

LYNDON AVENUE
89-B-10

PEAKS ISLAND





(A) APARTMENT HOUSE Permit No. 0200
APPLICATION FOR PERMIT **PERMIT ISSUED**

Class of Building or Type of Structure Third Class APR 4 1935

Portland, Maine, April 4, 1935

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to exact alter ~~install~~ the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location Telegraph Bluffs, Peaks Island Ward 1al.2 Within Fire Limits? NO Dist. No. _____
 Owner or Lessee's name and address E. May Tolman, Eastbrook Telephone _____
 Contractor's name and address E. H. Weaver, Sargent Road, Peaks Telephone 222
 Architect's name and address _____
 Proposed use of building Dwelling house No. families 1
 Other buildings on same lot _____
 Plans filed as part of this application? NO No. of sheets _____
 Estimated cost \$500. Fee \$.75

Description of Present Building to be Altered

Material wood No. stories 1 1/2 Heat _____ Style of roof pitch Roofing wood
 Last use Walking house cottage No. families _____

General Description of New Work

To put in new stone in mortar foundation wall
 To cover entire roof with asphalt shingles
 To change window to door on front of building
 To extend roof of one story front piazza about 2' to extend over existing floor of piazza

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.

Details of New Work

Size, front _____ depth _____ No. stories _____ Height average grade to top of plate _____
 Height average grade to highest point of roof _____
 To be erected on solid or filled land? solid earth or rock? ledge STATE OF MAINE
 Material of foundation stone in mortar Thickness, top 16" bottom 16"
 Material of underpinning _____ Height _____ Thickness _____
 Kind of Roof _____ Rise per foot _____ Roof covering Asphalt roofing Class 0 Ond Lab.
 No. of chimneys 1 Material of chimneys _____ of lining _____
 Kind of heat _____ Type of fuel _____ Is gas fitting involved? _____
 Corner posts _____ Sills _____ Girt or ledger board? _____ Size _____
 Material columns under girders _____ Size _____ Max. on centers _____
 Studs (outside walls and carrying partitions) 2x4-16" O. C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.
 Joists and rafters: 1st floor _____, 2nd _____, 3rd _____, roof _____
 On centers: 1st floor _____, 2nd _____, 3rd _____, roof _____
 Maximum span: 1st floor _____, 2nd _____, 3rd _____, roof _____
 If one story building with masonry walls, thickness of walls? _____ height? _____

If a Garage

No. cars now accommodated on same lot _____, to be accommodated _____
 Total 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 above work require removal or disturbing of any shade tree 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
 Signature of owner E. May Tolman

Ward 12 Permit No. 35/399

Location 10th St. N. 1st Ave. S. Peabody

Owner E. May Tolson

Date of permit 4/4/35

Notif. closing-in

Inspn closing-in

Final Notif.

Final Inspn. 6/2/35

Cert. of Occupancy issued None

NOTES
6/2/35 Work completed
AJS

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10 R~~

89-B-10

Department of Human Services
Division of Health Engineering
(207) 289-3026

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND PEAKS ISLAND**

Street: **TOLMAN RD @ LYNDON AVE**

Subdivision Lot #: **TAX MAP 89 BLOCK 8 LOT 10**

PROPERTY OWNERS NAME

TAYLOR DORA ANN & RICHARD H.

Last: **TAYLOR** First: **DORA ANN & RICHARD H.**

Applicant Name: **DORA A. & RICHARD H. TAYLOR**

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

PORTLAND CREATION # **18-11-129-1** PERMIT # **3-543** TOWN COPY

Date Permit Issued: **11/12/89** FEE: **111.16** Double Fee Charge:

Conrad Woodard L.P.I. # **11213**

Local Plumbing Inspector 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.

Dora Ann Taylor
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.

Conrad Woodard
Local Plumbing Inspector Signature Date Approved **AUG 9 1989**

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. NEW SYSTEM

2. REPLACEMENT SYSTEM

3. EXPANDED SYSTEM

4. SEASONAL CONVERSION

5. EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1. NO RULE VARIANCE REQUIRED

2. NEW SYSTEM VARIANCE
Attach New System Variance Form

REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form

3. Requires only Local Plumbing Inspector Approval

4. Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS COMPLETE SYSTEM

1. NON-ENGINEERED SYSTEM

2. PRIMITIVE SYSTEM (Includes Alternative Toilet)

3. ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

4. TREATMENT TANK (ONLY)

5. HOLDING TANK

6. ALTERNATIVE TOILET (ONLY)

7. NON-ENGINEERED DISPOSAL AREA (ONLY)

ENGINEERED DISPOSAL AREA (ONLY)

SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED **1900**

THE FAILING SYSTEM IS:

1. BED 3. TRENCH

2. CHAMBER 4. OTHER **Cess, pool**

DISPOSAL SYSTEM TO SERVE:

1. SINGLE FAMILY DWELL

2. MODULAR OR MOBIL

3. MULTIPLE FAMILY DWELLING

4. OTHER SPECIFY

TYPE OF WATER SUPPLY

DRILLED WELL

SIZE OF PROPERTY **24,400 SF**

ZONING **IR 1**

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. SEPTIC: Regular Low Profile

2. AERobic

SIZE: **1000** GALS.

WATER CONSERVATION

1. NONE

2. LOW VOLUME TOILET

3. SEPARATED LAUNDRY SYSTEM

4. ALTERNATIVE TOILET

SPECIFY:

PUMPING

1. NOT REQUIRED

2. MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)

3. REQUIRED

DOSE: _____ GALS

CRITERIA USED FOR DESIGN FLOW (BEDROOM, SEATING, EMPLOYEES, WATER RECORDS, ETC)

2 BEDROOM **300**

CONSERVATIVE

LOW VOLUME **30**

TOILET

SEPARATED **60**

LAUNDRY

DESIGN FLOW: **210** (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: **4** CONDITION: **AIII**

DEPTH TO LIMITING FACTOR: **20"**

SIZING RATINGS USED FOR DESIGN PURPOSES

1. SMALL

2. MEDIUM

3. MEDIUM-LARGE

4. LARGE

5. EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. BED _____ Sq. Ft.

2. CHAMBER **275*** 3q. Ft.

REGULAR H 20

3. TRENCH _____ Linear Ft.

4. OTHER

SITE EVALUATOR STATEMENT * USED 11 IN-FILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION SITE EVALUATION WAIVED BY LOCAL OPTION

On **NOVEMBER 27, 1982** (date) I conducted a site evaluation for this project and I certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Conrad Woodard **0003/4814** **11/3/89**

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

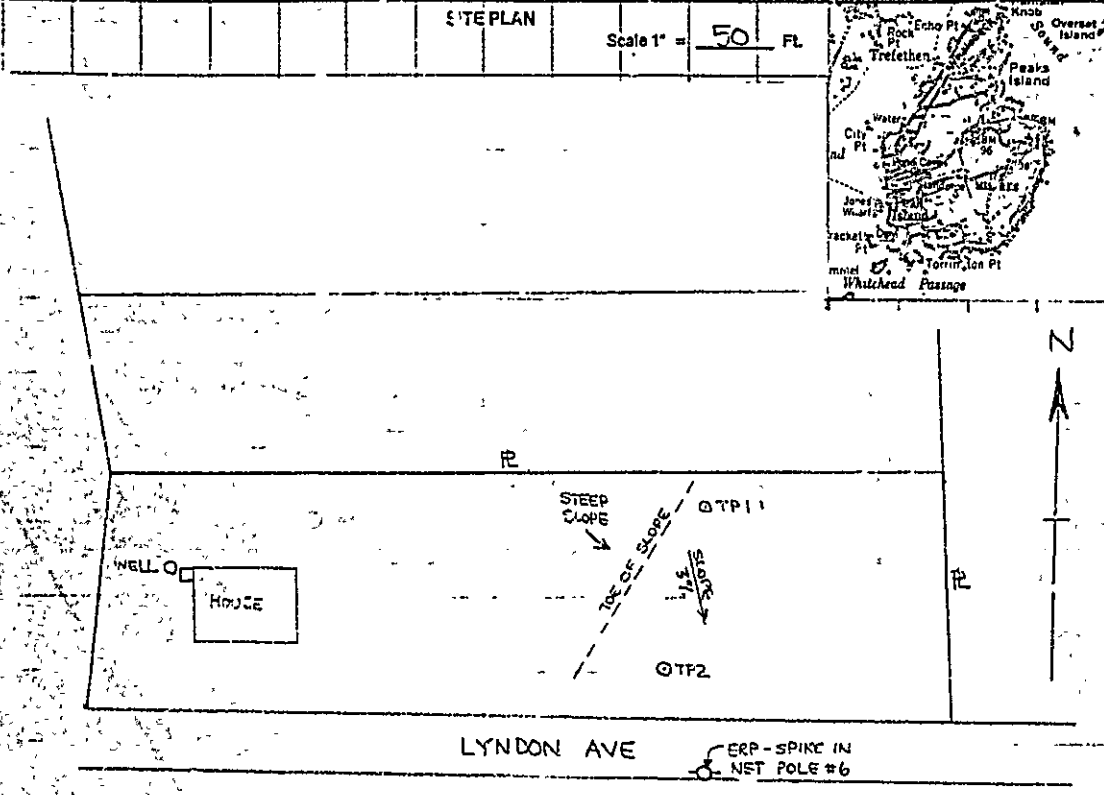
* Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver under a Local Option

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND TOLMAN ROAD** Street, Road, Subdivision: **89-B-10** Owners Name: **D.A. & R.H. TAYLOR**



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole 1		<input checked="" type="checkbox"/> Test Pit	<input type="checkbox"/> Boring
2' FOREST PEAT		Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
0-2	SLIGHTLY FRIABLE	DARK BROWN	
2-10	FRIABLE		NONE
10-20	SLIGHTLY FRIABLE	RED BROWN	COMMON
20-30			
30-40			
40-50			
Soil Profile	Classification	Slope	Limiting Factor
4	AIII	3%	20
	Coarse		
			<input checked="" type="checkbox"/> Groundwater
			<input type="checkbox"/> Rooting Layer
			<input type="checkbox"/> Bedrock

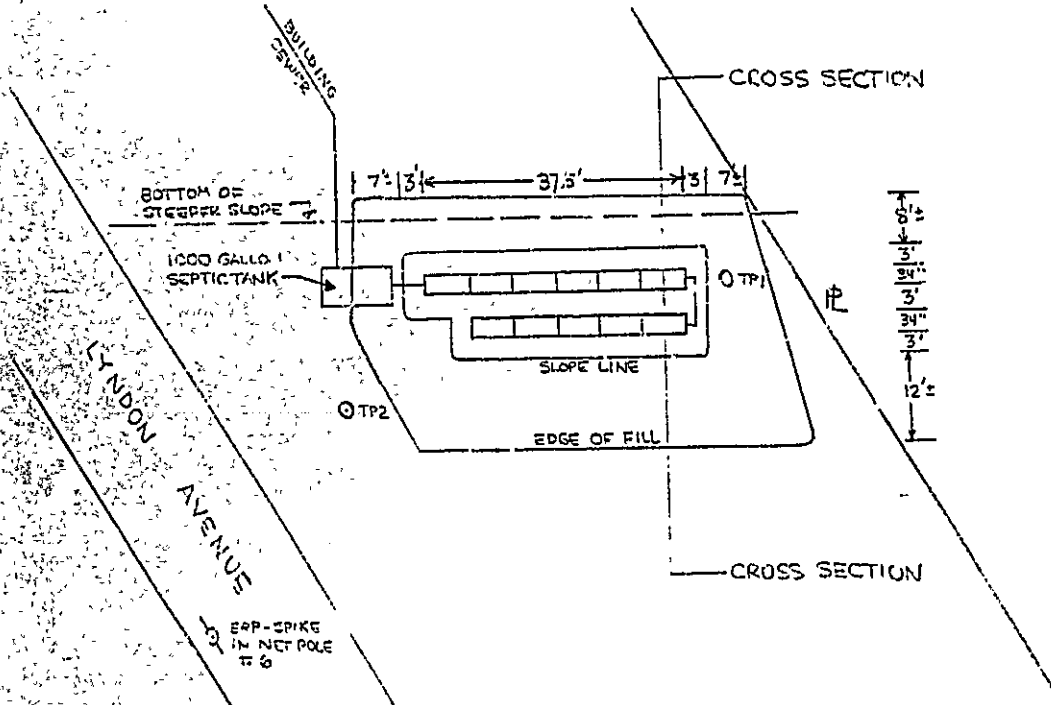
SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole 2		<input checked="" type="checkbox"/> Test Pit	<input type="checkbox"/> Boring
2' FOREST PEAT		Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
0-2	LOW	DARK BROWN	
2-6	FRIABLE		
6-10	STONY GRAVELLY LOAM	MEDIUM BROWN	NONE
10-20			
20-30	STONY LOAMY GRAVEL	RED BROWN	
30-40			FEW
40-50			
Soil Profile	Classification	Slope	Limiting Factor
4	AIII	3%	22
	Coarse		
			<input checked="" type="checkbox"/> Groundwater
			<input type="checkbox"/> Rooting Layer
			<input type="checkbox"/> Bedrock

W. J. G. Gordin 0003/4814 1/3/89
 Site Evaluator or Professional Engineer's Signature SE # / PE # Date
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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

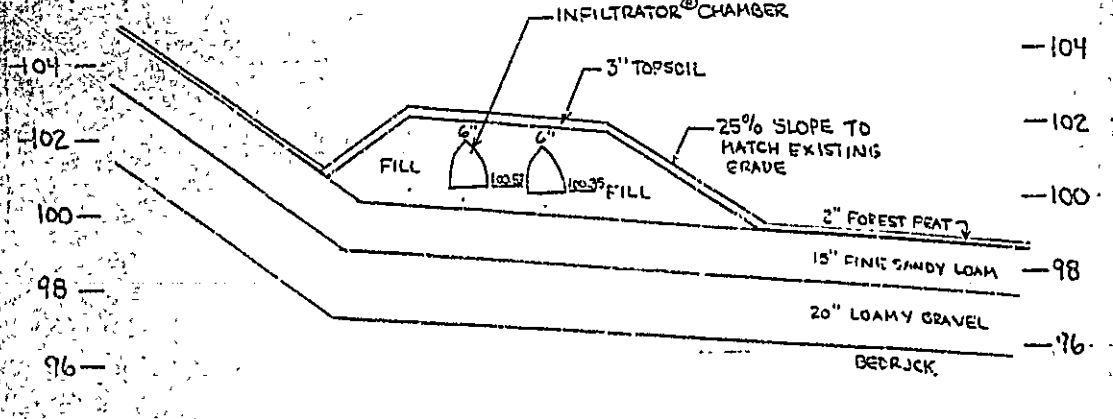
Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND PEAKS ISLAND TOLMAN @ LYNDON AVE	Street, Road, Subdivision 89-B-10	Owners Name D.A. & R.H. TAYLOR
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = 20 Ft.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>26</u>	Reference Elevation is <u>100.00</u>	SPIKE IN NET POLE # 6 LYNDON AVENUE
Depth of Fill (Downslope) <u>26</u>	Bottom of Disposal Area SEE X-SECTION	
	Top of Distribution Lines or Chambers SEE X-SECTION	

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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