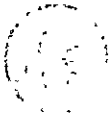


1602



Pearls Island

Apr 29/25

ga. H. H. H.

SMS
H. H. H.
H. H. H.
H. H. H.

History of ...

At ...

How to ...
From ...
On ...

THIS COPY IS FOR OBTAINED BEFORE BEGINNING WORK



Location, Ownership and detail must be correct, complete and legible.
 Separate application required for every building.
 Plans must be filed with this application.

Application for Permit for Alterations, etc.

Portland, Me., August 13, 1924

To the
 INSPECTOR OF BUILDINGS:

The undersigned applies for a permit to alter the following described building:—

Description of Present Bldg.

Location Island Ave, Peaks Island Ward 1 in fire-limits? no
 Name of Owner or Lessee, Peaks Island Corp Address Peaks Island
 " " Contractor, owner " "
 " " Architect, " "
 Material of Building is Style of Roof, Material of Roofing,
 Size of Building is feet long; feet wide. No. of Stories,
 Cellar Wall is constructed of is inches wide on bottom and butters to inches on top.
 Underpinning is is inches thick; is feet in height.
 Height of Building Wall, if Brick; 1st, 2d, 3d, 4th, 5th,
 What was Building last used for? gas house No. of Families?
 What will Building now be used for? gas house

Detail of Proposed Work

Build shed 15x30 feet with asphalt roof to house oil tank
all to comply with the building ordinance

Estimated Cost \$ 500.

If Extended On Any Side

Size of Extension, No. of feet long?; No. of feet wide?; No. of feet high above sidewalk?
 No. of Stories high?; Style of Roof?; Material of Roofing?
 Of what material will the Extension be built? Foundation?
 If of Brick, what will be the thickness of External Walls? inches; and Party Walls inches.
 How will the extension be occupied? How connected with Main Building?

When Moved, Raised or Built Upon

No. of Stories in height when Moved, Raised, or Built upon? Proposed Foundations?
 No. of feet high from level of ground to highest part of Roof to be?
 How many feet will the External Walls be increased in height? Party Walls

If Any Portion of the External or Party Walls Are Removed

Will an opening be made in the Party or External Walls? in Story.
 Size of the opening? How protected?
 How will the remaining portion of the wall be supported?

Signature of Owner or
 Authorized Representative

Address

Peaks Island Corp.
By J. W. Coburn
Box 868 - Portland, Me.

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

Island Ave, Peaks

Aug 13, 1924

Attention for Island for Attention etc

Attention for Island for Attention etc

Vertical text on the left side, possibly a list or index.

Vertical text on the left side, possibly a list or index.

Vertical text on the left side, possibly a list or index.

Receipt of Prohibited Work

Main body of text, possibly a receipt or report, with some illegible content.

RECEIVED ON THE SIDE

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 285-3626

PROPERTY ADDRESS

Town or Plantation: Pedds Island

Street: 87-5-2-5 1st Ave

Subdivision Lot #: 1

PROPERTY OWNERS NAME

Last: LEAH First: MARIE

Applicant Name: Commercial Holding

Maining Address of Owner/Applicant (If Different):

PORTLAND Date Permit Issued: 5/6/86 Permit # 1,757 TOWN COPY

FEE: \$ 119

L.P.I. # _____

Local Plumbing Inspector Signature: [Signature]

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit

Signature of Owner/Applicant: _____ Date: 5/6/86

Caution: Inspection Required

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

Local Plumbing Inspector Signature: _____ Date: JUL 7 - 1986

PERMIT INFORMATION

This Application is for:

1. NEW PLUMBING

2. RELOCATED PLUMBING

Type Of Structure To Be Served:

1. SINGLE FAMILY DWELLING

2. MODULAR OR MOBILE HOME

3. MULTIFAMILY DWELLING

4. OTHER - SPECIFY: _____

Plumbing To Be Installed By:

1. MASTER PLUMBER

2. OIL BURNERMAN

3. MFG'D. HOUSING DEALER/MECHANIC

4. PUBLIC UTILITY EMPLOYEE

5. PROPERTY OWNER

LICENSE # 1,745

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type Of Fixture	Number	Column 1 Type Of Fixture
			Hosebibb / Silcock		Bathub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal		Sink
			Drinking Fountain		Wash Basin
			Indirect Waste		Water Closet (Toilet)
			Water Treatment, Softener, Filter, etc.		Clothes Washer
			Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
			Other: _____		Water Heater
			Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 1
					3
					9
					10

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

PORTLAND Date Permit Issued: 5/6/86 Permit # 1,757 TOWN COPY

FEE: \$ 119

L.P.I. # _____

Local Plumbing Inspector Signature: [Signature]

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

Page: 011
HHE - 211 Rev. 4/83

TOWN COPY

P.O. # 79270

Department of Human Services
Division of Health Engineering
(207) 269-3826

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town or Plantation: **PORTLAND PEAKS ISLAND**

Street: **ISLAND AVENUE**

Subdivision Lot #: **TAX MAP 87 BLOCKS LOTS 2-5**

PROPERTY OWNERS NAME

CENTRAL MAINE POWER

Last: **CENTRAL MAINE POWER**

First: _____

Applicant Name: **CENTRAL MAINE POWER**

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

PORTLAND **PERMIT # 1,694** **TOWN COPY**

Date Permit Issued: _____ \$ _____ Double Fee Charged

Robert J. Goodwin _____ _____

Local Plumbing Inspector Signature License # _____

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is responsible for the Local Plumbing Inspector to deny a Permit.

Robert J. Goodwin for C.M.P. **4/4/86**

Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and certify that it is in compliance with the Subsurface Wastewater Disposal Act.

JUL 3 - 1986

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
- Requires only Local Plumbing Inspector Approval
- Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (Includes Alternative Toilet)
- ENGINEERED (+2100 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

IF FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM: **GAS TOILET -**

- BED
- CHAMBER
- GREASE TRAP
- OTHER OVERFLOW DISCHARGE

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MULTIFAMILY OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER **POWER GENERATING PLANT**
SPECIFY _____

TYPE OF WATER SUPPLY:

PUBLIC WATER

1/3 OF PROPERTY: _____ ZONING: **IR2**

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 2)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: **000** GALS.

WATER CONSERVATION

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY _____

PUMPING

- NOT REQUIRED
- MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: **15** GALS

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, BATHS, EMPLOYEES, WATER RECORDS, ETC.)

PLANT - 3 EMPLOYEES WITH SHOWER

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: **3** CONDITION: **C**

DESIGN LIMITING FACTOR: **23**

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM LARGE
- LARGE
- EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

- BED: **400** Sq Ft
- CHAMBER: _____ Sq Ft
- TRENCH: _____ H x W
- OTHER: _____

DESIGN FLOW: **100** (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On **November 16, 1985** (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I proposed is in accordance with the Subsurface Wastewater Disposal Rules.

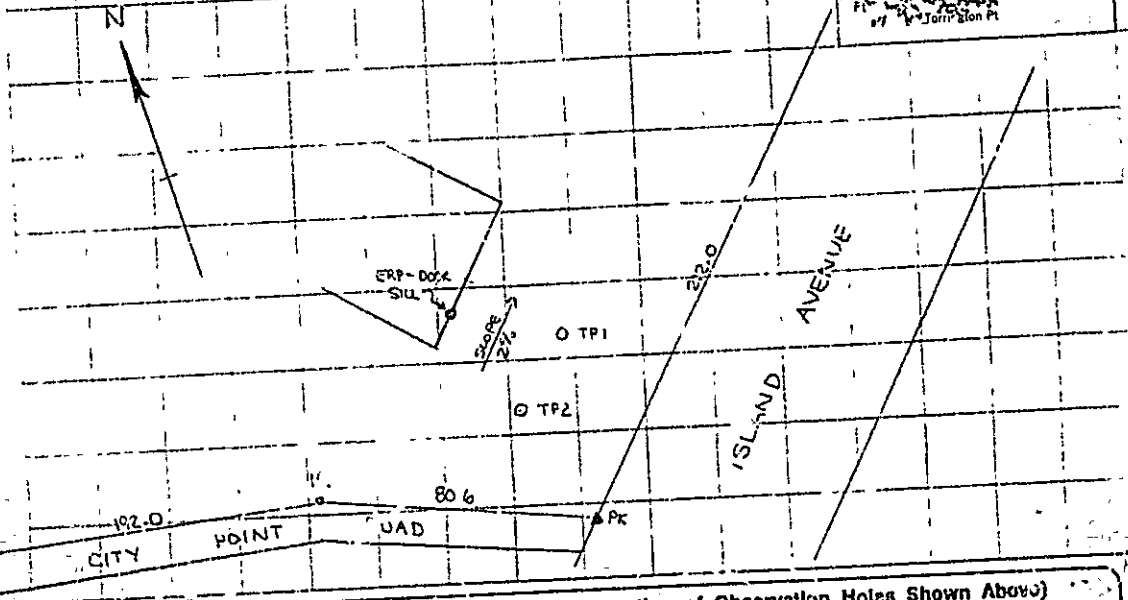
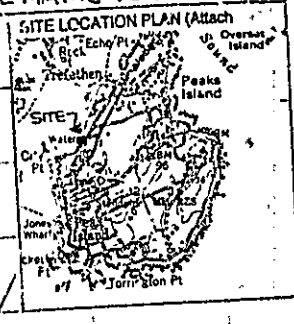
William B. Goodwin **003/4014** **12/30/85**

Site Evaluator or Professional Engineer's Signature Date

Local Plumbing Inspector Signature (if a Local Site Evaluation Waiver Under a Local Order) Page 1 of 3
HHE-200 Rev. 4/83

Town, City, Plantation: **PORTLAND-PEAKS ISLAND** Street, Road, Subdivision: **ISLAND AVE 87-S-2-5** Owners Name: **CENTRAL MAINE POWER**

SITE PLAN Scale 1" = **40** FT



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

Observation Hole 2 Test Pit Boring

2" SOD _____ Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
GRAVELLY LOAM	LOOSE	DARK BROWN	
		BROWN	NONE
CLAYEY GRAVEL	MODERATELY FRIABLE	GRAY BROWN	COMMON
SANDY CLAY	FRIABLE	GRAY	STAINING WATER

Soil Classification: **3 C** Slope: **20** Limiting Factor: **23**

William B. Jordan 203/4814 Date: **2/30/85**

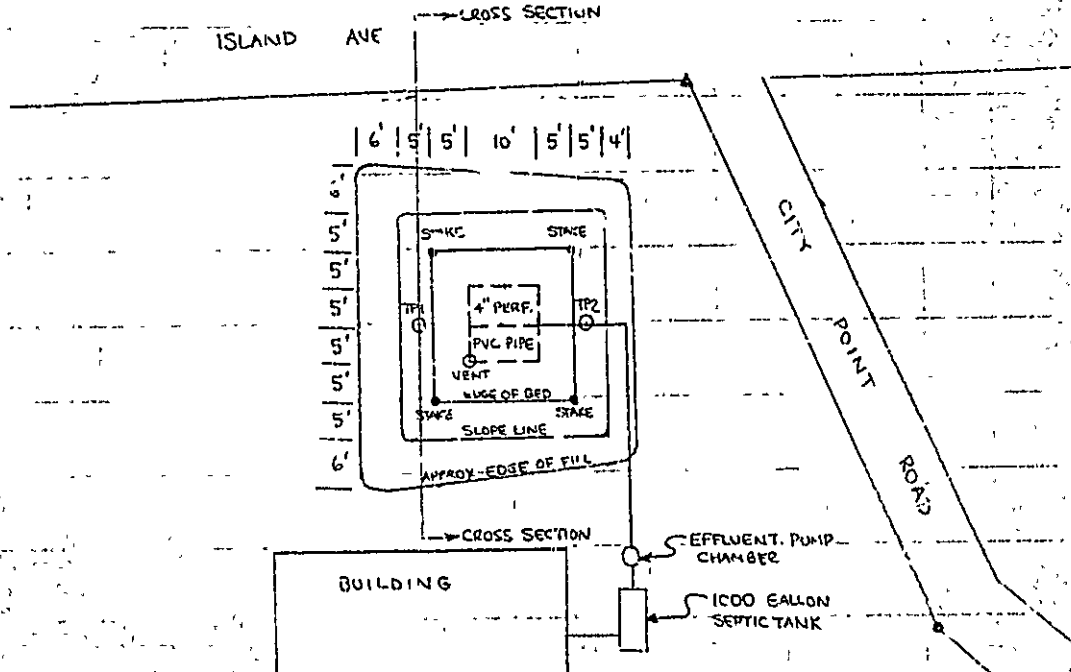
Page 2 of 3
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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

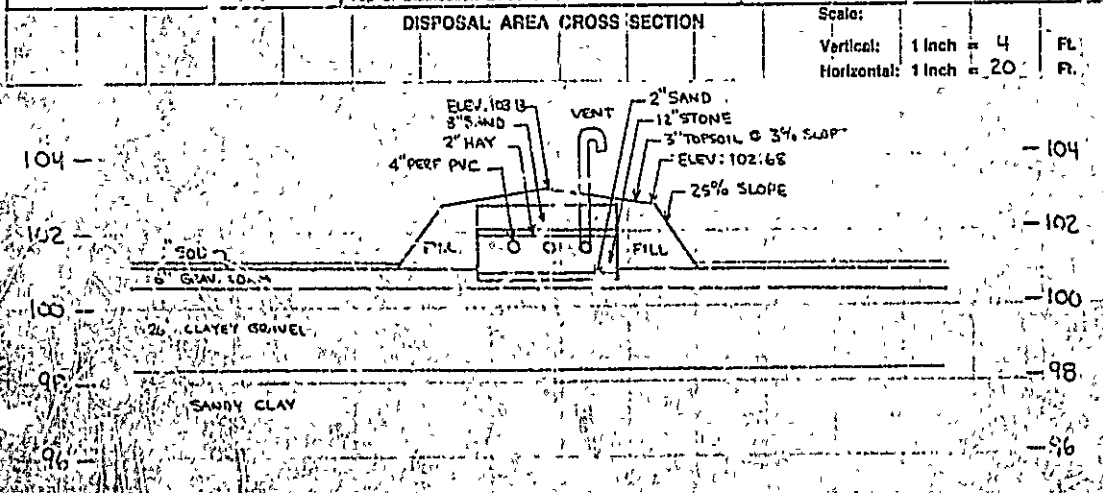
Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **ISLAND AVE 87-S-2-5** Owner's Name: **CENTRAL MAINE POWER**

SUBSURFACE WASTEWATER DISPOSAL PLAN						Scale = <u>20</u> Ft.
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FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	15'	Reference Elevation is	100.00	CONCRETE DOOR SILL	
Depth of Fill (Downslope)	21'	Bottom of Disposal Area	100.68	FRONT, LEFT SIDE OF BUILDING	
		Top of Distribution Lines or Chambers	101.76		



Site Engineer or Professional Engineer: *21/12/85 G. J. Gaudin* SE/PE # 503/144 Date: 12/30/85 Page 3 of 3
HHE-200 Rev. 4/83

Replacement System Variance Request

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an Application for the proposed replacement system which is in noncompliance with the Rules. The LPI shall review the Replacement System Variance Request and Application and may approve the Request if all of the following requirements with LPI approval limitations can be met.

1. The replacement system is correcting a malfunction or an unlicensed wastewater discharge system.
2. A replacement system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system does not conflict with Seasonal Conversion Permit (30 MRS § 3223) or with Mandatory Shoreland Zoning (12 MRS § 4811).
6. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

GENERAL INFORMATION

Town of PORTLANDTown Code 5170Permit No. 7274EDate Permit Issued 4/23/86
mon./day/yr.Property Owner's Name: CENTRAL MAINE POWERTel. No. 623-3521 X2402System's Location: ISLAND AVENUE
Street(Plot # 25)PEAKS ISLAND
TownMAINE 04108
State ZipProperty Owner's Address:
(if different from above)EMISON DRIVE
StreetAUGUSTA
TownMAINE
State04336
Zip


Specific Instructions to the:

LPI: If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature)

Site Evaluator: If after completing the Application, you find that a variance for the proposed replacement system is needed, then complete the Replacement Variance Request with your signature on reverse side of form.

Property Owner: It has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

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


Property Owner's Signature4/23/86
Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		Inches	
	Restrictive Layer	to 5"		Inches	
	Bedrock	to 10'		Inches	
Setback Distances (In feet)	From:	Treatment Tank	Disposal Area	Treatment Tank	Disposal Area
Potable Water Supplies	1. Well: > 2000 gal/day	100a	300a		
	2. Well: < 2000 gal/day				
	a. Neighbor's	100b	100b		
	b. Property Owner's	50'	60'		
	3. Water Supply Line	See Note 'a'			
Waterbodies	1. Perennial	60'	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With basement	See Note	15'		
	2. Without basement	5'	10'		
Property Line		5'	5'		

Other Specify: Holding Tank Justification attached

Footnotes:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. A variance to reduce the 100 foot setback distance to a minimum of 30 feet may be granted only with the neighbor's written permission.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

William B. Goodwin 2/11/86
Site Evaluator's signature Date

LPI Statement

I, Ernest P. Goodwin, LPI for the town of Portland have conducted an on-site inspection for the proposed replacement system and have determined, to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

- a. approve, do not approve the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant.
- or:
- b. find that one or more of the requested variances exceeds my approval authority as LPI. I recommend, do not recommend the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments:

(Lot # 2, 5) Ernest P. Goodwin APR 10 1986
LPI's signature Date

FOR USE BY THE DEPARTMENT ONLY:

If the Department has reviewed the variance(s) and does, does not give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

James A. Anderson - WWSPC 4/22/86
Signature of the Department Date

87-8 *lot # 3,5*
Wetland #10

CENTRAL MAINE POWER COMPANY
PEAKS ISLAND STATION
JUSTIFICATION FOR HOLDING TANK INSTALLATION

We are proposing to install a holding tank for sanitary wastes to replace electric toilets at our Peaks Island Diesel Station. A soils test was performed at the site on November 11, 1985 by William B. Goodwin and a subsurface waste water system was designed. However due to the reasons listed below, we feel a holding tank to be more practical.

- 1.) There are only three people assigned to Peaks Island Station, and they are only at the station part of the time. The subsurface wastewater system would be very expensive to install considering the small amount of use. A holding tank would be much more cost effective.
- 2.) There are two diesel generating units at Peaks Island Station that burn No. 2 oil. The tank trucks that deliver oil to the plant's storage tanks drive over the area that was found acceptable for the subsurface system. If the system were to be put in, the oil storage tanks would become inaccessible as far as oil delivery goes. In order to receive oil at the station, at least one 20,000 gallon storage tank would have to be relocated. Along with physically moving the tank(s) and building new foundations, it would be necessary to install new piping and to build a new berm. The costs associated with a relocation would be enormous in comparison to the costs of installing a holding tank.

As outlined above, we feel that a holding tank for sanitary waste is much more economical and feasible than a subsurface wastewater system.

(87-8-215
label here)

HOLDING TANK PUMPER AGREEMENT PROPERTY OWNER STATEMENT

Department Human Services
Division of Health Engineering
Station #10, State House
Augusta, ME 04333

HOLDING TANK PUMPER

General Information

Name of Business Rlow Bros., Inc. Telephone 334-2525
Business Address 1 Rosenthorne Dr. P. O. Box 221, Old Orchard Beach, Maine 04064
Maximum Capacity of tank truck 2300 gallons
Wastes can be pumped and disposed of: all year round
(check one) limited to _____ month to _____ month

Wastes will be disposed of at the following Department of Environmental Protection licensed site(s).
Location of site(s): Portland, Maine Sewage Treatment Plant
or facility _____

Agreement

I Dale Blaw, while under contract, will be responsible for the pumping and maintenance of the
Pumper owner Central
holding tank on the property of Maine Power, located at Island Avenue, Peaks Island
Property owner _____

Property's Address

on the year round, seasonal basis.

Pumper/Property Owner Contract

I, Dale Blaw, agree to pump and maintain the holding tank for Central
Pumper owner Maine Power, located at
Island Avenue, Peaks Island
Property owner _____
Property Address _____

for the contract period of April 86 to April 87 with a new contract contingent upon the following

- factor's list (dumping site accessibility, costs, etc.)
- 1. Waiting time between services \$50.00 per hour plus ferry and weighing charges
- 2. Dumping fee at Portland Sewage Treatment Plant \$37.00 per thousand
- 3. Pumping charge \$55.00

NOTE Agreement/Contract Form

A copy shall be submitted at the expiration of this contract and forwarded to the Department for its records. If this is not received by the Department, the Department's original approval becomes null and void and therefore, a violation of the Rule.

Property Owner's Signature [Signature] Date 4/1/86
Pumper/Proprietor's Signature [Signature] Date 4/1/86

HE-230 1/7/80

PROPERTY OWNER

I, Central Maine Power am the owner of Deals Island Station located at
Island Avenue (215) Deals Island
(street) (town)

This facility () was constructed
() was subdivided on or before _____
() is proposed

The usage of this facility () has been, & will be for 3 people on a part time basis

since _____ (date).
(Example: three bedroom summer camp serving a family of five or three weeks in summer on 12 weekends during the rest of the year)

Proposed method of disposal is: holding tank
(The private waste disposal system described on the attached Application)

I recognize that any approval the Division may give will be limited to the usage described above and may be enforced by requiring a covenant of the Deed.

Space for Notary Seal & Signature Below

[Handwritten Signature]

Owner's Name - Printed Central Maine Power Co.
Address Edison Drive
Deals Island, Maine 04350
Signature: [Handwritten Signature]
Date: 4-2-81