC WORKS DEPARTMENT REVIEW**

(Date Received)

	TRAFFIC SIGNIFICATION	GRASS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER	
APPROVED																
APPROVED CONDITIONALLY																CONDITIONS SPECIFIED BELOW
DISAPPROVED																REASONS SPECIFIED BELOW

REASONS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECEIVED**  
 JUL 9 1988  
 DEPT. OF BUILDING & CONSTRUCTION  
 CITY OF PORTLAND, ME

(Attach Separate Sheet if Necessary)

*Stephen J. Hansen* 7/6/88  
 SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY

CITY OF PORTLAND, MAINE

389 CONGRESS STREET  
PORTLAND, MAINE 04101  
(207) 775-5451



DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF  
INSPECTION SERVICES DIVISION

*Alderbrook*  
Lot 85-M-PT 12  
Peaks Island

July 11, 1938

Barry and Bridgett Kinner  
Island Avenue  
Peaks Island, Maine 04108

Dear Mr. and Mrs. Kinner:

This is in reference to your application for a permit for constructing a new single family dwelling on Alder Brook Road Peaks Island, in South Gate Subdivision. Before we can issue a building permit for this two story dwelling, we shall require three copies of Form HH-200 Analysis of Soil Test Results for inground disposal showing the size and location of the leach bed in relation to the housing site.

Please furnish this office with copies of your Form HH-200 in triplicate so that these test results may be approved by the City Plumbing Inspector prior to the issuance of this building permit.

Sincerely,

*Warren J. Turner*

Warren J. Turner  
Zoning Enforcement Inspector

cc: Erhold R. Goodwin, City Plumbing Inspector  
P. Samuel Hoffses, Chief, Inspection Services  
Arthur Addato, Code Enforcement Officer

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

<b>PROPERTY ADDRESS</b>	
Town Or Planization	PORTLAND PEAKS ISLAND
Street	ALDER BROOK ROAD
Subdivision Lot #	TAX MAP 85 BLOCK M PART LOT 12
<b>PROPERTY OWNERS NAME</b>	
KINNER	BARRY & BRIDGET
Last	First
Applicant Name*	BARRY & BRIDGET KINNER
Mailing Address of Owner/Applicant (if different)	ISLAND AVENUE PEAKS ISLAND MAINE 04108

**Caution: Permit Required**

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

**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.

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Signature of Owner/Applicant \_\_\_\_\_ Date \_\_\_\_\_ Local Plumbing Inspector Signature \_\_\_\_\_ Date Approved \_\_\_\_\_

PERMIT INFORMATION			
<p><b>THIS APPLICATION IS FOR:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NEW SYSTEM</li> <li><input type="checkbox"/> REPLACEMENT SYSTEM</li> <li><input type="checkbox"/> EXPANDED SYSTEM</li> <li><input type="checkbox"/> SEASONAL CONVERSION</li> <li><input type="checkbox"/> EXPERIMENTAL SYSTEM</li> </ol>	<p><b>THIS APPLICATION REQUIRES:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</li> <li><input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</li> <li><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</li> <li><input type="checkbox"/> Requires only Local Plumbing Inspector Approval</li> <li><input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</li> </ol>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</li> <li><input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</li> <li><input type="checkbox"/> ENGINEERED (+2000 gpd)</li> </ol> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> TREATMENT TANK (ONLY)</li> <li><input type="checkbox"/> HOLDING TANK</li> <li><input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</li> <li><input type="checkbox"/> NON ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> </ol>	
<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> BED</li> <li><input type="checkbox"/> CHAMBER</li> <li><input type="checkbox"/> TRENCH</li> <li><input type="checkbox"/> OTHER _____</li> </ol>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</li> <li><input type="checkbox"/> MODULAR OR MOBILE HOME</li> <li><input type="checkbox"/> MULTIPLE FAMILY DWELLING</li> <li><input type="checkbox"/> OTHER _____ SPECIFY _____</li> </ol>	<p><b>TYPE OF WATER SUPPLY</b></p> <p>PROPOSED WELL</p>	
<p>SIZE OF PROPERTY _____</p> <p>ZONING _____</p> <p>40,000 ±</p> <p>IR1</p>			

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p><b>TREATMENT TANK</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</li> <li><input type="checkbox"/> AEROBIC</li> </ol> <p>SIZE: 1000 GALS.</p>	<p><b>WATER CONSERVATION</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NONE</li> <li><input type="checkbox"/> LOW VOLUME TOILET</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> <li><input type="checkbox"/> ALTERNATIVE TOILET</li> </ol> <p>CAPACITY: _____</p>	<p><b>PUMPING</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NOT REQUIRED</li> <li><input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</li> <li><input type="checkbox"/> REQUIRED</li> </ol> <p>DOSE: _____ GALS</p>	<p style="text-align: center;">CRITERIA USED FOR DESIGN FLOW (BEDROOMS SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p style="text-align: center;">2 BEDROOM CONSERVATIVE</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: 4   CONDITION: AIII</p> <p>DEPTH TO LIMITING FACTOR: 24</p>	<p><b>SIZE RATING USED FOR DESIGN PURPOSES</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SMALL</li> <li><input checked="" type="checkbox"/> MEDIUM</li> <li><input type="checkbox"/> MEDIUM-LARGE</li> <li><input type="checkbox"/> LARGE</li> <li><input type="checkbox"/> EXTRA LARGE</li> </ol>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> BED _____ Sq. Ft.</li> <li><input checked="" type="checkbox"/> CHAMBER 400* Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H 20</li> <li><input type="checkbox"/> TRENCH _____ Linear Ft.</li> <li><input type="checkbox"/> OTHER: _____</li> </ol>	<p><b>DESIGN FLOW: 300</b> (GALLONS DAY)</p>

**SITE EVALUATOR STATEMENT** \* USED 16 INFILTRATOR CHAMBERS IN TRENCH CONFIGURATION

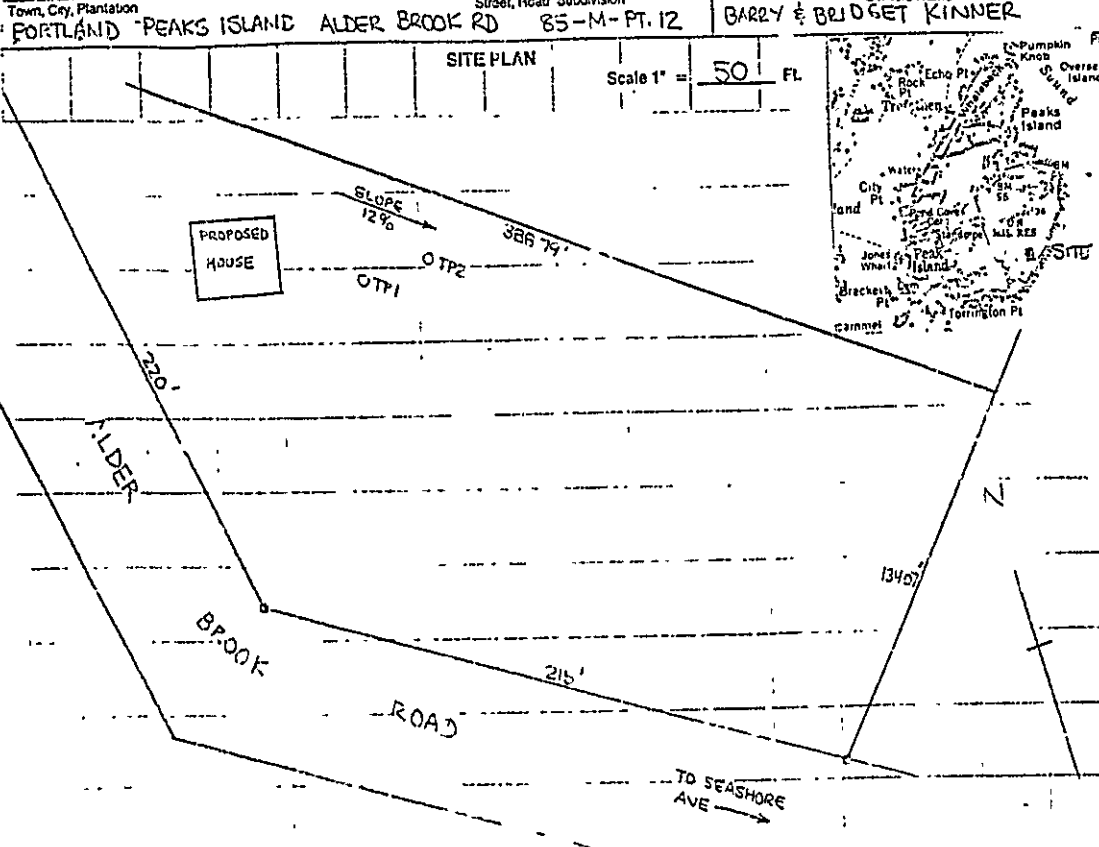
on March 26 1988 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

*William O. Chapman* 0003/4814 7/13/88  
 Site Evaluator or Professional Signature Date  
 \* Local Plumbing Inspector Signature if L.L. \* Not a Waiver under a Local Option

Page 1 of 3  
HHE-209 Rev 4/83

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Division of Health Engineering



**SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)**

Observation Hole 1  Test Pit  Boring      Observation Hole 2  Test Pit  Boring

2" FOREST PEAT \* Depth of Organic Horizon Above Mineral Soil      2" FOREST PEAT \* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-6	SANDY LOAM		DARK BROWN	
6-10	LOAMY SAND	LOOSE	RED BROWN	NONE EVIDENT
10-50	BEDROCK			

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-6	SANDY LOAM		DARK BROWN	
6-10	LOAMY SAND	LOOSE	RED BROWN	NONE EVIDENT
10-50				

Soil <u>4</u>	Classification <u>AH</u>	Slope <u>12</u> %	Limiting Factor <u>24</u>	<input type="checkbox"/> Ground Water
	<u>CONCRETE</u>			<input type="checkbox"/> Rooting Layer
				<input type="checkbox"/> Joints

*William B. Goodwin* 0003/4314 7/13/08 Page 2 of 3  
 Site Evaluator or Professional Engineer's Signature      SE/IFE#      Date      HHE-200 Rev. 0-03

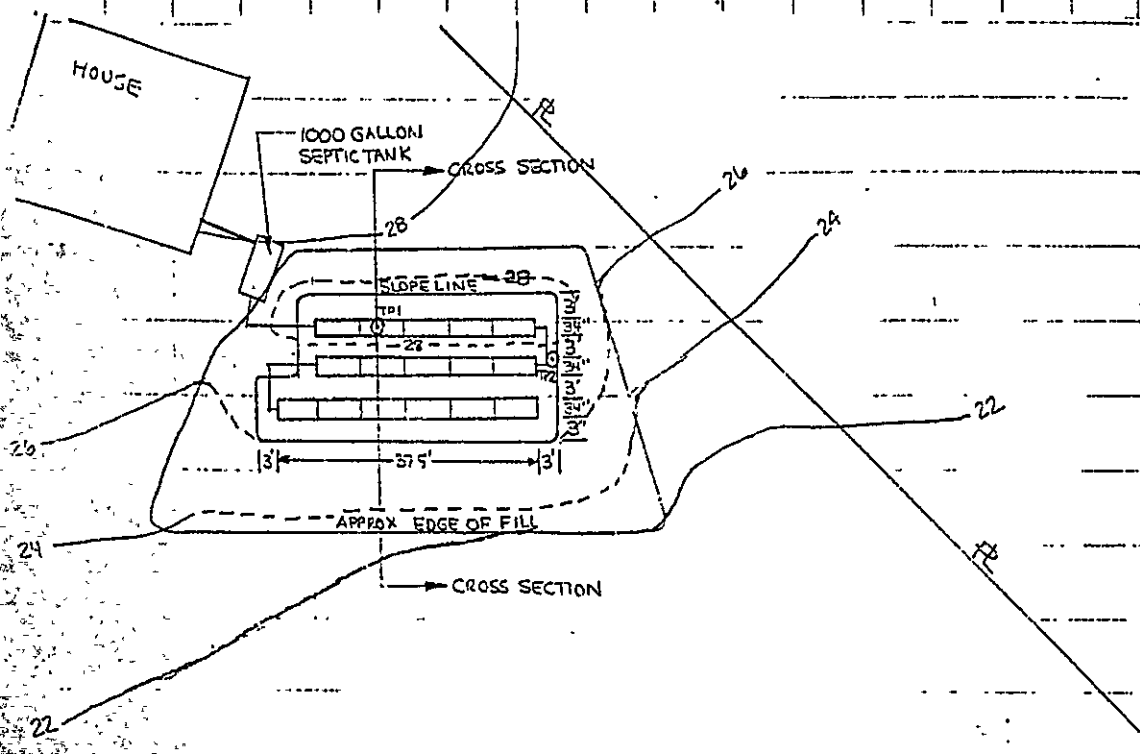
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **ALDER BROOK RD. 65-M-PT. 12** Owners Name: **BARRY & BRIDGET KINNER**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

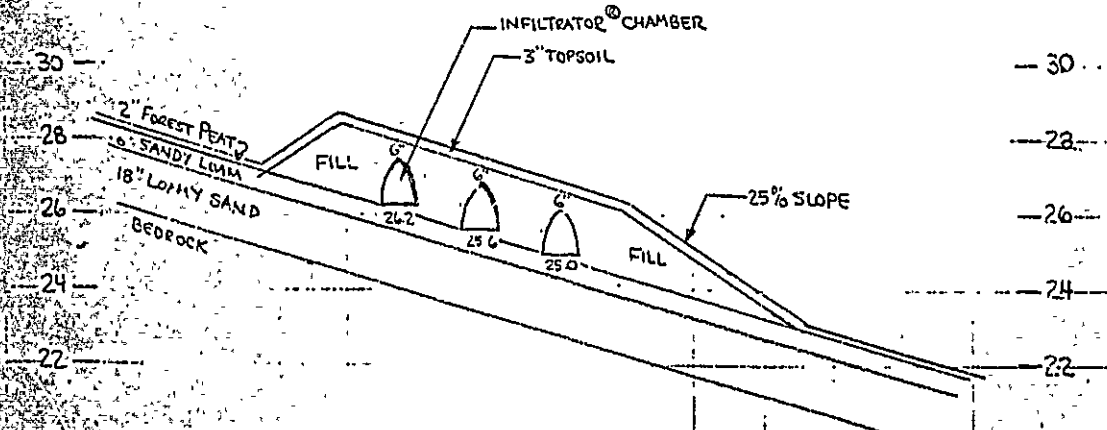
Scale 1" = 20' FL.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	Reference Elevation is	
Depth of Fill (Downslope)	Bottom of Disposal Area UPPER ROW	26.20
	Top of Distribution Lines or Chambers	27.45

### DISPOSAL AREA CROSS SECTION

Scale:  
Vertical: 1 inch = 4' FL.  
Horizontal: 1 inch = 10' FL.



*William B. Goodwin*  
Site Evaluator or Professional Engineer's Signature

0003/4814  
SE # / PE #

7/13/88  
Date



**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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

**PROPERTY ADDRESS**

Town Or Plantation: **PORTLAND PEAKS ISLAND**

Street: **ALDER BROOK ROAD**

Subdivision/Lot #: **TAX MAP 85 BLOCK M FIN1 LOT 12**

**PROPERTY OWNERS NAME**

**KINNER, BARRY & BRIDGET**

Last, First

Applicant Name: **BARRY & BRIDGET KINNER**

Mailing Address of Owner/Applicant (if different): **ISLAND AVENUE PEAKS ISLAND MAINE 04108**

**Caution: Permit Required**

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

**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.

Local Plumbing Inspector Signature \_\_\_\_\_ Date Approved \_\_\_\_\_

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS</p> <p>1. <input type="checkbox"/> BED      3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER      4. <input type="checkbox"/> OTHER _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p><b>PROPOSED WELL</b></p>
<p>SIZE OF PROPERTY: <b>40,000 ±</b></p> <p>ZONING: <b>IR1</b></p>		

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

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <b>1000</b> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC)</b></p> <p><b>2 BEDROOM CONSERVATIVE</b></p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <b>4</b>   CONDITION: <b>ADE</b></p> <p>DEPTH TO LIMITING FACTOR: <b>24</b></p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <b>400*</b> Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H 20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	
			<p><b>DESIGN FLOW: <b>300</b></b></p> <p>(GALLONS/DAY)</p>

**SITE EVALUATOR STATEMENT** \* USED IF INFILTRATOR OR CHAMBERS IN TRENCH CONFIGURATION

SITE EVALUATION WAIVED BY LOCAL OPTION

O. March 26 1988 (date) conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Wastewater Disposal Rules.

William B. Goodwin 0003/4814 7/13/88

Site Evaluator or Professional Engineer's Signature SE # IPE # Date

\* Local Plumbing Inspector Signature if a Local Site Evaluation Waiver under a Local Option Page 1 of 3 HHE-200 Rev. 4/83



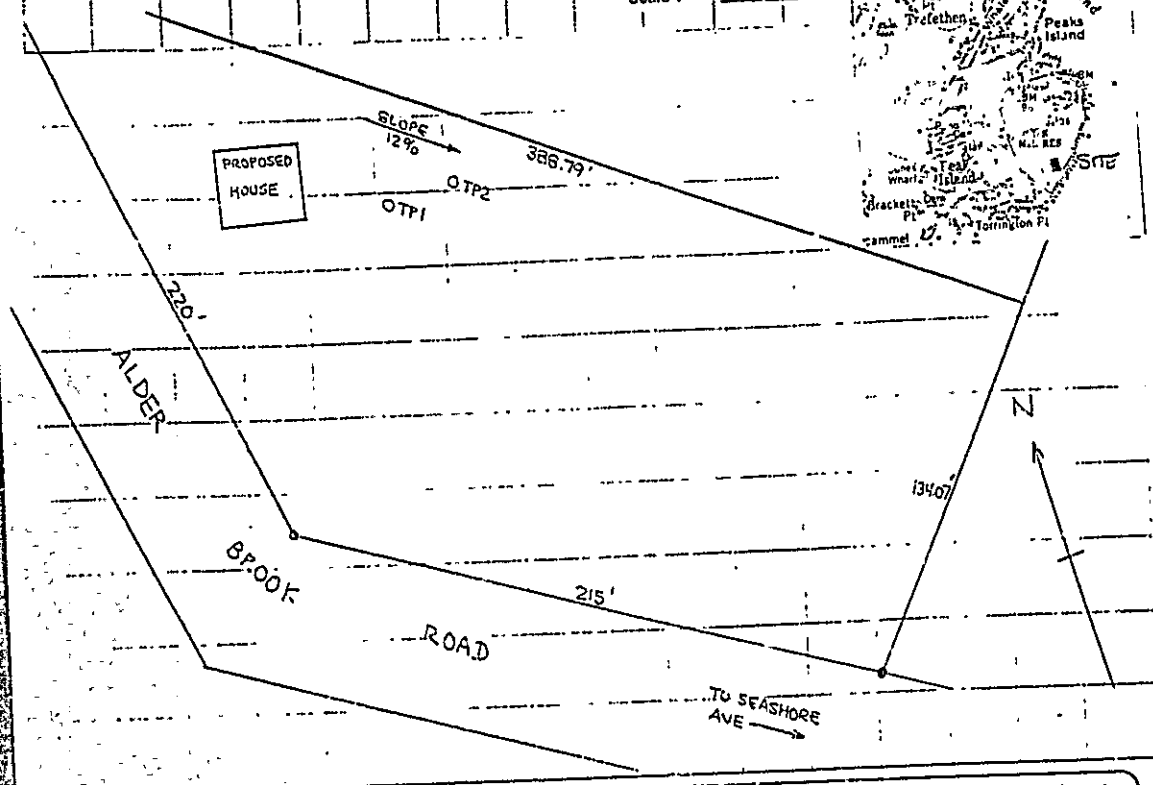
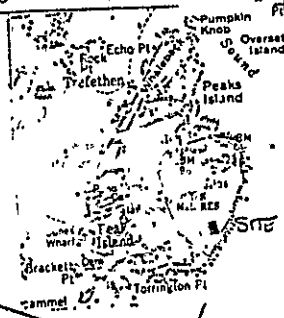
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND**  
 Street, Road, Subdivision: **ALDER BROOK RD 85-M-PT. 12**  
 Owners Name: **BARRY & BRIDGET KINNER**

SITE PLAN

Scale 1" = 50' FL.



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	
2" FOREST FEET		2" FOREST FEET	
Depth of Organic Horizon Above Mineral Soil		Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
0-6" SANDY LOAM		DARK BROWN	
6-10" LOAMY SAND	LOOSE	RED BROWN	NONE EVIDENT
10-15" BEDROCK			
15-20" BEDROCK			
20-25" BEDROCK			
25-30" BEDROCK			
30-35" BEDROCK			
35-40" BEDROCK			
40-45" BEDROCK			
45-50" BEDROCK			
Soil Type: <u>4</u>	Classification: <u>AH</u>	Slope: <u>12%</u>	Limiting Factor: <u>24</u>
<input type="checkbox"/> Ground Water	<input type="checkbox"/> Permeable Layer	<input checked="" type="checkbox"/> Bedrock	<input type="checkbox"/> Ground Water
			<input type="checkbox"/> Permeable Layer
			<input checked="" type="checkbox"/> Bedrock

*William B. Goodrum*  
 Site Evaluator or Professional Engineer's Signature

0003/4214  
 SEP 1988

7/13/88  
 Date

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

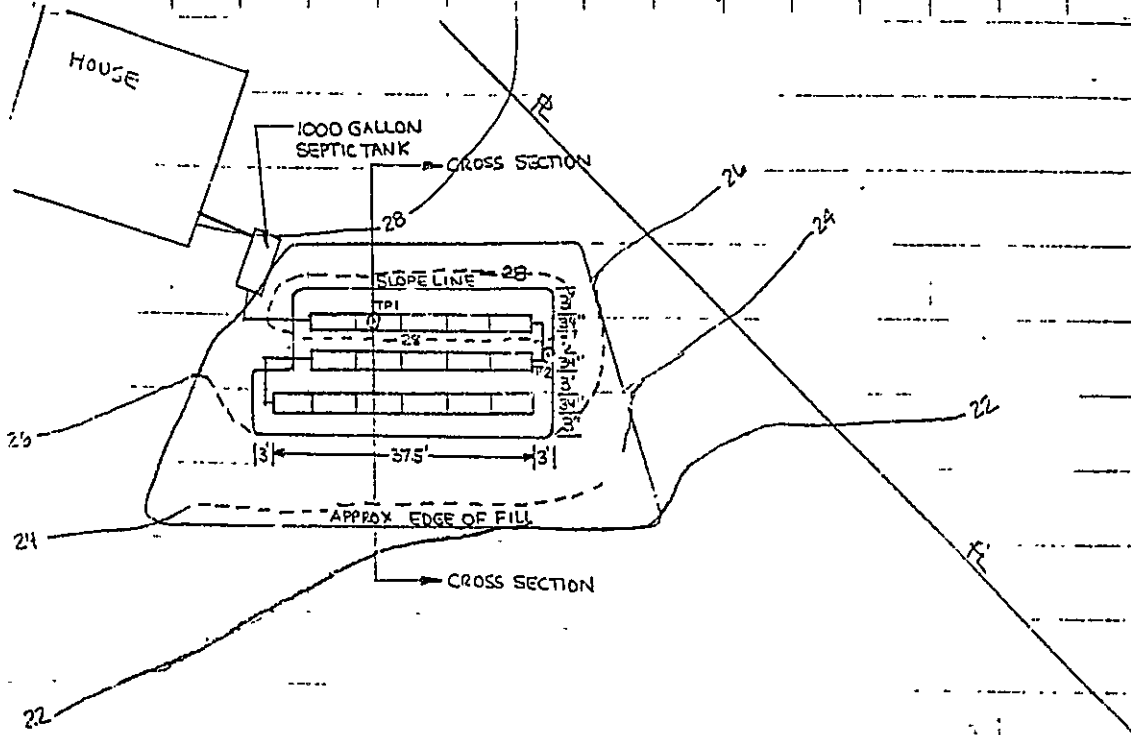
Owners Name

PORTLAND PEAKS ISLAND ALDER BROOK RD. 85-M-PT. 12

BARRY & BRIDGET KINJER

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

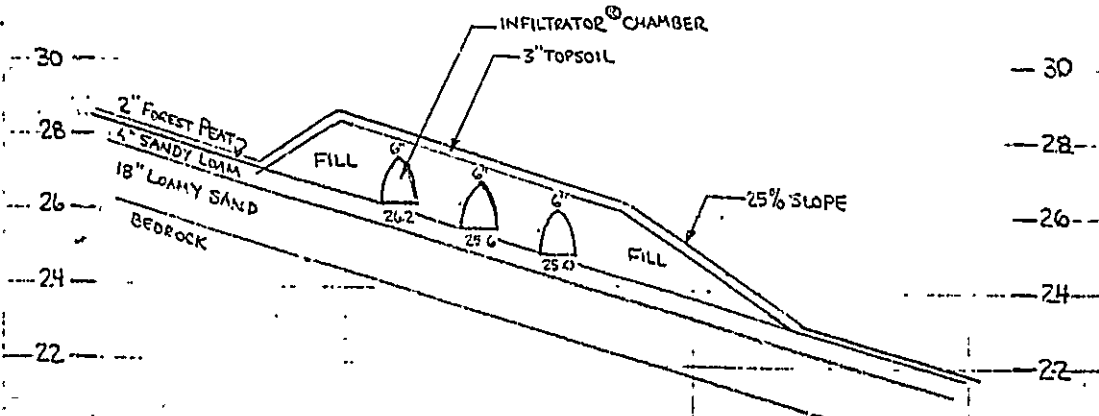
Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	20'	Reference Elevation is			
Depth of Fill (Downslope)	22'	Bottom of Disposal Area UPPER ROW	26.20		
		Top of Distribution Lines or Chambers	27.45		

**DISPOSAL AREA CROSS SECTION**

Scale:  
Vertical: 1 Inch = 4 Ft.  
Horizontal: 1 Inch = 10 Ft.



*William B. Goodwin*  
Site Evaluator or Professional Engineer's Signature

0003/4814  
SE # / PE #

7/13/88  
Date



# APPLICATION FOR PERMIT

## DEPARTMENT OF BUILDING INSPECTIONS SERVICES

### ELECTRICAL INSTALLATIONS

Date Nov. 15, 1988  
 Receipt and Permit number 29781

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: 85-MPI-12 Alder Brook Road Peaks Island Maine  
 OWNER'S NAME: Barry Kinner ADDRESS: Same

	FEES
OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>1-30</u> .....	3.00
FIXTURES. (number of) Incandescent <u>X</u> Fluorescent <u>X</u> (not strip) TOTAL <u>45 35</u> .....	5.00
Strip Fluorescent <u>48</u> ft. ....	3.00
SERVICES: Overhead: <u>X</u> Underground _____ Temporary _____ TOTAL amperes <u>100</u> ..	.50
METERS: (number of) <u>1</u> .....	
MOTORS: (number of) Fractional _____ 1 HP or over _____	
RESIDENTIAL HEATING: Oil or Gas (number of units) <u>1</u> .....	3.00
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) <u>Jacuzzi</u> _____
TOTAL <u>3</u> .....	1.50 4.50
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 3 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	2.00
Fire/Burglar Alarms Residential <u>4</u> Smoke Detectors .....	
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: <u>26.00</u>

INSPECTION:  
 Will be ready on \_\_\_\_\_, 19\_\_\_\_; or Will Call X  
 CONTRACTOR'S NAME: Seacoast Elec. Co.  
 ADDRESS: 58 Fore St. Portland 04101  
 TEL: 774-6179  
 MASTER LICENSE NO.: 03088 SIGNATURE OF CONTRACTOR: Barry Kinner  
 LIMITED LICENSE NO.: \_\_\_\_\_

*Bill Seel*  
ELECTRICAL INSTALLATIONS-

Permit Number 29781

Location 5-114 P.T.

Owner Barney Lyman

Date of Permit 11/15/88

Final Inspection

By Inspector [Signature]

Permit Application Register Page No. 49

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

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

Closing-in \_\_\_\_\_ by \_\_\_\_\_

PROGRESS INSPECTIONS:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

DATE:	REMARKS:
<u>11/21/88</u>	<u>walk may be closed in this date</u>

*Bill Seel*