

ISLAND AVENUE  
93-E-10

LONG ISLAND

# CERTIFICATE OF APPROVAL

FOR INTERNAL PLUMBING FOR THE TOWN/CITY OF Portland

TOWN/CITY CODE  
7 5 7 7 5

LPI NUMBER  
1 2 3

DATE ISSUED  
10 10 79  
Month Day Year

No 31349 IC

Certificate of App Number

Installer's Name  
Last Name  
O T T A W A T L L  
F. I. M. I. 1

Installer Code  
1

1. Owner
2. Licensed Master Plumber
3. Licensed Oil Burnerman
4. Employees of Public Utilities
5. Manufactured Housing Dealer
6. Manufactured Housing Mechanic

Owner  
Thomas O. Bennett

Address  
73-21 Portland, Maine  
Location where plumbing was done and inspected

THE INTERNAL PLUMBING INSTALLED PURSUANT TO THE ABOVE CERTIFICATE OF APPROVAL NUMBER HAS BEEN TESTED IN MY PRESENCE, FOUND TO BE FREE FROM LEAKS, AND WAS INSTALLED IN COMPLIANCE WITH THE MUNICIPAL AND STATE PLUMBING REGULATIONS.

**ERNOLD R. USONINS**  
CHIEF PLUMBING INSPECTOR

STATE OFFICE USE ONLY

Control Number

Signature of LPI

Date Inspected OCT 4 1979

ORIGINAL—To be sent to Department of Human Services, Division of Health Engineering, Augusta, Maine 04333

# CERTIFICATE OF APPROVAL

FOR INTERNAL PLUMBING FOR THE TOWN/CITY OF Portland

Town/City Code: 05170 LPI Number: 1123 Date Issued: 9/17/79  
 Month Day Year

No 31349 IC

Certificate of App Number

Installer's Name: Ernie R. Goss F.I.M.I. D  
 Last Name

Owner: Ernie R. Goss

Address: 93-61-901 Maine 04301  
 Location where plumbing was done and inspected

- Installer Code  1  
 2 Licensed Master Plumber  
 3 Licensed Oil Burnerman  
 4 Employees of Public Utilities  
 5 Manufactured Housing Dealer  
 6 Manufactured Housing Mechanic

THE INTERNAL PLUMBING INSTALLED PURSUANT TO THE ABOVE CERTIFICATE OF APPROVAL NUMBER HAS BEEN TESTED IN MY PRESENCE, FOUND TO BE FREE FROM LEAKS, AND WAS INSTALLED IN COMPLIANCE WITH THE MUNICIPAL AND STATE PLUMBING REGULATIONS.

ERNOLD R. GOSS  
 CHIEF PLUMBING INSPECTOR

STATE OFFICE USE ONLY

Control Number

Signature of LPI \_\_\_\_\_  
 Date Inspected: OCT 4 1979

ORIGINAL—To be sent to: Department of Human Services, Division of Health Engineering, Augusta, Maine 04333

**INTERNAL PLUMBING PERMIT** FOR THE TOWN/CITY OF Portland

Town/City Code: 05170 LPI Number: 1123 Date Issued: 9/17/79 License Number: 1102  
 Month Day Year

Address of Where Plumbing Is Done: 93-61-901 Street, Road Name/Subdivision: 10756A RD St., Rd., Av., Lot: 412 413  
 S/Lot Number

Name of Owner: Ernie R. Goss Last Name F.I.M.I. D Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

No 31349 IP

PERMIT NUMBER

- Issue 1 Owner   
 2 Licensed Master Plumber   
 3 Licensed Oil Burnerman   
 4 Employees of Public Utilities   
 5 Manufactured Housing Dealer   
 6 Manufactured Housing Mechanic

Type of Construction	1 New	3 Addition	5 Replacement of Hot Water Heater	7. Hook-up of Modular Home
	2. Remodeling	4. Remodeling & Addition	6. Hook-up of Mobile Home	8. Other (Specify) <input checked="" type="checkbox"/>
Plumbing To Serve	1. Single (Res)	3. Mobile Home	5. Commercial	7. Other (Specify) <input checked="" type="checkbox"/>
	2. Multi-Fam (Res)	4. Modular Home	6. School	
Number of Fixtures or Hook-Ups	Sinks <input type="checkbox"/>	Toilets <input type="checkbox"/>	Bathtubs <input type="checkbox"/>	Lavatories <input type="checkbox"/>
	Clothes Washers <input type="checkbox"/>	Dish-Washers <input type="checkbox"/>	Hot Water Heater <input checked="" type="checkbox"/>	Floor Drains <input type="checkbox"/>
			Showers <input type="checkbox"/>	Urinals <input type="checkbox"/>
			Hook-Ups <input type="checkbox"/>	<input checked="" type="checkbox"/>

This "Internal Plumbing 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 LPI.

**SCHEDULE OF "FEES"**  
 (See section 1.12 of the Part I Code)

1-10 Fixtures	\$2.00 each
11-20 Fixtures	\$1.00 each
21 Fixtures on up	\$ .50 each
Hook Ups	\$2.00 each

NOTE: Hotwater Heater (Tank & Tankless) is a Fixture

Fixture Fee: 17.00

Administrative Fee: 3.00

Total Fee: 20.00

If Double Fee Check ( ) Box

STATE OFFICE USE ONLY

Control Number

Administrative Code

Signature of LPI \_\_\_\_\_



**APPLICATION FOR PERMIT**  
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES  
 ELECTRICAL INSTALLATIONS

Date July 17, 19 79  
 Receipt and Permit number A 28847

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: 93-E-1<sup>st</sup> Island Ave. Long Island  
 OWNER'S NAME: Dennis O'Donnell ADDRESS: 766-2865

OUTLETS:	FEES
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>1-30</u> .....	<u>3.00</u>
<b>FIXTURES: (number of)</b>	
Incandescent _____ Fluorescent _____ (not strip) TOTAL .....	
Strip Fluorescent _____ ft. ....	
<b>SERVICES:</b>	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes ..	
<b>METERS: (number of)</b> .....	
<b>MOTORS: (number of)</b>	
Fractional _____	
1 HP or over _____	
<b>RESIDENTIAL HEATING:</b>	
Oil or Gas (number of units) _____	
Electric (number of rooms) <u>6</u> .....	<u>6.00</u>
<b>COMMERCIAL OR INDUSTRIAL HEATING:</b>	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
<b>APPLIANCES: (number of)</b>	
Ranges _____	Water Heaters <u>x</u>
Cook Tops <u>x</u>	Disposals _____
Wash Ovens <u>x</u>	Dishwashers _____
Dryers <u>x</u>	Compactors _____
Fans _____	Others (denote) _____
TOTAL .....	<u>7.50</u>
	<u>8x99</u>
<b>MISCELLANEOUS: (number of)</b>	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT .....	INSTALLATION FEE DUE: _____
FOR REMOVAL OF A "STOP ORDER" (304-16.b) .....	DOUBLE FEE DUE: _____
	TOTAL AMOUNT DUE: <u>16.50</u>

**INSPECTION:**  
 Will be ready on \_\_\_\_\_, 19\_\_; or Will Call xxx  
**CONTRACTOR'S NAME:** Dennis O'Donnell  
**ADDRESS:** Island Ave. Long Island  
**TEL.:** \_\_\_\_\_  
**MASTER LICENSE NO.:** Home Owner **SIGNATURE OF CONTRACTOR**  
**LIMITED LICENSE NO.:** \_\_\_\_\_

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



**APPLICATION FOR PERMIT**  
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES  
 ELECTRICAL INSTALLATIONS

Date 7-31, 19 78  
 Receipt and Permit number AL2780

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: 93-E-10 Island Ave., Long Isl. Ave.  
 OWNER'S NAME: Daniel Foley ADDRESS: same

OUTLETS: (number of) \_\_\_\_\_ FEES \_\_\_\_\_  
 Lights \_\_\_\_\_  
 Receptacles \_\_\_\_\_  
 Switches \_\_\_\_\_  
 Plugmold \_\_\_\_\_ (number of feet) \_\_\_\_\_  
 TOTAL \_\_\_\_\_

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

SERVICES: \_\_\_\_\_  
 Permanent, total amperes 100 \_\_\_\_\_  
 Temporary \_\_\_\_\_ 3.00

METERS: (number of) 1 \_\_\_\_\_ .50

MOTORS: (number of) \_\_\_\_\_  
 Fractional \_\_\_\_\_  
 1 HP or over \_\_\_\_\_

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

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

APPLIANCES: (number of) \_\_\_\_\_  
 Range \_\_\_\_\_  
 Cook Tops \_\_\_\_\_  
 Wall Ovens \_\_\_\_\_  
 Dryers \_\_\_\_\_  
 Fans \_\_\_\_\_  
 Water Heaters \_\_\_\_\_  
 Disposals \_\_\_\_\_  
 Dishwashers \_\_\_\_\_  
 Compactors \_\_\_\_\_  
 Others (denote) \_\_\_\_\_

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

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

INSPECTION: \_\_\_\_\_  
 Will be ready on \_\_\_\_\_, 19\_\_\_\_; or Will Call \_\_\_\_\_

CONTRACTOR'S NAME: Roy Ferguson  
 ADDRESS: Long Island, Me.  
 TEL.: 766-2843

MASTER LICENSE NO.: 1298  
 LIMITED LICENSE NO.: \_\_\_\_\_  
 SIGNATURE OF CONTRACTOR: Roy Ferguson  
 INSPECTOR'S COPY





**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date May 27, 1977  
 Receipt and Permit number A-10003

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: Lot # 93-E-10 Island Ave; Long Is.  
 OWNER'S NAME: Dennis O'Donnell ADDRESS: -same-

OUTLETS: (number of)  
 Lights \_\_\_\_\_  
 Receptacles \_\_\_\_\_ FEES  
 Switches \_\_\_\_\_  
 Plugmold \_\_\_\_\_ (number of feet)  
 TOTAL \_\_\_\_\_

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

SERVICES:  
 Permanent, total amperes 200 ✓ 3.00  
 Temporary \_\_\_\_\_ .50

METERS: (number of) 1 \_\_\_\_\_

MOTORS: (number of)  
 Fractional \_\_\_\_\_  
 1 HP or over \_\_\_\_\_

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

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

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

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

INSTALLATION FEE DUE: 3.50

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE: \_\_\_\_\_  
 FOR REMOVAL OF A "STOP ORDER" (304-16 b) ..... \_\_\_\_\_  
 FOR PERFORMING WORK WITHOUT A PERMIT (304-9) ..... \_\_\_\_\_  
 TOTAL AMOUNT DUE: 3.50

INSPECTION:  
 Will be ready on \_\_\_\_\_, 19\_\_\_\_; or Will Call X

CONTRACTOR'S NAME: Harry Papke  
 ADDRESS: Island Ave; Long Island  
 TEL.: 766-2002

MASTER LICENSE NO.: 105 SIGNATURE OF CONTRACTOR: Harry O Papke  
 LIMITED LICENSE NO.: \_\_\_\_\_

INSPECTOR'S COPY







STATE OF MAINE  
DEPARTMENT OF HEALTH AND WELFARE  
AUGUSTA, MAINE 04330

93-E-10  
*[Handwritten signature]*

David E. Smith  
COMMISSIONER

August 29, 1975

Mr. Dennis A. O'Donnell,  
887 Duck Pond Road  
Westbrook, ME 04092

Subject: Waiver to Maine Plumbing Code, Part II, O'Donnell Property,  
Island Avenue, Long Island, Portland

Dear Sir:

This will acknowledge receipt of a plan plus soils information by William Goodwin, Site Investigator, showing the proposed sewage disposal system for the subject project. It appears to be in compliance with the Maine Plumbing Code, Part II, except for distance from disposal field to three (3) wells, the reason for your waiver request.

In consideration of the statements from LaRue and Caliandro, and the plan dated June 26, 1975, and recommendations by Mr. Goodwin, this office will grant the responsible Local Plumbing Inspector the right to waive certain provisions of the Maine Plumbing Code for the following disposal system under authority of Section 3.14:

1. The installation of a 750 gallon septic tank to be followed by a 14' X 14' shallow absorption bed, to handle gray wastes only. A compost toilet will be provided to handle black wastes.
2. The disposal bed shall be located at least (a) 75 feet from the LaRue well, (b) 96 feet from the Caliandro well, and (c) 95 feet from your own well.
3. In all other respects the installation is to comply with the Maine Plumbing Code, Part II, Private Sewage Disposal Regulations.

Final approval is subject to submission of a complete HHE-200 form and permit by the Local Plumbing Inspector before the construction of this system. The inspector is to be notified before covering the work, and the work is to be left uncovered until his inspection. He shall be supplied with copies of approved plans for his reference at inspection. Approval is also subject to any local ordinances.

Yours very truly,

*[Handwritten signature]*  
W. Clough Toppan, Sanitary Engineer  
Plans and Standards Review  
Division of Health Engineering

RGM/mm  
cc: Erno R. Goodwin, LPI  
enc.

RECEIVED  
SEP 2 1975  
DEPT. OF BLDG INSP.  
CITY OF PORTLAND



STATE OF MAINE  
DEPARTMENT OF HEALTH AND WELFARE  
AUGUSTA, MAINE 04330

DAVID E. SMITH  
COMMISSIONER

August 28, 1975

Robert W. Andrews  
66 Farnham Street  
Portland, ME 04103

Subject: Waiver to Maine Plumbing Code, Part II, Robert Andrews Property,  
Lot No. 93-E16 and Majorie E. Glynn Property, Lot No. 93-E17,  
Long Island, Portland

Dear Sir:

This letter is in response to your resubmission of the HHE-200 form and Application and Agreement form with the signatures requested in our letter of August 4, 1975.

In consideration of the plan dated June 21, 1975, and recommendations by Mr. Rand, this office will grant the responsible Local Plumbing Inspector the right to waive certain provisions of the Maine Plumbing Code for the following disposal system under authority of Section 3.14:

1. The installation of a 5' X 5' special disposal bed to handle sink wastes only. Black wastes will be handled by a compost toilet. This approval assumes no water under pressure supplied to the camp.
2. The disposal bed shall be located on the adjacent lot of Mrs. Majorie E. Glynn, as shown on page 2 of the submitted HHE-200 form.
3. In all other respects the installation is to comply with the Maine Plumbing Code, Part II, Private Sewage Disposal Regulations.

Final approval is subject to submission of a complete HHE-200 form and permit by the Local Plumbing Inspector before the construction of this system. The inspector is to be notified before covering the work, and the work is to be left uncovered until his inspection. He shall be supplied with copies of approved plans for his reference at inspection. Approval is also subject to any local ordinances.

Yours very truly,

*Russell S. Thorton*  
for W. Clough Toppan, Sanitary Engineer  
Plans and Standards Review  
Division of Health Engineering

RGM/mm  
cc: Erno R. Goodwin, LPI  
enc.

RECEIVED

SEP 2 1975

DEPT. OF BLDG. INSP.  
CITY OF PORTLAND

DUPLICATE - To be retained by the Plumbing Inspector

MAINE DEPARTMENT OF HEALTH AND WELFARE APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT (For system's disposing of less than 2000 gallons per day) This is NOT a permit, this form when completed must be presented to the Local Plumbing Inspector to obtain a permit Page 1 of 2

Town: Portland Street, Road, etc: 3500 Long Is. / 93-E10 Permit No: \_\_\_\_\_ Date: \_\_\_\_\_  
 If on water body, give name: Casco Bay

Owner of property: Dennis A O'Donnell Owner's address: 887 Duck Pond Road Size of lot: 14,840 Sq. feet / Acres

Name & type of establishment: Summer Cottage Is lot Zoned?  Yes  No Type of Zoning:  Residential  Commercial  Resource Protection

Name of applicant: Dennis A O'Donnell If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following:  
 Deed restriction for private sewage disposal  
 Copy of the subdivision's soils report  
 Soils report from a State Agency

Applicant's address: 887 Duck Pond Road Tel No: 854-5735 Subdivision name: None Lot No: None

Town: Westbrook Date: 04.09.75

Applicant's signature: Dennis A O'Donnell Date: 5/1/75

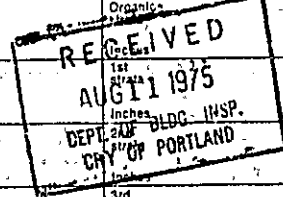
Owner's signature: Dennis A O'Donnell Date: 4/1/75

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

The water supply of this property is:  Dug well, depth \_\_\_\_\_ ft.  Drilled well, depth 145 ft lining 6 in  Spring  Surface water  Body,  Course  with disinfection  without disinfection  Public Utility, name \_\_\_\_\_

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

Soil Profile No.	Soil Profile No. 1		Soil Profile No. 2		Soil Profile No. 3		Soil Profile No. 4		Soil Profile No. 5	
	<input 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	<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	<input type="checkbox"/> Pit <input type="checkbox"/> Boring
Organic strata	<u>Top Soil</u>	<u>Top Soil</u>	<u>Top Soil</u>	<u>Top Soil</u>	<u>Top Soil</u>	<u>Top Soil</u>	<u>Top Soil</u>	<u>Top Soil</u>	<u>Top Soil</u>	<u>Top Soil</u>
Inches	<u>3"</u>	<u>3"</u>	<u>3"</u>	<u>3"</u>	<u>3"</u>	<u>3"</u>	<u>3"</u>	<u>3"</u>	<u>3"</u>	<u>3"</u>
1st strata	<u>Loam Sand</u>	<u>Loamy Sand</u>	<u>Loam Sand</u>	<u>Loamy Sand</u>	<u>Loam Sand</u>	<u>Loamy Sand</u>	<u>Loam Sand</u>	<u>Loamy Sand</u>	<u>Loam Sand</u>	<u>Loamy Sand</u>
Inches	<u>10"</u>	<u>17"</u>	<u>10"</u>	<u>17"</u>	<u>10"</u>	<u>17"</u>	<u>10"</u>	<u>17"</u>	<u>10"</u>	<u>17"</u>
2nd strata	<u>Sandy Gravel</u>	<u>Sandy Gravel</u>	<u>Sandy Gravel</u>	<u>Sandy Gravel</u>	<u>Sandy Gravel</u>	<u>Sandy Gravel</u>	<u>Sandy Gravel</u>	<u>Sandy Gravel</u>	<u>Sandy Gravel</u>	<u>Sandy Gravel</u>
Inches	<u>25"</u>	<u>27"</u>	<u>25"</u>	<u>27"</u>	<u>25"</u>	<u>27"</u>	<u>25"</u>	<u>27"</u>	<u>25"</u>	<u>27"</u>
3rd strata	<u>Gravelly</u>	<u>Sand</u>	<u>Gravelly</u>	<u>Sand</u>	<u>Gravelly</u>	<u>Sand</u>	<u>Gravelly</u>	<u>Sand</u>	<u>Gravelly</u>	<u>Sand</u>
Inches	<u>05" +</u>	<u>16" +</u>	<u>05" +</u>	<u>16" +</u>	<u>05" +</u>	<u>16" +</u>	<u>05" +</u>	<u>16" +</u>	<u>05" +</u>	<u>16" +</u>
Total Depth of observation hole	<u>66"</u>	<u>63"</u>	<u>66"</u>	<u>63"</u>	<u>66"</u>	<u>63"</u>	<u>66"</u>	<u>63"</u>	<u>66"</u>	<u>63"</u>
Max. Ground water table - mottling	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident
Impervious layer, clay, etc.	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident
Bedrock	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident
Type of Bedrock	<u>B</u>	<u>B</u>	<u>B</u>	<u>B</u>	<u>B</u>	<u>B</u>	<u>B</u>	<u>B</u>	<u>B</u>	<u>B</u>
Surface slope	<u>15%</u>	<u>100%</u>	<u>15%</u>	<u>100%</u>	<u>15%</u>	<u>100%</u>	<u>15%</u>	<u>100%</u>	<u>15%</u>	<u>100%</u>
Soil Group & Condition per Table 9.1 of the Code, II	<u>BG</u>	<u>BG</u>	<u>BG</u>	<u>BG</u>	<u>BG</u>	<u>BG</u>	<u>BG</u>	<u>BG</u>	<u>BG</u>	<u>BG</u>



On 7/1/75 (date), a site investigation for this project was completed. I supervised this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the 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 W. Goodwin and Registration/Certification Number: \_\_\_\_\_ Date signed: June 26, 1975

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

<p>SYSTEM:</p> <input type="checkbox"/> COMBINED SYSTEM <input checked="" type="checkbox"/> SEPARATED SYSTEM <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Open Pit Privy <input type="checkbox"/> Compost Toilet <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Other, describe _____ See Chapter 9 of the Code, II	<p>TREATMENT TANK:</p> <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Manufacturer: <u>UNKNOWN</u> Size in gallons: <u>750 gal</u> <input type="checkbox"/> Aerobic Tank Manufacturer: <u>N/A</u> Size in gallons: _____	<p>SUBSURFACE ABSORPTION AREA</p> <p>Type: <input type="checkbox"/> Trench System: Total trench length: <u>N/A</u>  <input checked="" type="checkbox"/> Bed System                  Length: <u>14'</u> Width: <u>14'</u>  <input type="checkbox"/> Chamber System: Number: _____ Type: <input type="checkbox"/> Type A <input type="checkbox"/> Type F <input type="checkbox"/> Single File <input type="checkbox"/> Cluster  <input type="checkbox"/> Mound System: Length: _____ Width: at base: <u>N/A</u>  <input type="checkbox"/> Special System: Length: _____ Width: <u>N/A</u>  <input type="checkbox"/> Non-discharge System: Bed Length: _____ Width: <u>N/A</u> G.P.L. Manufacturer: _____  <input type="checkbox"/> Alarm device provided, type _____             </p>		<p>SITE MODIFICATION</p> <p>Fill is: <input type="checkbox"/> required, <input checked="" type="checkbox"/> not required                  Fill will be _____ inches deep                  DETAILS  <input type="checkbox"/> A Distribution Box is required, <input checked="" type="checkbox"/> is not required                  Pumping is: <input type="checkbox"/> required, <input checked="" type="checkbox"/> is not required                  The Case will be <u>N/A</u> gallons                  DISTANCES  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The proposed subsurface absorption area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook, stream, river); swamps; marshes; and bogs.  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The proposed subsurface absorption area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies             </p>
		<p>PROPERTY/LOT LOCATION MAP</p> <p><u>Long Is. / 93-E10 / 3500 Long Is. / 93-E10</u></p> <p>Location—roads, landmarks: _____</p>		<p>FOR THE USE OF LPI ONLY</p> <p><input type="checkbox"/> Denial. Application is denied for following reasons, portions of the Code, II are cited:                  Form is incomplete (pg) 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 totally unsuitable for disposal system; Sections 4.5 and 9.5, Table 9.1 Group 9 and 10. <input type="checkbox"/> Unsuitable for system proposed; Sections 4.3, 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"/> 4.6, <input type="checkbox"/> 8.7.  <input type="checkbox"/> Miscellaneous _____ See Section _____  <input checked="" type="checkbox"/> Acceptance: Application for permit is approved with condition specified, comply with Section _____  <input type="checkbox"/> without condition. _____                  Signed LPI: <u>William W. Goodwin</u> Date: <u>8/1/75</u> HHE 200 7/74             </p>

DUPLICATE — To be retained by the Plumbing Inspector  
 MAINE DEPARTMENT OF HEALTH AND WELFARE  
 APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT  
 (For systems discharging of less than 2000 gallons per day)

Town <i>Franklin</i>	Street, Road If on water body, give name <i>Franklin</i>	Owner of property <i>Daniel A. O'Brien</i>
Site Plan Scale 1" = 100' or		Scale 1" = 100' or
Private Sewage Disposal Plan Scale 1" = 20' or		Scale 1" = 20' or
Subsurface Absorption Area Cross-section Scale: Vertical --- 1" = 5' or Horizontal --- 1" = 20' or		Scale: Vertical --- 1" = 5' or Horizontal --- 1" = 20' or

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 DEPT. OF HEALTH AND WELFARE  
 CIVIL ENGINEERING

MHE 200 7/74

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 the permit is valid for a six (6) month period from the date of permit issuance. I understand that no guarantee is intended or implied by reason of any advice or approval given by the Administrative Authority or its agent.

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

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 REGISTRATION FOR PRIVATE SEWAGE DISPOSAL SYSTEMS

93-E-10 Island Ave. Anglet  
 Casco Bay

Permit No. \_\_\_\_\_ Date \_\_\_\_\_

Owner's address: Dennis A. O'Donnell, 887 Duck Pond Road

Name & type of establishment: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Applicant's address: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: 8/7/75

Owner's signature: \_\_\_\_\_ Date: 8/7/75

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

The water supply for this property is:  Dug well, depth \_\_\_\_\_  Spring  Public Utility, name \_\_\_\_\_

**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.		Soil Profile No.		Soil Profile No.		Soil Profile No.	
	<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	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata
Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches
1st strata	1st strata	1st strata	1st strata	1st strata	1st strata	1st strata	1st strata	1st strata
Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches
2nd strata	2nd strata	2nd strata	2nd strata	2nd strata	2nd strata	2nd strata	2nd strata	2nd strata
Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches
3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata
Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches
Total Depth of observation hole	Total Depth of observation hole	Total Depth of observation hole	Total Depth of observation hole	Total Depth of observation hole	Total Depth of observation hole	Total Depth of observation hole	Total Depth of observation hole	Total Depth of observation hole
Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches
Max Ground water table—mottling	Max Ground water table—mottling	Max Ground water table—mottling	Max Ground water table—mottling	Max Ground water table—mottling	Max Ground water table—mottling	Max Ground water table—mottling	Max Ground water table—mottling	Max Ground water table—mottling
Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches
Impervious layer, clay, etc	Impervious layer, clay, etc	Impervious layer, clay, etc	Impervious layer, clay, etc	Impervious layer, clay, etc	Impervious layer, clay, etc	Impervious layer, clay, etc	Impervious layer, clay, etc	Impervious layer, clay, etc
Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches
Bedrock	Bedrock	Bedrock	Bedrock	Bedrock	Bedrock	Bedrock	Bedrock	Bedrock
Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock
Surface slope	Surface slope	Surface slope	Surface slope	Surface slope	Surface slope	Surface slope	Surface slope	Surface slope
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	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	Soil Group & Condition per Table 9.1 of the Code, II

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 AUG 11 1975  
 DEPT. OF BLDG. INSP.  
 CITY OF PORTLAND

On August 21, 1975 (date), a site investigation for this project was completed. I performed the 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 and Registration/Classification Number: \_\_\_\_\_  
 Date signed: \_\_\_\_\_

**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 type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM <input type="checkbox"/> Open Pit Privy <input type="checkbox"/> Compost Toilet <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Other, describe _____ See Chapter 9 of the Code, II.	<b>TREATMENT TANK:</b> <input type="checkbox"/> Septic tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Manufacturer— Size in gallons <input type="checkbox"/> Aerobic Tank Manufacturer— Model No. Size in gallons	<b>SUBSURFACE ABSORPTION AREA</b>		<b>SITE MODIFICATION</b> Fill is— <input type="checkbox"/> required, <input type="checkbox"/> not required Fill will be _____ inches deep <b>DETAILS</b> <input type="checkbox"/> A Distribution Box is required Pumping is— <input type="checkbox"/> required, <input 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
		Type <input type="checkbox"/> Trench System Total trench length _____ <input type="checkbox"/> Bed System Length _____ Width _____ <input type="checkbox"/> Chamber System Number _____ <input type="checkbox"/> Type A <input type="checkbox"/> Single File <input type="checkbox"/> Type F <input type="checkbox"/> Cluster <input type="checkbox"/> Mound System Length _____ Width at base _____ <input type="checkbox"/> Special System Length _____ Width _____ <input type="checkbox"/> Non-Discharge System B-d Length _____ Width _____ Holding Tank Size _____ Gal. Manufacturer _____ <input type="checkbox"/> Alarm device provided, type _____	SIZE <input type="checkbox"/> Very Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large	

PROPERTY/LOT LOCATION MAP

FOR THE USE OF CP ONLY

Form is incomplete (\_\_\_\_ pg) as to:  General Information  Site Investigation  System Proposed  Disposal System Plan  Cross Section  Placement See Section 2.3

Site Investigation indicates site is totally unsuitable for disposal system, Sections 4.5 and 9.5, Table 9.1 Group 9 and 10  Unsuitable for system proposed, Sections 4.3, 4.6, 9.5, Table 9.1

System Proposed does not conform to Code; See Sections 9

Site Investigation indicates site modifications are necessary, See Sections 4.3, 4.4, 4.6, 4.7.

Miscellaneous \_\_\_\_\_ See Section \_\_\_\_\_

Acceptance Application for permit is approved  with conditions specified, comply with Section \_\_\_\_\_

will put condition \_\_\_\_\_

Signed: LPT \_\_\_\_\_ Date \_\_\_\_\_



June 29, 1976

Dennis A. O'Donnell  
887 Duck Pond Rd.  
Westbrook, Me.

RE: 93-E-10 Island Ave., Long Island, Me.

Dear Mr. O'Donnell,

Permit to construct an A-frame with 2 wings as per plans is issued herewith subject to the following building code requirements.

The sonotube layout shows doubled 2x8 sills on the open deck. The building code calls for sills that are exposed to the air such as those indicated to have sills which are all one piece in cross section set with the largest dimension upright with 2x8 floor timbers 16" o.c. notched over nailing strips against the house and also against the other edge of the solid sill.

If the building is to be heated with any source other than electrical, it will be necessary to apply at this office for the provision of a chimney, and separate permits will be issued to the actual installer of, if any, heating equipment.

At least 4x6 headers are required over the 6' sliding door openings.

3/8" sheathing with 15 lb. felt or equivalent is required under the T-111 siding.

Very truly yours,

Earle S. Smith  
Plan Examiner

ESS:mes



APPLICATION FOR PERMIT

PERMIT ISSUED

JUN 29 1976

B.O.C.A. USE GROUP ..... 0573
B.O.C.A. TYPE OF CONSTRUCTION .....

ZONING LOCATION ..... PORTLAND, MAINE, June 22, 1976

CITY of PORTLAND

To the DIRECTOR OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

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

1. Location: 93-E-10 Island Ave., Long Island, Maine. Fire District #1 [ ], #2 [ ]
2. Address: Dennis A. O'Donnell, 887 Duck Pond Rd., Telephone ... 854-5736
Westbrook, Me Telephone ... 766-5519

4. Architecture: Specifications ..... Plans ..... No. of sheets .....
Proposed use of building: summer cottage. No. families .....
Last use: No. families .....
Material: frame. No. stories: 1. Heat: elec. Style of roof: pitch & shed. Roofing: shingles.

Estimated contractual cost \$ 24,000. Fee \$ 96.00

FIELD INSPECTOR—Mr. GENERAL DESCRIPTION

This application is for: @ 775-5451 To construct an A frame with 2 wings as
Dwelling Ext. 234 per plans.
Garage
Masonry Bldg.
Metal Bldg.
Alterations
Demolitions
Change of Use
Other

Stamp: PERMIT ISSUED WITH LETTER

Stamp of Special Conditions

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

PERMIT IS TO BE ISSUED TO 1 [x] 2 [ ] 3 [ ] 4 [ ]
Other: Do not mail

DETAILS OF NEW WORK

Is any plumbing involved in this work? .. yes. Is any electrical work involved in this work? .. yes.
Is connection to be made to public sewer? .. no. If not, what is proposed for sewage? .. septic system.
Has septic tank notice been sent? .. Form notice sent? .. notice attached
Height average grade to top of plate ..... Height average grade to highest point of roof .....
Size, front ..... depth ..... No. stories: 1. solid c: filled land? .. earth or rock?
Material of foundation: sonotubes. Thickness, top 10" below grade. Bottom: cellar.
Kind of roof: pitch & shed. Rise per foot: 4/12. Roof covering: shingles.
No. of chimneys: 0. Material of chimneys: spruce. of lining: dr. Kind of heat: elec. fuel: doubled
Framing Lumber—Kind: spruce. Dressed or full size? dr. Corner posts: 4x6. Sills: 2x8
Size Girder: 6x8. Columns under girders: Size: Max. on centers: 8'
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 .. 2x8. 2nd ..... 3rd ..... roof 2x8
On centers: 1st floor .. 16. 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? ..

APPROVALS BY: DATE 6/24/76
BUILDING INSPECTION—PLAN EXAMINER .....
ZONING: .....
BUILDING CODE: B.S.S. WITH .....
Fire Dept.: .....
Health Dept.: .....
Others: .....

MISCELLANEOUS
Will work require disturbing of any tree on a public street? ..
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? .. yes.

Signature of Applicant: [Signature] Phone # 766-5519
Type Name of above: Dennis A. O'Donnell. 1 [x] 2 [ ] 3 [ ] 4 [ ]
Other:
and Address: .....

FIELD INSPECTOR'S COPY



