

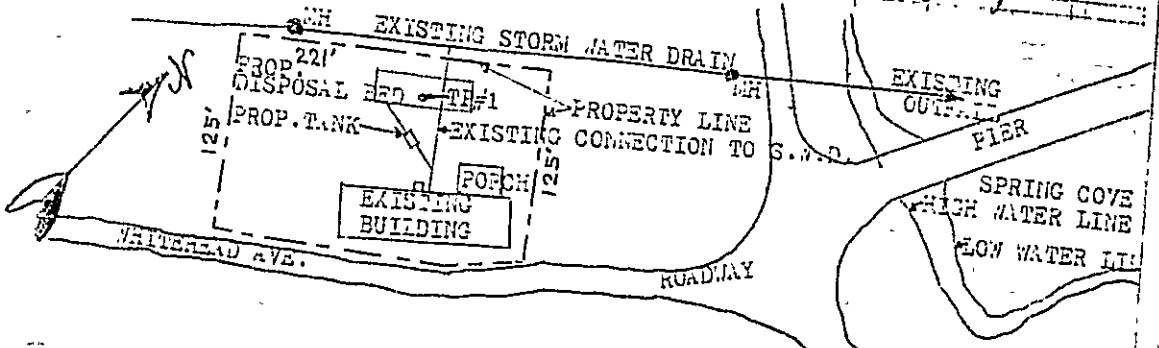
SPRING COVE AVE. CUSHING ISLAND  
106C-A-14-15-16-17-21



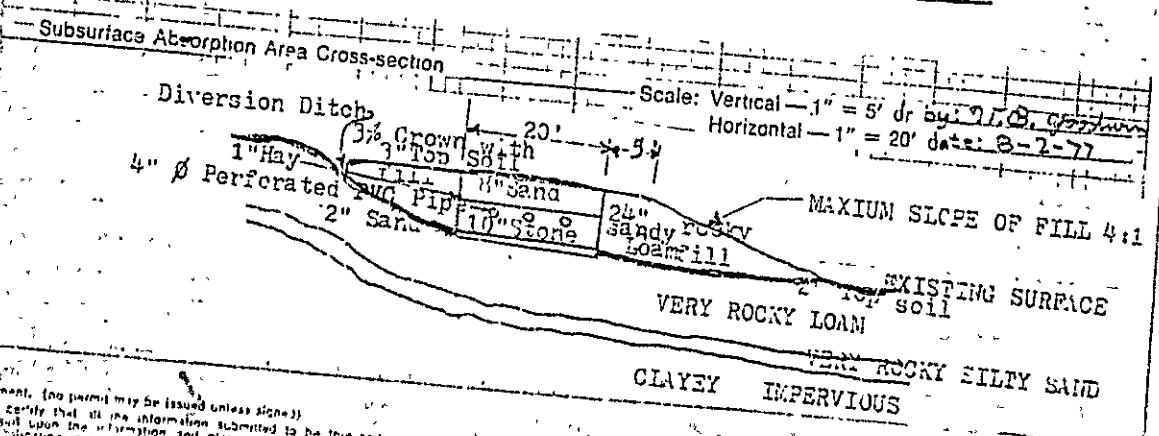
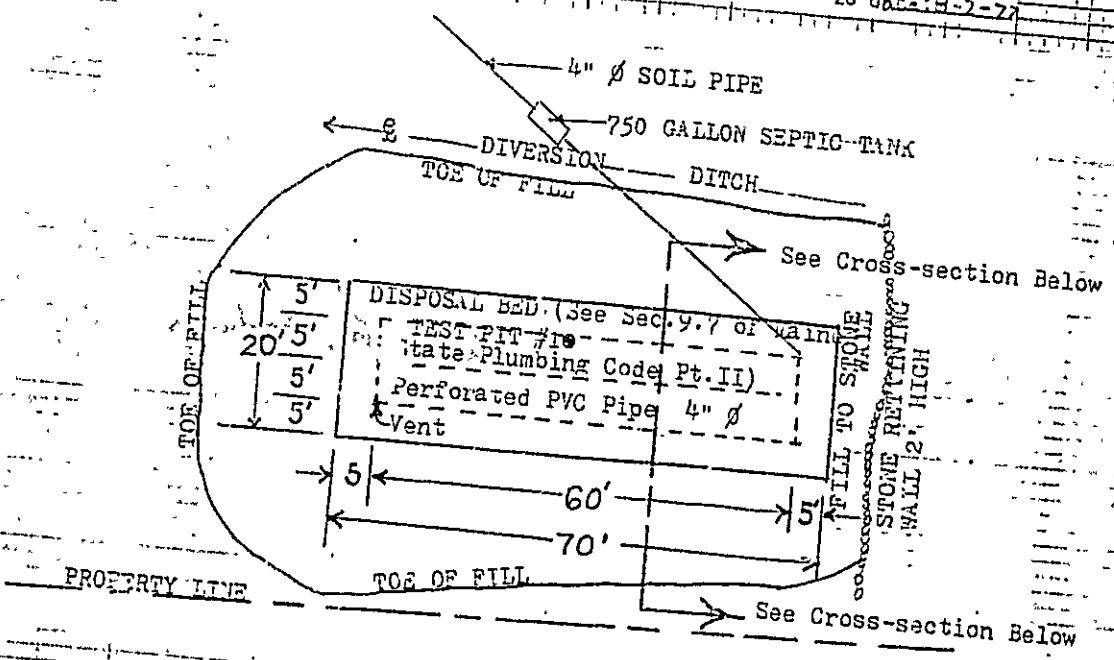


APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT  
(For systems disposing of less than 2000 gallons per day)

Outland Cushings Island  
 Street, Road, etc. Whitehead Ave.  
 If on water body give name  
 Owner of property Curtis M. Scribner  
 Site Plan  
 Scale 1" = 100 Ft. dr by W.A.G.



Private Sewage Disposal Plan  
 Scale 1" = 20' dr by W.A.G. date: 8-2-77



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 information is a cause to deny a permit to install a private sewage disposal system and that the permit is void within the month period from the date of permit issuance. I understand that no permit is intended or implied in any advice or approval given by the Administrative Authority or its agent.

District Engineer  
 Applicant: *Curtis M. Scribner*  
 Date: *8/15/77*  
 File # 200 1

Date Issued **6-23-77**  
 Portland Plumbing Inspector  
 By **ERNOLD R GOODWIN**

App. First Insp.  
 Date **JUL 7 1977**  
 By

App. Final Insp.  
 Date **JUL 8 1977**  
 By

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

ERNOLD R. GOODWIN  
 CHIEF PLUMBING INSPECTOR

PERMIT TO INSTALL PLUMBING **Cushing Isl. 1226**

Address **106-C-A 16-17 Spring Cove Ave.**  
 Installation For **one family**  
 Owner of Bldg **Brook Ledy, Richard & Paul Baiser**  
 Owner's Address **same**  
 Plumber **Lionel Plante Isl Ave. Pkts Isl. 6-21-77**  
 NEW REPL. DATE FEE

NEW	REPL.		DATE	FEE
		SINKS		
		LAVATORIES		
		TOILETS		
		BATH TUBS		
		SHOWERS		
		DRAINS FLOR SURFACE		
		HOT WATER TANKS		
		TANKLESS WATER HEATERS		
		GARBAGE DISPOSALS		
		SEPTIC TANKS		
x		HOUSE FEWERS	1	25.00
		ROOF LADERS		
		AUTOMATIC WASHERS		
		DISHWASHERS		
		OTHER		
		<b>base fee</b>		<b>3.00</b>
		<b>TOTAL</b>		<b>28.00</b>

MAINE DEPARTMENT OF HUMAN SERVICES APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT		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 <b>Portland</b> <i>Cushings Island</i>	Street, Road, etc. <b>Spring Cove Ave.</b> <i>If on water body give name</i>	Plumbing Permit No. <b>1826</b>	Date of Plumbing Permit <b>6-23-77</b>	
Owner of property <b>Brooke A. Ledy</b> <i>Richard M. &amp; Paul W. Balbon</i>		Owner's address <b>Spring Cove Ave.</b>		Site of lot <b>6570-6653=13, 228</b> <input checked="" type="checkbox"/> Sq. feet <input type="checkbox"/> Acres
Name & type of establishment if other than private home <b>Duplex House- Seasonal Use</b>		Is lot Zoned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Type of Zoning <b>Residential Protection</b> <input type="checkbox"/> Shoreland	
Name of applicant <b>Lionel Plante</b>		If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following: <input type="checkbox"/> Deed restriction re private sewage disposal <input type="checkbox"/> Copy of the subdivision's soils report <input type="checkbox"/> Soils report from a State Agency		
Applicant's address <b>Island Ave.</b>		Tel No. <b>766-2509</b>		Subdivision name <b>City of Portland Assessor's Plan 106-C</b>
Town <b>Peaks Island</b>		Zip Code <b>04108</b>		
Applicant's signature <b>Brooke A. Ledy</b>		Date <b>6/14/77</b>	Lot No. <b>106-C-A-16 &amp; 17</b>	
Owner's signature <i>Richard M. Balbon</i>		Date <b>6/14/77</b>	Plan <b>106-C</b>	

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	
	<input checked="" type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring
Thickness and description of each soil strata encountered	Organic strata <b>Top Soil</b> Inches <b>2"</b>	Organic strata Inches	Organic strata Inches	Organic strata Inches
	1st strata <b>Dr. Br.</b> Inches <b>Gravelly Loam 6"</b>	1st strata Inches	1st strata Inches	1st strata Inches
	2nd strata <b>Lt. Br. Silty</b> Inches <b>Gravelly Loam 4"</b>	2nd strata Inches	2nd strata Inches	2nd strata Inches
	3rd strata <b>Lt. Br. Claye</b> Inches <b>Loam 6"</b>	3rd strata Inches	3rd strata Inches	3rd strata Inches
Depth from bottom of organic horizon to:	Total Depth of observation hole Inches <b>60"</b>	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches
	Max. Ground water table molding <input checked="" type="checkbox"/> None Evident Inches	Max. Ground water table molding <input type="checkbox"/> None Evident Inches	Max. Ground water table molding <input type="checkbox"/> None Evident Inches	Max. Ground water table molding <input type="checkbox"/> None Evident Inches
	Impervious layer, clay, etc. <input checked="" type="checkbox"/> None Evident Inches	Impervious layer, clay, etc. <input type="checkbox"/> None Evident Inches	Impervious layer, clay, etc. <input type="checkbox"/> None Evident Inches	Impervious layer, clay, etc. <input type="checkbox"/> None Evident Inches
	Bedrock <input checked="" type="checkbox"/> None Evident Type of Bedrock <b>Shale</b>	Bedrock <input type="checkbox"/> None Evident Type of Bedrock	Bedrock <input type="checkbox"/> None Evident Type of Bedrock	Bedrock <input type="checkbox"/> None Evident Type of Bedrock
Surface slope <b>0.0 %</b>	Surface slope %	Surface slope %	Surface slope %	
Soil Group & Condition per Table 9-1 of the Code, II <b>B-2</b>	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 **May 10 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.

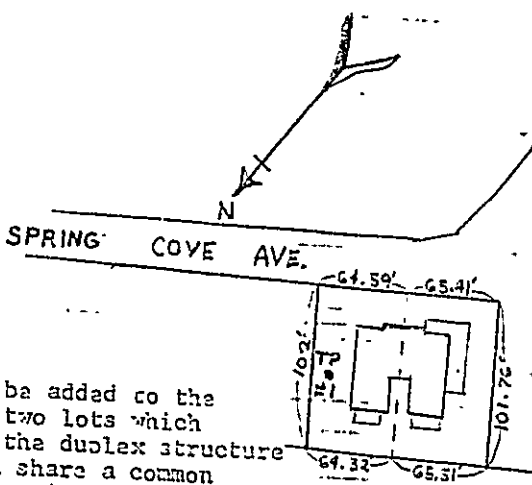
Signature **William B. Goodwin** Health Engineering License No. **00003**  
Date signed **May 28, 1977**

PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED					
Show location of system and details on sketches on page 2, and refer to completed sample form					
<b>SYSTEM:</b> <input checked="" type="checkbox"/> <b>COMBINED SYSTEM</b> <input type="checkbox"/> <b>SEPARATED SYSTEM</b> 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:	<b>TREATMENT TANK:</b> <input checked="" type="checkbox"/> <b>Septic Tank (2)</b> <input type="checkbox"/> Concrete (2) <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Size in gallons <b>Two 750 gallon</b> <input type="checkbox"/> Aerobic Tank Manufacturer— Model No. Size in gallons <b>NA</b>	<b>SUBSURFACE ABSORPTION AREA</b>			
		Type <input type="checkbox"/> Trench System: Total trench length <b>NA</b> <input checked="" type="checkbox"/> <b>Bed System</b> Length <b>80'</b> Width <b>15'</b> <input type="checkbox"/> Chamber System Number <input type="checkbox"/> Type A <input type="checkbox"/> Single File <input type="checkbox"/> Type B <b>NA</b> <input type="checkbox"/> Cluster		<b>SIZE</b> <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	
		<input type="checkbox"/> Mound System Length <b>NA</b> Width at base		<input type="checkbox"/> Special System Length <b>NA</b> Width	
		<b>WAIVER</b> <input type="checkbox"/> Required <input checked="" type="checkbox"/> Not Required			
<b>SITE MODIFICATION</b> Fill will be: <b>NA</b> in uphill; _____ in downhill <b>DETAILS</b> <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 <b>DISTANCES</b> <input type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 100 feet from any and all wells; springs; surface water bodies and courses (lake, pond, ocean, brook, stream, river); swamps; marshes; and bogs. <input type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies					

<b>PROPERTY / LOT LOCATION MAP</b> 	<b>FOR THE USE OF LPI ONLY</b> <input type="checkbox"/> Denial: Application is denied for following reasons, portions of the Code II are cited. Form is incomplete (_____) as to: <input type="checkbox"/> 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 <input type="checkbox"/> totally unsuitable for disposal system; Sections 4.5 and 9.1, Table 9-1 Group 9 and 13. <input type="checkbox"/> Unsuuitable for system proposed; Sections 4.3, 4.6, 9.3, Table 9-1. <input type="checkbox"/> System Proposed does not conform to Code; See Sections 9. <input type="checkbox"/> Site Investigation indicates site modifications are necessary; See Sections <input type="checkbox"/> 4.3, <input type="checkbox"/> 4.4, <input type="checkbox"/> 4.6, <input type="checkbox"/> 9.7. <input type="checkbox"/> Miscellaneous: See Section _____. <input checked="" type="checkbox"/> Acceptance: Application for permit is approved with condition specified, comply with Section _____. Signed <b>William B. Goodwin</b> Date <b>6/22/77</b> HME-200 1/77
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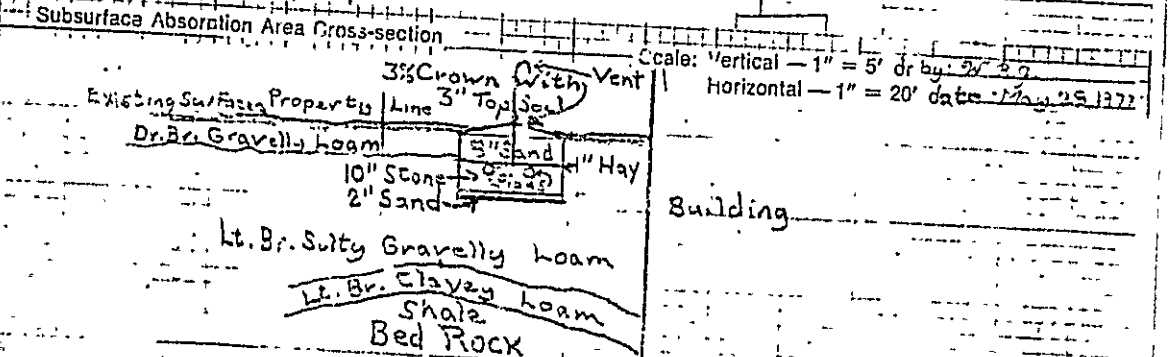
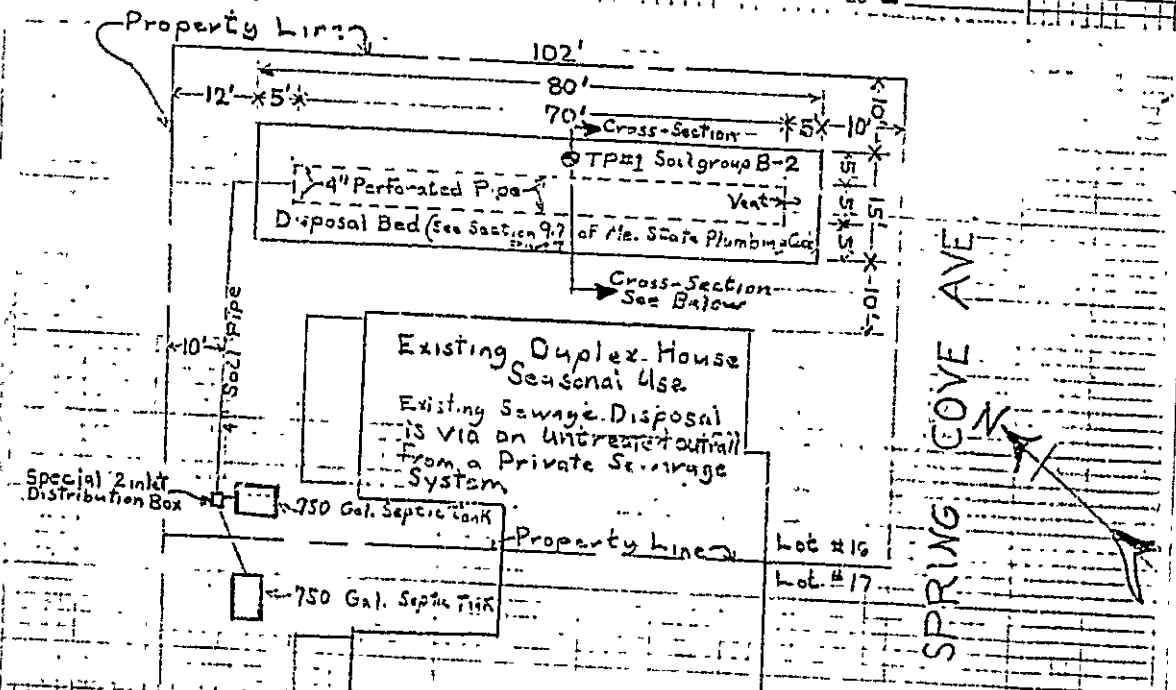
APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT  
(For systems disposing of less than 2000 gallons per day)

Town Portland	Street, Road, etc. Spring Cove Ave	Owner of property Brooke A. Leddy
Subdiv: Machinists Island	If on water body, give name	Richard J. Balcan
Site Plan	Scale 1" = 100 Ft.	Dr. by



NOTE: wording is to be added to the deeds of these two lots which indicates that the duplex structure located thereon share a common subsurface absorption area for the purpose of sewage disposal.

Private Sewage Disposal Plan	Scale 1" = 20'	Dr. by
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Statement: (no permit 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 reason to deny a permit to install a private sewage disposal system and that if a permit is issued 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.

HHS-200 1/77

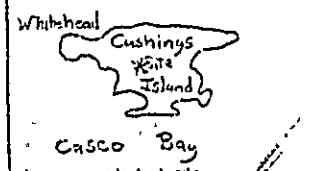
Signature Required \_\_\_\_\_

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Owner: \_\_\_\_\_

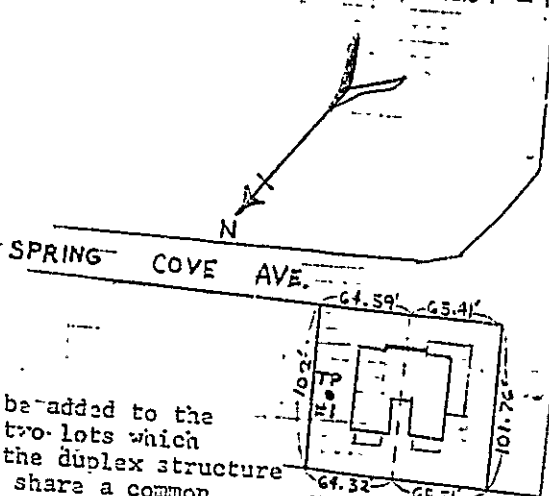
ORIGINAL To be sent to Division of Health Engineering, Augusta, Maine 04333 by the LPI

MAINE DEPARTMENT OF HUMAN SERVICES APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT		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 <b>Portland</b> <b>Cushings Island</b>	Street, Road, etc. <b>Spring Cove Ave.</b> If on water body, give name	Plumbing Permit No.	Date of Plumbing Permit		
Owner of property <b>Brooks A. Ledy</b> <b>Richard H. &amp; Paul E. Balcer</b>		Owner's address <b>Spring Cove Ave.</b>	Size of lot <b>5E7JH6658=13, 228</b>	<input checked="" type="checkbox"/> 20 Sq. feet <input type="checkbox"/> Acres	
Name & type of establishment if other than private home <b>Duplex House- Seasonal Use</b>		Is lot Zoned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Type of Zoning <input type="checkbox"/> Shortland <input checked="" type="checkbox"/> Residential Protection		
Name of applicant Owner's agent <b>Siorel Plant</b>		If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following: <input type="checkbox"/> Dead restriction re. private sewage disposal <input type="checkbox"/> Copy of the subdivision's soils report <input type="checkbox"/> Soils report from a State Agency			
Applicant's address Street, Box, etc. <b>Island Av.</b>		Tel. No. <b>766-2503</b>			
Town <b>Peaks Island</b>		Zip Code <b>04108</b>	Subdivision name <b>City of Portland Assessors Plan 106-G</b>	Lot No. <b>106-7-A-16 &amp; 17</b>	
Applicant's signature <b>Brooks A. Ledy</b>		Date <b>6/4/77</b>			
This application is for: <input checked="" type="checkbox"/> New System <input type="checkbox"/> Expanded System <input type="checkbox"/> Replacement System <input type="checkbox"/> Replacement of Treatment Tank Only <input type="checkbox"/> Disposal Area Only					
The water supply for this property is: <input type="checkbox"/> Dug well, cistern <input type="checkbox"/> lining <input type="checkbox"/> Drilled well, cistern <input type="checkbox"/> Spring <input type="checkbox"/> Other					
The water supply for this property is: <input type="checkbox"/> Dug well, cistern <input type="checkbox"/> lining <input type="checkbox"/> Drilled well, cistern <input type="checkbox"/> Spring <input type="checkbox"/> Other					
depth <input type="checkbox"/> lining <input type="checkbox"/> Surface water <input type="checkbox"/> Body <input type="checkbox"/> Course <input type="checkbox"/> with disinfection <input type="checkbox"/> without disinfection <input checked="" type="checkbox"/> Utility, name _____					
<b>SITE INVESTIGATION</b> 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 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
	Organic strata <b>Top Soil</b> Inches <b>2"</b>	Organic strata	Organic strata	Organic strata	Organic strata
	1st strata <b>Dr. Br. Gravely Loam</b> Inches	1st strata	1st strata	1st strata	1st strata
2nd strata <b>Lt. Br. Silty Gravely Loam</b> Inches	2nd strata	2nd strata	2nd strata	2nd strata	
3rd strata <b>Lt. Br. Clayey Loam</b> Inches <b>6"</b>	3rd strata	3rd strata	3rd strata	3rd strata	
Depth from bottom of organic horizon to:	Total Depth of observation hole Inches <b>50"</b>	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches
	Max. Ground water table mottling Inches	Max. Ground water table mottling Inches	Max. Ground water table mottling Inches	Max. Ground water table mottling Inches	Max. Ground water table mottling 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 <input checked="" type="checkbox"/> None Evident Type of Bedrock <b>Shale</b>	Bedrock <input type="checkbox"/> None Evident Type of Bedrock	Bedrock <input type="checkbox"/> None Evident Type of Bedrock	Bedrock <input type="checkbox"/> None Evident Type of Bedrock	Bedrock <input type="checkbox"/> None Evident Type of Bedrock
Surface slope <b>0.0</b> %	Surface slope %	Surface slope %	Surface slope %	Surface slope %	
Soil Group & Condition per Table 9-1 of the Code, II <b>B-2</b>	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 <b>May 10, 77</b> (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 <b>William B. Goodwin</b> Health Engineering License No. <b>66993</b>			
		Date signed <b>May 28, 1977</b>			
<b>PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED</b> 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"/> Sepsic Tank (2) <input checked="" type="checkbox"/> Concrete (2) <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Size in gallons <b>Two 750 gallon</b>  <input type="checkbox"/> Aerobic Tank Manufacturer— Model No. Size in gallons <b>NA</b>	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION	
		Type		SIZE	Fill will be: <b>NA</b> In uphill; _____ In downhill
		<input type="checkbox"/> Trench System: Total trench length _____ <b>NA</b>		<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 <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
		<input checked="" type="checkbox"/> Bed System Length <b>80'</b> Width <b>15'</b> <input type="checkbox"/> Chamber System Number _____ <input type="checkbox"/> Type A <input type="checkbox"/> Single File <input type="checkbox"/> Type B <input checked="" type="checkbox"/> NA <input type="checkbox"/> Cluster		<input type="checkbox"/> Mound System Length _____ Width _____ at base	DISTANCES <input type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 100 feet from any and all walls, springs, surface water bodies and courses (lake, pond, ocean, brook, stream, river); swamps, marshes; and bogs  <input type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.
		Special System Length _____ Width _____			
		WAIVER <input type="checkbox"/> Required <input checked="" type="checkbox"/> Not Required			
PROPERTY/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 (_____) as to: <input type="checkbox"/> 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 2.3 <input type="checkbox"/> Site Investigation indicates site is <input type="checkbox"/> totally unsuitable for disposal system, Sections 4.5 and 9.5, Table 9-1 Group 2 and 10 <input type="checkbox"/> unsuitable for system proposed, Sections 4.2, 4.6, 9.5, Table 9-1. <input type="checkbox"/> System Proposed does not conform to Code, See Sections 9 <input type="checkbox"/> Site Investigation indicates site modifications are necessary. See Sections <input type="checkbox"/> 4.3, <input type="checkbox"/> 4.4, <input type="checkbox"/> 4.8, <input type="checkbox"/> 5.7. <input type="checkbox"/> At variance: Application for permit is approved <input type="checkbox"/> with condition specified, comply with Section _____ <input type="checkbox"/> without condition			
Location—roads, landmarks		Signed LPI: _____ Date _____ HME-290 1/77			



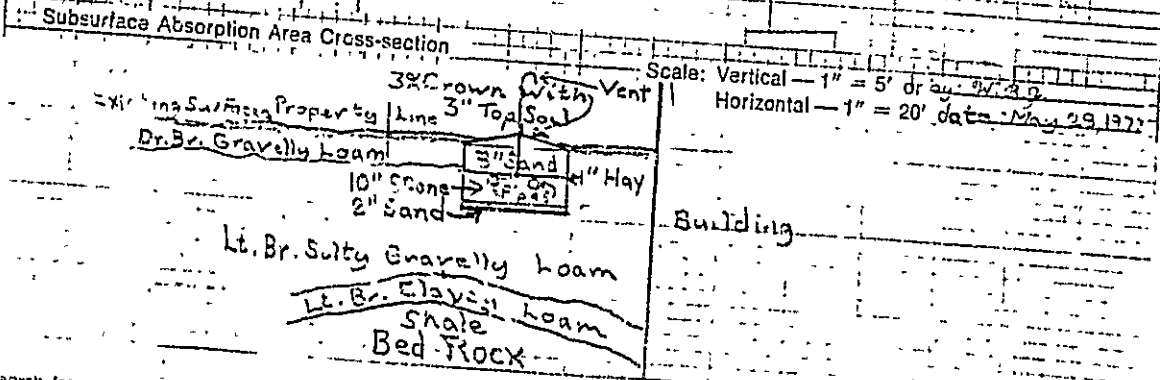
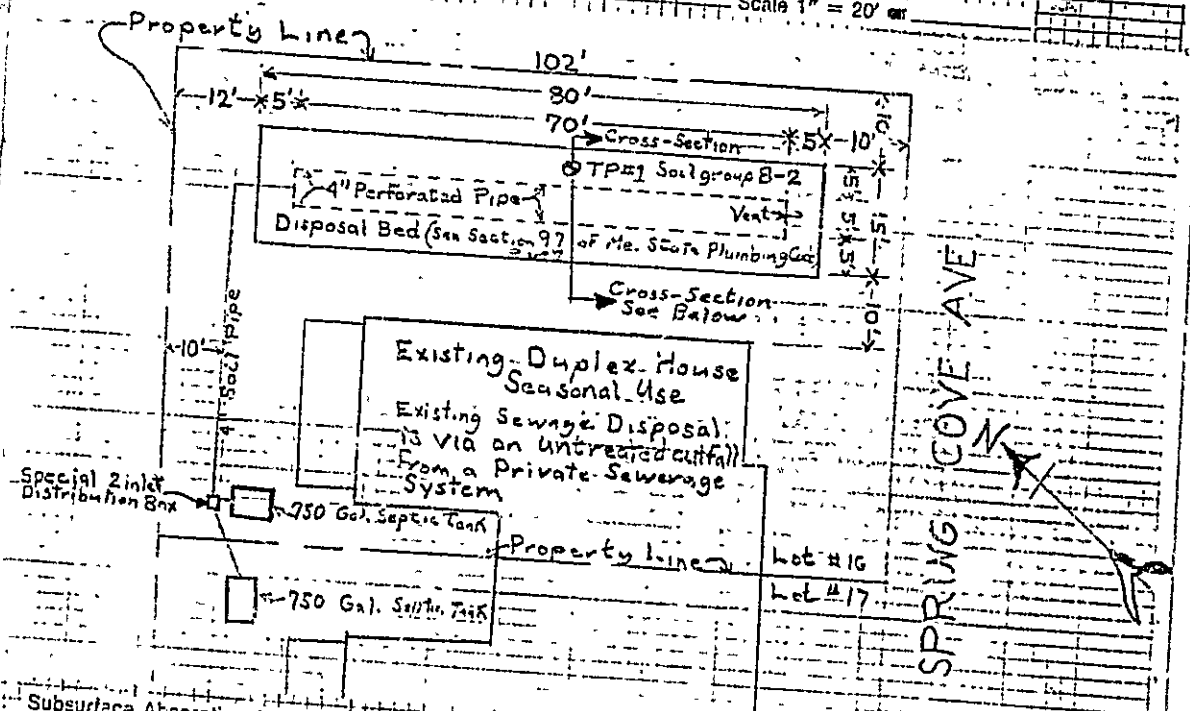
APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT  
(For systems disposing of less than 2000 gallons per day)

Town: **Portland**  
 Cushing: **Tolland**  
 Street, Road, etc.: **Spring Cove Ave.**  
 If on water body, give name: \_\_\_\_\_  
 Owner of property: **Brooke A. Leddy**  
**Richard H. & Joan E. Balson**  
 Site Plan: \_\_\_\_\_  
 Scale: 1" = 100 Ft.



NOTE: wording is to be added to the deeds of these two lots which indicates that the duplex structure located thereon share a common subsurface absorption area for the purpose of sewage disposal.

Private Sewage Disposal Plan  
 Scale: 1" = 20' or



Statement: (no permit 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 of its agent.

Signature Required \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Applicant: \_\_\_\_\_  
 Owner: \_\_\_\_\_

### CERTIFICATE OF APPROVAL

FOR SEWAGE DISPOSAL FOR THE TOWN/CITY OF \_\_\_\_\_

OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_, MAINE  
Location where system was installed and inspected

Installer's Name: PLAMTIF  F.I.  M.I.

Cert. of App Number: **No. 2281 EC**

Date C.O.A. Issued: \_\_\_\_\_  
Month Day Year

Date Inspected: \_\_\_\_\_  
Month Day Year

Date Permit Issued: \_\_\_\_\_

THE SUBSURFACE SEWAGE DISPOSAL SYSTEM AND/OR COMPONENT(S) INSTALLED PURSUANT TO THE ABOVE CERTIFICATE OF APPROVAL NUMBER HAS BEEN PERSONALLY EXAMINED AND HAS BEEN PROPERLY INSTALLED IN COMPLIANCE WITH THE MUNICIPAL AND STATE SUBSURFACE SEWAGE DISPOSAL REGULATIONS.

State Office Use Only  
 Date Received

Signature of LPI: ARNOLD R. GOODWIN  
INSPECTOR

AUG 31 1977

ORIGINAL - To be sent to Department of Human Services  
 Division of Health Engineering 221 State Street Augusta, Maine 04333

### SUBSURFACE SEWAGE DISPOSAL PERMIT FOR THE TOWN/CITY OF Portland

PERMIT NUMBER: **No. 2281 EP**

Town/City Code: 05710 LP Number: 1123 License Number: 3 Date Issued: 183077  
Month Day Year

Address of System's Location: 100 C SPRINGFIELD AVE St. Rd. Av/Lot: \_\_\_\_\_  
St./Lot Number Street, Road Name/Subdivision

Name of Applicant: CALLIET F.I.  M.I.  Mailing Address: CUSHING ST. Zip Code: \_\_\_\_\_

Permit Issuance: 1 Regular  2 Local Variance  3 State Variance  4 Local Waiver Option

Type of System: 1. New  2. Replacement  3. Expansion  4. Experimental  Code \_\_\_\_\_ Units \_\_\_\_\_ Design Flow 1

System to Serve: 1 Single (Res)  2 Multi Fam (Res)  3 Mobile Home  4 Commercial  5 School  6 Other (Specify) \_\_\_\_\_ Code \_\_\_\_\_ Units \_\_\_\_\_ Fee \_\_\_\_\_

Complete System (Tank with): 1 Trench  2 Bed  3 Chamber  4 Mound  5 Special System (Includes one Waterless Toilet)  Code \_\_\_\_\_ Units \_\_\_\_\_ Fee 25

Treatment Tank (only): 1 Septic (\$10 each)  2 Aerobic (\$10 each)  3 Holding (\$20 each)

Disposal Area (only): 1. Trench  2 Bed  3 Chamber  4 Mound  5 Other (\$20 each) (Specify) \_\_\_\_\_

Waterless Toilets: 1. P.I. Privy  2 Vault Privy  3 Compost Toilet (\$10 each)

Other Systems: 1. Laundry Wasts  2 Separated Chamber(s) (\$10 each)

STATE OFFICE USE ONLY  
 Date Received: \_\_\_\_\_ Signature of LPI: \_\_\_\_\_  
 Administrative Code: \_\_\_\_\_ Form 200  LPI to Insert soil Category (L)  - (H)

Money Received: \$ \_\_\_\_\_  
 Double Fee  Yes  No

AUG 31 1977  
 Double Fee **GOODWIN**

This "Subsurface Sewage Disposal Permit" is invalid if work is not commenced within six (6) months from date of issuance. Upon completion of work a "Certificate of Approval" must be obtained from the Department of Human Services, Division of Health Engineering, 221 State Street, Augusta, Maine 04333. Refer to Sec. 2.B for Fee Schedule on Systems over 2000 Gall/Day.

HHE-210 377

MAINE DEPARTMENT OF HUMAN SERVICES  
APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT

This is NOT a permit but form when completed must be presented to the local planning inspector to obtain a permit

Page 1 of 2

Town: **Portland** Street, road etc: **Spring Cove Ave.** Plumbing permit no: **2281** Date of original permit: **8/28/77**

Owner of property: **Perer T. Colli et. las (A-15)** Owner's address: **Spring Cove Ave.** Size: **9197 S.F. (A-14)** **6286 S.F. (A-15)**

Name & type of establishment: **Duplex House-Seasonal Use** Is lot zoned? **Yes** Type of zoning: **RES.**

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:  
 Subdivision on re private sewage disposal **NOT APPLICABLE**  
 Copy of the subdivision's soils report, **APPLICABLE**  
 Soils report from a State Agency

Applicant's address: **Island Ave.** Tel no: **766-2503**

Town: **Peaks Island** Zip Code: **04108** Subdivision name: **City of Portland's Assessors Chart No. 106C** Lot No.: **106C-A-14** **106C-A-15**

Applicant's signature: *Lionel Plante* Date: \_\_\_\_\_

Owner's signature: *Perer T. Colli* Date: \_\_\_\_\_

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:  Public water supply  Well  Other \_\_\_\_\_

Drain:  Sewer  Surface water  Body  Course  With \_\_\_\_\_  Without interference  Public Utility, name: **Peaks Island**

**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.		Soil Profile No.		Soil Profile No.	
	<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
Thickness and Description of Each soil strata encountered	Organic strata <b>TOP SOIL</b>		Organic strata		Organic strata		Organic strata	
	Inches <b>2"</b>		Inches		Inches		Inches	
	1st strata <b>Dr. BR. GRAVELLY LOAM</b>		1st strata		1st strata		1st strata	
	Inches <b>6"</b>		Inches		Inches		Inches	
Depth from bottom of organic portion to:	Total Depth of observation hole <b>62"</b>		Total Depth of observation hole		Total Depth of observation hole		Total Depth of observation hole	
	Max. Ground water table: <b>None Evident</b>		Max. Ground water table: <b>None Evident</b>		Max. Ground water table: <b>None Evident</b>		Max. Ground water table: <b>None Evident</b>	
	Impervious layer: <b>None Evident</b>		Impervious layer: <b>None Evident</b>		Impervious layer: <b>None Evident</b>		Impervious layer: <b>None Evident</b>	
	Bedrock: <b>48" Shale</b>		Bedrock		Bedrock		Bedrock	
Surface slope: <b>0.5 %</b>		Surface slope		Surface slope		Surface slope		
Soil Group & Condition per Table 9-1 of the Code, II: <b>B-2</b>		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 **July 18, 1977** (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: \_\_\_\_\_ Date signed: **August 7, 1977**

Health Engineering License No: **C0003**

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

<b>SYSTEM:</b> <input checked="" type="checkbox"/> <b>COMBINED SYSTEM</b> <input type="checkbox"/> <b>SEPARATED SYSTEM</b> <input type="checkbox"/> <b>Sealed Vault Privy</b> <input type="checkbox"/> <b>Open Pit Privy</b> <input type="checkbox"/> <b>Compost Toilet</b> <input type="checkbox"/> <b>Incinerator Toilet</b> <input type="checkbox"/> <b>Chemical Toilet</b> <input type="checkbox"/> <b>Other, describe</b>	<b>TREATMENT TANK:</b> <input checked="" type="checkbox"/> <b>Septic Tank (2)</b> <input type="checkbox"/> <b>Concrete (2)</b> <input type="checkbox"/> <b>Fiberglass</b> <input type="checkbox"/> <b>Metal</b> Size in gallons: <b>TWO @ 750 Gal.</b>	<b>SUBSURFACE ABSORPTION AREA</b>		<b>SITE MODIFICATION</b> Fill will be <b>NOT APPLICABLE</b> in uphill (in downhill)
		Type: <input type="checkbox"/> Trench System: Total trench length <b>NOT APPLICABLE</b> <input type="checkbox"/> Bed System: Length <b>80'</b> Width <b>15'</b> <input type="checkbox"/> Chamber System: Number <b>NOT APPLICABLE</b> <input type="checkbox"/> Mound System: Length <b>NOT APPLICABLE</b> Width <b>at base</b> <input type="checkbox"/> Special System: Length <b>NOT APPLICABLE</b> Width <b>NOT APPLICABLE</b>		<b>DETAILS</b> <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
See Chapter 3 of the Code, II.		<b>WAIVER</b> <input type="checkbox"/> Required <input checked="" type="checkbox"/> Not Required		<b>DISTANCES</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook, stream, river), swamps, marshes, and bays. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 100 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.

**PROPERTY/LOT LOCATION MAP**

**FOR THE USE OF LPI ONLY**

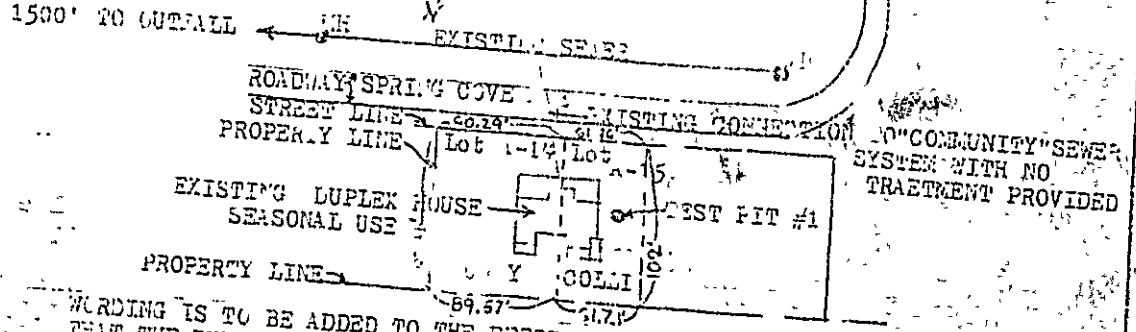
( ) Denial. Application is denied for following reasons, portions of the Code II are cited.  
 Form is incomplete ( ) as to:  General Info,  Site Investigation,  System Proposed  
 Site Plan,  Disposal System Plan,  Cross-Section,  Elevation. See Section 23  
 Site Investigation indicates site is  Unsuitable for disposal systems Sections 43 and 91 Table 9-1 Group and 12  
 Unsuitable for system proposed Sections 43, 46, 15, Table 9-1  
 System Proposed does not conform to Code, See Sections 3  
 Site Investigation indicates site modifications are necessary; See Sections  43,  41,  13,  67

Miscellaneous \_\_\_\_\_ See Section \_\_\_\_\_  
 Acceptance of this permit is given  with conditions specified, comply with Section \_\_\_\_\_

Signature: *[Signature]* Date: **8/20/77** H&E-208 1977

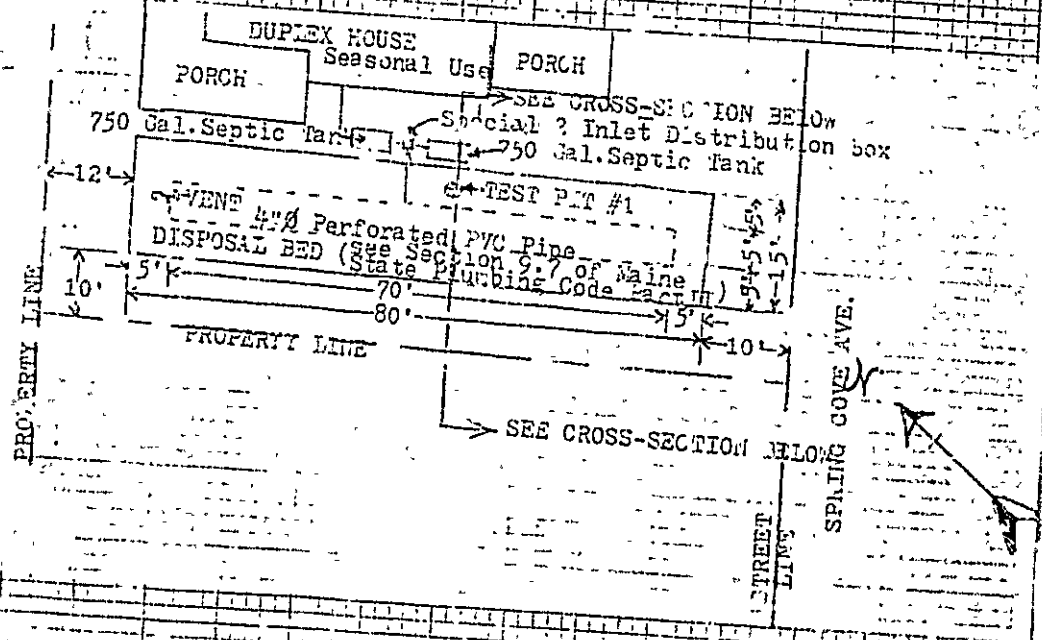
APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT  
 (For systems disposing of less than 1000 gallons per day)

City: **PORTLAND**  
 State: **MAINE**  
 Street, Road and SPILLING COVE AVE  
 (If on water body give name)  
 Owner of property: **A. J. HURRY (A-14)**  
**PETER T. COLLI (A-15)**  
 Site Plan  
 Scale 1" = 100 Ft. dr. by: **rag**

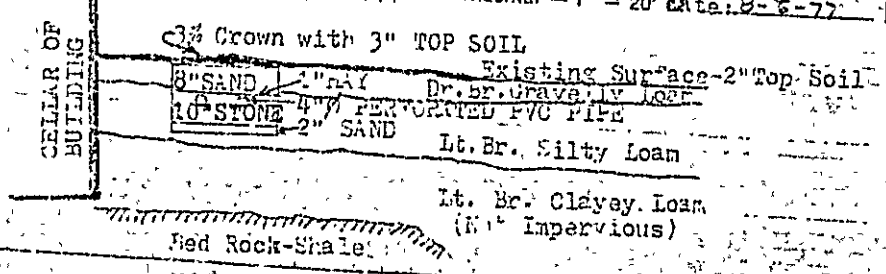


WORDING IS TO BE ADDED TO THE DEEDS OF THESE TWO LOTS WHICH INDICATES THAT THE DUPLEX STRUCTURE LOCATED THEREON SHARE A COMMON SUBSURFACE ABSORPTION AREA FOR THE PURPOSE OF SEWAGE DISPOSAL.

Private Sewage Disposal Plan  
 Scale 1" = 20' date: 8-6-77



Subsurface Absorption Area Cross-section  
 Scale: Vertical - 1" = 5' dr. by: **C. G. Goodwin**  
 Horizontal - 1" = 20' date: 8-6-77



I certify that all the information submitted to be true and correct and I understand that the issuance of a permit application is based upon the information submitted by the applicant. I also understand that the issuance of a permit is based upon the date of permit issuance. I understand that no assurance is intended or implied by the Department of Environmental Protection or its agents.

Signature: **Guilio J. McConary**  
 Date: **8/6/77**  
 Applicant: **Peter T. Colli**  
 Owner:

APPLICATION FOR PERMIT

PERMIT ISSUED

MAY 18 1972

0547

CITY OF PORTLAND

Red  
GJM  
RJM



Class of Building or Type of Structure \_\_\_\_\_  
Portland, Maine, May 10, 1972

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect alter repair demolish install the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location Whitehead Ave., Cushing's Island (NCO #1 Bldg.) Within Fire Limits? \_\_\_\_\_ Dist. No. \_\_\_\_\_

Owner's name and address C.J.L. Associates, 443 Congress St. Telephone \_\_\_\_\_

Lessee's name and address \_\_\_\_\_ Telephone \_\_\_\_\_

Contractor's name and address owners Telephone \_\_\_\_\_

Architect \_\_\_\_\_ Specifications \_\_\_\_\_ Plans \_\_\_\_\_ No. of sheets \_\_\_\_\_

Proposed use of building dwelling No. families \_\_\_\_\_

Last use \_\_\_\_\_ No. families \_\_\_\_\_

Material \_\_\_\_\_ No. stories \_\_\_\_\_ Heat \_\_\_\_\_ Style of roof \_\_\_\_\_ Roofing \_\_\_\_\_

Other buildings on same lot \_\_\_\_\_

Estimated cost \$ 500. Fee \$ 3.00

General Description of New Work

To construct a 6'x24' addition to rear platform. - no roof  
NCO #1 Bldg.

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor. PERMIT TO BE ISSUED TO owner

Details of New Work

Is any plumbing involved in this work? no Is any electrical work involved in this work? no

Is connection to be made to public sewer? no 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 24' depth 6 No. stories 1 solid or filled land? solid earth or rock? earth

Material of foundation \_\_\_\_\_ Thickness, top \_\_\_\_\_ bottom \_\_\_\_\_ cellar \_\_\_\_\_

Kind of roof none Rise per foot \_\_\_\_\_ Roof covering \_\_\_\_\_

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

Framing Lumber—Kind spruce Dressed or full size? dr. Corner posts 4x6 Sills 4x6

Size Girder \_\_\_\_\_ Columns under girders \_\_\_\_\_ Size \_\_\_\_\_ Max. on centers \_\_\_\_\_

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

Joists and rafters: 1st floor 2x6, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof no.

On centers: 1st floor 16 O.C., 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof \_\_\_\_\_

Maximum span: 1st floor 6', 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof \_\_\_\_\_

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

If a Garage

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

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

APPROVED:

O.K. 5-18-72 NFB

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? yes

C.J.L. Associates

CS 301

INSPECTION COPY

Signature of owner

*[Handwritten Signature]*

NOTES

Permit No. 72/0547  
Location Whithead Ave.  
Owner C. S. S. Associates  
Date of permit 5/18/72  
Notif. closing-in \_\_\_\_\_  
Inspn. closing-in \_\_\_\_\_  
Final Notif. \_\_\_\_\_  
Final Inspn. \_\_\_\_\_  
Cert. of Occupancy issued \_\_\_\_\_  
Staking Out Notice \_\_\_\_\_  
Form Check Notice \_\_\_\_\_

7-14-72 Completed

X.

PRETI & FLAHERTY

May 16, 1972

Re: Building Permit  
ACO #1,  
Whitehead Avenue  
Cushing Island

Dear Sirs:

Please issue building permit in accordance  
with attached plans

Thank you,

Arthur R. Johnson  
443 Congress Street  
Portland, Maine 04111

C.J.L. Associates - nco #1  
 Whitehead Avenue  
 Cushing Island

Top View - Expansion of Porch

Expanded porch - 14' x 35'

Whitehead Avenue

Approx. Scale  
 1" = 6'

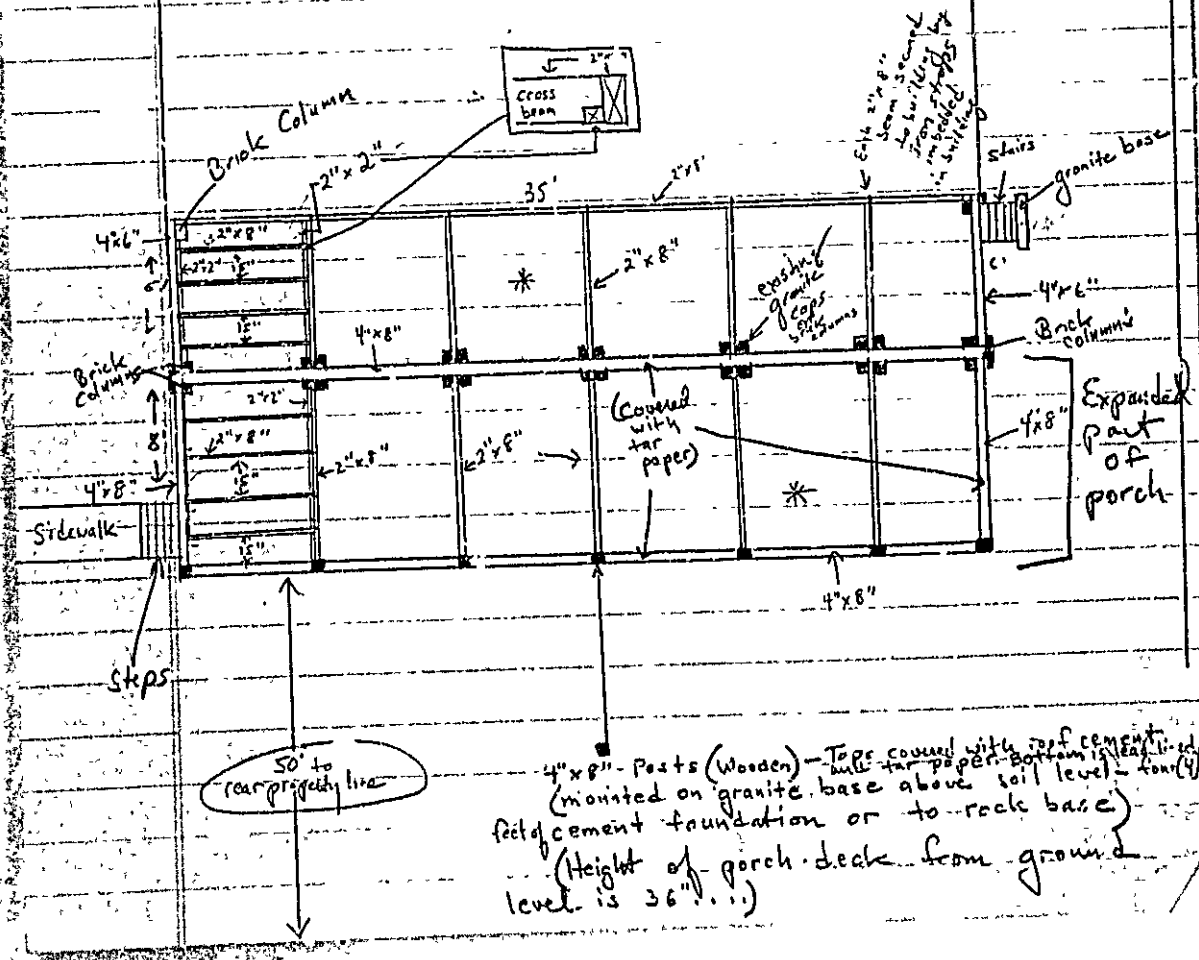
30'

(\*Entire porch to have cross beams - 15" apart)

RECEIVED  
 MAY 18 1972  
 DEPT. OF BLDG INSP.  
 CITY OF PORTLAND

House

20'







Near view

RECEIVED  
MAY 18 1972  
DEPT. OF BLDG. INSP.  
CITY OF PORTLAND

2" x 6" spruce deck plank  
14' long

2" x 4"

2" x 4"

posts  
4 x 6"

2" Angle  
Brackets

Roof cement and  
tar paper on top of  
posts.

Head base  
and roof cement  
in back of posts

4" x 8"

4" x 8"

4" x 8" posts

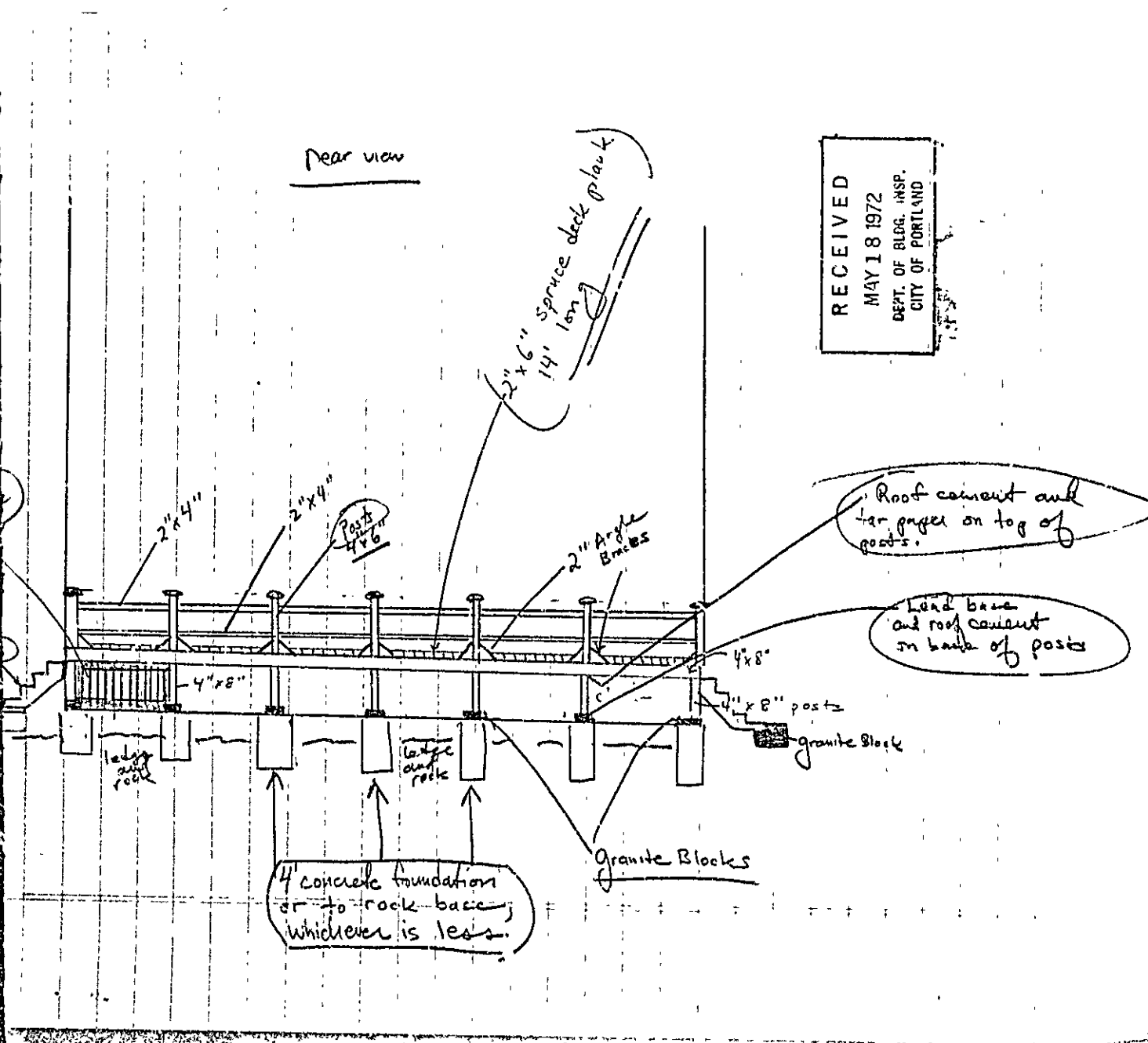
granite block

ledge  
and  
rock

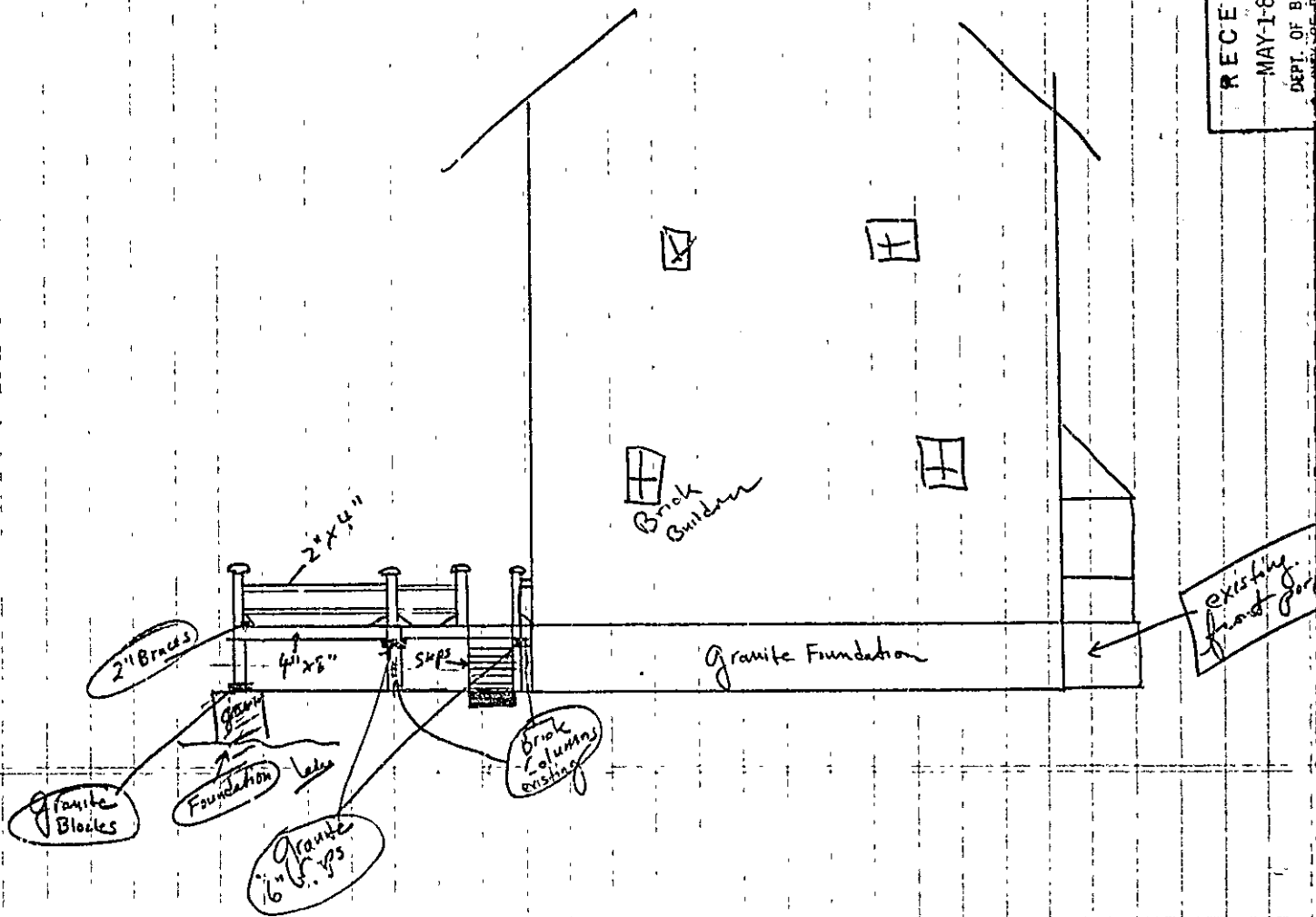
ledge  
and  
rock

Granite Blocks

4' concrete foundation  
or to rock base,  
whichever is less.



Side View



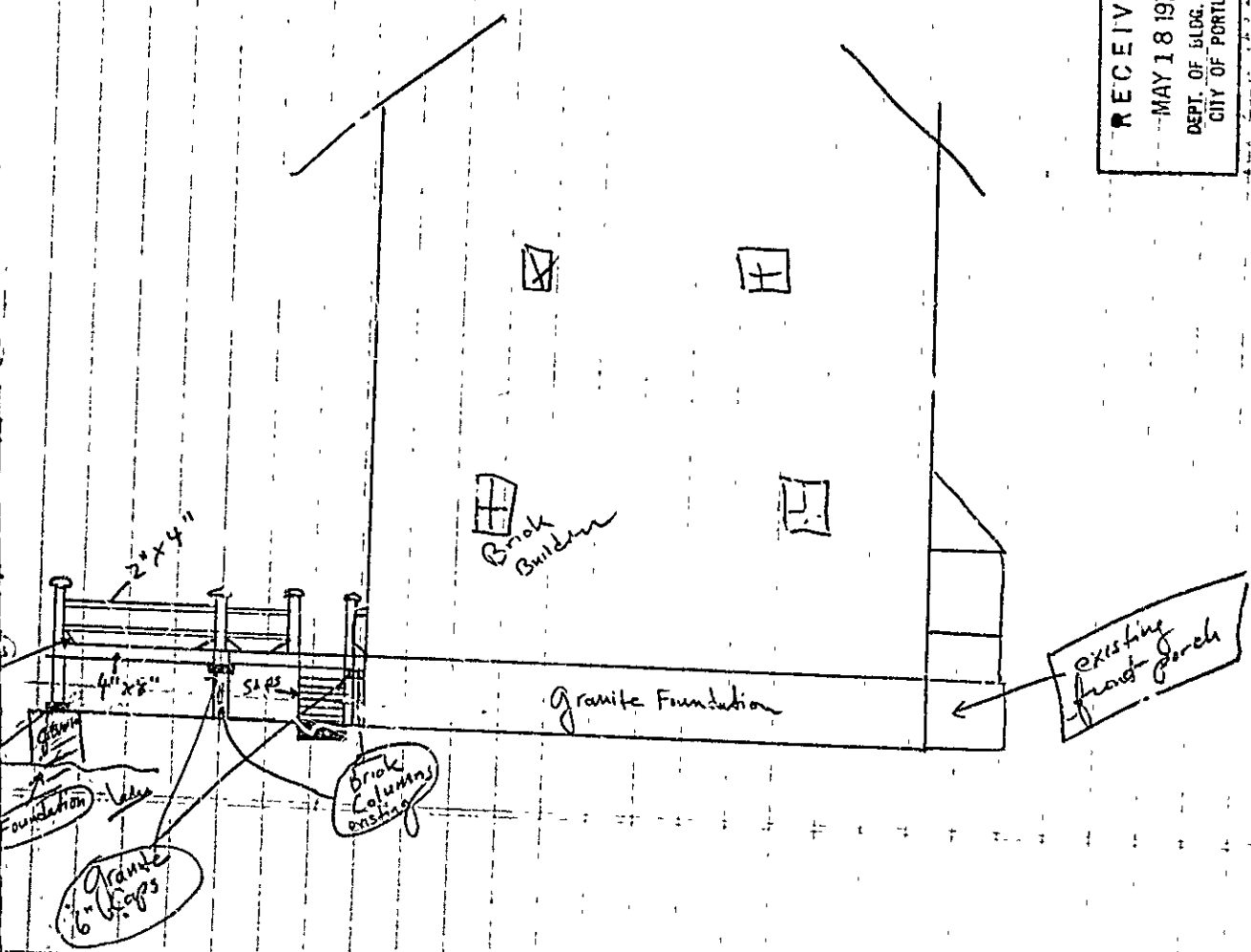
RECEIVED

MAY 18 1972

DEPT. OF BLDG. INSP.

Side View

RECEIVED  
MAY 18 1972  
DEPT. OF BLDG. INST.  
CITY OF PORTLAND



CITY OF PORTLAND, MAINE  
DEPARTMENT OF PUBLIC WORKS  
DEMOLITION OF BUILDINGS

A building will be demolished at # Whitehead Ave.- Cushing Island  
on \_\_\_\_\_.

The Contractor is Stuart's Constr.  
Cundy's Harbor, Maine

The owner is Peter L. Murray & Martin Johnson  
1 Monument Sq.

*NO PERMIT REQUIRED*

*DEPARTMENT OF PUBLIC WORKS  
PHILIP E. MULLIN, Sr.*



# APPLICATION FOR PERMIT

Class of Building or Type of Structure \_\_\_\_\_

Portland, Maine, \_\_\_\_\_

May 8, 1972

**PERMIT ISSUED**

MAY 8 1972

0501

**CITY of PORTLAND**

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect alter repair demolish install the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications if any, submitted herewith and the following specifications:

Location Whitcomb Ave. - Cushing Island Within Fire Limits? \_\_\_\_\_ Dist. No. \_\_\_\_\_

Owner's name and address Peter L. Murray & Martin Johnson, EXXEX Telephone 773-6411

Lessee's name and address \_\_\_\_\_ Telephone \_\_\_\_\_

Contractor's name and address Stuart Constr. Gundy's Harbor, Maine Telephone \_\_\_\_\_

Architect \_\_\_\_\_ Specifications \_\_\_\_\_ Plans \_\_\_\_\_ No. of sheets \_\_\_\_\_

Proposed use of building \_\_\_\_\_ No. families \_\_\_\_\_

Last use Military Barracks No. families \_\_\_\_\_

Material brick No. stories 2 1/2 Heat \_\_\_\_\_ Style of roof \_\_\_\_\_ Roofing \_\_\_\_\_

Other buildings on same lot \_\_\_\_\_

Estimated cost \$ \_\_\_\_\_ Fee \$ 10.

### General Description of New Work

To demolish existing 2 1/2 story military barracks. Sewer has been closed.

Sent to Health Dept. 5/8/72  
Rec'd from Health Dept. 5/19

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor. **PERMIT TO BE ISSUED TO Contractor**

### 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 \_\_\_\_\_

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

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

Size Girder \_\_\_\_\_ Columns under girders \_\_\_\_\_ Size \_\_\_\_\_ Max. on centers \_\_\_\_\_

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

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

On centers: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof \_\_\_\_\_

Maximum span: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof \_\_\_\_\_

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

### If a Garage

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

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

### 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? YES

APPROVED:

[Signature] Health Dept.  
OK 5-9-72 N.F.C.

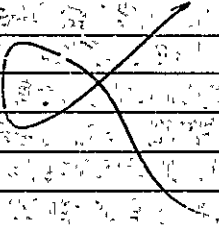
Peter L. Murray

INSPECTION COPY

Signature of owner By: [Signature]

NOTES

6-3-72 Down &  
mostly cleared up  
ED



Permit No. 72/501

Location Whitehead Ave - Curbing &

Owner Peter & Mary Margaret Johnson

Date of permit 5/8/72

Notif. closing-in

Inspn. closing-in

Final Notif.

Final Inspn.

Cert. of Occupancy issued

Slaking Out Notice

Form Check Notice