

Permit # 02842 City of Portland BUILDING PERMIT APPLICATION Fee _____ Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: John Capizzo Phone # _____
 Address: Winding Way Thud
 LOCATION OF CONSTRUCTION: 3rd and 5th St. Peaks Island 85 T-2, 3, 4
 Contractor: Island Ray Services Sub: 766-2108
 Address: PO Box 48 Peaks Island Phone # 0410 8
 Est. Construction Cost: 55,000 Proposed Use: Single Family
 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: Construct New

Date: <u>Oct 26, 1989</u>		For Official Use PERMIT ISSUED	
Inside Fire Limits _____		Subdivision: _____	
Bldg Code: _____		Date: <u>NOV 17 1989</u>	
Time Limit: _____		Ownership: Public _____ Private _____	
Estimated Cost: <u>295,000</u> Bldg. Permit		City of Portland	
Zoning: <u>50. Site Plan Minor-minor</u>			
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 _____			
Shoreline Zoning: Yes _____ No _____ Floodplain: Yes _____ No _____			
Special Exception _____			
Other: _____ (Explain)			

Foundation:

1. Type of Soil: Cravely rock
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: 6x8
4. Foundation Size: 45x50
5. Other _____

Floor:

1. Joist Size: _____ Spacing _____
2. Joist Size: @ 2x10 Spacing _____
3. Lally Column Spacing: _____
4. Joist Size: 2x10 2x8 Spacing _____
5. Bridging Type: Solid Size: _____
6. Floor Sheathing Type: 3/4" & D Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size: X6 Spacing _____
2. Window Size: 20 Spacing _____
3. Joist Size: _____
4. Header Size: _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size: Triple
7. Insulation Type: Fiberglass Size _____
8. Sheathing Type: plywood Size _____
9. Siding Type: _____ Weather Exposure _____
10. Masonry Materials: concr
11. Metal Materials: _____

Interior Walls:

1. Studding Size: 2x4 Spacing 16"
2. Header Size: 2x6 Span(s) _____
3. Wall Covering Type: concr rock
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:

1. Ceiling Joist Size: 2x8
2. Ceiling Strapping Size: 1x3 Spacing _____
3. Type Ceiling: shfr r rock
4. Insulation Type _____ Size _____
5. Ceiling Height: 6 7'6" min

Roof:

1. Truss or Rafter Size: 2x6 or larger Span _____
2. Sheathing Type: plywood Size _____
3. Roof Covering Type: asphalt shingles

Chimneys:

Type: mascon Number of Fire Places: 0

Heating:

Type of Heat: Oil forced water

Electrical:

Service Entrance Size: _____ Smoke Detec. or Required: Yes X No _____

Plumbing:

1. Approval of soil test if required: Yes _____ No _____
2. No. of Tubs or Showers: 2
3. No. of Flushes: 7
4. No. of Lavatories: 2
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: D. G. Gaudin

Signature of Applicant: [Signature] Date: 10/26/89

Signature of CEO: [Signature] Date: _____

Inspection Dates: _____

White-Tax Assesor

Yellow-GPCOG

White Tag - CEO

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85-T-2,3,4

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town/City/Plantation: **PORTLAND PEAKS ISLAND**

Street: **3RD ST @ 5TH STREET**

Subdivision Lot #: **TAX MAP 85 BLOCK LOTS 2,3,4**

PROPERTY OWNERS NAME

Last: **JOHNSON** First: **COVEY**

Applicant Name: **COVEY JOHNSON**

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

PORTLAND TOWN COPY

Date Permitted: **7/12/89**

Fee Charged: **1110.00**

Local Plumbing Inspector Signature: *[Signature]*

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and that any false information is made a part of the Local Plumbing Inspector's Permit.

Signature of Owner/Applicant: *[Signature]*

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: **7/22/1990**

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 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: 32,000± SF</p> <p>ZONING: IR1</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 checked="" 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 type="checkbox"/> NOT REQUIRED</p> <p>2. <input checked="" 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 CONSERVATIVE 450</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 4 CONDITION: A III</p> <p>DEPTH TO LIMITING FACTOR: 30</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</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"/> EXTRALARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 525* Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H & S</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	<p>LOW VOLUME - 45 TOILET</p> <p>DESIGN FLOW: 405 (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT * USED 21 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION SITE EVALUATION WAIVED BY LOCAL OPTION

On July 23, 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.

Signature: *William R. Goodwin* 0003/4814 8/14/89

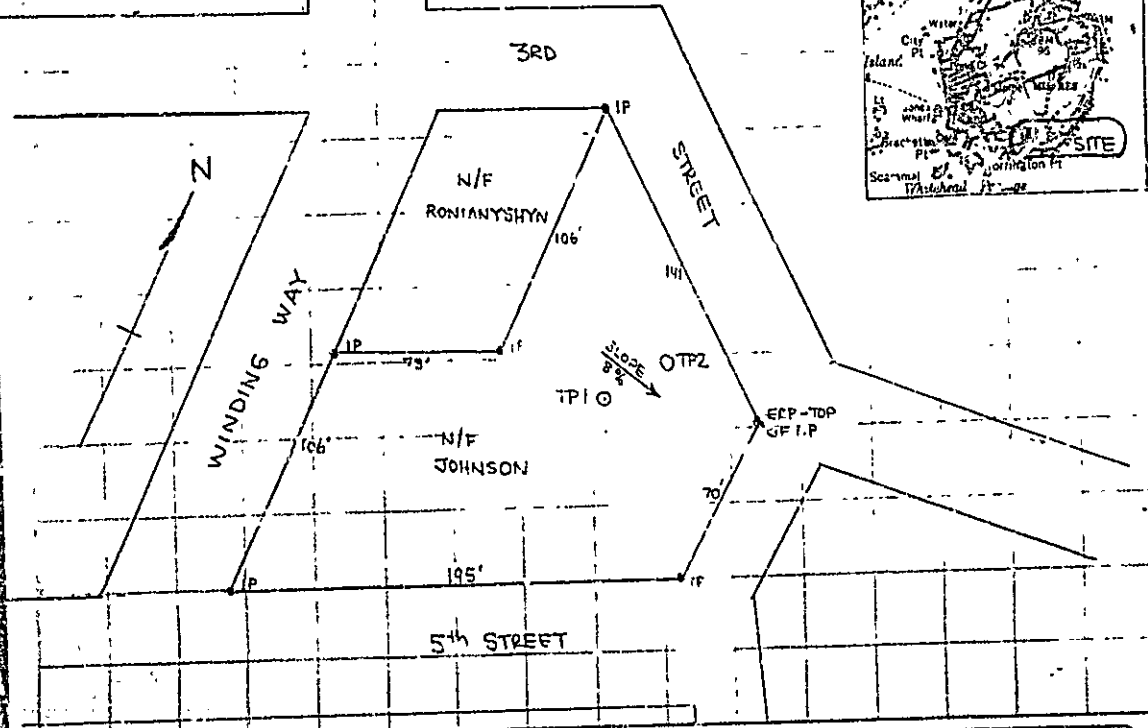
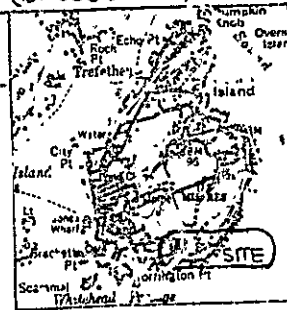
Site Evaluator or Professional Engineer's Signature Date

Local Plumbing Inspector Signature or Local Site Evaluation Waiver Under Local Option Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Fl. Station PORTLAND PEAKS ISLAND 3RD ST @ 5TH ST 85-T-2,3&4	Street, Road, Subdivision 3RD ST @ 5TH ST 85-T-2,3&4	Owner Name COWEY JOHNSON
SITE PLAN		Scale 1" = 50' FL



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

Observation Hole 1 Test Pit Boring

* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	LOAM		DARK BROWN	
2				
4				
6	GRAVELLY LOAM		RED BROWN	
8				
10				
12				
14				
16		LOOSE		NONE
18				
20	GRAVEL		LIGHT BROWN	
22				
24				
26				FEW
28				
30				
32				
34				
36				
38				
40	BEDROCK			
42				
44				
46				
48				
50				

Soil No. <u>14</u>	Classification <u>AIII</u>	Slope <u>8%</u>	Limiting Factor <u>30</u>	<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Fracture Layer <input type="checkbox"/> Bedrock
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Observation Hole 2 Test Pit Boring

* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	LOAM		DARK BROWN	
2				
4				
6				
8				
10		SUZZY FRIABLE	RED BROWN	NONE
12				
14				
16				
18				
20	SILTY SAND		BEIGE	
22				
24				
26				
28		FRIABLE	LIGHT RED BROWN	FEW
30				
32				
34				
36				
38				
40	BEDROCK			
42				
44				
46				
48				
50				

Soil No. <u>4</u>	Classification <u>AIII</u>	Slope <u>8%</u>	Limiting Factor <u>30</u>	<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Fracture Layer <input type="checkbox"/> Bedrock
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William B. Johnson
Site Evaluator or Professional Engineer's Signature

0003/4814
SE# / PE#

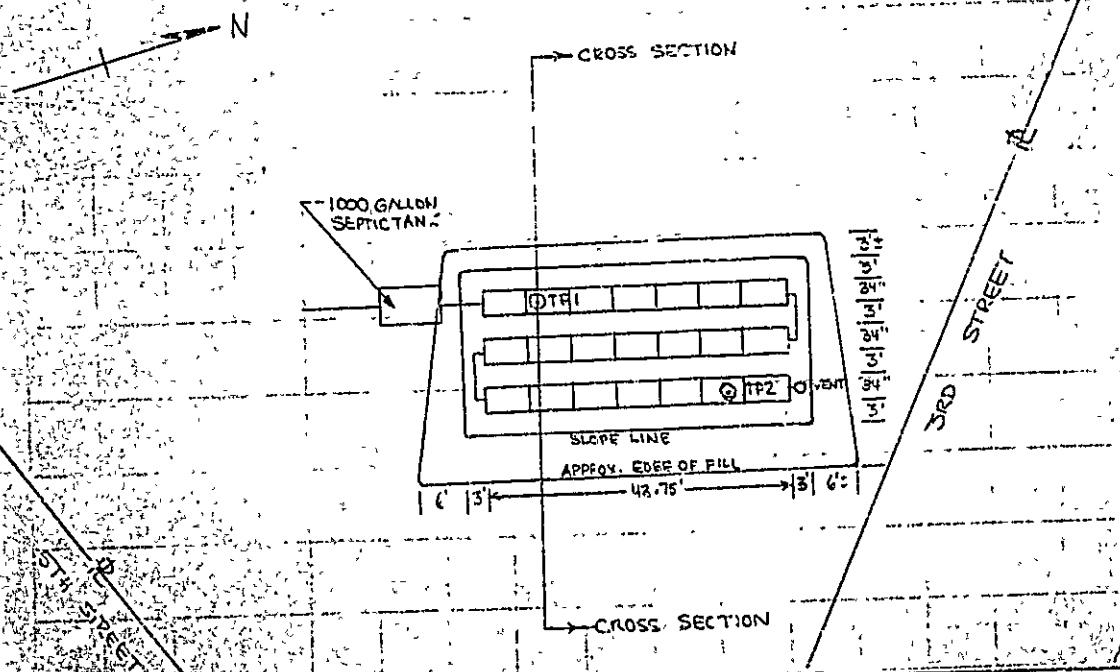
8/14/89
Date

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

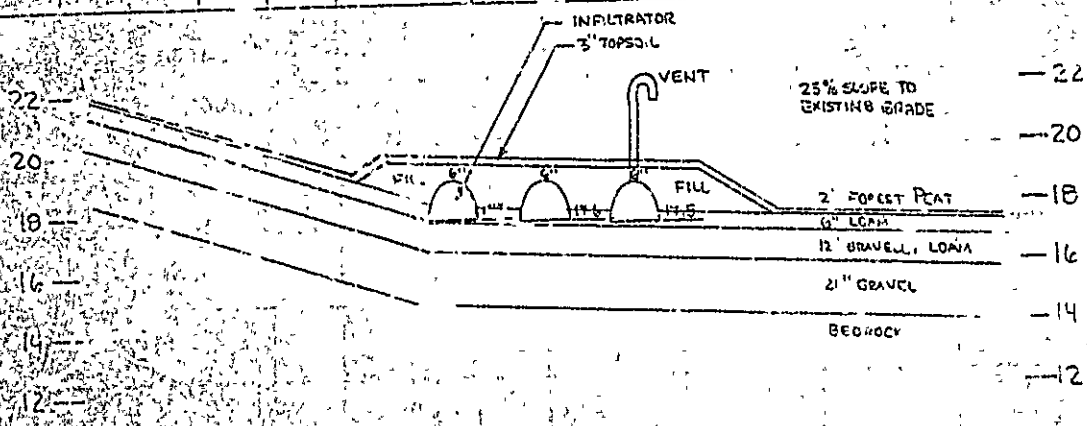
Tr. or City, Plantation PORTLAND PEAKS ISLAND	Street, Road, Subdivision 3RD ST @ 5TH ST 85-7-2,3 & 4	Owners Name COVEY JOHNSON
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = <u>20</u> Ft.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>18'</u>	Reference Elevation is <u>16.25</u>	TOP OF IRON PIPE AT MOST
Depth of Fill (Downslope) <u>21'</u>	Bottom of Disposal Area SEE CROSS SECTION	EASTERLY CORNER OF LOT
	Top of Distribution Lines or Chambers " " "	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.



William B. Jordan
Site Engineer or Professional Engineer's Signature

0003/4814
SE # PL J

8/14/87
Date

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