

PERMIT # BUILDING PERMIT APPLICATION **Portland** March 20, 1987
 APPLICANT FILL OUT I - VIII AND DETAILS OF WORK ON REVERSE
 Please insert N/A (not applicable) for any item not pertaining to your request

I. GENERAL INFORMATION 92-11-5
 Location/address of construction Island Avenue P.I. (near Exmouth Landing)
 Owner or lessee's name Skip Klepacki Tel. 413-586-0182
 Address 9 Sanderson Avenue North Hampton MA 04060

Contractor's name Peak Construction Tel. 766-3348
 Address P.O. Box 3 P.I. 04108

Subcontractors: PERMIT ISSUED
MAR 24 1987
CITY OF PORTLAND

II. NEW SUBDIVISION OR EXISTING LOT REFERENCE
 Name _____
 Lot _____
 Block _____
 Bk. & pg. Rep./deeds _____
 Date recorded _____

III. PROPOSED USE: CODE: 101 one family. If other, explain _____
IV. PAST USE: 101 one family. Seasonal Condominium Apartment
V. OWNERSHIP: PUBLIC (Federal/State/local government) PRIVATE (individual/corp./nonprofit)

VI. DESCRIPTION OF WORK:
 Replacing windows (2) windows going 3 coming out
 Openign upwall to put in a door as per plans
 Permit sent ot Peak Construction.

VII. BUILDING DIMENSIONS: length 24' width 24' square footage 576 height 16' #stories 2

VIII. EST. CONSTRUCTION COST: 3,800 **IX. AGR. SQ. FT. OF LAND:** 0 **BUILDING:** 576

X. RESIDENTIAL BUILDINGS ONLY:
 NEW DWELLING UNITS WITH: 1 BDRM 2 BDRMS 3 BDRMS
 EXISTING DWELLING UNITS WITH: _____

XI. RESIDENTIAL UNITS:
 NEW DWELLINGS
 EXISTING DWELLINGS
 NET RESIDENTIAL UNITS 2

XII. SIGNATURE OF APPLICANT: [Signature] DATE: 3/20/87

XIII. ZONING: DO NOT WRITE BELOW THIS LINE
 DISTRICT IR-2 STREET FRONTAGE _____
 SETBACKS: front _____ back _____ side _____ side _____
 ZONING BOARD APPROVAL: no yes (date) _____
 PLANNING BOARD APPROVAL: no yes (date) _____

XIV. OFFICE USE:
 TAX MAP _____
 LOT _____
 VALUE/STRUCTURE _____
 PERMIT EXPIRATION _____

XV. CONDITIONAL USE: variance _____ site plan _____ subdivision _____ shore and floodplain mgmt _____
 special exception _____ other _____ (explain) _____

XVI. SIGNATURE OF FIELD INSPECTOR (CEO): _____ DATE: _____

XVII. FEES:
 base fee _____
 subdivision fee _____
 site plan review fee _____
 other fees _____
 late fee _____
 TOTAL 40,000

XVIII. SPACE FOR FIGURING /ADDITIONAL COMMENTS:
O.K. J. Turner March 20, 1987

1. WATER SUPPLY <input type="checkbox"/> public <input type="checkbox"/> private	d. CHIMNEY # flues # fireplaces	PLOT PLAN/DETAILS OF WORK ON REVERSE White - Municipal Office Green - Applicant Yellow - CEO Pink - Tax Assessor Gold - GPCOG
2. SEWER <input type="checkbox"/> public <input type="checkbox"/> private, type _____	material _____	
3. HEAT type _____ fuel _____	9. FRAMING: floor joists	
4. FOUNDATION type _____	size _____ max. on centers _____	
5. ROOF type _____	ceiling joists _____	
thicknass _____ footing _____	rafters _____	
covering _____ pitch _____	studs _____	
load _____	wall studs _____	
6. PLUMBING # tubs _____ # showers _____	10. If 1-story building w/ masonry walls:	
# lavatories _____ # laundry tuos _____	wall thickness _____ height _____	
# flushes _____ # other _____	11. BEDROOM WINDOWS	
SPRINKLER SYSTEM? <input type="checkbox"/> yes <input type="checkbox"/> no	height _____ width _____ sill height _____	
7. ELECTRICAL service entrance size _____	egress window? <input type="checkbox"/> yes <input type="checkbox"/> no	
# smoke detectors _____		
NUMBER OF OFF-STREET PARKING SPACES:		
enclosed _____ outdoors _____		

[Signature] M. Addato

4-7-87 - CT/CONTR. w/ P/O K. aa

5-11-87 - W/ P/O K. aa

6-3-87 - W/ P/O K. aa

7-1-87 - Completed O.R. aa

Contractor Name: _____
Address: _____
Section: _____

Project Name: _____
Location: _____

Work Description: _____

Work Order Number: _____

Work Order Date: _____

Work Order Status: _____

Work Order Type: _____

Work Order Category: _____

Work Order Sub-category: _____

Work Order Priority: _____

Work Order Assigned To: _____

Work Order Assigned Date: _____

Work Order Assigned By: _____

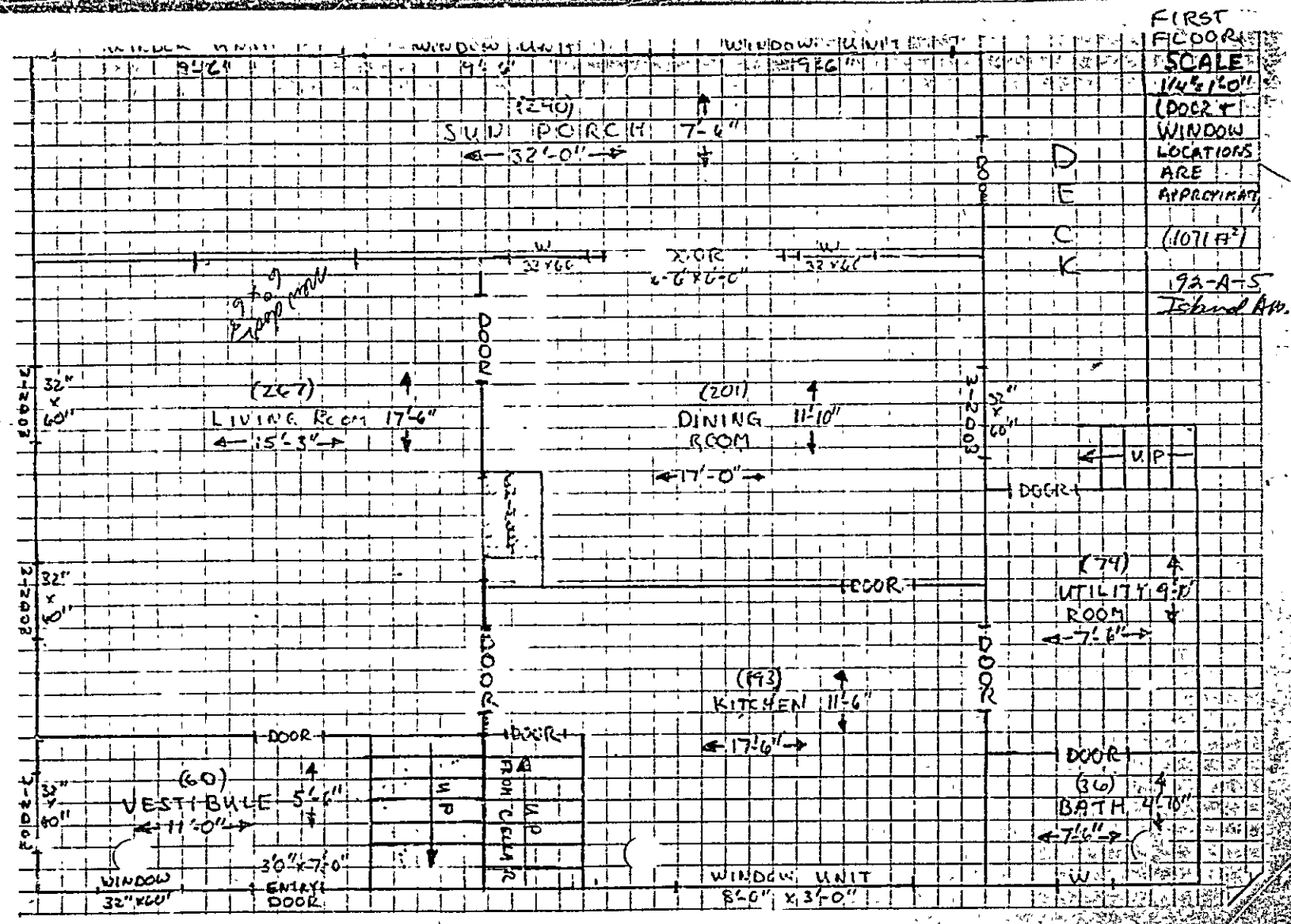
Work Order Assigned For: _____

Work Order Assigned At: _____

Work Order Assigned On: _____

1. WORK ORDER TYPE	2. WORK ORDER CATEGORY	3. WORK ORDER SUB-CATEGORY	4. WORK ORDER PRIORITY	5. WORK ORDER ASSIGNED TO	6. WORK ORDER ASSIGNED DATE	7. WORK ORDER ASSIGNED BY	8. WORK ORDER ASSIGNED FOR	9. WORK ORDER ASSIGNED AT	10. WORK ORDER ASSIGNED ON

Handwritten signature or initials at the bottom right of the page.



FIRST FLOOR
 SCALE 1/4" = 1'-0"
 (DOOR & WINDOW LOCATIONS ARE APPROXIMATE)
 (1071 A²)
 92-A-5
 Island Av.

DOOR

DOOR

DOOR

DOOR

DOOR

DOOR

DOOR

DOOR

DOOR

DOOR

DOOR

DOOR

DOOR

DOOR

DOOR

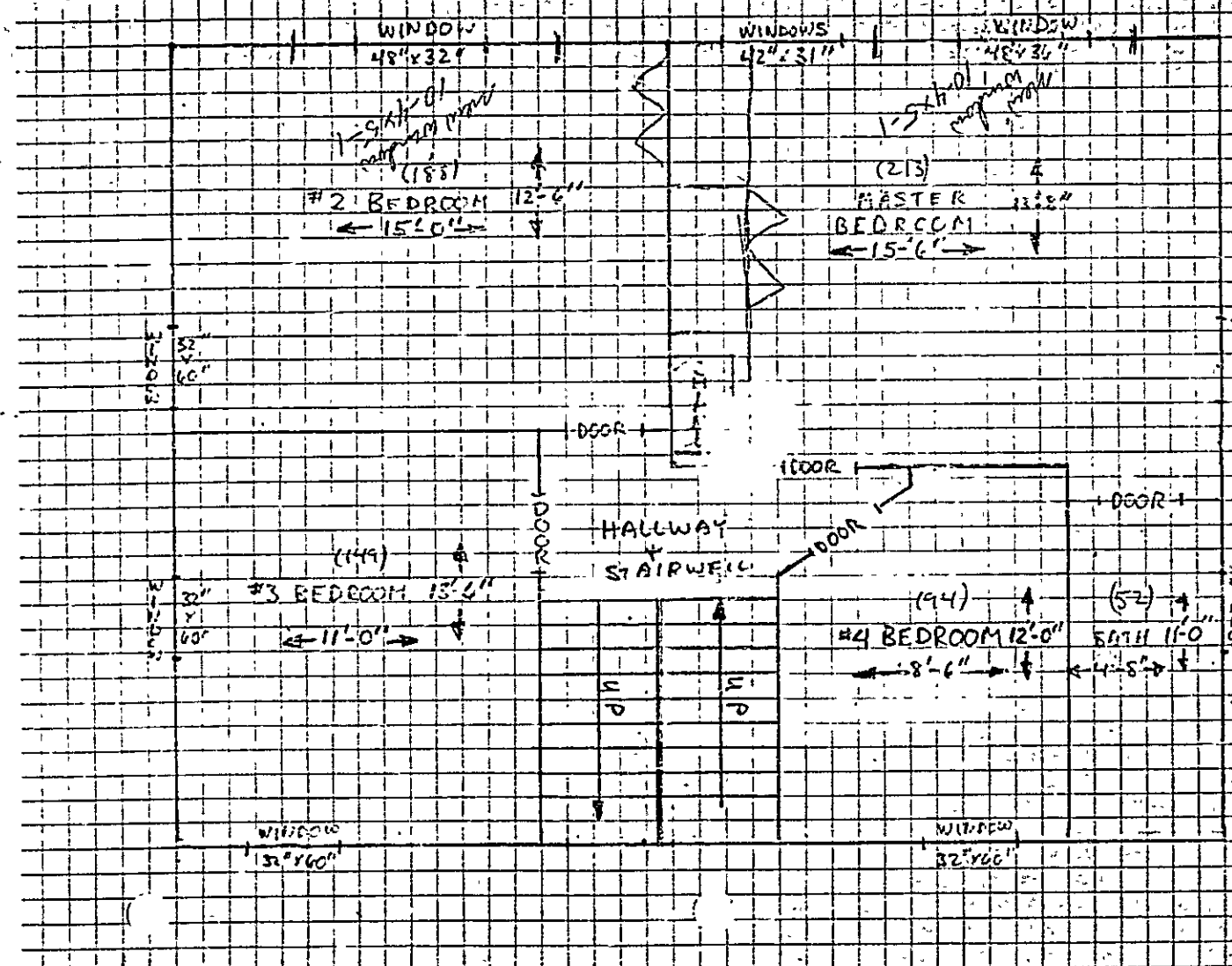
DOOR

DOOR

SECOND FLOOR

SCALE
1/4" = 1'-0"
(DOOR &
WINDOW
LOCATIONS
ARE
APPROXIMATE)

(795)
92-A-5
ISLAND Pt.



W 32"
Y 60"

W 32"
Y 60"

W 32"
Y 60"

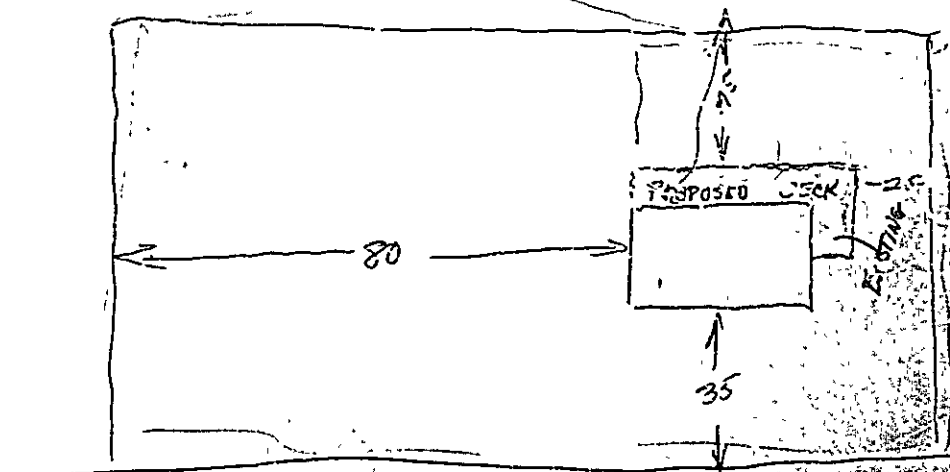
W 32"
Y 60"

WINDOW
13" x 60"

WINDOW
13" x 60"

Proposed deck for
Skip Klapacki, Construction
by Peak Construction
P.O. BOX 3
Peaks Island, Me. 04108

OCEAN



ISLAND AVE

72-N-5118
Island Ave

RECEIVED
APR 22 1987
DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

April 24, 1987

RE: 92-A-5-18 Peaks Island

Peak Construction Co. Inc.
P.O. Box 3
Peaks Island, Maine 04108


Dear Sir:

Your application to construct a 10' X 32' open sun deck on rear of dwelling and to replace deck boarding on side of building has been reviewed and a building permit is herewith issued subject to the following requirements:

1. The proposed deck shall be lag bolted to the house;
2. The guards around the deck shall be a minimum of 36 inches;
3. Open guards shall have intermediate rails, balusters and other construction such that a sphere with a diameter of 6 inches cannot pass through any opening; and,
4. Guards shall be designed to resist a simultaneous vertical and horizontal thrust of 50 pounds per lineal foot applied at the top railing.

If you have any questions on these requirements, please call this office.

Sincerely,



P. S. Hoffses
Chief of Inspection Services

/s/

0 409

PERMIT # BUILDING PERMIT APPLICATION Portland (Previous permit #)
APPLICANT FILL OUT I - VIII AND DETAILS OF WORK ON REVERSE
Please insert N/A (not applicable) for any item not pertaining to your request

I. GENERAL INFORMATION
Location/address of construction 92- A-5-18 Isl. Aye. Pks Isl. Tel. 413-587-0182
Owner or lessee's name Edward Klepacki
Address 5209 - summer residence
Contractor's name Peak Construction Co. Inc. Tel. 766- 3348
Address P.O. Box 3 Pks Isl. 04108

Subcontractors:
PERMIT ISSUED
APR 28 1987
City Of Portland

Table with 2 columns: II. NEW SUBDIVISION OR EXISTING LOT REFERENCE, III. PROPOSED USE, IV. PAST USE, V. OWNERSHIP

III. PROPOSED USE: CODE If other explain Seasonal Condominium Apartment
IV. PAST USE: same as proposed or other
V. OWNERSHIP: Public (City/Fed./State/Local government) PRIVATE (individual/corp./nonprofit)

VI. DESCRIPTION OF WORK:
To construct 10 x 32 open sun deck on rear of dwelling, also replacing deck boarding on side of bldg as per plans. 1 sheet of plans.

VII. BUILDING DIMENSIONS: length width square footage height #stories
send permit to # 2 04108

Table with 2 columns: VIII. EST. CONSTRUCTION COST, IX. RESIDENTIAL BUILDINGS ONLY, XI. RESIDENTIAL UNITS

XIII. ZONING: DISTRICT IR-2 STREET FRONTAGE
SETBACKS: front back side side
ZONING BOARD APPROVAL: no yes (date)
PLANNING BOARD APPROVAL: no yes (date)
XIV. OFFICE USE: TAX MAP, LOT, VALUE/STRUCTURE, PERMIT EXPIRATION

XV. CONDITIONAL USE: variance site plan subdivision shore and floodplain mgmt
special exception other (explain)
XVI. SIGNATURE OF FIELD INSPECTOR (CEO) DATE

XVII. FEES: base fee, subd. fee, site plan review fee, other fees, lat. fee, TOTAL 50.00
XVIII. SPACE FOR FIGURING / ADDITIONAL COMMENTS:
O.K. M. Turner April 23, 1987

Table with 3 columns: 1. WATER SUPPLY, 2. SEWER, 3. HEAT, 4. FOUNDATION, 5. ROOF, 6. PLUMBING, 7. ELECTRICAL, 8. CHIMNEY, 9. FRAMING, 10. 1-story building w/ masonry walls, 11. REPT. JM WINDOWS

PLOT PLAN/DETAILS OF WORK ON REVERSE
White - Municipal Office
Yellow - CEO
Pink - Tax Assessor
Gold - SPC

PERMIT ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER

APPLICATION FOR PERMIT

PERMIT ISSUED

R.O.C.A. USE GROUP

JUN 4 1987

B.O.C.A TYPE OF CONSTRUCTION 0 632

ZONING LOCATION IR-2 PORTLAND, MAINE June 3, 1987

City of Portland

To THE CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

I, the undersigned, hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with all its amendments and specifications, if any, submitted herewith and the following specifications:

LOCATION Island Avenue Island 92-A5 Fire District #1 , #2

1. Owner's name and address P.O. Box 3 Peaks Island 04108 Telephone

2. Lessee's name and address North Main Street Telephone

3. Contractor's name and address Peak Construction Telephone ..766-3348..

..... P.O. Box 3 Peaks Island 04108 No. of sheets

Proposed use of building stairs No. families

Last use No. families

Material No stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$..... 600 Appeal Fees \$

FIELD INSPECTOR—Mr. @ 775-5451 Base Fee

..... Late Fee

TOTAL \$... 25.00

to construct stairs from back yard to the water as per plans

Stamp of Special Conditions

send permit to #3

PERMIT ISSUED WITH LETTER

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work involved in this work?
 Is connection to be made to public sewer? If not, what is proposed for sewage?
 Has septic tank notice been sent? Form notice sent?
 Height average grade to top of plate Height average grade to highest point of roof
 Size, front depth No. stories solid or filled land? earth or rock?
 Material of foundation Thickness, to bottom cellar
 Kind of roof Rise per foot Roof covering
 No. of chimneys Material of chimneys of lining Kind of heat fuel
 Framing Lumber—Kind Dressed or full size? Corner posts Sills
 Size Girders Columns under girders Size Max. on centers
 Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
 Joists and rafter 1st floor 2nd 3rd roof
 On centers: 1st floor 2nd 3rd roof
 Maximum span 1st floor 2nd 3rd roof
 If one story building with masonry walls (thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated
 Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY DATE

BUILDING INSPECTION—PLAN EXAMINER

ZONING 6/3/87

BUILDING CODE

Fire Dept.

Health Dept.

Others

MISCELLANEOUS

Will work require disturbing of any tree on a public street?

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?

Signature of Applicant Ted Kaynor Phone #

Type Name of above Ted Kaynor for Peak Construction 2 3 4

Other and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

PERMIT ISSUED WITH LETTER



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

June 4, 1987

92-A-5.

RE: Island Avenue, Peaks Island (Edward Kiepacki)

Peak Construction
P.O. Box 3
Peaks Island, Maine 04108

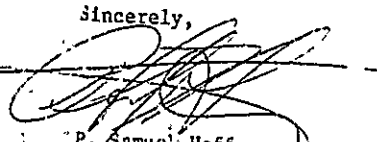
Dear Sir:

Your application to construct stairs from back yard to the water has been reviewed and a permit is herewith issued subject to the following requirements:

1. Stairway shall not be less than three (3) feet, zero (0) inches in clear width;
2. Maximum riser of 8 1/4";
3. Minimum tread of 9";
4. Handrails having minimum and maximum height of thirty (30) inches and thirty four (34) inches, respectively, measured vertically from the nosing of the tread; and,
5. Guardrails on open side of stairway shall have intermediate rails or ornamental closures which will not allow passage of an object six (6) inches or more in diameter.

If you have any questions on these requirements, please call this office.

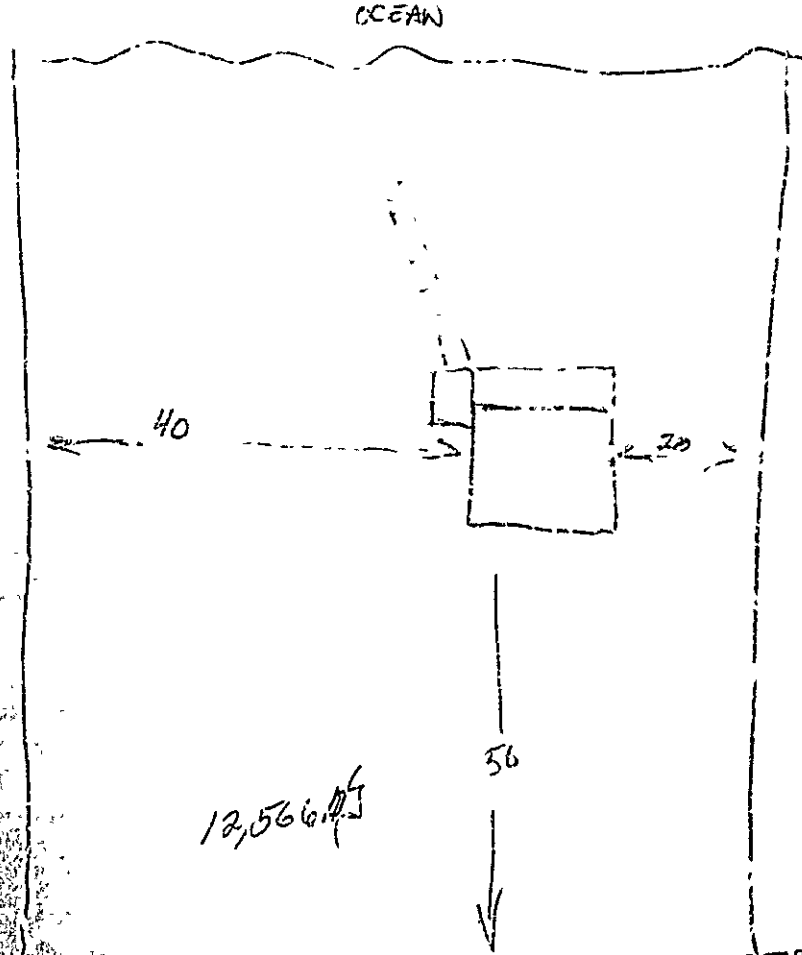
Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

/el

92-A-5
SKIP KLEPACKI ISLAND AVE. PEAKS ISLAND

PERMIT FOR STEPS GOING DOWN EMERGENCY LOT
TOWARD WATER. WORK BY PEAK CONSTRUCTION



Assessor's Ref.
Chart 92-A-5

RECEIVED

JUN - 3 1987

PERMIT ISSUED
WITH LETTER

SUBSURFACE WASTEWATER DISPOSAL SYSTEM

Department of Human Services
Division of Health Engineering
(207)289 5826

PROPERTY ADDRESS

Town or Plantation: **PORTLAND (PEAKS ISLAND)**

Street Subdivision Lot #: **ISLAND AVENUE MAP 92A LOT 5**

PROPERTY OWNERS NAME(S): **KLEPACKI EDWARD**

Last: **KLEPACKI** First: **EDWARD**

Applicant Name: **COVEY JOHN SOUJ**

Mailing Address of Owner/Applicant (if Different): **19 FORBES AVE. NORTHAMPTON, MA. 01060**

PORTLAND PERMIT NO. 5122 TOWN COPY

Issue Date: **7-5-94**

Local Planner, Inspector Signature: *[Signature]*

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understanding. My fabrication is subject to the Local Plumbing Inspector's Permit.

Signature of Owner/Applicant: *[Signature]* 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: *Arthur Rowe* Date Approved: **7-14-94**

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</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"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input type="checkbox"/> NO RULE VARIANCE</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>a. <input checked="" type="checkbox"/> Requires Local Plumbing Inspector Approval</p> <p>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (If it is an Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENCLOSED (+2000 GAL)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input checked="" 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>SEASONAL CONVERSION</p> <p>to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P/I</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED: ?</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BSE 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR & MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____</p> <p>SPECIFY _____</p>
<p>SIZE OF PROPERTY: 20000 ±</p> <p>100' x 100' ± SHORELAND</p>	<p>TYPE OF WATER SUPPLY</p> <p>PUBLIC WATER</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>EXISTING TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC - Regular</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>3. <input type="checkbox"/> Low Profile</p> <p>4. <input type="checkbox"/> Low Volume Toilet</p> <p>5. <input type="checkbox"/> SEPARATED CHAMBER SYSTEM</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>WATER COLLECTION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED CHAMBER SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input checked="" type="checkbox"/> REQUIRED</p> <p>DOSE: 100 ± GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.)</p> <p>SINGLE FAMILY DWELLING (4 BED ROOMS)</p>
<p>DESIGN CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILL: 4 B</p> <p>DEPTH TO UNIT: _____</p> <p>DEPTH TO TRENCH: _____</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</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>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 625 Sq. Ft.</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	<p>DESIGN FLOW: 360 (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT

On **JUNE 9, 1994** (date) I conducted a site evaluation for this project and certify that the data reported is accurate. This system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Signature of Evaluator: *[Signature]* Date: **6/28/94**

Local Plumbing Inspector's Signature: *[Signature]* Date: **6/28/94**

Page 1 of 2 HHE-200 Rev. 11/88

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health Services
Division of Health Engineering

Town, City, Plantation

PORTLAND (PEAK'S ISLAND) MAP 17A-5 ISLAND AVE

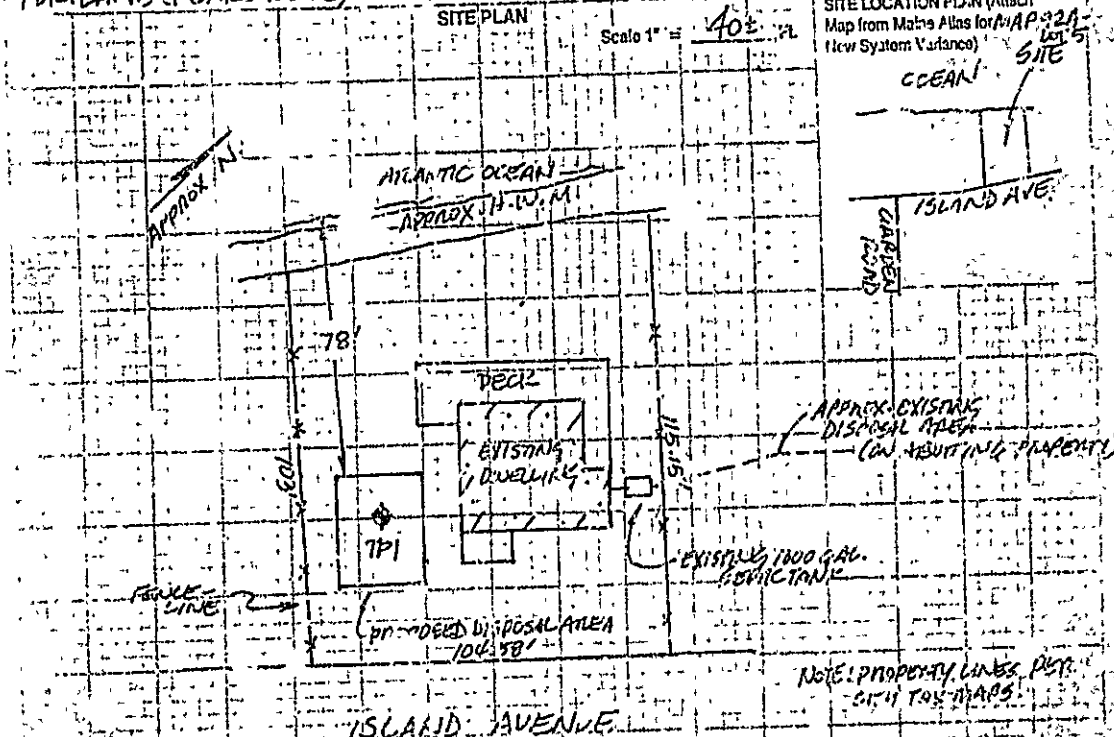
Street, Road, Subdivision

Cor. KLEPACKI EDWARD

SITE PLAN

Scale 1" = 40' ±

SITE LOCATION PLAN (Attach Map from Maine Atlas for MAP 17A-5 (New System Variance))



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

Observation Hole Test Pit Boring

Depth of Organic Horizon Above Mineral Soil _____

DEPTH BELOW MINERAL SOIL SURFACE (inches)	SOIL DESCRIPTION AND CLASSIFICATION			
	Texture	Consistency	Color	Mottling
0	LOAMY SAND		Dark Brown	
1			Dark Yellowish Brown	
2		FAIRLY	Yellowish	
3	CLAYEY SAND	TO	Yellowish	None
4	SAND		Brown	None
5	SAND	MOSE		FAIRLY

DEPTH BELOW GENERAL SOIL SURFACE (in ft.)

DEPTH BELOW GENERAL SOIL SURFACE (in ft.)	SOIL DESCRIPTION AND CLASSIFICATION			
	Texture	Consistency	Color	Mottling
0				
5				
10				
15				
20				
25				
30				
35				
40				
45				
50				

Soil Classification: **B** (Sand)

Soils: **10**

Limiting Factor: **None**

Other: Organic Matter, Root Layer, Other

Albert Feick
Site Evaluator Signature

162
EE#

6/28/96
Date

Page 2 of 3
17HE-201 Rev. 1/04

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION	
PROPERTY ADDRESS	
Town or Precinct: <u>LDU</u>	Street: <u>Island Ave</u>
Subdivision Lot #:	<u>Peaks Island</u>
PROPERTY OWNER'S NAME	
Last: <u>Ed</u>	First: <u>Kristin</u>
Applicant Name: <u>Island Prop Services</u>	
Mailing Address of Owner/Applicant (if Different): <u>P.O. Box 48 Peaks Island</u>	
Owner/Applicant Statement I certify that the information submitted is correct to the best of my knowledge and understand that any false information is a violation of the Local Plumbing Inspector's Code.	
Signature of Owner/Applicant: <u>J. L. [Signature]</u> Date: _____	
Caution: Inspection Required I have inspected the installation authorized above and find it to be in compliance with the Subsurface Wastewater Disposal Rules.	
Local Plumbing Inspector Signature: <u>[Signature]</u> Date: <u>NOV 13 1990</u>	

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1. <input type="checkbox"/> NEW SYSTEM 2. <input checked="" 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 3. <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 type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (> 200 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input checked="" 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: <u>1965</u> THE FAILING SYSTEM IS: 1. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 3. <input checked="" type="checkbox"/> TRENCH 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 <u>Public</u>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: _____ GALS.	WATER CONSERVATION 1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND FLOW) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SLEEPING, EMPLOYEES, WATER RECORDS, ETC.) DESIGN FLOW: _____ (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: _____ CONDITION: _____ DEPTH TO LEACHING FACTOR: _____	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input 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"/> BED _____ Sq. Ft. 2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	

SITE EVALUATOR STATEMENT

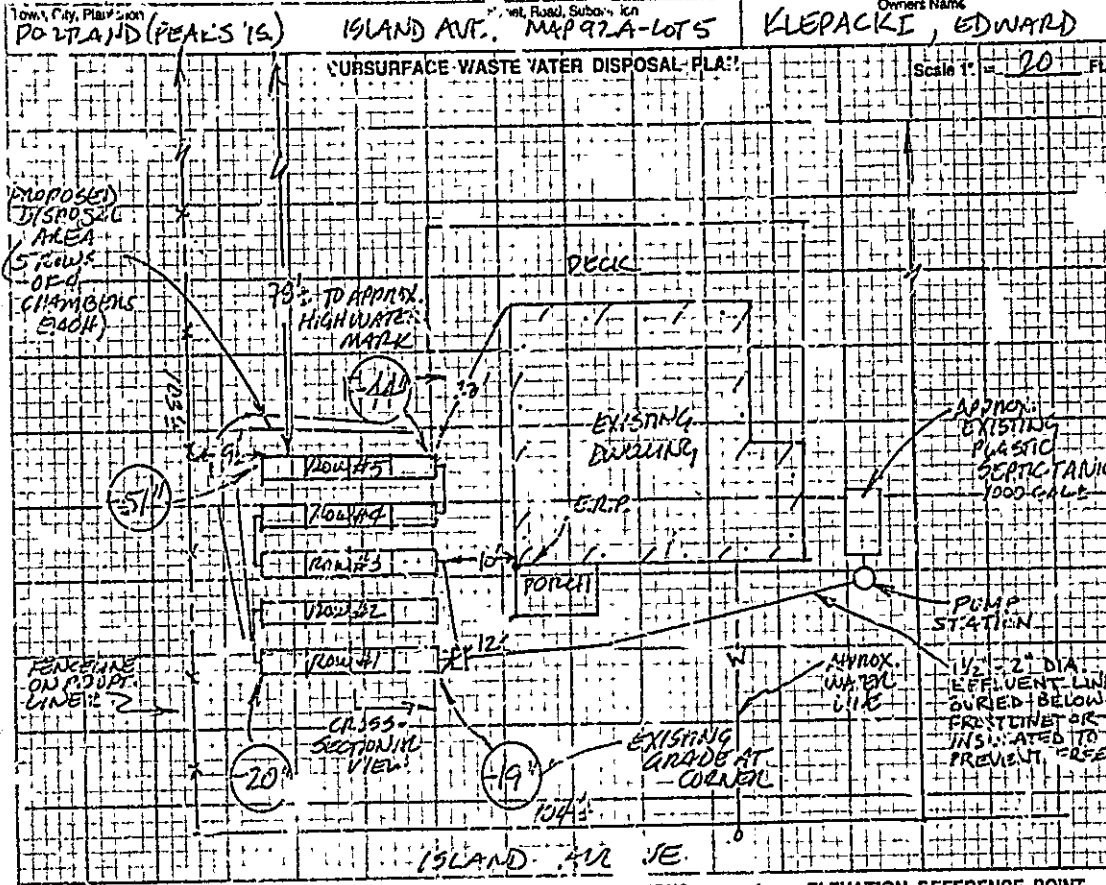
On _____ (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

SITE EVALUATION WAIVED BY LOCAL OPTION

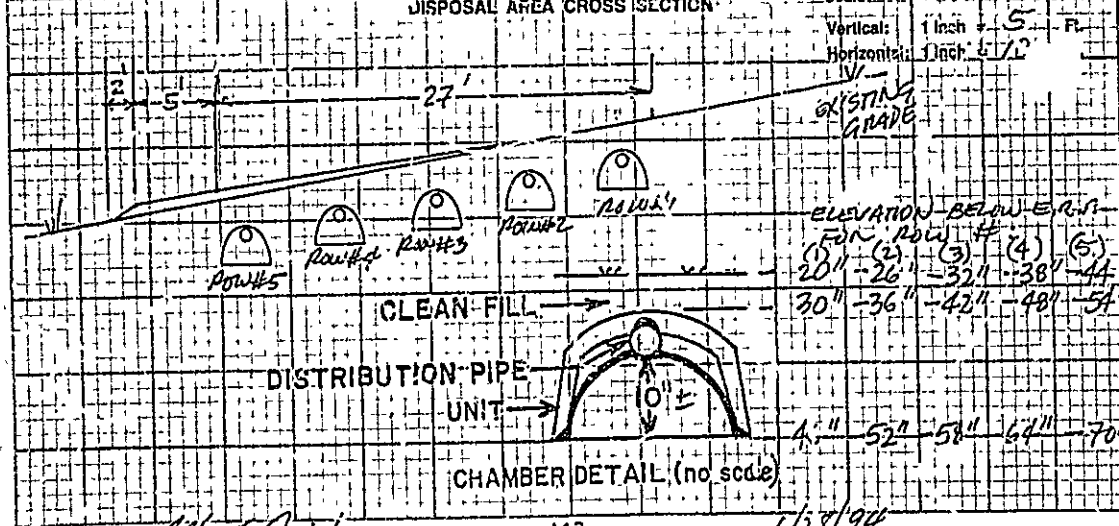
Site Evaluator or Professional Engineer's Signature: _____ SE# / PE# _____ Date: _____

Page 1 of 3
HHE-200 Rev. 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

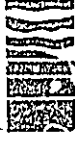


FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	Reference Elevation is 00"	BOTTOM OF TRIM BOARD ON CORNER OF DWELLING, 26" ABOVE GRADE AT FOUNDATION
Depth of Fill (Downslope)	Bottom of Disposal Area	
	Top of Distribution Lines or Chambers	



Site Evaluator Signature: Albert J. Reich SE# 163 Date: 6/28/94

Page 3 of 3
HHP-010 Rev 1/84



Albert Frick Associates, Inc.

Soil Scientists & Site Evaluators

95A County Road Corham, Maine 04038
(207) 839-5563 FAX (207) 839-5564

Albert Frick SS, SE
James Logan SS, SE
Matthew Logan SE

MAP 92A-5
PORTLAND (PEAKS ISLAND) ISLAND AVENUE KLEPACKI, SKIP
TOWN LOCATION APPLICANT'S NAME

1) The Plumbing and Subsurface Wastewater Disposal Rules adopted by the State of Maine, Department of Human Services pursuant to 10 M.R.S.A. § 42 (the "Rules") are incorporated herein by reference and made a part of this application. It shall be consulted by the owner/applicant, the system installer and/or building contractor for further construction details and material specifications. The system installer should contact Albert Frick Associates, Inc. 839-5563, if there are any questions concerning materials, procedures or designs. The system installer and/or building contractor installing the system shall be solely responsible for compliance with the Rules, and with all state and municipal laws and ordinances pertaining to the permitting, inspection and construction of subsurface wastewater disposal systems.

2) This application is intended to represent facts pertinent to the Rules only. It shall be the responsibility of the owner/applicant, system installer and/or building contractor to determine compliance with and to obtain permits under all applicable local, state and/or federal laws and regulations (including, without limitation, Natural Resources Protection Act, wetland regulations, zoning ordinance, subdivision regulations, Site Location of Development Act and minimum lot size laws) before installing this system or considering the property on which the system is to be installed a "buildable" lot. It is recommended that a wetland scientist be consulted regarding wetland regulations.

Prior to the commencement of construction/installation, the local plumbing inspector shall inform the owner/applicant and Albert Frick Associates, Inc. of any local ordinances which are more restrictive than the Rules in order that the design may be amended. All designs are subject to review by local, state and/or federal authorities. Albert Frick Associates, Inc.'s liability shall be limited to revisions required by regulatory agencies pursuant to laws or regulations in effect at the time of preparation of this application.

3) All information shown on this application relating to property lines, well locations, subsurface structures and underground facilities (such as, utility lines, drains, septic systems, water lines, etc.) are based solely upon information provided by the owner/applicant and has been relied upon by Albert Frick Associates, Inc. in preparing this application. The owner/applicant shall review this application prior to the start of construction and confirm this information.

4) Installation of a garbage (grinder) disposal is not recommended. If one is installed, an additional 100/1 gallon septic tank should be connected in series to the proposed septic tank.

5) The system user shall avoid introducing kitchen grease or fats into this system. Chemicals such as septic tank cleaners and/or chlorine (such as from water treatment) and controlled or hazardous substances shall not be disposed of in this system.

ATTACHMENT TO SUBSURFACE WASTEWATER DISPOSAL APPLICATION

PORTLAND (PEAKS ISLAND) MAP 92A-5
TOWN ISLAND AVENUE LOCATION KLEPACKI, SKIP APPLICANT'S NAME

- 6) The septic tank should be pumped within two years of installation and subsequently as recommended by the pump service, but in no event should the septic tank be pumped less often than once every three years.
- 7) The actual water flow or number of bedrooms shall not exceed the design criteria indicated on this application without a re-evaluation of the system as proposed. If the system is supplied by public water or a private service with a water meter, the water consumption per period should be divided by the number of days to calculate the average daily water consumption (water usage (cu.ft.) x 7.48 cu.ft./gallons per cu.ft.) ÷ # of days in period).
- 8) The general minimum setbacks between a well and septic system serving a single family residence is 100-300 feet, unless the local municipality has a more stringent requirement. A well installed by an abutter within the minimum setback distances prior to the issuance of a permit for the proposed disposal system may void this design.
- 9) When a gravity system is proposed: **BEFORE CONSTRUCTION/INSTALLATION BEGINS**, the system installer or building contractor shall review the elevations of all points given in this application and elevation of the existing and/or proposed building drain and septic tank inverts for compatibility with minimum slope requirements. In gravity systems, the invert of the septic tank(s) outlet(s) shall be at least 4 inches above the invert of the distribution box outlet at the disposal area. When an effluent pump is required, provisions shall be made to make certain that surface ground water does not enter the septic tank or pump station. An alarm device warning of a pump failure shall be installed. Also, when pumping is required to a chamber system, install a "T" connection in the distribution box and place 3 inches of stone or a splash plate in the first chamber. Insulate gravity pipes, pump lines and the distribution box as necessary to prevent freezing.
- 10) On all systems, remove the vegetation, organic duff and old fill material from under the disposal area and any fill extension. On sites where the proposed system is to be installed in natural soil, scarify the bottom and sides of the excavated disposal area with a rake. Do not use wheeled equipment on the scarified soil surface. For systems installed in fill, scarify the native soil by roto-tilling to a depth of at least 8 inches over the entire disposal and fill extension area to prevent glazing and to promote fill bonding. Place fill in loose layers no deeper than 8 inches and compact thoroughly before placing more fill (this ensures that voids and loose pockets are eliminated to minimize the chance of leakage). Do not use wheeled equipment on the scarified soil area until after 12 inches of fill is in place. Keep equipment off the chambers. Divert the surface water away from the disposal area by ditching or shallow swales.
- 11) Unless noted otherwise, fill shall be gravelly coarse sand which contains no more than 5% fines (silt and clay).
- 12) Do not install systems on loamy, silty, or clayey soils during wet periods since soil smearing/glazing may seal off the soil interface.
- 13) Seed all filled and disturbed surfaces with perennial grass seed, then mulch with hay or equivalent material to prevent erosion.

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 does not comply 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 can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System from the rules.
2. A 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 use of the structure.
5. 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

Permit No. _____ E Date Permit Issued _____
CITY
Town of PORTLAND
(PEAKS ISLAND)
MONTH/DAY/YEAR

Property Owner's Name: EDWARD 'SKIP' KLEPACKE Tel. No. _____

System's Location: ISLAND AVENUE MAP 92A-LOTS
PEAKS ISLAND (PORTLAND) STREET
TOWN Maine ZIP

Property Owner's Address: 19 FORBES AVE.
(if different from above) NORTHAMPTON STREET MASS. 01060
TOWN 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 all 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.

PROPERTY OWNER'S SIGNATURE

DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO	
SCILS					
Soil Profile	Ground Water Table	to 6"		Inches	
Soil Condition	Restrictive Layer	to 6"		Inches	
from HHE-200	Bedrock	to 10"		Inches	
SETBACK DISTANCES (IN FEET)	FROM:	TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
Potable Water Supplies	1. Well > 2000 gal/day	100'	300'		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50'	60'		
	b. Property Owner's	25'	50'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		7-8'
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With Basement	5'	10'	(EXISTING)	10'
	2. Without Basement	5'	10'		
Property Line		4'	5'		9'

OTHER

1. Fill extension Grade--to 3.1

2.

3.

Footnotes:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but closer to that well than the system it is replacing.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

SITE EVALUATOR'S SIGNATURE

6/28/04
DATE

LPI STATEMENT

I, _____, LPI for the Town of _____, have conducted an on-site inspection for the proposed replacement system and have determined to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Wastewater Disposal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

a. approve; disapprove) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant.

—OR—

b. find that one or more of the requested Variances exceeds my approval authority as LPI. I recommend do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: _____

LPI'S SIGNATURE

DATE

FOR USE BY THE DEPARTMENT ONLY

The Department has allowed the variance(s) and does does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

SIGNATURE OF THE DEPARTMENT

DATE

B

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION 0 632

ZONING LOCATION PORTLAND, MAINE June 3, 1987

JUN 4 1987

City Of Portland

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION Island Avenue Peaks Island Fire District #1 , #2

1. Owner's name and address Edward Klepacik 9 Sanbarson Ave. Mass 01060 Telephone

2. Lessee's name and address Telephone

3. Contractor's name and address Peak Construction Telephone 766-3343

..... P.O. Box 2 Peaks Island 04190 No. of sheets

Proposed use of building stairs No. families

Last use No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$ 600

FIELD INSPECTOR—Mr. @ 775-5451

Appraisal Fees \$

Base Fee

Late Fee

TOTAL \$ 25.00

to construct stairs from back yard to the water as per plans

Stamp of Special Conditions

send permit to #3

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work involved in this work?

Is connection to be made to public sewer? If not, what is proposed for sewage?

Has septic tank notice been sent? Forin notice sent?

Height average grade to top of plate Height average grade to highest point of roof

Size, front depth No. stories solid or filled land? earth or rock?

Material of foundation Thickness, top bottom cellar

Kind of roof Rise per foot Roof covering

No. of chimneys Material of chimneys of lining Kind of heat fuel

Framing Lumber—Kind Dressed or full size? Corner posts Sills

Size Girder Columns under girders Size Max. on centers

Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.

Joists and rafters: 1st floor 2nd 3rd roof

On centers: 1st floor 2nd 3rd roof

Maximum span: 1st floor 2nd 3rd roof

If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY DATE

BUILDING INSPECTION—PLAN EXAMINER

ZONING

BUILDING CODE

Fire Dept.

Health Dept.

Others

MISCELLANEOUS

Will work require disturbing of any tree on a public street?

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?

Signature of Applicant Phone #

Type Name of above Ted Raynor for Peak Construction 1 2 3 4

Other and Address

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY

7

PLUMBING APPLICATION

NEXT DOOR TO ADMIRAL HUSTON'S HOUSE

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

PROPERTY ADDRESS

Town Or Plantation: PEAKS ISLAND, ME
Street: ISLAND AVE / EUBANKS
Subdivision Lot:

PROPERTY OWNERS NAME

Last: KLEPACKI First: SKIP
Applicant Name: PATRICK T. McTENERLY

Mailing Address of Owner/Applicant (if different): ELIZABETH ST PEAKS ISLAND, ME

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: Patrick T. McTenerly

PORTLAND PERMIT # 2,340 TOWN COPY

Date Permit Issued: 05-21-87 Fee: \$118.00

Local Plumbing Inspector Signature: [Signature]

Caution: Inspection Required
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules
MAY 28 1987

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. HFG'D HOUSING DEALER/MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER
LICENSE # 10,259,1

Number	Hook-Ups And Piping Relocation	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		Hosebibb / Silcock	1	Bathtub (and Shower)
			Floor Drain	1	Shower (Separate)
			Unnal		Sink
	HOOK-UP: to an existing subsurface wastewater disposal system		Drinking Fountain	2	Wash Basin
			Indirect Waste	2	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dr. uspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other: _____		Water Heater
\$	Hook-Up Fees		Fixtures (Subtotal) Column 2	6	Fixtures (Subtotal) Column 1

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

\$ 18.	Fixture Fee
\$ 0.	Hook-Up Fee
\$ 18.	Permit Fee (Total)

TOWN COPY