

CITY OF PORTLAND, MAINE

Application for Permit to Install Wires

Permit No. 1369
 Issued 5/28/74
 Portland, Maine 5/28/73 .. 16

To the City Electrician, Portland, Maine:

The undersigned hereby applies for a permit to install wires for the purpose of conducting electric current, in accordance with the laws of Maine, the Electrical Ordinance of the City of Portland, and the following specifications:

(This form must be completely filled out — Minimum Fee, \$1.00)

Owner's Name and Address MRS. MARYLIND McDONOUGH Tel.

Contractor's Name and Address P. A. GOMEZ Tel.

Location CHAS. 105 L-10 ANDERSON AVE Use of Building RESIDENCE

Number of Families 1 Apartments .. Stores .. Number of Stories 1 1/2

Description of Wiring: New Work Additions .. Alterations ..

Pipe .. Cable .. Metal Molding .. BX Cable .. Plug Molding (No. of feet) ..

No. Light Outlets .. Plugs .. Light Circuits .. Plug Circuits ..

FIXTURES: No. .. Fluor. or Strip Lighting (No. feet) ..

SERVICE: Pipe .. Cable Underground .. No. of Wires Size 3 #2

METERS: Replaced .. Added .. Total No. Meters ..

MOTORS: Number .. Phase .. H. P. Amps .. Volts .. Starter ..

HEATING UNITS: Domestic (Oil) .. No. Motors .. Phase .. H.P.

Commercial (Oil) .. No. Motors .. Phase .. H.P.

Electric Heat (No. of Rooms)

APPLIANCES: No. Ranges .. Watts .. Brand Feeds (Size and No.)

Elec. Heaters .. Watts ..

Miscellaneous .. Watts .. Extra Cabinets or Panels ..

Transformers .. Air Conditioners (No. Units) .. Signs (No. Units) ..

Will commence 6/2/74 Ready to cover in 6/4/74 inspection .. 19 ..

Amount of Fee \$ 2.00 Signed [Signature] #394

DO NOT WRITE BELOW THIS LINE

SERVICE .. MEIER .. GROUND ..

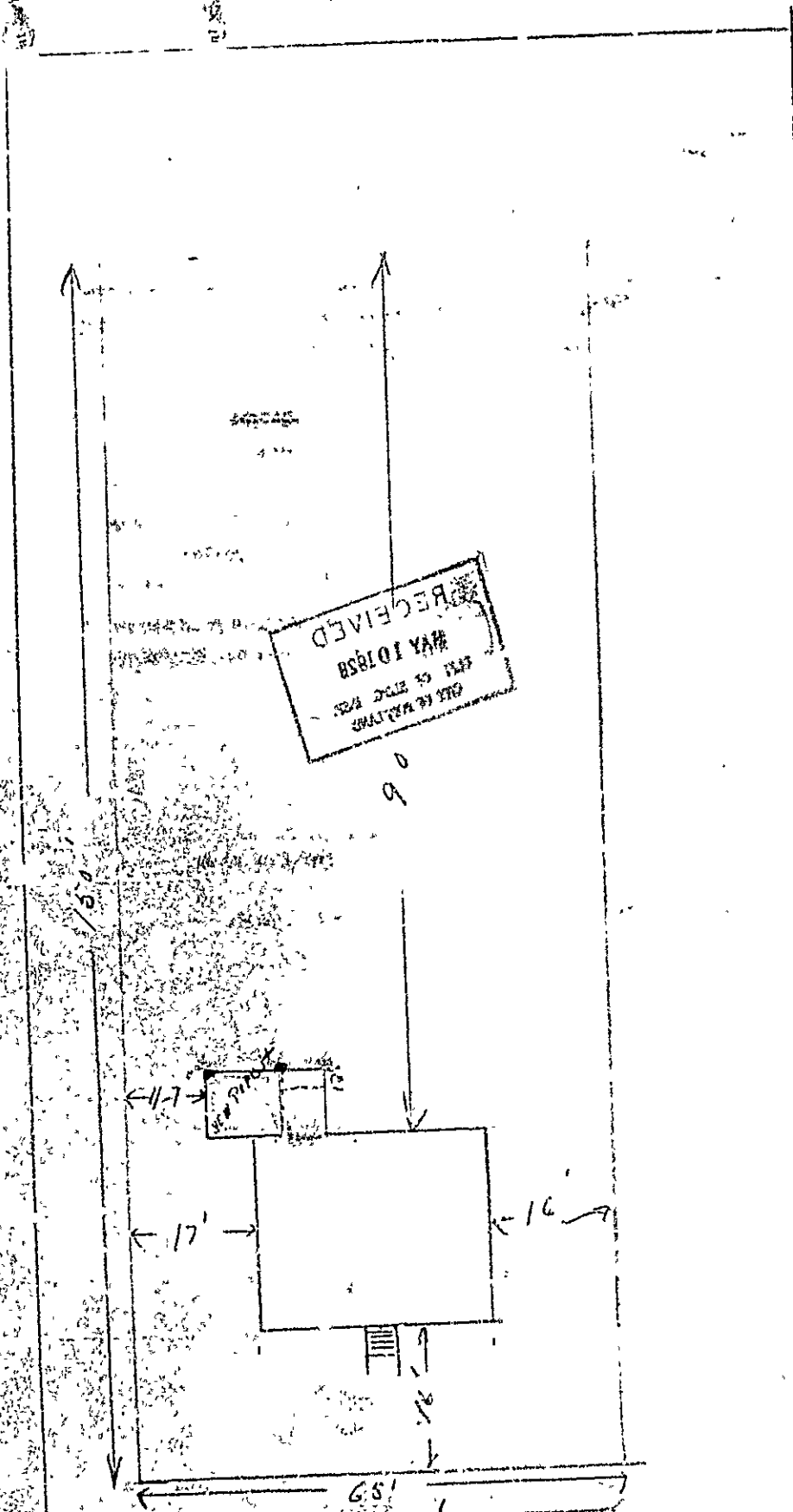
VISITS: 1 .. 2 .. 3 .. 4 .. 5 .. 6 ..

7 .. 8 .. 9 .. 10 .. 11 .. 12 ..

REMARKS:
Done

INSPECTED BY Herbert (OVER)

(A) APARTMENT HOUSE ZONE



RECEIVED
MAY 10 1938
CITY OF BOSTON
DEPT. OF PUBLIC WORKS

SCALE 1/4" = 1'-0"

Dr. John King Little, Jr. General Agent



(A) APARTMENT HOUSE ZONE

APPLICATION FOR PERMIT

PERMIT ISSUE
Permit No. 002

MAY 18 1928

Class of Building or Type of Structure Third Class

To the INSPECTOR OF BUILDINGS, PORTLAND, ME. Portland, Me., May 10, 1928

The undersigned hereby applies for a permit to erect alter add the following building structure equipment in accordance with the Law 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 North east side of Little Diamond Island Within Fire Limits? no Dist. No. _____

Owner's John King's name and address Little Diamond Island Telephone _____

Contractor's name and address A. H. Willey, 799 Forest Avenue Telephone 8293

Architect's name and address _____ Telephone _____

Proposed use of building cottage No. families _____

Other buildings on same lot none No. families _____

Description of Present Building to be Altered

Material wood No. stories 1 Heat _____ Style of roof pitch Roofing _____
Last use cottage No. families 1

General Description of New Work

To build open porch (8' x 10') on rear.
To extend bathroom out 3' on rear.

CERTIFICATE OF OCCUPANCY
REQUIREMENT IS WAIVED.
NOTIFICATION BEFORE LATENC
OR CLOSING IS WAIVED

Details of New Work

Size, front _____ depth _____ No. stories _____ Height average grade to highest point of roof _____
To be erected on solid or filled land? _____ earth or rock? _____
Material of foundation filler ledge Thickness, top _____ bottom _____
Material of underpinning _____ Height _____ Thickness _____
Kind of roof pitch Roof covering asphalt shingles Class C
No. of chimneys _____ Material of chimneys _____ of lining _____
Kind of heat _____ Type of fuel _____ Distance, heater to chimney _____
If oil burner, name and model _____
Capacity and location of oil tanks _____
Is gas fitting involved? _____ Size of service _____
Corner posts 3x4 Sills 4x6 Girt or ledger board? _____ Size _____
Material columns under girders _____ Size _____ Max. on centers _____
Studs (outside walls and carrying partitions) 2x4-16" O.C. Girders 6x8 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 2x7 2nd _____ 3rd _____ roof _____
On centers: 1st floor 24" 2nd _____ 3rd _____ roof 24"
Maximum span: 1st floor 8' 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 _____
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
Plans filed as part of this application? yes No. sheets 1
Estimated cost \$ 175 Fee \$ 7

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

INSPECTION COPY

Signature of owner BY John King
A. H. Willey

Ward 1 Permit No. 28/826

Loc. W. side Little Diamond

Owner John King

Date of permit 5/10/28

Notif. closing-in _____

Inspn. closing-in _____

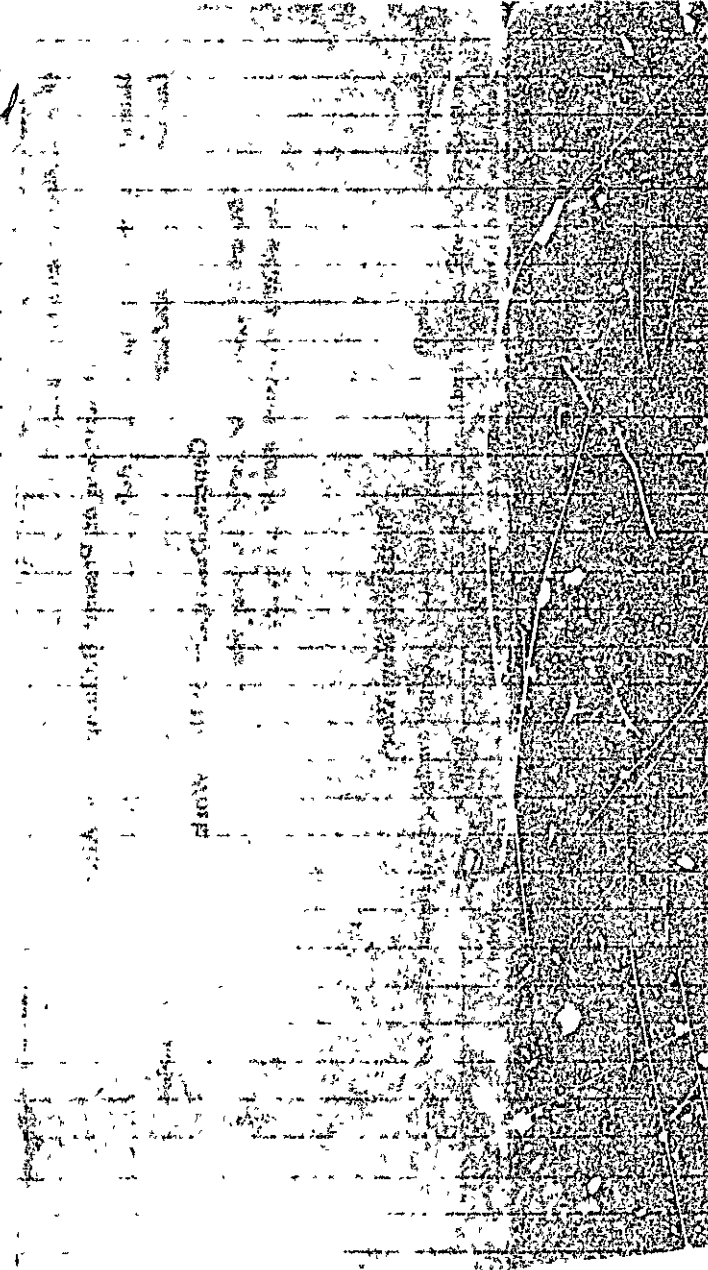
Fin. self.

Final Inspn. _____

Cert. of Occupancy issued _____

NOTES

~~NOTED~~
P.I.F.
3/1/29





YOU are responsible for complying with the law, whether you know the requirements or not. Location, Ownership and detail must be correct, complete and legible. Separate application required for every building. Plans must be filed with this application.

READ!
Application for Permit for Alterations, etc.

Get All Questions Settled
 BEFORE Commencing Work.
 Failure To Do So
 May Prove
INSPECTION OF BILLINGS!

Portland, Me., June 4/25 19

To the
 INSPECTOR OF BILLINGS

The undersigned applies for a permit to alter the following described building:--

Location Little Diamond Island, Peaks Ward 1 in Precincts? NO
 Name of Owner or Lessee, John King Address 279 State Street
 " " Contractor, Weeks & Milliken " 477 Forest Ave
 " " Architect, _____ " _____
 Description of Present Bldg. Material of Building is wood Style of Roof, Ditch Material of _____ arg, asphalt
 Size of Building is _____ feet long; _____ feet wide. No of Stories, _____
 Cellar Wall is constructed of _____ is _____ inches wide on bottom and batters to _____ inches on top.
 Underpinning is _____ is _____ inches thick; is _____ feet in height.
 Height of Building _____ Wall, if Brick: 1st, _____ 2d, _____ 3d, _____ 4th, _____ 5th, _____
 What was Building last used for? cottage No. of Families? 1
 What will Building now be used for? cottage 1 family

Detail of Proposed Work
Build addition 16x8 feet one story high

all to comply with the building ordinance

Estimated Cost \$ 375.

If Extended On Any Side

Size of Extension, No. of feet long _____; No. of feet wide _____; No. of feet high above sidewalk? _____
 No. of Stories high? _____; Style of Roof? _____; Material of Roofing? _____
 Of what material will the Extension be built? _____ Foundation? _____
 If of Brick, what will be the thickness of External Walls? _____ inches; and Party Walls _____ inches.
 How will the extension be occupied? _____ How connected with Main Building? _____

When Moved, Raised or Built Upon

No. of Stories in height when Moved, Raised, or Built upon? _____ Proposed Foundations? _____
 No. of feet high from level of ground to highest part of Roof to be? _____
 How many feet will the External Walls be increased in height? _____ Party Walls _____

If Any Portion of the External or Party Walls Are Removed

Will an opening be made in the Party or External Walls? _____ in _____
 Size of the opening? _____ How protected? _____
 How will the remaining portion of the wall be supported? _____

Signature of Owner or
 Authorized Representative _____

Address _____

PERMIT MUST BE OBTAINED BEFORE BEGINNING

1778

Anderson

Little Diamond Island

June 4/85

105-4-10-61

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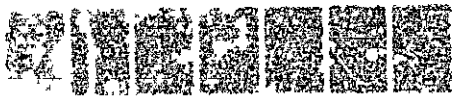
King

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BY, P. COMB. (1) THE DIRECTOR
Ruled on 10th August 1985 at 11.55
Mention of 10th August 1985

105-4-10-61

FORM MUST BE OBTAINED BEFORE BEGINNING



APPLICATION FOR PERMIT

1971-72

Name and address: [Faded]
 Phone: [Faded]
 Building: [Faded]
 No. of stories: [Faded]
 Heat: [Faded]
 Estimated cost: \$ [Faded]
 ECIOB - [Faded] 29,000
 @ 775-54-1

No. of sheets: [Faded]
 No. families: [Faded]
 No. units: [Faded]
 Date: [Faded]
 Base Fee: [Faded]
 TOTAL: [Faded]

Construct 24' x 12' 6" story, single family
 cottage, no per plans, 1 sheet of plans.
 send permit to # 3 04109

Stamp of Special Conditions

NOTE: APPLICANT: Separate permits are required by the usual special submitters. [Faded]

DETAILS OF NEW WORK

Is any electrical work involved in this work?
 Is any electrical work involved in this work?
 If not, what is proposed for sewage?
 [Faded text regarding electrical and sewage work]

IF A CONTRACT

Name of contractor: [Faded]
 Address: [Faded]
 License No.: [Faded]
 [Faded text regarding contract details]

MAINE DEPARTMENT OF HEALTH AND WELFARE APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT (For systems disposing of less than 2000 gallons per day) This is NOT a permit; this form when completed must be presented to the Local Plumbing Inspector to obtain a permit Page 1 of 2

Town: Portland Street, Road, etc: Anderson Ave Little Diamond Island Permit No: 53 Date: 3/28/83

Owner of property: Joseph Feeney 17 Cua-las St Houlton ME 04730 Owner's address: 17 Cua-las St Houlton ME 04730 Size of lot: 11400 Sq feet / Acres

Name & type of establishment: Summer Residence Is lot zoned? Yes Type of zoning: Residential

Name of applicant: Theodore T Rant Owner's agent: Theodore T Rant If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following: Deed restriction re private sewage disposal, Copy of the subdivision's site report, Soil report from a State Agency

Applicant's address: Little Diamond Island Tel No: 763-2057 Maine: 04109 Subdivision name: Assessors 1-3-L Lot No: 9

Town: Portland Date: 3/17/82

Applicant's signature: Theodore T Rant Date: 3/17/82

This application is for: New System Expanded System Replacement System Placement of Treatment Tank Only Disposal Area Only

The water supply for this property is: Drilled well, depth _____ lining _____ Ditched well, depth _____ lining _____ Spring Public Utility, name: W. J. V. S.

depth _____ lining _____ Surface water: Bod. Course with disinfection without disinfection

SITE INVESTIGATION Show location of borings on sketch on page 2, and refer to completed sample form at Chapter 4 of the Code, II.

Soil Profile No.	Soil Profile No. 1		Soil Profile No. 2		Soil Profile No. 3		Soil Profile No. 4	
	Pit	Boring	Pit	Boring	Pit	Boring	Pit	Boring
Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata
Inches 0	Inches 0	Inches 0	Inches 0	Inches 0	Inches 0	Inches 0	Inches 0	Inches 0
1st strata DBFSE	1st strata DBFSE	1st strata DBFSE	1st strata DBFSE	1st strata DBFSE	1st strata DBFSE	1st strata DBFSE	1st strata DBFSE	1st strata DBFSE
Inches 5	Inches 13	Inches 6	Inches 6	Inches 6	Inches 6	Inches 6	Inches 6	Inches 6
2nd strata	2nd strata	2nd strata	2nd strata	2nd strata	2nd strata	2nd strata	2nd strata	2nd strata
Inches 12	Inches 13	Inches 6	Inches 6	Inches 6	Inches 6	Inches 6	Inches 6	Inches 6
3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata
Inches 15	Inches 13	Inches 6	Inches 6	Inches 6	Inches 6	Inches 6	Inches 6	Inches 6
Total Depth of observation hole inches	Total Depth of observation hole inches 47	Total Depth of observation hole inches	Total Depth of observation hole inches	Total Depth of observation hole inches	Total Depth of observation hole inches	Total Depth of observation hole inches	Total Depth of observation hole inches	Total Depth of observation hole inches
Max. Ground water table - mottling	Max. Ground water table - mottling 35 inches	Max. Ground water table - mottling	Max. Ground water table - mottling	Max. Ground water table - mottling	Max. Ground water table - mottling	Max. Ground water table - mottling	Max. Ground water table - mottling	Max. Ground water table - mottling
Imperious layer, clay, etc.	Imperious layer, clay, etc. 35 inches	Imperious layer, clay, etc.	Imperious layer, clay, etc.	Imperious layer, clay, etc.	Imperious layer, clay, etc.	Imperious layer, clay, etc.	Imperious layer, clay, etc.	Imperious layer, clay, etc.
Bedrock	Bedrock	Bedrock	Bedrock	Bedrock	Bedrock	Bedrock	Bedrock	Bedrock
Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock
Surface slope	Surface slope 6%	Surface slope	Surface slope	Surface slope	Surface slope	Surface slope	Surface slope	Surface slope
Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II C-2	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II

On 3/17/82 (date), a site investigation for this project was completed. I supervised this soil investigation and certify that the results indicated above best represent the soil conditions found. I recommend the following type and size of private sewage disposal system. I also recommend the proposed private sewage disposal system layout and location shown on page 2.

Signature: Theodore T Rant and Registration/Certification Number: 143 Date signed: 3-17-82

PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED Show location of system and details on sketches on page 2. Refer to completed sample form.

SYSTEM	TREATMENT TANK	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION
		Type	SIZE	
<input checked="" type="checkbox"/> COMBINED SYSTEM	<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Trench System: Total trench length <u>N/A</u>	<input type="checkbox"/> Very Small	Fill in - <input checked="" type="checkbox"/> Required, <input type="checkbox"/> Not required. Fill will be <u>6-8</u> inches deep.
<input type="checkbox"/> SEPARATED SYSTEM	<input type="checkbox"/> Concrete	<input type="checkbox"/> Pond System: Length <u>28'</u> Width <u>8'</u>	<input type="checkbox"/> Small	DETAILS: <input type="checkbox"/> A Distribution Box required. Purpose is <input type="checkbox"/> Other. <input type="checkbox"/> A is not required. This device will be _____ gallons.
<input type="checkbox"/> Other, describe _____	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Chamber System: Number _____ Type A _____ Type F _____	<input type="checkbox"/> Medium	DISTANCES: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. The proposed subsurface absorption area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook, stream, river); swamp; marshes; and bogs.
<input type="checkbox"/> Open Pit Privy	<input type="checkbox"/> Metal	<input type="checkbox"/> Mound System: Length _____ Width _____	<input type="checkbox"/> Large	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. The proposed subsurface absorption area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.
<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> Manufacturer: <u>750</u> Size in gallons	<input type="checkbox"/> Special System: Length _____ Width _____	<input type="checkbox"/> Extra Large	
<input type="checkbox"/> Incinerator Toilet	<input type="checkbox"/> Aerobic Tank	<input type="checkbox"/> Non-discharge System: Bed Length _____ Width _____ Holding Tank Size <u>N/A</u>		
<input type="checkbox"/> Chemical Toilet	<input type="checkbox"/> Manufacturer: _____ Model No. _____ Size in Gallons	<input type="checkbox"/> Alana device provided, type _____		

PROPERTY/LOT LOCATION MAP

FOR THE USE OF LPI ONLY

Denial: Application is denied for following reasons: portions of the Code II are cited.

Form is incomplete (____ pg) as to: General Info, Site Investigation, System Proposed, Disposal System Plan, Cross-Section, Statement, 5-4 Section 2.3

Site Investigation indicates site is: totally unsuitable for disposal system; Sections 4.5 and 9.5, Table 9-1 Group 3 and 10. Unsuitable for system proposed; Sections 4.3, 4.8, 9.5, Table 9-1.

System Proposed does not conform to Code; See Sections 2.

Site Investigation indicates site modifications are necessary; See Sections 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 4.11, 4.12, 4.13, 4.14, 4.15, 4.16, 4.17, 4.18, 4.19, 4.20, 4.21, 4.22, 4.23, 4.24, 4.25, 4.26, 4.27, 4.28, 4.29, 4.30, 4.31, 4.32, 4.33, 4.34, 4.35, 4.36, 4.37, 4.38, 4.39, 4.40, 4.41, 4.42, 4.43, 4.44, 4.45, 4.46, 4.47, 4.48, 4.49, 4.50, 4.51, 4.52, 4.53, 4.54, 4.55, 4.56, 4.57, 4.58, 4.59, 4.60, 4.61, 4.62, 4.63, 4.64, 4.65, 4.66, 4.67, 4.68, 4.69, 4.70, 4.71, 4.72, 4.73, 4.74, 4.75, 4.76, 4.77, 4.78, 4.79, 4.80, 4.81, 4.82, 4.83, 4.84, 4.85, 4.86, 4.87, 4.88, 4.89, 4.90, 4.91, 4.92, 4.93, 4.94, 4.95, 4.96, 4.97, 4.98, 4.99, 5.00.

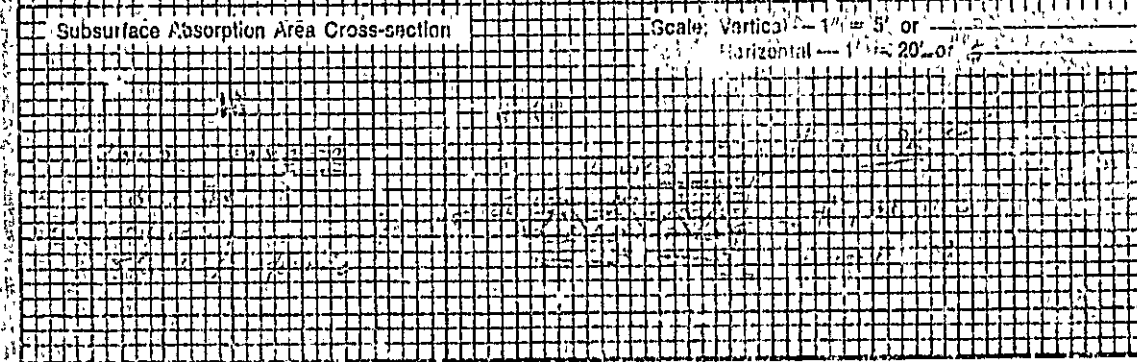
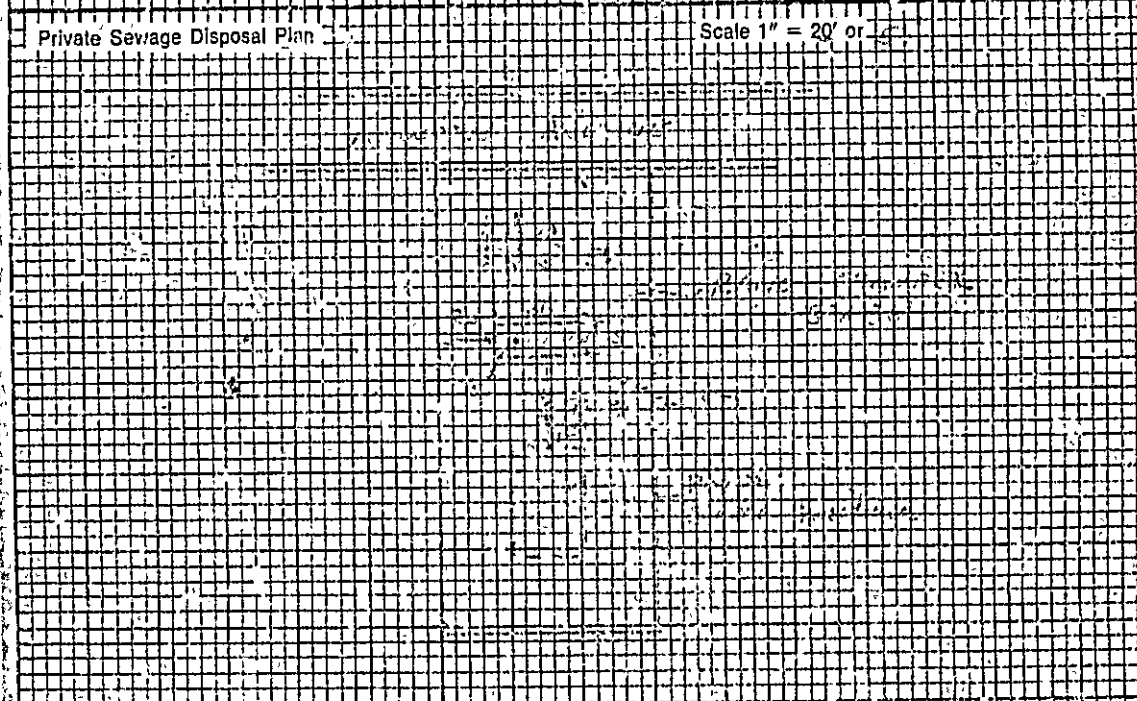
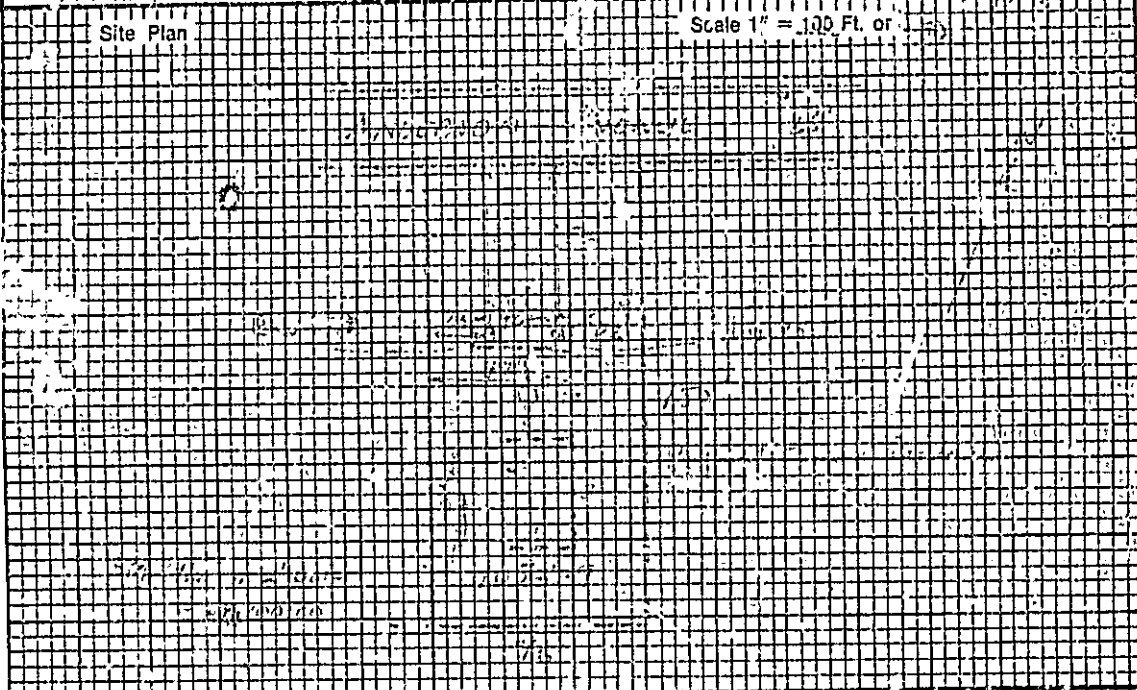
Miscellaneous: _____ See Section _____

Acceptance: Application for permit is approved with condition specified, comply with Section _____ without condition.

Flipped LPI Theodore T Rant Date 2/28/83 HHE-200 7/74

DUPLICATE — To be retained by the Plumbing Inspector
 MAINE DEPARTMENT OF HEALTH AND WELFARE
 APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
 (For systems disposing of less than 2000 gallons per day)

Town Paris Street, Road, etc. 1000 Main St. Paris Owner of Property W. J. ... 12/28/83
 If on water body, give name of water body



I certify that all the information submitted to be true and correct and I understand that issuance of a permit is based upon the information and plans submitted by the applicant. I also understand that any falsification of this application is cause to deny a permit to install a private sewage disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I understand that no guarantee is intended or implied by reason of any advice or approval given by the Administrative Council or its agent.

Date: 12/28/83 Signature Required: [Signature]
 Applicant: [Signature] Owner: [Signature]

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Portland
 Street: Little Diamond Island
 Subdivision Lot #: Anderson Ave 105-L-10,11

PROPERTY OWNERS NAME

Last: Tierney First: David
 Applicant Name: David Tierney
 Mailing Address of Owner/Applicant: 1 Oak Wharf Rd
14 Newbury Mass 01985

PORTLAND

Date Permitted: 105-1-31-91 Fee: \$140.00 TOWN COPY
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 10124
 the Maine Subsurface Inspector

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: _____ Date: _____

Caution: Inspection Required

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

Local Plumbing Inspector Signature: [Signature] Date Approved: 6-24-93

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>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</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE 4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS COMPLETE SYSTEM</p> <p>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</p>
<p>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED: <u>?</u> THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 2. <input type="checkbox"/> CHAMBER 3. <input type="checkbox"/> TRENCH 4. <input type="checkbox"/> OTHER: <u>Cess Pool</u></p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>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 _____</p>	<p>TYPE OF WATER SUPPLY <u>Public Water (Seasonal)</u></p>
<p>SIZE OF PROPERTY: <u>22,100 sq'</u> ZONING: <u>IR-2</u></p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SFPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: <u>1000</u> GALS.</p>	<p>WATER CONSERVATION</p> <p>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: _____</p>	<p>PUMPING</p> <p>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 ROSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>3 Bedrooms (Water records indicate usage of 107 gpd)</u></p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>6</u> CONDITION: <u>C</u> DEPTH TO LIMITING FACTOR: <u>30</u></p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input checked="" type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER <u>300</u> Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER _____</p>	<p>DESIGN FLOW: <u>125</u> (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT

On 4-18-91 (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.

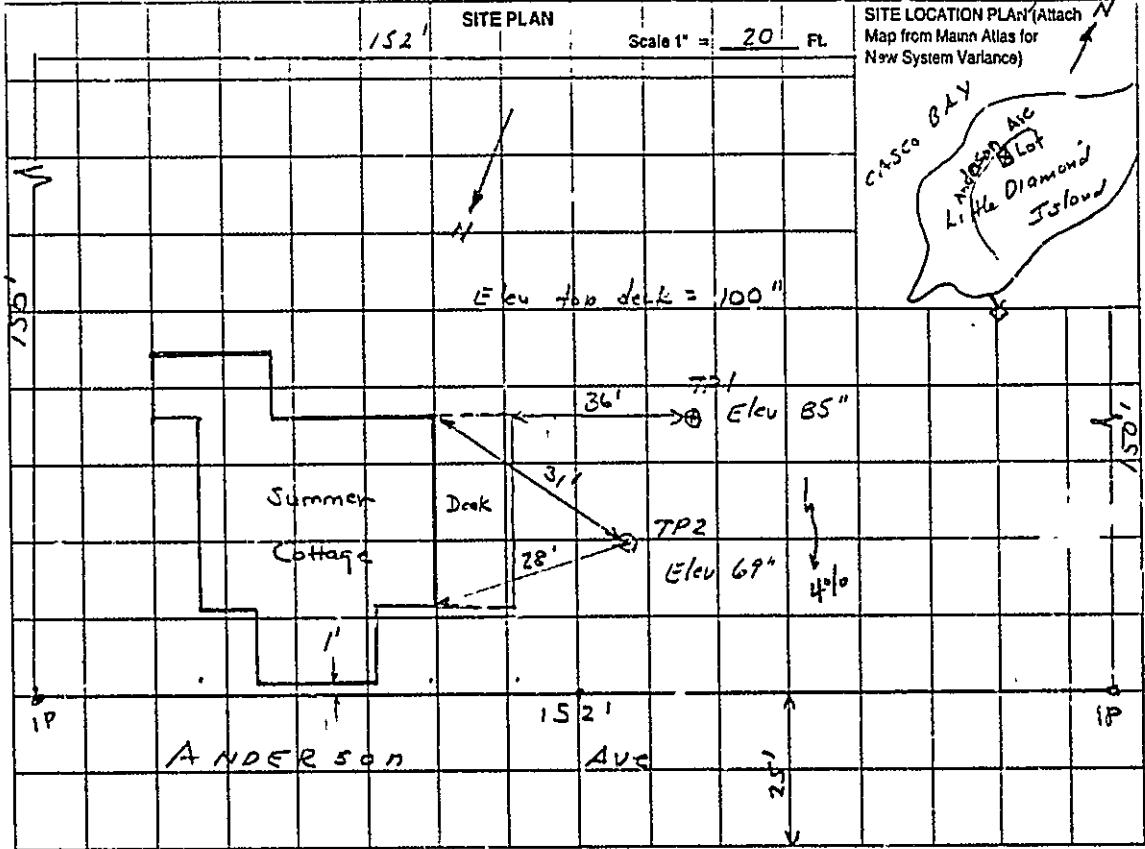
Site Evaluator or Professional Engineer's Signature: [Signature] SE # / IPE # 143 / 1513 Date: 4-21-91

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plantation: Portland Little Diamond Is Street, Road, Subdivision: Anderson Ave 105-L-10, 11 Owners Name: David J. Harris Tierney



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole <u>1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring			
* Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling
0-8" FSL		D Brn	
8-10" Loamy	Loose	Y Brn	
10-15" Sand			None
15-20" Loamy		Y Brn	
20-30" Sand			
30-40" FSL	Friable	Lt Brn	Roots to 58"
40-50" FSL			
Soil Profile: <u>Lo</u>	Classification: <u>C</u>	Slope: <u>4%</u>	Limiting Factor: <u>50'</u>
<input type="checkbox"/> Ground Water <input type="checkbox"/> Reticular Layer <input type="checkbox"/> Bedrock			
Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring			
* Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling
0-8" FSL		D Brn	
8-10" Loamy		Y Brn	
10-15" Sand			None
15-20" Friable			
20-30" FSL		Y Brn	
30-40" FSL			Pen
40-50" FSL			
Soil Profile: <u>C</u>	Classification: <u>C</u>	Slope: <u>4%</u>	Limiting Factor: <u>30'</u>
<input type="checkbox"/> Ground Water <input type="checkbox"/> Reticular Layer <input type="checkbox"/> Bedrock			

Theresa Alford 143/1513 4-21-91
 Site Evaluator or Professional Engineer's Signature CE# / PE# Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Planation

Street, Road, Subdivision

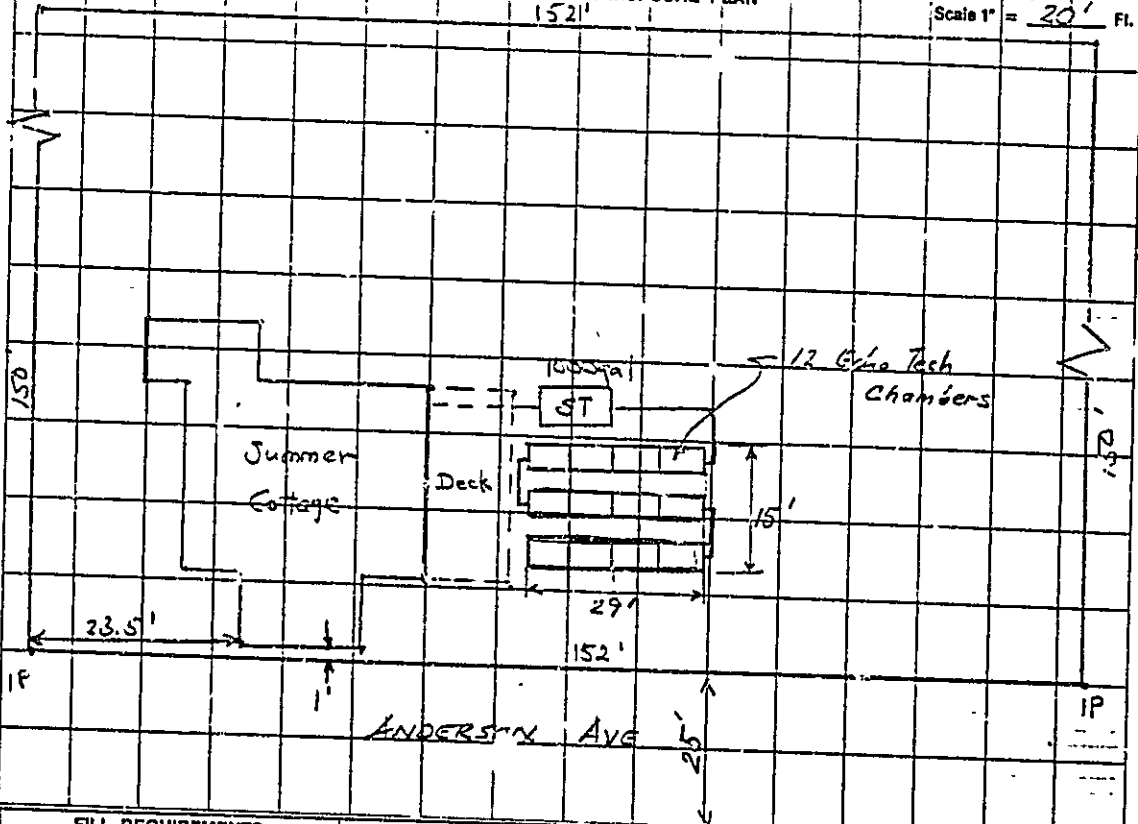
Owners Name

Battled Lake District Salmon Ave 105-4-13 11

David & Lisa Tierney

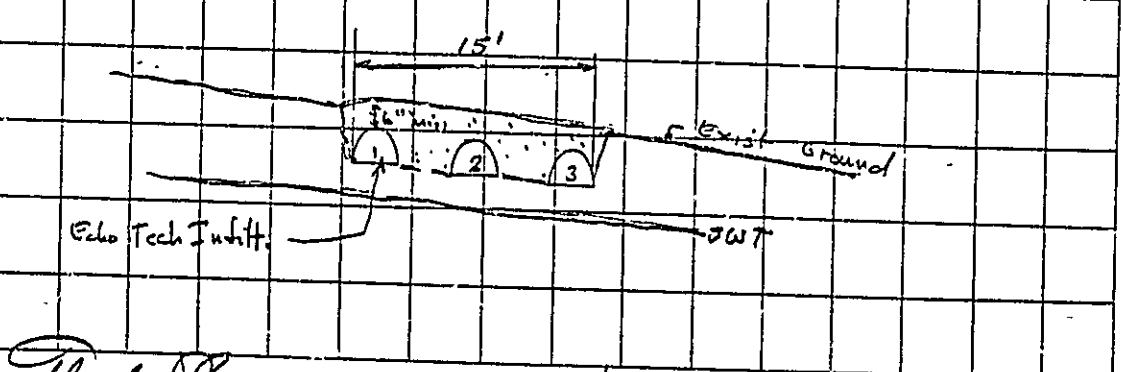
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Fl.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION Top Deck Elev 100.0"
Depth of Fill (Upslope)	0"	Reference Elevation is		
Depth of Fill (Downslope)	0"	Bottom of Disposal Area	See below	
		Top of Distribution Lines or Chambers		

Row	DISPOSAL AREA CROSS SECTION		Scale:	
	Bottom Infil	Top Infil	Vertical: 1 inch = 5' Fl.	Horizontal: 1 inch = 10' Fl.
1	57"	66"		
2	48"	63"		
3	45"	60"		



David Tierney
Site Evaluator or Professional Engineer's Signature

143/1512
SE #176

4-21-91

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 285-3876

PROPERTY ADDRESS
Portland
Little Diamond Island
Archieison Ave 105-L-10, 11

PROPERTY OWNERS NAME
Mark
David
First Last

David Tierroy
1 Old Whinn Rd
W. Newbury Mass 01985

Portland **Town**

PORTLAND PERMIT # 4192 STATE COPY

Date Permit Issued: 5.13.91 Fee: 14.00
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 0124
 Chief Plumbing Inspector

Owner/Applicant Statement
The information submitted is correct to the best of my understanding that any falsification is reason for the Local Director to deny a Permit.

Signature of Owner/Applicant: _____ Date: _____

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

Date w/out inspection above: 6/6/91
Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

APPLICATION IS FOR: <input type="checkbox"/> SYSTEM <input type="checkbox"/> REPLACEMENT SYSTEM <input type="checkbox"/> REPAIRED SYSTEM <input type="checkbox"/> SEASONAL CONVERSION <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 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
REPLACEMENT SYSTEM: WHICH SYSTEM INSTALLED? <u>2</u> WHICH SYSTEM IS: 3. <input type="checkbox"/> TRENCH 4. <input type="checkbox"/> OTHER: <u>Cess Pool</u>	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <u>Seasonal</u> 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER _____ SPECIFY _____	TYPE OF WATER SUPPLY Public Water (Seasonal)
PROPERTY ZONING <input type="checkbox"/> ZONING: <u>1R-2</u>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK TIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile DOBIC: <u>1000</u> 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 checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS.	CRITERIA USE - OR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) 3 Bedrooms (Water records indicate usage at 107 gpd)
FUNCTIONS USED FOR DESIGN PURPOSES CONDITION: <u>C</u> <u>30</u>	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input checked="" 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 checked="" type="checkbox"/> CHAMBER <u>300</u> Sq Ft <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	DESIGN FLOW: <u>125</u> (GALLONS/DAY)

EVALUATOR STATEMENT
18-91 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The data is in accordance with the Subsurface Wastewater Disposal Rules.

Signature of Professional Engineer: [Signature] SE # 147/1513 Date: 4-21-91

Signature of Local Site Evaluation Worker under a Local Option: _____

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

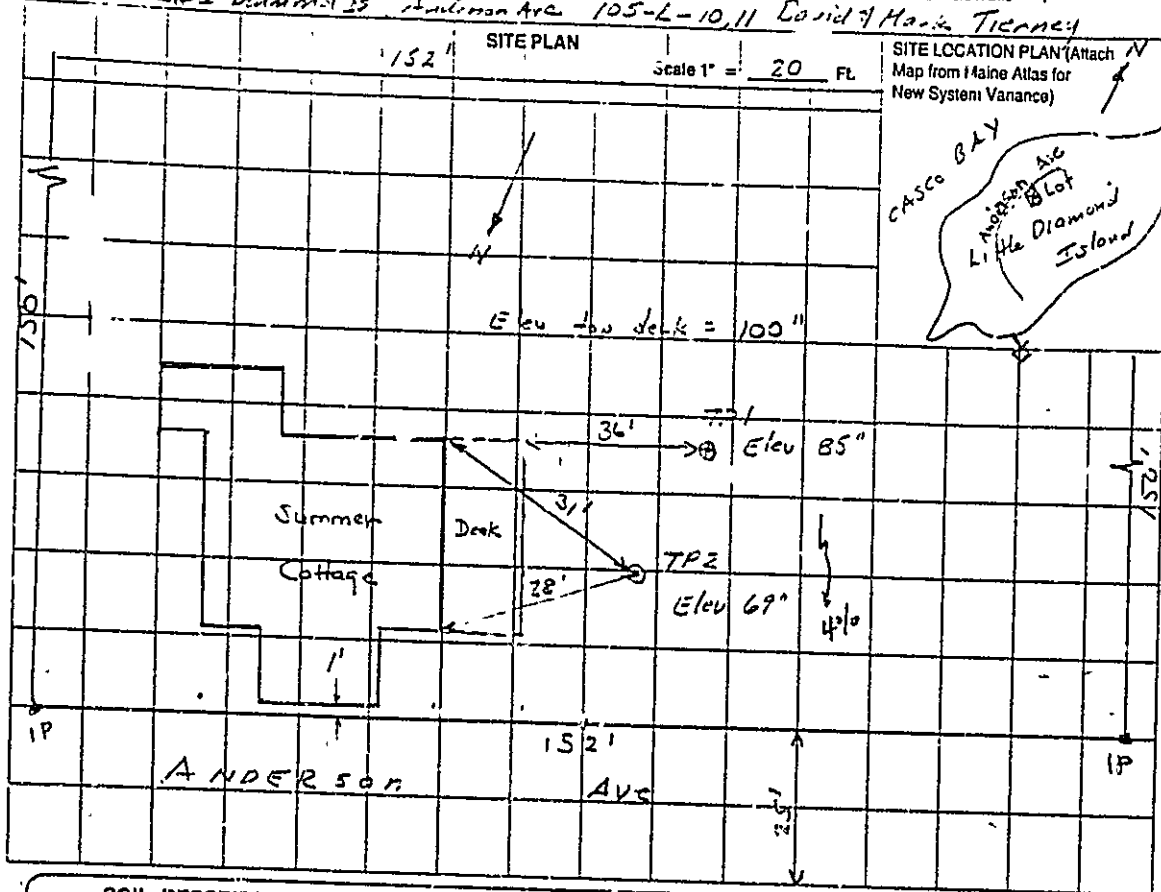
Division of Health Engineering

Town, City, Parishion

Street, Road, Subdivision

Owners Name

Parishion Little Diamond Is Anderson Ave 105-L-10, 11 David & Marie Tierney



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
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15-20" Loamy		Y Brn	
20-30" Sand			
30-40" FSL	Friable	Lt Brn	Roots to 50"
40-50" FSL			
Soil Profile <u>6</u>	Classification <u>C</u>	Slope <u>4%</u>	Limiting Factor <u>50'</u>
<input type="checkbox"/> Ground Water	<input type="checkbox"/> Permeable Layer	<input checked="" type="checkbox"/> Bedrock	

Texture	Consistency	Color	Mottling
0-5" FSL		D Brn	
5-10" Loamy		Y Brn	
10-15" Sand			None
15-20" Friable			
20-30" FSL		Y Brn	
30-40" FSL			Pen
40-50" FSL			
Soil Profile <u>6</u>	Classification <u>C</u>	Slope <u>4%</u>	Limiting Factor <u>30'</u>
<input type="checkbox"/> Ground Water	<input type="checkbox"/> Permeable Layer	<input type="checkbox"/> Bedrock	

Therese Green
Site Evaluator or Professional Engineer's Signature

143/1513
SEP/PE#

4-21-91
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

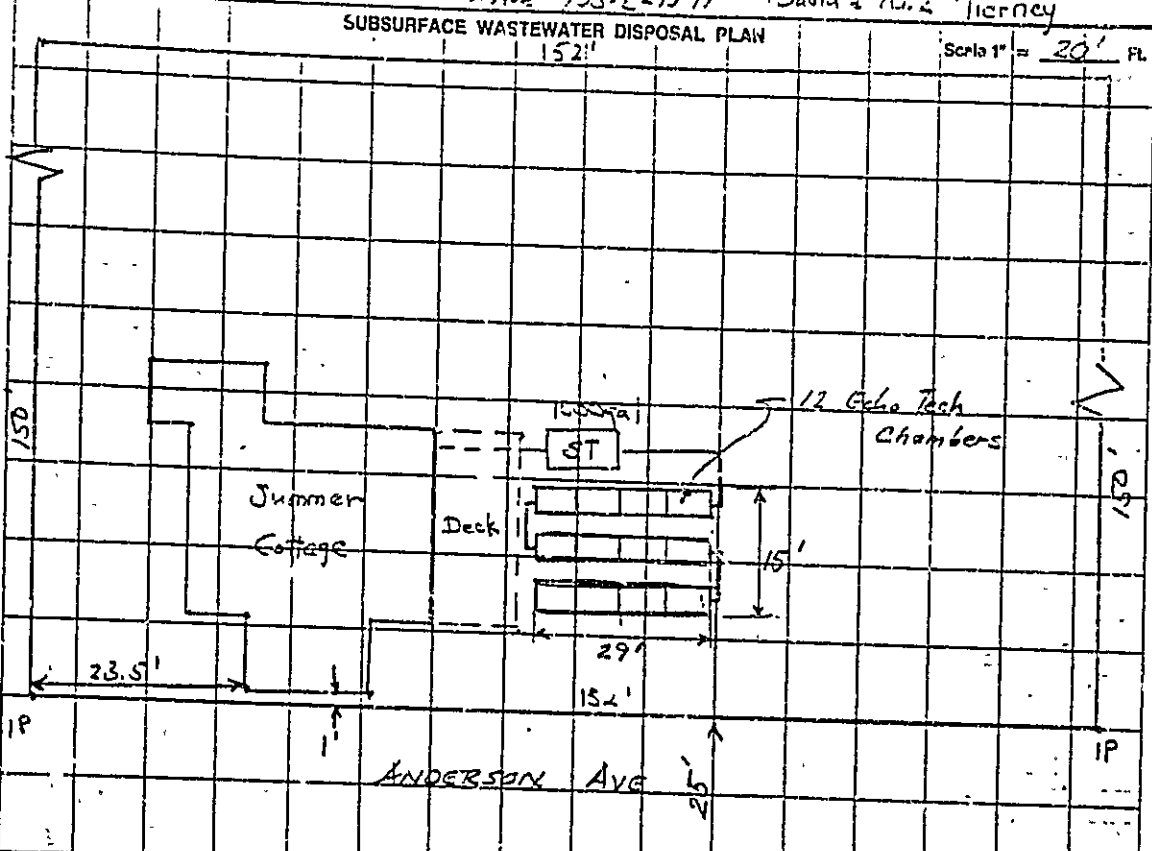
Owners Name

Battered Linn's Diamond Is Salomon Ave 195-6-12 11

David & Luella Tierney

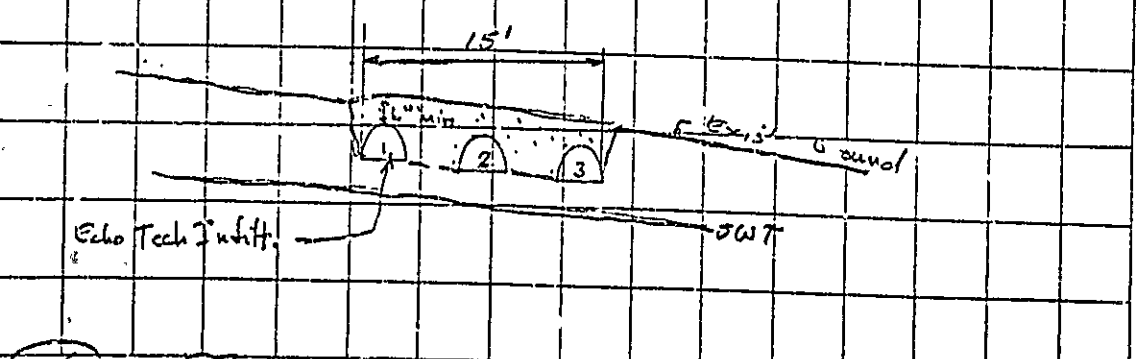
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DISPOSAL AREA CROSS SECTION			Scale:	
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2	48"	63"		
3	45"	60"		



David A. ...
Site Evaluator or Professional Engineer's Signature

143/1513
SE #1766

4-21-91
Date