

CITY VIEW AVE. - LITTLE DIAMOND ISL.
105-N-1-2 LOTS 45-53 ISL.

LOT	AREA	ACRES	APPROX. VALUE	DATE ACQUIRED	REMARKS	STATUS
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LOCATION: ...
CITY OF ...
DEPARTMENT OF ...

PERMIT TO INSTALL PLUMBING 105-1-2

Date Issued
 Portland Plumbing Inspector
 By ERNOLD R GOODWIN

App. First Insp.
 Date
 By
 App. First Insp.

Date
 By
 Type of Bldg.
 Commercial
 Residential
 Single
 Multi Family
 New Construction
 Remodeling

Address		PERMIT NUMBER	4703
Installation For		Great Ave., Little Diamond Island	
Owner of Bldg		dwelling	
Owner's Address		Peter Leahy	
Plumber		Milton Mass.	
NEW (REPL)	Theodore Ramo	Date	7/30/76
	SINKS		
	LAVATORIES		
	TOILETS		
	BATH TUBS		
	SHOWERS		
	DRAINS FLOOR SURFACE		
	HOT WATER TANKS		
	TANKLESS WATER HEATERS		
	GARBAGE DISPOSALS		
1	SEPTIC TANKS leaching bed		25.00
	HOUSE SEWERS		
	ROOF LEADERS		
	AUTOMATIC WASHERS		
	DISHWASHERS		
	OTHER		
	base fee		3.00
TOTAL			28.00

Building and Inspection Services Dept.: Plumbing Inspection



DAVID E. SMITH
COMMISSIONER

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

May 25, 1976

Mr. Theodore T. Rand, P.E.
Little Diamond Island
Portland, Maine 04109

Dear Ted:

We are in receipt of your revised leaching chamber system dated May 15, 1976.

In principal, we feel that these chamber systems you propose may be a simple and economical answer for the Maine islands where there is difficulty in obtaining stone and sand and constructing conventional disposal systems.

We have several concerns about the sizing of your systems, particularly in the Medium and Large Systems where we question whether the size would be adequate if you are installing them directly over silts where percolation rates are in excess of 60 minutes per inch. The 24 x 24 plank chamber systems, assuming the mat is permitting factor for ultimate failure, appear to be adequate to handle approximately 150 gallons per day.

Persons having these systems installed should be aware of the fact that it may be necessary from time to time to remove the planks and physically remove the mat or at some point in time add on to the systems should a problem occur.

The Department is prepared to permit the installation of these plank chamber systems on the islands in Casco Bay on a trial basis, with the understanding that should they appear to be undersized that they will have to be added onto.

Very truly yours,

Donald C. Hoxie
Donald C. Hoxie, Director
Division of Health Engineering

*7/24
7652087*

DCH/enf

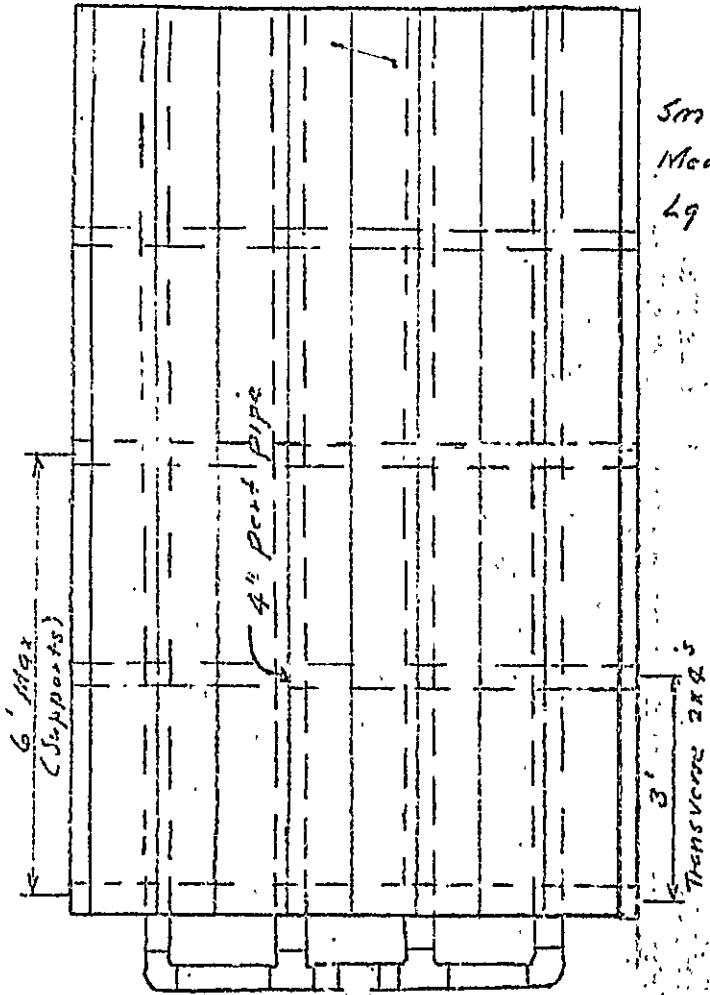
cc Mr. Errol R. Goodwin
LPI, 389 Congress St., Portland
Eugene Moreau; Clough Toppan, Russ Martin; Bruce Johnson; Paul Mathieu

Proposed Bed-Sizes

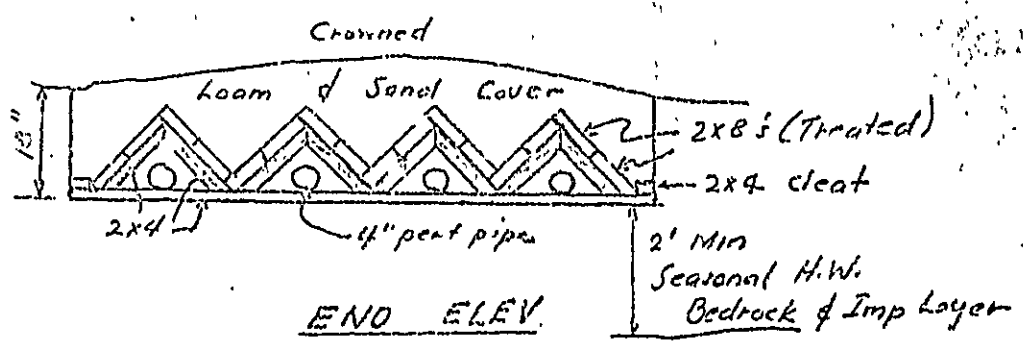
	Seasonal	Year Round
Sm	8' x 12'	12' x 16'
Med	12' x 16'	16' x 24'
Lg	16' x 16'	24' x 24'

RAND
LEACHING
CHAMBER
SYSTEM

Scale 1/2" = 1'
4-21-76
5-15-76 (Revised)
7 Rand.
PG #1513



PLAN To Septic Tank



END ELEV.

DUPLICATE — To be retained by the Plumbing Inspector

MAINE DEPARTMENT OF HEALTH AND WELFARE - APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT *L (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.: Little Diamond Is Permit No.: 4703 Date: 7/20/76

Owner of property: Peter Leahy Owner's address: 10 Cabot Street Millis Mass 02196 Size of lot: 12,320 Sq feet Acres

Name & type of establishment if other than private home: Owner Is lot Zoned? Yes No Type of Zoning: Residential Commercial Resource Protection

Name of applicant: Owner Applicant's address: 105-N-1 Tel No: 105-N-1 Maine: 105-N-2

Applicant's signature: [Signature] Date: 7-18-76 Subdivision name: 105-N-1 Lot No.: 105-N-2

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

The water supply for this property is: Dug well, depth _____ lining _____ Drilled well, depth _____ lining _____ Spring Surface water Body Course without disinfection with disinfection Public Utility, name: Blue Bird

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

Thickness and Description of each soil strata encountered	Soil Profile No. 1	Soil Profile No. 2	Soil Profile No. 3	Soil Profile No. 4	Soil Profile No. 5
	<input checked="" type="checkbox"/> Pit <input type="checkbox"/> Boring	<input checked="" type="checkbox"/> Pit <input type="checkbox"/> Boring	<input checked="" type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring
Organic strata: <u>Topsoil</u> Inches: <u>8"</u>	Organic strata: <u>Topsoil</u> Inches: <u>3"</u>	Organic strata: <u>Topsoil</u> Inches: <u>8"</u>	Organic strata: _____ Inches: _____	Organic strata: _____ Inches: _____	Organic strata: _____ Inches: _____
1st strata: <u>Blue Sand & Gravel</u> Inches: <u>16"</u>	1st strata: <u>Blue Sand & Gravel</u> Inches: <u>21"</u>	1st strata: <u>Blue Sand & Gravel</u> Inches: <u>22"</u>	1st strata: _____ Inches: _____	1st strata: _____ Inches: _____	1st strata: _____ Inches: _____
2nd strata: <u>Miscellaneous Shist (U of Soft)</u> Inches: _____	2nd strata: <u>Shist, gravel, clay</u> Inches: <u>9"</u>	2nd strata: <u>Sand, gravel, clay</u> Inches: <u>12"</u>	2nd strata: _____ Inches: _____	2nd strata: _____ Inches: _____	2nd strata: _____ Inches: _____
3rd strata: _____ Inches: _____	3rd strata: <u>Miscellaneous Shist</u> Inches: _____	3rd strata: _____ Inches: _____	3rd strata: _____ Inches: _____	3rd strata: _____ Inches: _____	3rd strata: _____ Inches: _____
Total Depth of observation hole: <u>46</u> inches	Total Depth of observation hole: <u>49</u> inches	Total Depth of observation hole: <u>53</u> inches	Total Depth of observation hole: _____ inches	Total Depth of observation hole: _____ inches	Total Depth of observation hole: _____ inches
Max. Ground water table: <u>None Evident</u> Inches: _____	Max. Ground water table: <u>None Evident</u> Inches: _____	Max. Ground water table: <u>None Evident</u> Inches: _____	Max. Ground water table: _____ Inches: _____	Max. Ground water table: _____ Inches: _____	Max. Ground water table: _____ Inches: _____
Impervious layer, clay, etc.: <u>None Evident</u> Inches: _____	Impervious layer, clay, etc.: <u>None Evident</u> Inches: _____	Impervious layer, clay, etc.: <u>None Evident</u> Inches: _____	Impervious layer, clay, etc.: _____ Inches: _____	Impervious layer, clay, etc.: _____ Inches: _____	Impervious layer, clay, etc.: _____ Inches: _____
Bedrock: <u>24</u> inches Type of Bedrock: <u>Soft Shist</u>	Bedrock: <u>37</u> inches Type of Bedrock: <u>Soft Shist</u>	Bedrock: <u>53</u> inches Type of Bedrock: <u>Shist</u>	Bedrock: _____ inches Type of Bedrock: _____	Bedrock: _____ inches Type of Bedrock: _____	Bedrock: _____ inches Type of Bedrock: _____
Surface slope: <u>5</u> %	Surface slope: <u>5</u> %	Surface slope: <u>5</u> %	Surface slope: _____ %	Surface slope: _____ %	Surface slope: _____ %
Soil Group & Condition per Table 9-1 of the Code, II: <u>A-2</u>	Soil Group & Condition per Table 9-1 of the Code, II: <u>A-3</u>	Soil Group & Condition per Table 9-1 of the Code, II: <u>B-6</u>	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: _____

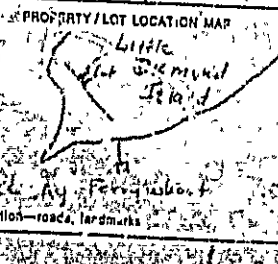
On 7-20-76 (date), a site investigation for this project was completed. I supervised this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the recommended type and size of private sewage disposal system. I also recommend the proposed private sewage disposal system layout and location shown on page 2.

Signature and Registration/Certification Number: Therese J. Rowland MA 1513
Date signed: _____

- Soil Scientist
- Geologist
- Soil Engineer
- L.P.I. must know current status of certification to L.P.I.

PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED Show location of system and details on sketches on page 2, and refer to completed application form

SYSTEM: <input checked="" type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM (if separate system—type of human waste disposal system to be used: <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Open Pit Privy <input type="checkbox"/> Compost Toilet <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Other, describe _____ See Chapter 9 of the Code, II.	TREATMENT TANK: <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Manufacturer: _____ Size in gallons: <u>750</u> <input type="checkbox"/> Aerobic Tank Manufacturer: _____ Model No.: _____ Size in gallons: _____	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION: Fill is— <input type="checkbox"/> required, <input checked="" type="checkbox"/> not required. Fill will be _____ inches deep DETAILS: <input checked="" type="checkbox"/> A Distribution Box is required Pumping is— <input type="checkbox"/> required, <input checked="" type="checkbox"/> is not required. The Dose will be _____ gallons
		Type: <input checked="" type="checkbox"/> Trench System: Total trench length: <u>66'</u> <input type="checkbox"/> Bed System Length: _____ Width: _____ <input type="checkbox"/> Chamber System Number: _____ <input type="checkbox"/> Type A <input type="checkbox"/> Single File <input type="checkbox"/> Cluster <input type="checkbox"/> Type F <input type="checkbox"/> Mound System Length: _____ Width: _____ at base <input type="checkbox"/> Special System Length: _____ Width: _____ <input type="checkbox"/> Non-discharge System Bed Length: _____ Width: _____ Floating Tank Size: _____ Gal. Manufacturer: _____ <input checked="" type="checkbox"/> Alarm device provided, type _____	SIZE: <input checked="" type="checkbox"/> Very Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large	



FOR THE USE OF L.P.I. ONLY
 Denial: Application is denied for following reasons; portions of the Code II are cited:
 Form is incomplete () as to: General info. Site Investigation. System Proposed.
 Site Plan. Disposal System Plan. Cross Section. Statement. See Section 23.
 Site Investigator indicates site is totally unsuitable for disposal system; Sections 45 and 9A, Table 9-1, Gro. 9 and 10. Unsuitable for system proposed; Sections 43, 45, 9A, Table 9-1, Gro. 9.
 System Proposed does not conform to Code, See Sections 9.
 Site Investigation indicates site modifications are necessary; See Sections 43, 45, 9A, Table 9-1, Gro. 9.
 Miscellaneous _____ See Section _____
 Acceptance: Application for permit is approved with condition specified, or with Section _____
 Signed L.P.I.: [Signature] Date: 7/20/76 IHC-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 Portland Street, Road, etc. Little Diamond Island Owner of property Primo Leathin, Inc.
 If on water body, give name 105-N-1-2

Site Plan

Scale 1" = 100 Ft. or

Private Sewage Disposal Plan

Scale 1" = 20' or

Subsurface Absorption Area Cross-section

Scale: Vertical — 1" = 5' or
 Horizontal — 1" = 50' or

Handwritten signature and date:
 [Signature] 7/20/76

Handwritten text:
 RAYMOND L. STEWART
 SUPERVISOR

Statement: (no permit may be issued until signed)
 I certify that all the information submitted to be true and correct, and I understand the 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 reason 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 Authority or its Agent.

HHC-200 7/74

Signature Required: _____
 Date: 7/20/76
 Applicant: [Signature]
 Owner: [Signature]

City of Portland
105-N-1-2



Location, ownership and detail must be correct, complete and legible. Separate application required for every building. Plans must be filed with this application.

Application for Permit to Build

(3d CLASS BUILDING)

Portland, Me., May 4th, 1916.

TO THE INSPECTOR OF BUILDINGS.

The undersigned hereby applies for a permit to build, according to the following Specifications:—

Plans must be submitted in duplicate, one set to be filed with the Department and the duplicate set thereof (bearing the approval of the Inspector of Buildings) shall be kept on file and exhibited on demand.

Location, Little Diamond Island Wd

Name of owner is? Frederick W. Graham Address, Fidelity Building

Name of mechanics? Herbert Drake " Long Island

Name of architect is? Brown & Berry " Press Bldg.

Proposed occupancy of building (purpose)? summer cottage

If a dwelling or tenement house, for how many families? one

Are there to be stores in lower story? no No

Size of lot, No. of feet front? No. of feet rear? No. of feet deep?

Size of building, No. of feet front? 26 No. of feet rear? 26 No. of feet deep? 26

No. of stories, front? one and one half rear? same

No. of feet in height from the mean grade of street to the highest part of the roof?

Distance from lot lines, front? feet; side? feet; rear? feet

Fires top to be used? wood

Will the building be erected on solid or filed land? solid

Will the foundation be laid on earth, rock, or piles? earth

If on piles, No. of rows? distance on centres? length of?

Diameter, top? diameter, bottom of?

Size of posts? 4x6 6x6 sill, 6x6 girder, 2x4 studding, 2x6 roof rafters,
" girts? 4x4 or ledger if required 24 inches on C.

" floor timber? 1st floor. 2x8 2d. 3d. 4th.

O. C. " " " " 16 " " " "

Spar " " " " 13 " " " "

Braces, how put in?

Building, how framed? girts or ledger

Material of foundation? posts thickness of? laid with mortar?

Underpinning, material of? height of? thickness of?

Will the roof be flat, pitch, mansard, or hip? pitch Material of roofing? shingles

Will the building be heated by steam, furnaces, stoves or grates? stoves Will the flues be lined? yes

Will the building conform to the requirements of the law? yes

No. of brick walls? and where placed?

Means of egress?

PERMIT MUST BE RECEIVED BEFORE BEGINNING WORK.

If the building is to be occupied as a Tenement House, give the following particulars:

What is the height of cellar or basement?

What will be the clear height of first story? second? third?

State what means of egress is to be provided?

..... Scuttle and stepladder to roof?

Estimated Cost, \$ 1800

Signature of owner or authorized representative, Frederick W. Graham
Address, 24 Thomas St. City

Plans submitted? no Received by? MRS.

No. 4798

191

APPLICATION FOR PERMIT TO BUILD 3d CLASS BUILDING

LOCATION

Little Diamond Island

Handwritten notes: 'Word 53', '12,320', 'Inspector', '105', '12,320', '105', '12,320'.

CONDITIONS

Blank dotted lines for conditions.

PERMIT GRANTED

Permit filled out by: May 4th 1914
Permit number:
Plan number:

FINAL REPORT

Has the work been completed in accordance with this application and plans filed and approved?

Law been violated?

Nature of violation?

Blank dotted lines for final report details.

Violation removed when? 191

Estimated cost of building, etc. \$.

Building Inspector.

APPROVAL OF PLANS

Supervisor

Handwritten mark at the bottom of the page.