



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date August 8 1991
 Receipt and Permit number 000

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: Seashore Ave. Peaks Island 85-DD-2

OWNER'S NAME: Orla & Maryanne Thompson ADDRESS: 48 Vincent St. So. Portland, ME

OUTLETS: _____ FEES

Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL 60 12.00

FIXTURES: (number of) _____

Incandescent _____ Fluorescent _____ (not strip) TOTAL 27 5.40

Strip Fluorescent _____ ft.

SERVICES: _____

Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____

METERS: (number of) _____

MOTORS: (number of) _____

Fractional _____

1 HP or over _____

RESIDENTIAL HEATING: _____

Oil or Gas (number of units) 1 5.00

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 1 _____

Cook Tops _____ Disposals _____

Wall Ovens _____ Dishwashers _____

Dryers 1 _____ Compactors _____

Fans _____ Others (denote) washer _____

TOTAL 4 8.00

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) 20 amps and under _____

over 30 amps _____

Circus, Fairs, etc. _____

Alterations to wires _____

Repairs after fire _____

Emergency Lights, battery _____

Emergency Generators _____

INSTALLATION FEE DUE: _____

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____

FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____

TOTAL AMOUNT DUE: 30.40

INSPECTION: _____

Will be ready on _____, 19____; or Will Call _____

CONTRACTOR'S NAME: Self Donald Thompson

ADDRESS: _____

TEL: 799-5131

MASTER LICENSE NO.: 404441 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____ O. Maryanne Thompson

INSPECTOR'S COPY — WHITE
 OFFICE COPY — C-NAVY
 CONTRACTOR'S COPY — GREEN



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

VOIDED

4/12/91

3B
2

Date April 12, 1990
 Receipt and Permit number 0224

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: Seashore Ave. Peaks Island 85-DI-2
 OWNER'S NAME: Otis & Mavournean Thompson ADDRESS: 48 Vincent St. So. Portland, 04106

OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL 60 6.00
 FEES: 12.00
5.90

FIXTURES: (number of) Incandescent X Fluorescent _____ (not strip) TOTAL 27 5.40
 Strip Fluorescent _____ ft. _____ 1.70

SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL ampere _____

METERS: (number of) _____

MOTORS: (number of) Fractional _____
 1 HP or over _____

RESIDENTIAL HEATING: Oil or Gas (number of units) 1 _____ 5.00
 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 _____ 1 Water Heaters _____ 1
 Cook Tops _____ Disposals _____
 Wall Ovens _____ Dishwashers _____
 Dryers _____ 1 Compactors _____
 Fans _____ Others (denote) Washer _____ 8.00
 TOTAL 4 _____ 4.50

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 Light battery _____
 Emergency Generators _____

INSTALLATION FEE DUE: _____
 FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (304.16.b) 30.40
 TOTAL AMOUNT DUE: 30.40

INSPECTION: Will be ready on _____, 19____; or Will Call X
 CONTRACTOR'S NAME: Self Donald Thompson
 ADDRESS: _____
 TEL.: 799-5131
 MASTER LICENSE NO.: #04441 SIGNATURE OF CONTRACTOR: O. Mavournean Thompson
 LIMITED LICENSE NO.: _____

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



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 4/13/90, 19
 Receipt and Permit number 01224

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 or the following specifications.

LOCATION OF WORK: Seashore Ave, Peaks Island 85-D-D-2

OWNER'S NAME: Otis & Mavourneen ADDRESS: 8 Vincent St, So. Portland, ME

OUTLETS: _____
 Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____ FEES

FIXTURES: (number of) _____
 Incandescent _____ Fluorescent _____ (not strip) TOTAL _____

Strip Fluorescent _____ ft. _____

SERVICES: _____

Overhead Underground _____ Temporary _____ TOTAL amperes 200 .. 3.00

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) _____

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/Eurglar 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 _____

INSTALLATION FEE DUE: _____

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____

FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____

TOTAL AMOUNT DUE: 3.50

INSPECTION:

Will be read on _____, 19__; or Will Call

CONTRACTOR'S NAME: Donald Thompson Conrad Kelley

ADDRESS: Box 4, Orrington, ME 13211th St

TEL.: 925-3709 Millinocket 04462

MASTER LICENSE NO.: #04771-11847 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____ Donald Thompson

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

89-DD-2

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND DEAKS ISLAND**

Street: **SEASHORE AVENUE**

Subdivision/Lot #: **TAX MAP 85 BLOCK DD LOT 2**

PROPERTY OWNERS NAME

THOMPSON OTIS

Last: **THOMPSON** First: **OTIS**

Applicant Name: **OTIS THOMPSON**

Mailing Address of Owner/Applicant (if different): **48 VINCENT STREET SOUTH PORTLAND MAINE 04106**

PORTLAND PERMIT # 3,275 TOWN COPY

Date Permit Issued: **1/12/89** Fee: **\$1,100.00** Double Fee Charged:

Local Plumbing Inspector's Signature: _____ Date Approved: _____

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.

Chris Thompson **1/13/89**

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's Signature: _____ Date Approved: _____

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</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 CONNECTION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</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>INSTALLATION IS COMPLETE SYSTEM:</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>INDIVIDUALLY INSTALLED COMPONENTS:</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>IF REPLACEMENT SYSTEM:</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>DISPOSAL SYSTEM TO SERVE:</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>TYPE OF WATER SUPPLY</p> <p>PUBLIC WATER</p>
<p>SIZE OF PROPERTY: 19,106 SF</p> <p>ZONING: IR 1</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Ponds</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" 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>PUMPING</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>3 BEDROOM MODERATE 360</p> <p>LOW VOLUME TOILET - 36</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 2 CONDITION: ATII</p> <p>DEPTH TO LIMITING FACTOR: 28</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 550 Sq. Ft.</p> <p><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>DESIGN FLOW 324 (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT * USED 22 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION

On **11/13/89** (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 B. Goodwin **0003 / 4714** **1/13/89**

Site Evaluator or Professional Engineer's Signature Date

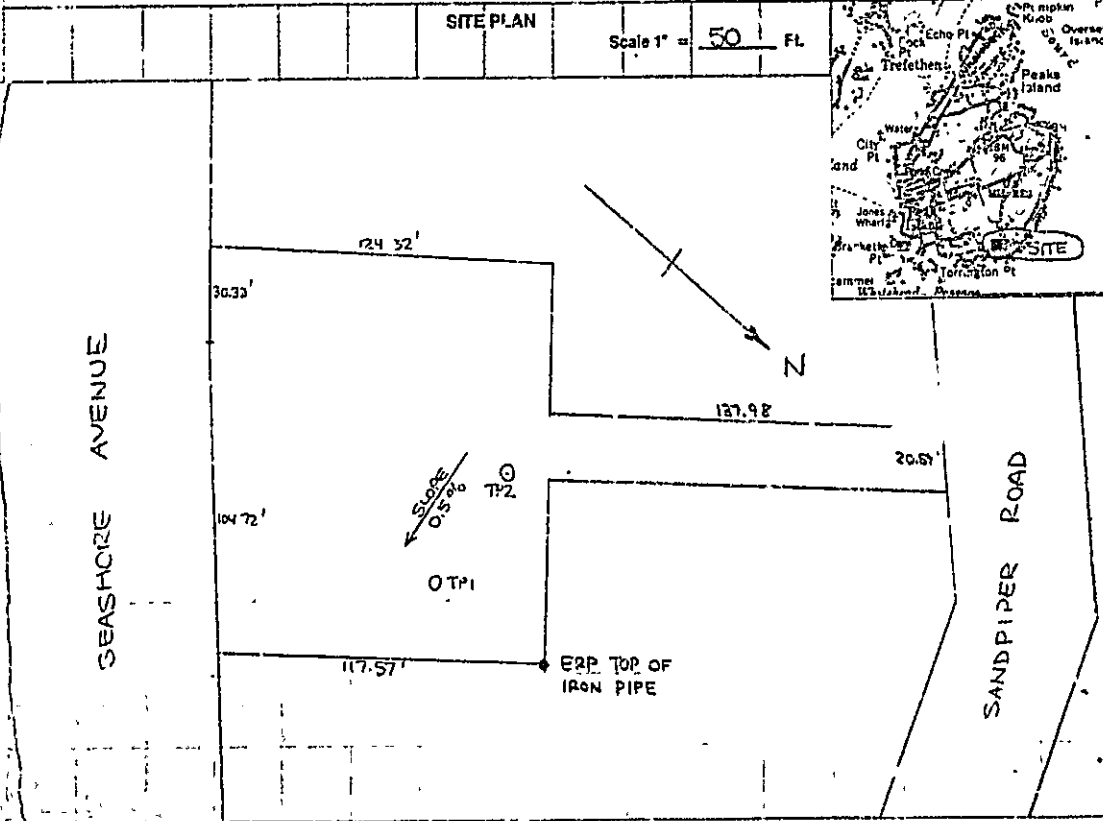
* Local Plumbing Inspector's Signature & Local Site Evaluator's Name under a Local Order

Page 1 of 4
HHE-200 Rev. 1-83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND SEASHORE AVENUE 85-DD-2** Street, Road, Subdivision: **0118 THOMPSON** Owners Name: **0118 THOMPSON**



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

Observation Hole 1				Observation Hole 2			
1" Forest Peat - Depth of Organic Horizon Above Mineral Soil				2" Forest Peat - Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
STONY SANDY LOAM	LOOSE	DARK BROWN		STONY SANDY LOAM	LOOSE	DARK BROWN	
		RED BROWN	NONE EVIDENT			RED BROWN	NONE
STONY SILTY GRAVEL	SLIGHTLY FRIABLE	OLIVE GRAY		STONY SILTY SANDY GRAVEL	SLIGHTLY FRIABLE	LIGHT BROWN	
				BEDROCK			

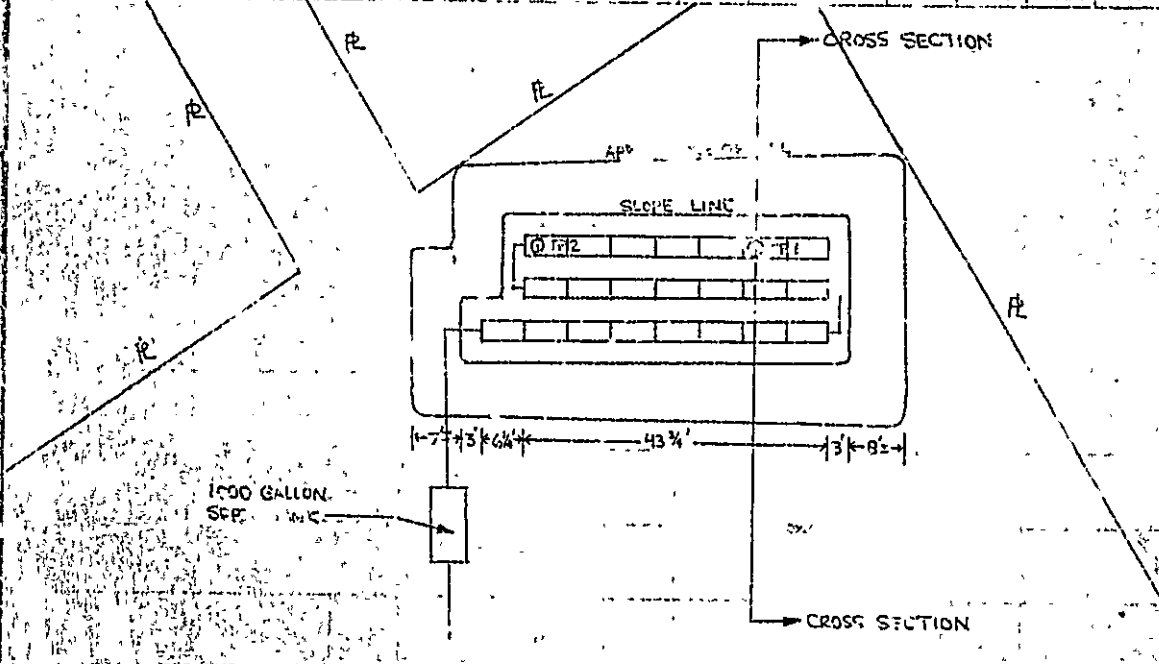
Soil: 3	Classification: C	Slope: 0.5%	Liming Factor: 32	Ground Water: <input type="checkbox"/>
Soil: 2	Classification: AH	Slope: 0.5%	Liming Factor: 28	Ground Water: <input type="checkbox"/>

William B. Spohrer 0003/4814 1/3/89 Page 2 of 3
 Sr. Evaluator or Professional Engineer's Signature EE#/PE# Date HHE-200 Rev. 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

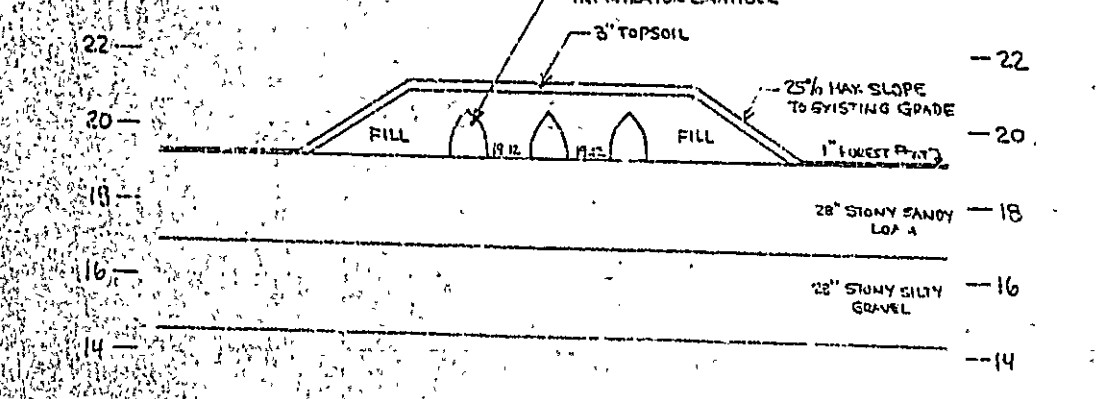
Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND PEAK ISLAND	Street, Road, Subdivision SEASHORE AVENUE 85-DD-2	Owner's Name OTIS THOMPSON
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = <u>20'</u> FL



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	20'	Reference Elevation is	20.00	TOP OF IRON PIPE AT NORTHERLY CORNER OF LOT	
Depth of Fill (Downslope)	23'	Bottom of Disposal Area	19.12		
		Top of Distribution Lines or Chambers	20.37		

DISPOSAL AREA CROSS SECTION		Scale:	
Vertical:	1/4" = 4'	Horizontal:	1" = 10'



William B. Anderson
 Soil Evaluator or Professional Engineer's Signature

0003/4814
 SE #/PE #

1/3/99
 Date

Page 3 of 3
 HPE-200 Rev. 4/83

PERMIT # 10-511 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Otis Thompson - 799 5131

Address: 48 Vincent St., S. Portland, Me 04106

LOCATION OF CONSTRUCTION: Lot #4, Seashore Avenue, Peaks Island

CONTRACTOR: owner SUBCONTRACTORS: _____

ADDRESS: _____

Est. Construction Cost: \$123,005 Type of Use: single family

Past Use: _____

Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories _____ Lot Size _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain: Minor, minor site plan, and to construct new.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE: 1 set construction and

Residential Buildings Only: 2 site plans submitted.

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: _____

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

- 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 _____ 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: February 22, 1989 Subdivision: Yes / No _____

Permit Fee: _____ Name: _____

Bldg Code: _____ License: _____

Time Limit: _____ Block: _____

Estimated Cost: \$123,005 Permit Expiration: _____

Value: _____ Ownership: _____ Public _____ Private _____

Fee: \$50.00 - minor, minor site plan

- Ceiling:
1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceiling: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____ 6 - 1989

- Roof:
1. Truss or Rafter Size _____
 2. Sheathing Type _____
 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 Toilets _____ 00.00
 5. No. of Other Fixtures _____ 00.013

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

Zoning: District RD-1 Street Frontage Req: _____ Provided _____

Required Setbacks: Front _____ Back _____ Side _____

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: 2/22/89

Permit Received By: Nancy Grossman

Signature of Applicant: _____ Date: 2/22/89

Signature of CEO: _____ Date: _____

Inspection Dates: _____



PLOT PLAN

N



FEES (Breakdown From Front)

Base Fee \$ 25.00 _____
Subdivision Fee \$ _____
Site Plan Review Fee \$ 50.00 - minor, minor _____
Other Fees \$ 610.00 _____
(Explain) _____
Late Fee \$ _____

Inspection Record

Type	Date
Completed	6/15/84
	1/1
	1/1
	1/1
	1/1
	1/1

COMMENTS

Signature of Applicant *W. Thompson* Date 7/22/84

CITY OF PORTLAND MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 674-8300



DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

March 3, 1989

RE: Lot #4 Seashore Avenue, P.I.

Mr. Otis Thompson
48 Vincent St.
South Portland, Maine 04106

Dear Sir:

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

Site Plan Requirements

Inspection Service Approved Mr. W. Giroux
Public Works Approved Mr. S. Harris

Building Code Requirement

1. Please read and implement items 1, 2, 6, 7, and 9 of the attached building permit report.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

/el

cc: S. Harris, Public Works

BUILDING PERMIT REPORT

ADDRESS: LOT #4 Seashore Ave. P.I. DATE: 3/mar/89
REASON FOR PERMIT: Construct single family dwelling.

BUILDING OWNER: OTIS Thompson

CONTRACTOR: 11

PERMIT APPLICANT: _____

APPROVED: *1 *2 *6 *7 *9 _____

CONDITION OF APPROVAL: See notes:

- *1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained.
- *2.) Precaution must be taken to protect concrete from freezing.
- 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour including fire doors with self-closers.
- 4.) 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.
- 5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.
- *6.) 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 (0.53m²). 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).
- *7.) 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 of 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.

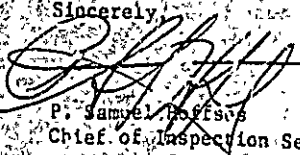
All detectors shall be installed in an approved location. Where more than one detector is required to be installed within an individual dwelling unit, the detectors shall be wired in such a manner that the actuation of one alarm will actuate all the alarms in the individual unit.

8.) 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.

* 9.) 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.

10.) 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,


P. Samuel Buffers
Chief of Inspection Services

/el
11/16/88

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
Processing Form

Oris Thompson - 799-5131
 Applicant
 48 Vincent St., S. Portland, 04106
 Mailing Address
 Single Family
 Proposed Use of Site
 1/4 / 960 sq ft
 Acreage of Site / Ground Floor Coverage

February 22, 1989
 Date
 Lot #4 Seashore Avenue, Peaks Island
 Address of Proposed Site
 85-10-2
 Site Identifier(s) from Assessors Maps
 IR-1
 Zoning of Proposed Site

Site Location Review (DEP) Required: () Yes () No
 Board of Appeals Action Required: () Yes () No
 Planning Board Action Required: () Yes () No

Proposed Number of Floors 2
 Total Floor Area 1,771 sq ft

Other Comments: _____
 Date Dept. Review Due: _____

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received) _____

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY PROJECT (CONSTRUCTION)	TRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER	
APPROVED																CONDITIONS SPECIFIED BELOW
APPROVED CONDITIONALLY																
DISAPPROVED															REASONS SPECIFIED BELOW	

REASONS: _____

(Attach Separate Sheet if Necessary)

Stephen K. Harris 2/27/89
 SIGNATURE OF REVIEWING STAFF/DATE

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Applicant Otis Thompson - 799-5131
 48 Vincent St., S. Portland, 04106
 Mailing Address
 Single family
 Proposed Use of Site
 1/4 / 960 sq ft
 Acreage of Site / Ground Floor Coverage

Date February 22, 1989

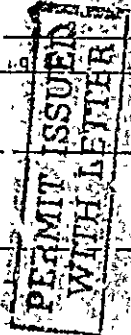
Lot #4 Seashore Avenue, Peaks Island
 Address of Proposed Site
 85-DD-2
 Site Identifier(s) from Assessors Maps
 RR-1
 Zoning of Proposed Site

Site Location Review (DEPI Required): () No
 Board of Appeals Action Required: () Yes No
 Planning Board Action Required: () Yes No

Proposed Number of Floors
 Total Floor Area 1,751 sq ft

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 LOCATION	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 P.R. FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS:

WJH 3-3-89 OK

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

Applicant:

Date: 3-3-89

Address: Lot # "Seashore Ave

Assessors No.:

CHECK LIST AGAINST ZONING ORDINANCE

Date -

Zone Location - IR-1

Interior or corner lot -

Use - single family

Sewage Disposal - OK H+E 200 per 5000

Rear Yards - 25'

Side Yards - 25'

Front Yards - 30'

Projections - deck meets setback

Height - 2 stories

Lot Area - OK approved subdivision

Building Area - OK

Area per Family - single family

Width of Lot - OK

Lot Frontage - OK

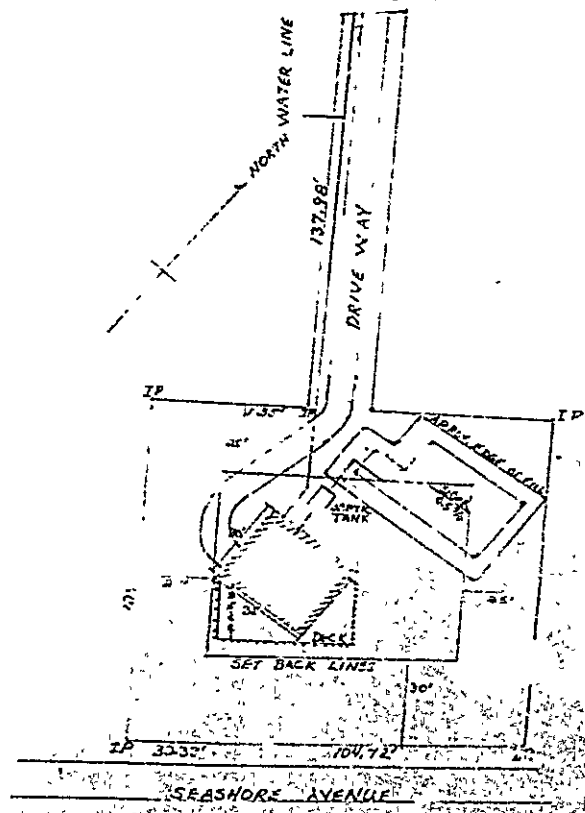
Off-street Parking - OK

Loading Bays - N/A

Site Plan -

Shoreland Zoning -

Flood Plains -



RECEIVED
 FEB 22 1989

DEPT. OF BUILDING INSPECTIONS
 CITY OF PORTLAND

ELEVATION OF FRONT LEFT CORNER OF LOT 30'S
 ELEVATION OF OTHER 75.96' OF LOT 20'S
 ELEVATION OF 1ST FLOOR OF HOUSE 35'S

SITE PLAN SCALE 1" = 50'
 DP-TEC-CO. IN CHARGE SEASHORE AVENUE
 PEACOCK ISLAND PORTLAND, ME. LOT 85-PP-2

CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207)874-8300



DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

Lot #4, Seashore Avenue
Peaks Island

March 1, 1989


Mr. Otis Thompson
48 Vincent Street
South Portland, Maine 04106

Dear Mr. Thompson:

Before a permit can be issued for your proposed new single family dwelling on Lot #4, Seashore Avenue, Peaks Island, this office will need to have three copies of your Form HHP-200 Soils Analysis Results for inground disposal. Completion of this form by a soils analyst will indicate the location of your septic field in relation to the proposed dwelling.

This information will be required before a building permit for the proposed building can be processed.

Sincerely,


Warren J. Turner
Administrative Assistant

cc: Joseph E. Gray, Jr., Director, Planning & Urban Development
Alexander Jaegerman, Chief Planner
P. Samuel Hoffses, Chief, Inspection Services
Arthur Addato, Code Enforcement Officer
William D. Giroux, Zoning Enforcement Officer

SUBSURFACE WASTEWATER DISPOSAL APPLICATION

PROPERTY ADDRESS

Town Or Plantation	PORTLAND PEAKS ISL
Street	SEASHORE AVENUE
Subdivision, Lot #	TAX MAP 85 BLOCK DD LOT 2
PROPERTY OWNERS NAME	
THOMPSON	OTIS
Last:	First
Applicant Name:	OTIS THOMPSON
Mailing Address of Owner/Applicant (If Different)	48 VINCENT STREET SOUTH PORTLAND MAINE 04106

PERMIT # 3,275 APPLICANTS COPY

11257891
Local Plumbing Inspector Signature
L.P.I. # 111213

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

Caution: Inspection Required

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

Otis Thompson 11/8/89
Signature of Owner/Applicant Date

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</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>THIS APPLICATION REQUIRES:</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>INSTALLATION IS COMPLETE SYSTEM</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>INDIVIDUALLY INSTALLED COMPONENTS:</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>REPLACEMENT SYSTEM:</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>DISPOSAL SYSTEM TO SERVE:</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>TYPE OF WATER SUPPLY</p> <p>PUBLIC WATER</p>
<p>SIZE OF PROPERTY 17,106 SF</p> <p>ZONING IR-1</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT PLAN</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" 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>PUMPING</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>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>3 BEDROOM MODERATE 360</p> <p>LOW VOLUME TOILET - 36</p> <p>DESIGN FLOW: 324 (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE 2 CONDITION AIII</p> <p>DEPTH TO LIMITING FACTOR 28</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 550 Sq. Ft.</p> <p><input checked="" 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>	

SITE EVALUATOR STATEMENT * USED 22 INFILTRATOR, POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION SITE EVALUATION WAIVED BY LOCAL OPTION

On 02 Nov 1989 (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 R. Johnson 0003 / 814 11/3/89
Site Evaluator or Professional Engineer's Signature SE / PE # Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

City, Plantation

Street, Road, Subdivision

Owners Name

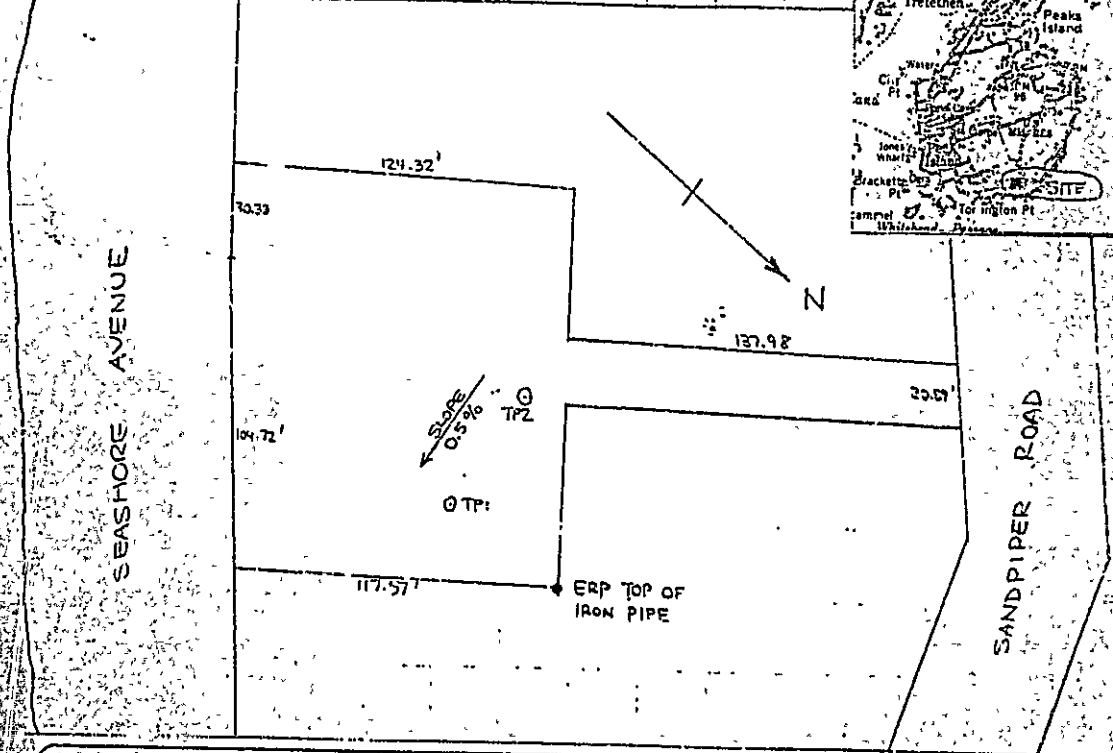
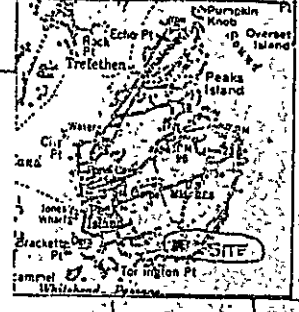
PORTLAND PEAKS ISLAND

SEASHORE AVENUE 85-DD-2

JTIS THOMPSON

SITE PLAN

Scale 1" = 50' FL



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole: 1 Test Pit Boring

1' FOREST PLAT Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
STONY SANDY LOAM	LOOSE	DARK BROWN	
		RED BROWN	NONE EVIDENT
STONY SILTY GRAVEL	SLIGHTLY FRIABLE	OLIVE GRAY	

Soil: 3 Classification: C Slope: 0.5% Limiting Factor: 32

Ground Water Arterial Layer Bedrock

Observation Hole: 2 Test Pit Boring

2' FOREST PLAT Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
STONY SANDY LOAM	LOOSE	DARK BROWN	
		RED BROWN	NONE
STONY SANDY GRAVEL	SLIGHTLY FRIABLE	LIGHT BROWN	
BEDROCK			

Soil: 2 Classification: AIII Slope: 0.5% Limiting Factor: 28

Ground Water Arterial Layer Bedrock

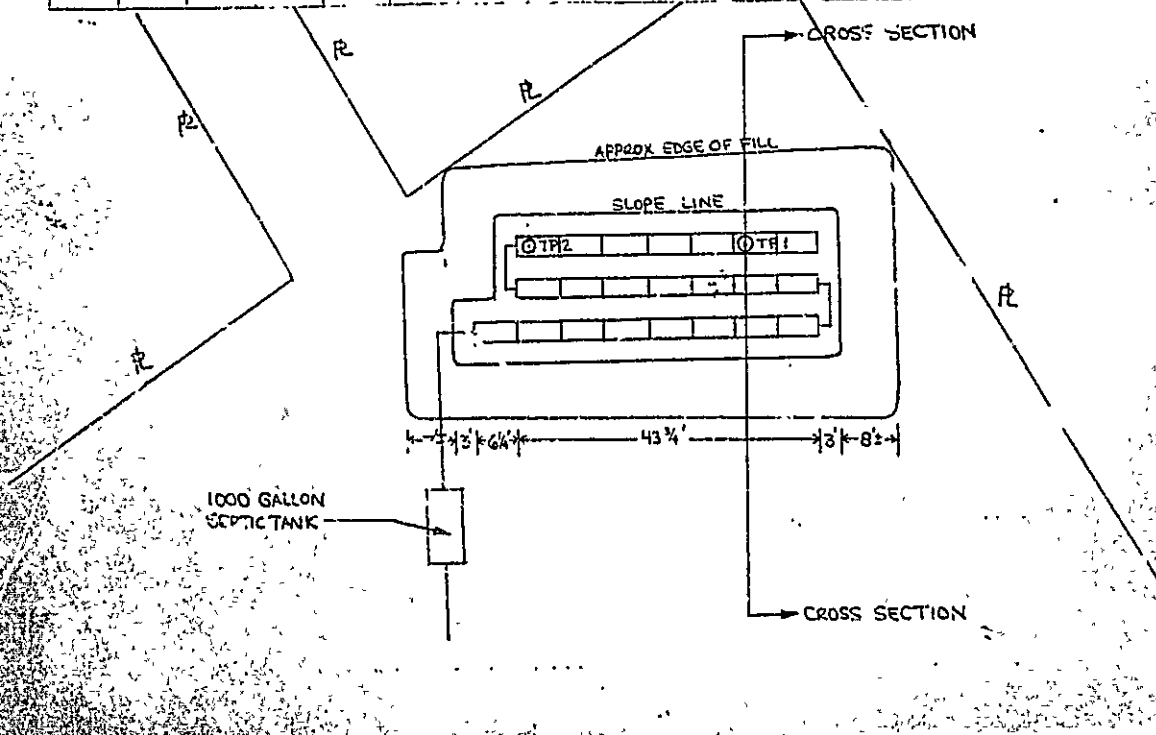
William B. Lindern 0003/4814
Site Evaluator or Professional Engineer's Signature SEF/PE#

1/3/89
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

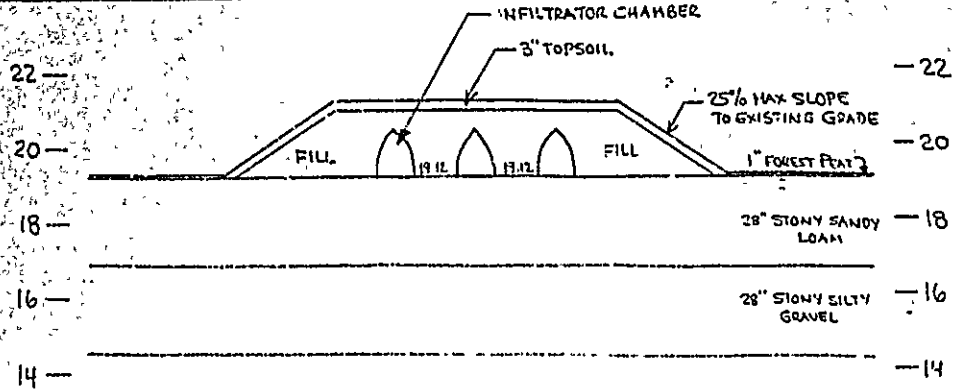
Department of Human Services
Division of Health Engineering

Town, or Plantation PORTLAND PEAKS ISLAND	Street, Road, or Junction SEASHORE AVENUE 85-DD-2	Owner's Name OTIS THOMPSON
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = <u>20</u> 'L



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	<u>20'</u>	Reference Elevation Is	<u>20.00</u>	TOP OF IRON PIPE, AT NORTHEASTLY CORNER OF SE LOT	
Depth of Fill (Downslope)	<u>23'</u>	Bottom of Disposal Area	<u>19.12</u>		
		Top of Distribution Lines or Chambers	<u>20.37</u>		

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 #1 PE #

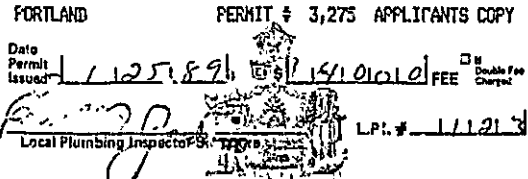
1/3/89
Date

Page 3 of 3
HHE-200 Rev 4/81

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS		TOWN OR PLANNATION	
FORTLAND PEAKS ISLAND		FORTLAND	
STREET		PERMIT # 3,275 APPLICANTS COPY	
SEASHORE AVENUE		Date Permit Issued: 11/25/89	
SUBDIVISION LOT #		L.P.I. # 111217	
TAX MAP 85 BLOCK DD LOT 2		FEE \$1510.00	
PROPERTY OWNERS NAME			
THOMPSON		OTIS	
Last:		First:	
Applicant Name:		OTIS THOMPSON	
Mailing Address of Owner/Applicant (if Different)		48 VINCENT STREET SOUTH PORTLAND ME NE 04106	
Owner/Applicant Statement			
I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is a reason for the Local Plumbing Inspector to deny a Permit.			
Signature of Owner/Applicant		Date	
<i>Otis Thompson</i>		11/18/89	
Local Plumbing Inspector Signature		Date Approved	



THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

Caution: Inspection Required

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

PERMIT INFORMATION		
<p>THIS APPLICATION IS FOR:</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>THIS APPLICATION REQUIRES:</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>INSTALLATION IS COMPLETE SYSTEM</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>INDIVIDUALLY INSTALLED COMPONENTS:</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>IF REPLACEMENT SYSTEM:</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>DISPOSAL SYSTEM TO SERVICE:</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 _____ LING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY:</p> <p>PUBLIC WATER</p>
<p>SIZE OF PROPERTY: 19,106 SF</p> <p>ZONING: IR 1</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" 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>PUMPING</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SERVING EMPLOYEES, WATER RECORDS, ETC.)</p> <p>3 BEDROOM MODERATE 360</p> <p>LOW VOLUME TOILET - 36</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 2 CONDITION: III</p> <p>DEPTH TO LIMITING FACTOR: 28</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRALARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 550* Sq. Ft.</p> <p><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> 11 20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	<p>DESIGN FLOW 324 (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT * USED 22 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION SITE EVALUATION WAIVED BY LOCAL OPTION

SEPTEMBER 6, 1977

On and before 11/23/89 (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 R. Johnson 0003 / 4814 11/3/89

Site Evaluator or Professional Engineer's Signature SE # / PE # Date

* Local Plumbing Inspector's Signature & a Local Site Evaluation Waiver under a Local Option

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

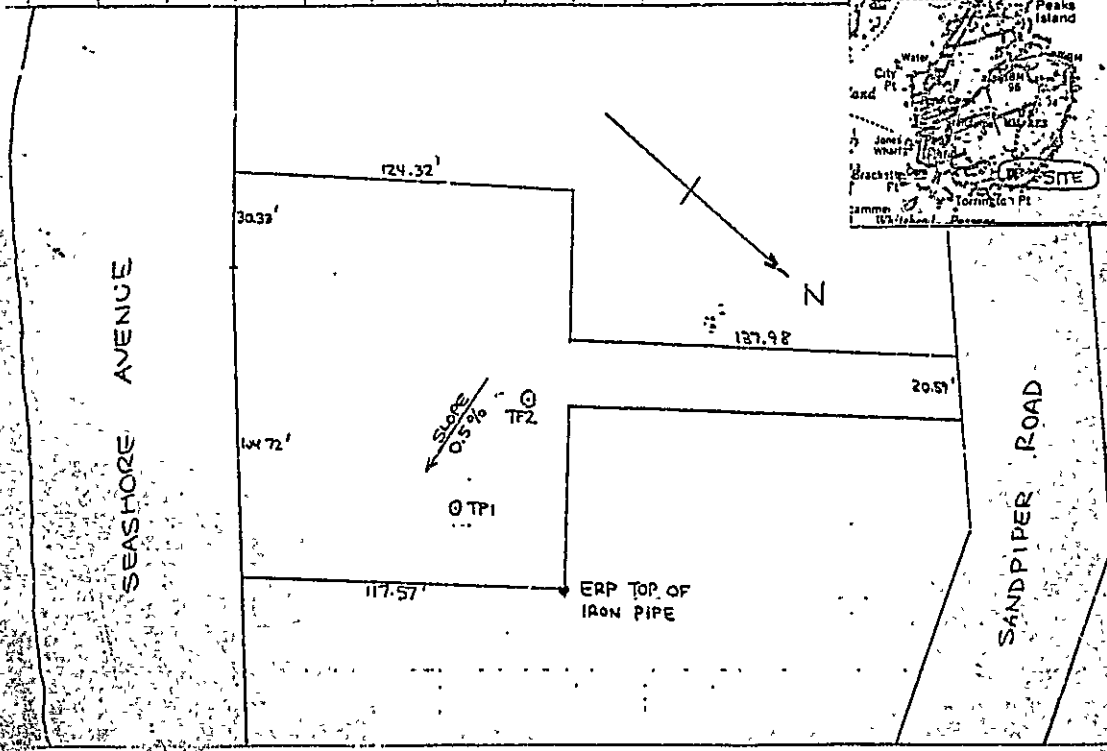
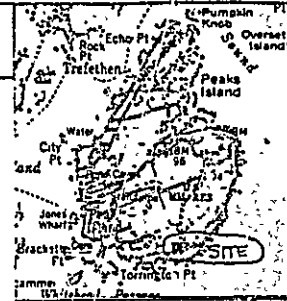
PORTLAND PEAKS ISLAND SEASHORE AVENUE 85-DD-2

Street, Ror J, Subdivision

Owners Name
CTIS THOMPSON

SITE PLAN

Scale 1" = 50 Ft.



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

Observation Hole Test Pit Boring

1' Forest Peat Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
3	STONY SANDY LOAM	LOOSE	DARK BROWN	
10			RED BROWN	NONE EVIDENT
28	STONY SILTY GRAVEL	SLIGHTLY FRIABLE	OLIVE GRAY	
32				
50				

Soil 3 Classification C Slope 0.5% Limiting Factor 32

Observation Hole 2 Test Pit Boring

2' Forest Peat Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6	STONY SANDY LOAM	LOOSE	RED BROWN	NONE
28	STONY SILTY SANDY GRAVEL	SLIGHTLY FRIABLE	LIGHT BROWN	
32	BEDROCK			
50				

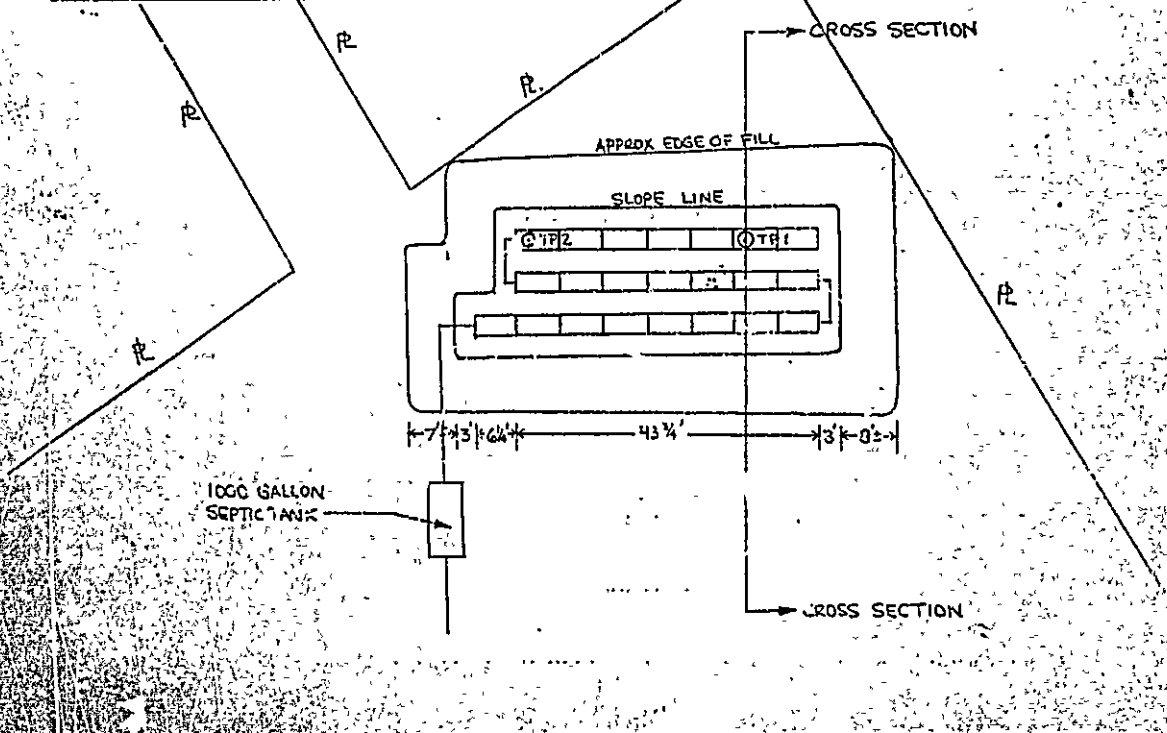
Soil 2 Classification AIII Slope 0.5% Limiting Factor 28

William B. Goodwin 0003/4814 1/3/89
Site Evaluator or Professional Engineer's Signature CE# IPE# Date

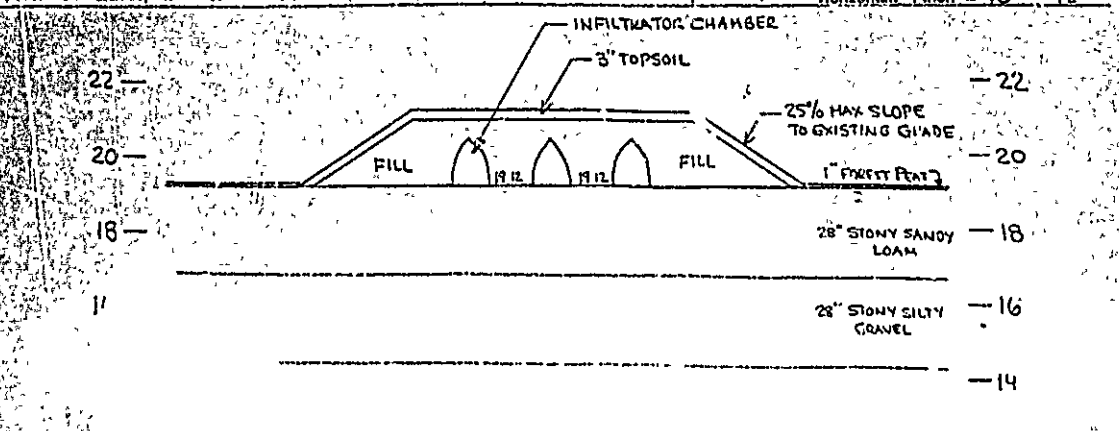
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plan PORTLAND PEAKS ISLAND	Street, Road, Subdivision SEASHORE AVENUE 85-DD-2	Owner's Name OTIS THOMPSON
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = <u>20</u> FL.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>20'</u>	Reference Elevation is <u>20.00</u>	TOP OF IRON PIPE AT NORTHERLY CORNER OF LOT
Depth of Fill (Downslope) <u>27'</u>	Bottom of Disposal Area <u>19.12</u>	
	Top of Distribution Lines or Chambers <u>20.37</u>	



William J. Johnson 0003/4814 1/3/84
 Licensed Professional Engineer SE #1 PE # Date
 Page 3 of 3 HHE-200 Rev. 4/83

CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 874-4300



DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL KOFFSES, CHIEF
INSPECTION SERVICES DIVISION

Lot #4, Seashore Avenue
Peaks Island

March 1, 1989

Mr. Otis Thompson
48 Vincent Street
South Portland, Maine 04106

Dear Mr. Thompson:

Before a permit can be issued for your proposed new single family dwelling on Lot #4, Seashore Avenue, Peaks Island, this office will need to have three copies of your Form HIE-200 Soils Analysis Results for in-ground disposal. Completion of this form by a soils analyst will indicate the location of your septic field in relation to the proposed dwelling.

This information will be required before a building permit for the proposed building can be processed.

Sincerely,

Warren J. Turner
Administrative Assistant

cc: Joseph E. Gray, Jr., Director, Planning & Urban Development
Alexander Jaegerman, Chief Planner
P. Samuel Koffses, Chief, Inspection Services
Arthur Addato, Code Enforcement Officer
William D. Giroux, Zoning Enforcement Officer

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(237) 289-3826

PROPERTY ADDRESS		PORTLAND PERMIT # 3,275 APPLICANTS COPY Date Permit Issued: 11/25/89 Fee: 15101010 Local Plumbing Inspector Signature: [Signature] L.P.I. # 111213 THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.
Town Or Plantation	PORTLAND PEAKS ISLAND	
Street	SEASHORE AVENUE	
Subdivision Lot #	TAX MAP 85 BLOCK DD LOT 2	
PROPERTY OWNERS NAME		
THOMPSON OTIS		
Last:	First:	
Applicant Name:	OTIS THOMPSON	
Mailing Address of Owner/Applicant (If Different)	48 VINCENT STREET SOUTH PORTLAND MAINE 04106	
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] 11/8/89 Date 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		
THIS APPLICATION IS FOR: 1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	INSTALLATION IS COMPLETE SYSTEM 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: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK 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
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BEC 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____	DISPOSAL SYSTEM TO SERVE: 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 _____	TYPE OF WATER SUPPLY PUBLIC WATER
SIZE OF PROPERTY: 19,106 SF ZONING: IR 1		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: 1000 GALS.	WATER CONSERVATION 1. <input type="checkbox"/> NONE 2. <input checked="" type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) 3 BEDROOM MODERATE 360 LOW VOLUME TOILET - 36
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 2 CONDITION: AIII DEPTH TO LAYING FACTOR: 28	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED _____ Sq Ft 2. <input checked="" type="checkbox"/> CHAMBER 550 * Sq Ft <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20 3. <input type="checkbox"/> TRENCH _____ Linear Ft 4. <input type="checkbox"/> OTHER _____	DESIGN FLOW: 324 (GALLONS/DAY)

SITE EVALUATOR STATEMENT * USED 22 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION SITE EVALUATION WANTED BY LOCAL OPTION
 On and November 21, 1989 (date) I 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.
 [Signature] 0003 / 4814 11/3/89
 Site Evaluator or Professional Engineer's Signature SE# / PE# Date
 Local Plumbing Inspector Signature if a Local Site Evaluation Was Used as a Local Option Page 1 of 3 HHE-200 Rev 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

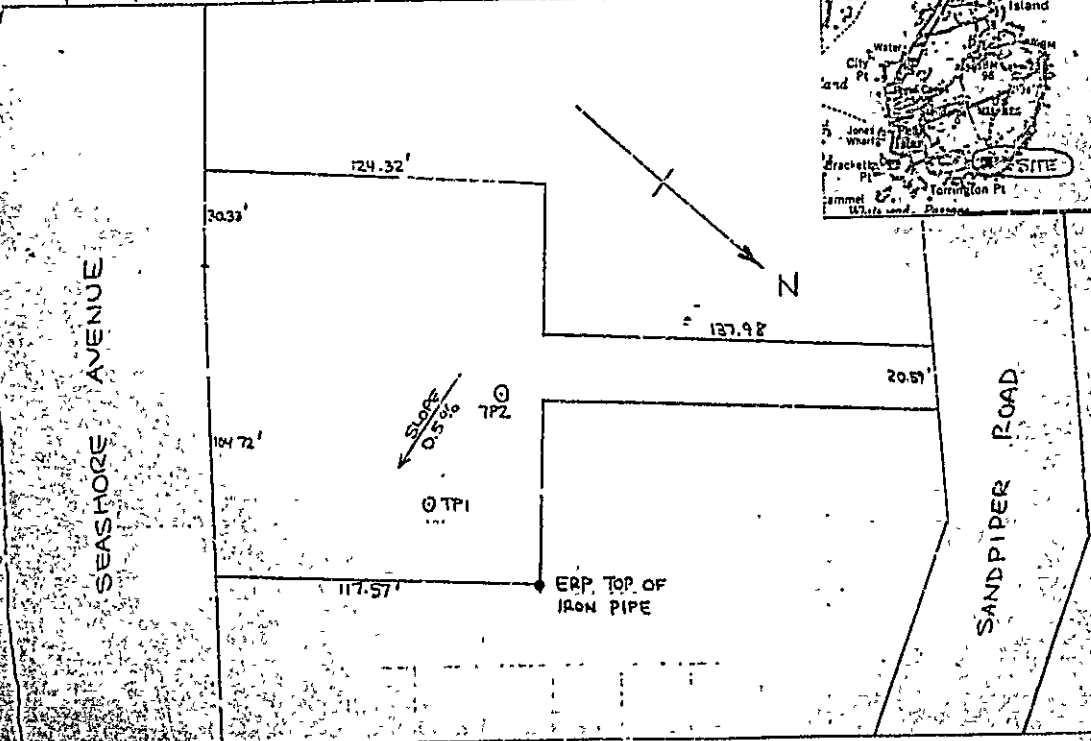
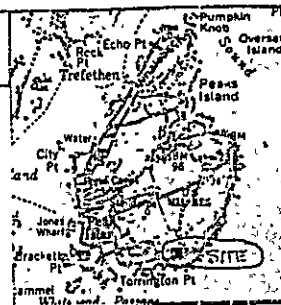
Owners Name

PORTLAND PEAKS ISLAND SEASHORE AVENUE 85-DD-2

OTIS THOMPSON

SITE PLAN

Scale 1" = 50 Ft.



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

Observation Hole 1 Test Pit Boring

1 FOREST PEAT Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-2			DARK BROWN	
2-10	STONY SANDY LOAM	LOOSE	RED BROWN	NONE EVIDENT
10-15			RED BROWN	NONE EVIDENT
15-30	STONY SILTY GRAVEL	SLIGHTLY FRIABLE	OLIVE GRAY	
30-50				

Soil Profile <u>3</u>	Classification <u>C</u>	Slope <u>0.5</u> %	Limiting Factor <u>32</u>	<input type="checkbox"/> Sewer <input checked="" type="checkbox"/> Protective Layer <input type="checkbox"/> Roadway
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Observation Hole 2 Test Pit Boring

2 FOREST PEAT Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-2			DARK BROWN	
2-10	STONY SANDY LOAM	LOOSE	RED BROWN	NONE
10-20	STONY SANDY GRAVEL	SLIGHTLY FRIABLE	LIGHT BROWN	
20-30	BEDROCK			
30-50				

Soil Profile <u>2</u>	Classification <u>AIII</u>	Slope <u>0.5</u> %	Limiting Factor <u>28</u>	<input checked="" type="checkbox"/> Sewer <input type="checkbox"/> Protective Layer <input type="checkbox"/> Roadway
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William B. Goodwin 0003/4814
Site Evaluator or Professional Engineer's Signature SE# IFE#

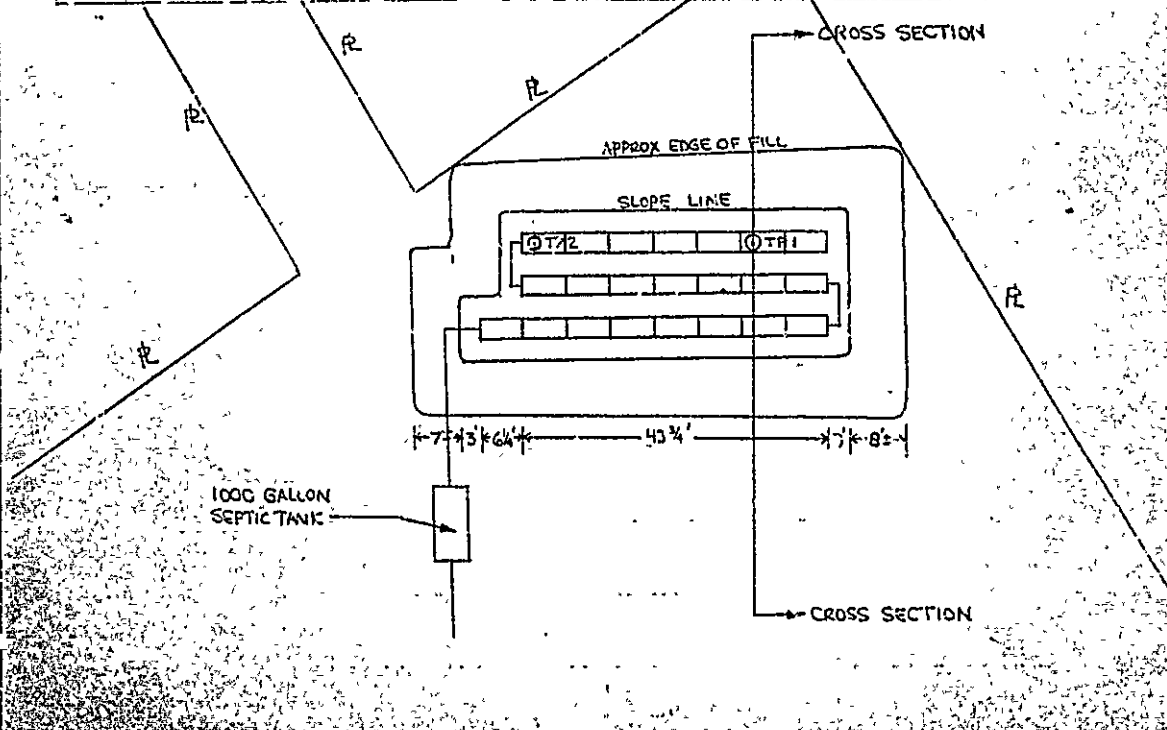
1/3/89
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

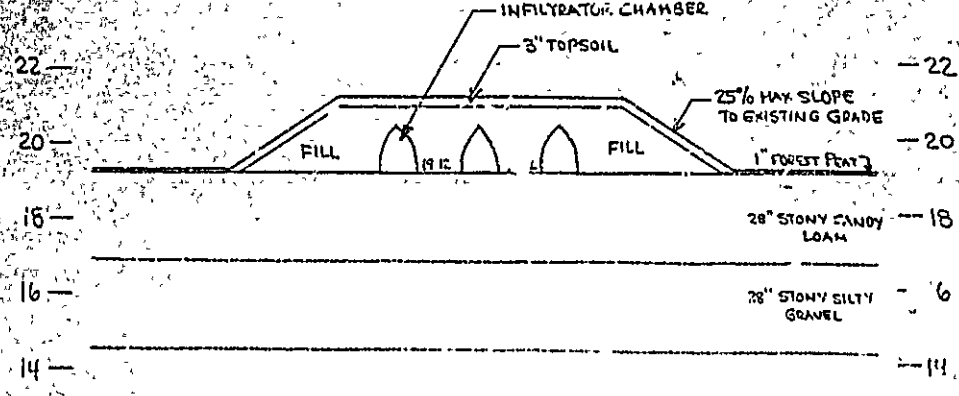
Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **SEASHORE AVENUE 85-DD-2** Owners Name: **OTIS THOMPSON**

SUBSURFACE WASTEWATER DISPOSAL PLAN Scale 1" = 20 Ft.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope): <u>20</u>	Reference Elevation is: <u>20.00</u>	TOP OF 12" PIPE AT NORTHERLY CORNER OF LOT
Depth of Fill (Downslope): <u>23</u>	Bottom of Disposal Area: <u>19.2</u>	
	Top of Distribution Lines or Chambers: <u>20.3</u>	

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 #

1/3/89
Date

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