SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PORTLAND PERMIT # 2,996 TOWN COPY

Date Permit Issued 7/31/88

$ 140.00 FEE ☐ N Double Fee Charged

Local Plumbing Inspector Signature

L.P.I. # 0,1,2,4

PROPERTY ADDRESS

Town Or Plantation	PORTLAND PEAKS ISLAND
Street Subdivision Lot #	TOLMAN ROAD TAX MAP 91 BLOCK G LOT 27

PROPERTY OWNERS NAME

Last: MACISAAC	First: STEVEN
Applicant Name:	STEVEN MCISAAC
Mailing Address of Owner/Applicant (If Different)	13 FRANCINE ROAD FRAMINGHAM MASS 01701

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

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

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)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS

1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER _____

DISPOSAL SYSTEM TO SERVE:

1. ☒ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

SIZE OF PROPERTY	ZONING
40,600± SF	IR1

TYPE OF WATER SUPPLY

DRILLED WELL

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 (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
3. ☐ REQUIRED

DOSE: _____ GALS

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

3 BEDROOM CONSERVATIVE 450

LOW VOLUME TOILET 45

DESIGN FLOW: 405 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
4	AIII

DEPTH TO LIMITING FACTOR 20

SIZE RATINGS USED FOR DESIGN PURPOSES

1. ☐ SMALL
2. ☒ MEDIUM
3. ☐ MEDIUM LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. ☐ BED 1100 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H 20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

☐ SITE EVALUATION WAIVED BY LOCAL OPTION

On JULY 6, 1983 (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.

William B. Clarkson — Site Evaluator or Professional Engineer Signature

0003/4814 — SE# / PE#

4/4/87 — Date

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

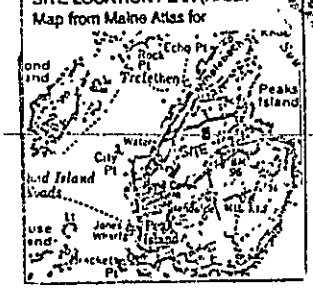
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

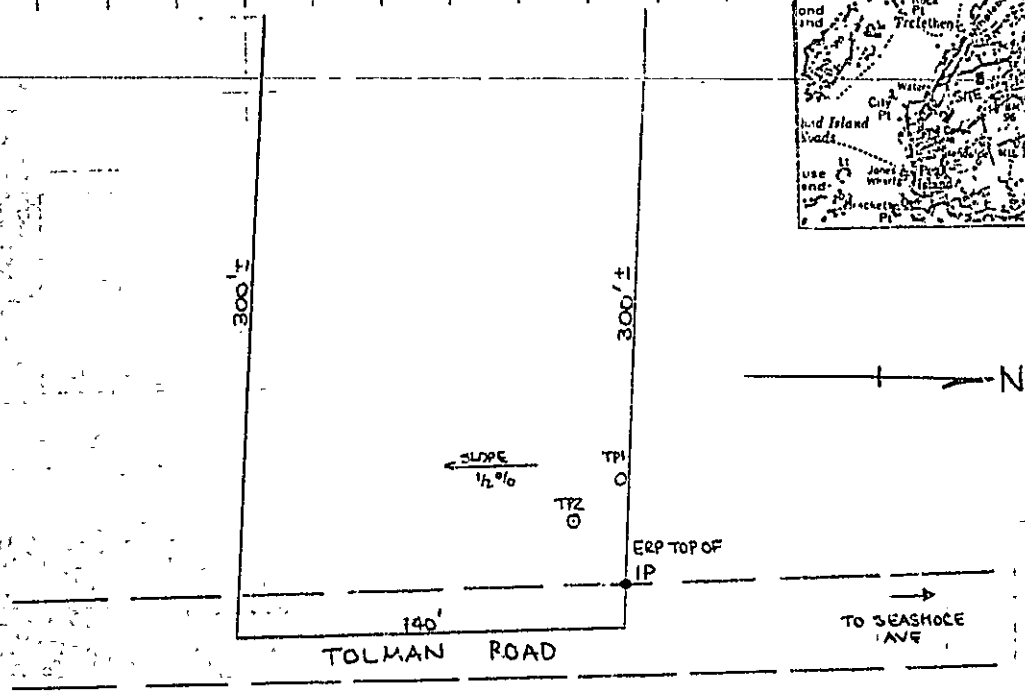
Department of Human Services
Division of Health Engineering

Town, City, Plantation: PORTLAND PEAKS ISLAND
Street, Road, Subdivision: TOLMAN RD 91-6-27
Owners Name: STEVEN MACISAAC

SITE PLAN — Scale 1" = 50 Ft

SITE LOCATION PLAN (Attach Map from Maine Atlas for





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

Observation Hole 1 ☒ Test Pit ☐ Boring

4 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling
GRAVELLY LOAM	FRIABLE	RED BROWN	NONE
			FEW
SILTY SAND	SLIGHTLY FRIABLE	GRAY BROWN	NONE

Soil	Classification	Slope	Limiting Factor
4 (Profile)	C (Condition)	1/2 %	22 ☒ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole 2 ☒ Test Pit ☐ Boring

4 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling
SILTY SAND	SLIGHTLY FRIABLE	GRAY BROWN	NONE

Soil	Classification	Slope	Limiting Factor
4 (Profile)	A III (Condition)	1/2 %	20 ☐ Ground Water ☐ Restrictive Layer ☒ Bedrock

William B. Jordan 0003/4814 4/4/87

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

HHE-200 Rev. 4/83

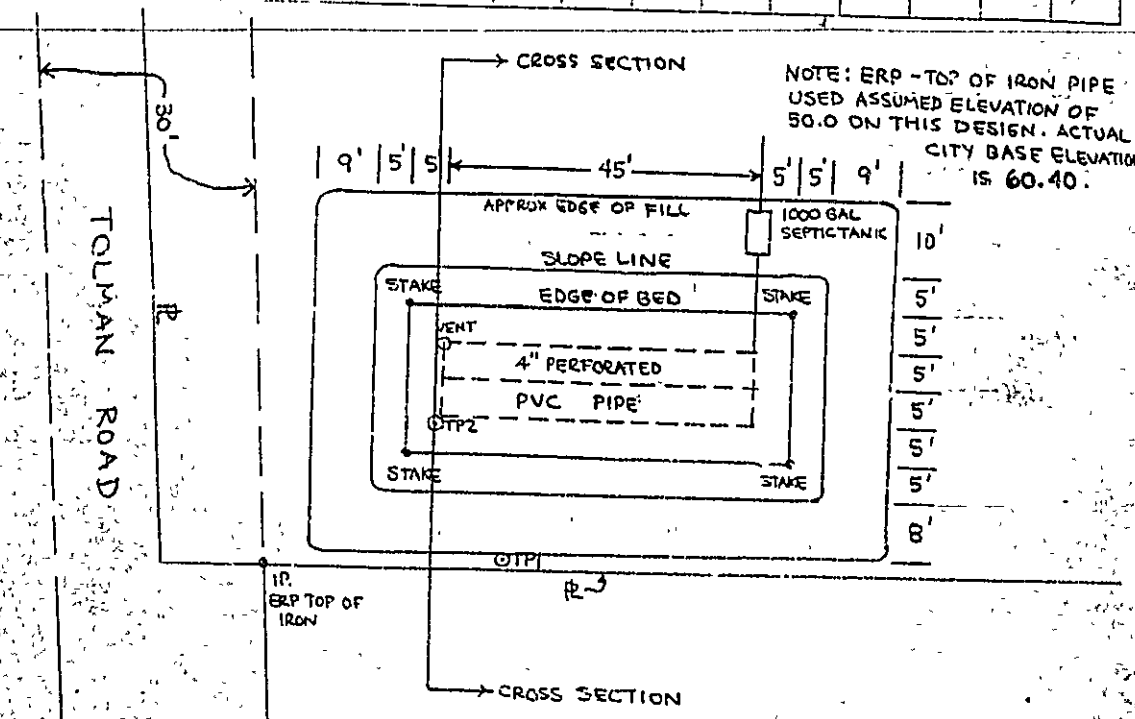
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
PORTLAND PEAKS ISLAND	TOLMAN RD 91-G-27	STEVEN MACISAAC

SUBSURFACE WASTEWATER DISPOSAL PLAN

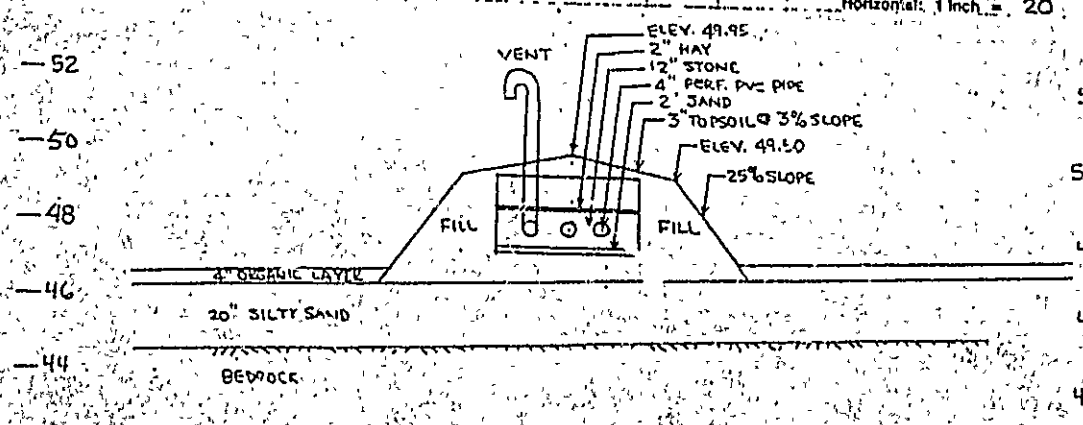
Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	35'	Reference Elevation is	50.0	TOP OF IRON PIPE NORTH EAST CORNER OF LOT ASSUMED 50.0'
Depth of Fill (Downslope)	36'	Bottom of Disposal Area	47.5	
		Top of Distribution Lines or Chambers	48.6	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = 4 Ft.
Horizontal: 1 Inch = 20 Ft.



William B. Goodwin
SITE EVALUATOR OR PROFESSIONAL ENGINEER'S SIGNATURE

0003/4814
SE# / PE #

4/4/87
DATE

Page 3 of 3

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	PORTLAND PEAKS ISLAND
Street Subdivision Lot #	TOLMAN ROAD TAX MAP 91 BLOCK E LOT 28

PROPERTY OWNER'S NAME

BALISE (Last) DAVID (First:)

Applicant Name:	DAVID BALISE
Mailing Address of Owner/Applicant (If Different)	7 TODD DRIVE TOWNSEND MASS. 01469

Caution: Permit Required

PORTLAND — Date Permit Issued 10/11/88 — PERMIT # 3,127 — $ 40.00 FEE — TOWN COPY ☐ Double Fee Check paid

Local Plumbing Inspector Signature — L.P.I. #

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.

David A. Balise 07/01/88

Signature of Owner/Applicant — Date

Caution: Inspection Required

I have inspected the installation authorized above and be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature — Approved 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)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS:

1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER _____

DISPOSAL SYSTEM TO SERVE:

1. ☒ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

SIZE OF PROPERTY	ZONING
23,465 SF	IR 1

TYPE OF WATER SUPPLY

DRILLED WELL

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 (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
3. ☐ REQUIRED

DOSE: _____ GALS

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

3 BEDROOM CONSERVATIVE 450

LOW VOLUME TOILET 45

DESIGN FLOW: 405 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
4	C

DEPTH TO LIMITING FACTOR: 34

SIZE 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 523 Sq. Ft. ☐ REGULAR ☐ H 20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER _____

SITE EVALUATOR STATEMENT USED 21 INFILTRATOR® POLYETHELENE CHAMBERS IN TRENCH CONFIGURATION ☐ SITE EVALUATION WAIVED BY LOCAL OPTION

On AUGUST 26, 1986 (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.

William B. Goodman — 0003/4814 — 8/1/87

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

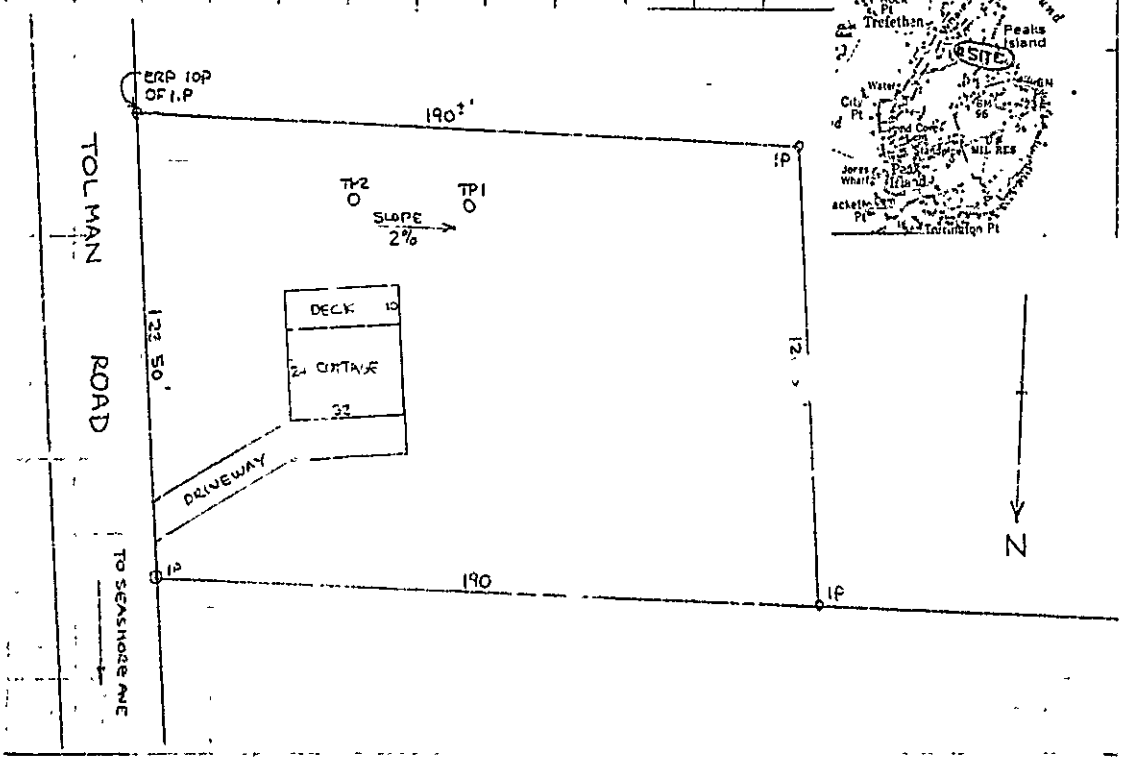
* Local Plumbing Inspectors Signature if a Local Site Evaluation Waiver under a Local Option

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

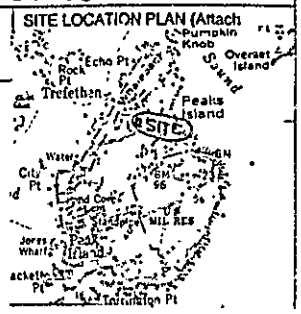
Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
PORTLAND PEAKS ISLAND	TOLMAN ROAD 91-E-23	DAVID BALISE

SITE PLAN Scale 1" = 40 FT.



SITE LOCATION PLAN (Attach)



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

Observation Hole ____ ☒ Test Pit ☐ Boring

2" FOREST PEAT " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	FINE SANDY LOAM		GRAY BROWN	
6–20	LOAMY GRAVEL	LOOSE	YELLOW BROWN	NONE
30–50				FEW

Soil (Profile)	Classification (Condition)	Slope	Limiting Factor	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock
4	C	2 %	36"	

Observation Hole 2 ☒ Test Pit ☐ Boring

2" FOREST PEAT " Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	FINE SANDY LOAM		GRAY BROWN	
6–20	LOAMY GRAVEL	LOOSE	YELLOW BROWN	NONE
30–50				FEW

Soil (Profile)	Classification (Condition)	Slope	Limiting Factor	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock
4	C	2 %	34"	

William B. Goodwin 0003/4814 — Site Evaluator or Professional Engineer's Signature — SE / PE#

8/1/87 — Date

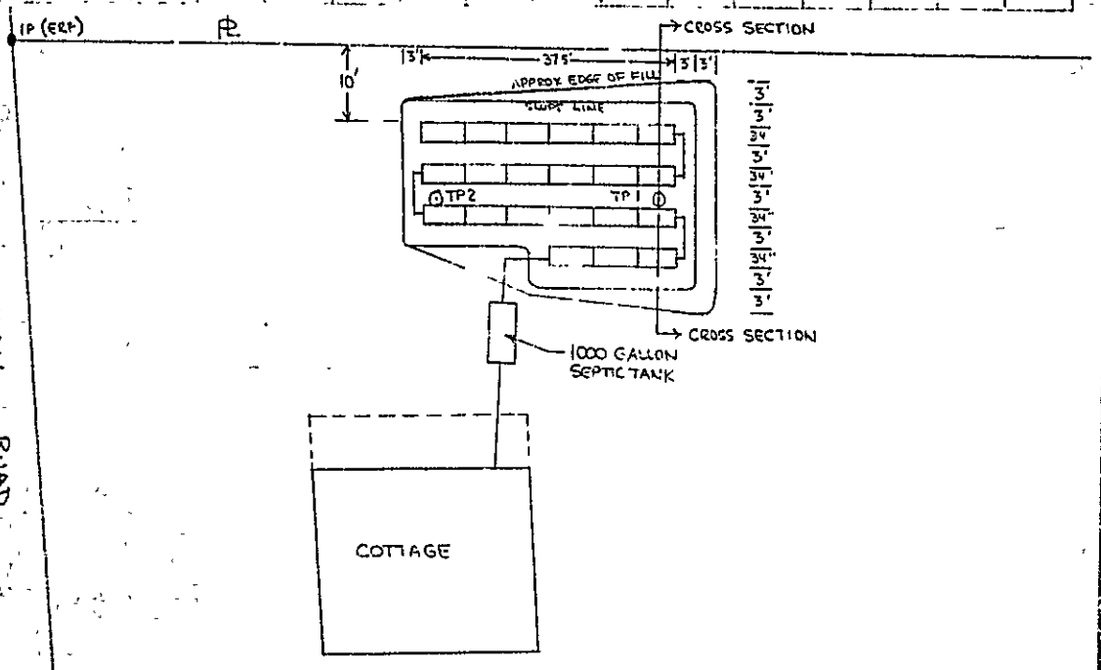
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
PORTLAND PEAKS ISLAND	TOLMAN ROAD 91-E-28	DAVID BRUSE

SUBSURFACE WASTEWATER DISPOSAL PLAN

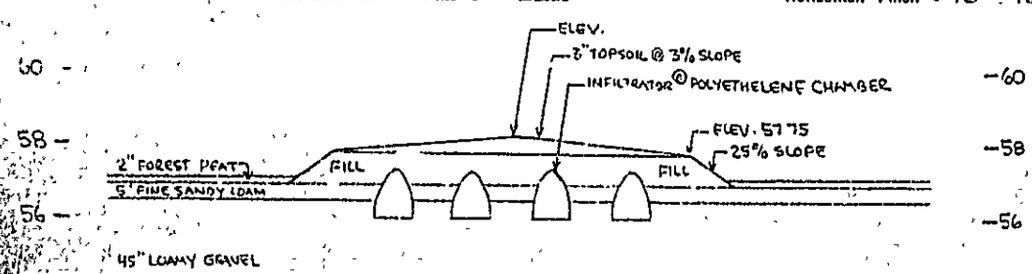
Scale 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	0	Reference Elevation is	60.40	TOP OF IRON PIPE SOUTH
Depth of Fill (Downslope)	9	Bottom of Disposal Area	56.00	EAST CORNER OF LOT
		Top of Distribution Lines or Chambers	57.25	

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#

8/1/87
Date

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

PLUMBING APPLICATION

PROPERTY ADDRESS

Town/Or Plantation	Peaks Island
Street Subdivision Lot #	Island Ave Lot 27

PROPERTY OWNERS NAME

Last	McMaster First Bernard
Applicant Name:	Robert McTigue
Mailing Address of the Applicant (If Different)	Brook St. Peaks Island

PORTLAND PERMIT # 2,995 TOWN COPY

Date Permit Issued 7/21/88 $ 18.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. #

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

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 Approved

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. ☐ MULTIPLE FAMILY 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 #

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.

OR

HOOK-UP: to an existing subsurface wastewater disposal system.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

Number of Hook-Ups & Relocations

$ Hook-Up & Relocation Fee

Number	Column 2 Type of Fixture	Number	Column 1 Type Of Fixture
	Hosebibb / Sillcock	1	Bathtub (and Shower)
	Floor Drain		Shower (Separate)
	Urinal	1	Sink
	Drinking Fountain	1	Wash Basin
	Indirect Waste	1	Water Closet (Toilet)
	Water Treatment Softener, Filter, etc	1	Clothes Washer
	Grease/Oil Separator		Dishwasher
	Dental Cuspidor		Garbage Disposal
	Bidet		Laundry Tub
	Other: _____	1	Water Heater
	Fixtures (Subtotal) Column 2	6	Fixtures (Subtotal) Column 1
		6	Fixtures (Subtotal) Column 2
		12	Total Fixtures
		$ 12.00	
		$	
		$ 12.00	Permit Fee

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

1 of 1
9/88

3 Permits
Terminated
for
no Progress

To A. G.

Date 5/22 Time 1:40

WHILE YOU WERE OUT

M Grant Carstens

of

Phone 617 425-6646

TELEPHONED		PLEASE CALL	
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		URGENT—RET. CALL	

Message Re Cornutes
he has
or he will get
back to you
Liz

CLERK

PERMIT # 875 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

Please fill out any part which applies. Proper plans must accompany form.

For Official Use Only

Date July 11, 1988
Inside Fire Limits
Bldg Code
Time Limit
Estimated Cost 40,000
Valc. Structure
Fee $250.00

Subdivision: Yes / No
Name
Lot
Block
Permit Expiration
Ownership: Public / Private

Owner: Helen & Bernie Manning

Address:

LOCATION OF CONSTRUCTION Tolman Road, Peaks Island

CONTRACTOR: McTigue Construct SUBCONTRACTORS: 766-2676

ADDRESS: Brackett Ave. Peaks Island

Est. Construction Cost: 40,000 Type of Use: Single Family

Past Use:

Building Dimensions L ___ W ___ Sq. Ft. ___ # Stories ___ Lot Size ___

Is Proposed Use: ___ Seasonal ___ Condominium ___ Apartment ___

___ Conversion - Explain To construct single family home as per plans

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units ___ # Of New Dwelling Units ___

Foundation:

1. Type of Soil:
2. Set Backs - Front ___ Rear ___ Side(s) ___
3. Footings Size
4. Foundation Size:
5. Other

Floor:

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

Exterior Walls:

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

Interior Walls:

1. Studding Size ___ Spacing
2. Header Sizes ___ Span(s)
3. Wall Covering Type
4. Fire Wall if required
5. Other Materials

Ceiling:

1. Ceiling Joists Size:
2. Ceiling Strapping Size ___ Spacing
3. Type Ceilings:
4. Insulation Type ___ Size
5. Ceiling Height:

PERMIT ISSUED
JUL 21 1988
City Of Portland

Roof:

1. Truss or Rafter Size ___ Span
2. Sheathing Type
3. Roof Covering Type
4. Other

Chimneys:

Type: ___ Number of Fire Places

Heating:

Type of Heat:

Electrical:

Service Entrance Size: ___ Smoke Detector Required Yes ___ No ___

Plumbing:

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

Swimming Pool:

1. Type:
2. Pool Size: ___ x ___ Square Footage
3. Must conform to National Electrical Code and State Law.

Zoning:

District ___ Street Frontage Req.: ___ Provided ___
Required Setbacks: Front ___ Back ___ Side ___ Side ___

Review Required:

Zoning Board Approval: Yes ___ No ___ Date:
Planning Board Approval: Yes ___ No ___ Date:
Conditional Use: ___ Variance ___ Site Plan ___ Subdiv.
Shore and Floodplain Mgmt. ___ Special Exception ___
Other ___ (Explain) Minor/Minor Site Plan
Date Approved

Permit Received By Lisa Cushman

Signature of Applicant [signature] Date 7-11-88

Signature of CEO (7) Date

Inspection Dates

White-Tax Assesor Yellow-GPCOG Pink-Tag-CEO

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CITY OF PORTLAND, MAINE
389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 775-5451

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

Tolman Heights Road
Peaks Island

September 19, 1988

Mr. and Mrs. David Belise
7 Todd Drive
Townsend, Mass.

Dear Mr and Mrs. Belise:

This is in reference to your application for a building permit for a single family dwelling on Tolman Heights Road, Peaks Island, in the IR-1 Island Residence Zone. We are in need of some additional information concerning this proposed project before we can proceed to issue a building permit.

We need proof from an attorney that the land on which the building is to be sited is in fact a lot of record since it is less than the minimum lot size of 40,000 square feet for lots with public water. We also need Form HHE-200, Soils Test Analysis Results for septic disposal in three copies before a building permit can be issued.

We understand that the pitch of the roof is to be higher and the deck will not be constructed at the present time, and sono tubes will be used instead of cinder blocks. If there is any additional information concerning the building project, please advise this office.

Sincerely,

Warren J. Turner

Warren J. Turner
Zoning Enforcement Inspector

cc: P. Samuel Hoffses, Chief, Inspection Services
Arthur Addato, Code Enforcement Officer

PERMIT # 1301 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: David & Linda ~~XXXXXX~~ Balise

Address: 7 Todd Drive ~~Mass.~~ Townsend Mail to

LOCATION OF CONSTRUCTION Tolman Heights Road, Peaks Island

CONTRACTOR: owner SUBCONTRACTORS: 508-597-8739

ADDRESS:

Est. Construction Cost: 25,000 Type of Use: single family

Past Use:

Building Dimensions L___ W___ Sq Ft___ # Stories:___ Lot Size:

Is Proposed Use___ Seasonal___ Condominium___ Apartment

___ Conversion - Explain construct new - minor site plan

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units___ # Of New Dwelling Units___

Foundation:

1. Type of Soil:
2. Set Backs - Front___ Rear___ Side(s)___
3. Footings Size:
4. Foundation Size:
5. Other

Floor:

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

Exterior Walls:

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

Interior Walls:

1. Studding Size ___ Spacing
2. Header Sizes ___ Spar(s)
3. Wall Covering Type
4. Fire Wall if required
5. Other Materials

For Official Use Only

Date September 9, 1988 Subdivision: Yes / No

Inside Fire Limits Name

Bldg Code Lot

Time Limit Block

Estimated Cost 25,000 Permit Expiration

Value/Structure Ownership Public

Fee 195.00 Private

Ceiling:

1. Ceiling Joists Size: ___ Spacing
2. Ceiling Strapping Size ___ Spacing
3. Type Ceilings:
4. Insulation Type
5. Ceiling Height:

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City of Portland

Roof:

1. Truss or Rafter Size ___ Spacing
2. Sheathing Type ___ Size
3. Roof Covering Type
4. Other

Chimneys:

Type ___ Number of Fire Places

Heating:

Type of Heat:

Electrical:

Service Entrance Size ___ Smoke Detector Required Yes___ No___

Plumbing:

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

Swimming Pools:

1. Type:
2. Pool Size: ___ x ___ Square Footage
3. Must conform to National Electrical Code and State Law.

Zoning:

District ___ Street Frontage Req.: ___ Provided

Required 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

Shore and Floodplain Mgmt ___ Special Exception

Other ___ (Explain)

Date Approved

Permit Received By Joanne Quint

Signature of Applicant [signature] Date SEPT 9, 88

Signature of CEO [signature] Date

Inspection Dates

White-Tax Assesor Yellow-GPCOG White Tag -CEO

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	PORTLAND PEAKS ISLAND
Street Subdivision Lot #	TOLMAN ROAD TAX MAP 9, BLOCK G LOT 27

PROPERTY OWNERS NAME

Last: McTIGUE	First: ROBERT
Applicant Name	ROBERT McTIGUE
Mailing Address of Owner/Applicant (If Different)	BRACKETT AVENUE PEAKS ISLAND MAINE 04108

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

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 8-22-88

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 9/30/88

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)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS

1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER _____

DISPOSAL SYSTEM TO SERVE:

1. ☒ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

SIZE OF PROPERTY: 40,600± SF

ZONING: IR1

TYPE OF WATER SUPPLY: DRILLED WELL

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 (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
3. ☐ REQUIRED

DOSE: _____ GALS

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

2 BEDROOM CONSERVATIVE 300

LOW VOLUME TOILET 30

DESIGN FLOW: 270 (GALLONS DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
4	A III

DEPTH TO LIMITING FACTOR: 20

SIZE 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 350* Sq Ft
   ☒ REGULAR ☐ H 20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER. _____

SITE EVALUATOR STATEMENT USED 14 INFILTRATOR® CHAMBERS IN TRENCH CONFIGURATION

☐ SITE EVALUATION WAIVED BY LOCAL OPTION

On JULY 6, 1983 (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.

William G. Goodwin — Site Evaluator or Professional Engineer's Signature

0003/4814 — SE# / PE#

8/22/88 — Date

* Local Plumbing Inspector Signature if a Local Site Evaluation Waiver on file a Local Option

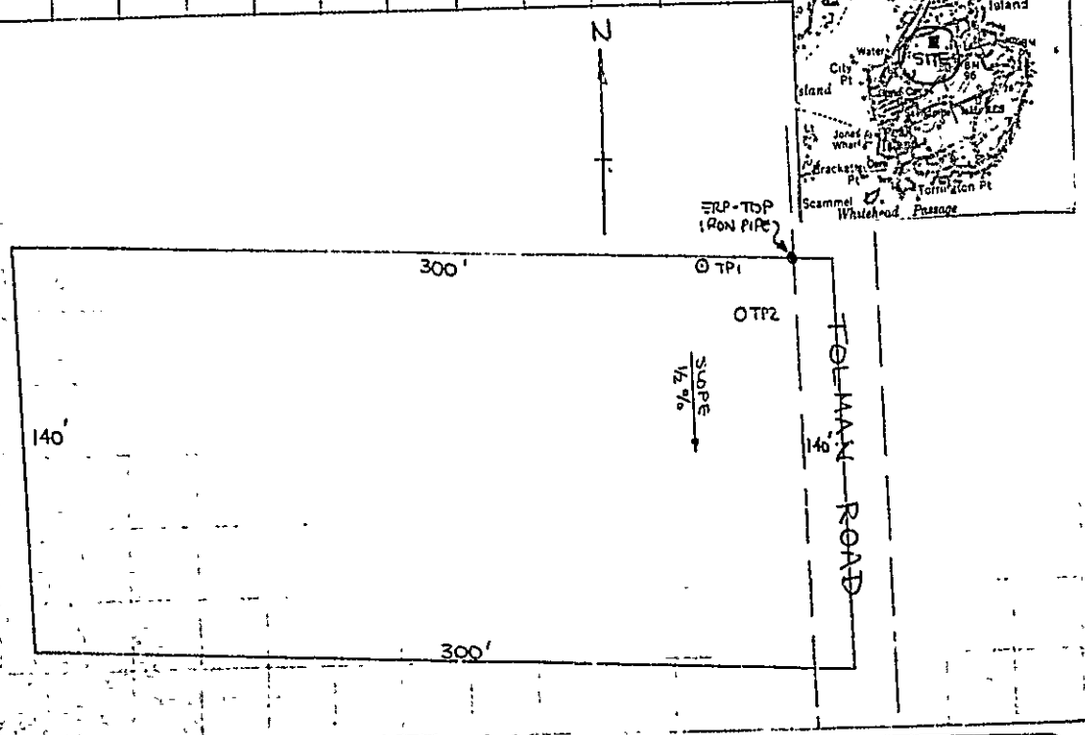
Department of Human Services
Division of Health Engineering

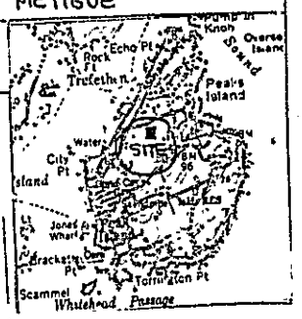
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation	Street, Road, Subdivision	Owners Name
PORTLAND PEAKS ISLAND	TOLMAN ROAD 91-G-27	ROBERT McTIGUE

SITE PLAN

Scale 1" = 50 Ft.





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

Observation Hole 1 ☒ Test Pit ☐ Boring

4" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10	GRAVELLY LOAM	FRIABLE	RED BROWN	NONE
10–20				FEW
20–50	SILTY SAND	SLIGHTLY FRIABLE	GRAY BROWN	NONE

Soil	Classification	Slope	Limiting Factor
4 (Profile)	C (Condition)	1/2 %	22 (☒ Ground Water ☐ Restrictive Layer ☐ Bedrock)

Observation Hole 2 ☒ Test Pit ☐ Boring

4" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–21	SILTY SAND	SLIGHTLY FRIABLE	GRAY BROWN	NONE
21–50	BEDROCK			

Soil	Classification	Slope	Limiting Factor
4 (Profile)	AIII (Condition)	1/2 %	20" (☐ Ground Water ☐ Restrictive Layer ☒ Bedrock)

William B. Goodwin 0003/4814 8/22/88

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

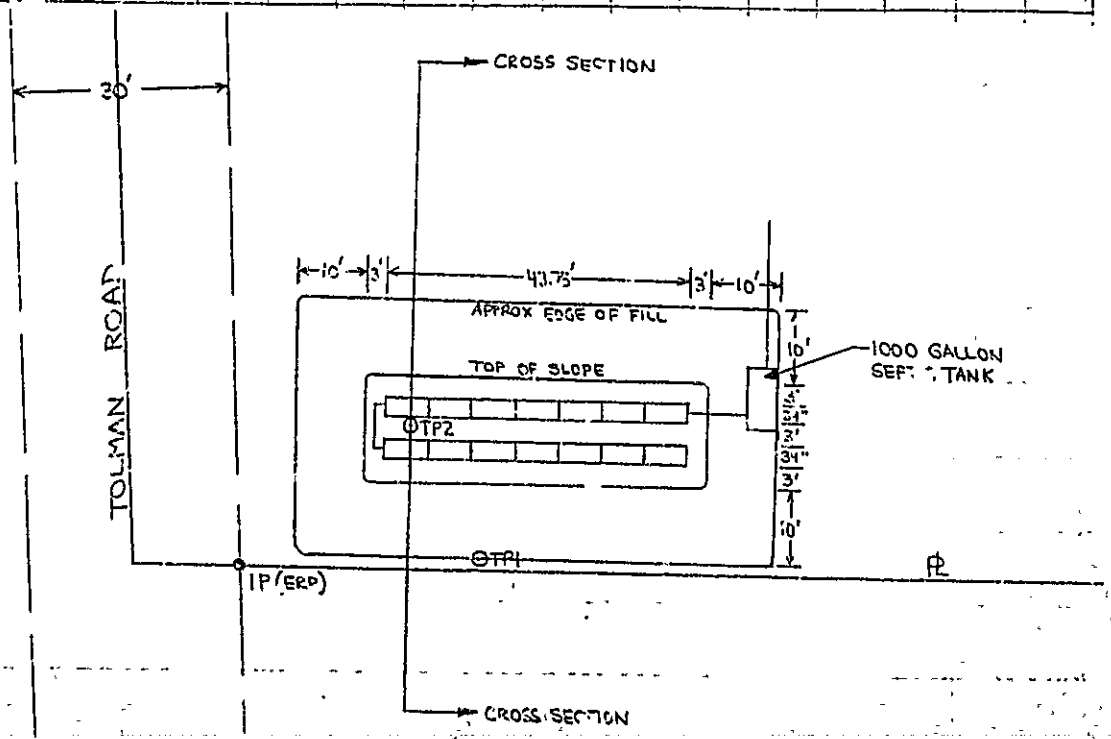
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
PORTLAND PEAKS ISLAND	TOLMAN ROAD 91-G-27	ROBERT McTIGUE

SUBSURFACE WASTEWATER DISPOSAL PLAN

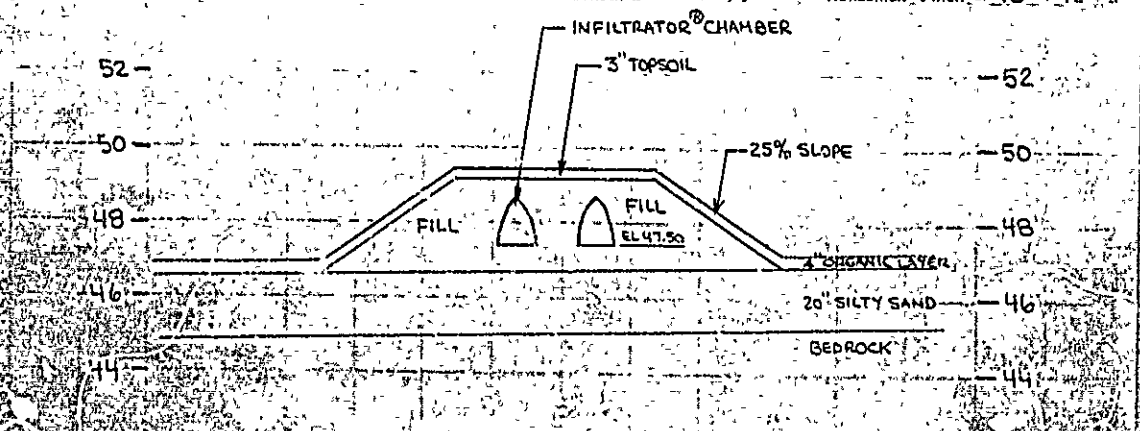
Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	27½"	Reference Elevation is	50.00	TOP OF IRON PIPE
Depth of Fill (Downslope)	28½"	Bottom of Disposal Area	47.50	NORTHEAST CORNER OF LOT
		Top of Distribution Lines or Chambers	48.75	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = 4 Ft.
Horizontal: 1 Inch = 10 Ft.



William R. Gardiner
Site Evaluator or Professional Engineer's Signature

0003/4814
SE#/PE#

8/22/88
Date

Page 3 of 3
HE-200 - Rev. 4/83

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date Nov. 18, 1985

Receipt and Permit number DD05233

To the CHIEF ELECTRICAL INSPECTOR, *Portland, Maine:*

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 91-K-1 Trefethen Ave., Peaks Island

OWNER'S NAME: Gerald Garmen ADDRESS: same

	FEES
OUTLETS:	
Receptacles ____ Switches ____ Plugmold ____ ft. TOTAL ____	
FIXTURES: (number of)	
Incandescent ____ Flourescent ____ (not strip) TOTAL ____	
Strip Flourescent ____ ft.	
SERVICES:	
Overhead x Underground ____ Temporary ____ TOTAL amperes ____	3.00
METERS: (number of) 1	.50
MOTORS: (number of)	
Fractional ____	
1 HP or over ____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) ____	
Electric (number of rooms) ____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) ____	
Oil or Gas (by separate units) ____	
Electric Under 20 kws ____ Over 20 kws ____	
APPLIANCES: (number of)	
Ranges ____ Water Heaters ____	
Cook Tops ____ Disposals ____	
Wall Ovens ____ Dishwashers ____	
Dryers ____ Compactors ____	
Fans ____ Others (denote) ____	
TOTAL ____	
MISCELLANEOUS: (number of)	
Branch Panels ____	
Transformers ____	
Air Conditioners Central Unit ____	
Separate Units (windows) ____	
Signs 20 sq. ft. and under ____	
Over 20 sq. ft. ____	
Swimming Pools Above Ground ____	
In Ground ____	
Fire/Burglar Alarms Residential ____	
Commercial ____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under ____	
over 30 amps ____	
Circus, Fairs, etc. ____	
Alterations to wires ____	
Repairs after fire ____	
Emergency Lights, battery ____	
Emergency Generators ____	
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	5.00 Min.

INSPECTION:

Will be ready on ____, 19__; or Will Call x

CONTRACTOR'S NAME: William Flynn

ADDRESS: Cenntennial St., P. I.

TEL.: 766-2780

MASTER LICENSE NO.: 4548 SIGNATURE OF CONTRACTOR: William Flynn

LIMITED LICENSE NO.: ____

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS

Permit Number 05233

Location 91-K-1 Tiefletten

Owner J. Gerner

Date of Permit 14-18-85

Final Inspection

By Inspector

Permit Application Register Page No. 93

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in _____ by _____

PROGRESS INSPECTIONS: 6/19/86 _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

DATE:	REMARKS:
6/19/86	[redacted]
1/8/89	Permit Expired

PERMIT # 926 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Mr. Burke

Address: Trefethen & Pleasant Avenue Peaks Island 90-Z-1-Z

LOCATION OF CONSTRUCTION same

CONTRACTOR: Peak Construction SUBCONTRACTORS: 766-2141

ADDRESS: P.O. Box 3 Peask Island 04108

Est. Construction Cost: 5,400 Type of Use: single famil;

Past Use: _____

Building Dimensions L ___ W ___ Sq. Ft. ___ # Stories: ___ Lot Size: ___

Is Proposed Use: ___ Seasonal ___ Condominium ___ Apartment

___ Conversion - Explain exterior renovations

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units ___ # Of New Dwelling Units ___

Foundation:

1. Type of Soil: ___
2. Set Backs - Front ___ Rear ___ Side(s) ___
3. Footings Size: ___
4. Foundation Size: ___
5. Other ___

Floor:

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

Exterior Walls:

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

Interior Walls:

1. Studding Size ___ Spacing ___
2. Header Sizes ___ Span(s) ___
3. Wall Covering Type ___
4. Fire Wall if required ___
5. Other Materials ___

For Official Use Only

Date August 1, 1988 Subdivision: Yes ___ No ___

Inside Fire Limits ___ Name ___

Bldg Code ___ Lot ___

Time Limit ___ Block ___

Estimated Cost 5,400.00 Permit Expires ___

Value/Structure ___ Ownership ___ Public ___

Fee $ 45.00 Private ___

Ceiling:

1. Ceiling Joists Size: ___
2. Ceiling Strapping Size ___ Spacing ___
3. Type Ceilings: ___
4. Insulation Type ___ Size ___
5. Ceiling Height: ___

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AUG 3 1988

City Of Portland

Roof:

1. Truss or Rafter Size ___ Span ___
2. Sheathing Type ___ Size ___
3. Roof Covering Type ___
4. Other ___

Chimneys:

Type: ___ Number of Fire Places ___

Heating:

Type of Heat: ___

Electrical:

Service Entrance Size ___ Smoke Detector Required Yes ___ No ___

Plumbing:

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

Swimming Pools:

1. Type: ___
2. Pool Size: ___ x ___ Square Footage ___
3. Must conform to National Electrical Code and State Law.

Zoning:

District ___ Street Frontage Req: ___ Provided ___

Required 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 ___

Shore and Floodplain Mgmt. ___ Special Exception ___

Other ___ (Explain) ___

Date Approved ___

Permit Received By Joanne Quint

Signature of Applicant Ted Kayner Date August 1, 1988

Signature of CEO acting as agent for owner Date ___

Inspection Dates (7)

White-Tax Assesor Yellow-GPCOG White Tag-CEO

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