

MISCELLANEOUS- CUSHINGS
ISLAND



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date July 31, 19 80
 Receipt and Permit number A 51558

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:
 The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of
 Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:
 LOCATION OF WORK: 106-A-C-11 Ottawa Cushing Island, Me.
 OWNER'S NAME: Robert Meserve Avenue ADDRESS: Waltham, Mass.

OUTLETS:	Receptacles _____	Switches _____	Plugmold _____	ft. TOTAL <u>1-30</u>	FEES
FIXTURES: (number of)	Incandescent _____	Flourescent _____	(not strip) TOTAL _____		<u>3.00</u>
	Strip Flourescent _____	ft. _____			
SERVICES:	Overhead <input checked="" type="checkbox"/>	Underground _____	Temporary _____	TOTAL amperes <u>100</u>	<u>3.00</u>
METERS: (number of)	<u>1</u>				<u>.50</u>
MOTORS: (number of)	Fractional _____	1 HP or over _____			
RESIDENTIAL HEATING:	Oil or Gas (number of units) _____	Electric (number of rooms) _____			
COMMERCIAL OR INDUSTRIAL HEATING:	Oil or Gas (by a main boiler) _____	Oil or Gas (by separate units) _____	Electric Under 20 kws _____	Over 20 kws _____	
APPLIANCES: (number of)	Ranges _____	Cook Tops _____	Wall Ovens _____	Dryers _____	Fans _____
	Water Heaters _____	Disposals _____	Dishwashers _____	Compactors _____	Others (denote) _____
	TOTAL _____				
MISCELLANEOUS: (number of)	Branch Panels _____	Transformers _____	Air Conditioners Central Unit _____	Separate Units (windows) _____	
	Signs 20 sq. ft. and under _____	Over 20 sq. ft. _____	Swimming Pools Above Ground _____	In Ground _____	
	Fire/Burglar Alarms Residential _____	Commercial _____	Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	over 30 amps _____	
	Circus, Fairs, etc. _____	Alterations to wires _____	Repairs after fire _____	Emergency Lights, battery _____	Emergency Generators _____
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	INSTALLATION FEE DUE:				
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	DOUBLE FEE DUE:				
	TOTAL AMOUNT DUE:				<u>6.50</u>

INSPECTION:
 Will be ready on ready, 19 80; or Will Call _____
 CONTRACTOR'S NAME: Paul DeBevoise
 ADDRESS: 15 R. Pleasant Hill Rd. Falmouth
 TEL.: 797-5072
 MASTER LICENSE NO.: 655 SIGNATURE OF CONTRACTOR: Paul DeBevoise
 LIMITED LICENSE NO.: _____

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

ELECTRICAL INSTALLATIONS--

Permit Number 51558

Location 106-A-C-11 Ottawa Cushing Isl.

Owner R. Meserve

Date of Permit 7-31-80

Final Inspection 8-6-80

By Inspector Libby

Permit Application Register Page No. 61

Cushing's Island

INSPECTIONS: Service ✓ by Libby
Service called in 8-6-80

Closing-in OK by _____

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

CODE
COMPLIANCE
COMP. ELEC.
DATE

DATE: _____ REMARKS:
See "Within package touch" - 766-2806



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date May 28, 19 76
 Receipt and Permit number A 1980

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK 106-A-21, 22 Shamrock Lane & Shore Road, Cushing Island
 OWNER'S NAME: Dr. Jack Spencer ADDRESS: Rhode Island

OUTLETS: (number of)
 Lights _____
 Receptacles _____
 Switches _____
 Plugmold _____ (number of feet)
 TOTAL 1-30 3.00 FEES

FIXTURES: (number of)
 Incandescent _____
 Fluorescent _____ (Do not include strip fluorescent)
 TOTAL _____
 Strip Fluorescent, in feet: _____

SERVICES:
 Permanent, total amperes 100 3.00
 Temporary _____

METERS: (number of) 150

MOTORS: (number of)
 Fractional _____
 1 HP or over _____

RESIDENTIAL HEATING:
 Oil or Gas (number of units) _____
 Electric (number of rooms) _____

COMMERCIAL OR INDUSTRIAL HEATING:
 Oil or Gas (by a main boiler) _____
 Oil or Gas (by separate units) _____
 Electric (total number of kws) _____

APPLIANCES: (number of)
 Ranges _____ Water Heaters _____
 Cook Tops _____ Disposals _____
 Wall Ovens _____ Dishwashers _____
 Dryers _____ Compactors _____
 Fans _____ Others (denote) _____
 TOTAL _____

MISCELLANEOUS: (number of)
 Branch Panels _____
 Transformers _____
 Air Conditioners _____
 Signs _____
 Fire/Burglar Alarms _____
 Circus, Fairs, etc. _____
 Alterations to wires _____
 Repairs after fire _____
 Heavy Duty, 220v outlets _____
 Emergency Lights, battery _____
 Emergency Generators _____

INSTALLATION FEE DUE: _____
 FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____
 FOR PERFORMING WORK WITHOUT A PERMIT (304-9) _____
 TOTAL AMOUNT DUE: 6.50

INSPECTION:
 Will be ready on _____, 19____; or Will Call XX

CONTRACTOR'S NAME: Southern Maine Electric
 ADDRESS: 10 Beach Street
 TEL.: 774-3483

MASTER LICENSE NO.: 2817 SIGNATURE OF CONTRACTOR: Hau C. Smith
 LIMITED LICENSE NO.: _____

INSPECTOR'S COPY

ELECTRICAL INSTALLATIONS —

Permit Number 1880

Location 106-A-21, 22

Owner Dr. Jack Spencer

Date of Permit 5-28-76

Final Inspection 8-6-80

By Inspector Libby

Permit Application Register Page No 59

Cushings Isl.

Shamrock Lane and Shore Road, Cushings Isl.

INSPECTIONS: Service _____ by Libby

Service called in _____ by _____

Closing-in _____ by _____

PROGRESS INSPECTIONS:

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CODE:
 COMPLIANCE
 COMPLETED.
 DATE 8-6-80

REMARKS:

DATE:

MAINE DEPARTMENT OF HUMAN SERVICES
APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT

This is NOT a permit. This form when completed must be submitted to the Local Plumbing Inspector to obtain a permit.

Town: **Portland** Street, Road, etc.: **Spring Cove Ave.** Plumbing Permit No.: **2282** Date of Plumbing Permit: **9/12/77**

Owner of property: **Mr. Dale Archer McMillin** Owner's address: **Spring Cove Ave.** Size of lot: **16,812** (Sq Feet / Acres)

Name & type of establishment if other than private home: _____ Is lot Zoned? Yes No Type of Building: **Residential**

Name of applicant: **Lionel Plante** If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following:
 Description of private sewage disposal system
 Copy of the subdivision's soils report
 Soils report from a State Agency

Applicant's address: **Island Ave.** Tel. No.: **766-2508**

Town: **Peaks Island** City Code: **04-08** Subdivision name: **City Of** Lot No.: _____

Applicant's signature: _____ Date: _____ Portland Assessors: **106C-C-5**
Owner's signature: **Dale Archer McMillin** Date: _____ Plan #: **106C**

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 _____ ft. Drilled well, depth _____ ft. Spring _____

Leach: Lining Surface water Body Course with disinfection without disinfection Sewer Utility, water _____ ft. Dis-

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.

Soil Profile No.	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 type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring
Description of soil and strata encountered	Organic strata Top Soil		Organic strata Top Soil		Organic strata		Organic strata		Organic strata	
	Inches 2"		Inches 2"		Inches		Inches		Inches	
	1st strata Loam		1st strata Loam		1st strata		1st strata		1st strata	
Inches 8"		Inches 4"		Inches		Inches		Inches		
2nd strata Very Rocky Sandy Loam		2nd strata Cinder Fill		2nd strata		2nd strata		2nd strata		
Inches 12"		Inches 7"		Inches		Inches		Inches		
3rd strata Very Rocky Sandy Loam		3rd strata Very Rocky Sandy Loam		3rd strata		3rd strata		3rd strata		
Inches 38"		Inches 11"		Inches		Inches		Inches		
Depth from bottom of upper 2' section to:	Total Depth of observation hole Inches 58		Total Depth of observation hole Inches 52		Total Depth of observation hole Inches		Total Depth of observation hole Inches		Total Depth of observation hole Inches	
	Max. Ground water table molting _____ Inches		Max. Ground water table molting _____ Inches		Max. Ground water table molting _____ Inches		Max. Ground water table molting _____ Inches		Max. Ground water table molting _____ Inches	
	Impervious layer, clay, etc. _____ Inches		Impervious layer, clay, etc. _____ Inches		Impervious layer, clay, etc. _____ Inches		Impervious layer, clay, etc. _____ Inches		Impervious layer, clay, etc. _____ Inches	
Bedrock 58 Inches		Bedrock 52 Inches		Bedrock _____ Inches		Bedrock _____ Inches		Bedrock _____ Inches		
Type of Bedrock Shale		Type of Bedrock Shale		Type of Bedrock _____		Type of Bedrock _____		Type of Bedrock _____		
Surface slope 0.0 %		Surface slope 0.0 %		Surface slope _____ %		Surface slope _____ %		Surface slope _____ %		
Soil Group A Condition per Table 9-1 of the Code, II 2B		Soil Group A Condition per Table 9-1 of the Code, II 2B		Soil Group A Condition per Table 9-1 of the Code, II _____		Soil Group A Condition per Table 9-1 of the Code, II _____		Soil Group A Condition per Table 9-1 of the Code, II _____		

On **8/25/77** (date), a site investigation for this project was completed. I conducted this soil evaluation 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: **William B. Goodman** Health Engineering License No. _____
Date signed: **September 6, 1977** 00003

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

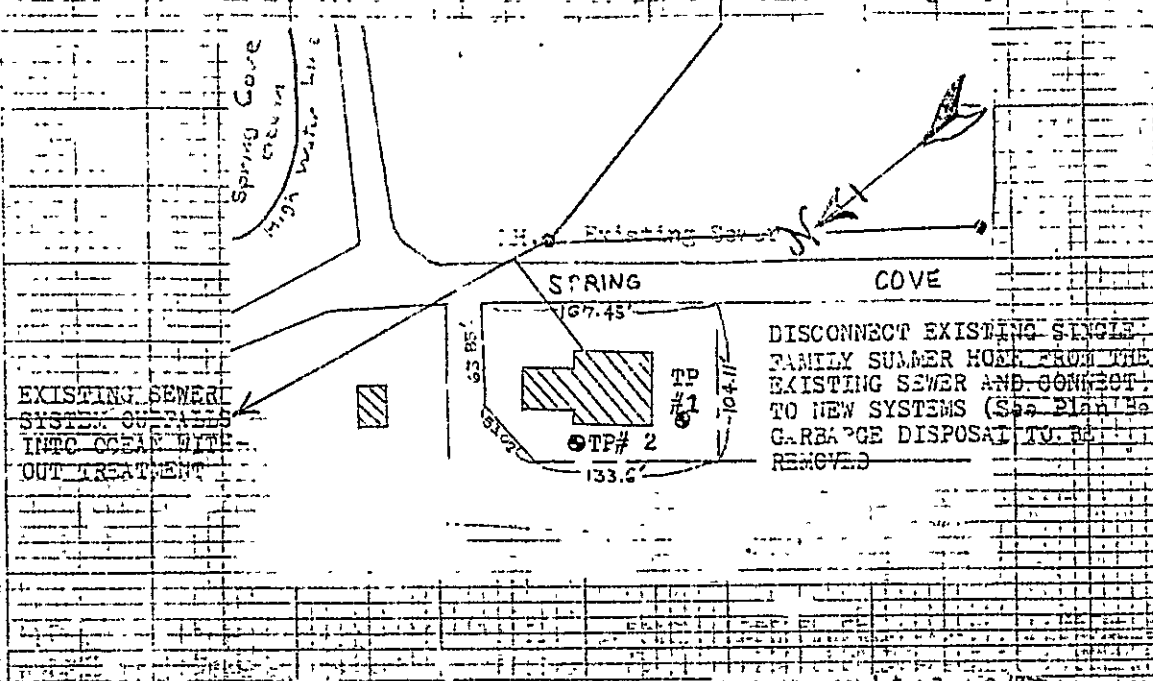
SYSTEM: <input checked="" type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM If separated system, type of human waste disposal system to be used: <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Open Pit Privy <input type="checkbox"/> Compost Toilet <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Other, describe _____	TREATMENT TANK <input checked="" type="checkbox"/> Saniatic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Size in gallons: 750 Gallons <input type="checkbox"/> Aerobic Tank Manufacturer: _____ Model No.: _____ Size in gallons: NOT APPLICABLE	SUBSURFACE ABSORPTION AREA		SIZE MODIFICATION NOT Fill will be: APPLICABLE _____ in. uphill; _____ ft. downhill
		Type: <input type="checkbox"/> Trench System; Total trench length NOT APPLICABLE <input checked="" type="checkbox"/> Bed System Length 100' Width 10' <input type="checkbox"/> Chamber System; Number _____ <input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> Round system; Length NOT APPLICABLE Width _____ <input checked="" type="checkbox"/> Special System XXXXX One Chamber For Kitchen Dishwash _____ <input type="checkbox"/> WASHER <input type="checkbox"/> Required <input checked="" type="checkbox"/> Not Required	SIZE: <input type="checkbox"/> Very Small <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large	DETAILS NOT APPLICABLE <input type="checkbox"/> A Distribution Box is required. <input type="checkbox"/> Pumping is required, <input type="checkbox"/> is not required. The Dose will be _____ gallons
PERMIT/LOT LOCATION MAP 		FOR THE USE OF LPI ONLY <input type="checkbox"/> Denial: Application is denied for following reasons; portions of the Code II are cited. Form is incomplete: _____ pg 1 to _____ pg 15 to _____ General info. <input type="checkbox"/> Site Investigation, <input type="checkbox"/> System Proposed, <input type="checkbox"/> Site Plan, <input type="checkbox"/> Disposal System Plan, <input type="checkbox"/> Cross-section, <input type="checkbox"/> Statement. See Section 2.1. <input type="checkbox"/> Site investigation indicates site is not suitable for disposal system. Sections 4.3 & 4.9.5, Table 9-1 Group 3 and 19. <input type="checkbox"/> Unsuitable for system. See Section 4.3, 4.4, 4.9.5, Table 9-1. <input type="checkbox"/> System Proposed does not conform to Code; See Sections II _____ <input type="checkbox"/> Site investigation indicates site is not suitable as site necessary. See Sections 4.3, 4.4, 4.8, 4.9.5. <input type="checkbox"/> Miscellaneous _____ See Section _____ Applicant's signature: _____ Date: 9/12/77 HME-200 1/77		

APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
(For systems disposing of less than 200 gallons per day)

Portland Cushings Island
Spring Cove Ave.
Mr. Dale Archer McNulty

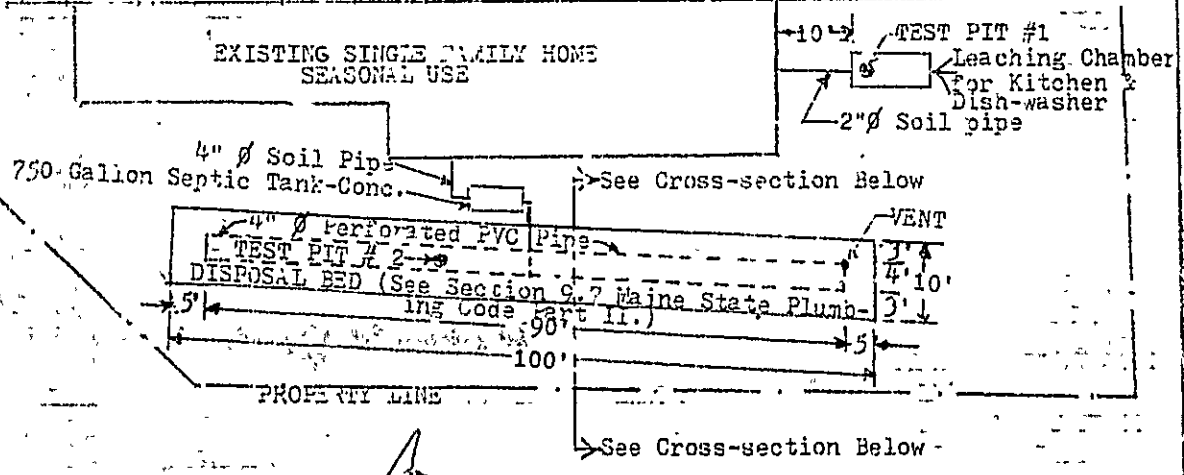
Site Plan

Scale 1" = 100 Ft. dr. by *[Signature]*



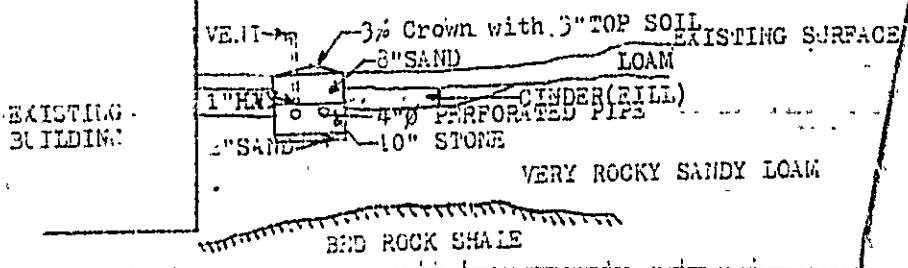
Private Sewage Disposal Plan

Scale 1" = 20' date: Sept. 2, 1977



Subsurface Absorption Area Cross-section

Scale: Vertical - 1" = 5' dr. by *[Signature]*
Horizontal - 1" = 20' date: Sept. 2, 1977



I certify that all the information submitted to me is 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 information to obtain a permit to install a private sewage disposal system and that the permit is void after 181 months (expired from the date of permit issuance). I understand that no other action is intended or implied without the approval given by the Administrative Authority of its office.

Date: *9/2/77*
Applicant: *Dale Archer McNulty*
Owner:

PERMIT TO INSTALL PLUMBING **& Cuthings Island**

Address: **105C-B-2 Spring Cove Ave** PERMIT NUMBER **1150**

Installation For: **summer cottage**

Owner of Bldg: **Mrs. Elizabeth Havitt**

Owner's Address: **Concord Rd. Lincoln, Mass**

Plumber: **Liquid Plants** Date: **5-5-77**

NEW REPL **151 West Ave. Peaks Is.** NO FEE

Date Issued

Portland Plumbing Inspector

By **ARNOLD R GOODWIN**

App. First Insp.

Date

By

App. Final Insp.

Date

By

Type of Bldg

- Commercial
 Residential
 Single
 Multi Family
 New Construction
 Remodeling

MAY 14 1977
 ARNOLD R. GOODWIN
 CHIEF PLUMBING INSPECTOR

	SINKS		
	LABORATORIES		
	TOILETS		
	BATH TUBS		
	SHOWERS		
	DRAINS FLOOR SURFACE		
	HOT W. W. TANKS		
	TANKLESS WATER HEATERS		
	GARBAGE DISPOSALS		
1	SEPTIC TANKS	1	25.00
	HOUSE SEWERS		
	ROOF LEAKS		
	AUTOMATIC WASHERS		
	DISHWASHERS		
	OTHER	none	

Building and Inspection Services Dept.: Plum

MAY 14 1977

MAINE DEPARTMENT OF HEALTH AND WELFARE
APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT

Town: **Portland** Street, Road, etc: **Spring Cove Ave.** Permit No: **1150** Date: **MAY 3-1977**

Owner of property: **Mrs. Elizabeth Lewitt Concord Rd., Lincoln, Mass. 01773** Size of lot: **38,739 Sq. ft.**

Name of applicant: **Lionel Plante** Is lot Zoned? Yes No Type of Zoning: Residential Commercial Resource Protection

Applicant's address: **Island Ave.** Tel. No: **705-2508** Subdivision name: **City of Portland Assessors' Plan 106-C**

Applicant's signature: *[Signature]* Date: **5-2-77** Lot No: **106-C**

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 _____ Spring _____ Surface water Body Course With disinfection _____ Public Utility _____

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

Soil Profile No.	Soil Profile No.	Soil Profile No.	Soil Profile No.	Soil Profile No.
1	2	3	4	5
Organic strata <input checked="" type="checkbox"/> Pit <input type="checkbox"/> Boring	Organic strata <input type="checkbox"/> Pit <input type="checkbox"/> Boring	Organic strata <input type="checkbox"/> Pit <input type="checkbox"/> Boring	Organic strata <input type="checkbox"/> Pit <input type="checkbox"/> Boring	Organic strata <input type="checkbox"/> Pit <input type="checkbox"/> Boring
Top Soil 2 ft	Top Soil 2 ft	Top Soil 2 ft	Top Soil 2 ft	Top Soil 2 ft
1st strata Dr. Br. Sandy Loam 6" to 7"	1st strata Dr. Br. Sandy Loam 6" to 7"	1st strata Dr. Br. Sandy Loam 6" to 7"	1st strata Dr. Br. Sandy Loam 6" to 7"	1st strata Dr. Br. Sandy Loam 6" to 7"
2nd strata Lt. Br. Silty Sand 8" to 10"	2nd strata Lt. Br. Silty Sand 8" to 10"	2nd strata Lt. Br. Silty Sand 8" to 10"	2nd strata Lt. Br. Silty Sand 8" to 10"	2nd strata Lt. Br. Silty Sand 8" to 10"
3rd strata Lt. Br. Sandy Gravel 2"	3rd strata Lt. Br. Sandy Gravel 2"	3rd strata Lt. Br. Sandy Gravel 2"	3rd strata Lt. Br. Sandy Gravel 2"	3rd strata Lt. Br. Sandy Gravel 2"
Total Depth of observation hole inches 62 ft	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 morning inches	Max Ground water table morning inches	Max Ground water table morning inches	Max Ground water table morning inches	Max Ground water table morning inches
Impervious layer, clay, etc. CLAY 28 inches	Impervious layer, clay, etc. inches	Impervious layer, clay, etc. inches	Impervious layer, clay, etc. inches	Impervious layer, clay, etc. inches
Bedrock Type of Bedrock	Bedrock Type of Bedrock	Bedrock Type of Bedrock	Bedrock Type of Bedrock	Bedrock Type of Bedrock
Surface slope 0.5 %	Surface slope %	Surface slope %	Surface slope %	Surface slope %
Soil Group & Condition per Table 9-1 of the Code, II B-7	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 **April 27, 1977** (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 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: **William B. Goodwin** License No: **30003** Licensed Evaluator
Date signed: **May 2, 1977**

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

SYSTEM: <input checked="" type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM <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 _____	TREATMENT TANK: <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Manufacturer: Unknown Size in gallons: 1,000 gal <input type="checkbox"/> Aerobic Tank Manufacturer: _____ Model No.: _____ Size in gallons: _____	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION Fill is <input checked="" type="checkbox"/> required, <input type="checkbox"/> not required Fill will be 20" inches deep DETAILS <input type="checkbox"/> A Distribution Box is required If required, _____ is not required The boxes will be _____ gallons DISTANCES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 100 feet from any well, springs, surface water bodies and courses (lake, pond, ocean, brook, stream, river), swamps, marshes and bogs. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 300 feet from any well and all wells and springs producing 70+ gallons or more of water per day and any public water supplies
		Type: <input checked="" type="checkbox"/> Trench System: Total trench length Not Applicable <input checked="" type="checkbox"/> Bed System Length 50' Width 20' <input type="checkbox"/> Chamber System Number of Chambers Not Applicable <input type="checkbox"/> Flood System Length _____ Width _____ <input type="checkbox"/> Leach System Length _____ Width _____ <input type="checkbox"/> Hand-discharge System Dred Length _____ Width _____ Holding Tank Size Not Applicable <input type="checkbox"/> Alarm device provided type _____		

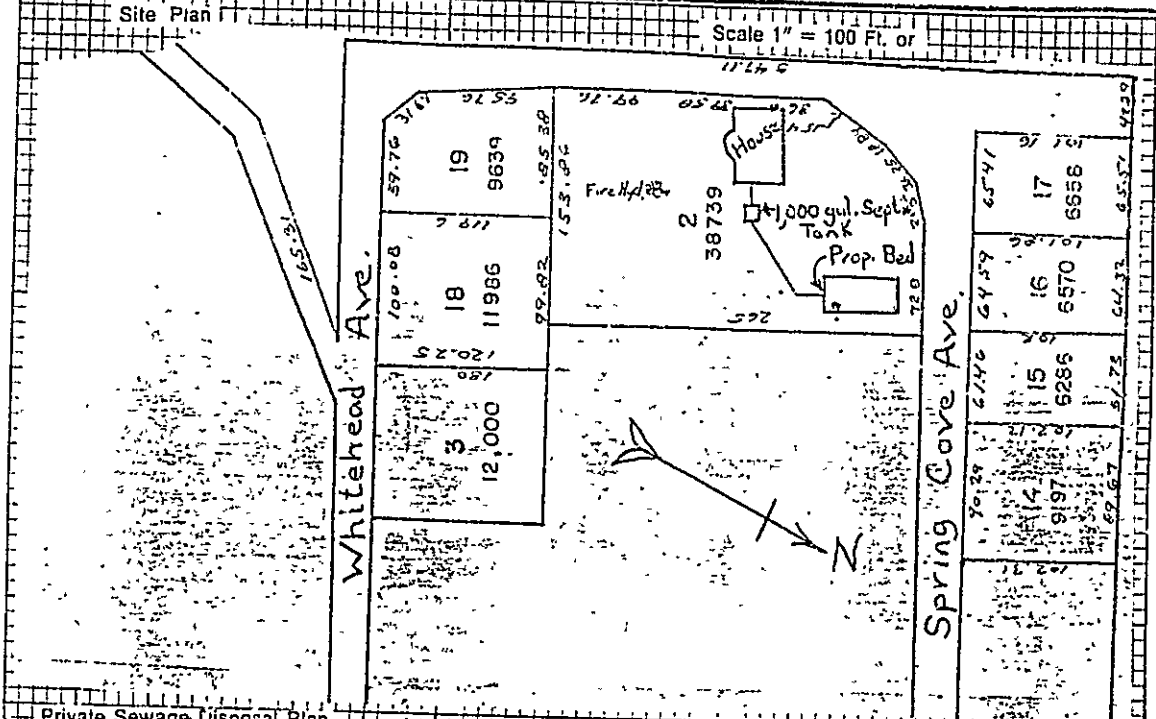
PROPERTY/LOT LOCATION MAP
Cushings Island

RE THE USE OF LPI ONLY
 Form is incomplete (unless as to) General info Site investigation System Proposed, Site Plan Disposal System Plan Cross Section Statement See Section 23
 Site investigation indicates site is unsuitable for disposal system; Sections 4.5 and 9.3, Table 9-1 Group 3 and 10.
 System Proposed does not conform to Code See Sections 4.3, 4.6, 9.3 Table 9-1.
 Site investigation indicates site modifications are necessary; See Sections 4.3, 4.4, 4.6, 4.7.

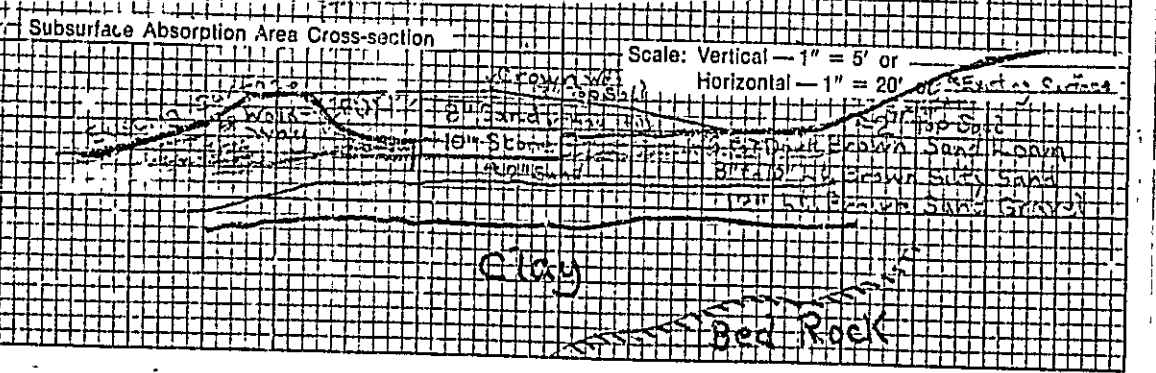
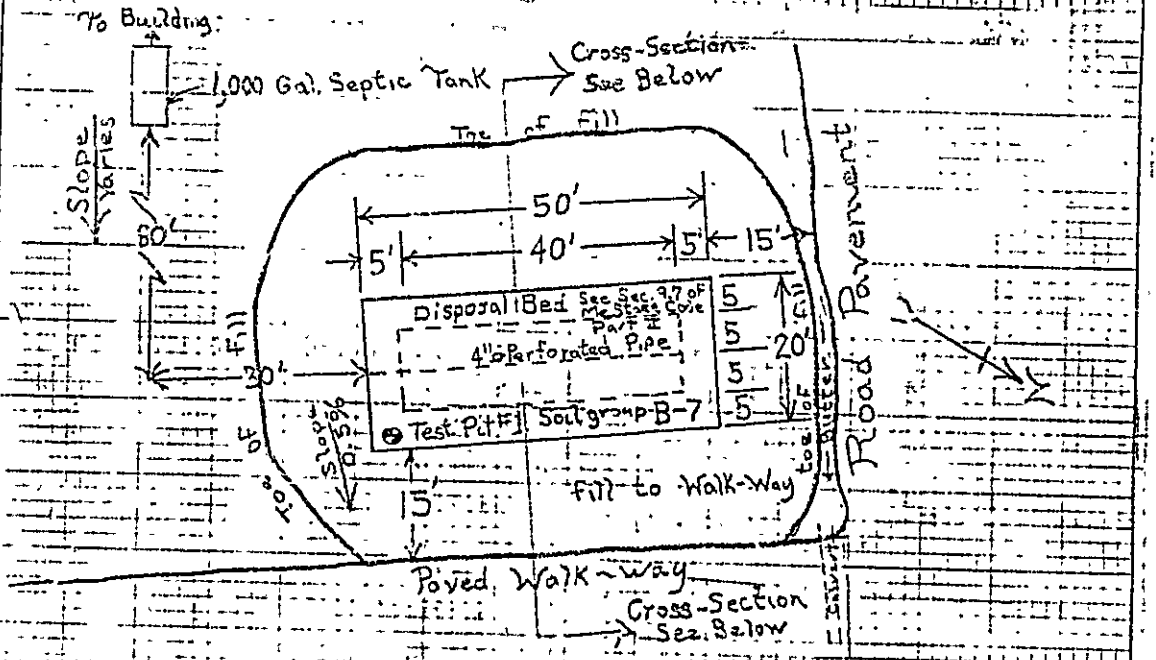
Signature: *[Signature]* Date: **MAY 3-1977**

APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
(For systems disposing of less than 2000 gallons per day)

Location: **Cushinas Island** Street, Road, etc: **Spring Cove Ave** Owner of property: **Mrs. Elizabeth Hewitt**
If on water body, give name



Private Sewage Disposal Plan Scale 1" = 20' or



Statement: (no perm. may be issued unless signed)
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 Authority or its agent.

Signature: *Elizabeth Hewitt*
Date: *15-2-77*
Applicant: *Elizabeth Hewitt*
Owner:



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date April 20, 1976, 19____
 Receipt and Permit number A 1597

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: XXXXX 106 A C B Spring Cove Ave., Bushing Island
 OWNER'S NAME: Robert Chase ADDRESS: _____

OUTLETS: (number of)

Lights	_____	
Receptacles	_____	
Switches	_____	
Plugmold	_____ (number of feet)	
TOTAL	_____	FEES

FIXTURES: (number of)

Incandescent	_____	
Fluorescent	_____ (Do not include strip fluorescent)	
TOTAL	_____	
Strip Fluorescent, in feet	_____	

SERVICES:

Permanent, total amperes	_____	
Temporary	<u>100</u>	<u>3.00</u>

METERS: (number of) 150

MOTORS: (number of)

Fractional	_____	
1 HP or over	_____	

RESIDENTIAL HEATING:

Oil or Gas (number of units)	_____	
Electric (number of rooms)	_____	

COMMERCIAL OR INDUSTRIAL HEATING:

Oil or Gas (by a main boiler)	_____	
Oil or Gas (by separate units)	_____	
Electric (total number of kws)	_____	

APPLIANCES: (number of)

Ranges	_____	Water Heaters	_____
Cook Tops	_____	Disposals	_____
Wall Ovens	_____	Dishwashers	_____
Dryers	_____	Compactors	_____
Fans	_____	Others (denote)	_____
TOTAL	_____		_____

MISCELLANEOUS: (number of)

Branch Panels	_____	
Transformers	_____	
Air Conditioners	_____	
Signs	_____	
Fire/Burglar Alarm	_____	
Circus, Fairs, etc.	_____	
Alterations to wires	_____	
Repairs after fire	_____	
Heavy Duty, 220v outlets	_____	
Emergency Lights, battery	_____	
Emergency Generators	_____	

INSTALLATION FEE DUE:	_____
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE:	_____
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	_____
FOR PERFORMING WORK WITHOUT A PERMIT (304-9)	_____
TOTAL AMOUNT DUE:	<u>3.50</u>

INSPECTION: Will be ready on _____, 19____; or Will Call XX

CONTRACTOR'S NAME: Ldanna Butterfield
 ADDRESS: Peak Island
 TEL.: _____

MASTER LICENSE NO.: on file ck SIGNATURE OF CONTRACTOR: Ldanna Butterfield
 LIMITED LICENSE NO.: _____

OFFICE COPY

CITY OF PORTLAND, MAINE
Application for Permit to Install Wires

106 C-A-20 Whitehead Ave
 Cushing IS.

Permit No. 55582
 Issued 12-16-71
 Portland, Maine Dec. 16, 1971

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 *DR. NATANIEL BER MINNEAPOLIS SCHOOL SYSTEM*
807 N.E. BROADWAY, MINNEAPOLIS, MINN.

Contractor's Name and Address *E. E. Corcoran Beach Haven*

Location *CUSHING'S ISLAND* Use of Building *RESIDENCE*

Number of Families *1* Apartments _____ Stores _____ Number of Stories *1*
 Description of Wiring: New Work Additions _____ Alterations *✓*

Pipe ~~Cable~~ *✓* Metal Molding _____ BX Cable _____ Plug Molding (No. of feet) _____
 No. Light Outlets *10* Plugs *15* Light Circuits *3* Plug Circuits *7*

FIXTURES: No. _____ Fluor. or Strip Lighting (No. feet) _____
 SERVICE: Pipe *✓* Cable _____ Underground _____ No. of Wires *3* Size *No. 2*

METERS: Relocated *✓* 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 *1* Watts *12000* Brand Feeds (Size and No.) *3 No. 6*
15 Water Elec. Heaters *1* Watts *4500*
8 Dryer Miscellaneous *1* Watts *4500* Extra Cabinets or Panels _____

Transformers _____ Air Conditioners (No. Units) _____ Signs (No. Units) _____
 Will commence *Dec. 29 1971* Ready to cover in _____ 19 _____ Inspection *Feb* 1972

Amount of Fee \$ *850* Signed *Edmund E. Corcoran*

DO NOT WRITE BELOW THIS LINE

SERVICE	METER	GROUND
VISITS: 1	2	3
4	5	6
7	8	9
10	11	12

REMARKS:

INSPECTED BY _____ (OVER)

LOCATION *Cashings Island*
 INSPECTION DATE *8/15/72*
 WORK COMPLETED *2/15/72*
 TOTAL NO. INSPECTIONS *1*
 REMARKS:

FEEES FOR WIRING PERMITS EFFECTIVE JULY 31, 1963

WIRING		
1 to 30 Outlets	\$ 2.00 ✓	
31 to 60 Outlets	3.00	
Over 60 Outlets, each Outlet	.05	
(Each twelve feet or fraction thereof of fluorescent lighting or any type of plug molding will be classed as one outlet).		
SERVICES	2.00 ✓	
Single Phase	4.00	
Three Phase	3.00	
MOTORS	4.00	
Not exceeding 50 H.P.	2.00	
Over 50 H.P.	4.00	
HEATING UNITS	.75	
Domestic (Oil)		
Commercial (Oil)		
Electric Heat (Each Room)		
APPLIANCES	1.50	
Ranges, Cooking Tops, Ovens, Water Heaters, Disposals, Built-in Dishwashers, Dryers, and any permanent built-in appliance — each unit		
MISCELLANEOUS	1.00	
Temporary Service, Single Phase	2.00	
Temporary Service, Three Phase	10.00	
Circuses, Carnivals, Fairs, etc.	1.00	
Meters, relocate	1.00	
Distribution Cabinet or Panel, per unit	2.00	
Transformers, per unit	2.00	

CITY OF PORTLAND, MAINE

Application for Permit to Install Wires

106B-C-5 Ottawa Ave }
 106B-C-2 Spring Cove Ave } Cushing Island
 Ottawa Ave } Permit No. 59105
 Issued Oct 3, 1972
 Portland, Maine

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 Robert Ball Cushing Island ME
 Contractor's Name and Address E. E. Corcoran Peaks Island
 Location Cushing Island Use of Building Dwelling
 Number of Families 1 Apartments Stores Number of Stories 1 1/2
 Description of Wiring: New Work Additions Alterations
 New wires
 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 3 Size 4/80
 METERS: Relocated Added Total No. Meters
 MOTORS: Number Phase H. P. Amps Volts Start
 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 Oct 9, 1972 Ready to cover in 1972 Inspection Oct 11, 1972
 Amount of Fee \$ 2.05

Signed E. E. Corcoran

DO NOT WRITE BELOW THIS LINE

SERVICE METER GROUND
 VISITS: 1 2 3 4 5 6 7 8 9 10 11 12

REMARKS:

INSPECTED BY [Signature]
 (OVER)

LOCATION *Cushings Island*
INSPECTION DATE *10/10/72*
WORK COMPLETED *10/10/72*
TOTAL NO. INSPECTIONS *1*
REMARKS:

FEEES FOR WIRING PERMITS EFFECTIVE JULY 31, 1963

WIRING	
1 to 30 Outlets	
31 to 60 Outlets	\$ 2.00
Over 60 Outlets, each Outlet	3.00
(Each twelve feet or fraction thereof of fluorescent lighting or any type of plug molding will be classed as one outlet).	05
SERVICES	
Single Phase	
Three Phase	
MOTORS	
Not exceeding 50 H.P.	9.00
Over 50 H.P.	1.00
HEATING UNITS	
Domestic (Oil)	3.00
Commercial (Oil)	4.00
Electric Heat (Each Room)	.75
APPLIANCES	
Ranges, Cooking Tops, Ovens, Water Heaters, Disposals, Built-in Dishwashers, Dryers, and any permanent built-in appliance — each unit.	1.50
MISCELLANEOUS	
Temporary Service, Single Phase	1.00
Temporary Service, Three Phase	2.00
Chairs, Carnivals, Fairs, etc.	10.00
Meters, relocate	1.00
Distribution Cabinet or Panel, per unit	1.00
Transformers, per unit	2.00
Air Conditioners, per unit	2.00
Signs, per unit	2.00

CITY OF PORTLAND, MAINE

Application for Permit to Install Wires

106A-A-25-26

Shore Rd & Olloway Ave

Permit No. 490

Issued

Portland, Maine 5/22/73, 19

To the City Electrician, P

The undersigned hereby
 certifies that the following
 and the following specifications.

to install wires for the purpose of conducting elec-
 tric current, in accordance with the Electrical Ordinance of the City of Portland,

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

Owner's Name and Address DIANE W. BROWN, 25 W. BROWN ST Tel. 766-2606

Contractor's Name and Address E. COCCORON, PEARLS ISLAND Tel. 766-2026

Location PEARLS ISLAND Use of Building RESIDENCE

Number of Families 1 Apartments 0 Stores 0 Number of Stories 1 1/2

Description of Wiring. New Work Additions Alterations

NEW 100AMP SERVICE

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 3 Size #2

METERS: Relocated Added Total No. Meters 1

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 5/24/73 19 Ready to cover in 5/31/73 19 Inspection 19

Amount of Fee \$ 2.00

Signed E. P. Coccoron

DO NOT WRITE BELOW THIS LINE

SERVICE METER GROUND

VISITS: 1 2 3 4 5 6

. 7 8 9 10 11 12

REMARKS:

INSPECTED BY [Signature]

(OVER)

LOCATION *Cushings Isl.*
INSPECTION DATE *6/5/73*
WORK COMPLETED *6/5/73*
TOTAL NO. INSPECTIONS *1*
REMARKS:

FEES FOR WIRING PERMITS EFFECTIVE JULY 31, 1963

WIRING	
1 to 30 Outlets	\$ 2.00
31 to 60 Outlets	3.00
Over 60 Outlets, each Outlet	05
(Each twelve feet or fraction thereof of fluorescent lighting or any type of plug molding will be classed as one outlet).	
SERVICES	2.00
Single Phase	4.00
Three Phase	5.00
MOTORS	4.00
Not exceeding 50 H.P.	2.50
Over 50 H.P.	4.00
HEATING UNITS	4.00
Domestic (Oil)	.75
Commercial (Oil)	
Electric Heat (Each Room)	
APPLIANCES -	
Ranges, Cooking Tops, Ovens, Water Heaters, Disposals, Built-in Dishwashers, Dryers, and any permanent built-in appliance - each	1.50



APPLICATION FOR PERMIT

PERMIT ISSUED

JUN 9 1976

B.O.C.A. USE GROUP 0482
B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION PORTLAND, MAINE, June 8, 1976

CITY of PORTLAND

To the DIRECTOR 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 106A-8 Spring Cove Av. Cushings Island Fire District #1 #2
1. Owner's name and address Robert I Chase 107 Pine St. - Portland Telephone 772-1734
2. Lessee's name and address Telephone
3. Contractor's name and address owner Specifications Plans No. of sheets
4. Architect No. families
Proposed use of building summer cottage Roofing
Last use
Material No. stories Heat Style of roof
Other buildings on same lot
Estimated contractual cost \$ 500. Fee \$ 5.

FIELD INSPECTOR—Mr.
This application is for: @ 775-5451
Dwelling Ext. 234
Garage
Masonry Bldg.
Metal Bldg.
Alterations
Demolitions
Change of Use
Other

GENERAL DESCRIPTION
To rebuild a side porch and increase width by 5 feet as per sketch (9 x 16)
~~XXXXXX~~ will be ~~XXXXXX~~
4 x 6 Stamp of Special Conditions

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

PERMIT IS TO BE ISSUED TO 1 2 3 4
Other:

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, top bottom cellar
Kind of roof Rise per foot Roof covering Kind of heat fuel
No. of chimneys Material of chimneys of lining Corner posts Sills
Framing Lumber—Kind Dressed or full size? Size Max. on centers
Size Girder Columns under girders O. C. Bridging in every floor and flat roof span over 8 feet.
Studs (outside walls and carrying partitions) 2x4-16"
Joists and rafters: 1st floor 2nd 3rd roof
On centers: 1st floor 2nd 3rd roof
Maximum span: 1st floor 2nd 3rd roof height?
If one story building with masonry walls, thickness of walls?

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:
BUILDING INSPECTION—PLAN EXAMINER
ZONING: P.H. 4/18/76
BUILDING CODE: P.H. 8/8/76
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? : X

Signature of Applicant Phone #
Type Name of above Robert I. Chase 1 2 3 4
Other
and Address

FIELD INSPECTOR'S COPY

Permit No. 76/0482

Location No-A-8 Spring Cove Cove, Cushing Isl.

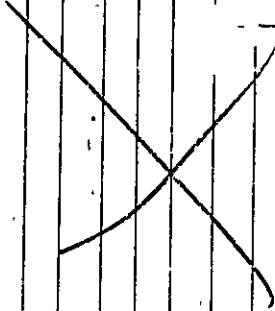
Owner Chase

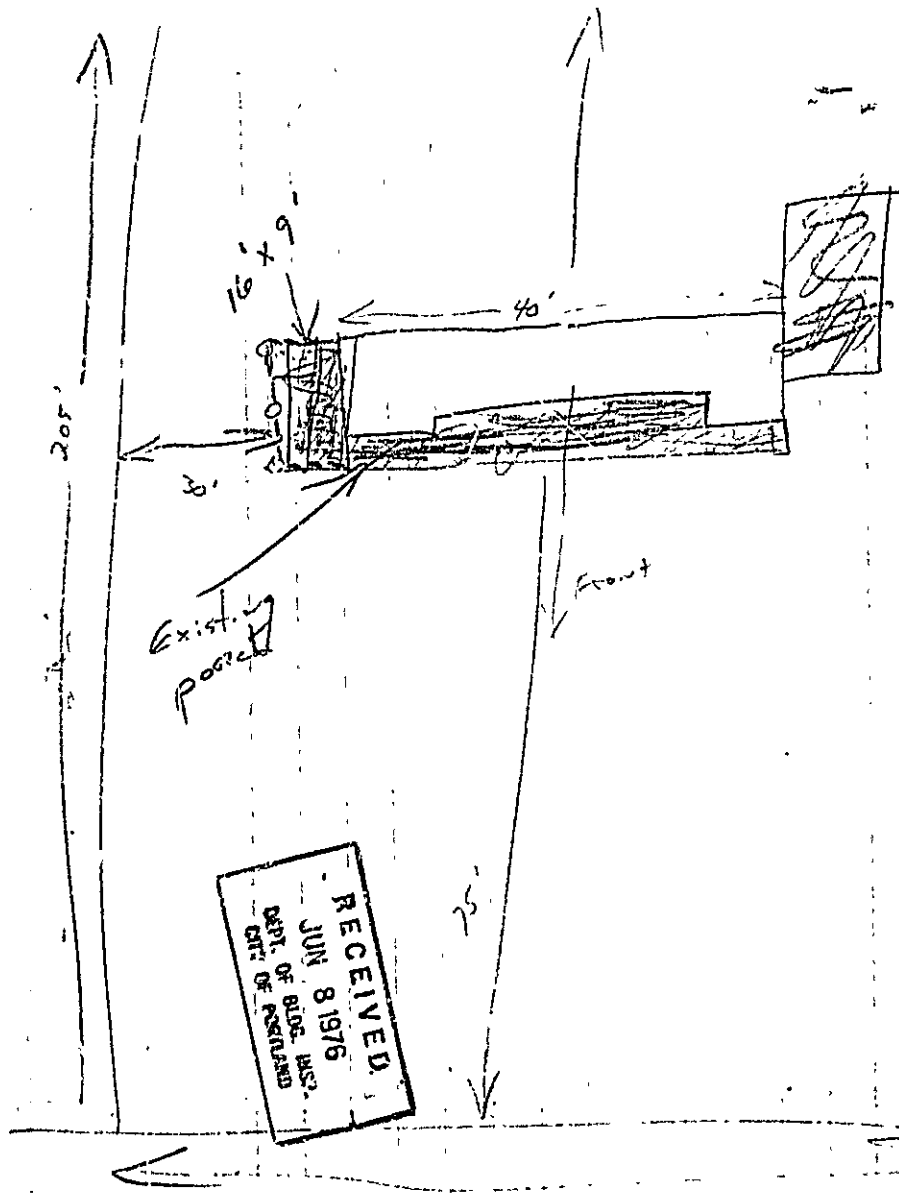
Date of permit 6/9/76

Approved _____

NOTES

6/25/76 - No work necessary
S.S.V.





RECEIVED
 JUN 8 1976
 DEPT. OF BLDG. INSPECTION
 CITY OF PASADENA

porches
 4" x 6"
 2 x 8"
 sonotubes
 4"
 6"

223.4'

Spring
 Co.

1964 - 8

porches
4' x 6' crescent

~~6"~~

2 x 8"

sonotubes 4' below
grade

6" above

lot

4', 560 37'

160'

223.4'

Spring Cove Ave
Cushing's Island

CITY OF PORTLAND, MAINE

Application for Permit to Install Wires

Permit No. _____
 Issued _____, 19__

Portland, Maine

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. D. ROGAN, PRES.} CUSHINGS ISLAND ASSOCIATES Tel. 766-2720

Contractor's Name and Address CARON & WALTER, INC. ^{416 PEARSON} SOUTH PORTLAND Tel. 799-2228

Location WHARF CUSHINGS ISLAND Use of Building BOAT LANDING

Number of Families _____ Apartments _____ Stores _____ Number of Stories _____

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 2 Size #8

METERS: Relocated _____ Added _____ Total No. Meters 1

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 _____ 19__ Ready to cover in _____ 19__ Inspection _____ 19__

Amount of Fee \$ 2.00

Signed Edward R. Smith FOR PAUL SMITH

DO NOT WRITE BELOW THIS LINE

SERVICE _____ METER _____ GROUND _____

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

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

REMARKS:

NOT DONE

8-4-80 Checked once
but never finalized.

INSPECTED BY _____ (O'ER)

CITY OF PORTLAND, MAINE

Application for Permit to Install Wires

Permit No. 2801

Issued

Portland, Maine 5/12/75, 19

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. SHIRLEY QUINN Tel.
 Contractor's Name and Address P. A. GOMER, CHORBETAWAY Tel.
 Location SHORE RD. 106A-A-1-2-3 CUSHINGS ISLAND Use of Building RESIDENCE
 Number of Families 1 Apartments .. Stores .. Number of Stories 1 1/2
 Description of Wiring: New Work .. Additions .. Alterations ..
SERVICE & OUTLETS
 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 .. Y .. Underground .. No. of Wires 3 Size #2
 METERS: Relocated .. 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 5/13/75 .. Ready to cover in 5/16/75 .. Inspection .. 19 ..
 Amount of Fee \$ 67.00 ..

Signed [Signature]

DO NOT WRITE BELOW THIS LINE

SERVICE .. METER .. GROUND ..
 VISITS: 1 .. 2 .. 3 .. 4 .. 5 .. 6 ..
 7 .. 8 .. 9 .. 10 .. 11 .. 12 ..
 REMARKS:

ca 280 J. G. 80
 not checked
 too old

INSPECTED BY

(OVER)

CITY OF PORTLAND, MAINE

Application for Permit to Install Wires

Permit No. 1419 ...
 Issued
 Portland, Maine 19.. ..

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) 1-401-331-0795

Owner's Name and Address JOHN H. MORE 7 CHARLES FIELD ST. PROVIDENCE, R.I. Tel. 766-2606

Contractor's Name and Address CARON & WALT, INC. 50 PORTLAND Tel. 799-2228

106A-A-19 Location CUSHING ISLAND Use of Building RESIDENCE

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

Description of Wiring: New Work Additions Alterations

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

No. Light Outlets .. Plugs 9 Light Circuits Plug Circuits 3 ..

FIXTURES: No. 12 (REPLACE) Fluor. or Strip Lighting (No. feet) ..

SERVICE: Pipe .. Cable Underground .. No. of Wires Size ..

METERS: Relocated .. 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 .. 19.. .. Ready to cover in .. 19.. ..

Amount of Fee \$... 2,00 ..

Signed Paul Chitt ..

Will Call

DO NOT WRITE BELOW THIS LINE

SERVICE METER GROUND

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

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

REMARKS:

NOT DONE

5-4-80 checked once but never finalized. L

INSPECTED BY

(OVER)

CITY OF PORTLAND, MAINE
Application for Permit to Install Wires

Permit No. **B93**
 Issued **6/5/74**, 19...

Portland, Maine

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)

106C-A-14

Owner's Name and Address **PETER MURRY** Tel.

Contractor's Name and Address **RICHARD COLPITTS** Tel.

Location **SPRING CREEK AVE. ISLAND CUSHING** Use of Building **HOUSING** ...

Number of Families . . . Apartments . . . Stores . . . Number of Stories . . .

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

NEW ZONA SERVICE - ELECTRIC HEAT 4 ROOMS

Pipe Cable . . . Metal Soldering . . . 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 . . . Undergound . . . No. of Wires **3** Size **4/0**

METERS: Relocated . . . Added **1-ZONA** 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) **4**

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 **JUNE 5 1974** Ready to cover in **will call** 19 . . . Inspection . . . 19 . . .

Amount of Fee \$. . .

Signed **Richard Colpitts**

DO NOT WRITE BELOW THIS LINE

SERVICE	METER	GROUND
VISITS: 1 2 3 4 5 6		
. 7 8 9 10 11 12		

REMARKS:
NOT Done
8-4-80 checked once but never finalized.

INSPECTED BY (OVER)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Portland-Cushing Island

Street Subdivision Lot #: Portland Assessors Map 106C Block D Lot 29

PROPERTY OWNERS NAME

Last: Nielsen First: Robert A. Jr.

Applicant Name: Mr. & Mrs. Robert A. Nielsen, Jr.

Mailing Address of Owner/Applicant (If Different): 148 Pine St., Portland, Me. 04102

PORTLAND PERMIT # 2,629 TOWN COPY

FEE: \$ 40 Double Fee Charged

L.P.I. # _____

Local Plumbing Inspector Signature: [Signature]

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: [Signature] Date: 11/12/07

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: DEC 8 1987

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. NEW SYSTEM

2. REPLACEMENT SYSTEM

3. EXPANDED SYSTEM

4. SEASONAL CONVERSION

5. EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1. NO RULE VARIANCE REQUIRED

2. NEW SYSTEM VARIANCE
Attach New System Variance Form

REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form

3. Requires only Local Plumbing Inspector Approval

4. Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS COMPLETE SYSTEM

1. NON-ENGINEERED SYSTEM

2. PRIMITIVE SYSTEM (Includes Alternative Toilet)

3. ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

4. TREATMENT (ONLY)

5. HOLDING TANK

6. ALTERNATIVE TOILET (ONLY)

7. NON-ENGINEERED DISPOSAL AREA (ONLY)

8. ENGINEERED DISPOSAL AREA (ONLY)

9. SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS:

1. BED 3. TRENCH

2. CHAMBER 4. OTHER _____

DISPOSAL SYSTEM TO SERVE:

1. SINGLE FAMILY DWELLING

2. MODULAR OR MOBILE HOME

3. MULTIPLE FAMILY DWELLING

4. OTHER _____ SPECIFY _____

TYPE OF WATER SUPPLY
Public - Portland Water District

SIZE OF PROPERTY: 0.77 Ac or 33,541 S.F. ZONING: IR-1

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. SEPTIC: Regular Low Profile

2. AEROBIC

SIZE: 1,000 G/1.S.

WATER CONSERVATION

1. NONE

2. LOW VOLUME TOILET

3. SEPARATED LAUNDRY SYSTEM

4. ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

1. NOT REQUIRED

2. MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)

3. REQUIRED

DOSE: _____ GALS

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

3 Bedroom
Moderate Design Flow
360 gpd
Low Volume - 36 gpd
Toilet

DESIGN FLOW: 324 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 4 | CONDITION: 0

DEPTH TO LIMITING FACTOR: None Evident

SIZE RATINGS USED FOR DESIGN PURPOSES

1. SMALL

2. MEDIUM

3. MEDIUM LARGE

4. LARGE

5. EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. BED _____ Sq Ft

2. CHAMBER 425 Sq Ft

3. TRENCH _____ Linear Ft

4. OTHER: 17 Infiltrator

SITE EVALUATOR STATEMENT

On 12/15/06 & 10/9/07 (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# / PE# 003/1814 Date: 11/6/07

SITE EVALUATION WAIVED BY LOCAL OPTION

* Local Plumbing Inspector's Signature & a Local Site Evaluation Waiver under a Local Option

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plan or Section

Portland - Cushings Island

Street, Road, Subdivision

106C - D - 29

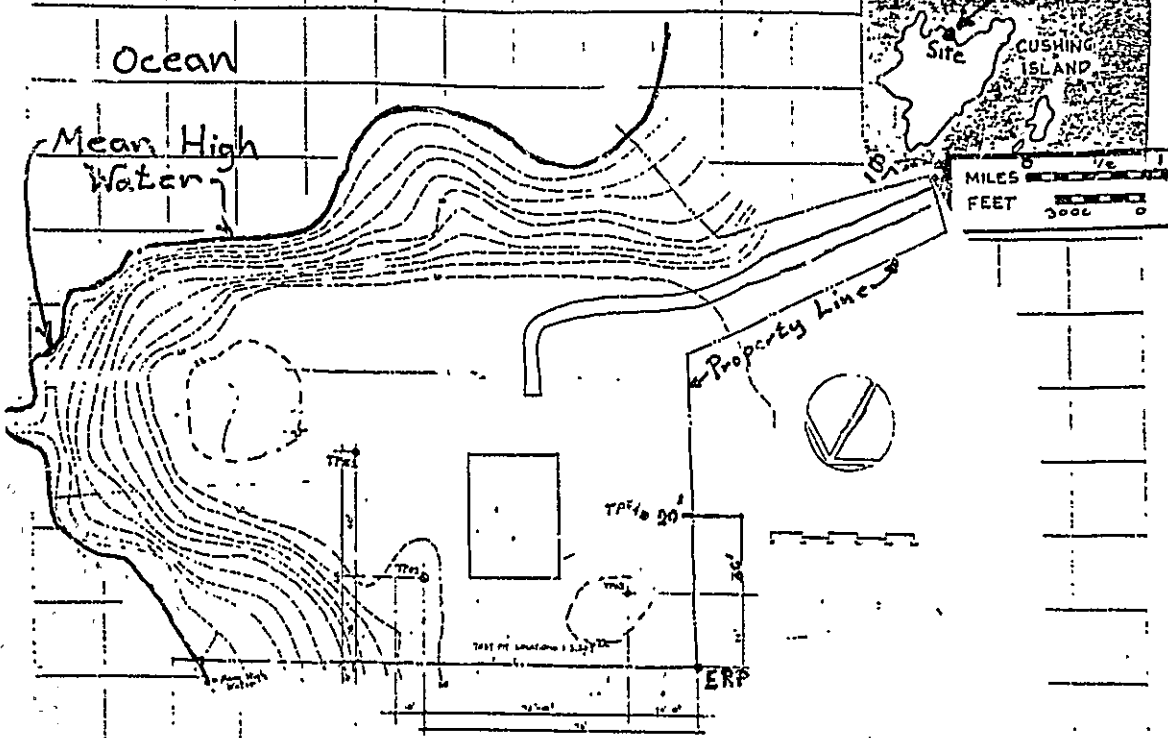
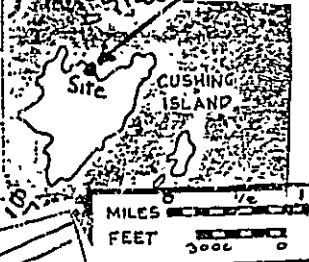
Owners Name

Mr. & Mrs. Robert A. Nielsen, Jr.

SITE PLAN

Scale 1" = 50.0 Ft.

SITE LOCATION PLAN



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		Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	
<u>3" Sod</u> Depth of Organic Horizon Above Mineral Soil		<u>3" Sod</u> Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
0 Gravelly Loam	Loose	Dark Brown	
10 Loamy Gravel	Loose	Brown	
20 Loamy Sandy Gravel	Loose	Red Brown	None
30			
40			
50			
Sol <u>A</u>	Classification <u>B</u>	Slope <u>1.0%</u>	Limiting Factor <u>None</u>
<input type="checkbox"/> Underflow <input type="checkbox"/> Percolation <input type="checkbox"/> Surface			
0 Gravelly Loam	Loose	Dark Brown	
10 Loamy Gravel	Loose	Brown	
20 Loamy Gravel	Loose	Red Brown	None
30			
40			
50			
Sol <u>A</u>	Classification <u>B</u>	Slope <u>2.0%</u>	Limiting Factor <u>None</u>
<input type="checkbox"/> Underflow <input type="checkbox"/> Percolation <input type="checkbox"/> Surface			

William B. Jordan 0003/4814 - H/6/87
Site Evaluator or Professional Engineer's Signature SE# PE# Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

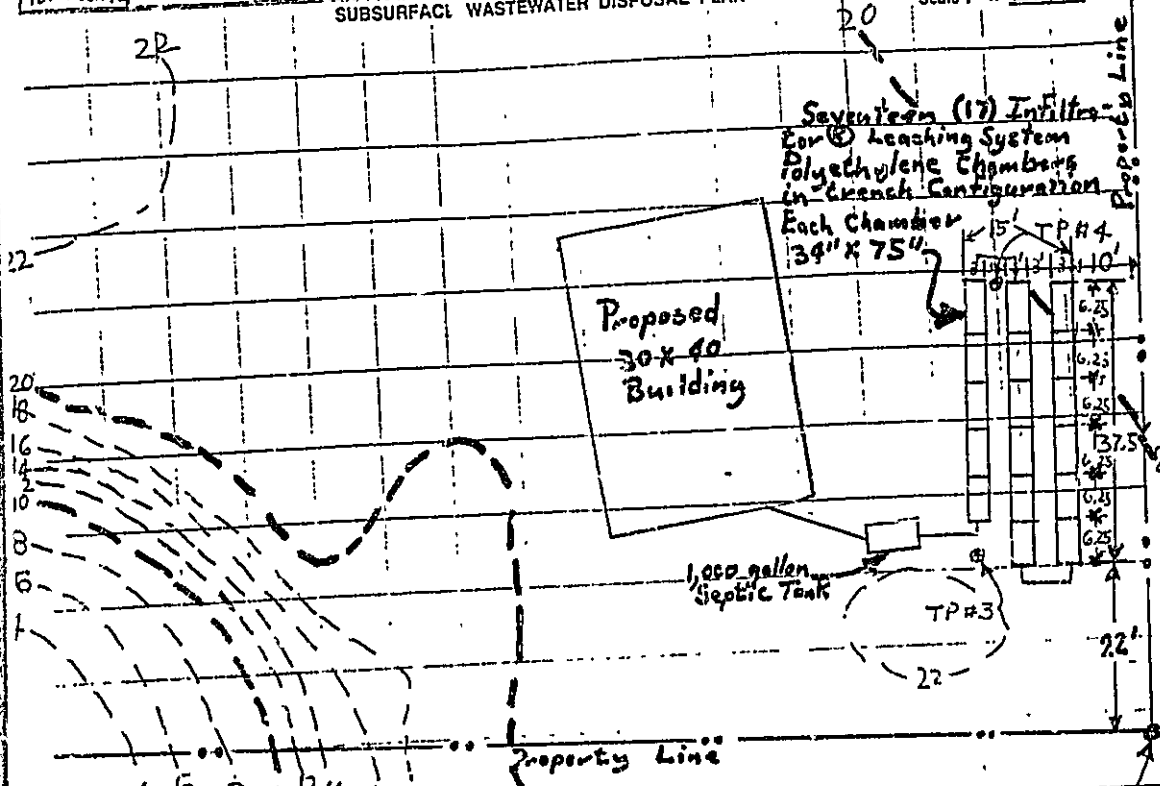
Department of Human Services
Division of Health Engineering

Town, City, Plantation
Portland - Cushing's Island
Portland Street, Road, Subdivision Block D
Map 186C Lot # 29

Owners Name
Mr. & Mrs. Robert A. Nielsen, Jr.

SUBSURFACE WASTEWATER DISPOSAL PLAN

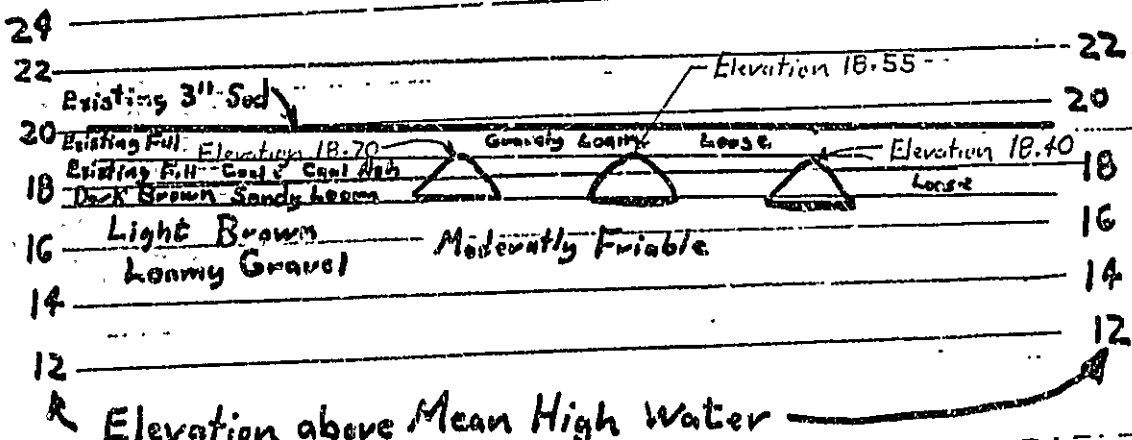
Scale 1" = 20.00 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	0	Reference Elevation is	21.00	
Depth of Fill (Downslope)	2	Bottom of Disposal Area	17.65	
		Top of Distribution Lines or Chambers	18.70	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = 5.0 Ft.
Horizontal: 1 Inch = 5.0 Ft.



William B. Goodwin
Professional Engineer & Signature

003/9814
SE & PE

11/8/07
Date

Page # of 4
HME-200 Rev 4



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 1 AUG, 1983
 Receipt and Permit number 28266

To, the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:
 The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of
 Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:
 LOCATION OF WORK: Cushing Island (?? street/CBL)
 OWNER'S NAME: John Hammon ADDRESS: Same FEES _____

OUTLETS:
 Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____

FIXTURES: (number of)
 Incandescent _____ Fluorescent _____ (not strip) TOTAL _____
 Strip Fluorescent _____ ft. _____

SERVICES:
 Overhead _____ Underground _____ Temporary _____ TOTAL amperes 60 TO 100 .. 3,00
 _____ .. 150

METERS: (number of) 1 .. _____

MOTORS: (number of)
 Fractional _____
 1 HP or over _____

RESIDENTIAL HEATING:
 Oil or Gas (number of units) _____
 Electric (number of rooms) _____

COMMERCIAL OR INDUSTRIAL HEATING:
 Oil or Gas (by a main boiler) _____
 Oil or Gas (by separate units) _____
 Electric Under 20 kws _____ Over 20 kws _____

APPLIANCES: (number of)

Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____

TOTAL _____

MISCELLANEOUS: (number of)
 Branch Panels _____
 Transformers _____
 Air Conditioners Central Unit _____
 Separate Units (windows) _____
 Signs 20 sq. ft. and under _____
 Over 20 sq. ft. _____
 Swimming Pools Above Ground _____
 In Ground _____
 Fire/Burglar Alarms Residential _____
 Commercial _____
 Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____
 over 30 amps _____
 Circus, Fairs, etc. _____
 Alterations to wires _____
 Repairs after fire _____
 Emergency Lights, battery _____
 Emergency Generators _____

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE: 3.50
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE: _____
 TOTAL AMOUNT DUE: Min 5.00

INSPECTION:
 Will be ready on _____, 19____; or Will Call:

CONTRACTOR'S NAME: Seabee Electric
ADDRESS: 38 VICTOR BOULEVARD
TEL: 724-4880

MASTER LICENSE NO.: 3014 **SIGNATURE OF CONTRACTOR:** William Hagman
LIMITED LICENSE NO.: _____

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

ELECTRICAL INSTALLATIONS

Permit Number 8266

Location Cushing Island

Owner J. Howard

Date of Permit 8-1-83

Final Inspector _____

By Inspector _____

Permit Application Register Page No 154

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

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

DATE:	REMARKS:

Cushing Island

Replacement System Variance Request

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an Application for the proposed replacement system which is in noncompliance with the Rules. The LPI shall review the Replacement System Variance Request and Application and may approve the Request if all of the following requirements with LPI approval limitations can be met.

1. The replacement system is correcting a malfunction or an unlicensed wastewater discharge system.
2. A replacement system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system does not conflict with Seasonal Conversion Permit (20 MRSA § 3223) or with Mandatory Shoreland Zoning (12 MRSA § 4811).
6. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

GENERAL INFORMATION

3/17/88
AX
Town of PORTLAND
Town Code 5120 Permit No. 2688 E Date Permit Issued _____ month/day/yr.

Property Owner's Name: SCOTT TENNY Tel. No. _____

System's Location: CUSHING ISLAND
Street
PORTLAND MAINE
Town Zip

Property Owner's Address:
(if different from above) 55 BROAD STREET PO. BOX 947
Street
NEWBURGH, N.Y. 12550
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 the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

The Owner shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

Scott Tenny
Property Owner's Signature Date 3/17/88

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to:	
Soils Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		13	inches
	Restrictive Layer	to 6"			inches
	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	100a	300a		
	2. Well: < 2000 gal/day				
	a. Neighbor's	100b	100b		
	b. Property Owner's	50'	60'		
	3. Water Supply Line	See Note 'a'			
Waterbodies	1. Perennial	60'	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With basement	See Note	15'		
	2. Without basement	'a'	10'		
Property Line		5'	5'		

Other Specify:

Footnotes:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. A variance to reduce the 100 foot setback distance to a minimum of 80 feet may be granted only with the neighbor's written permission.
- c. Sufficient distance shall be maintained to assure that the top of the fill does not extend to the 3:1 slope.

Richard Sweet

Site Evaluator's Signature

12-22-87

Date

LPI Statement

I, [Signature] LPI for the Town of [Signature] 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 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, do not approve) 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.

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:

[Signature]

LPI's Signature

12/29/87

Date

FOR USE BY THE DEPARTMENT ONLY:

The Department has reviewed 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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS		PORTLAND PERMIT # 2,688 TOWN COPY \$1140 FEE <input type="checkbox"/> Double Fee Charged L.P.I. # _____ <i>Amber D. Woodman</i> Local Plumbing Inspector Signature
Town Or Plantation	PORTLAND	
Street Subdivision Lot #	CUSHING ISLAND	
PROPERTY OWNERS NAME		
Last	First	
TENNY SCOTT		
Applicant Name:		
Mailing Address of Owner/Applicant (if Different)		

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

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

Signature of Owner/Applicant _____ Date _____ Local Plumbing Inspector Signature *AA* Date Approved *1/17/88*

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"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> FEW SYSTEM VARIANCE Attach New System Variance Form 3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input checked="" type="checkbox"/> Requires Local Plumbing Inspector Approval b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE	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 _____ GAL 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
SEASONAL CONVERSION to be completed by the LPI 5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____ 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED	IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED <i>?</i> THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 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 _____
SIZE OF PROPERTY <i>APPROX 1/4 ACRE</i> ZONING _____	TYPE OF WATER SUPPLY: PUBLIC	

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"/> AERCBIC SIZE: <i>1000</i> GALS.	WATER CONSERVATION 1. <input checked="" type="checkbox"/> NON- 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 (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) <i>4 BEDROOMS</i>
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE <i>5</i> CONDITION <i>D</i> DEPTH TO LAUNDRY FACTOR <i>13</i>	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input checked="" type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER <i>360</i> Sq. Ft. <i>PAST</i> REGULAR <input type="checkbox"/> 11-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER _____ DESIGN FLOW: <i>385</i> (GALLONS/DAY)	

SITE EVALUATOR STATEMENT
 On *12-12-86* (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.

Rick Sweet 034 Date *12-22-87*

Site Evaluator Signature Date Page 1 of 3
 (Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.) HHE-200 Rev. 11/86

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

PORTLAND

Street, Road, Subdivision

CUSHING ISLAND

Owner Name

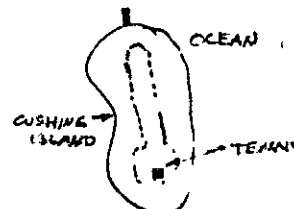
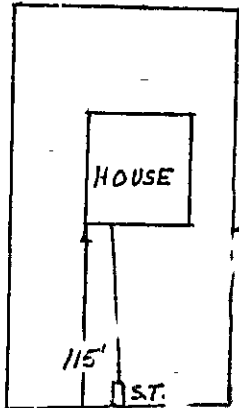
SCOTT TENNY

SITE PLAN

Scale 1" = 50 FT.

SITE LOCATION PLAN (Attach
Map from Maine Atlas for
New System Variance)

NOTE: PERMISSION
REQUIRED TO PLACE
SYSTEM ON
PROPERTY.



SOIL DESCRIPTION AND CLASSIFICATION				(Location of Observation Holes Shown Above)			
Observation Hole <u>TP-1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring				Observation Hole <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring			
* Depth of Organic Horizon Above Mineral Soil				* Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
0 SANDY		DK					
4 LOAM		BRN					
10							
13 STRATIFIED	LOOSE	RED					
15 MED		BRN	PROM				
20 SAND							
30							
40							
50 GR							
Soil Class. <u>S</u> <u>FV</u>	Slope <u>4%</u>	Limiting Factor <u>B</u>	Groundwater <input type="checkbox"/> Perched Layer <input type="checkbox"/> None <input type="checkbox"/>	Soil Class. <u>S</u> <u>FV</u>	Slope <u>4%</u>	Limiting Factor <u>B</u>	Groundwater <input type="checkbox"/> Perched Layer <input type="checkbox"/> None <input type="checkbox"/>

Richard Belmont
Site Evaluator Signature

034
SE#

1-25-87
Date

Page 2 of 3
IHE-200 Rev 181

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

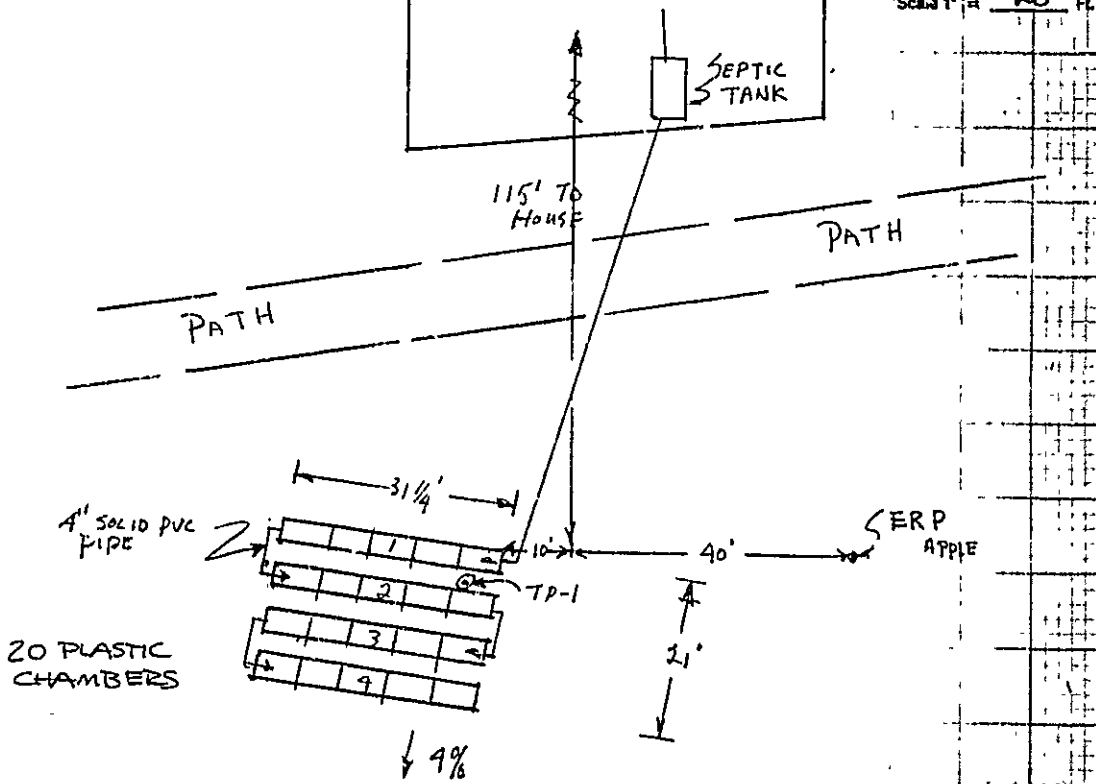
Department of Human Services
Division of Health Engineering

Location: **PORTLAND CUSHING ISLAND** Street, Road, Subdivision

Owner's Name: **SCOTT TENNY**

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



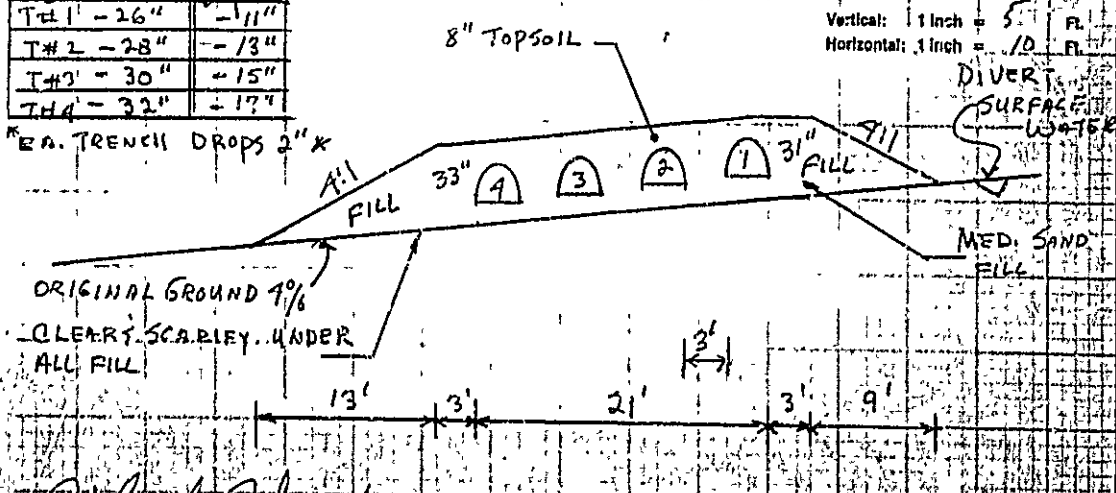
FILL REQUIREMENTS
Depth of Fill (Upslope) **31"**
Depth of Fill (Downslope) **33"**

CONSTRUCTION ELEVATIONS
Reference Elevation In **0**
Bottom of Disposal Area **SEE BELOW**
Top of Distribution Lines or Chambers **SEE BELOW**

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
CENTER OF ORANGE CROSS ON APPLE TREE

Bottom	Top
T#1 - 26"	- 11"
T#2 - 28"	- 13"
T#3 - 30"	- 15"
T#4 - 32"	- 17"

DISPOSAL AREA CROSS SECTION



Scale:
Vertical: 1 inch = 5' Ft.
Horizontal: 1 inch = 10' Ft.

Richard J. Oliver
SE's Evaluator Signature

C34
SE

12-22-87
Date

REVISED 1/24/87
Page 3 of 3
HHE 200 Rev 1/84



7 C B 7

APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

011 241

Date Nov 3, 1989, 19
Receipt and Permit number 00 FV8

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: Cushing Island 1st house at end of the pier
OWNER'S NAME: Dagmar ADDRESS:

Table with columns for item description and FEES. Includes sections for OUTLETS, FIXTURES, SERVICES, METERS, MOTORS, RESIDENTIAL HEAT, COMMERCIAL OR INDUSTRIAL HEATING, APPLIANCES, MISCELLANEOUS, and a summary of TOTAL AMOUNT DUE: 13.90.

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ... INSTALLATION FEE DUE:
FOR REMOVAL OF A "STOP ORDER" (304-16.b) ... DOUBLE FEE DUE:
TOTAL AMOUNT DUE: 13.90

INSPECTION: Will be ready on ready, 19; or Will Call
CONTRACTOR'S NAME: Energy Elec
ADDRESS: P.O. Box 143
TEL: 4645
LIMITED LICENSE NO.
SIGNATURE OF CONTRACTOR: [Signature]

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

ELECTRICAL INSTALLATIONS

Permit Number 00846

Location 1475 S. 19th St. Phoenix, Ariz.

Owner Wm. J. [Signature]

Date of Permit 11/9/89

Final Insp. on 11/9/89

By Inspector [Signature]

Permit Application Register Page No. 27

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in 11/9/89 by [Signature]

PROGRESS INSPECTIONS: _____

DATE:	REMARKS:

PERMIT TO INSTALL
 ELECTRICAL
 SYSTEMS
 CITY OF PHOENIX
 DEPARTMENT OF PUBLIC UTILITIES
 AND ELECTRICAL
 INSPECTION

ELECTRICAL INSPECTOR

PERMIT TO INSTALL

CALL 476-4761



106A-C-18

APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 7/29/91, 19
Receipt and Permit number 2833

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: Cushing Island - no address known (CMP knows location)
OWNER'S NAME: Barbara Thayer ADDRESS: same

Form with various sections: OUTLETS, FIXTURES, SERVICES, METERS, MOTORS, RESIDENTIAL HEATING, COMMERCIAL OR INDUSTRIAL HEATING, APPLIANCES, MISCELLANEOUS. Includes checkboxes and lines for numerical input.

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE:
FOR REMOVAL OF A "STOP ORDER" (304-16.h) DOUBLE FEE DUE:
TOTAL AMOUNT DUE: 16.00

INSPECTION: Will be ready on 7/30 - am, 19; or, Will Call
CONTRACTOR'S NAME: Dimatteo Electric Inc
ADDRESS: 68 Brook Rd, Falmouth ME
TEL: 797-3424
MASTER LICENSE NO: Daniel Dimatteo SIGNATURE OF CONTRACTOR: Daniel D. Dimatteo
LIMITED LICENSE NO: #02833

Ok'd by Sven Borglund
INSPECTOR'S COPY - WHITE
OFFICE COPY - CANARY
CONTRACTOR'S COPY - GREEN

924047

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$470 Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Cushing Island Association Phone # 766-2806
 C/o John Thaxter; Box 7231; Ptld, ME 04112
 Address: _____

LOCATION OF CONSTRUCTION Government Dock- Cushing Island

Contractor: Prock Marine CO Sub: 594-9565
 Address: 118 Tilson Ave- Rockland Phone # ME 04841

Est. Construction Cost: 90,000 Proposed Use: private dock renov Zoning: _____

Past Use: private dock

of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories _____ # Bedrooms _____ Lot Size _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion repair dock

For Official Use Only AUG 25 1992

Date: 8/21/92 Subdivision: _____
 Inside Fire Limits: _____
 Bldg Code: _____
 Time Limit: _____
 Estimated Cost: 90,000

Owner's Use: _____
 Public _____
 Private _____

Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning: Yes _____ No _____ Floodplain: Yes _____ No _____
 Special Exception: _____
 Other (Explain): W.D. 8-24-92

Foundations:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other: _____

Floor:

1. Sills Size: _____ Sills must be anchored
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:

1. Ceiling Joists Size _____
2. Ceiling Strapping Size _____ Spacing _____ Not in District nor Landmark.
3. Type Ceilings: _____ Does not require review.
4. Insulation Type _____ Size _____ requires review.
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____ Action: Approved
2. Sheathing Type _____ Size _____ Action: Approved with conditions
3. Roof Covering Type _____

Chimneys:

1. Type: _____
2. Number of Flue Places _____

Heating:

1. Type of Heat: _____

Electrical:

1. Service Entrance Size: _____
2. Smoke Detector Required: Yes _____ No _____

Plumbing:

1. Approval of soil test if required: Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant John Thaxter Date 8/21/92

CEO's District John Thaxter

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO [Signature]

White - Tax Assessor

PERMIT ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER

HISTORIC PRESERVATION

106A-B-3



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Sept 28, 1989
Receipt and Permit number 00781

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:
The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of
Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:
LOCATION OF WORK: Calumet Avenue, Shore Rd., ~~Exhibit~~ Cushing's Island
OWNER'S NAME: Jane McCarthy ADDRESS: same

	FEES
OUTLETS:	
Receptacles <u>30</u> Switches <u>10</u> Plugmold _____ ft. TOTAL <u>40</u>	<u>5.00</u>
FIXTURES: (number of)	
Incandescent <u>1-10</u> Fluorescent _____ (not strip) TOTAL <u>10</u>	<u>3.00</u>
Strip Fluorescent _____ ft.	<u>_____</u>
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL ampres _____	
METERS: (number of) _____	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fair, etc. _____	
Alterations to wires <u>2.00</u>	<u>2.00</u>
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
INSTALLATION FEE DUE: _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____	
FOR REMOVAL OF A "STOP ORDER" (304-16.b) TOTAL AMOUNT DUE: <u>10.00</u>	

INSPECTION:
Will be ready on _____, 19____; or Will Call X
CONTRACTOR'S NAME: John Perry
ADDRESS: 381 Danforth St., Portland
TEL.: 773-5824
MASTER LICENSE NO.: 3695 SIGNATURE OF CONTRACTOR: _____
LIMITED LICENSE NO.: _____

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

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

July 12, 1993

RE: Cushings Island, IR-1 Zone


Sidney St. F. Thaxter
Attorney at Law
One Canal Plaza
P.O. Box 7320
Portland, Maine 04112

Dear Mr. Thaxter:

This is to respond to your concern stated in a letter to Joseph E. Gray on July 9, 1993. We understand the concern to be that lots prohibited from all construction by easement cannot be used to satisfy the ordinance as a conservation easement. I appreciate the assistance in highlighting the potential for misrepresentation. Those conservation easements which have been accepted were reviewed by the City's attorneys for compliance as will all those submitted in the future.

Copies of your letter will be sent to those listed below so as to prevent any permit from being issued which does not comply with the requirement. If you have reason to believe such a misrepresentation will be put before the City, please contact me. Call me at 878-8300 Ext. 8695 if I can be of further assistance.

Sincerely,


William D. Giroux
Zoning Administrator

/el

cc. Joseph E. Gray, Jr., Director of Planning and Urban Development
P. Samuel Hoffses, Chief of Inspection Services
Rick Knowland, Senior Planner
Natalie Burns, Associate Corporation Counsel