



CITY OF PORTLAND
Planning and Urban Development Department

MEMORANDUM

TO: Merle Leary, Code Enforcement Officer

FROM: Jim Wendel, Acting Development Review Coordinator (JW)

DATE: October 3, 1996

RE: Request for Certificate of Occupancy; Calumet Ave, Cushing Island, 106C-A-27

On October 3, 1996 I reviewed the status of the site for conformance with the conditions of approval.

Two items need to be addressed; they are:

1. Place 2" - 3" diameter riprap in the corner of the perimeter swale where it matches with the roadside ditch of Calumet Avenue at the westerly corner of the lot. The stone should be placed 5 feet into the lot and 5 feet along Calumet Avenue.
2. The swale on the easterly corner of the house beside the side entrance should be slightly deepened and more finely shaped to drain. Also, loam and seed work is needs to be completed in that area.

Due to the somewhat inaccessability of the island, photographs of the completed work would be accepted to check the work.

In my opinion, a temporary certificate of occupancy could be issued if code enforcement has no outstanding issues.



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION Calumet Ave, Cushing Island 106C-A-027

Issued to Peter & Deborah Murray

Date of Issue 07 October 1996

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 951187, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Single Family Dwelling

Limiting Conditions: TEMPORARY

See attached memo from Jim Wendel dated 03 Oct 96 listing two (2) conditions of approval.

This certificate supersedes
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8703

Location of Construction: Calumet Ave- Cushing Island		Owner: Peter & Deborah Hurray		Phone: 772-3811		Permit No: 9511	
Owner Address: 89 West St- Portland ME 04102		Leasee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Waltman & Co		Address: 19 Pleasant St- Yarmouth ME		Phone: 04096 806-3810		Permit Issued: NOV 14 1995	
Past Use: v/cant land		Proposed Use: 1-fam dwlg		COST OF WORK: \$ 155,000		PERMIT FEE: \$ 795	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: 33 Type 5B	
Proposed Project Description: construct 1-fam dwlg				Signature:		Signature: <i>[Handwritten]</i>	
MHP - \$50				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: CBL: 106C-A-02	
Permit Taken By: L. Chase		Date Applied For: 10/23/95		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: OK W/S 11/13/95	
				Signature:		Date:	
				Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> other		Special Zone of Review: <input checked="" type="checkbox"/> Shoreland 08CF-75 <input type="checkbox"/> Welland <input type="checkbox"/> Flood Zone <input checked="" type="checkbox"/> Subdivision	

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

PERMIT ISSUED WITH LETTER

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

[Signature] **11 Pleasant St. Yarmouth Me.** **10/23/95** **846-3810**
 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CFO DISTRICT 6

COMMENTS

10-3-91. Work is all completed. Checked out job with
site evaluator.

Type	Inspection Record	Date
Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final:	_____	_____
Other:	_____	_____

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

November 13, 1995

Waltman and Company
19 Pleasant Street
Yarmouth, ME 04096

RE: Calumet Avenue
Cushing Island

Dear Sir,

Your application to construct a single family dwelling has been reviewed and a permit is herewith issued subject to the requirements listed below. This permit does not excuse the applicant from meeting applicable state and Federal laws.

No Certificate of Occupancy will be issued until all requirements of this letter are met.

Site Plan Review Requirements

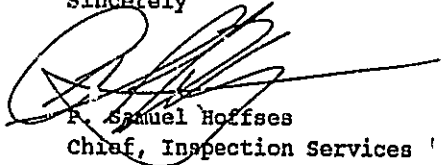
Building Inspections - Must comply with attached Shoreland Zoning requirements. - M. Schmuckal
Development Review Coordinator - See attached standard conditions. Needs to provide Test Pit Data, septic system location and HH2-200 Forms.

Building Code Requirements

Please read and implement items 1, 2, 7, 9, 11, 13, 14, 15 and 16 of the attached Building Permit Report.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely


P. Samuel Hoffses
Chief, Inspection Services

cc: M. Schmuckal, Asst Chief, Insp Svcs

BUILDING PERMIT REPORT

DATE: November 13, 1995

ADDRESS: Calumet Avenue, Cushing Island

REASON FOR PERMIT: To construct a single family dwelling

BUILDING OWNER: Peter and Deborah Murray

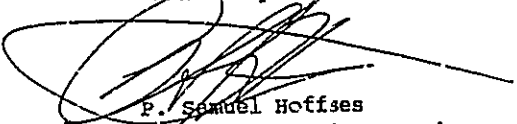
CONTRACTOR: Waltman & Company

APPROVED: See ITEMS 1 and 2

CONDITIONS OF APPROVAL

- *1. Before concrete for foundation is placed, approvals from Inspection Services must be obtained. (A 24 hour notice is required prior to inspection)
- *2. Precautions must be taken to protect concrete from freezing.
3. It is strongly recommended that a registered land surveyor check all foundation forms before concrete is placed. This is done to verify that the proper setbacks are maintained.
4. All vertical openings shall be enclosed with construction having a fire rating of at least one (1) hour, including fire doors with selfclosers.
5. Each apartment shall have access to two (2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
6. The boiler shall be protected by enclosing with one (1) hour fire-rated construction including fire doors and ceiling, or by providing automatic extinguishment. Sprinkler piping serving not more than six sprinklers may be connected to a domestic water supply having a capacity sufficient to provide 0.15 gallons per minute, per square foot of floor throughout the entire area. An INDICATING shut-off valve shall be installed in an accessible location between the sprinkler and the connection to the domestic water supply. Minimum pipe size shall be 3/4 inch copper or 1 inch steel. Maximum coverage area of a residential sprinkler is 144 square feet per sprinkler.
7. Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside without the use of special knowledge or separate tools. Where windows are provided as means of egress or rescue, they shall have a sill height not more than 44 inches (1118mm) above the floor. All egress or rescue windows from sleeping rooms shall have a minimum net clear opening height dimension of 24 inches (610mm). The minimum net clear opening width dimension shall be 20 inches (508mm), and a minimum net clear opening of 5.7 square feet.
8. A portable fire extinguisher shall be located as per NFPA #10. They shall bear the label of an approved agency and be of an approved type.
9. All single and multiple station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the City's Building Code, Chapter 9, Section 19, 919.3.2 (BOCA National Building Code/1993) and NFPA 101, Chapters 18 and 19. (Smoke detectors shall be installed and maintained at the following locations):
 - a. In the immediate vicinity of bedrooms
 - b. In all bedrooms
 - c. In each story within a dwelling unit, including basementsIn addition to the required AC primary power source, required smoke detectors in occupancies in Use Groups R-2, R-3 and I-1 shall receive power from a battery when the AC primary power source is interrupted.

10. Private garages located beneath habitable rooms in occupancies in Use Group R-1, R-2, R-3 or I-1 shall be separated from adjacent interior spaces by fire partitions and floor/ceiling assembly which are constructed with not less than 1 hour fire resisting rating. Private garages attached side-by-side to rooms in the above occupancies shall be completely separated from the interior spaces and the attic area by means of 1/2 inch gypsum board or the equivalent applied to the garage side. (Chapter 4, Section 407.0 of the BOCA/1993)
11. Guardrail and Handrails-A guardrail system is a system of building components located near the open sides of elevated walking surfaces for the purpose of minimizing the possibility of an accidental fall from the walking surface to the lower level. Minimum height all Use Groups, 42 inches, except Use Group R which is 36 inches. In occupancies in Use Group A, B, R-4, I-1, I-2 M and R and public garages and open parking structures, open guards shall have balusters or be of solid material such that a sphere with a diameter of 4 inches cannot pass through any opening. Guards shall not have an ornamental pattern that would provide a ladder effect.
12. All exit signs, lights and means of egress lighting shall be done in accordance with Chapter 10, Section and Subsections 1023. and 1024. of the City's Building Code. (The BOCA National Building Code/1993)
13. Stair construction in Use Group R-3 and R-4 is a minimum of 9" tread and 8-1/4" maximum rise. All other Use Group minimum is 11" tread, and 7" maximum rise.
14. Headroom in habitable space is a minimum of 7'6".
15. The minimum headroom in all parts of a stairway shall not be less than 80 inches.
16. All construction and demolition debris must be disposed at the City's authorized reclamation site. The fee rate is attached. Proof of such disposal must be furnished to the office of Inspection Services before final Certificate of Occupancy is issued for demolition permit is granted.
17. Section 25-135 of the Municipal Code for the City of Portland states, "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year".
18. The builder of a facility to which section 4594-C of the Maine State Human Rights Act, Title 5 MRSA refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.
19. This permit does not excuse the applicant from obtaining any license which may be needed from the City Clerk's Office.


P. Samuel Hoffses
Chief, Inspection Services

Revised 07/95

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW (ADDENDUM)
CONDITIONS OF APPROVAL

APPLICANT: Peter & Deborah Murray
ADDRESS: 89 West St. Portland, ME 04102
SITE ADDRESS/LOCATION: CALUMET AVE - CUSHING ISLAND
DATE: 11/3/95

Review by the Development Review Coordinator is for general conformance with ordinances and standards only and does not relieve the applicant, his contractors or agents from the responsibility to provide a completely finished site, including but not limited to: increasing or concentrating of all surface runoff onto adjacent or downstream properties, issues regarding vehicle sight distance, location of public utilities and foundation elevations.

CONDITIONS CHECKED OFF BELOW WILL BE ENFORCED FOR YOUR SITE PLAN

1. All damage to sidewalk, curb, street, or public utilities shall be repaired to City of Portland standards prior to issuance of a Certificate of Occupancy.
2. Two (2) City of Portland approved species and size trees must be planted on your street frontage prior to issuance of a Certificate of Occupancy.
3. Your new street address is now _____, the number must be displayed on the street frontage of your house prior to issuance of Certificate of Occupancy.
4. The Development Review Coordinator (874-8300 ext. 8722) must be notified five (5) working days prior to date required for final site inspection. Please make allowances for completion of site plan requirements determined to be incomplete or defective during the inspection. This is essential as all site plan requirements must be completed and approved by the Development Review Coordinator prior to issuance of a Certificate of Occupancy. Please schedule any property closing with these requirements in mind.
5. Show all utility connections: water, sanitary sewer, storm drain, electric, telephone, cable.
6. A sewer permit is required for your project. Please contact Carol Poliskey at 874-8300, ext. 8820. The Wastewater and Drainage section of Public Works must be notified five (5) working days prior to sewer connection to schedule an inspector for your site.

7. _____ A street opening permit(s) is required for your site. Please contact Carol Poliskey at 874-8300 , ext. 8828. (Only excavators licensed by the City of Portland are eligible.)
8. SEE NOTE ✓
13 As-built record information for sewer and stormwater service connections must be submitted to Parks and Public Works Engineering Section (55 Portland Street) and approved prior to issuance of a Certificate of Occupancy.
9. _____ The building contractor shall check the subdivision recording plat for pre-determined first floor elevation and establish the first floor elevation (FFE) and sill elevation (SE) to be set above the finish street/curb elevation to allow for positive drainage way from entire footprint of building.
10. ✓ The site contractor shall establish finish grades at the building foundation, bulkhead and basement windows to be in conformance with the first floor elevation (FFE) and sill elevation (SE) set by the building contractor to provide for positive drainage away from entire footprint of building.
11. ✓ A drainage plan shall be submitted to and approved by Development Review Coordinator showing first floor elevation (FFE), sill elevation (SE), finish street/curb elevation, lot grading, existing and proposed contours, drainage patterns and paths, drainage swales, grades at or near abutting property lines, erosion control devices and locations and outlets for the drainage from the property.
12. ✓ The Development Review Coordinator reserves the right to require additional lot grading or other drainage improvements as necessary due to field conditions.
13. ✓ TEST PIT LOCATION SHALL BE SHOWN ON THE PLAN AS WELL AS A COPY OF THE HHE-200 FORM FOR THE SEPTIC SYSTEM DESIGN SHALL BE SUBMITTED TO THE DEVELOPMENT REVIEW COORDINATOR.

cc: Katherine Staples, P.E., City Engineer

RE: 106C-A-027, Calumet Ave, Cushing Island
Peter's Deborah Murray

SHORELAND ZONING REQUIREMENTS

WITHIN 75' OF NORMAL HIGH-WATER LINE:

- There shall be no cleared openings.
- A well-distributed stand of trees and other vegetation, including existing ground cover, shall be maintained.
- Clearing of vegetation for development is not allowed, except to remove safety hazards.
- No cleared opening greater than 250 square feet in the forest canopy as measured from the outer limits of the tree crown is allowable. However a footpath not to exceed 10' in width as measured between tree trunks is permitted provided that a clear line of sight to the water through the buffer strip is not created.
- There shall be no accessory structures constructed, such as piers, docks, wharves, bridges, stairways, parking areas, and retaining walls without permits and review.

BEYOND THE 75' SETBACK, WITHIN SHORELAND ZONE:

- There shall be permitted on any lot in any 10 year period, selective cutting of not more than 40% of the volume of trees 4" or more in diameter, measured 4.5 feet above ground level. Tree removal in conjunction with the development of permitted uses shall be included in the 40% calculations. Pruning of tree branches on the bottom 1/3 of the tree is permitted.
- In no event shall cleared openings for development, including but not limited to, principal and accessory structures, driveways, and sewage disposal areas, exceed in the aggregate, 25% of the lot area or 10,000 square feet, which ever is greater.

RE: Timber Harvesting:

- There can be no single clear cut openings greater than 10,000 square feet in the forest canopy (measured from the edge of the crown of trees).
- Clear cut openings greater than 5,000 square feet must be 100' apart.
- Clear cut openings must be included in the calculations of total volume removal.

A: SHORZONE
6/24/95



**CITY OF PORTLAND, MAINE
DEVELOPMENT REVIEW APPLICATION
PLANNING DEPARTMENT PROCESSING FORM**

I. D. Number _____

Peter & Deborah Murray
Applicant

10/23/95
Application Date

89 West St- Portland ME 04102
Applicant's Mailing Address

Calumet Ave - Cushing Island
Project Name/Description

Wallman & Co - 846-3810
Consultant/Agent

106C-A-27
Address of Proposed Site

Applicant or Agent Daytime Telephone, Fax _____

Assessor's Reference: Chart-Block-Lot

Proposed Development (check all that apply):
 New Building Building Addition Change of Use Residential
 Office Retail Manufacturing Warehouse/Distribution Other (specify) _____

60' x 38' Proposed Building Square Feet or # of Units 143,000 sq ft Acreage of Site IR-1 Zoning

Check Review Required:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Site Plan (major/minor) | <input type="checkbox"/> Subdivision # of lots _____ | <input type="checkbox"/> PAD Review | <input type="checkbox"/> 14-403 Streets Review |
| <input type="checkbox"/> Flood Hazard | <input checked="" type="checkbox"/> Shoreland | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> DEP Local Certification |
| <input type="checkbox"/> Zoning Conditional Use (ZBA/PB) | <input type="checkbox"/> Zoning Variance | <input checked="" type="checkbox"/> Single-Family Minor | <input type="checkbox"/> Other _____ |

Fees paid: site plan \$50 subdivision _____

Approval Status: _____ Reviewer Marge Schuchard

- Approved Approved w/Conditions listed below Denied

1. Must comply with attached Shoreland Zoning Requirements

Approval Date 11/13/95 Approval Expiration _____ date Extension to _____ date Additional Sheets Attached

Condition Compliance _____ signature _____ date _____

Performance Guarantee Required* Not Required

* No building permit may be issued until a performance guarantee has been submitted as indicated below

<input type="checkbox"/> Performance Guarantee Accepted	_____ date _____	_____ amount _____	_____ expiration date _____
<input type="checkbox"/> Inspection Fee Paid	_____ date _____	_____ amount _____	
Performance Guarantee Reduced	_____ date _____	_____ remaining balance _____	_____ signature _____
Performance Guarantee Released	_____ date _____	_____ signature _____	
Defect Guarantee Submitted	_____ submitted date _____	_____ amount _____	_____ expiration date _____
Defect Guarantee Released	_____ date _____	_____ signature _____	

Pink - Building Inspections Blue - Development Review Coordinator Green - Fire Yellow - Planning 2/9/95 Rev5 KT.DPUD

Address: Calumet Ave - Cushing Island



CITY OF PORTLAND, MAINE
DEVELOPMENT REVIEW APPLICATION
PLANNING DEPARTMENT PROCESSING FORM

I. D. Number

Address:

Applicant: Peter & Deborah Murray

Application Date: 10/23/95

Applicant's Mailing Address: 89 West St - Portland ME 04102

Project Name/Description: Calumet Ave - Cushing Island

Consultant/Agent: Waltman & Co - 468-3810

Address of Proposed Site: 106C-A-27

Applicant or Agent Daytime Telephone, Fax

Assessor's Reference: Chart-Block-Lot

Proposed Development (check all that apply):
 New Building Building Addition Change of Use Residential
 Office Retail Manufacturing Warehouse/Distribution Other (specify) _____

Proposed Building Square Feet or # of Units: 60' x 38' Area of Site: 143,000 sq ft Zoning: R-1

Check Review Required:

- Site Plan (major/minor)
- Flood Hazard
- Zoning Conditional Use (ZBA/PB)
- Subdivision # of lots _____
- Shoreland
- Zoning Variance
- PAD Review
- Historic Preservation
- Single-Family Minor
- 14-403 Streets Review
- DEP Local Certification
- Other _____

Fees paid: site plan \$50 subdivision _____

Approval Status: Reviewer: JAMES SEYMOUR

- Approved
- Approved w/Conditions listed below
- Denied

SEE ATTACHED STANDARD CONDITIONS
NEED TO PROVIDE TEST PIT DATA, SEPTIC SYSTEM LOCATION
9 HHE-200 FORMS.

Approval Date: 11/7/95 Approval Expiration: 11/7/96 Extension to: _____ date
 Additional Sheets Attached

Condition Compliance James B. Seymour 11/7/95
signature date

Performance Guarantee Required Not Required
* No building permit may be issued until a performance guarantee has been submitted as indicated below

<input type="checkbox"/> Performance Guarantee Accepted	_____ date	_____ amount	_____ expiration date
<input type="checkbox"/> Inspection Fee Paid	_____ date	_____ amount	
Performance Guarantee Reduced	_____ date	_____ remaining balance	_____ signature
Performance Guarantee Released	_____ date	_____ signature	
Defect Guarantee Submitted	_____ submitted date	_____ amount	_____ expiration date
Defect Guarantee Released	_____ date	_____ signature	

Pink - Building Inspections Blue - Development Review Coordinator Green - Fire Yellow - Planning 2/9/95 Rev 5 KT.DPUD

Applicant: Robert Kemper?
Address: Calumet Ave, Cushing Island Date: 11/9/95
Assessors No.: 106C-A-027

CHECK LIST AGAINST ZONING ORDINANCE

- Date -
- Zone Location - IR-1
- Interior or corner lot -
- Use - 1 Family Dwelling
- Sewage Disposal - missing HHE 200 form ^{received 11/13/95}
- Rear Yards - 30' req. - 360' shown
- Side Yards - 20' req. - 48' & 145' shown
- Front Yards - 30' req. - 100'+ shown
- Projections -
- Height - 1/2 stories
- Lot Area - 40,000 # with public water, 60,000 # w/o public water 143,312 #
- Building Area - MAX 20% of Lot Area
- Area per Family -
- Width of Lot - 100' req. - 159' ± shown
- Lot Frontage - 100' - need not provide st. frontage if access existed AS of July 15 1985 min 16' in width
- Off-street Parking - 2 SPACES shown
- Loading Bays - N/A

Note: -
is on City Water

Also note -
CARS ARE NOT
PERMITTED ON THIS
ISLAND

of Scales to 16'
↑
Note: There are 2 rights of ways: - Calumet Ave on one side & Jackson Blvd on the other

Site Plan - minor/minor
Shoreland Zoning - yes, but bldg is set 212' back from high water mark
Flood Plains -
↓
must comply with Shoreland Zoning requirements
- my hand out -

EP-05-1995 18:35

PETER L. MURRAY, CHERRIDGE

P. 12

Department of Human Services
Division of Health Engineering

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS:		PORTLAND 5565 TOWN COPY Date Permit Issued: <u>10/30/95</u> \$ <u>1,600</u> <input type="checkbox"/> Double Fee Charged Local Plumbing Inspector Signature: <u>[Signature]</u> LPI # <u>0,124</u>
Town Or Plantation	<u>PORTLAND, CUSHING ISLAND</u>	
Street Subdivision Lot #	<u>LOT 5, WHITEHORN PASSAGE ST.</u>	
PROPERTY OWNERS NAME		
Last: <u>MURRAY</u> First: <u>PETER</u>	<u>106 GAR</u>	
Applicant Name:	<u>SAME</u>	
Mailing Address of Owner/Applicant (if Different)	<u>89 WEST ST. PORTLAND, ME. 04102</u>	
Owner/Applicant Statement I certify that the information submitted is correct to the best of my knowledge and understand that any fabrication 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: <u>[Signature]</u> Date: <u>10/30/95</u>		Local Plumbing Inspector Signature: <u>[Signature]</u> Date Approved: <u>10-31-95</u>

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input checked="" type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval b. <input type="checkbox"/> Requiring 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"/> PHIMITIVE SYSTEM (Includes Aluminaire 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 (OILY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (OILY) 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 SFWR 7. <input type="checkbox"/> SYSTEM INSTALLED PA 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY	TYPE OF WATER SUPPLY <u>DRILLED WELL</u>
IF REPLACEMENT SYSTEM: YEAR FINISHING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____		
SIZE OF PROPERTY: <u>3.29 ± AC.</u> ZONING: <u>SHARELAND</u>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: <u>1500</u> GALS	WATER CONSERVATION 1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (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.) <u>4 Bedrooms @ 90 GPD</u>
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: <u>2</u> CONDITION: <u>AIRC</u> DESIGN TO LOADING FACTOR: <u>38</u>	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" 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 type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> 1120 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input checked="" type="checkbox"/> OTHER: <u>INLET PIPES 5 ROWS @ 5'</u>	
DESIGN FLOW: <u>360</u> (GALLONS/DAY)			

SITE EVALUATOR STATEMENT

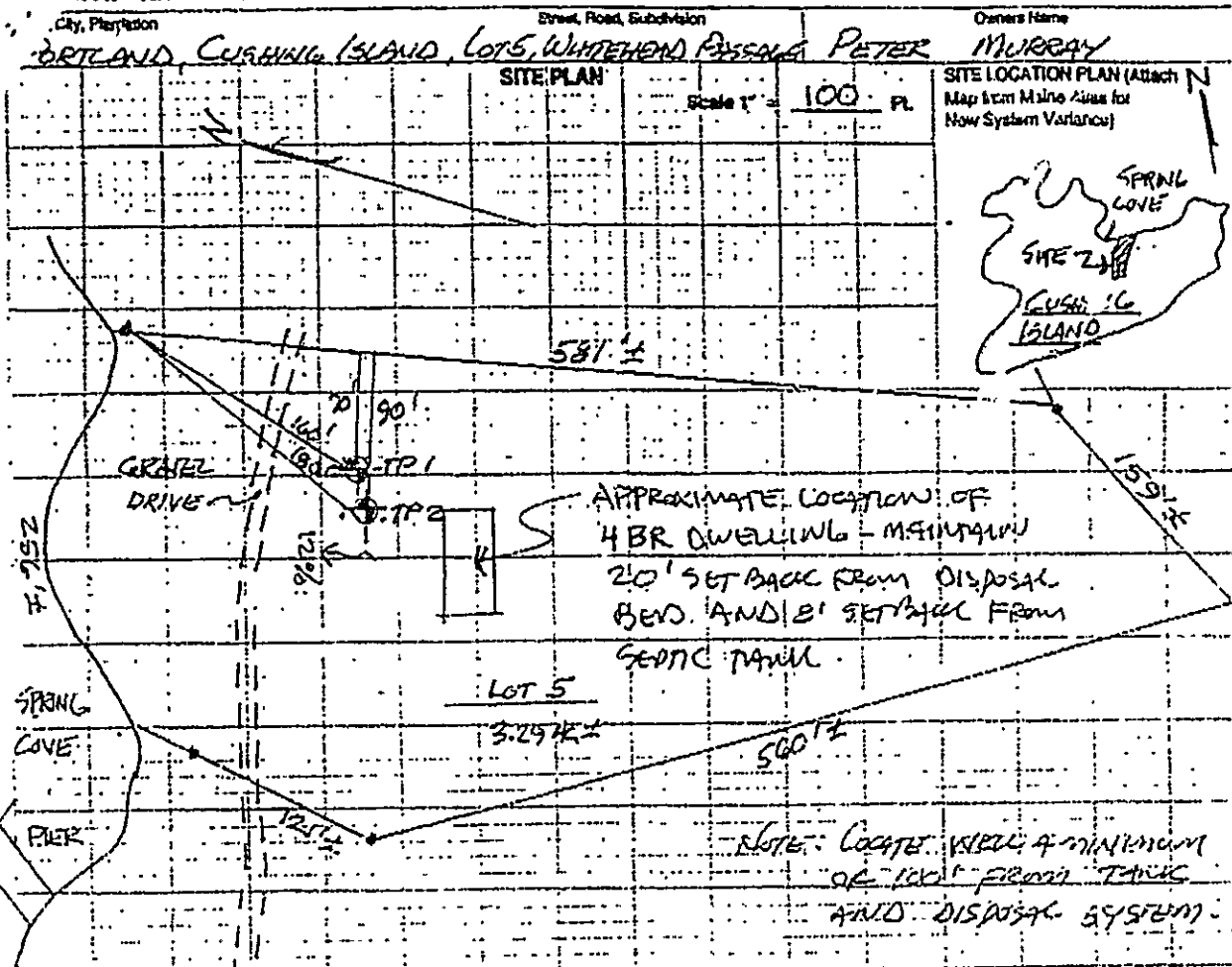
On 8/25/95 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Signature: [Signature] SE# 185 Date: 9/11/95

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion)

05-1995 18:76 PETER L. MURRAY CAMBRIDGE
URFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

P.13
 DIVISION OF HEALTH ENGINEERING



SOIL DESCRIPTION AND CLASSIFICATION				SOIL DESCRIPTION AND CLASSIFICATION			
Observation Hole 1				Observation Hole 2			
1/2" Depth of Organic Horizon Above Mineral Soil				1/2" Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Moulding	Texture	Consistency	Color	Moulding
CLAY	FRIABLE	LIGHT	NONE	CLAY	FRIABLE	LIGHT	NONE
SAND	AND	BROWN	EVIDENT	SAND	AND	BROWN	EVIDENT
WITH	LOOSE			WITH	LOOSE		
15%				15%			
ANGULAR				ANGULAR			
ROCKS				ROCKS			
REFUSAL BEDROCK ASSUMED				REFUSAL BEDROCK ASSUMED			
Soil Profile	Classification	Slope	Limiting Factor	Soil Profile	Classification	Slope	Limiting Factor
2	AH/C	12%	38	2	AH/C	12%	40

Peter L. Murray
 Site Evaluator Signature

185
 SE

7/1/95
 Date

05-1955 18:37

PETER L. MURRAY CHERTIDGE

P.14

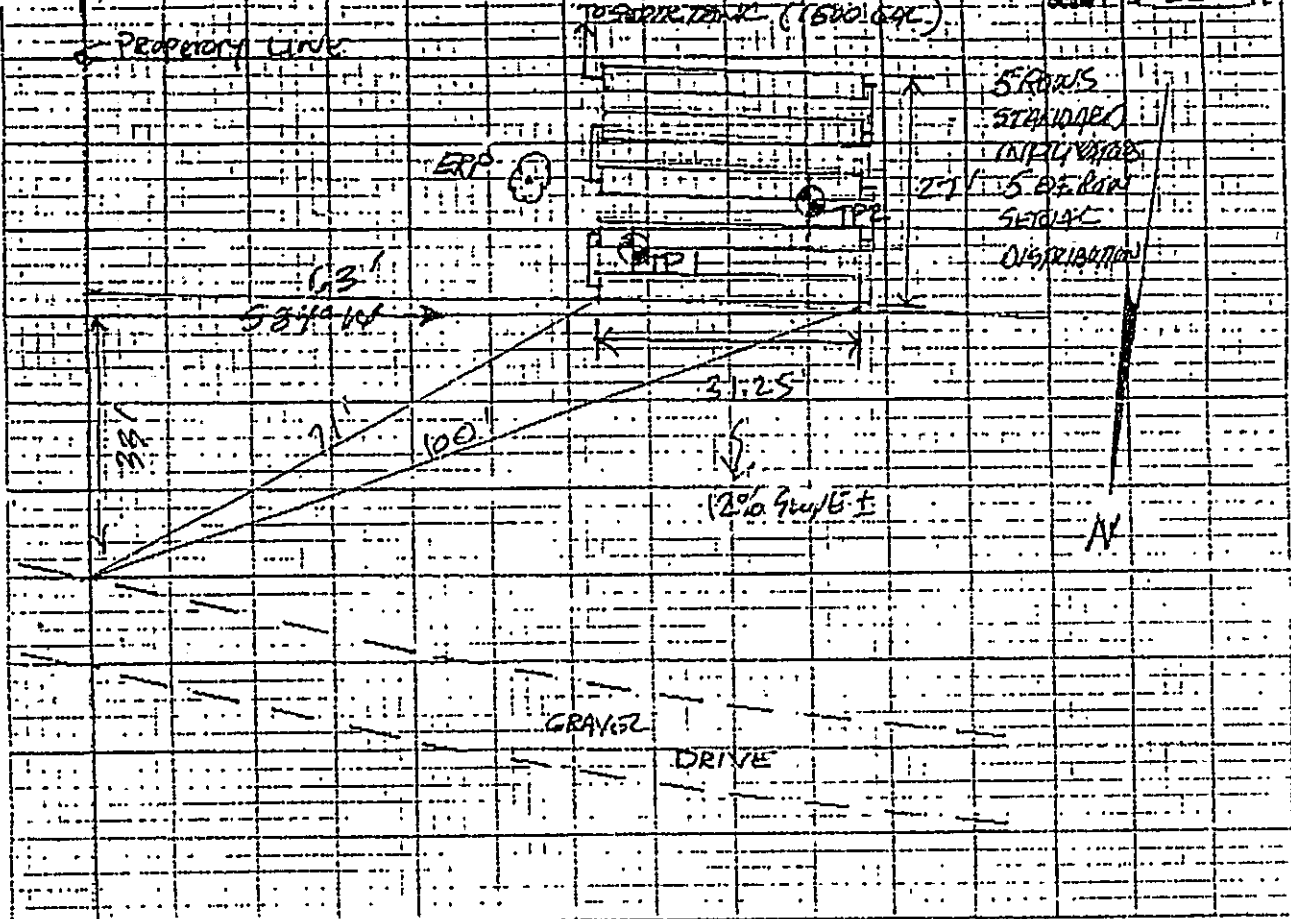
URFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Public Services
Division of Health Engineering

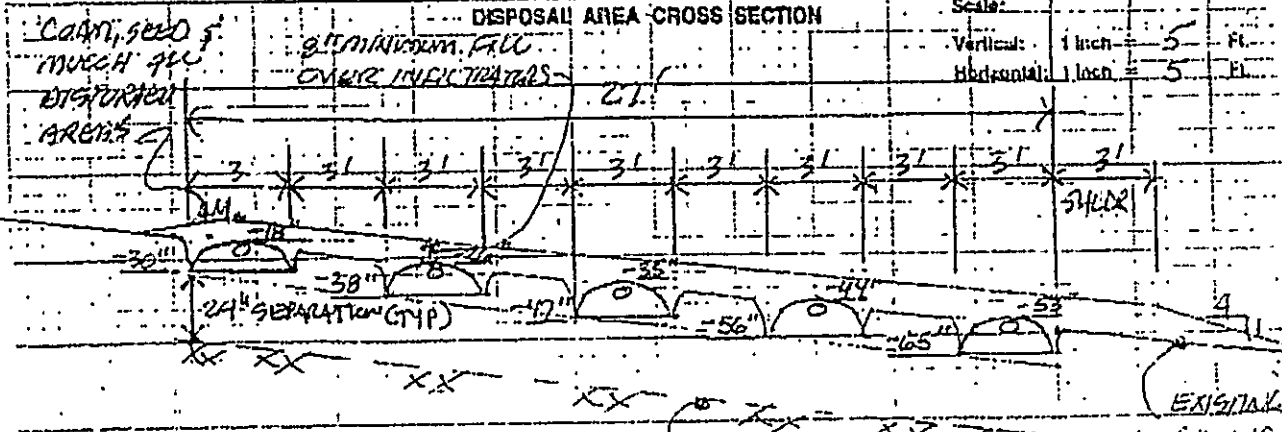
City, Parish or State: IRLAND, CUSHING ISLAND, LOT 5, WHITEHEAD PASSAGE Street, Road, Subdivision: _____ Owner's Name: PETER MURRAY

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' PL



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>3"</u>	Reference Elevation is <u>0"</u>	<u>HORIZ MARK IN 10" W. BIRCH</u> <u>565 28" ABOVE GRADE</u>
Depth of FN (Downslope) <u>9"</u>	Bottom of Disposal Area <u>SEE X-SECT</u>	
	Top of Distribution Lines or Chambers <u>" "</u>	



5 ROWS of STANDARD H₂O INFILTRATORS SERIAL DISTRIBUTION

D. A. K... 185 9/11/95

PLUMBING APPLICATION

106C-A-027

Department of Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town or Parishes: Portland

Street Subdivision Lot #: Cushing Island

PROPERTY OWNERS NAME

Last: Murray First: Peter

Applicant Name: ANDY MINE MILLAN

Mailing Address of Owner/Applicant (if different): 59 Marlborough Rd
Portland, Me

PORTLAND 5760 TOWN COPY

Date Permit Issued: 6-4-96

FEE: \$ 60 if Double Fee Charged

L.P.I. # 0124

[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] 6-7-96

Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

[Signature] 6-4-96

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING	1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING	1. <input checked="" type="checkbox"/> MASTER PLUMBER
2. <input type="checkbox"/> RELOCATED PLUMBING	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> OIL BURNERMAN
	3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> MFG'D. HOUSING DEALER / MECHANIC
	4. <input type="checkbox"/> OTHER — SPECIFY _____	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <u>7133</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<p>OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>	2	Hosebibb / Silcock	1	Bathtub (and Shower)
		Floor Drain	2	Shower (Separate)
		Urinal	4	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter etc.	1	Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	2	Water Heater
<p>OR</p> <p>TRANSFER FEE \$600</p>	Fixtures (Subtotal) Column 2		13	Fixtures (Subtotal) Column 1
			2	Fixtures (Subtotal) Column 2
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
Total Fixtures				
Fixture Fee				
Transfer Fee				
Hook-Up & Relocation Fee				
Permit Fee (Total)				
\$ <u>600</u>				