

PERMIT # 1680 CITY OF Portland BUILDING PERMIT APPLICATION

Please fill out any part which applies to job. Proper plans must accompany form.
 OWNER: Steven MacIsaac
 ADDRESS: 13 Francine Road, Framingham, MA 01701 617-877-7824
 LOCATION OF CONSTRUCTION: Highland Avenue, Peaks Island

CONTRACTOR: Owner SUBCONTRACTORS: _____
 ADDRESS: _____ Type of Use: single family
 Est. Construction Cost: 60,000 Lot Size: _____
 Past Use: _____ # Stories: _____
 Building Dimensions: _____ W _____ on Pt. _____
 Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
 Conversion - Explain to construct summer cottage

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

Foundation:
 1. Type of Soil: _____ Resr _____ Sp(s) _____
 2. Set Backs - Front _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

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

Exterior Walls:
 1. Studding Size: _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____ Sp(s) _____
 4. Header Sizes: _____ No. _____
 5. Brack: _____ Yes _____ No _____
 6. Corner Posts Size: _____ Size _____
 7. Insulation Type: _____ Size _____
 8. Sheathing Type: _____ Weather Exposure _____
 9. Siding Type _____
 10. Masonry Materials _____
 11. Metal Materials _____

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

MAP # _____ LOT # _____
 For Official Use Only
 Date: 12/16/87
 Inlet Fire Limits _____
 Blug Code _____
 Line Limit _____
 Estimated Cost: 60,000
 Value Structure _____
 Fee: 370.00
 Subdivision: Yes / No _____
 Name: _____
 Lot: _____
 Block: _____
 Permit Expiration: _____
 General: _____ Public _____ Private _____

Ceiling:
 1. Ceiling Joists Size: _____ Spacing: PERMIT USE
 2. Ceiling Strapping Size _____
 3. Type Ceilings: _____ Size: 100 12 80
 4. Insulation Type _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size: City Of Portl
 3. Roof Covering Type _____
 4. Other _____

Chimneys: _____ Num. of Fire Places _____
 Type: _____

Heating:
 Type of Heat: _____
 Service Entrance Size: _____ Smoke Detector Required? Yes _____ No _____

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

Swimming Pools:
 1. Type: _____ x _____ Squares _____
 2. Pool Size: _____
 3. Must conform to National Electrical Code or State Law.

Zoning:
 District: R-3 Street Frontage Req. _____ Provided _____ Side _____
 Required Setbacks: Front _____ Back _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Site Plan _____ Subdivision _____
 Conditional Use: _____ Variance _____
 Shore and Floodplain Mgmt _____ Special Exception _____
 Other (Explain) _____
 Date Approved: 12/16/87 Steven MacIsaac

Permit Received by: Randi Cote
 Signature of Applicant: Steven MacIsaac PERMIT # 1680
 Signature of CEO: Steven MacIsaac WITH Data: 12/16/87

Inspection Dates: _____ White Tag - CEO
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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 269-3823

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND PEAKS ISLAND**

Street: **HIGHLAND AVENUE**

Subdivision Lot #: **TAX MAP 08 BLOCK F LOTS 1-9**

PROPERTY OWNERS NAME

MACISAAC STEVEN J.

Last: First.

Applicant Name: **STEVEN J. MACISAAC**

Mailing Address of Owner/Applicant (if different): **13 FRANCINE ROAD FRAMINGHAM, MASS. 01701**

PORTLAND 4364 TOWN COPY

Date Permitted: **11/21/89**

Local Plumbing Inspector Signature: **[Signature]**

Local Plumbing Inspector Exp. Date: **1/16/91**

L.P.I. #: **01724**

CRIST Plumbing Inspector

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that an affidavit is required for the Local Plumbing Inspector, Jerry A. Ferris

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: **[Signature]** Date Approved: **12/5/89**

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 2. <input type="checkbox"/> TRENCH</p> <p>3. <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>PROPOSED WELL</p>
<p>SIZE OF PROPERTY: 39,065 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 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 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 450</p> <p>CONSERVATIVE</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 4 CONDITION: AIII</p> <p>DEPTH TO LIMITING FACTOR: 20</p>	<p>SIZING 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"/> 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 525 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>	<p>LOW VOLUME - 45</p> <p>TOILET</p> <p>DESIGN FLOW: 405 (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT

On **OCTOBER 1 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.

Site Evaluator or Professional Engineer's Signature: **[Signature]** SE# **14814** Date: **1/3/89**

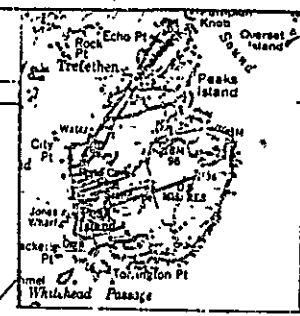
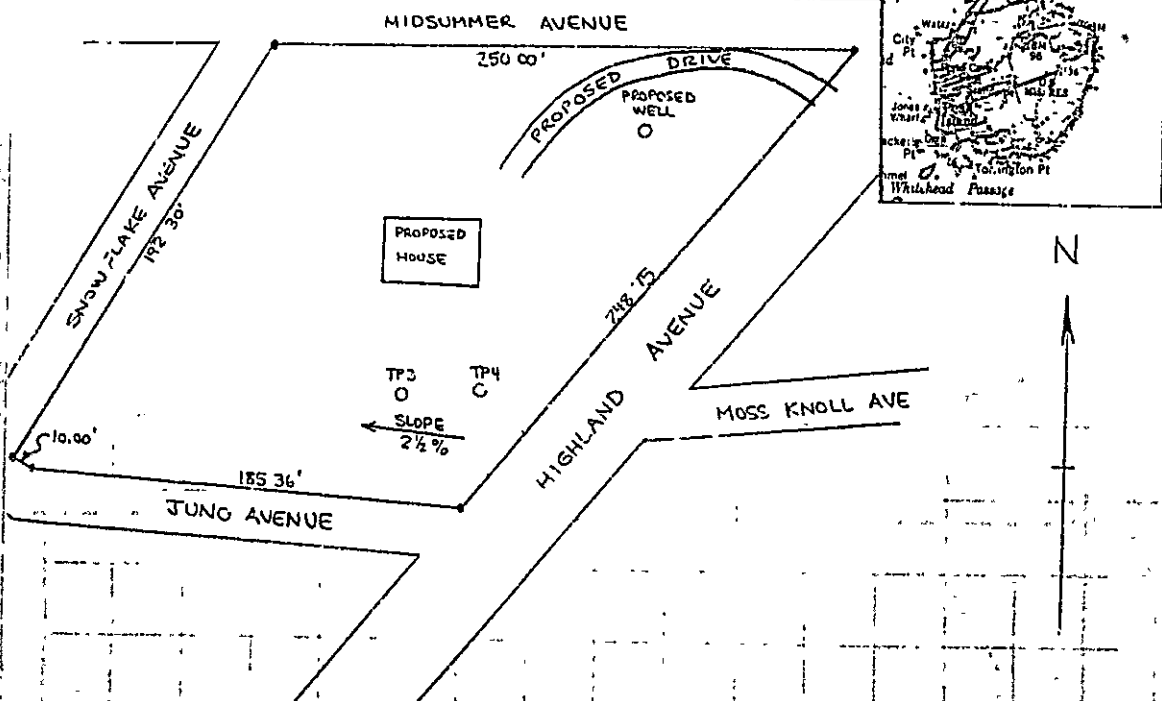
* Local Plumbing Inspector Signatures & Local Site Evaluation Waived under a Local Order

088-A-201

SUE SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND PEAKS ISLAND		Street, Road, Subdivision HIGHLAND AVE 88-F-1-9		Owners Name STEVEN MACISAAC	
SITE PLAN				Scale: 1" = 60' FL	



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

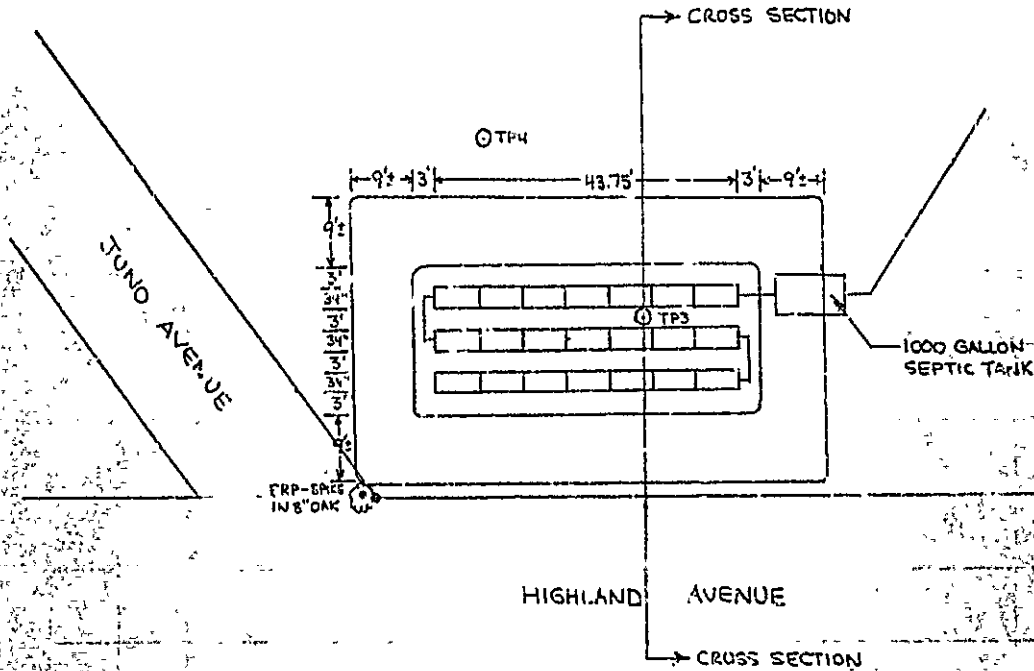
Observation Hole 3				Observation Hole 4			
3" FOREST FEET				3" FOREST FEET			
Depth of Organic Horizon Above Mineral Soil				Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
0-6" FINE SANDY LOAM	LOOSE	MEDIUM BROWN		0-6" FINE SANDY LOAM	LOOSE	DARK BROWN	
6-10" SILTY GRAVEL	MODERATELY FRIABLE	RED BROWN	NONE	6-10" SILTY SAND		TAN GRAY	
10-15" BEDROCK			FEW	10-15" SILTY GRAVEL	MODERATELY FRIABLE	RED BROWN	NONE
15-20" BEDROCK				15-20" BEDROCK			FEW
20-25" BEDROCK				20-25" BEDROCK			
25-30" BEDROCK				25-30" BEDROCK			
30-35" BEDROCK				30-35" BEDROCK			
35-40" BEDROCK				35-40" BEDROCK			
40-45" BEDROCK				40-45" BEDROCK			
45-50" BEDROCK				45-50" BEDROCK			
50-55" BEDROCK				50-55" BEDROCK			
55-60" BEDROCK				55-60" BEDROCK			
60-65" BEDROCK				60-65" BEDROCK			
65-70" BEDROCK				65-70" BEDROCK			
70-75" BEDROCK				70-75" BEDROCK			
75-80" BEDROCK				75-80" BEDROCK			
80-85" BEDROCK				80-85" BEDROCK			
85-90" BEDROCK				85-90" BEDROCK			
90-95" BEDROCK				90-95" BEDROCK			
95-100" BEDROCK				95-100" BEDROCK			

Site Evaluator or Professional Engineer's Signature: William B. Jordan 0003/4814 1/3/89
 SE# PE# Date
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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

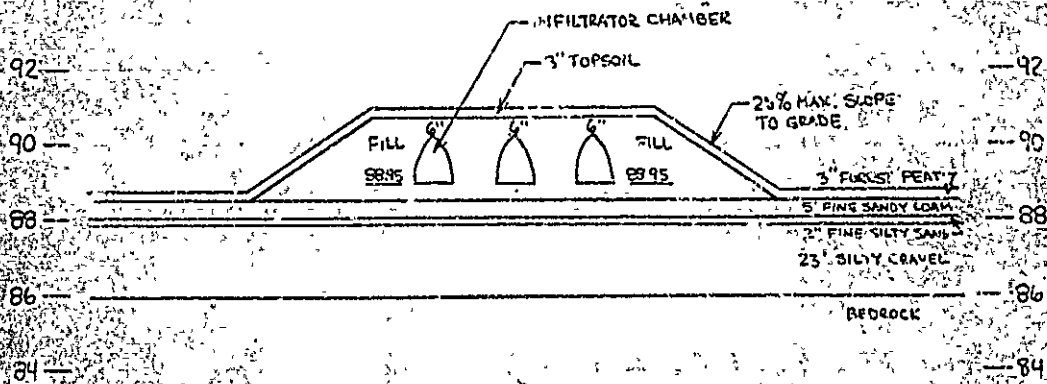
Department of Human Services
Division of Health Engineering

Town, City, Plantation:	Street, Road, Subdivision:	Owner's Name:
PORTLAND PEAKS ISLAND	HIGHLAND AVE 78-F-1-9	STEVEN MACISAAC
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = 20' FL.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>26"</u>	Reference Elevation Is <u>89.70</u>	SPIKE IN 8" OAK AT SOUTH CORNER OF PROPERTY
Depth of Fill (Downslope) <u>26"</u>	Bottom of Disposal Area <u>89.95</u>	
	Top of Distribution Lines or Chambers <u>90.20</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

01703/4814
 SE #/PE #

1/3/89
 Date

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