

91- S- 2,3 Reed Avenue
Peat's Island

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: PORTLAND PEAKS ISLAND
 Street: REED AVENUE
 Subdivision Lot #: TAX MAP 91 BLOCK 5 LOTS 2,3

PROPERTY OWNERS NAME

Last: JOHNSON
 First: CHARLES

Applicant Name: CHARLES JOHNSON

Mailing Address of Owner/Applicant (If Different): 15 CRYSTAL AVE
 SPRINGFIELD, MASSACHUSETTS 01108

PORTLAND PERMITS 796 TOWN COPY

DATE PERMIT ISSUED: 12-10-84

Signature: Charles Johnson

DOUBLE FEE CHARGED

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: Charles Johnson
 Date: 10-24-84

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 Local Plumbing Inspector: Charles Johnson
 Date Applied: DEC 18 1984

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1 NEW SYSTEM
 2 REPLACEMENT SYSTEM
 3 EXPANSION SYSTEM
 4 SEASONAL CONVERSION
 5 EXPERIMENTAL SYSTEM

IF REPLACEMENT SYSTEM:
 YEAR FAILING SYSTEM INSTALLED: 1966+
 THE FAILING SYSTEM IS:
 1 BED 3 TRENCH
 2 CHAMBER 4 OTHER: Overboard discharge

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 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

TYPE OF WATER SUPPLY:
 PUBLIC WATER

SIZE OF PROPERTY: 7,100 S.F. ZONING: R-3

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1 SEPTIC: Regular Low Profile
 2 AEROBIC

SIZE: 750 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)

2 BEDROOM
 MODERATE
 NO LAUNDRY

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 4 | CONDITION: 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: 500 Sq Ft
 2 CHAMBER: _____ Sq Ft
 3 TRENCH: _____ Linear Ft
 4 OTHER: _____

DESIGN FLOW: 192 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

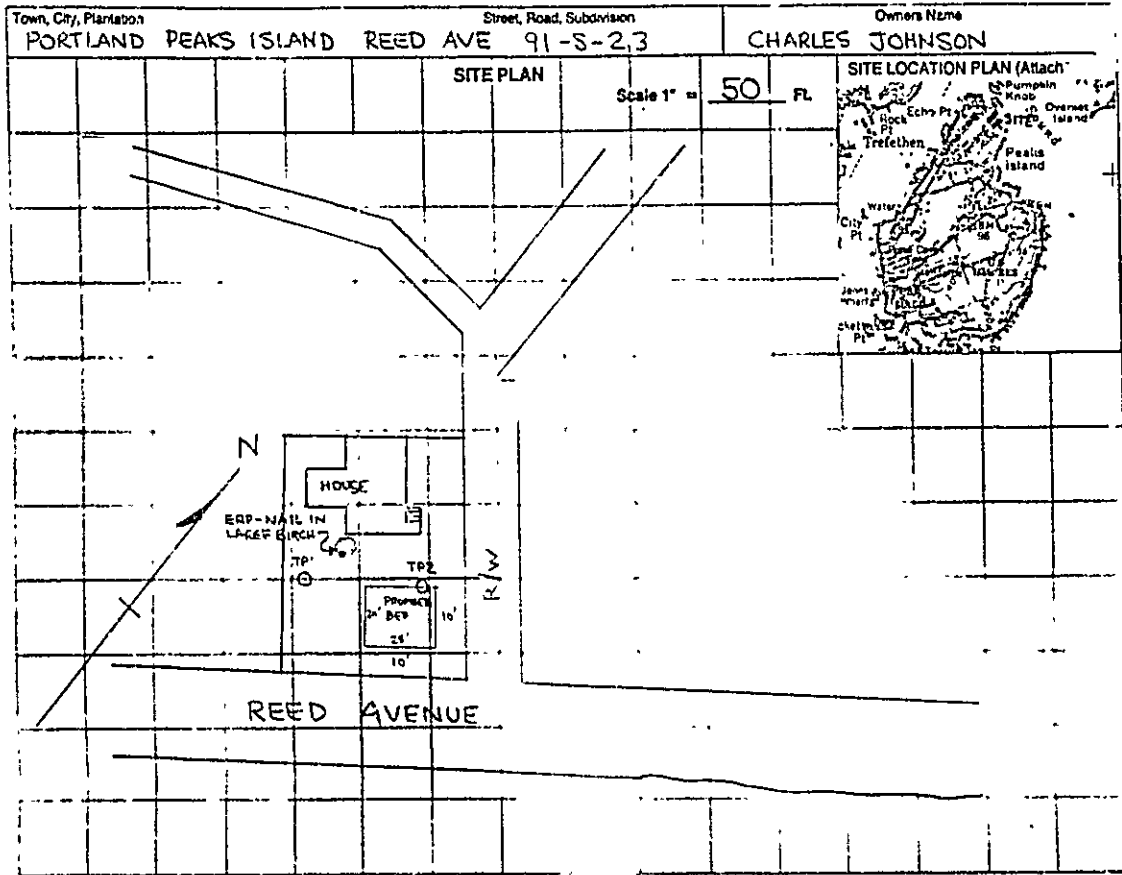
SITE EVALUATION WAIVED BY LOCAL OPTION

On August 14 1984 (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.

Signature: William B. Charbonnet Date: 8/22/84

Site Evaluator or Professional Engineer's Signature Date

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SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole <u>1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Borings		Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Spring	
2' SOD * Depth of Organic Horizon Above Mineral Soil		2' SOD * Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
LOAM		LIGHT BROWN	NONE
VERY STONY SILEY JAM	LOOSE	RED BROWN	FEW
REDROCK			
Soil <u>4</u>	Classification <u>AIII</u> Condition	Slope <u>0</u> %	Limiting Factor <u>28</u>
<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Perched Layer <input type="checkbox"/> Bedrock			
Texture	Consistency	Color	Mottling
LOAM		DARK BROWN	
LOAMY GRAVEL	LOOSE	MEDIUM BROWN	NONE
GRAVEL		YELLOW BROWN	FEW
Soil <u>4</u>	Classification <u>C</u> Condition	Slope <u>0</u> %	Limiting Factor <u>34</u>
<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Perched Layer <input type="checkbox"/> Bedrock			

William B. Jacobson 0003/4814 8/22/84
 Date Evaluator or Professional Engineer's Signature SE # PE # Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

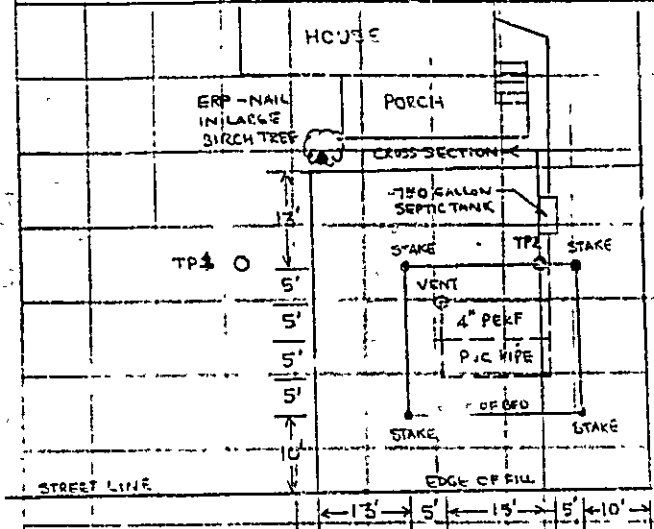
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND**
 Street, Road, Subdivision: **REED AVE 91-S-2,3**

Owners Name: **CHARLES JOHNSON**

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 50' FL.



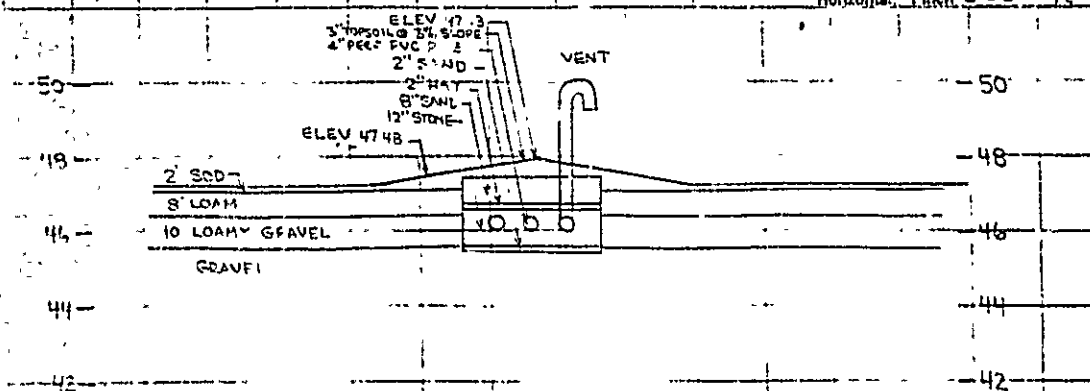
FILL REQUIREMENTS	
Depth of Fill (Upslope)	2'
Depth of Fill (Downslope)	2'

CONSTRUCTION ELEVATIONS	
Reference Elevation is	50.00
Bottom of Disposal Area	45.48
Top of Distribution Lines or Chambers	46.56

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
NAIL IN LARGE BIRCH TREE	NEAR SOUTH CORNER OF PORCH

DISPOSAL AREA CROSS SECTION

Scale:
 Vertical: 1 inch = 4' ft
 Horizontal: 1 inch = 20' ft



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

0003/48/14
 SE # / PE #

8/22/84
 Date

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 HMC-200 Rev. 4 E



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Aug 8, 1985
 Receipt and Permit number D03749

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: 71-5-2 Reed Avenue, Peaks Island
 OWNER'S NAME: Charles Johnson ADDRESS: Summer Residence 765-2534-11

OUTLETS:
 Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____
 FIXTURES: (number of)
 Incandescent _____ Fluorescent _____ (not strip) TOTAL _____
 Strip Fluorescent _____ ft. _____

SERVICES:
 Overhead X Underground _____ Temporary _____ TOTAL amperes 100 .. 3.00
 METERS: (number of) 1 .. 50
 MOTORS: (number of) _____

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 _____
 Cool. 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 _____

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 _____
 CONTRACTOR'S NAME: Charles C. Mastrolunga
 ADDRESS: 168 Varanda St., Portland 04103
 TEL: 752-2760
 EXPIRES: _____
 LIMITED LICENSE NO. _____ SIGNATURE OF CONTRACTOR: Charles C. Mastrolunga

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS

Permit Number 05-59

Location 91-S-2 Radcliff

Owner Dekester

Date of Permit 8-8-54

Final Inspector [Signature]

By Inspector [Signature]

Permit Application Register Page No. 81

INSPECTIONS: Service _____ by _____
Service called in _____
Closing-in _____ by _____

PROGRESS INSPECTIONS: _____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____

DATE: 8/12/54 REMARKS: Completed

CODE
COMPLIANCE
COMPLETED
DATE: 8/12/54

CMP-772-7411