

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

PROPERTY ADDRESS		PORTLAND PERMIT # 3865 STATE COPY Date Permit Issued: 5/21/90 \$ 140.00 FEE Local Plumbing Inspector Signature: [Signature] L.P.I. # 01231 FEE Charged
Town Or Plantation	Long Island Maine	
Street	BEACH AVE	
Subdivision Lot #	PROPERTY OWNERS NAME	
Last	City of Portland	
Applicant Name	LT DOUGLAS T. Cole	
Mailing Address of Owner/Applicant (if Different)	109 Middle St Portland, Maine	
Owner/Applicant Statement I certify that the information submitted is correct to the best of my knowledge and understand that any false information is cause for the Local Plumbing Inspector to deny a Permit. [Signature] Date: 5/21/90		Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules [Signature] Date Approved: AUG 6 1990
Signature of Owner/Applicant		Local Plumbing Inspector Signature

PERMIT INFORMATION		
<b>THIS APPLICATION IS FOR:</b> 1 <input checked="" type="checkbox"/> NEW SYSTEM 2 <input type="checkbox"/> REPLACEMENT SYSTEM 3 <input type="checkbox"/> EXPANDED SYSTEM 4 <input type="checkbox"/> SEASONAL CONVERSION 5 <input type="checkbox"/> EXPERIMENTAL SYSTEM	<b>THIS APPLICATION REQUIRES:</b> 1 <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2 <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3 <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 4 <input type="checkbox"/> Requiring Local Plumbing Inspector Approval 5 <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval	<b>INSTALLATION IS:</b> COMPLETE SYSTEM 1 <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2 <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3 <input type="checkbox"/> ENGINEERED (+2000 gpd) <b>INDIVIDUALLY INSTALLED COMPONENTS:</b> 4 <input type="checkbox"/> TREATMENT TANK (ONLY) 5 <input type="checkbox"/> HOLDING TANK 6 <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7 <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8 <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
<b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING 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 _____	<b>DISPOSAL SYSTEM TO SERVE:</b> 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 _____	<b>TYPE OF WATER SUPPLY</b> WELL
SIZE OF PROPERTY: 10,780 SF ZONING: _____		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> 1 <input type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2 <input type="checkbox"/> AEROBIC SIZE: 1000 GALS	<b>WATER CONSERVATION</b> 1 <input type="checkbox"/> NONE 2 <input type="checkbox"/> LOW VOLUME TOILET 3 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4 <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____	<b>PUMPING</b> 1 <input type="checkbox"/> NOT REQUIRED 2 <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3 <input type="checkbox"/> REQUIRED DOSE: 70 GALS	<b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b> 2 BR Home 11.1 Flow
<b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b> PROFILE: S L C CONDITION: _____ DEPTH TO LIMITING FACTOR: 30	<b>SIZE RATINGS USED FOR DESIGN PURPOSES</b> 1 <input type="checkbox"/> SMALL 2 <input checked="" type="checkbox"/> MEDIUM 3 <input type="checkbox"/> MEDIUM-LARGE 4 <input type="checkbox"/> LARGE 5 <input type="checkbox"/> EXTRA LARGE	<b>DISPOSAL AREA TYPE/SIZE</b> 1 <input type="checkbox"/> BED _____ Sq Ft. 2 <input type="checkbox"/> CHAMBER _____ Sq Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H 20 3 <input type="checkbox"/> TRENCH _____ Linear Ft. 4 <input checked="" type="checkbox"/> OTHER 234 Sq Ft	<b>DESIGN FLOW</b> 180 (GALLONS/DAY)

On 5/11/90 (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] Site Evaluator Signature  
 156 Site #  
 5/7/90 Date  
 Page 1 of 3  
 HNE 200 Rev 11/86

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

# SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

City: Portland  
Portland-Lung Island-Beach Ave.

Street, Road, Subdivision

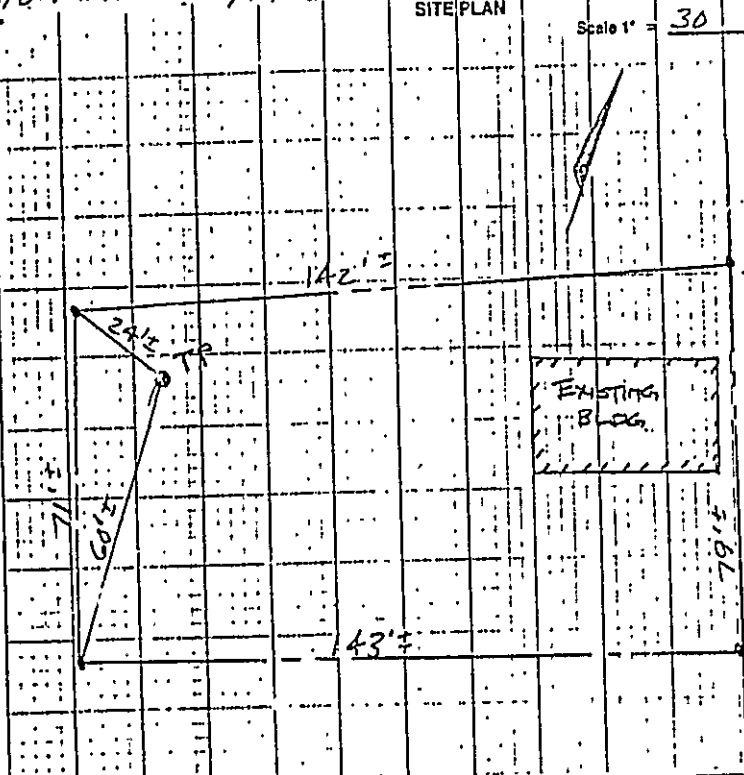
City of Portland

Owner's name

SITE PLAN

Scale 1" = 30' Ft

SITE LOCATION PLAN (Attach Map from Mang Atlas for New system (if applicable))



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

Observation Hole 0  Test Pit  Boring

\* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	Fst	Frak	OR	
0-2			BROWN	
2-10	Med		Reddish	
10-15	Sand	Loose	BROWN	
15-60			BROWN	Faint, Faint

Soil: <u>S</u>	Classification: <u>C</u>	Slope: <u>2</u>	Limiting Factor: <u>36</u>	<input type="checkbox"/> Ground Water
Profile: <u>100000</u>	Condition: <u>100000</u>	%: <u>100</u>		<input type="checkbox"/> Rooted Layer
				<input type="checkbox"/> Surface

Observation Hole \_\_\_\_\_  Test Pit  Boring

\* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
2				
4				
6				
8				
10				
12				
14				
16				
18				
20				
22				
24				
26				
28				
30				
32				
34				
36				
38				
40				
42				
44				
46				
48				
50				

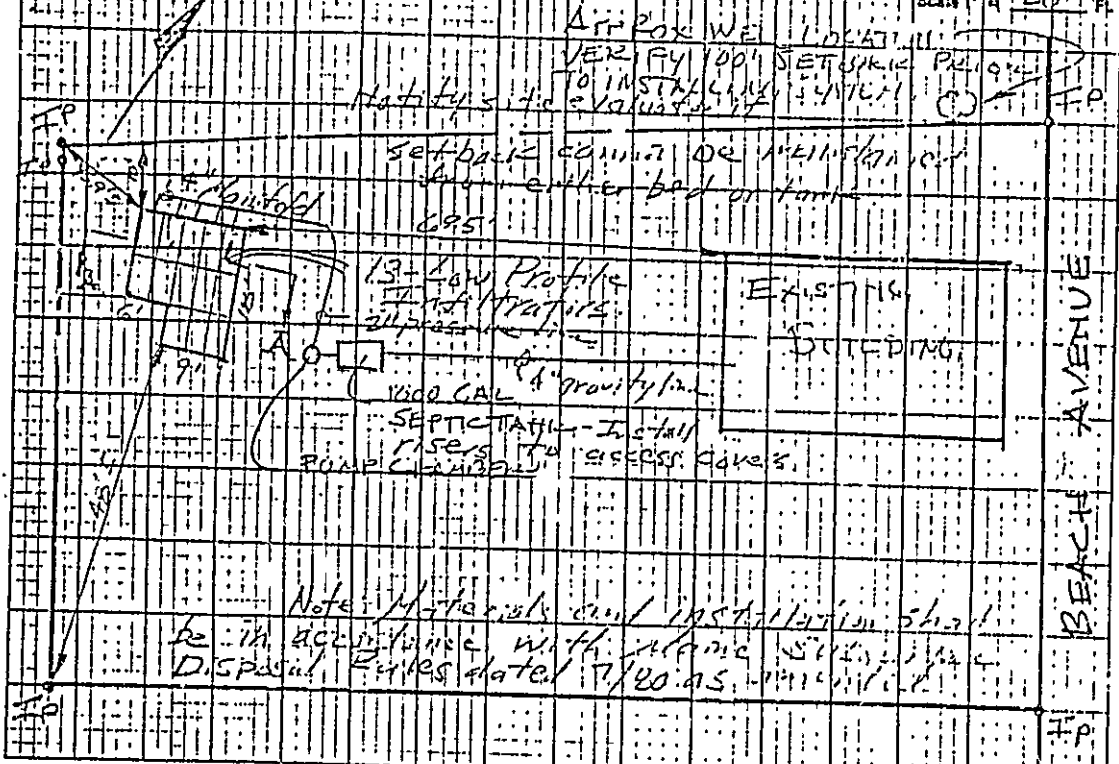
Soil: _____	Classification: _____	Slope: _____	Limiting Factor: _____	<input type="checkbox"/> Ground Water
Profile: _____	Condition: _____	%: _____		<input type="checkbox"/> Rooted Layer
				<input type="checkbox"/> Surface

Walter Astor  
Site Evaluator Signature

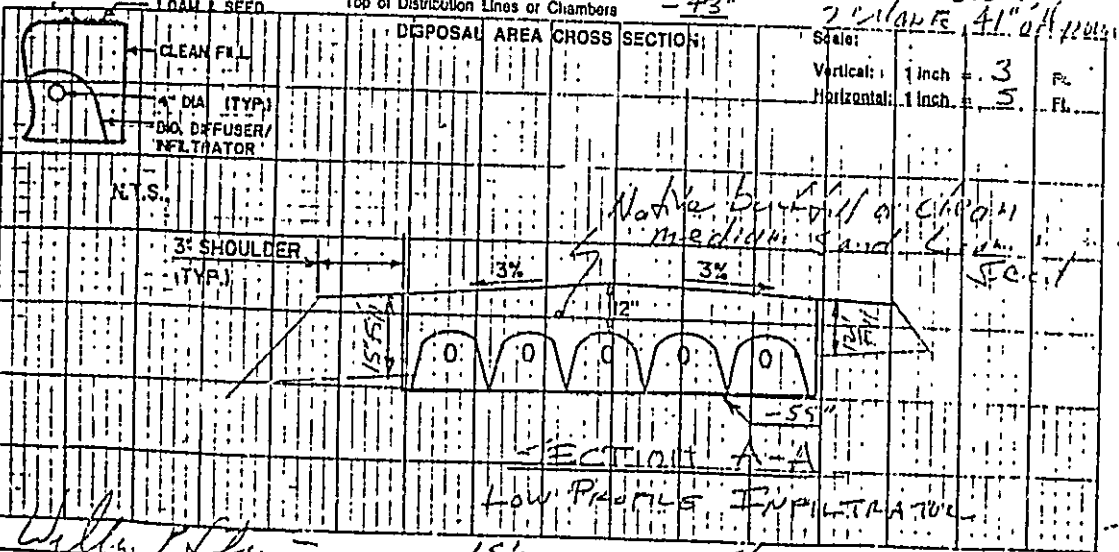
156  
SE#

5/7/90  
Date

Surface Wastewater Disposal System Application  
 Parcel: Artland - Long Island Beach Ave Street, Road, Subdivision  
 Owner Name: City of Artland



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	12"	Reference Elevation is	0	Nail in NE side	
Depth of Fill (Downslope)	15"	Bottom of Disposal Area	-55"	7' WIDE 4" DIAMETER	
		Top of Distribution Lines or Chambers	-43"		



Site Evaluator Signature: Walter P. Clune 154 SE# Date: 5/7/96

Page 3 of 3  
IHE-200 Rev.1/84

ST Sebago Technics Inc.  
Civil Engineers, Land Surveyors, Landscape Architects & Planners

Westbrook • Brunswick

90077

May 14, 1990

Mark Green, Assistant City Manager  
City of Portland  
389 Congress Street  
Portland, ME 04101

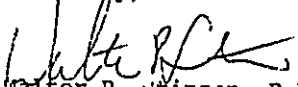
Soil Evaluation, Long Island Property

Dear Mark:

I am enclosing the completed HHE-200 forms for the City's lot on Long Island. This form provides the soils and design data for the septic system which you need to acquire your plumbing permit. The small lots in this area made this a difficult system to fit on the land while meeting the required setbacks from abutting wells. I feel comfortable that the system is at least 100' from the Johnson well, but I was unable to talk personally to the Manzos. I staked the system according to the location indicated to me by the Police Officers who accompanied me on the site. However, it is my suggestion that, before the system or the tank is installed, the Manzos be contacted and that the 100' setback from both the tank and the system be verified. If the 100' setback cannot be maintained, please contact me to discuss options.

Thank you for involving our firm in this work, and best wishes as you move forward with your project. Please contact me if there are any questions or if we can be of any further assistance.

Sincerely,

  
Walter P. Stinson, P.E.  
President

WPS:jc  
Enc.

# SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

City or Plantation	LONG ISLAND, N.H.
Street	BEACH AVE
Subdivision/Lot #	
PROPERTY OWNERS NAME	
Applicant Name	LT DOUGLAS T. PALE
Mailing Address of Owner/Applicant (if different)	109 MIDDLE ST RANDOLPH, MAINE

PORTLAND 3865	TOWN COPY
Date Permit Issued: 5/21/90	FEE \$ 14.00
Local Plumbing Inspector Signature	L.P.I. # 011231

**Owner/Applicant Statement**  
I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is cause for the Local Plumbing Inspector to deny a permit.  
Signature of Owner/Applicant: LT Douglas T. Pale  
Date: 5-21-90

**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: AA  
Date: AUG 6 1990

## PERMIT INFORMATION

**THIS APPLICATION IS FOR:**

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

**THIS APPLICATION REQUIRES:**

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

**INSTALLATION IS:**

COMPLETE SYSTEM

- NOT 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

**IF REPLACEMENT SYSTEM:**

YEAP FAILING SYSTEM INSTALLED: \_\_\_\_\_

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: N/A

**DISPOSAL SYSTEM TO SERVE:**

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER: \_\_\_\_\_ SPECIFY \_\_\_\_\_

**TYPE OF WATER SUPPLY**

WELL

SIZE OF PROPERTY: 10.78 ACRES

ZONING: \_\_\_\_\_

**TREATMENT TANK**

- SEPTIC:  Regular  Low Profile
- AEROBIC

SIZE: 1000 GALS

**WATER CONSERVATION**

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

SPECIFY: \_\_\_\_\_

**PUMPING**

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

DOSE: 70 GALS

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

2 BR Home  
MIN FLOW

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE: S | C

DEPTH TO LEAKING FACTOR: 310

**SIZE RANGES USED FOR DESIGN PURPOSES**

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

**DISPOSAL AREA TYPE/SIZE**

- BED \_\_\_\_\_ Sq Ft
- CHAMBER \_\_\_\_\_ Sq Ft
- TRENCH \_\_\_\_\_ Linear Ft  
 REGULAR  H 20
- OTHER: 234 Sq Ft

DESIGN FLOW: 180 (CALLONS/DAY)

## SITE EVALUATOR STATEMENT

On \_\_\_\_\_ (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 Signature: \_\_\_\_\_ SE# \_\_\_\_\_ Date \_\_\_\_\_

TOWN COPY



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

Date 6/4/90, 19  
 Receipt and Permit number 01335

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: Beach Ave, Long Island - Police Dept Sub Station  
 OWNER'S NAME: Ptld Police Dpt ADDRESS: Middle St.

OUTLETS:	FEES
Receptacles <u>15</u> Switches <u>10</u> Plugmold _____ ft. TOTAL <u>25</u> .....	_____
FIXTURES: (number of)	
Incandescent <u>6</u> Fluorescent _____ (not strip) TOTAL <u>6</u> .....	_____
Strip Fluorescent _____ ft. ....	_____
SERVICES:	
Overhead <u>x</u> Underground _____ Temporary _____ TOTAL amperes <u>100</u> ..	_____
METERS: (number of) <u>1</u> .....	_____
MOTORS: (number of)	
Fractional _____ .....	_____
1 HP or over _____ .....	_____
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____ .....	_____
Electric (number of rooms) _____ .....	_____
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____ .....	_____
Oil or Gas (by separate units) _____ .....	_____
Electric Under 20 kws _____ Over 20 kws _____ .....	_____
APPLIANCES: (number of)	
Ranges <u>1</u> _____ 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 <u>3</u> smoke detectors .....	_____
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" (304-18.b) ..... DOUBLE FEE DUE: \_\_\_\_\_  
 TOTAL AMOUNT DUE: fee waived;  
 per Mark Green

INSPECTION:  
 Will be ready on \_\_\_\_\_, 19\_\_; or Will Call x  
 CONTRACTOR'S NAME: Seabee Electric  
 ADDRESS: 200 Anderson St; Ptld, ME  
 TEL: 74-4880  
 MASTER LICENSE NO.: #3014 SIGNATURE OF CONTRACTOR:  
 LIMITED LICENSE NO.: \_\_\_\_\_ William Seabee

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



**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

<b>PROPERTY ADDRESS</b> In Or Variation: <u>Long Island Naive</u> Street: <u>BEACH AVE</u> Subdivision Lot #: _____ <b>PROPERTY OWNERS NAME</b>		PORTLAND PERMIT # 3865 STATE COPY Date Permit Issued: <u>15, 21, 90</u> \$ <u>140.00</u> FEE Local Plumbing Inspector Signature: <u>AS</u> I.P.L.# <u>01231</u>
Last: <u>City of Portland</u> Applicant Name: <u>LT Douglas T. P. Jr</u>		
Mailing Address of Owner/Applicant (if Different): <u>109 Middle St Portland, Maine</u>		
<b>Owner/Applicant Statement</b> I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is cause for the Local Plumbing Inspector to deny a permit. Signature of Owner/Applicant: <u>LT Douglas T. P. Jr</u> Date: <u>5-21-90</u>		
<b>Caution: Inspection Required</b> 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: <u>15/22/90</u>		

PERMIT INFORMATION		
<b>THIS APPLICATION IS FOR:</b> 1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM	<b>THIS APPLICATION REQUIRES:</b> 1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE (Attach New System Variance Form) <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE (Attach Replacement System Variance Form) 3. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval 4. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval	<b>INSTALLATION IS:</b> COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd) <b>INDIVIDUALLY INSTALLED COMPONENTS:</b> 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
<b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING 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: <u>N/A</u>	<b>DISPOSAL SYSTEM TO SERVE:</b> 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: _____	<b>TYPE OF WATER SUPPLY</b> <u>WELL</u>
SIZE OF PROPERTY: <u>10,780 SF</u> ZONING: _____		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> 1. <input type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: <u>1000</u> GALS	<b>WATER CONSERVATION</b> 1. <input type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	<b>PUMPING</b> 1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: <u>70</u> GALS	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) <u>2 BR Home min flow</u>  DESIGN FLOW: <u>180</u> (GALLONS/DAY)
<b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b> PROFILE: <u>S</u> CONDITION: <u>C</u> DEPTH LIMITING FACTOR: <u>360</u>	<b>SIZE RATINGS USED FOR DESIGN PURPOSES</b> 1. <input type="checkbox"/> SMALL 2. <input checked="" type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	<b>DISPOSAL AREA TYPE/SIZE</b> 1. <input type="checkbox"/> BED _____ Sq Ft. 2. <input type="checkbox"/> CHAMBER _____ Sq Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Lineal Ft. 4. <input type="checkbox"/> OTHER: <u>234 58 FT</u>	

**SITE EVALUATOR STATEMENT**  SITE EVALUATION WAIVED BY LOCAL OPTION

On \_\_\_\_\_ (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.

Site Evaluator Signature: \_\_\_\_\_ SE# \_\_\_\_\_ Date \_\_\_\_\_

Page 1 of 3  
HHE-200 Rev 1/84

STATE COPY



02785

TOWN OF Portland BUILDING PERMIT APPLICATION

MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

fill out any part which applies to job. Proj or plans must accompany form.

Peter and Rita Stevens - Home - 603-465-8127  
5 Highridge Trail, Allenstown, N.H. 03275

LOCATION OF CONSTRUCTION Lots 15 & 18 Beach Avenue, Long Island

TRACTOR: owner SUBCONTRACTORS: \_\_\_\_\_

Construction Cost: \$40,000 Type of Use: single family

Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ # Stories: \_\_\_\_\_ Lot Size \_\_\_\_\_

Proposed Use: \_\_\_\_\_ Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ /apartment \_\_\_\_\_  
Conversion - Explain construct new single family, minor, minor site

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE plan review. 2 site  
plans and 2 construction  
Additional Buildings Only: \_\_\_\_\_  
Dwelling Units: \_\_\_\_\_ # Of New Dwelling Units \_\_\_\_\_  
list and HHE 200 form  
submitted.

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

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

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

Interior Walls:  
1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
2. Header Size \_\_\_\_\_  
3. Wall Covering Type \_\_\_\_\_  
4. Fire Wall if required \_\_\_\_\_  
5. Other Materials \_\_\_\_\_

For Official Use Only  
Subdivision Yes / No \_\_\_\_\_  
Date October 16, 1989  
Inside Fire Limits \_\_\_\_\_  
Bldg Code \_\_\_\_\_  
Time Limit \_\_\_\_\_  
Estimated Cost \$40,000  
Value/Structure \_\_\_\_\_  
Fee \$220.00 building fee  
\$50.00 minor, minor site plan review

Ceiling: 40.00 HHE 200  
1. Ceiling Joists Size: \_\_\_\_\_ Spacing \_\_\_\_\_  
2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  
3. Type Ceilings: \_\_\_\_\_ Size \_\_\_\_\_  
4. Insulation Type \_\_\_\_\_  
5. Ceiling Height: \_\_\_\_\_  
Roof:  
1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
3. Roof Covering Type \_\_\_\_\_  
4. Other: \_\_\_\_\_  
Chimneys: \_\_\_\_\_  
Number of Fire Places \_\_\_\_\_  
Heating: \_\_\_\_\_  
Type of Heat: \_\_\_\_\_  
Electrical:  
Service Entrance Size \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

Zoning:  
District \_\_\_\_\_ Street Frontage Req: \_\_\_\_\_ Provided \_\_\_\_\_  
Required Setbacks: Front \_\_\_\_\_ Feet \_\_\_\_\_ Side \_\_\_\_\_

Review Required:  
Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
Shore and Floodplain Mgmt. \_\_\_\_\_ Special Exception \_\_\_\_\_  
Other (Explain) \_\_\_\_\_  
Date Approved \_\_\_\_\_

Permit Received By NANCY CROSSMAN  
Signature of Applicant Richard D. Rice Date 10/16/89  
Signature of CEO [Signature] Date \_\_\_\_\_  
Inspection Dates \_\_\_\_\_

White-Tax Assesor Yellow-GPCOG White Tag -CEO

900424

Permit # 900424 City of Portland **BUILDING PERMIT APPLICATION** Fee \_\_\_\_\_ Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

Owner: City of Portland Phone # X  
 Address: 339 Congress St; Ptd, 4E 04101  
 LOCATION OF CONSTRUCTION Beach Ave. - Long Island  
 Contractor: Police Dept. Sub: 3-1-9, 10, 11, 36  
 Address: 109 Middle St.; Ptd, 4E 04102  
 Attn: Lt. Douglas Cole Phone # \_\_\_\_\_  
 Est. Construction Cost: \_\_\_\_\_ Proposed Use: old fire  
to living quarters  
 Past Use: \_\_\_\_\_  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units - vacant building  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
 # Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size \_\_\_\_\_  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion RENOVATIONS -

**For Official Use Only**  
 Date 5/21/90 Subdivision \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Name PERMIT ISSUED  
 Bldg Code \_\_\_\_\_ Lot \_\_\_\_\_  
 Time Limit \_\_\_\_\_ Ownership: MAY 23 1990  
 Estimated Cost \_\_\_\_\_ Private \_\_\_\_\_  
 City of Portland  
 Zoning: IR-7  
 Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
 Review Required: \_\_\_\_\_  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other (Explain) \_\_\_\_\_

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

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

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

Interior Walls:  
 1. Studding Size: \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. Header Size: \_\_\_\_\_ Span(s) \_\_\_\_\_  
 3. Wall Covering Type: \_\_\_\_\_  
 4. Fire Wall if required: \_\_\_\_\_  
 5. Other Materials: \_\_\_\_\_

Ceiling:  
 1. Ceiling Joists Size: \_\_\_\_\_  
 2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 3. Type Ceiling: \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_

Roof:  
 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_

Chimneys:  
 Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

Heating:  
 Type of Heat: \_\_\_\_\_

Electrical:  
 Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

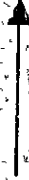
Permit Received By Louisa  
 Signature of Applicant \_\_\_\_\_  
 Signature of CEO \_\_\_\_\_ Date 5-21-90

Inspection Dates \_\_\_\_\_

**PERMIT ISSUED WITH LETTER**

**PLOT PLAN**

N



**FEES (Breakdown From Front)**

Base Fee \$ \_\_\_\_\_  
Subdivision Fee \$ \_\_\_\_\_  
Site Plan Review Fee \$ \_\_\_\_\_  
Other Fees \$ \_\_\_\_\_  
(Explain) \_\_\_\_\_  
Late Fee \$ \_\_\_\_\_

Type

Inspection Record

Date

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

BUILDING PERMIT REPORT

ADDRESS: 93-E 9<sup>th</sup>, 10, 11, 36 Beach Ave. L.I. DATE: 23/JUN/90

REASON FOR PERMIT: Re-novate - old fire barn to living quarters for municipal use.

BUILDING OWNER: City of Portland

CONTRACTOR: Police Dept.

PERMIT APPLICANT: \_\_\_\_\_

APPROVED: \*1\*6\*7\*4 DATED: \_\_\_\_\_

CONDITION OF APPROVAL OR ~~DEFER~~

- \*1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained.
- 2.) Precaution must be taken to protect concrete from freezing.
- 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 4.) 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.
- 5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.
- \*6.) 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 opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m<sup>2</sup>). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- \*7.) In addition to any automatic fire alarm system required by Sections 1018.3.5, a minimum of one single station smoke detector shall be installed in each guest room, suite of sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.3.1).

In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

In dwelling units with split levels, a smoke detector installed on the upper level shall suffice for the adjacent lower level provided the lower level is less than one full story below the upper level. If there is an intervening door between the adjacent levels, a smoke detector shall be installed on both levels.

All detectors shall be installed in an approved location. Where more than one detector is required to be installed within an individual dwelling unit, the detectors shall be wired in such a manner that the actuation of one alarm will actuate all the alarms in the individual unit.

- 8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fireresistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.
- \* 9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 6 inches cannot pass through any opening.
- 10.) 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.
- 11.) The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. 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.

Sincerely,

  
P. Samuel Hoffses  
Chief of Inspection Services

/el  
11/16/88

CITY OF PORTLAND, MAINE  
MEMORANDUM

TO: Bill Giroux, Inspections

FROM: Mark Green, Deputy City Manager

SUBJECT: "Police Station" on Long Island

DATE: 5/10/90

\* \* \*

Please waive all building permit and other fees for the renovations that are going to be done on the old fire barn on Beach Avenue on Long Island. The old barn is being renovated into a single-family cottage for use by the police officer that is stationed there during the summer months. Lt. Doug Cole is in charge of this project if you have any questions.

\* \* \*

MG/ps

cc: Lt. Doug Cole, Police Department ✓

93-I-9-16, 36

File  
Long Island ~~Police~~ Station

**STP Sebago Technics Inc.**  
Civil Engineers, Land Surveyors, Landscape Architects & Planners

Westbrook • Brunswick

30077

May 14, 1990

Mark Green, Assistant City Manager  
City of Portland  
389 Congress Street  
Portland, ME 04101

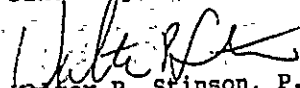
Soil Evaluation, Long Island Property

Dear Mark:

I am enclosing the completed HHE-200 forms for the City's lot on Long Island. This form provides the soils and design data for the septic system which you need to acquire your plumbing permit. The small lots in this area made this a difficult system to fit on the land while meeting the required setbacks from abutting wells. I feel comfortable that the system is at least 100' from the Johnson well, but I was unable to talk personally to the Manzos. I staked the system according to the location indicated to me by the Police Officers who accompanied me on the site. However, it is my suggestion that, before the system or the tank is installed, the Manzos be contacted and that the 100' setback from both the tank and the system be verified. If the 100' setback cannot be maintained, please contact me to discuss options.

Thank you for involving our firm in this work, and best wishes as you move forward with your project. Please contact me if there are any questions or if we can be of any further assistance.

Sincerely,

  
Walter P. Stinson, P.E.  
President

WPS:jc  
Enc.

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

**PROPERTY ADDRESS**

Town Or Plantation: Portland  
 Street: Long Island  
 Subdivision Lot #: Beach Ave 92E-9,10,11,36

**PROPERTY OWNERS NAME**

City of Portland  
 Last: First: Attn: Mark Green

Applicant Name: Same

Mailing Address of Owner/Applicant (if Diff. rent): 389 Congress St. Portland, Me 04101

117837

**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.

**Owner/Applicant Statement**

I certify that the information submitted is correct to the best of my knowledge and I understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

[Signature]  
 Signature of Owner/Applicant

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

**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**

<p><b>THIS APPLICATION IS FOR:</b></p> <p>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</p> <p><b>SEASONAL CONVERSION</b> to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES          6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER          7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____          8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p> <p><b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED _____</p> <p><b>THE FAILING SYSTEM IS:</b> <u>N/A</u></p> <p>1. <input type="checkbox"/> BED      3 <input type="checkbox"/> TRENCH          2. <input type="checkbox"/> CHAMBER    4 <input type="checkbox"/> OTHER _____</p> <p>SIZE OF PROPERTY: <u>10.786 ST.</u>      ZONING: _____</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>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"/> Requires State and Local Plumbing Inspector Approval          4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE              <u>No Lot in existence prior to 1970</u></p> <p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>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 _____</p>	<p><b>INSTALLATION IS:</b></p> <p><b>COMPLETE SYSTEM</b></p> <p>1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM          2. <input type="checkbox"/> PRIMITIVE SYSTEM              (Includes Alternative Toilet)          3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)          5. <input type="checkbox"/> HOLDING TANK _____ GAL          6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)          7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)          8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)          9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p><b>TYPE OF WATER SUPPLY</b> <u>Well</u></p>
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**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular    <input type="checkbox"/> Low Profile          2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS</p>	<p><b>WATER CONSERVATION</b></p> <p>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</p> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <p>1. <input type="checkbox"/> NOT REQUIRED          2. <input type="checkbox"/> MAY BE REQUIRED              (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)          3. <input checked="" type="checkbox"/> REQUIRED          DOSE: <u>70</u> GALS</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC)</b></p> <p><u>2BR Home Min Flow</u></p>		
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table style="width: 100%;"> <tr> <td>PROFILE: <u>S</u></td> <td>CONDITION: <u>C</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>36</u></p>	PROFILE: <u>S</u>	CONDITION: <u>C</u>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL          2. <input checked="" type="checkbox"/> MEDIUM          3. <input type="checkbox"/> MEDIUM LARGE          4. <input type="checkbox"/> LARGE          5. <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.          2. <input type="checkbox"/> CHAMBER _____ Sq. Ft.              <input type="checkbox"/> TRENCH <input type="checkbox"/> H 20          3. <input type="checkbox"/> TRENCH _____ Linear Ft.          4. <input checked="" type="checkbox"/> OTHER: <u>234 SF</u>              <u>Infiltrator</u></p>	<p><b>DESIGN FLOW</b> <u>180</u> (GALLONS/DAY)</p>
PROFILE: <u>S</u>	CONDITION: <u>C</u>				

**SITE EVALUATOR STATEMENT**

On 5/1/90 (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.

Walter Plim      156      5/7/90  
 Site Evaluator Signature      SE#      Date



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

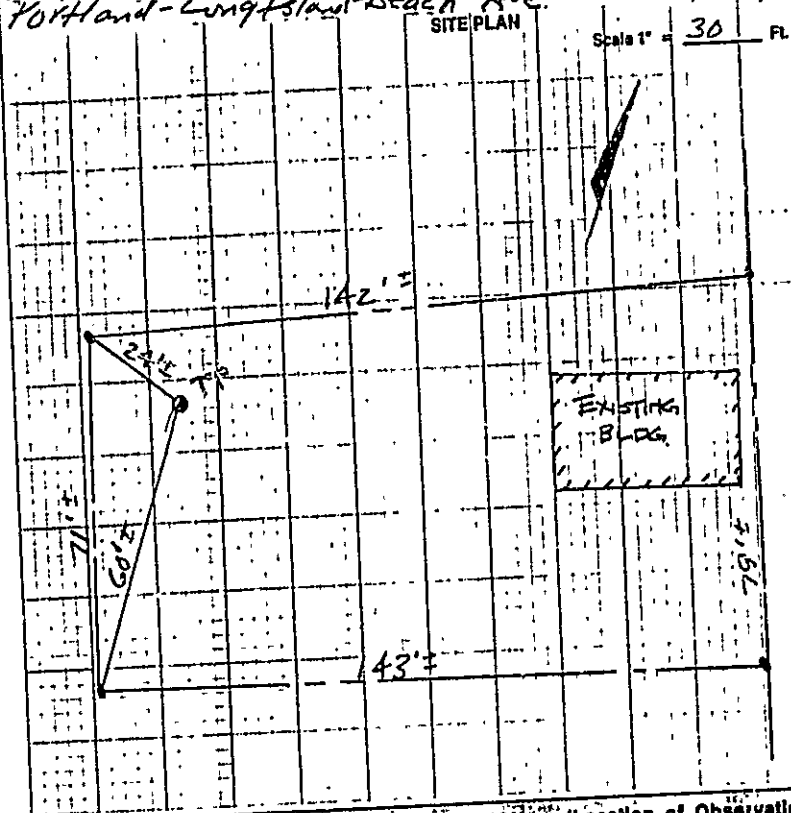
Town City, Platation  
Portland-Long Island Beach Ave.

Street, Road, Subdivision

Owners Name

City of Portland

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



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

Observation Hole 1  Test Pit  Boring

0' \* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-6	Fst	Frak	DK. BROWN	
6-15	Med		Reddish	
15-30	Good	Loose	Brown	
30-40			Brown	Faint
40-50				Faint
50-60				
60-70				
70-80				

Soil Profile: S Classification: C Slope: 2% Limiting Factor: 36'

Ground Water  
 Rooting Layer  
 Bedrock

Observation Hole         Test Pit  Boring

\* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	M
0				
6				
10				
15				
20				
25				
30				
35				
40				
45				
50				

Soil Profile:        Classification:        Slope:        Limiting Factor:       

Ground Water  
 Rooting Layer  
 Bedrock

Water Act  
Site Evaluator Signature

156  
SE#

5/7/90  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation  
 Portland - Long Island Beach Ave

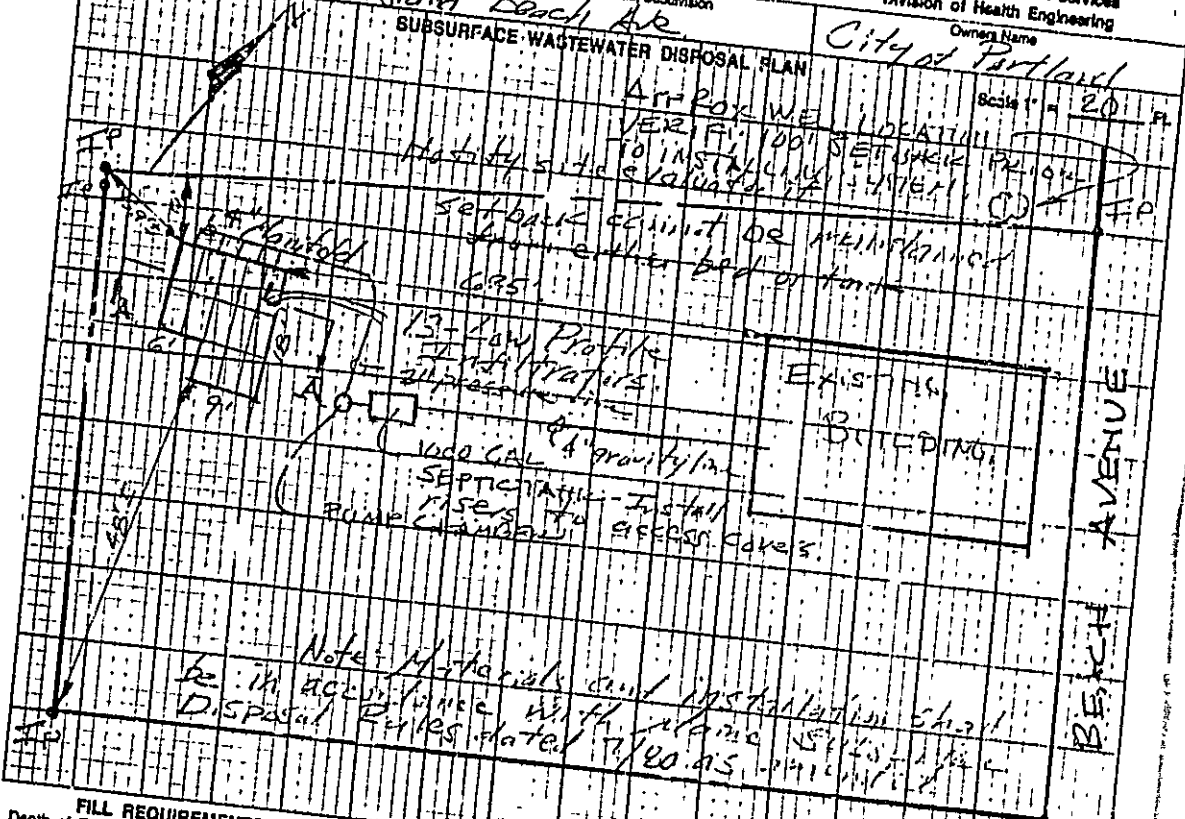
Street, Road, Subdivision

Department of Human Services  
 Division of Health Engineering

## SUBSURFACE WASTEWATER DISPOSAL PLAN

City of Portland  
 Owner Name

Scale 1" = 20' Ft.

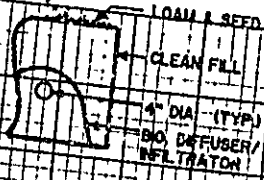


Note: Materials and installation shall be in accordance with the Disposal Rules dated 7/20/95.

**FILL REQUIREMENTS**  
 Depth of Fill (Upslope)  
 Depth of Fill (Downslope)

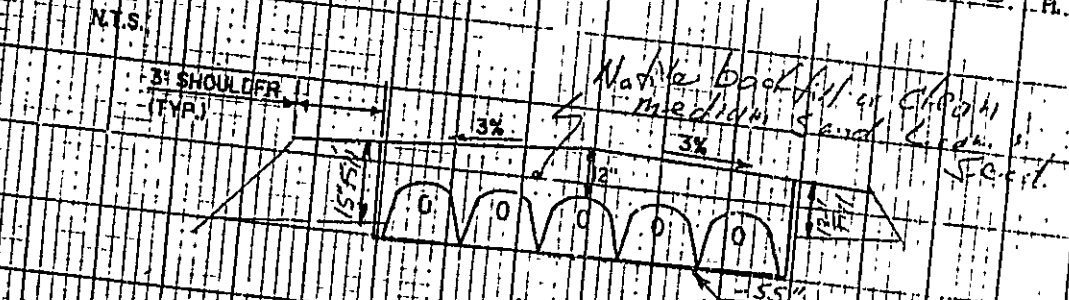
**CONSTRUCTION ELEVATIONS**  
 Reference Elevation is  
 Bottom of Disposal Area  
 Top of Distribution Lines or Chambers

**ELEVATION REFERENCE POINT LOCATION & DESCRIPTION**  
 Nail in NE corner of building 41" off ground



### DISPOSAL AREA CROSS SECTION

Scale:  
 Vertical: 1 inch = 3 Ft.  
 Horizontal: 1 inch = 5 Ft.



Walter P. [Signature]  
 Site Evaluator Signature

5/7/90  
 Date



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION Beach Ave. - Long Island - 93-1-9,10,11,36

Issued to Police Dept - Portland, ME

Date of Issue 8/6/90

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. 90/0424 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

Old fire barn to living quarters

Limiting Conditions:

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 with property change records. Copy shall be furnished to owner or lease for one dollar.