

13

# APPLICATION FOR PERMIT

PERMIT ISSUED

JUN 4 1984

CITY OF PORTLAND

B.O.C.A. USE GROUP .....  
B.O.C.A. TYPE OF CONSTRUCTION ..... 617  
ZONING LOCATION ..... PORTLAND, MAINE ..... MAY 31, 1984

To the CHIEF 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 F.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:

LOCATION: 486-A-2 & 2, Town Branch Loop Island  
1. Owner's name and address: Robert L. Bonds, 8929 Forestry Drive, Laurel, MS 38707  
2. Lessee's name and address: Bonds Remodeling Co., same  
3. Contractor's name and address: Bonds Remodeling Co., same  
Proposed use of building: single family  
Past use: vacant lot  
Material: No. stories: Heat: Style of roof: Roofing:  
Other buildings on same lot: none  
Estimated contractual cost: \$27,000

Fire District #1  #2   
Telephone:  
Telephone:  
Telephone:  
No. of sheets:  
No. families:  
No. families:  
Appeal Fees: \$  
Base Fee: 145  
Late Fee:  
TOTAL: \$ 145.00

FIELD INSPECTOR—Mr. @ 775-5451

construct 26' x 36' single family, one-story home per plans attached and to #1

Stamp of Special Conditions

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

### DETAILS OF NEW WORK

Is any plumbing involved in this work? **yes**  
Is any electrical work involved in this work? **yes**  
If not, what is proposed for sewage? **septic**  
Has septic tank notice been sent? **yes**  
Form notice sent? **yes**  
Height average grade to top of plate: **13'-13"**  
Height average grade to highest point of roof: **15'**  
Size, front: **26'** width: **36'** depth: **36'**  
Material of foundation: **post & pier**  
Kind of roof: **pitched**  
Rise per foot: **5"**  
No. of chimneys: **1**  
Material of chimneys: **metal**  
Roof covering: **asph/flt shingle**  
Kind of heat: **wood/electric**  
Framing Lumber—Kind: **2x10**  
Dressed or full size? **yes**  
Corner posts: **13' span**  
Sills: **max on centers**  
Studs (outside walls and carrying partitions) **2x4-16" O.C.**  
Bridging in every floor and flat roof span over 8 feet.  
Joists and rafters: 1st floor: 2nd: 3rd: roof:  
On centers: 1st floor: 2nd: 3rd: roof:  
Maximum span: 1st floor: 2nd: 3rd: roof:  
If one story building with masonry walls, thickness of walls? **height?**

### IF A GARAGE

No. cars now accommodated on same lot ..... to be accommodated ..... number commercial cars to be accommodated  
Will automobile repairing be done other than minor repairs on cars habitually stored in the proposed building?

APPROVALS BY: BUILDING INSPECTION—PLAN EXAMINER DATE

MISCELLANEOUS: Will work require disturbing of any tree on a public street?

BUILDING CODE: Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?  
Fire Dept.  
Health Dept.  
Others:

Signature of Applicant: **Robert L. Bonds** Phone # **775-6212**  
Type Name of above: **Robert L. Bonds**

Other: and Address



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

Date June 11, 1984

Receipt and Permit number B22549

To the CHIEF ELECTRICAL INSPECTOR, State of 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 #96-A-1 Fern Avenue, Long Island, Maine

OWNER'S NAME: Robert Bounds ADDRESS: same

|              |
|--------------|
| 50.00        |
| 3.00         |
| 5.00         |
| <b>FEE</b>   |
| <b>58.00</b> |

**OUTLETS:**

Receptacles \_\_\_\_\_ Switches \_\_\_\_\_ Plugmold \_\_\_\_\_ ft. TOTAL \_\_\_\_\_

**FIXTURES: (number of)**

Incandescent \_\_\_\_\_ Fluorescent \_\_\_\_\_ (not strip) TOTAL \_\_\_\_\_

Strip Fluorescent \_\_\_\_\_ ft. \_\_\_\_\_

**SERVICES:**

Overhead  Underground \_\_\_\_\_ Temporary  TOTAL ampere. 100 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 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 \_\_\_\_\_

INSTALLATION FEE DUE: \_\_\_\_\_

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE: \_\_\_\_\_

FOR REMOVAL OF A "STOP ORDER" (204-16.b) ..... \_\_\_\_\_

TOTAL AMOUNT DUE: 5.00

**INSPECTION:**

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

CONTRACTOR'S NAME: Seacoast Elec. Co., Long Island, Maine

ADDRESS: \_\_\_\_\_

TEL: 766-3372

MASTER LICENSE NO.: 03088 SIGNATURE OF CONTRACTOR: Ray Corbett

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 Sept. 21, 1984  
 Receipt and Permit number C05452

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: 96-A-3,4 Fern Ave, Long Island

OWNER'S NAME: Jane Conley ADDRESS: same

OUTLETS: Receptacles \_\_\_\_\_ Switches \_\_\_\_\_ Plugmold \_\_\_\_\_ ft. TOTAL 1-30 ..... 3.00

FIXTURES: (number of) Incandescent x Fluorescent \_\_\_\_\_ (not strip) TOTAL 1-10 ..... 3.00

Strip Fluorescent \_\_\_\_\_ ft. ....

SERVICES: Overhead \_\_\_\_\_ Underground \_\_\_\_\_ Temporary \_\_\_\_\_ TOTAL amperes \_\_\_\_\_

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

FACTORS: (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 \_\_\_\_\_

Cook Tops \_\_\_\_\_

Wall Ovens \_\_\_\_\_

Dryers \_\_\_\_\_

Fans \_\_\_\_\_

Water Heaters \_\_\_\_\_

Disposals \_\_\_\_\_

Dishwashers \_\_\_\_\_

Compactors \_\_\_\_\_

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 am \_\_\_\_\_

Circus, Fairs, etc. \_\_\_\_\_

Alterations to wires \_\_\_\_\_

Repairs after fire \_\_\_\_\_

Emergency Ligt's, 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: 6.00

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

CONTRACTOR'S NAME: William E. Wilfong

ADDRESS: Star Route, Box 209A, No. Fryeburg, Me. 04058

TEL.: 697-3737

MASTER LICENSE NO.: 03562

LIMITED LICENSE NO.: \_\_\_\_\_

SIGNATURE OF CONTRACTOR:  
Jane E. Conley

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



# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 289-3826

**PROPERTY ADDRESS**

Town Or Plantation: Long Island, Portland

Street Subdivision/Lot #: #96-A-1 & 7 Fern Avenue

**PROPERTY OWNERS NAME**

Last: Bounds First: Robert L.

Applicant Name: same

Mailing Address of Owner/Applicant (if Different): 8025 McKenzie Drive Laurel, MD 20707

PORTLAND U PERMIT # 473 TOWN COPY

On a Permit Issued: 5,31,84 \$ 130 FEE

*Robert L. Bounds* L.P.I. 21123  Other Occupant

**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.

*Robert L. Bounds* 5/31/84  
Signature of Owner/Applicant Date

**Caution: Inspection Required**

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

*G. G. G. 601* 9/27/83  
Local Plumbing Inspector Signature Date Approved

**PERMIT INFORMATION**

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

| Number | Hook-Ups And Piping Relocation   | Column 2 |                                       | Column 1 |                              |
|--------|--|----------|---------------------------------------|----------|------------------------------|
|        |  | Number   | Type of Fixture                       | Number   | Type Of Fixture              |
| 2      | HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District | 2        | Hosebibb / Sillcock                   | 1        | Bathtub (and Shower)         |
|        |  |          | Floor Drain                           |          | Shower (Separate)            |
|        |  |          | Urinal                                | 1        | Sink                         |
| 2      | HOOK-UP: to an existing subsurface wastewater disposal system  |          | Drinking Fountain                     | 2        | Wash Basin                   |
|        |  |          | Indirect Waste                        | 2        | Water Closet (Toilet)        |
|        |  |          | Water Treatment Softener, Filter, etc | 1        | Clothes Washer               |
| 2      | PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.   |          | Grease/Oil Separator                  |          | Dish Washer                  |
|        |  |          | Dental Cuspidor                       |          | Garbage Disposal             |
|        |  |          | Pilet                                 |          | Laundry Tub                  |
|        | Hook-Ups (Subtotal)  |          | Other: _____                          | 3        | Water Heater                 |
| \$     | Hook-Up Fee  | 2        | Fixtures (Subtotal) Column 2          | 2        | Fixtures (Subtotal) Column 1 |
|        |  |          |                                       | 10       | Fixtures (Subtotal) Column 2 |
|        |  |          |                                       | 30       | Total Fixtures               |
|        |  |          |                                       |          | Fixt. Fee                    |
|        |  |          |                                       |          | Hook-Up Fee                  |
|        |  |          |                                       |          | Permit Fee                   |
|        |  |          |                                       |          | Total                        |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY



CITY OF PORTLAND, MAINE  
Department of Building Inspection

## Certificate of Occupancy

LOCATION 96-A-1 Fern Ave. Long Island

Issued to Robert Bounds

Date of Issue Dec 10, 1985

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. 84-617, 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  
Limiting Conditions:

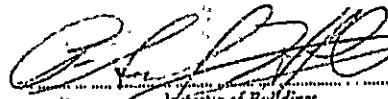
Single family  
No garage

This certificate supersedes  
certificate issued

Approved

12-1-85  
(Date)

Inspector

  
Inspector of Buildings

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



CITY OF PORTLAND MAINE  
Department of Building Inspection

## Certificate of Occupancy

LOCATION 96-A-1 Fern Ave. Long Island

Issued to Robert Bounds

Date of Issue Dec 10, 1985

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. B4-617, 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

Limiting Conditions: Entire

Single family  
No garage

This certificate supersedes  
certificate issued

Approved:

(Date)

12-9-85 *Robert Bounds*  
Inspector

*[Signature]*  
Inspector of Buildings

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



Applicant: ROBERT L. ROUNDS Date: 6/4/84  
Address: FERN AVE.  
Assessors No.: 96A-1, 2

CHECK LIST AGAINST ZONING ORDINANCE

✓ Date - NEW

✓ Zone Location - R-3

✓ Interior or corner lot -

✓ Use - 26' X 36' DWELLING

— Sewage Disposal -

✓ Rear Yards - 25' ± — 15' MIN.

✓ Side Yards - 50' ± — 50' ± — 8'-8" MIN. 10583  
2

✓ Front Yards - 25' ± — 20' MIN.

✓ Projections - NONE

✓ Height - 1 1/2 — 35' MAX.

Lot Area - 21,166

Building Area -

Area per Family - 21,166

Width of Lot - 200' —

✓ Lot Frontage - 200' — 40' MIN.

Off-street Parking -

Loading Bays -

Site Plan -

Shoreland Zoning -

Flood Plains -

# APPLICATION FOR PERMIT

**PERMIT ISSUED**

B.O.C.A. USE GROUP .....

B.O.C.A. TYPE OF CONSTRUCTION .....

617

JUN 4 1984

ZONING LOCATION .....

*193*

PORTLAND, MAINE May 31, 1984

**CITY OF PORTLAND**

To the CHIEF 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:

LOCATION: 496-A-1 & 2, Fern Avenue Long Island  
 1. Owner's name and address: Robert L. Bounds, 8029 McKenstry Drive, Telephone  
 2. Lessee's name and address: Laurel, MA 20707, Telephone  
 3. Contractor's name and address: Bounds Remodeling Co., same, Telephone

Proposed use of building: single family  
 Last use: vacant lot  
 Material: No. stories: Heat: Style of roof: Roofing:  
 Other buildings on same lot: none  
 Estimated contractual cost: \$27,000

No. of sheets  
 No. families  
 No. families  
 Appeal Fees  
 Base Fee: 145  
 Late Fee  
 TOTAL: \$ 145.00

FIELD INSPECTOR—Mr. @ 775-4451

construct 2 1/2 x 36' single family, one-story home per plans attached

send to #1

*contact  
 Raul Diaz for  
 questions 766-2649*

Stamp of Special Conditions

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

### 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, what is proposed for sewage? septic  
 Has septic tank notice been sent?  No, what is proposed for sewage? septic  
 Height average grade to top of plate: 13'-2"  
 Height average grade to highest point of roof: 15'  
 Size, front: 26', width: 36', depth: 36'  
 No. stories: 1  
 Solid or filled land? solid earth or rock? sand/gravel  
 Material of foundation: post & pier  
 Thickness, top: 12", bottom: 12", cellar: no  
 Kind of roof: pitched  
 Rise per foot: 5"  
 Roof covering: asphalt shingle  
 No. of chimneys: 1  
 Material of chimneys: metal Kind of lining: bestos Kind of heat: wood/electric  
 Framing Lumber—Kind: Dressed or full size? dressed Corner posts: Sills  
 Size Girder: 4x10 Col. let girders yes Size: 13' spar. Max. on centers:  
 Studs (outside walls and carrying partitio. 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.  
 Joists and rafters: 1st floor: 2nd: 3rd: roof:  
 On centers: 1st floor: 2nd: 3rd: roof:  
 Maximum span: 1st floor: 2nd: 3rd: roof:  
 If one story building with masonry walls, thickness of walls? height?

### IF A GARAGE

No. cars now accommodated on same lot: to be accommodated: number commercial cars to be accommodated:  
 Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DA'E  
 BUILDING INSPECTION—PLAN EXAMINER  
 ZONING DA'E  
 BUILDING CODE:  
 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?

Signature of Applicant: Robert L. Bounds Phone # 725-6012

Type Name of above: Robert L. Bounds  1  2  3  4  
 Other and Address:

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

*DA'E*



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

**PROPERTY ADDRESS**

Town Or Plantation: Portland

Street: 1111 1/2 St

Subdivision: 1111 1/2 St

**PROPERTY OWNERS NAME**

Last: ... First: ...

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: 9/16/84

**PORTLAND PERMIT # 545 TOWN COPY**

Date Permit Issued: 9/16/84

Fee: \$ ...

L.P.I. # ...

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Surface Wastewater Disposal Rules.

Inspector Signature: ... Date Approved: 9/27/84

## PERMIT INFORMATION

**THIS APPLICATION IS FOR:**

NEW SYSTEM

REPLACEMENT SYSTEM

EXPANDED SYSTEM

SEASONAL CONVERSION

EXPERIMENTAL SYSTEM

**THIS APPLICATION REQUIRE:**

1  NO RULE VARIANCE REQUIRED

2  NEW SYSTEM VARIANCE Attach New System Variance Form

REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form

3  Requires only Local Plumbing Inspector Approval

Requires both State and Local Plumbing Inspector Approval

**INSTALLATION IS:**

COMPLETE SYSTEM

NON-ENGINEERED SYSTEM

PRIMITIVE SYSTEM (Includes Alternative Toilet)

ENGINEERED (+2000 gpd)

**INDIVIDUALLY INSTALLED COMPONENTS:**

4  TREATMENT TANK (ONLY)

5  HOLDING TANK

6  ALTERNATIVE TOILET (ONLY)

7  NON-ENGINEERED DISPOSAL AREA (ONLY)

8  ENGINEERED DISPOSAL AREA (ONLY)

9  SEPARATED LAUNDRY SYSTEM

**IF REPLACEMENT SYSTEM:**

YEAR FAILING SYSTEM INSTALLED: \_\_\_\_\_

THE FAILING SYSTEM IS:

D-20  TRENCH

CHAMBER  OTHER \_\_\_\_\_

**DISPOSAL SYSTEM TO SERVE:**

1  SINGLE FAMILY DWELLING

2  MODULAR OR MOBILE HOME

3  MULTIPLE FAMILY DWELLING

4  OTHER \_\_\_\_\_ SPECIFY \_\_\_\_\_

**TYPE OF WATER SUPPLY:**

\_\_\_\_\_

**SIZE OF PROPERTY:** 21,276 SQ. FT.

**LOADING:** R-3

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

**TREATMENT TANK**

1  SEPTIC:  Regular  Low Profile

2  AEROBIC

SIZE: \_\_\_\_\_ GALS

**WATER CONSERVATION**

1  ONE

2  LOW VOLUME TOILET

3  SEPARATED LAUNDRY SYSTEM

4  ALTERNATIVE TOILET

SPECIFY \_\_\_\_\_

**PUMPING**

1  NOT REQUIRED

2  MAY BE REQUIRED (DEPENDENT ON TREATMENT TYPE, LOCATION AND ELEVATION)

3  REQUIRED

COSE: \_\_\_\_\_ GALS

**CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMP. OCC. L.S. WATER RECCP'S, ETC.)**

3 BED ROOM

CONSERVATIVE

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE: \_\_\_\_\_ CONDITION: R

DEPTH TO UNSATURATED ZONE: 42

**SIZE RATINGS USED FOR DESIGN PURPOSES**

1  SMALL

2  MEDIUM

3  MEDIUM-LARGE

4  LARGE

5  EXTRA LARGE

**DISPOSAL AREA TYPE/SIZE**

1  BED \_\_\_\_\_ Sq. Ft.

2  CHAMBER \_\_\_\_\_ Sq. Ft.

REGULAR  H 20

3  TRENCH \_\_\_\_\_ Linear Ft.

4  OTHER: \_\_\_\_\_

**DESIGN FLOW** 450 (GALLONS/DAY)

## SITE EVALUATOR STATEMENT

On 9/16/84 (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: ... Date: 9/16/84

TOWN COPY

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

**PROPERTY ADDRESS**

Town Or Plantation: **LONG ISLAND PORTLAND**

Street Subdivision Lot #: **TAX MAP 96 BLOCK A LOTS 1,2**

**PROPERTY OWNERS NAME**

Last: **BOUNDS** First: **ROBERT L.**

Applicant Name: **ROBERT L. BOUNDS**

Mailing Address of Owner/Applicant (if Different): **8029 Mckenstry Drive Laurel, Maryland 20810**

**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: *Robert L. Bounds* Date: **7/12/84**

**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: *G-601* Date Approved: **9/27/85**

**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
- Requires only Local Plumbing Inspector Approval
- Requires both State and Local Plumbing Inspector Approval

**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

**IF REPLACEMENT SYSTEM:**

YEAR FAILING SYSTEM INSTALLED: \_\_\_\_\_

**THE FAILING SYSTEM IS:**

- BED
- CHAMBER
- TRENCH
- OTHER: \_\_\_\_\_

**DISPOSAL SYSTEM TO SERVE:**

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

**SIZE OF PROPERTY:** 21,266 **ZONING:** R-3

**TYPE OF WATER SUPPLY:** DUG WELL

**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**

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

DOSE: \_\_\_\_\_ GALS

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

3 BEDROOM CONSERVATIVE

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

| PROFILE | CONDITION |
|---------|-----------|
| 6       | B         |

DEPTH TO LIMITING FACTOR: 63

**SIZE RATINGS USED FOR DESIGN PURPOSES**

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

**DISPOSAL AREA TYPE/SIZE**

- BED 600 Sq. Ft.
- CHAMBER \_\_\_\_\_ Sq. Ft.
- TRENCH \_\_\_\_\_ Lineal Ft.
- OTHER: \_\_\_\_\_

DESIGN FLOW: 450 (GALLONS/DAY)

**SITE EVALUATOR STATEMENT**

(\*) SITE EVALUATION WAIVED BY LOCAL OPTION

On MAY 24, 1984 (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.

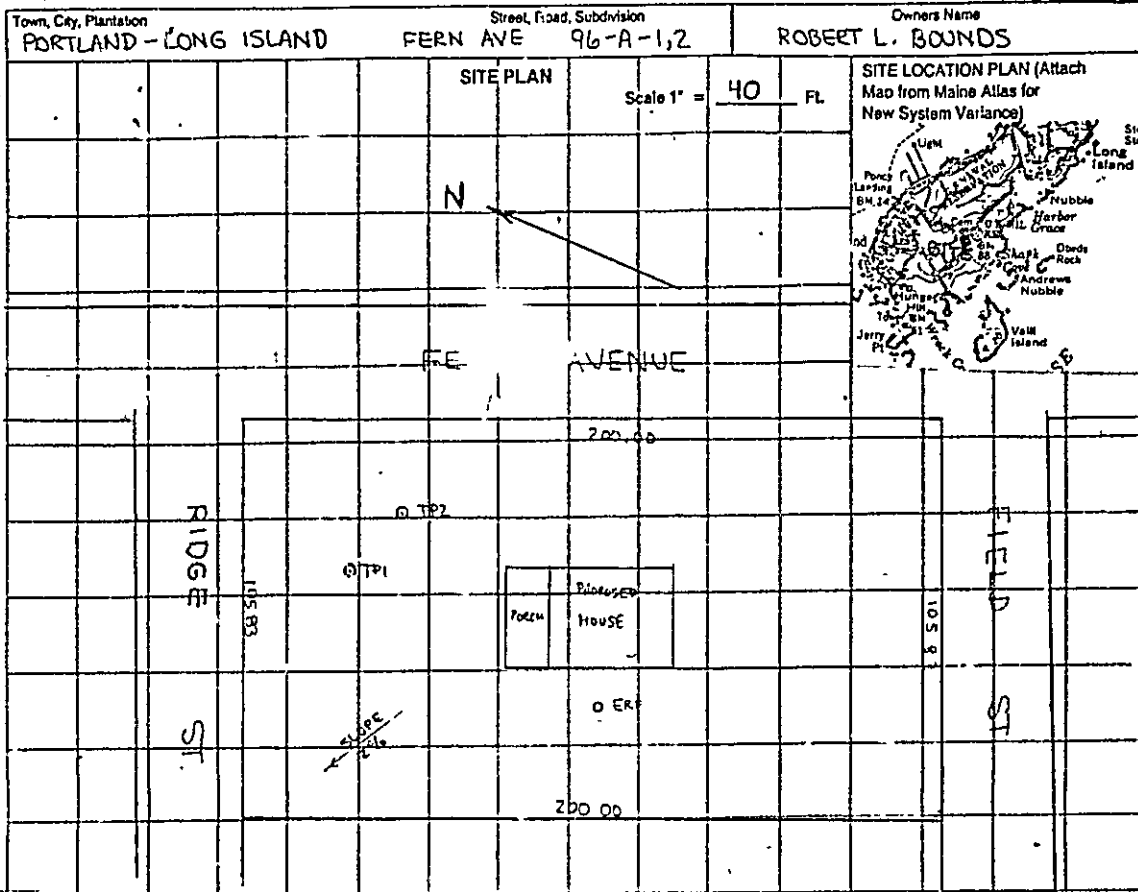
Signature: *William B. Goodwin* SE # 1FE9 Date: 7/2/84

Local Plumbing Inspector Signature & Local Site Evaluation Waiver under a Local Option

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DHE-200 Rev. 4/83

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Division of Health Engineering



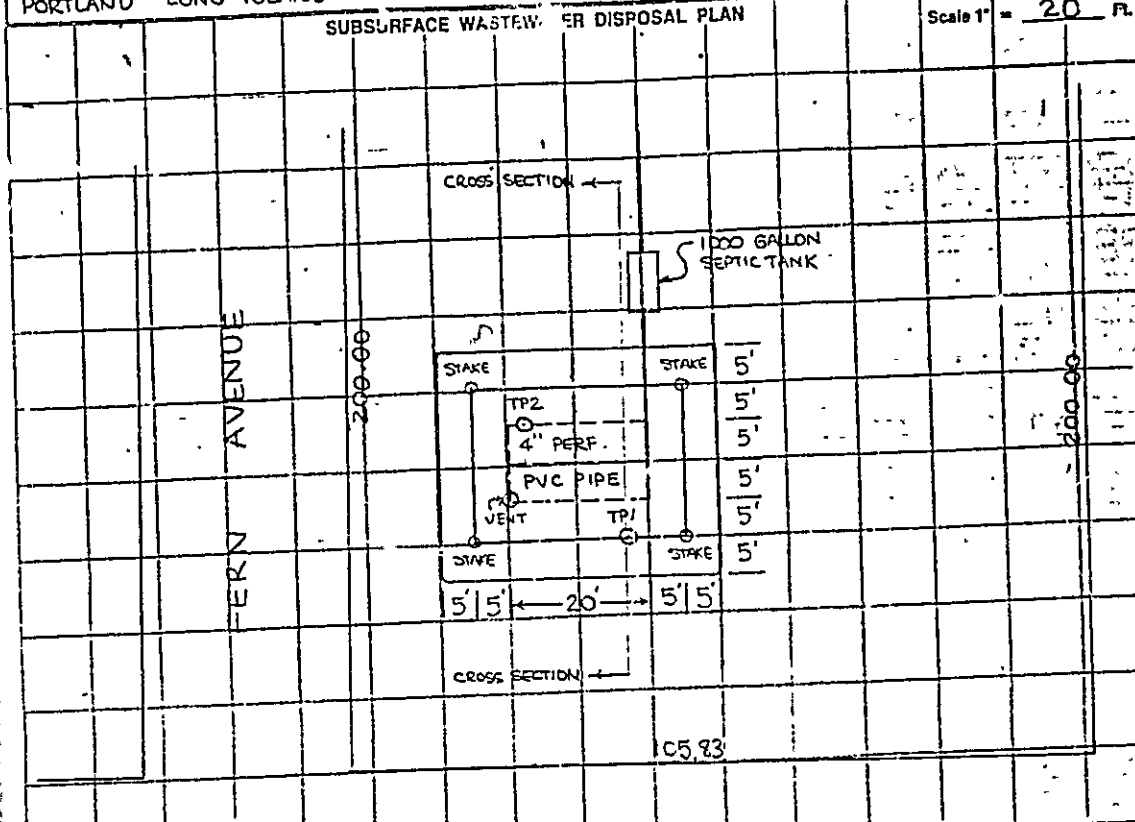
| SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above) |  |                                 |                            |  |
|---|--|---------------------------------|----------------------------|--|
| Observation Hole <u>1</u>   | <input checked="" type="checkbox"/> Test Pit | <input type="checkbox"/> Boring |                            |  |
| 4" FOREST PEAT - Depth of Organic Horizon Above Mineral Soil                    |  |                                 |                            |  |
| Texture   | Consistency                                  | Color                           | Mottling                   |  |
| STONY SAND  | LOOSE  | RED BROWN                       | NONE                       |  |
| GRAVEL  |  | YELLOW BROWN                    |                            |  |
| Soil Profile: <u>6</u>  | Classification: <u>B</u>                     | Slope: <u>2%</u>                | Limiting Factor: <u>63</u> | <input type="checkbox"/> Ground Water<br><input checked="" type="checkbox"/> Permeable Layer<br><input type="checkbox"/> Bedrock |
| Observation Hole <u>2</u>   | <input checked="" type="checkbox"/> Test Pit | <input type="checkbox"/> Boring |                            |  |
| 4" FOREST PEAT - Depth of Organic Horizon Above Mineral Soil                    |  |                                 |                            |  |
| Texture   | Consistency                                  | Color                           | Mottling                   |  |
| SILTY GRAVEL  | LOOSE  | GRAY                            | NONE                       |  |
| STONY GRAVEL  |  | RED BROWN                       |                            |  |
| GRAVEL  |  | YELLOW BROWN                    |                            |  |
| Soil Profile: <u>6</u>  | Classification: <u>B</u>                     | Slope: <u>2%</u>                | Limiting Factor: <u>69</u> | <input checked="" type="checkbox"/> Ground Water<br><input type="checkbox"/> Permeable Layer<br><input type="checkbox"/> Bedrock |

*William B. Goodwin* 0003/4814 7/2/84 Page 2 of 3  
 Site Evaluator or Professional Engineer's Signature SE# / PE# Date 198E-200 Rev 4/83

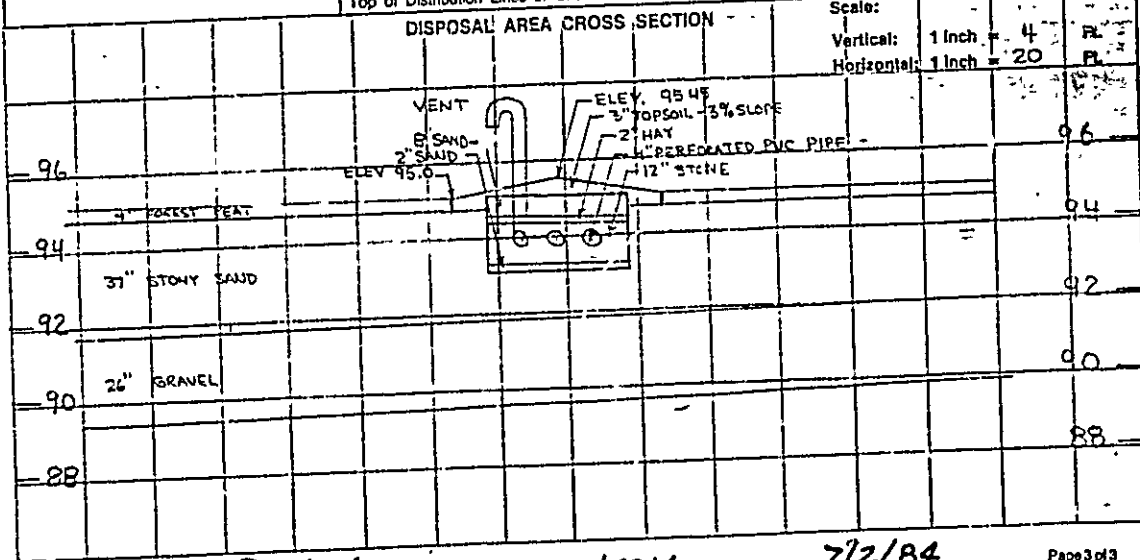
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Resources  
Division of Health Engineering

|   |   |  |
|---|---|--|
| Town, City, Plantation<br><b>PORTLAND</b> | Street, Road, Subdivision<br><b>LONG ISLAND FERN AVE 96-A-1,2</b> | Owners Name<br><b>ROBERT L. BOUNDS</b> |
|---|---|--|



| FILL REQUIREMENTS                    | CONSTRUCTION ELEVATIONS                            | ELEVATION REFERENCE POINT LOCATION & DESCRIPTION |
|--------------------------------------|--|--|
| Depth of Fill (Upslope) <u>0.0</u>   | Reference Elevation is <u>100.00</u>               | TOP OF STAKE ON WEST SIDE OF HOUSE               |
| Depth of Fill (Downslope) <u>0.0</u> | Bottom of Disposal Area <u>93.00</u>               |  |
|                                      | Top of Distribution Lines or Chambers <u>94.00</u> |  |



*William B. Goodwin*  
Site Evaluator or Professional Engineer's Signature

0003/4814  
SE #/PE #

7/2/84  
Date

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