

68-CARRIBOU STREPT



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

filed

Date March 2, 19 84
 Receipt and Permit number B 19953

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: 68 Caribou Street
 OWNER'S NAME: Dona Kinney ADDRESS: Lives there

3000
 19.000000
 00000000
 FEES
 3166

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

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

SERVICES:
 Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____

METERS: (number of) _____

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

RESIDENTIAL HEATING:
 Oil or Gas (number of units) x _____ 5.00
 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:
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE:
 TOTAL AMOUNT DUE: 5.00

INSPECTION:
 Will be ready on ready, 19 84; or Will Call _____

CONTRACTOR'S NAME: Paul Polsson
 ADDRESS: 108 Madeline St.

TEL: _____
 MASTER LICENSE NO.: 02721 Oil Burner SIGNATURE OF CONTRACTOR: *Paul Polsson*
 LIMITED LICENSE NO.: 0

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3828

TOWN OR PLANTATION <u>Portland</u>		PORTLAND <input checked="" type="checkbox"/> PERMIT # <u>513</u> TOWN COPY
Street	Subdivision Lot # <u>68</u>	
PROPERTY OWNERS NAME		
Last Name: <u>Quinn</u>	First Name: <u>Dora</u>	Date: <u>6-21-84</u> FEE \$ <u> </u> <input type="checkbox"/> Do Not Charge
Applicant Name: <u>William Lewis</u>		L.P.I. # <u> </u>
Mailing Address of Owner/Applicant (if Different): <u>54</u>		
<p>Owner/Applicant Statement</p> <p>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.</p> <p>Signature of Owner/Applicant: <u>William Lewis</u> Date: <u>6-21-84</u></p>		
		<p>Caution: Inspection Required</p> <p>Have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.</p> <p>Local Plumbing Inspector Signature: <u>[Signature]</u> Date Approved: <u>JUN 21 1984</u></p>

<p>PERMIT INFORMATION</p> <p>THIS APPLICATION IS FOR:</p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>			<p>THIS APPLICATION REQUIRES:</p> <p>1. <input type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>			<p>INSTALLATION IS COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input checked="" type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input checked="" type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>						
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED: _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>		<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>			<p>TYPE OF WATER SUPPLY</p>							
<p>SIZE OF PROPERTY: _____ ZONING: _____</p>		<p>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE(S) _____)</p> <table border="1"> <tr> <td> <p>TREATMENT TANK</p> <p>1. <input type="checkbox"/> SUBMERSIBLE: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1450</u> GALS.</p> </td> <td> <p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p> </td> <td> <p>PUMPING</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p> </td> <td> <p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>2 bedrooms</u></p> </td> </tr> <tr> <td> <p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>8 D</u> CONDITION: <u> </u></p> <p>DEPTH TO LIMITING FACTOR: <u>33</u></p> </td> <td> <p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p> </td> <td> <p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED <u>800</u> Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft.</p> <p> <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER _____</p> </td> <td> <p>DESIGN FLOW: <u>195</u> (GALLONS/DAY)</p> </td> </tr> </table>			<p>TREATMENT TANK</p> <p>1. <input type="checkbox"/> SUBMERSIBLE: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1450</u> GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>2 bedrooms</u></p>	<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>8 D</u> CONDITION: <u> </u></p> <p>DEPTH TO LIMITING FACTOR: <u>33</u></p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED <u>800</u> Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft.</p> <p> <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER _____</p>	<p>DESIGN FLOW: <u>195</u> (GALLONS/DAY)</p>
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SITE EVALUATOR STATEMENT

On 12-19-83 (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] Date: 12-19-83

Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver under a Local Option: _____ Date: _____

Page 1 of 3
HHE-400 Rev. 4/83

TOWN COPY

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

Town of PORTLAND

Town Code

Permit No. 513 E

Date Permit Issued 6/21/84
month/day/yr.

Property Owner's Name: DONA KINNEY

Tel. No. _____

System's Location: 68 CARIBOU STREET
Street

PORTLAND
Town

MAINE 04102
Zip

Property Owner's Address:
(if different from above)

Street _____

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 Comment 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.

Property Owner's Signature

Date

HHE-204 RV7/80

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"		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	100c		
	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 'a'	15'		15'
	2. Without basement		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 toe of the fill does not extend to the 3:1 slope.					
<i>Richard Sweet</i> 12-20-83 Site Evaluator's Signature Date					
LPI Statement					
I, <i>Ernie J. ...</i> , LPI for the Town of <i>Boylston</i> , 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):					
<input checked="" type="checkbox"/> a. (<input checked="" type="checkbox"/> approve, <input type="checkbox"/> 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.					
<input type="checkbox"/> or: <input type="checkbox"/> b. find that one or more of the requested Variances exceeds my approval authority as LPI. I (<input type="checkbox"/> recommend, <input type="checkbox"/> 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: _____					
<i>Ernie J. ...</i> 6/21/84 LPI's Signature Date					
FOR USE BY THE DEPARTMENT ONLY:					
The Department has reviewed the variance(s) and (<input type="checkbox"/> does, <input type="checkbox"/> 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

Town Or Plantation: PORTLAND
Street Subdivision Lot #: CARIBOU STREET

PROPERTY OWNERS NAME

Last: KINNEY First: DONA

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.

Signature of Owner/Applicant _____ Date _____

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

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 _____ Date Approved _____

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED _____
THE FAILING SYSTEM IS:
1 BED 3 TRENCH
2 CHAMBER 4 OTHER _____

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE (Attach New System Variance Form)
- REPLACEMENT SYSTEM VARIANCE (Attach Replacement System Variance Form)
- Requires only Local Plumbing Inspector Approval
- Requires both State and Local Plumbing Inspector Approval

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER _____ SPECIFY _____

INSTALLATION IS COMPLETE SYSTEM:

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (Includes Alternative Toilet)
- ENGINEERED (> 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

SIZE OF PROPERTY: 18,000 SF. ZONING: _____

TYPE OF WATER SUPPLY: PUBLIC

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: 1000 GALS

WATER CONSERVATION

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: _____

PUMPING (CHANGE BUILDING ELEVATION)

- NOT REQUIRED
- MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: _____ GALS

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

2 BEDROOMS

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: B CONDITION: D

DEPTH TO LIMITING FACTOR: 33

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

DISPOSAL AREA, TYPE/SIZE

- BED 800 Sq Ft.
- CHAMBER _____ Sq Ft.
- TRENCH _____ Linear Ft.
- OTHER _____

DESIGN FLOW: 195 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 12-19-83 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Wastewater Disposal Rules.

Richard Lambert
Site Evaluator or Professional Engineer's Signature

034 SE# / PE#

12-19-83 Date

SITE EVALUATION WAIVED BY LOCAL OPTION

Page 1 of 3
MHE 210 Rev 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plantation: **PORTLAND** Street, Road, Subdivision: **CARIBOU ST.** Owner's Name: **DONA K. LINNEY**

SITE PLAN Scale 1" = **50** Ft. **SITE LOCATION PLAN** (Attach Map from Maine Atlas for New System Variance)

180'

13% SLOPE

0' x 80' BED

ERP

HOUSE

100'

CARIBOU STREET

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole TP-1 Test Pit Boring

* Depth of Organic Horizon Above Mineral Soil _____

Texture	Consistency	Color	Mottling
		DK. BRN. (FILL)	
SANDY LOAM	FRIABLE	GRAY BRN.	
		RED. BRN.	WEAK
STRAT. SI.-SA.	FIRM	OLIVE.	STRONG

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Soil Classification: D Slope: 13% Limiting Factor: 33

Soil D Classification D Slope 13% Limiting Factor 33

Soil _____ Classification _____ Slope _____ Limiting Factor _____

Soil _____ Classification _____ Slope _____ Limiting Factor _____

Richard Sweet

034

12-19-83

Page 2 of 3
HHE 200 Rev 4/83

Site Evaluator or Professional Engineer's Signature

SE# PE#

Date

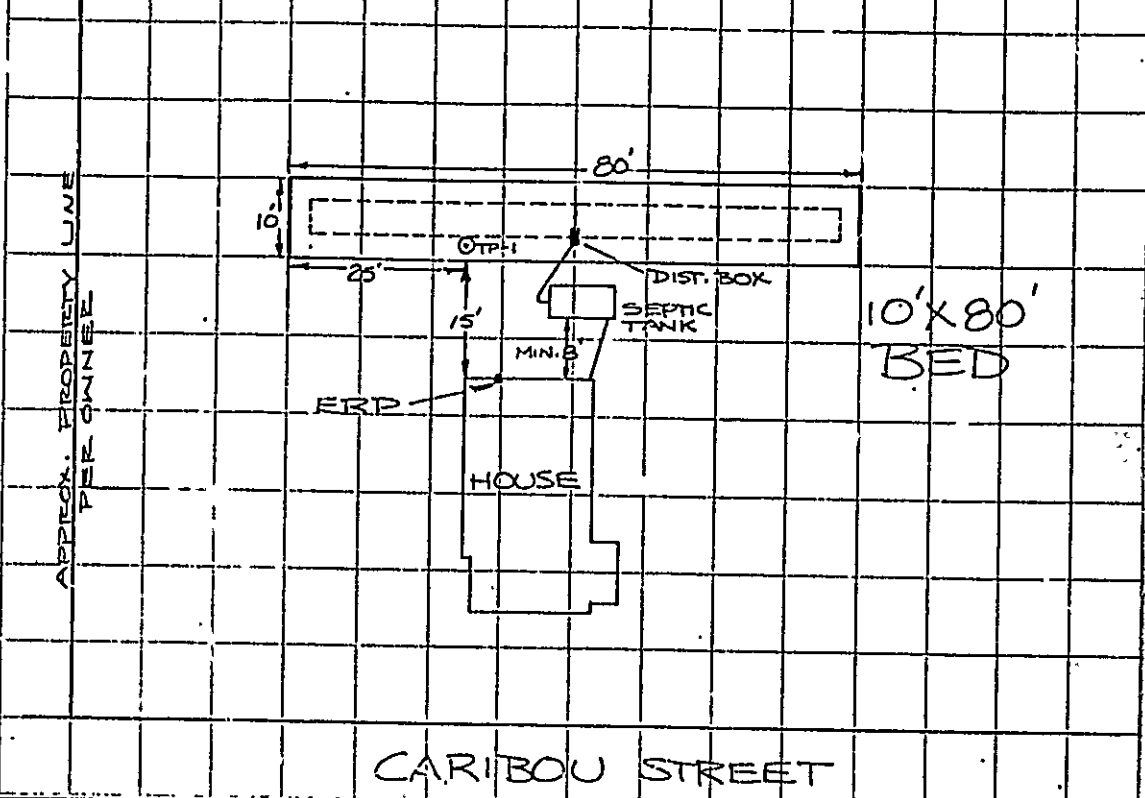
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

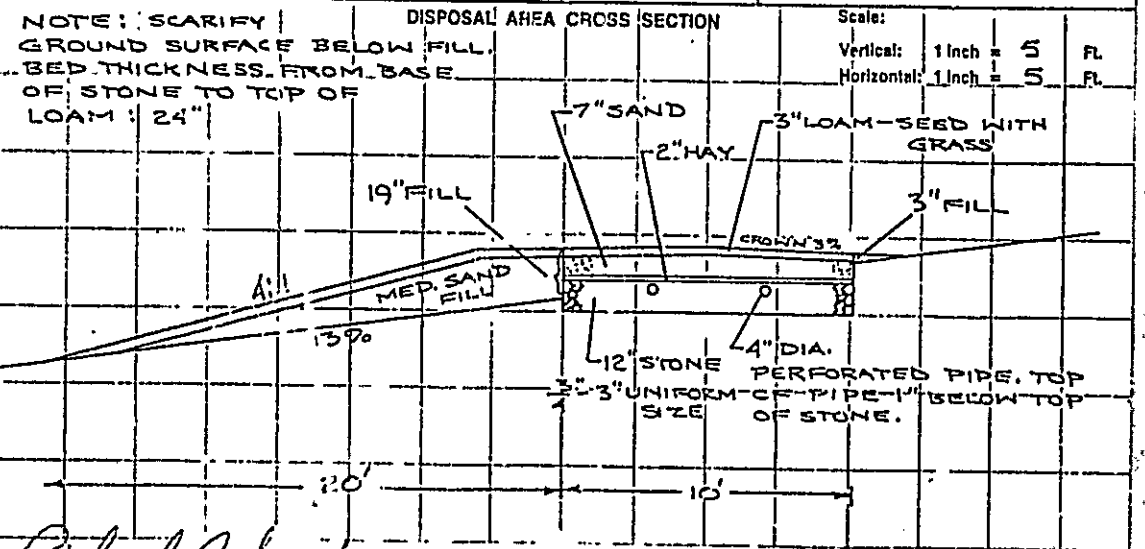
Town, City, Plantation: **PORTLAND** Street, Road, Subdivision: **CARIBOU STREET** Owners Name: **DONA KINNEY**

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	3'	Reference Elevation is	0	BOTTOM EDGE OF SIDING	
Depth of Fill (Downslope)	2'	Bottom of Disposal Area	-79"		
		Top of Distribution Lines or Chambers	-68"		



Richard A. Sweet
Site Evaluator or Professional Engineer's Signature

034
SE # 7 PE 7

12-19-83
Date

Page 3 of 3
HHE-200 Rev 4/8



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

filmed

Date March 2, 19 84
 Receipt and Permit number B 19953

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:

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 Over 20 sq. ft. _____
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 In Ground _____
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 TOTAL AMOUNT DUE: 5.00

INSPECTION: Will be ready on ready, 19 84; or Will Call _____

CONTRACTOR'S NAME: Paul Poisson
 ADDRESS: 108 Madeline St.

TEL.: _____
 MASTER LICENSE NO.: 02721 Oil Burner SIGNATURE OF CONTRACTOR: *Paul Poisson*
 LIMITED LICENSE NO.: _____

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

ELECTRICAL PERMIT

City of Portland, Me.



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 City of Portland Electrical Ordinance,
 National Electrical code and the following specification:

Date 6/11/95

LOCATION: 58 Caribou S

Permit # 3379

OWNER Dina Trefether ADDRESS _____

				TOTAL EACH FEE	
OUTLETS		Receptacles	Switches		.20
FIXTURES		(number of)			
		Incandescent	fluorescent		.20
		fluorescent strip			20
SERVICES					
	X	Overhead	TTL AMPS TO	800 100	15.00 15.00
		Underground		800	15.00
TEMPORARY SERV.					
		Overhead	AMPS OVER	800	15.00
		Underground		800	25.00
METERS	1	(number of)			1.00 1.00
MOTORS		(number of)			2.00
RESID/COM		Electric units			1.00
HEATING		gas units			5.00
APPLIANCES		Ranges	Cook tops	Wall Ovens	2.00
		Water heaters	Fans	Dryers	2.00
Disposals		Dishwasher	Compartors	Others (detots)	2.00
MISC. (number of)		Air Cond/win			3.00
		Air Cond/cent			10.00
		Signs			5.00
		Peels			10.00
		Alarms/res			5.00
		Alarms/com			15.00
		Heavy Duty			2.00
		Outlets			
		Circus/Carnv			25.00
		Ateratlons			5.00
		Fire Repairs			15.00
		E Lights			1.00
		E Generators			20.00
		Panels			4.00
TRANSFER		0-25 Kva			5.00
		25-200 Kva			8.00
		Over 200 Kva			10.00
				TOTAL AMOUNT DUE	15.00
				MINIMUM FEE	25.00 25.00

INSPECTION: Will be ready _____ or will call Y _____ min fee

CONTRACTORS NAME CCC&C&B&C Tom Poulin

ADDRESS 472 Range Rd- Cumberland, ME

TELEPHONE 829-4590

MASTER LICENSE No. 13679

SIGNATURE OF CONTRACTOR

LIMITED LICENSE No. _____

