

PLEASANT AVE., BEAKS ISL.

88-I-19

R3 RESIDENCE ZONE

APPLICATION FOR PERMIT

PERMIT ISSUED

1017

AUG 1 1960



Class of Building or Type of Structure Third Class
Portland, Maine, July 12, 1960

CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect alter repair demolish install the following building structure equipment specifications, if any, submitted herewith and the following specifications:

Location Pleasant Ave., Peaks Island (85-1-19) Within Fire Limits? Dist. No.
Owner's name and address John Hamblton, Pleasant Ave., Peaks Island Telephone
Lessee's name and address Telephone
Contractor's name and address SENAR Specifications Plans yes No. of sheets 2
Architect Dwelling No. families 1
Proposed use of building No. families
Last use
Material frame No. stories 1 Heat Style of roof shed Roofing
Other buildings on same lot Fee \$ 5.00
Estimated cost \$ 2000

General Description of New Work

To construct 1-story frame addition 14'x26' to rear and side of dwelling.
To cut in one new door in place of window

Permit Issued with Letter

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor. PERMIT TO BE ISSUED owner

Details of New Work

Is any plumbing involved in this work? no Is any electrical work involved in this work? YES
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form notice sent? YES
Height average grade to top of plate 12' Height average grade to highest point of roof 16'
Size, front depth at least 4' below grade solid or filled land? solid earth or rock? earth
Material of foundation concrete blocks Thickness, top 8" bottom 8" cellar No.
Kind of roof shed Rise per foot 4"2" Roof covering asphalt roofing Class 3 Ord. Lab.
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber-Kind hemlock Dressed or full size? dressed Corner posts 4x4 Sills 8x8
Size Girder 2x4 Columns under girders concrete piers Size 8" x 8" Max. on centers 4'7"
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters 1st floor 4x8 2nd 3rd roof 2x6 2x8
On centers: 1st floor 36"16" 2nd 3rd roof 16"
Maximum span: 1st floor 21' 2nd 3rd roof 14'

If a Garage

No. cars now accommodated on same lot, to be accommodated number commercial cars to be accommodated.
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

Miscellaneous

Will work require disturbing of any trees on a public street? NO
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? YES

APPROVED:

with letter by A.H.

CS 101

INSPECTION COPY

Signature of owner

Pauline M. Hamblton

PERMIT ISSUED

NOTES

OR PERMIT

7/24/60 - E.S.S. says location
6.R-agy

9/19/60 - work started

5/16/61 - addition

finished up E.S.S.

4/17/62 - prep. nat

Completed E.S.S.

Permit No.	60/1017
Location	Central Post Office
Owner	John Henderson
Date of permit	9/1/60
Notif. closing-in	
Insps. closing-in	
Final Notif.	
Final Inspn.	
Cert. of Occupancy issued	
Staking Out Notice	
Form Check Notice	

General Description

~~Work on new house located with E.S.S.~~

~~Work on new house located with E.S.S.~~

~~Work on new house located with E.S.S.~~

AP Pleasant Ave., Peaks Island (88-I-19)

August 1, 1960

Mr. John Hamblton
Pleasant Avenue
Peaks Island, Maine

Dear Mr. Hamblton:

Building permit for construction of a one-story addition approximately 14 feet by 26 feet on side and rear walling at the above named location is issued herewith on the above location and construction as discussed with you as follows:

1. Rear corner of addition is to be no closer than 15 feet to rear lot line.
2. Concrete piers are to be 8 inches square and are to extend at least 4 feet below grade or to ledge and at least 6 inches above the surface of the ground.
3. All sills and the girder are to be 6x3 timbers with all splices located directly over one of the supporting piers. These members are to be anchored to the piers by metal pins or dowels set into the tops of the piers when poured.
4. Studs in walls are to extend down to the tops of the sills and not supported on shoes on top of the floor timbers.
5. Concrete piers are to be located about five feet on centers under the outside walls and at the center of the span of the girder.
6. Notification is to be given this department for inspection before any lath or wall board is applied to walls, partitions or ceilings.

Very truly yours,

Albert J. Sears
Inspector of Buildings

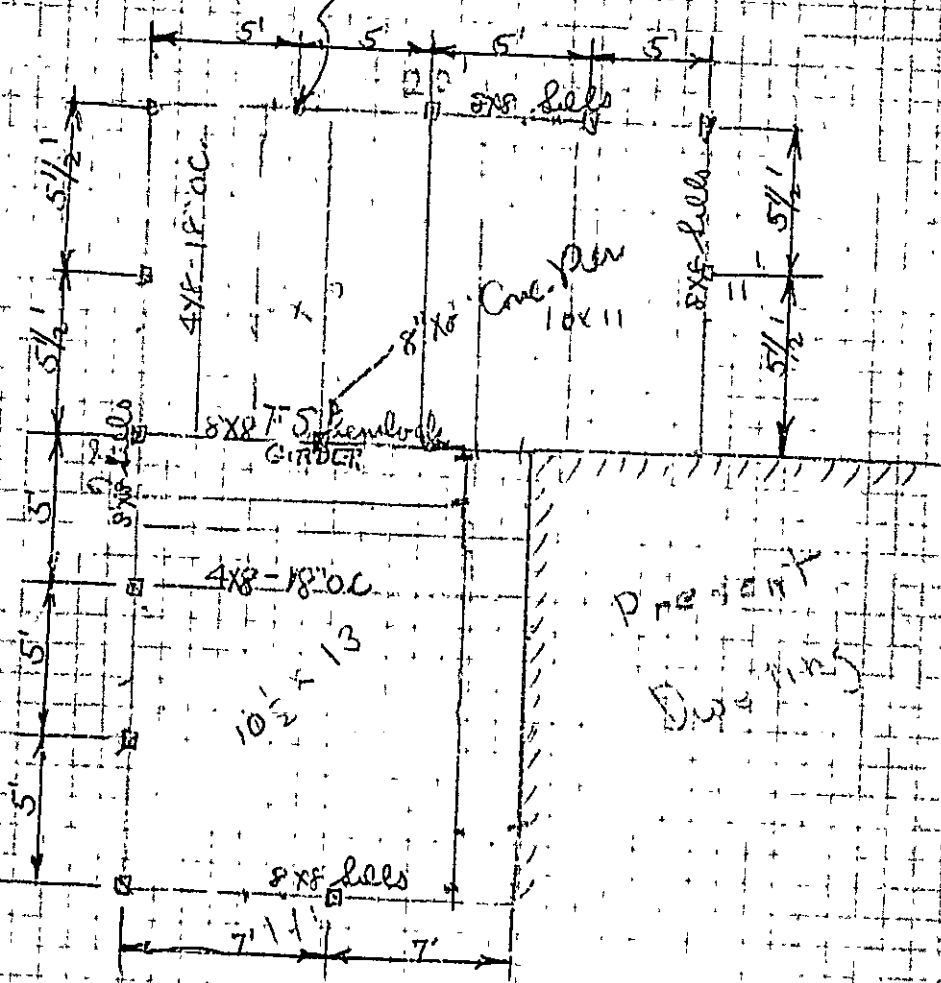
AJS:m

John Hamerton

Pleasant Ave

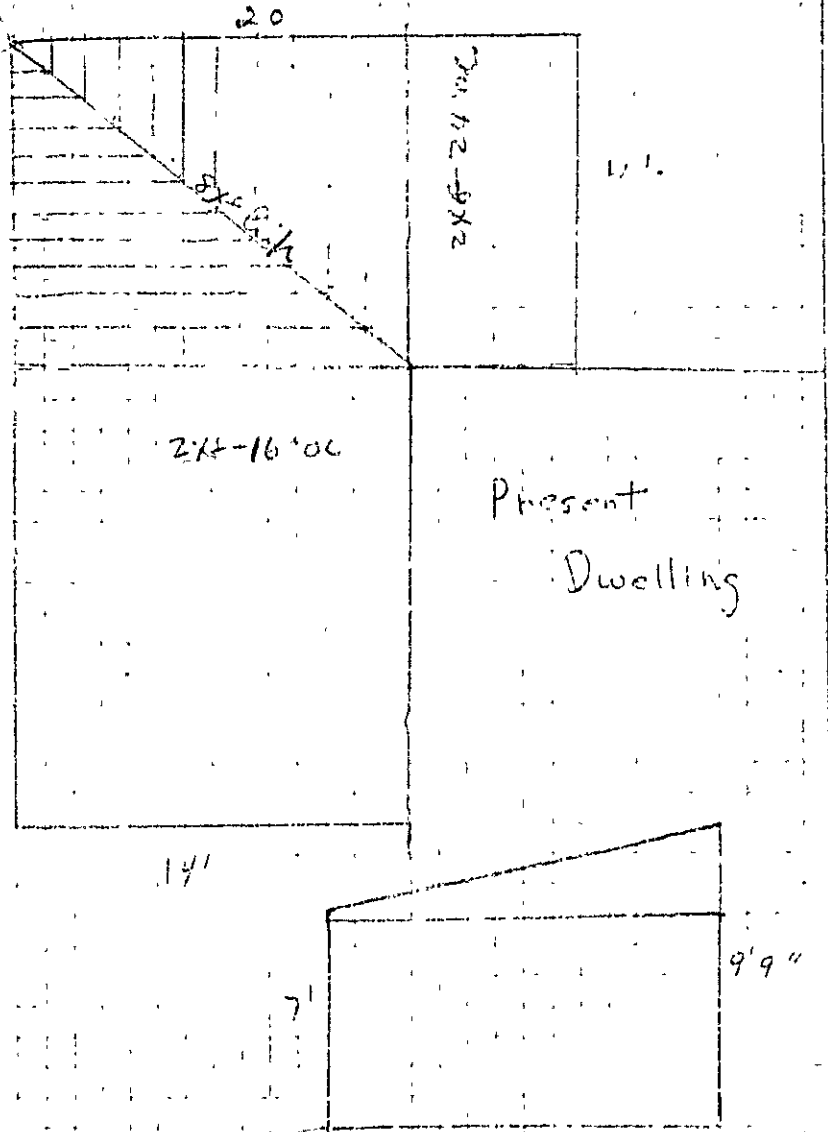
Rocky Hill, Me

Concrete piers 8" square down
4" or to ledge

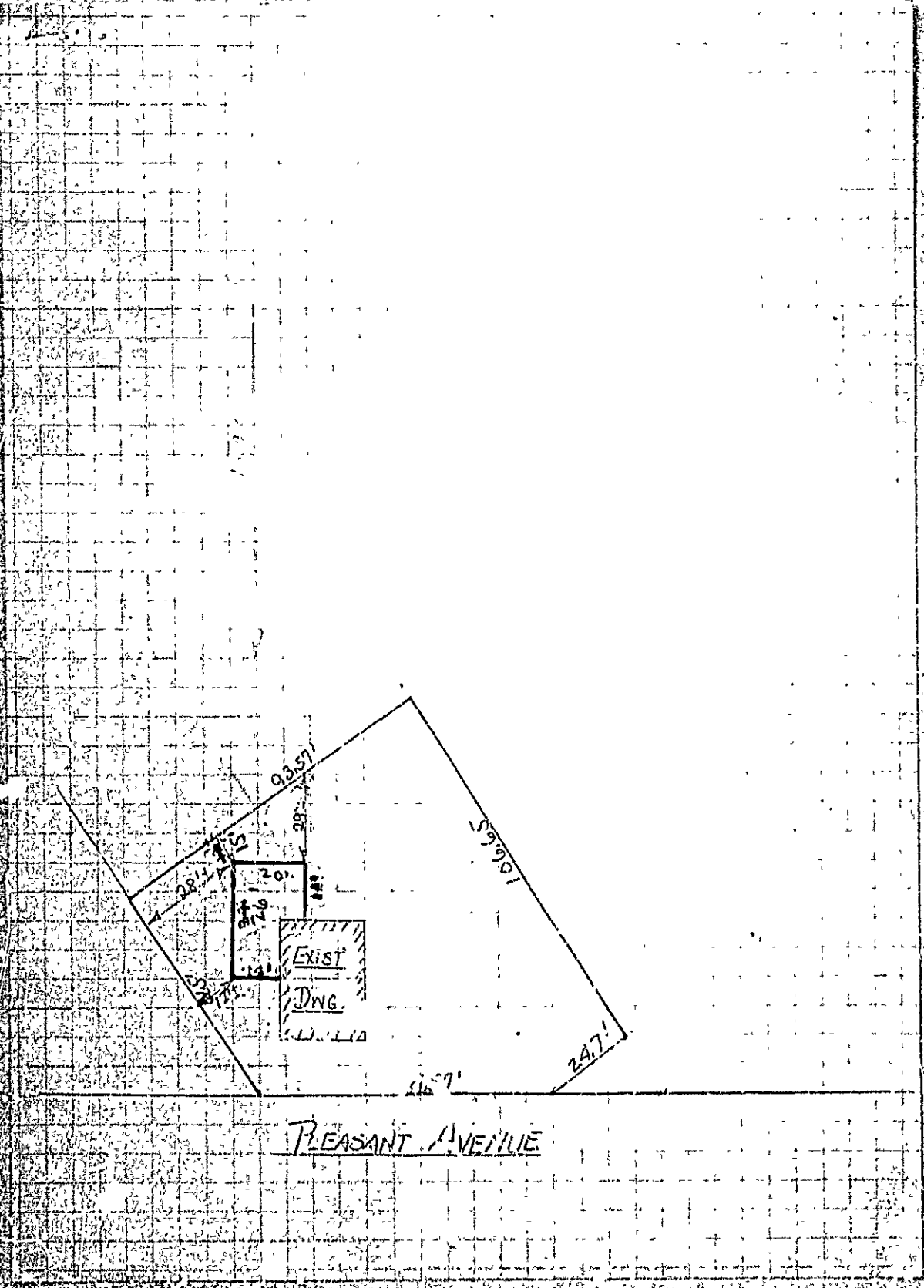


Present
Drawing

John-Hombelton
Pleasant Ave.
Peaks Is.



Present
Dwelling



PLEASANT AVENUE

28.1

20

14

24.7

19.65

20.5

24.7

19.65

24.7

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19.65

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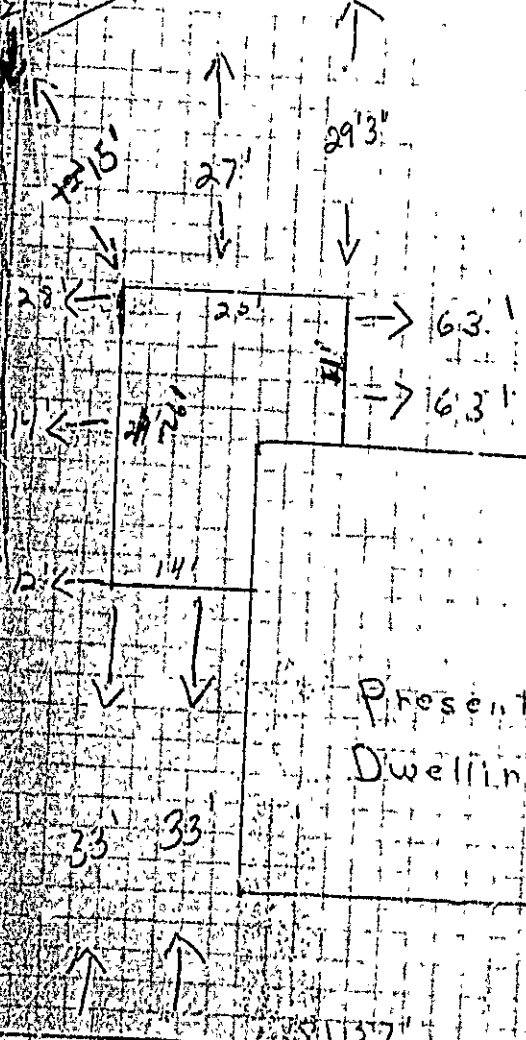
19.65

24.7

CURVED RD.

John Hambelton
Pleasant Ave.
Peaks In, Me.

93.57



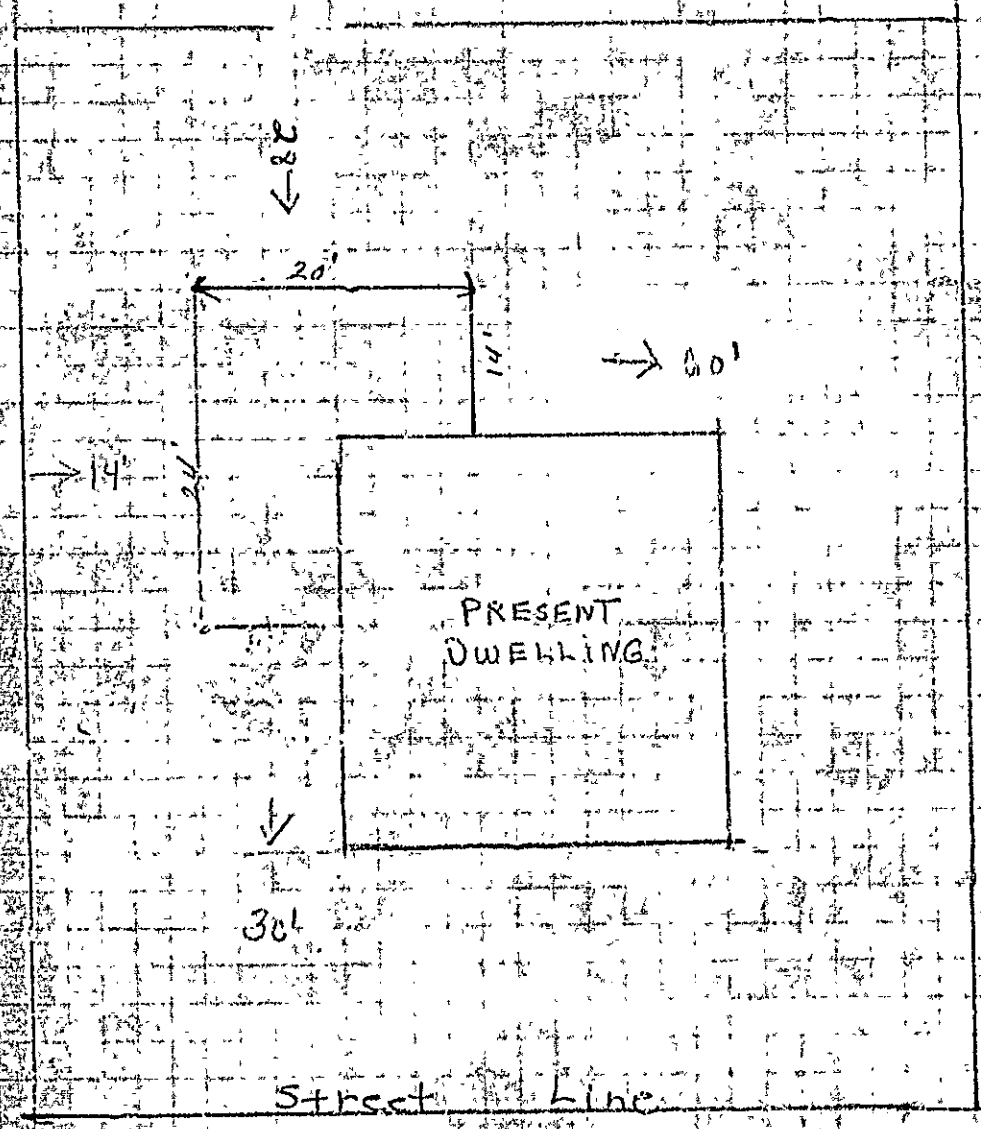
RECEIVED
 JUL 25 1968
 DEPT. OF REG. MAP.
 CITY OF PORTLAND

1106.66

Present Dwelling

Pleasant Ave

Present coverage 24x34



Street Line

Almond Street, Peabo Island

PLEASANT AVE

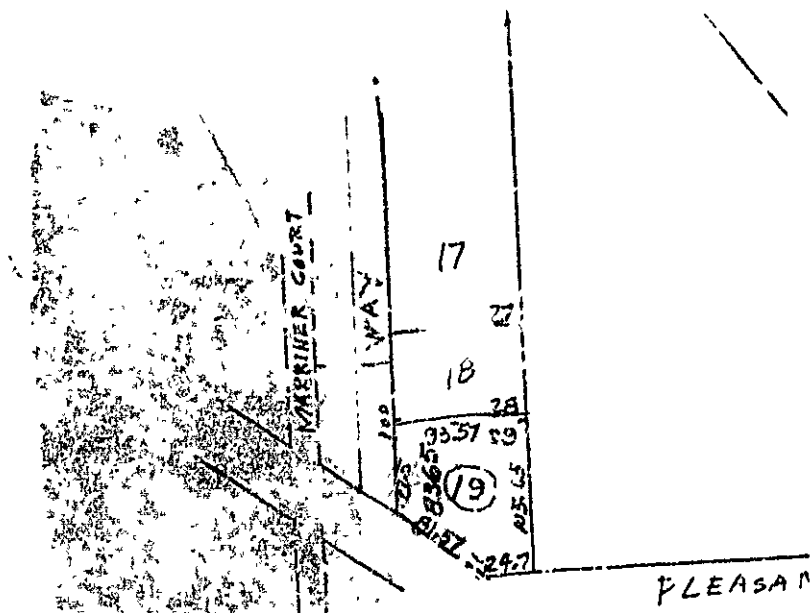
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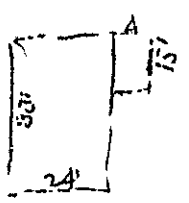
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Handwritten notes and scribbles on the left side of the plan.



AP Pleasant Ave., Peaks Island (Assessor's Lot No. 88-1-15)

July 27, 1960

Mr. John Hambelton
Pleasant Avenue
Peaks Island, Maine

Dear Mr. Hambelton:

On the basis of the plot plan which you have furnished and inspection of the premises indicates that one corner of the addition which you propose to erect on the rear of your dwelling at the above named location will extend to within about 12 feet of the rear lot line. This property is located in an R-3 Residential Zone where a minimum rear yard depth of 15 feet is required by Section 19-P of the Zoning Ordinance. Thus unless a clearance from the rear lot line of not less than 15 feet is to be maintained, I am unable to issue a permit for construction of the addition. If it is not possible or feasible to maintain such a clearance, you have the right to ask the Board of Appeals for relief from compliance with the precise terms of the Ordinance in this particular instance. If you are interested in doing so, I shall be glad to explain the appeal procedure upon request.

If the project is to go ahead, more information is needed as to certain framing details before a permit can be issued. The manner of framing roof is not understood. You have indicated a shed roof with pitch of only 1/2 inches in 12 inches and 2x6 rafters on a 14 foot span. This size of rafters will not figure out on such a span. Neither is it clear in what direction the rafters are to run. The shape of the addition would appear that they may run in two directions with perhaps a hip at the corner but this is not certain.

Very truly yours,

Albert J. Sears
Inspector of Buildings

AJS:m

AP Pleasant Ave., Peaks Island

July 20, 1960

Mr. John Hamblton
Pleasant Avenue
Peaks Island, Maine

Dear Mr. Hamblton:

In checking your application for a permit for constructing an addition on the side and rear of your dwelling at the above named location, we find that according to Assessors' records the lot on which the building is located is apparently peculiarly shaped and much different than indicated on the plot plan which you have furnished. For this reason we are unable to determine whether or not clearances from lot lines as required by the Zoning Ordinance are to be maintained for the addition.

It is therefore necessary that you furnish us with an accurate plot plan of the lot with the building shown thereon as it is located on the lot and the actual distances shown from the addition to street and lot lines. It is also necessary that the corners of your lot be clearly marked on the ground and that the corners of the addition be staked out so that an inspector from this department can check the location on the ground. Until this has been done we are unable to proceed further with processing of your application.

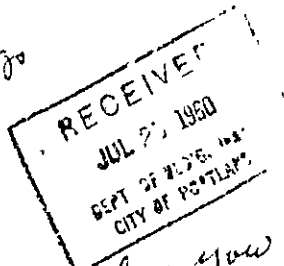
Very truly yours,

Albert J. Sears
Inspector of Buildings

AJS:m

Pleasant Ave.
Peaks Island, Me.
July 22, 1960

Mr. Albert J. Lewis
Inspector of Buildings
Portland City Hall
Portland, Maine



Dear Sir,

Enclosed in plot plan you requested.

I am also enclosing a revised floor plan, which is the same except that it measures 29' instead of 24'. This change was necessary in order to maintain the 14' width, as an error in measuring was made before. Yours truly,
John A. Hambleton

88-2-19



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 TO BUILD

(3D CLASS BUILDING)

Portland, Me., December 2, 1919

TO THE
INSPECTOR OF BUILDINGS

The undersigned hereby applies for a permit to build, according to the following Specifications :-

Plans must be submitted in duplicate, one set to be filed with the Department and the duplicate set thereof (bearing the approval of the Inspector of Buildings) shall be kept on the work and exhibited on demand.

Location Pleasant Avenue, Peaks Island Wd. 1

Name of owner is? Charles Loring Address Peaks Island

Name of mechanic is? Charles Drown " Peaks Island

Name of architect is? _____ " _____

Proposed occupancy of building (purpose)? cottage

If a dwelling or tenement house, for how many families? 1

Are there to be stores in lower story? _____ No. _____

Size of lot, No. of feet front? _____; No. of feet rear? _____; No. of feet deep? _____

Size of building, No. of feet front? 24ft; No. of feet rear? 24ft; No. of feet deep? 34ft

No. of stories, front? 1; rear? _____

No. of feet in height from the mean grade of street to the highest part of the roof? 14ft

Distance from lot lines, front? _____ feet; side? _____ feet; side? _____ feet; rear? _____ feet

Firestop to be used? yes

Will the building be erected on solid or filled land? _____

Will the foundation be laid on earth, rock or piles? _____

If on piles No. of rows? _____ distance on centres? _____ length of? _____

Diameter top of? _____ diameter, bottom of? _____

Size of posts? 4x6 Studding 2x4 16 0 0 Sills 4x8 Roof Rafter 2x6 24 0 0

" girts? 4x4 Girder 6x8

" floor timbers? 1st floor 2x8, 2d _____, 3d _____, 1th _____

O. C. " " " " 16, " _____, " _____, " _____

Span " " " " not over 16 ft, " _____, " _____

Braces, how put in? _____

Building, how framed? _____

Material of foundation? posts thickness of? _____ laid with mortar? _____

Underpinning, material of? _____ height of? _____ thickness of? _____

Will the roof be flat, pitch, mansard, or hip? pitch Material of roofing, shingle

Will the building be heated by steam, furnaces, stoves or grates? stove Will the flues be lined? yes

Will the building conform to the requirements of the law? yes

No. of brick walls? _____ and where placed? _____

Means of egress? _____

PERMIT MUST BE RECEIVED BEFORE BEGINNING WORK.

If the building is to be occupied as a Tenement House, give the following particulars:

What is the height of cellar or basement? _____

What will be the clear height of first story? _____ second? _____ third? _____

State what means of egress is to be provided? _____

_____ Scuttle and stepladder to roof? _____

Estimated Cost,
\$ 800.

Signature of owner or authorized representative,

Charles Loring

Address, _____

Plans submitted? _____ Received by? _____

191 3

No. 5616

APPLICATION FOR
PERMIT TO BUILD 3d CLASS BUILDING

LOCATION

No. Pleasant Ave. Penks Island

lot 29 - 21500 Ch. W. King

90

Ward 1

48-A-21

Inspector.

CONDITIONS

PERMIT GRANTED

December 2, 1919 191

Permit filed out by _____

Permit number _____

number _____

FINAL REPORT

191

Has the work been completed in accordance with
this application and plans filed and approved?

Law been violated? _____

Nature of violation? _____

Violation removed when? _____ 191

Estimated cost of building, etc., \$ _____

Building Inspector.

APPROVAL

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Peaks Island

Street: Pleasant Ave

Subdivision Lot #: _____

PROPERTY OWNERS NAME

Last: _____ First: _____

Applicant Name: Island Busy Services Inc

Mailing Address of Owner/Applicant (If Different): P.O. Box 48 Peaks Island

PORTLAND 3994 **OWNER COPY**

Date Permit Issued: SEP 26 1990

Local Plumbing Inspector Signature: _____

Date Approved: SEP 27 1990

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any fabrication is a felony for the Local Plumbing Inspector to deny a permit.

Signature: [Signature] Date: SEP 26 1990

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: SEP 27 1990

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 (1-2000 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: YEAR FAILING SYSTEM INSTALLED 1960

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER _____

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER _____ SPECIFY _____

SIZE OF PROPERTY _____ **ZONING** _____

TYPE OF WATER SUPPLY Public

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

Size: 500 GALS.

WATER CONSERVATION

- ONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

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

DOSE: _____ GALS

CRITERIA 1: DESIGN FLOW (BASED ON SEATING, EMPLOYEES, WATER, BONDS, ETC)

SEATING: _____

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: _____ CONDITION: _____

DEPTH TO LIMITING FACTOR: _____

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRALARGE

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq. Ft.
- CHAMBER _____ Sq. Ft.
- REGULAR H 20
- TRENCH _____ Linear Ft.
- OTHER: _____

DESIGN FLOW: _____ (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On _____ (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 EVALUATION WAIVED BY LOCAL OPTION

Site Evaluator or Professional Engineer's Signature: _____ Date: _____

Local Plumbing Inspector Signature if a Local Option Waiver under a Local Option: _____

Page 1 of 3
HEP-200 Rev 4/83

REPLACEMENT SYSTEM VARIANCE REQUEST

ORIGINAL

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application for the proposed replacement system which does not comply 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 can be met, and the variance(s) requested fall within the limits of LPI's authority:

1. The proposed design meets the definition of a Replacement System from the Rules.
2. A system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GFD.
4. There will be no change in use of the structure.
5. The replacement system is determined by the Site Evaluator and LPI to be the most practical method available and Disposal of the wastewater.

SEP 1990

Portland
Div. of Health
Engineering

GENERAL INFORMATION

Permit No. _____ E

Town of PORTLAND
PERKS ISLAND

Property Owner's Name: CHARBINEAU

Date Permit Issued _____
MONTH/DAY/YEAR

Tel. No. _____

System's Location: PLEASANT AVE. STREET
PORTLAND (PERKS ISLAND) TOWN Maine ZIP

Property Owner's Address: 1/2 PORT ISLAND REATY (KIRK GOODHUE) STREET
(if different from above) P.O. BOX 7391 STATE ZIP
PORTLAND, ME TOWN STATE 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.

Joyce S. Charbonneau
PROPERTY OWNER'S SIGNATURE

9-10-90
DATE

82-19

LPA FILE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: PORTLAND (PEAKS ISLAND)

Street: HAR 88, LOT 13

Subdivision Lot #: PLEASANT AVENUE

PROPERTY OWNERS NAME

Last: CHARBINEAU First: _____

Applicant Name: PORT ISLAND REALTY
KIRK GOODHILL

Mailing Address of Owner/Applicant (if Different): PO BOX 7241
PORTLAND, ME. 04112

PORTLAND 4004 TOWN COPY

Date Permit Issued: 10/3/90 Fee Charged: 146.00

Local Plumbing Inspector Signature: _____ L.P.I. # 01221

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: _____

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

Local Plumbing Inspector Signature: _____ Date Approved: 10/19/1990

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>b. <input checked="" type="checkbox"/> Requires State Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>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 (UP) Y</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</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>SEASONAL CONVERSION to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</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 _____</p>
<p>SIZE OF PROPERTY: <u>8,368^{sq}</u></p> <p>ZONING: _____</p>	<p>TYPE OF WATER SUPPLY: <u>PUBLIC WATER</u></p>	<p>Specify: _____</p>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>EXISTING 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>CHECK CAPACITY OF TANK AND SIZE _____ GALS</p> <p>BAFFLES REPLACE IF NECESSARY</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input checked="" type="checkbox"/> REQUIRED</p> <p>DOSE: <u>150</u> GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC)</p> <p><u>SINGLE FAMILY DWELLING (3 BEDROOMS)</u></p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>3</u> CONDITION: <u>F</u></p> <p>FILL OVER: _____</p> <p>DEPTH TO LIMITING FACTOR: <u>H</u></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 <u>459</u> Sq. Ft.</p> <p>3. <input type="checkbox"/> TRENCH _____ linear Ft.</p> <p>4. <input type="checkbox"/> OTHER _____</p>	<p>DESIGN FLOW: <u>270</u> (GALLONS/DAY)</p>

SITE EVALUATION STATEMENT

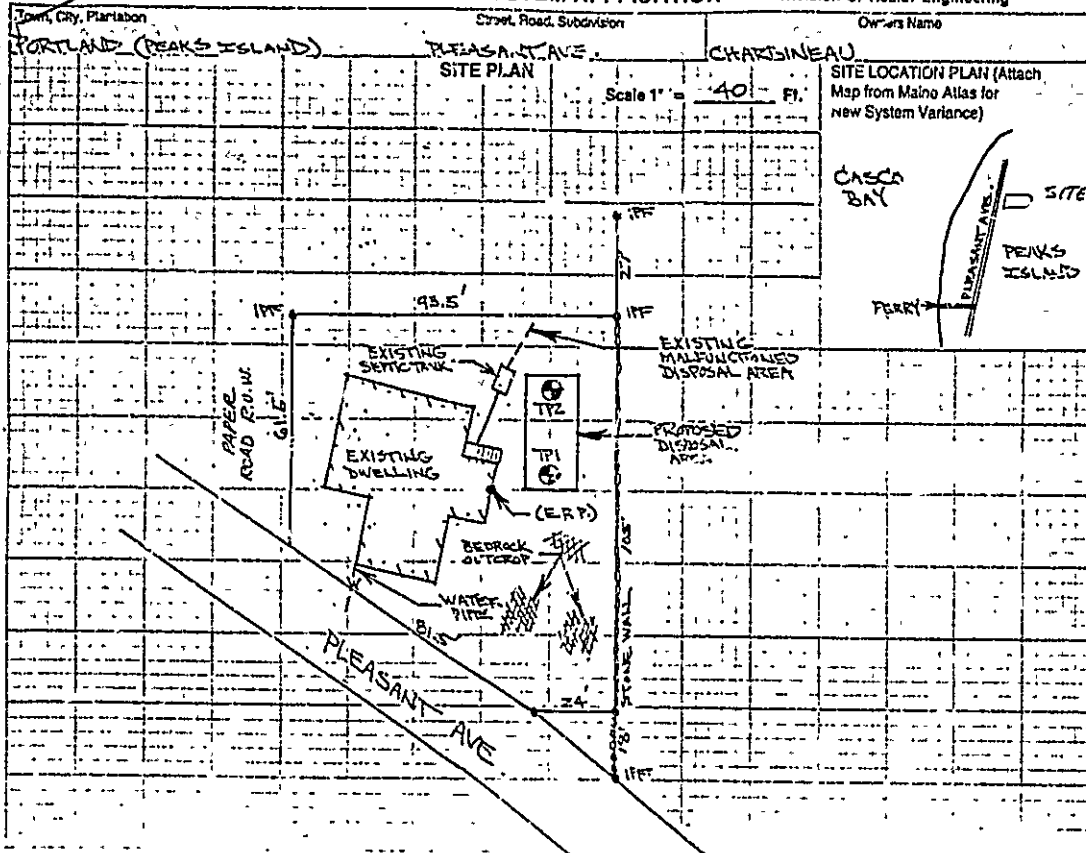
On 10/29/90 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Site Evaluator Signature: Albert Frick 163 7/27/90
Date

(Local Plumbing Inspector's Signature) HNE-200 Rev. 11/85

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



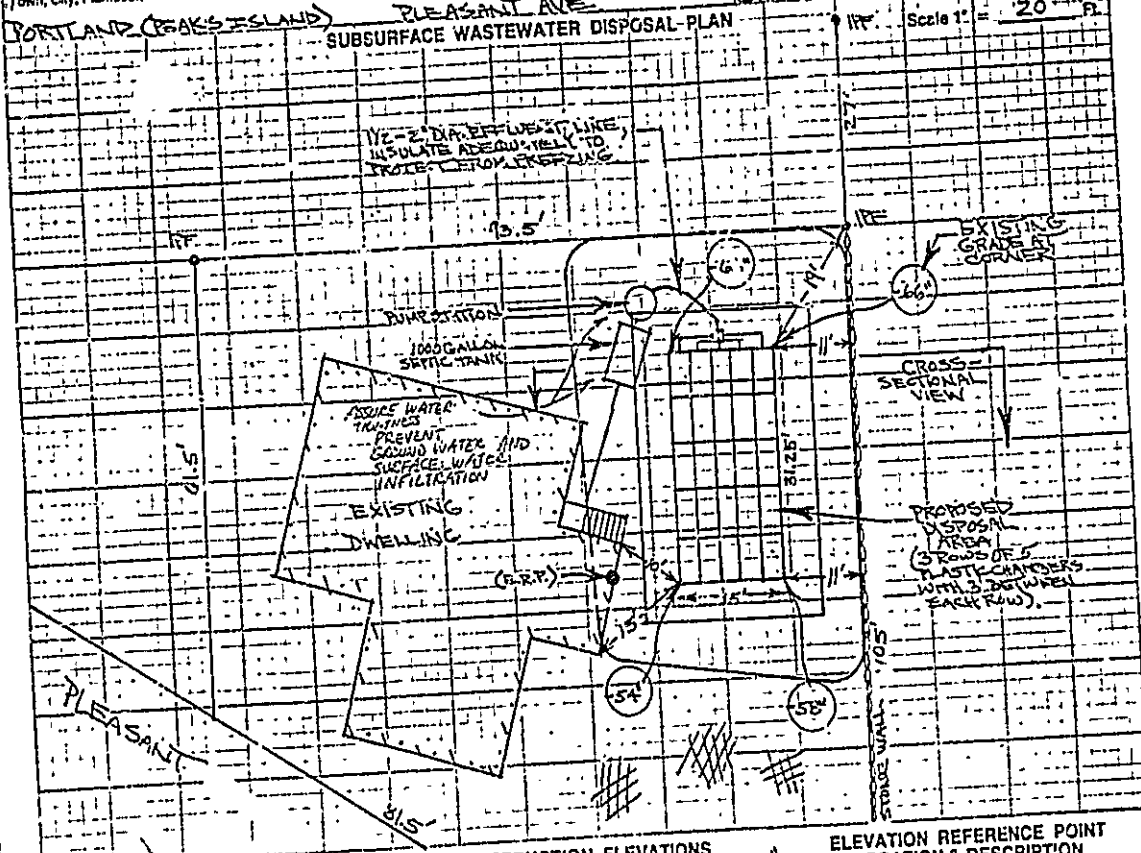
SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)																		
Observation Hole <u>TP1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		Observation Hole <u>TP2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring																
* Depth of Organic Horizon Above Mineral Soil																		
Texture	Consistency	Color	Mottling															
0		DARK BROWN																
6	SANDY																	
10	LOAM	DARK YELLOWISH BROWN																
15	ERIALBLE																	
20																		
30	BEDROCK																	
40																		
50																		
<table border="1"> <tr> <td>Sol No <u>2</u></td> <td>Classification <u>A</u></td> <td>Slope <u>24</u> %</td> <td>Limiting Factor <u>24</u></td> <td><input type="checkbox"/> Ground Water</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Resonance Layer</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Erosion</td> </tr> </table>				Sol No <u>2</u>	Classification <u>A</u>	Slope <u>24</u> %	Limiting Factor <u>24</u>	<input type="checkbox"/> Ground Water					<input type="checkbox"/> Resonance Layer					<input type="checkbox"/> Erosion
Sol No <u>2</u>	Classification <u>A</u>	Slope <u>24</u> %	Limiting Factor <u>24</u>	<input type="checkbox"/> Ground Water														
				<input type="checkbox"/> Resonance Layer														
				<input type="checkbox"/> Erosion														
DEPTH BELOW MINERAL SOIL SURFACE (Inches)		DEPTH BELOW MINERAL SOIL SURFACE (Inches)																
0		0																
6	SANDY	6	DARK															
10	LOAM (SILT)	10	GRAYISH BROWN															
15		15																
20	SANDY ERIALBLE	20	OLIVE COMMON															
25	LOAM	25	BROWN DISTINCT															
30		30																
35	LOAMY	35																
40	SANDY FIRM	40	OLIVE															
50		50																
<table border="1"> <tr> <td>Sol No <u>3</u></td> <td>Classification <u>D</u></td> <td>Slope <u>14</u> %</td> <td>Limiting Factor <u>14</u></td> <td><input checked="" type="checkbox"/> Ground Water</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Resonance Layer</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Erosion</td> </tr> </table>				Sol No <u>3</u>	Classification <u>D</u>	Slope <u>14</u> %	Limiting Factor <u>14</u>	<input checked="" type="checkbox"/> Ground Water					<input type="checkbox"/> Resonance Layer					<input type="checkbox"/> Erosion
Sol No <u>3</u>	Classification <u>D</u>	Slope <u>14</u> %	Limiting Factor <u>14</u>	<input checked="" type="checkbox"/> Ground Water														
				<input type="checkbox"/> Resonance Layer														
				<input type="checkbox"/> Erosion														
LIMIT OF EXCAVATION																		

Robert Field
 Site Evaluator Signature
 163
 Date: 7/27/90
 Page 2 of 2
 Form HHE-200, Rev. 1/84

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Street, Road, Subdivision: **PLEASANT AVE**
 Town, City, Plantation: **PORTLAND (BEAKS ISLAND)**
 Owners Name: **CHARBUNEAU**

Scale: 1" = 20'



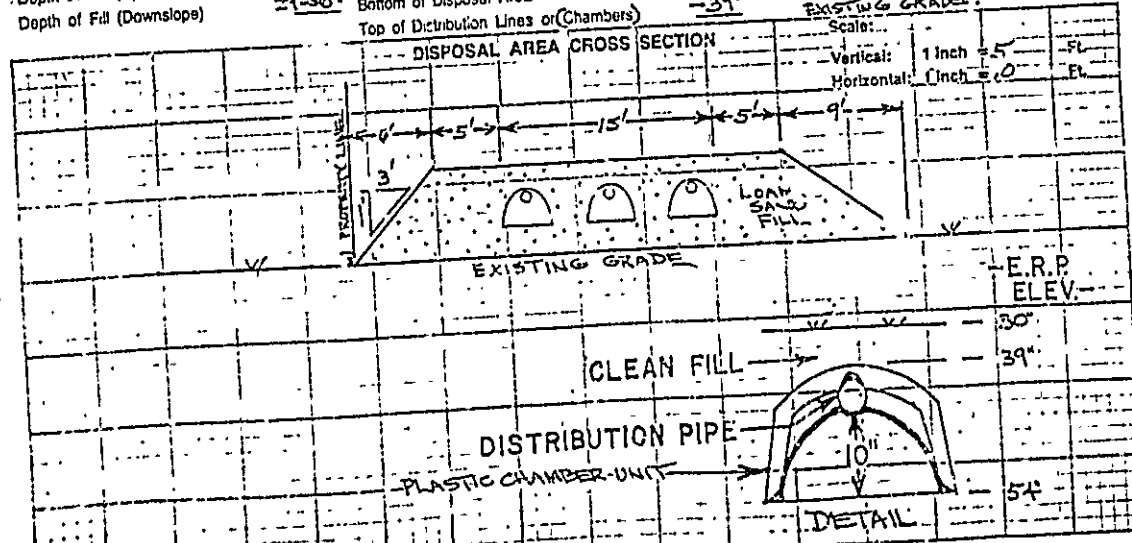
FILL REQUIREMENTS

Depth of Fill (Upslope)	24-36"
Depth of Fill (Downslope)	21-30"

CONSTRUCTION ELEVATIONS

Reference Elevation Is	00'
Bottom of Disposal Area	54'
Top of Distribution Lines or (Chambers)	39'

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
 BOTTOM OF WHITE SIDING ABOVE CELLAR DOOR, 152" ABOVE EXISTING GRADE.



Albert J. ...
Site Evaluator Signature

163
SE#

7/27/40
Date

LPA FILE

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 does not comply 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 can be met, and the variance(s) request(s) fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System from the Rules.
2. A 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 is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

GENERAL INFORMATION

Permit No. _____ E _____ Town of PORTLAND PEAKS ISLAND
 Date Permit Issued _____ MONTH/DAY/YEAR
 Property Owner's Name: CHARBINEAU Tel. No. _____
 System's Location: PLEASANT AVE. STREET
PORTLAND PEAKS ISLAND TOWN Mains _____ ZIP _____
 Property Owner's Address: 90 PORT ISLAND RD. (KIRK GOODHUE) STREET ZIP _____
 (if different from above) P.O. BOX 7391 STREET
PORTLAND, ME TOWN STATE 04112 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, they 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 no. 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.

Joyce S. Charbonneau
PROPERTY OWNER'S SIGNATURE

9-10-90
DATE

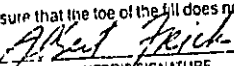
VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
		TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
SOILS				FILL OVER	inches
Soil Profile	Ground Water Table		to 6"		inches
Soil Condition	Restrictive Layer		to 6"		inches
from HHE-200	Bedrock		to 10"		inches
SETBACK DISTANCES (IN FEET)	FROM:				
Potable Water Supplies	1. Well. > 2000 gal/day	100'	300'		
	2. Well. < 2000 gal/day				
	a. Neighbor's	50'	60'		
	b. Property Owner's	25'	50'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

OTHER

- 1. Fill extension Grade—to 3:1
- 2. _____
- 3. _____

Footnotes

- a. This setback distance cannot be reduced by variance (see Table 6.2)
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but closer to the well than the system it is replacing
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope


7/27/90
 DATE

 SITE EVALUATOR'S SIGNATURE

LPI STATEMENT

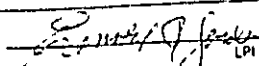
I, Samuel J. Jordan, LPI for the Town of Porter 5170 have conducted an on-site inspection for the proposed replacement system and have determined to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Wastewater Disposal Ordinances, or the Local 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, disapprove 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. I 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: _____


9/19/90
 DATE

 LPI'S SIGNATURE

FOR USE BY THE DEPARTMENT ONLY

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:

 SIGNATURE OF THE DEPARTMENT

 DATE