

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS		PORTLAND PERMIT # 3,098 TOWN COPY \$140 FEE <input type="checkbox"/> Double Fee Charged Date Permit Issued: 10/3/88 Local Plumbing Inspector Signature: <i>[Signature]</i> L.P.I. # _____
Town Or Plantation	PORTLAND PEAKS ISLAND	
Street	REED AVENUE	
Subdivision Lot #	BLOCK L LOTS 13-17, 21, 22 TAX MAP 91 BLOCK E LOTS 1-6	
PROPERTY OWNERS NAME		
BAKER WILLIAM		
Last: First		
Applicant Name:	WILLIAM BAKER	
Mailing Address of Owner/Applicant (If Different)	BOX 99 3 JOHNSON RD SOUTHBORO MASSACHUSETTS 01772	

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.

William Baker
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.

[Signature]
Local Plumbing Inspector Signature Date Approved: _____

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	INSTALLATION IS COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____	TYPE OF WATER SUPPLY _____
SIZE OF PROPERTY: 46,133 SF ZONING: IR 1		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: 1000 GALS.	WATER CONSERVATION 1. <input type="checkbox"/> NONE 2. <input checked="" type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC) 3 BED ROOM 450 CONSERVATIVE
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 4 CONDITION: AIII DEPTH TO LIMITING FACTOR: 20	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input checked="" type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRALARGE	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BCD _____ Sq Ft. 2. <input checked="" type="checkbox"/> CHAMBER 525* Sq Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER _____	LOW VOLUME TOILET 45 DESIGN FLOW: 405 (GALLONS/DAY)

SITE EVALUATOR STATEMENT * USED 21 INDIATOR® POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION EVALUATION WAIVED BY LOCAL OPTION

On JULY 23, 1988 (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.

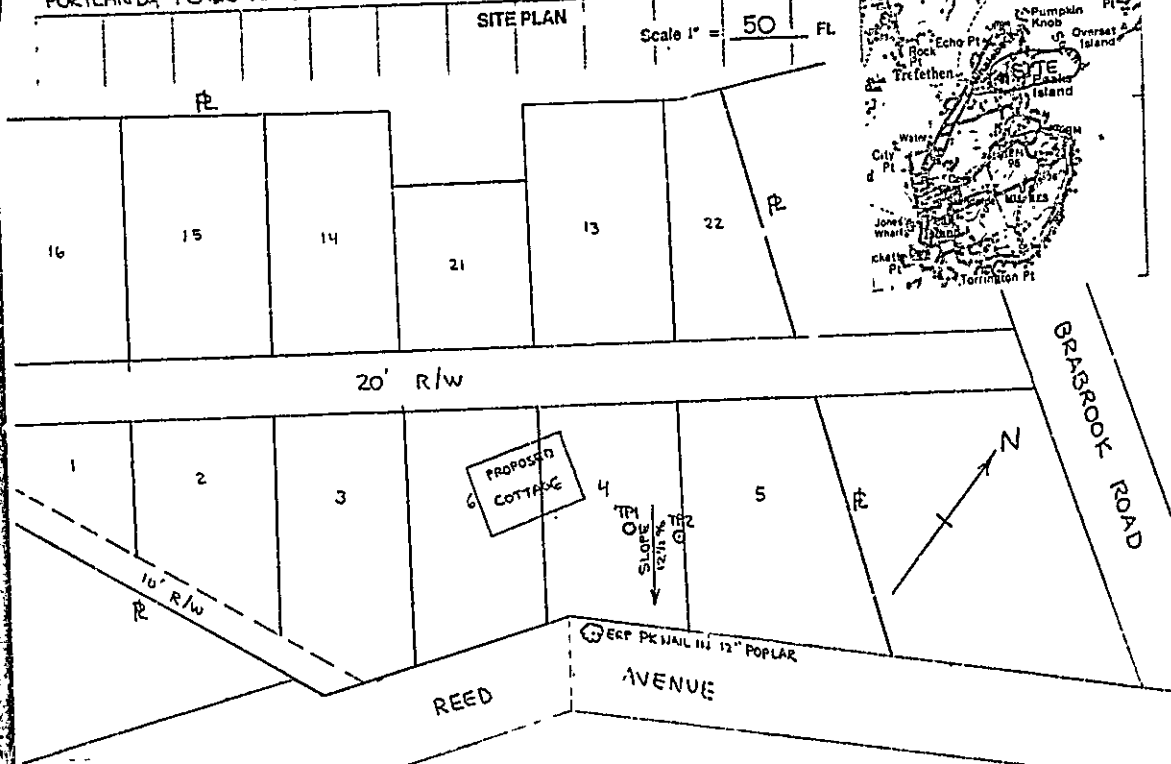
William B. Goodwin 0003/4314 8/22/88
 Site Evaluator or Professional Engineer's Signature SE# / IPE# Date

Page 1 of 3
HME-200 Rev 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND, PEAKS ISLAND REED AVE** Street, Road, Subdivision: **91-13-17, 21, 22** Owners Name: **WILLIAM BAKER**



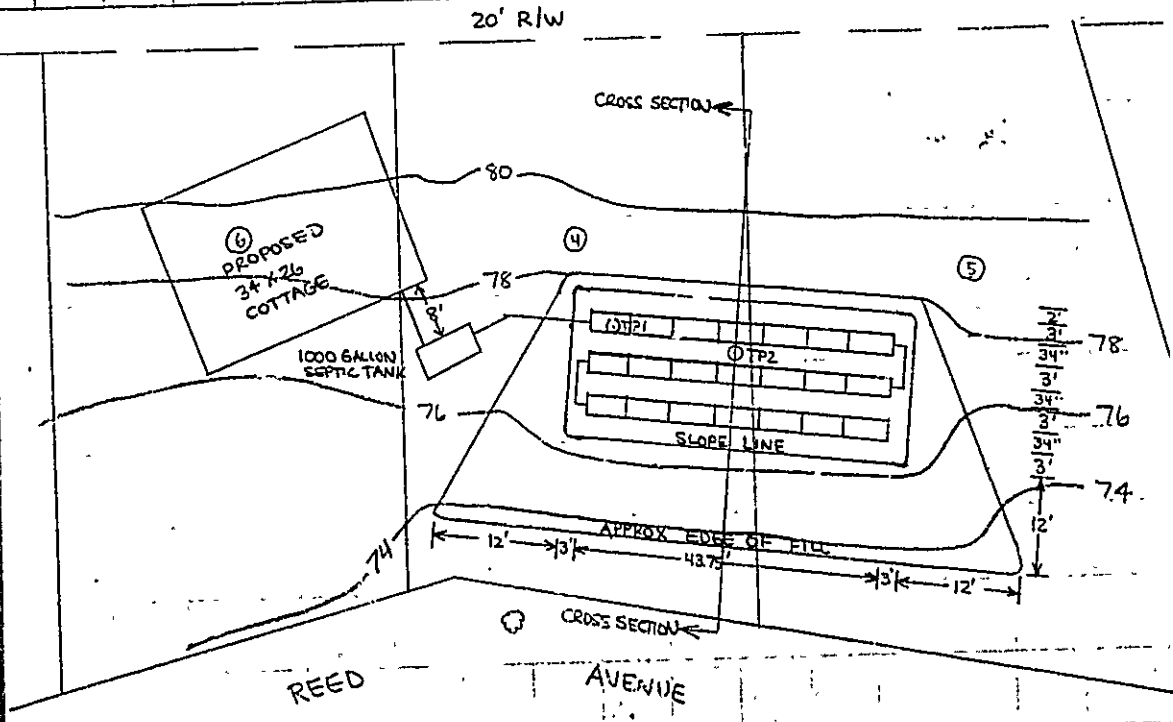
SOIL DESCRIPTION AND CLASSIFICATION				(Location of Observation Holes Shown Above)			
Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring				Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring			
2' FOREST FEAT				2' FOREST FEAT			
Depth of Organic Horizon Above Mineral Soil				Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
0-2" LOAM		DARK BROWN		0-2" LOAM		DARK BROWN	
2-6" SANDY LOAM		RED BROWN		2-6" SANDY LOAM	LOOSE	MEDIUM BROWN	
6-15" LOAMY SAND	LOOSE	MEDIUM BROWN		6-15" LOAMY GRAVEL	SLIGHTLY FRAGILE	RED BROWN	NONE EVIDENT
15-20" LOAMY GRAVEL	SLIGHTLY FR. REF.	RED BROWN	NONE	20" BEDROCK			
20-30" BEDROCK			FEW				
30-50" BEDROCK							
Soil Profile: <u>4</u>	Classification: <u>AIII</u>	Slope: <u>12 1/2 %</u>	Limiting Factor: <u>36</u>	Soil Profile: <u>4</u>	Classification: <u>AIII</u>	Slope: <u>12 1/2 %</u>	Limiting Factor: <u>20</u>
<input checked="" type="checkbox"/> Ground Water	<input type="checkbox"/> Reactive Layer	<input type="checkbox"/> Bedrock		<input checked="" type="checkbox"/> Ground Water	<input type="checkbox"/> Reactive Layer	<input checked="" type="checkbox"/> 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

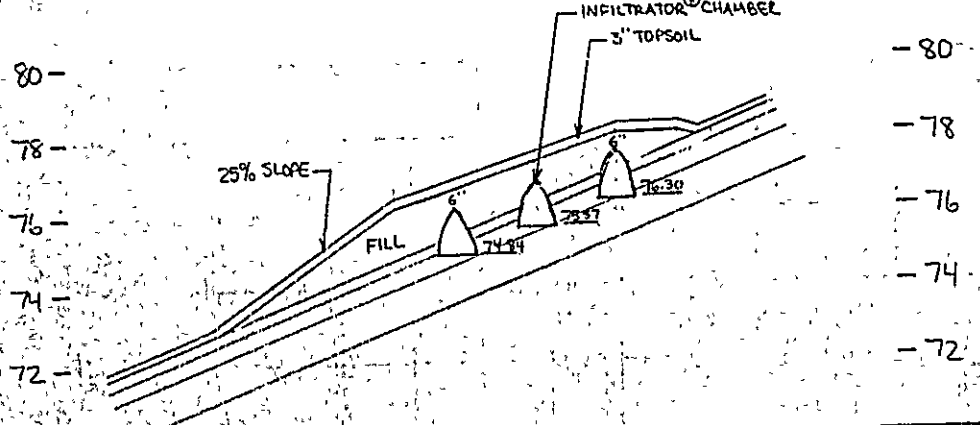
Town, City, Plant/Zone PORTLAND PEAKS ISLAND REED AVE 91-13-11, 21, 22	Street, Road, Subdivision 91-13-11-6	Owners Name WILLIAM BAKER
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = 20 Ft.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>14'</u>	Reference Elevation is <u>SEE CROSS SECTION</u>	PK NAIL IN 12" POPLAR
Depth of Fill (Downslope) <u>19'</u>	Bottom of Disposal Area <u>SEE CROSS SECTION</u>	IN REED AVE NEAR ANGLE IN LOT 4
	Top of Distribution Lines or Chambers <u>SEE CROSS SECTION</u>	

DISPOSAL AREA CROSS SECTION

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



William B. Jordan
Site Evaluator or Professional Engineer's Signature

0003/4814
CE #/PE #

8/22/88
Date

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

CITY OF PORTLAND, MAINE
Department of Building Inspection



Certificate of Occupancy

LOCATION 91-J-1-6, L-13-17 & 21 & 22 Reed Ave., P. I.

Issued to William Baker

Date of Issue August 25, 1989

It is to certify that the building premises, or part thereof, at the above location, built — altered
as to use under Building Permit No 88/1325, has had final inspection, has been found to conform
substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for
occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Single Family

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

(Date)

Inspector

Director of Buildings

Note: This certificate denotes lawful use of building or premises, and ought to be transferred from
owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

PERMIT # **001925**

CITY OF Portland

BUILDING PERMIT APPLICATION

MAP #

LOT #

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

Owner: William Baker (508-481-2444)

Address: Box 99, 3 Johnson Rd., Southboro, Mass 01772

LOCATION OF CONSTRUCTION: Peak Avenue, Peaks Island

CONTRACTOR: Richard Baker SUBCONTRACTORS: 91-J-1-6, L-13-17, & 21 & 22

ADDRESS: Hawthorne, Road, N. Yarmouth, Me

Est. Construction Cost: \$25,000 Type of Use: Minor, Minor Site Plan
single family cottage

Past Use:

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

Is Proposed Use: Seasonal Condominium Apartment

Conversion - Explain Minor, Minor Site Plan review, construct new
COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE plans. single family as per

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

For Official Use Only

Date: October 3, 1988 Subdivision: Yes / No

Inside Fire Limits: Name

Blg Code: Lot

Fire Limit: Block

Estimated Cost: 25,000 Permit Expiration:

Value Structure: Ownership: Public Private

Fee: Building Fee 195.00

Celling:

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

Roof:

1. Truss or Rafter Size
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
2. No. of Tubs or Showers: 2 No
3. No. of Fixtures
4. No. of Lavatories: 00.00
5. No. of Other Fixtures 00.00

Swimming Pools:

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

Zoning:

District Street Frontage Reg: Provided

Review Required:

Required Setbacks: Front Back Side Side

Zoning Board Approval: Yes No Date:

Planning Board Approval: Yes No Date:

Conditions: Use Variance Site Plan Subdivision

Shore and Floodplain Mgmt Special Exception

Other (Explain)

Date Approved:

Permit Received By Nancy Grossman

Signature of Applicant William Baker Date 10/3/88

Signature of CEO Date

Inspection Dates

88/8/01

White-Tax Assessor

Yellow-GPCOG

White Tag-CEO

© Copyright GPCOG 1987

PLOT PLAN

N



FEES (Breakdown From Front)

Base Fee \$ 25.00
Subdivision Fee \$ _____
Site Plan Review Fee \$ 50.00
Other Fees \$ 170.90
(Explain) _____
Late Fee \$ _____

Inspection Record

Type	Date
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

COMMENTS

Signature of Applicant William Baker

Date 10/3/88

CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 775-4451



DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

October 24, 1988

Mr. William Baker
Box 99, Johnson Road
Southboro, Mass. 01772

Re: Reed Ave. Peaks Is. 91-J-1-6 L-13-17-21-22

Dear Sir:

Your application to construct a cottage has been reviewed and a permit is herewith issued subject to the following requirements:

SITE PLAN REVIEW REQUIREMENTS

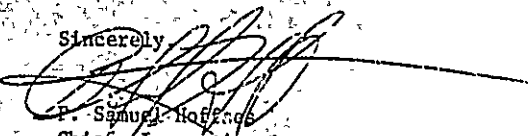
Public Works	Approved	S. Harris	October 11, 1988
Inspection services	Approved	W. Turner	October 24, 1988

BUILDING CODE REQUIREMENTS

- 1.) Before the foundation is placed Public Works and Inspection Service must give their approval
- 2.) Please read and implement items 4, 5 and 7 of the attached building permit report.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,


P. Samuel Hoffses
Chief, Inspection Services

cc: Steve Harris. Public Works
Ben O'Reilly Public Works

BUILDING PERMIT REPORT

DATE: 25/001/88

ADDRESS: Beard Ave. 91-J-1-6 1-13-17 21, 22 Parks J

REASON FOR PERMIT: Single Family Cottage

BUILDING OWNER: William Baker

CONTRACTOR: Richard Baker

PERMIT APPLICANT: _____

APPROVED: *4*5*7 DENIED _____

CONDITION OF APPROVAL OR DENIAL:

- 1.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 2.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 3.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.
- *4.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.5 m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- *5.) In addition to any automatic fire alarm system required by Sections 1018.3.5, a minimum of one single station smoke detector shall be installed in each guest room, suite or sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.3.1).

In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

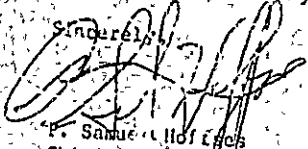
In dwelling units with split levels, a smoke detector installed on the upper level shall suffice for the adjacent lower level provided the lower level is less than one full story below the upper level. If there is an intervening door between the adjacent levels, a smoke detector shall be installed on both levels.

All detectors shall be installed in an approved location. Where more than one detector is required to be installed within an individual dwelling unit, the detectors shall be wired in such a manner that the actuation of one alarm will actuate all the alarms in the individual unit.

6.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire resistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.

7.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 6 inches cannot pass through any opening.

8.) Section 5-135 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year."

Sincerely,

P. Samuel Hoffman
Chief, Inspection Services

/ksc
11/9/87

Applicant: *William Baker* Date: *Oct 24, 1988*
Address: *Reed Avenue, Peaks Island*
Assessors No.: *21-1-1-6 L-13-17 & 21-1-22*

CHECK LIST AGAINST ZONING ORDINANCE

Date -
Zone Location - *IR-1*
Interior or corner lot - *Interior* Owner of Record:
Use - *Single Family* *Rosalie I Baker Brown*
Sewage Disposal - *Septic* *Laticuama Road*
Rear Yards - *80'* *30' required* *Box 212*
Side Yards - *100' and 90'* *20' required* *Southboro, Mass.*
Front Yards - *32'* *30' required* *01772*
Projections -
Height - *One story*
Lot Area - *56,200 sq ft*
Building Area - *34' x 26' = 884 sq ft*
Area per Family - *40,000 sq ft on City Water*
Width of Lot - *340'*
Frontage - *305.87'*
Off-street Parking - *OK*
Loading Bays - *NA*
Site Plan - *Approved by Public Works 10/11/88*
Shoreland Zoning -
Flood Plains -

OK
copy of HHE Form 200 M-1
received with this application
for a bldg permit.

OK
10/24/1988

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

William Baker (508-481-2444)

Applicant: William Baker Date: October 3, 1988

Box 99, 3 Johnson Rd., Southboro, Mass 01772

Mailing Address: 100 Avenue Peaks Island

Single Family Cottage

Proposed Use of Site: 884 Address of Proposed Site: 8137 91-J-6, L-13-17 & 21 & 22

Acres of Site: 1 Ground Floor Coverage: 56,200 sq ft Site Identifier(s) from Assessors Maps: R-1

Site Location Review (DEP) Required: () Yes () No Proposed Number of Floors: 1

Board of Appeals Action Required: () Yes () No Total Floor Area: 56,200 sq ft

Planning Board Action Required: () Yes () No

Other Comments: 884 sq ft

Date Dept. Review Due: _____

BUILDING DEPARTMENT SITE PLAN REVIEW

(Does not include review of construction plans)

- Use does not comply with Zoning Ordinance
 - Requires Board of Appeals Action
 - Requires Planning Board/City Council Action

Explanation

- Use complies with Zoning Ordinance — Staff Review Below

Zoning Space & Bulk as applicable

COMPLIES

COMPLIES CONDITIONALLY

DOES NOT COMPLY

DATE	TYPE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS:

Proof of septic disposal has been shown by applicant

OK W. Turner Oct 24 1988

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

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: **REED AVENUE**
Subdivision/Lot #: **TAX MAP 91 BLOCK L L.S. 13-17, 21, 22 BLOCK 3 LOTS 1-6**

PROPERTY OWNERS NAME

BAKER WILLIAM
Last: **BAKER** First: **WILLIAM**

Local Applicant Name: **WILLIAM BAKER**

Mailing Address of Owner/Applicant (if Different): **BOX 99 3 JOHNSON RD SOUTHBORO MASSACHUSETTS 01772**

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.

William Baker
Signature of Owner/Applicant

PORTLAND PERMIT # 0098 STATE COPY

Date Permit Issued: **7/23/88** Fee: **\$140**

James M. [Signature]
Local Plumbing Inspector Signature

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

Signature of Owner/Applicant Date Local Plumbing Inspector Signature Date Approved

GENERAL INFORMATION

THIS APPLICATION IS FOR:

1. NEW SYSTEM
2. REPLACEMENT SYSTEM
3. EXPANDED SYSTEM
4. SEASONAL CONVERSION
5. EXPERIMENTAL SYSTEM

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED _____
THE FAILING SYSTEM IS:
1. BED 3. TRENCH
2. CHAMBER 4. OTHER _____

THIS APPLICATION REQUIRES:

1. NO RULE VARIANCE REQUIRED
2. NEW SYSTEM VARIANCE Attach Low 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

DISPOSAL SYSTEM TO SERVE:

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

INSTALLATION IS COMPLETE SYSTEM

1. NON-ENGINEERED SYSTEM
2. FINITIVE SYSTEM (Includes Alternative Toilet)
3. ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

4. TREATMENT TANK (ONLY)
5. HOLDING TANK
6. ALTERNATE TOILET (ONLY)
7. NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ENGINEERED DISPOSAL AREA (ONLY)
9. SEPARATED LAUNDRY SYSTEM

SIZE OF PROPERTY 46,133 SF **ZONING** IR 1

TYPE OF WATER SUPPLY

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 (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

3 BED ROOM CONSERVATIVE 450

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROF. L. **14** CONDITION **AIII**

CAPACITY LIMITING FACTOR **20**

CLASSIFICATIONS 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 **525** Sq. Ft. REGULAR TRENCH
3. TRENCH _____ Linear Ft.
4. OTHER _____

Low VOLUME TOILET 45

DESIGN FLOW 405 (GALLONS/DAY)

SITE EVALUATOR STATEMENT * USED 21 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION

On **JULY 23 1988** (date) conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Wastewater Disposal Rules

William B. Goodman
Site Evaluator or Professional Engineer's Signature

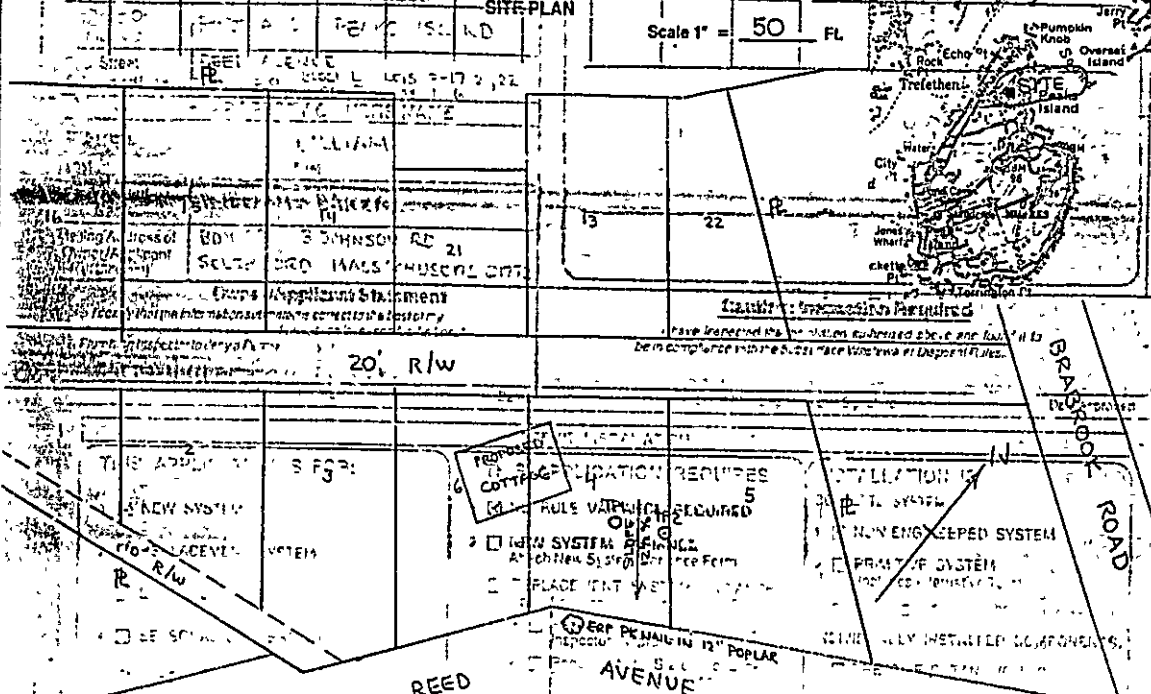
0003 / 4814 **8/22/88**
SE/JPE Date

* Local Plumbing Inspector's Signature if a Local Site Evaluator 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: **REED AVENUE** Q1 L-13-17, 21, 22
Owners Name: **WILLIAM BAKER** (207) 268-3526



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)				
Observation Hole 1		Depth of Organic Horizon Above Mineral Soil		
Texture	Consistency	Color	Mottling	
LOAM	LOOSE	DARK BROWN	NONE	
SANDY LOAM		RED BROWN		
LOAMY SAND		MEDIUM BROWN		
LOAMY GRAVEL	SLIGHTLY FRIABLE	RED BROWN	FEW	
BEDROCK				
Soil 4		Classification AIII	Slope 12 1/2 %	Limiting Factor 36
4		AIII	12 1/2 %	20

William B. Godwin 0003/4814 8/27/88
 See Evaluator or Professional Engineer's Signature SE# / PE# Date
 Page 2 of 3 HME-200 Rev. 4-83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

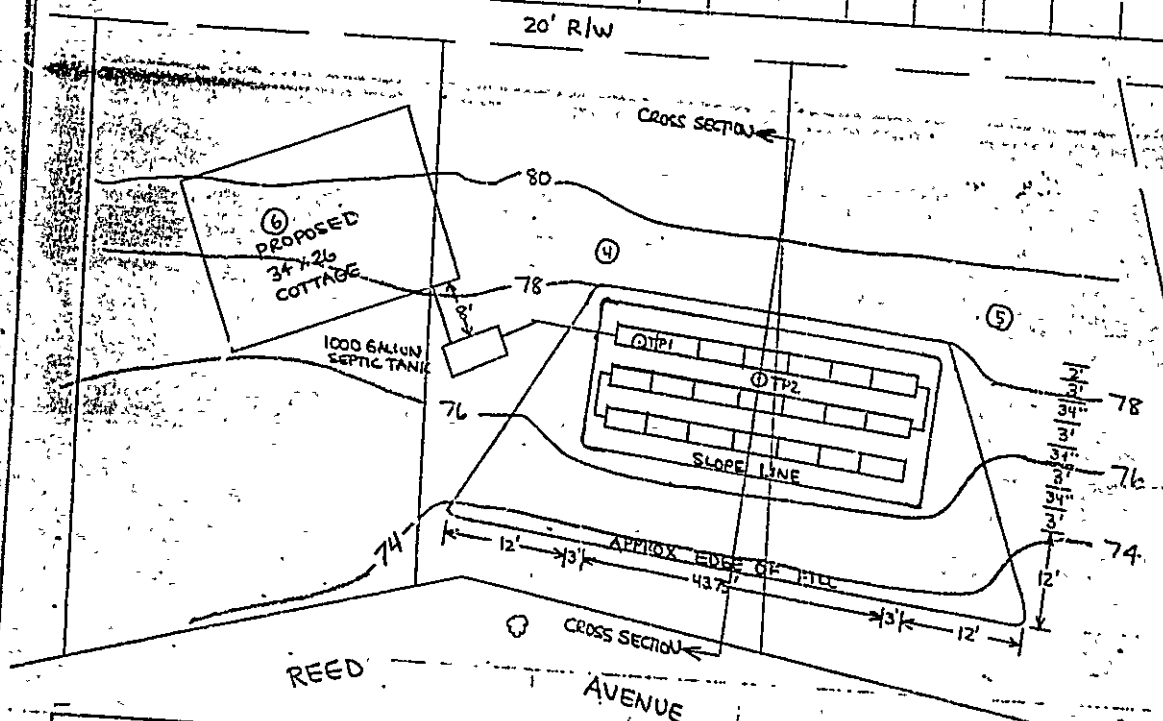
FORTLAND PEAKS ISLAND REED AVE 91-13-77, 21, 22
 Street, Road, Subdivision
 J-1-6

Department of Human Services
 Division of Health Engineering

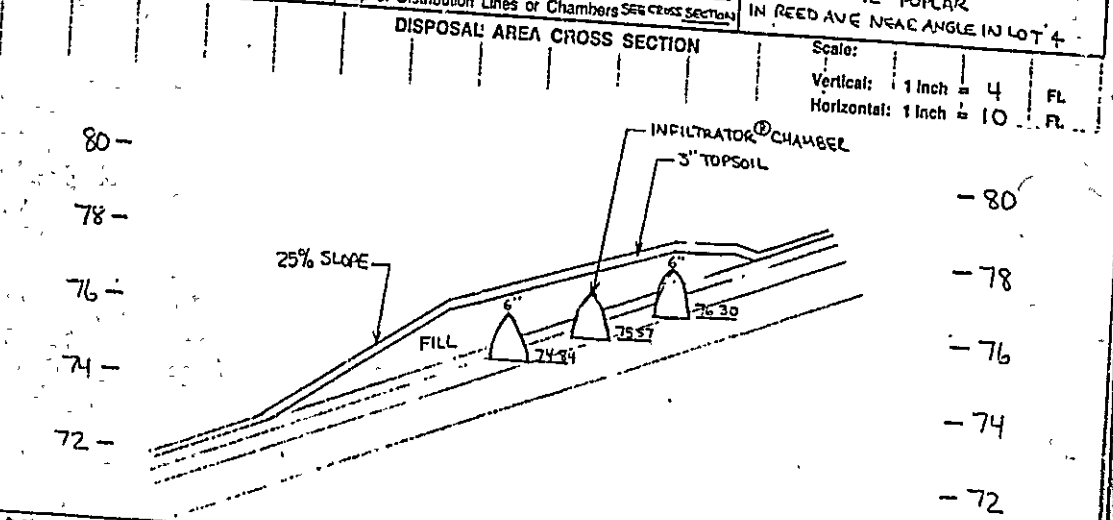
Owner's Name
 WILLIAM BAKER

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION PK NAIL IN 12" POPLAR IN REED AVE NEAR ANGLE IN LOT 4
Depth of Fill (Upslope)	14'	Reference Elevation is	SEE CROSS SECTION	
Depth of Fill (Downslope)	19'	Bottom of Disposal Area	SEE CROSS SECTION	
Top of Distribution Lines or Chambers				SEE CROSS SECTION



William B. Jordan
 Site Evaluator or Professional Engineer's Signature

0003/4814
 SE #1 PE #

8/22/88
 Date

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

William Baker (508-481-2444)

October 3, 1988

Applicant
Box 99, 3 Johnson Rd., Southboro, Mass 01772

Date

Mailing Address

Reed Avenue Peaks Island

Proposed Use of Site

Address of Proposed Site

2 1/2 / 56,200 sq ft.

BOX 91-J-1-6, L-13-17 & L-1 & 22

Acreage of Site / Ground Floor Coverage

Site Identifier(s) from Assessors Maps

R-1

Zoning of Proposed Site

Site Location Review (DEP) Required: () Yes () No

Proposed Number of Floors 1

Board of Appeals Action Required: () Yes () No

Total Floor Area 56,200 sq. ft.

Planning Board Action Required: () Yes () No

Other Comments:

Date Dept. Review Due:

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received)

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER	
APPROVED																
APPROVED CONDITIONALLY																CONDITIONS SPECIFIED BELOW
DISAPPROVED																REASONS SPECIFIED BELOW

REASONS:

(Attach Separate Sheet if Necessary)

Stephen K. Harris 10/11/88
SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY

91-9-13

Department of Human Services
Division of Health Engineering
(207) 289-3828

PLUMBING APPLICATION

Town Or Plantation: **REED AVE PEAKS**

Street & Subdivision Lot # : **91-5-13**

PROPERTY OWNERS NAME
Last: **B. BRER** First: **WILCOPE**

Applicant Name: **PAUL BRER**

Mailing Address of Owner/Applicant (if Different): **REED AVE PEAKS**

PORTLAND PERMIT # **3,482** TOWN COPY

Date Permit Issued: **11/20/89** \$ **121/1010** FEE Double Fee Charged

L.P.I. # **11213**

[Signature]
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.

[Signature]
Signature of Owner/Applicant

Date: **11/27/89**

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

[Signature]
Local Plumbing Inspector Signature

Date Approved: **11/27/89**

PERMIT INFORMATION

This Application is for:

NEW PLUMBING
 RELOCATED PLUMBING

Type Of Structure To Be Served:

SINGLE FAMILY DWELLING
 MODULAR OR MOBILE HOME
 MULTIPLE FAMILY DWELLING
 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 # **62059**

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
<p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p>OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>		Hosebibb / Sillcock		Bathub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other		Water Heater
Number of Hook-Ups & Relocations		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
Hook-Up & Relocation Fee				Fixtures (Subtotal) Column 2
				Special Fixtures
				Fixtures Fee
				Hook-Up & Relocation Fee
				Permit Fee
				Total

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Handwritten notes in table:
 - Under 'Number of Hook-Ups & Relocations': 1
 - Under 'Hook-Up & Relocation Fee': \$ 21.
 - Under 'Fixtures (Subtotal) Column 1': 7.6
 - Under 'Fixtures (Subtotal) Column 2': \$ 21.
 - Under 'Total': \$ 21.



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date May 16, 1989
 Receipt and Permit number 0022

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

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

LOCATION OF WORK: 91-J-4, Reed Avenue Peaks Island

OWNER'S NAME: William Baker ADDRESS: 3 Johnson Rd., Box 99, Southborough, Mass FEES

OUTLETS: Receptacles 30 Switches 10 Plugmold _____ ft. TOTAL 40 5.00

FIXTURES: (number of) Incandescent _____ Fluorescent _____ (not strip) TOTAL _____
 Strip Fluorescent _____ ft.

SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes 100 3.00

METERS: (number of) 150

MOTORS: (number of) Fractic _____
 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 _____ Dispos. Is _____
 Wall Ovens _____ Dishwashers _____
 Dryers _____ Compactors _____
 Fans _____ Others (deno) _____

TOTAL _____

MISCELLANEOUS: (number of) Branch Panels _____

Transformers _____

Air Conditioners Central Unit _____
 Separate Units (windows) _____

Signs 2' sq. ft. and under _____
 over 20 sq. ft. _____

Sw. 3 Feet Above Ground _____
 Ground _____

Fire _____ ms Residential _____
 Commercial _____

Hea. _____ ets, 220 Volt (su) _____ elders) 30 amps and under _____
 over 30 amps _____

Circus, ...s, 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" (301-16.b)

TOTAL AMOUNT DUE: 8.50

INSPECTION: Will be ready on _____, 19__; or Will Call X

CONTRACTOR'S NAME: Walter Hayes

ADDRESS: RR 5, Box 302, W Gorham

TEL.: 727-3939

MASTER LICENSE NO.: 08268 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____ Joe Hayes

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 285-3628

PROPERTY ADDRESS

Town or Plantation: Portland

Street: REEDS BLVD

Subdivision Lot #: 91-547-151

PROPERTY OWNERS NAME

Last: ROSLIE First: DAVID

Applicant Name: DAVID ROSLIE

Mailing Address of Owner/Applicant (if Different): 100 REEDS BLVD

PORTLAND PERMIT # 2,949 TOWN COPY

Date Permit Issued: 6.24.88 \$ 27 FEE Double Fee Charged

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

Owner/Applicant Statement:
I hereby declare the information submitted is correct to the best of my knowledge and I understand that any falsification is a violation of the Local Plumbing Inspector to deny a Permit.

Signature: [Signature] Date: 8/15/88

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

Signature: [Signature] Date: 8/15/88

PERMIT INFORMATION

This Application is for:

1. NEW PLUMBING

2. RELOCATED PLUMBING

7/1/88

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 BURNER MAN

3. MFG'D. HOUSING DEALER/MECHANIC

4. PUBLIC UTILITY EMPLOYEE

5. PROPERTY OWNER

LICENSE # _____

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
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.	1	Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	2	Shower (Separate)
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		Drinking Fountain	2	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc		Clothes Washer
Number of Hook-Ups & Relocations		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Sidet		Laundry Tub
Hook-Up & Relocation Fee		Other: _____	1	Water Heater
		Fixtures (Subtotal) Column 2	2	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			1	Fixtures (Subtotal) Column 2
			9	Point Fixtures
			\$	Fixture Fee
			\$	Hook-Up & Relocation Fee
			\$ 27.	