

REED AVENUE  
91-U-7

PEAKS ISLAND

U.S. DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
WASHINGTON, D.C. 20250

1-24-7  
Read Ave.  
P.33/816-I

July 17, 1959

Mr. George E. Jordan,  
Peaks Island,  
Portland, Maine

Dear Sir:

We note that the low stone piers beneath the one story addition to the cottage of Hester Hazeltine on Read Avenue, Peaks Island have been laid up dry without any mortar between the stones as agreed to in the application for the permit and as required by the Building Code.

These stone piers rest directly upon ledge and seem to be a good job as far as dry stonework can be. We are not expecting any change, and I doubt if the owner need to be concerned about this slight discrepancy.

I am writing to you so that if you should have another job similar in the future you will be sure to lay the stones up in mortar.

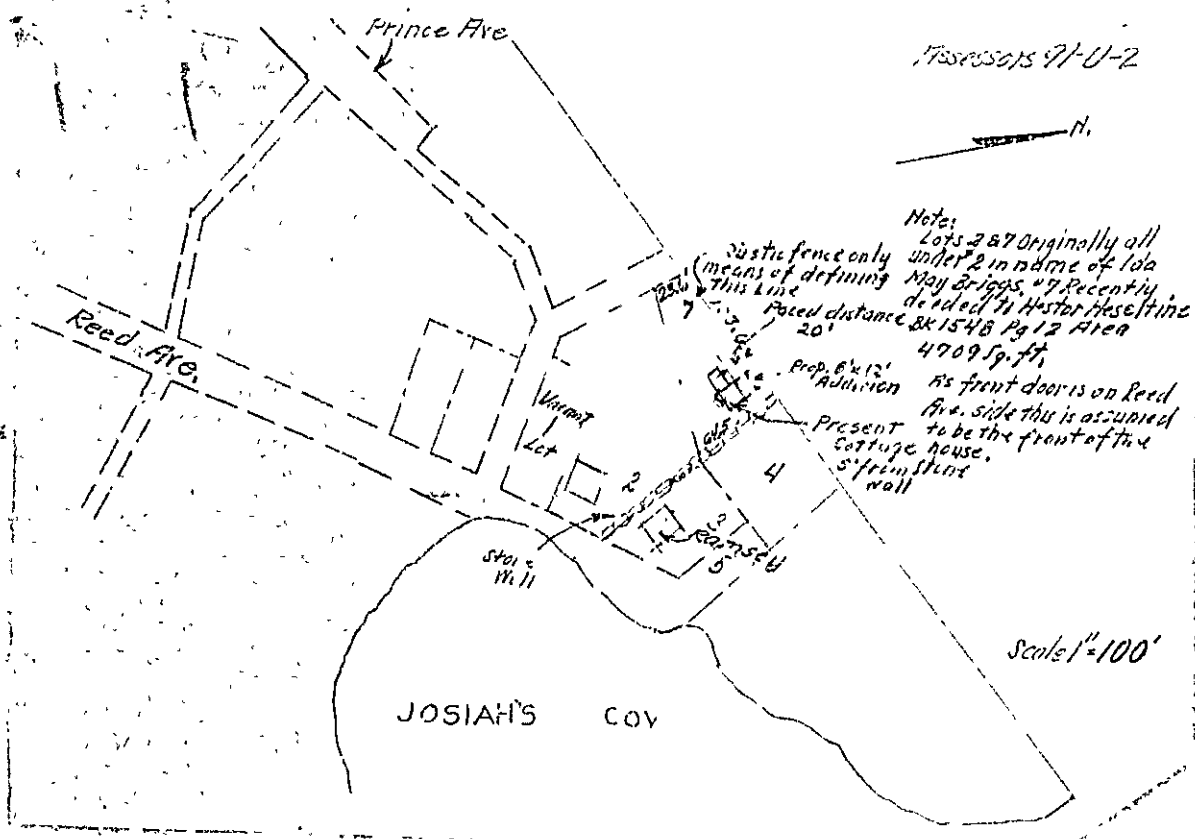
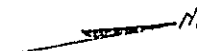
Very truly yours,

Inspector of Buildings

VMcD/H

CC: Hester Hazeltine  
Read Ave., Peaks Island

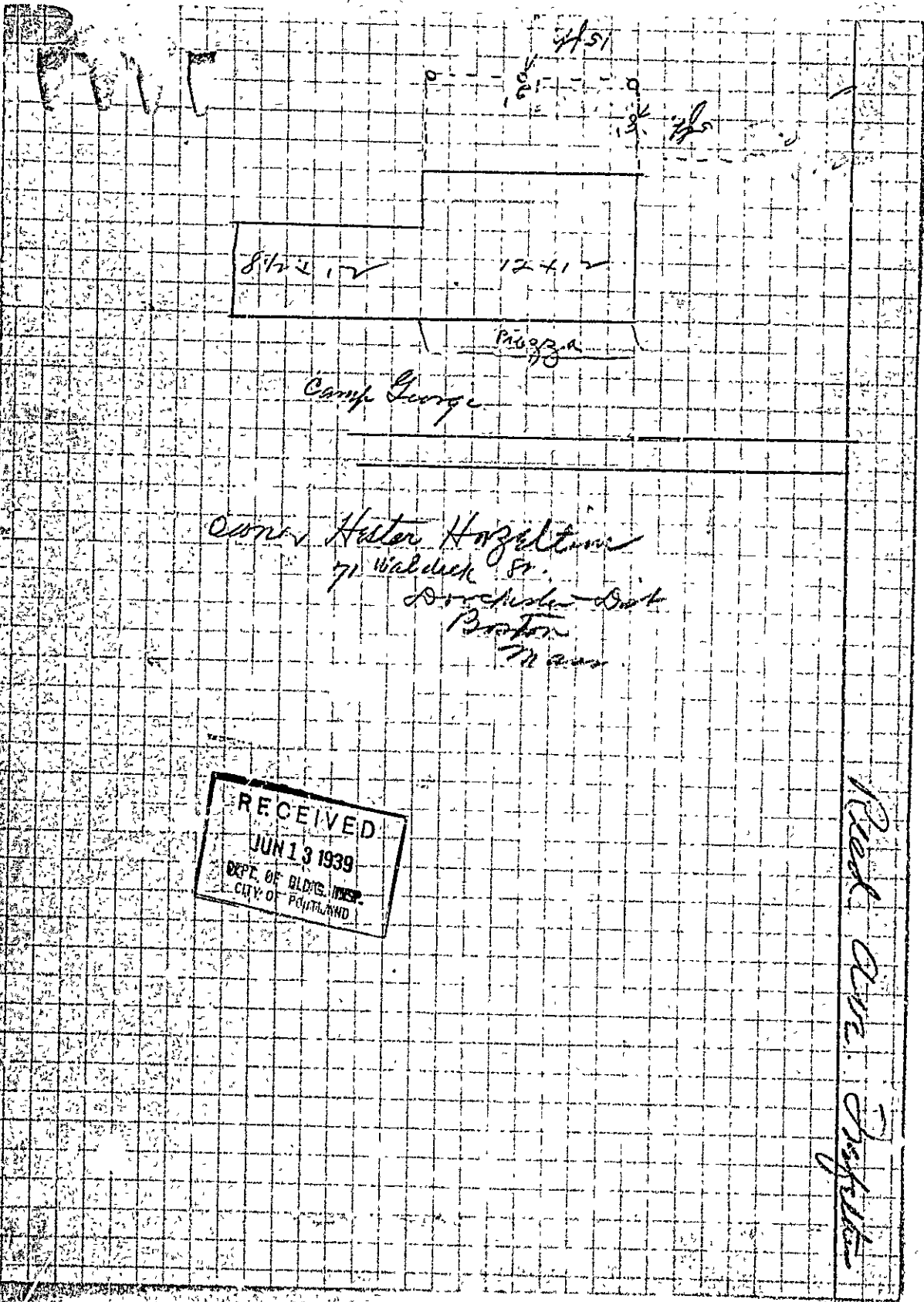
TSSR05015 91-U-2



Notes:  
Lots 2 & 7 Originally all under 2 in name of Ida May Briggs. #9 Recently deeded to Hester Heselbine  
4709 Sq. ft.  
As front door is on Reed Ave. side this is assumed to be the front of the cottage house.  
5' from that wall  
Prop. 6x15' Addition  
Present Cottage house.  
5' from that wall  
Paced distance 20'  
means of defining this line  
Stone Mill

Scale 1"=100'

JOSIAH'S COV



Site ✓

12 x 12

Piazza

Camp George

Corner Hester Hazelton  
71 Waldick St.  
Providence Dist  
Boston  
Mass.

RECEIVED  
JUN 13 1939  
DEPT. OF BLDG. INSP.  
CITY OF PORTLAND

Rock Ave. Hazlett

STATEMENT ACCOMPANYING APPLICATION FOR BUILDING PERMIT

for addition to Camp George  
at Read Avenue, Peaks Island Date 6/13/39

1. In whose name is the title of the property now recorded? Mr. Hester Hegeltine
2. Are the boundaries of the property in the vicinity of the proposed work shown clearly on the ground, and how? Subjacent owner stakes
3. Is the outline of the proposed work now staked out upon the ground? yes If not, will you notify the Inspection Office when the work is staked out and before any of the work is commenced? yes
4. What is to be maximum projection or overhang of eaves or drip? 6"
5. Do you assume full responsibility for the correctness of the location plan or statement of location filed with this application, and does it show the complete outline of the proposed work on the ground, including bay windows, porches and other projections? yes
6. Do you assume full responsibility for the correctness of all statements in the application concerning the sizes, design and use of the proposed building? yes
7. Do you understand that in case changes are proposed in the location of the work or in any of the details specified in the application that a revised plan and application must be submitted to this office before the changes are made? yes

Geo. H. J. J. J.



# APARTMENT HOUSE ZONE PERMIT ISSUED APPLICATION FOR PERMIT

0816

JUN 15 1939

Class of Building or Type of Structure Third Class

Portland, Maine, June 13, 1939

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect alter increase the following building structure improvements 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 Reed Avenue, Poole Island Within Fire Limits? no Dist. No. \_\_\_\_\_  
 Owner's or lessee's name and address Hester Hazelton, 71 Waldock St. Telephone \_\_\_\_\_  
 Contractor's name and address George R. Jordan, Roxbury Dist., Boston, Mass. Telephone \_\_\_\_\_  
 Architect \_\_\_\_\_ Plans filed yes No. of sheets 1  
 Proposed use of building Camp No. families \_\_\_\_\_  
 Other buildings on same lot \_\_\_\_\_  
 Estimated cost \$ \$17,000 Fee \$ 5.50

### Description of Present Building to be Altered

Material wood No. stories 1 Heat none Sty' of roof hip Roofing Asphalt  
 Last use Camp (See Rev. Friggs) No. families \_\_\_\_\_

### General Description of New Work

To build one story frame addition 8' x 12' on rear of building  
 To build one outside brick chimney  
 The brickwork of the chimney is to be corbelled so as to pass through the outside wall of the building at the point where the smokepipe enters so as to obviate the need of carrying the smokepipe through the cuts in wall.  
 To cut in new door from main building to new addition

CERTIFICATE OF OCCUPANCY  
REQUIREMENT IS WAIVED

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 no depth \_\_\_\_\_ No. stories \_\_\_\_\_ Height average grade to top of plate \_\_\_\_\_  
 To be erected on solid or filled land? solid earth or rock? ledge  
 Material of foundation stone piers laid in mortar thickness, top \_\_\_\_\_ bottom \_\_\_\_\_ cellar \_\_\_\_\_  
 Material of underpinning fill at least 6" above grade Height \_\_\_\_\_ Thickness \_\_\_\_\_  
 Kind of Roof flat Rise per foot 2" Roof covering Asphalt roofing Glass 0 Ind. Lub.  
 No. of chimneys 1 Material of chimneys brick of lining tile  
 Kind of fuel shove Type of fuel \_\_\_\_\_ Is gas fitting involved? \_\_\_\_\_  
 Framing Lumber—Kind pine hemlock dressed or Full Size? dressed  
 Corner posts 2x6 Sills 2x6 Girt or ledger board? \_\_\_\_\_ Size \_\_\_\_\_  
 Material columns under girders \_\_\_\_\_ Size \_\_\_\_\_ Max. on centers \_\_\_\_\_  
 Studs (outside walls and carrying partitions) 2x4-10" O.C. Girders 6x6 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 2x6, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof 2x6  
 On centers: 1st floor 18", 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof 2'  
 Maximum span: 1st floor 8', 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof 8'

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 there are observed? yes

Hester Hazelton

Signature of owner

INSPECTION COPY

Permit No. 39/816

Location Peed Cove, Pecks

Owner Kister, Harvathine

Date of Permit 6/15/39

Notif. closing-in

Inspn. closing-in

Final Notif.

Final Inspn.

Cert. of Occupancy issued

NOTES

6/18/39 Location a.k. 91

7/10/39 This work complete

a.k. except stone from

shingles and bridge

and consist of large

flat stones without

mortar. All 12" in of

shingles etc.

7/11/39 - Letter dictated

mm

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

PROPERTY ADDRESS		<p>PORTLAND <u>Fourth</u> <u>3602</u> TOWN COPY</p> <p>Date Permitted: <u>11/17/88</u> Fee Charged: <u>FREE</u></p> <p>Inspector: <u>William B. Goodwin</u> License # <u>11213</u></p>
Town Or Plantation	PORTLAND PEAKS ISLAND	
Street	REAR REED AVENUE	
Subdivision Lot #	TAX MAP 91 BLOCK U LOT 7	
PROPERTY OWNERS NAME		
COE	SUSAN S.	<p><b>Caution: Inspection Required</b></p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules. <u>6/16/89</u></p> <p><u>William B. Goodwin</u> Local Plumbing Inspector Signature Date Approved</p>
Last	First:	
Applicant Name	SUSAN S. COE	
Mailing Address of Owner/Applicant (if not same)	4801 CREEKSTONE WAY MARIETTA, GEORGIA 30062	
Owner/Applicant's 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

<p align="center"><b>PERMIT INFORMATION</b></p>		
<p><b>THIS APPLICATION IS FOR:</b></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"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input type="checkbox"/> NO RULE VARIANCE REQUIRED</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>4. <input checked="" type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>5. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></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><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</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><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> _____ 2. <input type="checkbox"/> _____</p> <p>3. <input type="checkbox"/> TRENCH 4. <input checked="" type="checkbox"/> OTHER <u>OUTHOUSE</u></p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></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 _____ SPECIFY _____</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p>SEASONAL PUBLIC WATER</p>
<p>SIZE OF PROPERTY _____ ZONING _____</p> <p>UTAH # _____ IR 1</p>		

<p align="center"><b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b></p>		
<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p><b>PUMPING:</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE <u>4</u> CONDITION <u>AIII</u></p> <p>DEPTHIC LIMITING FACTOR <u>20</u></p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>275</u> Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20'</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER _____</p>
<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, BATHING, KITCHEN, WATER RECORD, ETC.)</b></p> <p>2 BEDROOM CONSERVATIVE 300</p> <p>LOW VOLUME TOILET -30</p> <p>SEPARATED LAUNDRY -6</p> <p>DESIGN FLOW: <u>210</u> (GALLONS/DAY)</p>		

**SITE EVALUATOR STATEMENT** \* USED 11" FILTERATOR POLYETHYLENE CHANGES IN TRENCH CONFIGURATION

On November 19 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 0003/4814 12/26/88

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

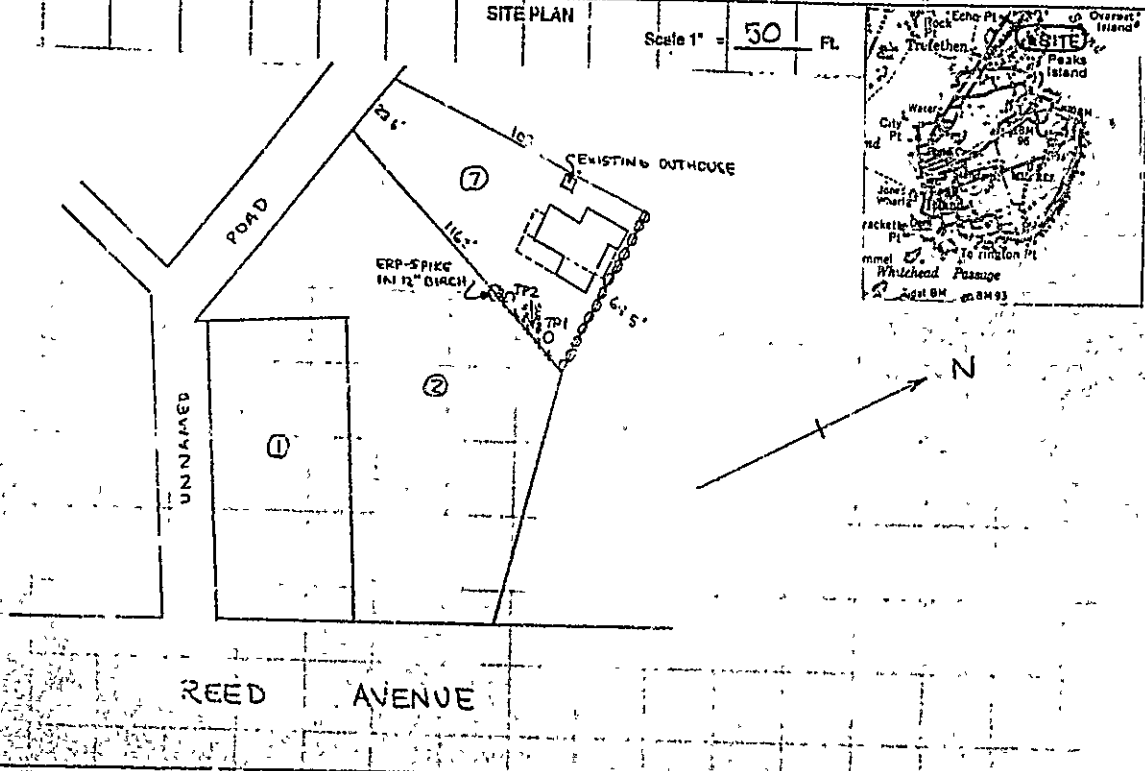
\* Local Plumbing Inspector's Signature & Local Site Evaluation Waiver under a Local Option Page. of 3 HHE-20) Fl. 4/83



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND REAR REED AVE** Street, Road, Subdivision: **91-U-7** Owners Name: **SUSAN S. LOE**



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole 2		Observation Hole 2	
SOD		SOD	
Depth of Organic Horizon Above Mineral Soil		Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
SANDY LOAM	SLIGHTLY FRAGILE	DARK BROWN	NONE
STONY LOAMY GRAVEL	LOOSE	MEDIUM BROWN	COMMON
SHALY BEDROCK			WATER

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole 2		Observation Hole 2	
SOD		SOD	
Depth of Organic Horizon Above Mineral Soil		Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
LOAM	SLIGHTLY FRAGILE	DAKE BROWN	NONE
SILTY LOAM	FRAGILE	GRAY BROWN	NONE
STONY LOAMY GRAVEL	LOOSE	MEDIUM BROWN	COMMON
SHALY BEDROCK			WATER

Soil Profile: <b>4</b>	Classification: <b>AIII</b>	Slope: <b>4</b> %	Limiting Factor: <b>20</b>
------------------------	-----------------------------	-------------------	----------------------------

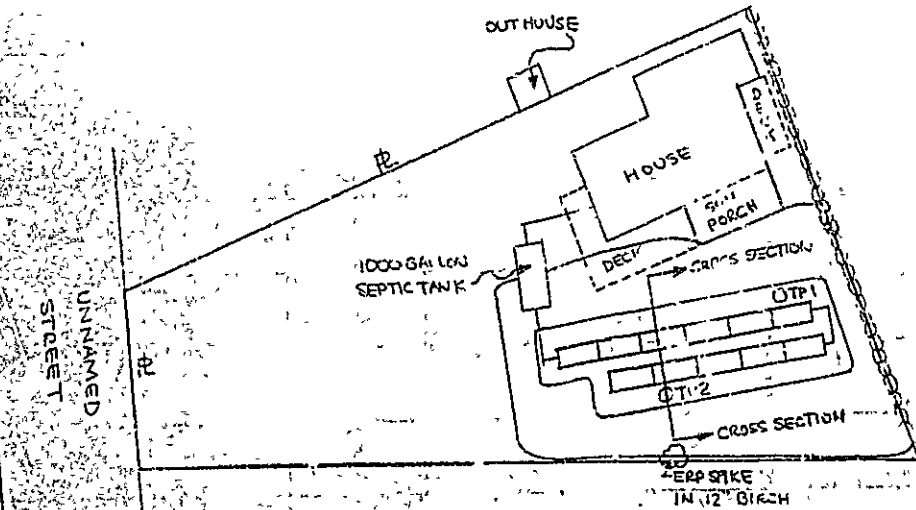
Soil Profile: <b>4</b>	Classification: <b>AIII</b>	Slope: <b>4</b> %	Limiting Factor: <b>20</b>
------------------------	-----------------------------	-------------------	----------------------------

*William B. Gardner* 0003/4814 12/26/88  
 Site Evaluator or Professional Engineer's Signature SE# / PEF Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

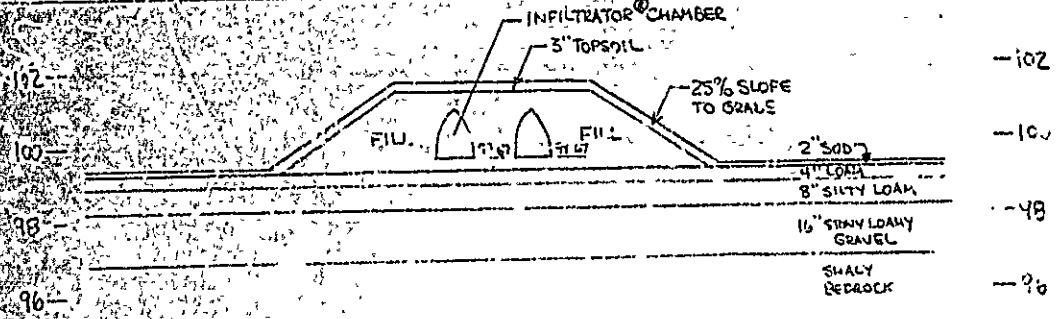
Department of Human Services  
Division of Health Engineering

Town, City, Plantation <b>PORTLAND PEAKS ISLAND</b>	Street, Road, Subdivision <b>REAR REED AVE 91-U-7</b>	Owners Name <b>SUSAN S. COE</b>
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = <u>20</u> Ft.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>22</u>	Reference Elevation is <u>100.00</u>	SPIKE IN 12" BIRCH SOUTHEAST PROPERTY LINE
Depth of Fill (Downslope) <u>42</u>	Bottom of Disposal Area <u>99.47</u>	
	Top of Distribution Lines or Chamber <u>100.97</u>	

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

000-14814  
CE # / PE #

12/26/88  
Date

Page 013  
HE-200 Rev 4/83

# 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 is in noncompliance 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 with LPI approval limitations can be met.

1. The replacement system is correcting a malfunction or an unlicensed wastewater discharge system.
2. A replacement 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 L.F. of the structure.
5. The replacement system does not conflict with Seasonal Conversion Permit (30 MRSA § 3223) or with Mandatory Shoreland Zoning (12 MRSA § 4811).
6. 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

Town of PORTLAND PEAKS ISLAND

Town Code 3110

Permit No. 2000 E

Date Permit Issued \_\_\_\_\_ month/day/yr.

Property Owner's Name: SUSAN S. COE

Tel. No. (404) 992-6181

System's Location: REED AVENUE  
Street

PEAKS ISLAND  
Town

MAINE 04108  
Zip

Property Owner's Address: 180 CRESTSTONE WAY  
(If different from above) Street

MARIETTA  
Town

GEORGIA 30062  
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.

Susan S. Coe  
Property Owner's Signature

8/27/87  
Date