

CITY OF PORTLAND, MAINE

339 CONGRESS STREET  
PORTLAND, MAINE 04101  
(207) 775-5451



DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF  
INSPECTION SERVICES DIVISION

Beach Avenue at Proposed Oak St.  
Long Island, Maine

October 21, 1987

TO WHOM IT MAY CONCERN:

This is to certify that three lots belonging to Shirley Conner on Long Island, being Lots 97-N-2 and 3 and Lot 97-O-2 having a total area of 33,147 square feet, are considered to be "grandfathered" as a buildable homesite subject to approval by the City Plumbing Inspector, Mr. Erncld Goodwin, of the test results as submitted with this information. A 30 foot proposed or paper street separates two of these three lots.

The above land area should be sufficient land on which to construct a single family dwelling provided public water is available. Since no public water is available on Long Island, these lots appear to meet the State Plumbing Code requirement of a minimum of 20,000 square feet for a buildable home-site.

This office would therefore recommend that the approval of the City Plumbing Inspector be obtained prior to the issuance of a building permit for construction of a single family residence on one of these three lots, with the remainder of the lots being kept vacant.

Sincerely,

*Warren J. Turner*  
Warren J. Turner

Zoning Enforcement Inspector

cc: P. Samuel Hoffses, Chief, Inspection Services  
Erncld Goodwin, Chief Plumbing Inspector  
Arthur Rowe, Code Enforcement Officer

98-N-243  
 PERMIT 002284

TOWN OF Portland BUILDING PERMIT APPLICATION

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

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Shirley Conner - 766-2549 766-2512 work

Address: \*\* Island Ave. Long Island 04050

LOCATION OF CONSTRUCTION Beach Ave. Long Island

CONTRACTOR: \_\_\_\_\_ SUBCONTRACTORS: \_\_\_\_\_

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

Est. Construction Cost: \$75,000 Type of Use: Single Family

Past Use: \_\_\_\_\_

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

Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_

Conversion - Explain Construct new single family as per plans

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:  
 # Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Units \_\_\_\_\_

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" O.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 Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_  
 5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_  
 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 Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_  
 3. Wall Covering Type \_\_\_\_\_  
 4. Fire Wall if required \_\_\_\_\_  
 5. Other Materials \_\_\_\_\_

For Official Use Only

Date June 14, 1989 Subdivision, Yes / No \_\_\_\_\_  
 Name \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Lot \_\_\_\_\_  
 Bldg Code \_\_\_\_\_ Block \_\_\_\_\_  
 Time Limit \_\_\_\_\_ Permit Expiration \_\_\_\_\_  
 Estimated Cost \_\_\_\_\_ Ownership: \_\_\_\_\_ Public \_\_\_\_\_  
 Value/Structure \_\_\_\_\_ Private \_\_\_\_\_  
 Fee \$395.00 + \$50.00 Minor-Minor

Site Plan Review PERMIT ISSUED

Ceiling:  
 1. Ceiling Joists Size: \_\_\_\_\_  
 2. Ceiling Strapping Size \_\_\_\_\_ Spacing JUN 29 1989  
 3. Type Ceilings: \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_ City Of Portland

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

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

Zoning:  
 District \_\_\_\_\_ Street Frontage Req. \_\_\_\_\_ Provided \_\_\_\_\_  
 Required Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ 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 Deborah Goode

Signature of Applicant Shirley Conner Date 6/14/89

Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_

Inspection Dates Da

White-Tax Assessor

Yellow-GPCOG

White Tag -CEO

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# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

**PROPERTY ADDRESS**

Town Or Plantation: PORTLAND LONG ISLAND

Street: BEACH AVENUE

Subdivision Lot #: TAX MAP 97 BLOCK N LOTS 213

**PROPERTY OWNERS NAME**

Last: CONNER First: SHIRLEY

Applicant Name: SHIRLEY CONNER / Scott Wood

Mailing Address of Owner/Applicant (If Different): ISLAND AVENUE LONG ISLAND MAINE 04050

PORTLAND PERMIT # 3,473 APPLICANTS COPY

Date Permit Issued: 6/16/89 FEE  Double Fee Charged

[Signature] L.P.I. # \_\_\_\_\_

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED

**Owner/Applicant Statement**

I hereby certify that the information submitted is correct to the best of my knowledge and I understand that my application is subject to the Local Plumbing Inspector's review.

[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</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></p> <p>1. <input checked="" type="checkbox"/> NON ENGINEEED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENT</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p><b>TYPE OF WATER SUPPLY PROPOSED WELL</b></p>
<p>SIZE OF PROPERTY: <u>22,098 SF</u></p> <p>ZONING: <u>IR 2</u></p>		

## 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</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p>2 BEDROOM CONSERVATIVE <u>300</u></p> <p>LOW VOLUME TOILET <u>30</u></p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <u>4</u> CONDITION: <u>C</u></p> <p>DEPTH TO LIMITING FACTOR: <u>18</u></p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRALARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq Ft</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>350</u> Sq Ft</p> <p><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER _____</p>	<p>DESIGN FLOW: <u>270</u> (GALLONS/DAY)</p>

**SITE EVALUATOR STATEMENT** \* USED 14 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION  SITE EVALUATION W/AVOID BY LOCAL OPTION

On MAY 24, 1989 (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] 0003/4814 6/6/89

Site Evaluator or Professional Engineer's Signature SE# IPE# Date

\* Local Plumbing Inspector's Signature & Local Site Evaluation Waiver under a Local Option

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

PORTLAND LONG ISLAND

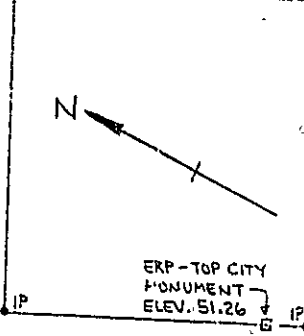
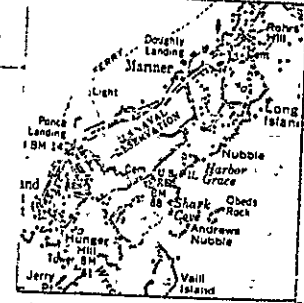
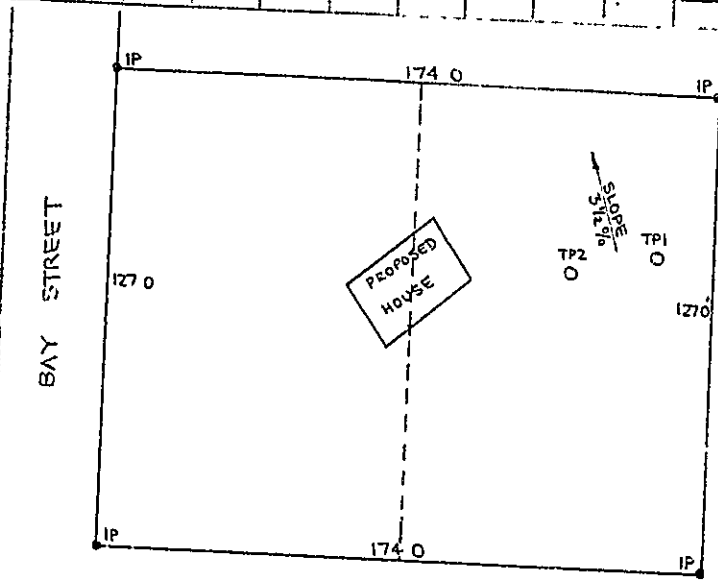
Street, Road, Subdivision

BEACH AVE 97-N-352.287

Owner's Name  
SHIRLEY CONNER

SITE PLAN

Scale 1" = 40' PL



BEACH AVENUE

## SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole 1  Test Pit  Boring  
2" FOREST PEAT Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-5	SANDY LOAM	MODERATELY FRIABLE	DARK BROWN	NONE
5-10	SILTY SAND	SLIGHTLY FT.	GRAY	
10-15				FEW
15-20	SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER
20-30				
30-40				
40-50				

Soil Classification: 4 C 3/2 18  
 Groundwater  Freezing Layer  Barren

(Location of Observation Holes Shown Above) Observation Hole 2  Test Pit  Boring  
2" FOREST PEAT Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-5	SANDY LOAM	MODERATELY FRIABLE	DARK BROWN	NONE
5-10	SILTY SAND	SLIGHTLY FRIABLE	GRAY	
10-15			YELLOW	
15-20				FEW
20-30	SANDY GRAVEL	LOOSE	PED YELLOW	STANDING WATER
30-40				
40-50				

Soil Classification: 4 C 3/2 20  
 Groundwater  Freezing Layer  Barren

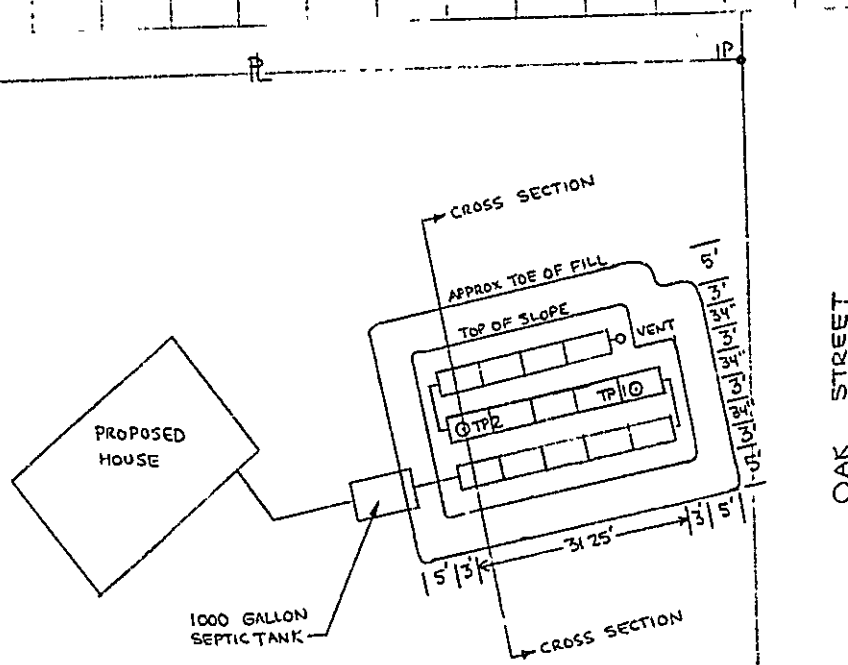
*William B. Jordan* 0003/4814  
 Site Evaluator or Professional Engineer's Signature  
 SEAT/PE

6/7/89  
 Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

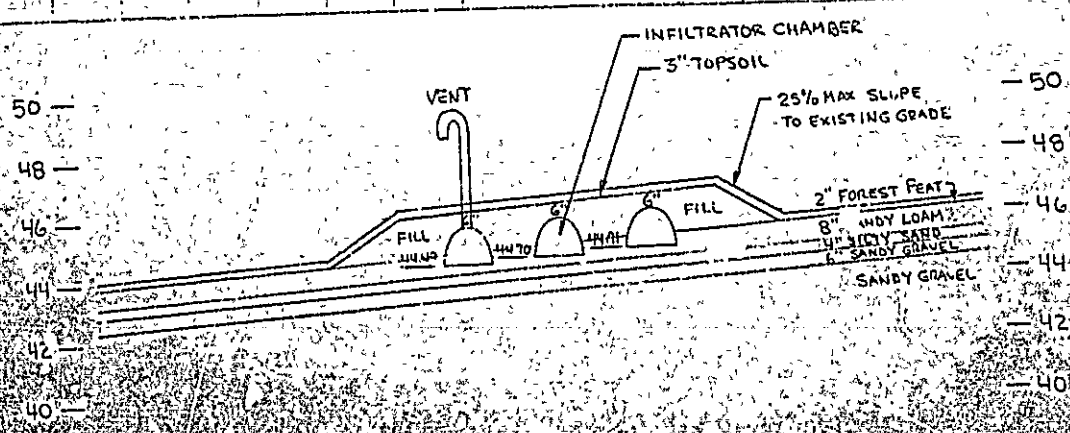
Town, City, Plantation <b>PORTLAND LONG ISLAND</b>	Street, Road, Subdivision <b>BEACH AVE 97-N-2,3</b>	Owners Name <b>SHIRLEY CONNER</b>
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = 20' FL



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>19'</u>	Reference Elevation is <u>51.26</u>	TOP OF CITY MONUMENT NE
Depth of Fill (Downslope) <u>19'</u>	Bottom of Disposal Area SEE X-SECTION	SIDELINE BEACH AVE OPPOSITE FEEN AVE
	Top of Distribution Lines or Chambers SEE X-SECTION	

DISPOSAL AREA CROSS SECTION

Scale:  
Vertical: 1 inch = 5' FL  
Horizontal: 1 inch = 10' FL



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

0005/4814  
SE # / PE #

6/6/89  
Date

Page 3 of 3  
HHE-200 Rev. 4-83



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

Date September 1, 1989 . 19  
 Receipt and Permit number 00679

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  
 OWNER'S NAME: Shirlee Conner ADDRESS: \_\_\_\_\_

	FEES	
<b>OUTLETS:</b>		
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>1 to 30</u> .....		3.00
<b>FIXTURES:</b> (number of)		
Incandescent <u>XX</u> Fluorescent _____ (not strip) TOTAL <u>1 to 10</u> .....		3.00
Strip Fluorescent _____ ft. ....		
<b>SERVICES:</b>		
Overhead <u>XX</u> Underground _____ Temporary _____ TOTAL amperes <u>100</u> ..		3.00
		.50
<b>METERS:</b> (number of) <u>1</u> .....		
<b>MOTORS:</b> (number of)		
Fractional _____		
1 HP or over _____		
<b>RESIDENTIAL HEATING:</b>		
Oil or Gas (number of units) _____		
Electric (number of rooms) _____		
<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:</b> (number of)		
Ranges _____ <u>1</u> Water Heaters _____ <u>1</u>		
Cook Tops _____ Disposals _____		
Wall Ovens _____ Dishwashers _____		
Dryers _____ <u>1</u> Compactors _____		
Fans _____ Others (denote) _____		4.50
TOTAL <u>3</u> .....		
<b>MISCELLANEOUS:</b> (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>2.00</u> smoke alarm system .....		2.00
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" (304-1d.b) .....		
	TOTAL AMOUNT DUE:	16.00

INSPECTION: \_\_\_\_\_ or 72 hrs.  
 Will be ready on Sept. 1, 1989; or Will Call \_\_\_\_\_

CONTRACTOR'S NAME: Seacoast Elec Co.  
 ADDRESS: 58 Fore St. Ptd

TEL.: 774-6179

MASTER LICENSE NO.: 03088 SIGNATURE OF CONTRACTOR: \_\_\_\_\_

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

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS—

INSPECTIONS: Service *for amper* by \_\_\_\_\_  
 Service called in *9/29/89*  
 Closing-in *9/29/89* by \_\_\_\_\_

PROGRESS INSPECTIONS:

CODE  
 COMPLIANCE  
 COMPLETED  
 DATE \_\_\_\_\_

Permit Number *PCC 79*  
 Location \_\_\_\_\_  
 Owner *W. D. Conner*  
 Date of Permit *9/11/89*  
 Final Inspector \_\_\_\_\_  
 By Inspector \_\_\_\_\_  
 Permit Application Register Page No. *72*

DATE:	REMARKS
<i>10/19/89</i>	<i>Reference - called for final inspection this date</i>

I hereby certify that the above information is true and correct to the best of my knowledge and belief.  
 Inspector  
 Date  
 Permit Application Register Page No.  
 Electrical Department  
 City of ...



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

Date June 13, 19 89

Receipt and Permit number 004

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: 97-N-23 Beach Avenue, Long Island  
 OWNER'S NAME: Shirley Conner ADDRESS: same

OUTLETS: Receptacles \_\_\_\_\_ Switches \_\_\_\_\_ Plugmold \_\_\_\_\_ ft. TOTAL \_\_\_\_\_ FEES \_\_\_\_\_

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

SERVICES: Overhead  Underground \_\_\_\_\_ Temporary  TOTAL amperes 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 \_\_\_\_\_  
 or 30 amps \_\_\_\_\_

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

Alterations to wires \_\_\_\_\_  
 Repairs after fire \_\_\_\_\_

Emergency Lights, battery \_\_\_\_\_  
 Emergency Generators \_\_\_\_\_

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... INSTALLATION FEE DUE:  
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) ..... DOUBLE FEE DUE:

TOTAL AMOUNT DUE: 5.00-minimum  
~~XXXXXX~~

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

CONTRACTOR'S NAME: Harry Papke/Seacoast Electric  
 ADDRESS: Leavitt St., Long Island

TEL: 774-6179  
 MASTER LICENSE NO.: 03088 SIGNATURE OF CONTRACTOR: Harry Papke  
 LIMITED LICENSE NO.: \_\_\_\_\_





91 N 2x3 007284  
**PERMIT #** \_\_\_\_\_ **TOWN OF** Portland **BUILDING PERMIT APPLICATION** **MAP #** CC **LOT#** \_\_\_\_\_

Please fill out any part which applies to job. Proper plans must accompany form.

**Owner:** Shirley Conner -- 766-2549 766-25.2 work

**Address:** \*\* Island Ave. Long Island 04050

**LOCATION OF CONSTRUCTION** Beach Ave. Long Island 97-N-213

**CONTRACTOR:** \_\_\_\_\_ **SUBCONTRACTORS:** \_\_\_\_\_

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

**Est. Construction Cost:** \$75,000 **Type of Use:** Single Family

**Past Use:** \_\_\_\_\_

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

**Is Proposed Use:** \_\_\_\_\_ Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_

**Conversion - Explain** Construct new single family as per plans

**COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE**

**Residential Buildings Only:** # Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Units \_\_\_\_\_

**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" O.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 Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_
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 Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
3. Wall Covering Type \_\_\_\_\_
4. Fire Wall if required \_\_\_\_\_
5. Other Materials \_\_\_\_\_

**For Official Use Only**

D. June 11, 1989 Subdivision, Yes / No \_\_\_\_\_

Inside Fire Limits \_\_\_\_\_ Name \_\_\_\_\_

Bldg Code: \_\_\_\_\_ Lot \_\_\_\_\_

Time Limit \_\_\_\_\_ Block \_\_\_\_\_

Estimated Cost \_\_\_\_\_ Permit Expiration: \_\_\_\_\_

Value/Structure \_\_\_\_\_ Ownership: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_

Fees: \$395.00 + \$50.00 Minor-Minor

**Ceiling:** Site Plan Review

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

**Roof:**

1. Truss or Rafter Size \_\_\_\_\_ Span JUN 29 1989
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
3. Roof Covering Type \_\_\_\_\_
4. Other \_\_\_\_\_ City Of Portland

**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 00.2000 Yes \_\_\_\_\_ No \_\_\_\_\_
2. No. of Tubs or Showers \_\_\_\_\_
3. No. of Flushes \_\_\_\_\_
4. No. of Lavatories \_\_\_\_\_
5. No. of Other Fixtures 312 1014-1014

**Swimming Pools:**

1. Type 2000 004 1010
2. Pool Size: \_\_\_\_\_ Square Footage \_\_\_\_\_
3. Must conform to National Electrical Code and State Law.

**Zoning:** District TR-1 Street Frontage Req. \_\_\_\_\_ Provided \_\_\_\_\_

Required Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ 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 (E-plate) \_\_\_\_\_
- Date Approved: 6-27-89

Permit Received By Deborah Coode

Signature of Applicant Shirley Conner Date 6/14/89

Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_

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

**PERMIT ISSUED WITH LETTER**

White-Tax Assessor \_\_\_\_\_ Yellow-GPCOG \_\_\_\_\_ White Tag-CEO \_\_\_\_\_

Copyright GPCOG 1987

PLOT PLAN

N



FEES (Breakdown From Front)

Base Fee \$ 395.00

Subdivision Fee \$ \_\_\_\_\_

Site Plan Review Fee \$ \_\_\_\_\_

Other Fees \$ Minor-Minor Site Plan \$50.00

(explain) \_\_\_\_\_

Late Fee \$ \_\_\_\_\_ Total Fee \$ 445.00

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

COMMENTS 9-29-89 - EQ - FR/OK. Close in OK. SP EQ

2-23-90 - OK. per C of O.

Signature of Applicant

X JA Corner

Date

6/14/89



CITY OF PORTLAND, MAINE

389 CONGRESS STREET  
PORTLAND, MAINE 04101  
(207) 874-8300

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

June 28, 1989

Shirley Conner  
Island Avenue  
Long Island, Maine

Re: Beach Avenue, Long Island, Maine Lot N 2 and 3

Dear Ms. Conner:

Your application to construct a single family dwelling has been reviewed and a permit is herewith issued subject to the following requirements:

Site Plan Review Requirements

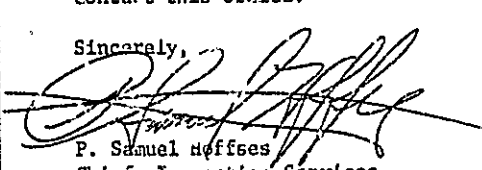
Inspection Services	Approved	W. Giroux
Public Works	Approved	S. Harris

Building Code Requirements

Please read and implement items 1, 6, 7 and 9 of the attached Building Permit report.

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

Sincerely,

  
P. Samuel Hoffses  
Chief Inspection Services

cc: S. Harris, Public Works

BUILDING PERMIT REPORT

ADDRESS: LOT # N 2 and 3 Beach Ave Long Island DATE: 27 June 89

REASON FOR PERMIT: To Construct A Single Family

BUILDING OWNER: Shirley Casper

CONTRACTOR: Owner

PERMIT APPLICANT: 1'

APPROVED: \*1 \*6 \*7 \*9 DENIED: \_\_\_\_\_

CONDITION OF APPROVAL OR DENIAL:

- \* 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.

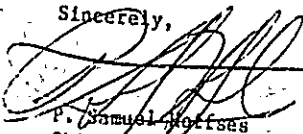
8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fireresistance rating. Attached private garages shall be completely 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**

**SITE PLAN REVIEW**

**Processing Form**

Applicant Shirley Conner 766-2549 766-2512 Work Date June 14, 1989

Mailing Address Island Ave. Long Island Me 04050 Address of Proposed Site Beach Ave. Long Island Lot #N2 and 3

Proposed Use of Site Single Family Site Identifier(s) from Assessors Maps 97-N-2 & 3

Acres of Site / Ground Floor Coverage 3/4 / 600 sq. ft. Zoning of Proposed Site TR1

Site Location Review (DEP) Required: ( ) Yes ( ) No Proposed Number of Floors 2

Board of Appeals Action Required: ( ) Yes ( ) No Total Floor Area 1060 sq. ft.

Planning Board Action Required: ( ) Yes ( ) No

Other Comments: \_\_\_\_\_

Date Dept. Review Due: \_\_\_\_\_

**BUILDING DEPARTMENT SITE PLAN REVIEW**  
(Does not include review of construction plans)

- Use does NOT comply with Zoning Ordinance
  - Requires Board of Appeals Action
  - Requires Planning Board/City Council Action

Explanation \_\_\_\_\_

- Use complies with Zoning Ordinance — Staff Review Below

Zoning SPACE & BULK as applicable	DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS	
	COMPLIES																		
COMPLIES CONDITIONALLY																			
DOES NOT COMPLY																			

REASONS: OK W.D.A. 6-27-89

SIGNATURE OF REVIEWING STAFF/DATE  
BUILDING DEPARTMENT—ORIGINAL

**CITY OF PORTLAND MAINE**  
**SITE PLAN REVIEW**  
**Processing Form**

Applicant Shirley Conner 766-2549 766-2512 Work Date June 14, 1989  
 Mailing Address Island Ave. Long Island Me 04050 Address of Proposed Site Beach Ave. Long Island Lot #N2 and 3  
 Proposed Use of Site Single Family 97-N-2 & 3  
3/4 / 600 sq ft. Site Identifier(s) from Assessors Maps  
TR1 Zoning of Proposed Site

Site Location Review (DEP) Required: ( ) Yes ( ) No Proposed Number of Floors 2  
 Board of Appeals Action Required: ( ) Yes ( ) No Total Floor Area 1060 sq ft.  
 Planning Board Action Required: ( ) Yes ( ) No

Other Comments: \_\_\_\_\_

Date Dept. Review Due: \_\_\_\_\_

**PUBLIC WORKS DEPARTMENT REVIEW**

(Date Received) \_\_\_\_\_

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER	
APPROVED																CONDITIONS SPECIFIED BELOW
APPROVED CONDITIONALLY																
DISAPPROVED															REASONS SPECIFIED BELOW	

REASONS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Attach Separate Sheet if Necessary)

*[Signature]* 6/26/89  
 SIGNATURE OF REVIEWING STAFF/DATE





CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 97-11-2,5 Beach Ave.; Long Island

Issued to Shirley Conner

Date of Issue 2/23/90

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. 89/228A, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

single-family dwelling

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

2-28-90

(Date)

Inspector

Inspector of Buildings

SB

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.

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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

PROPERTY ADDRESS		PORTLAND ID PERMIT # 3,473 STATE COPY Date Permit Issued: 6/16/89 \$410 FEE <input type="checkbox"/> Double Fee Charged 159 Local Plumbing Inspector Signature: <i>[Signature]</i> L.P.I. # _____
Town Or Plantation	PORTLAND LONG ISLAND	
Street	BEACH AVENUE	
Subdivision Lot #	TAX MAP 97 BLOCK N LOTS 213 215	
PROPERTY OWNERS NAME		
CONNER SHIRLEY		
Last: First:		
Applicant Name:	SHIRLEY CONNER <i>Scott Wood</i>	
Mailing Address of Owner/Applicant (If Different)	ISLAND AVENUE LONG ISLAND MAINE 04050	

**Owner/Applicant Statement**  
I certify that the information submitted is correct to the best of my knowledge and under the land that any falsification is reason for the Local Plumbing Inspector to deny a Permit.  
*Shirley Conner*  
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 Approve \_\_\_\_\_

**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"/> Requires only Local Plumbing Inspector Approval 4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	<b>INSTALLATION IS COMPLETE SYSTEM</b> 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpcd) <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 _____ <b>THE FAILING SYSTEMS:</b> 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> PROPOSED WELL
SIZE OF PROPERTY 22,098 SF ZONING IR2		

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

<b>TREATMENT TANK</b> 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" 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 checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS	<b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b> 2 BEDROOM CONSERVATIVE 300 LOW VOLUME TOILET 30 DESIGN FLOW: 270 (GALLONS/DAY)
<b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b> PROFILE 4   CONDITION C DEPTH TO LIMITING FACTOR 18	<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 checked="" type="checkbox"/> CHAMBER 350* Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	

**SITE EVALUATOR STATEMENT** \*USED IN INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION  SITE EVALUATION WAIVED BY LOCAL OPTION  
 On MAY 24, 1989 (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.

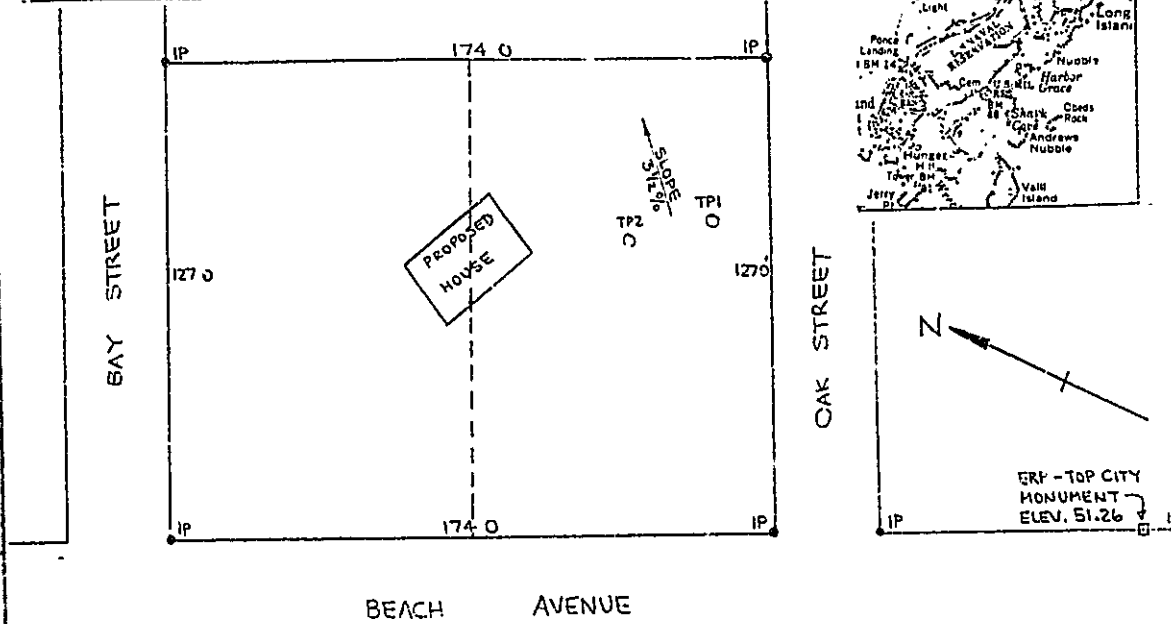
*William B. Jordan* 0003/4814 6/6/89  
 Site Evaluator or Professional Engineer's Signature SE# / PE# Date  
 \* Local Plumbing Inspector Signature & Local Site Evaluator Waiver under a Local Option

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PORTLAND LONG ISLAND** Street, Road, Subdivision: **BEACH AVE 97-N-352 William B. Conner** Owners Name: **SHIRLEY CONNER**

SITE PLAN Scale 1" = **40** FL



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		Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	
2" FOREST FEET * Depth of Organic Horizon Above Mineral Soil		2" FOREST FEET * Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
0-6" SANDY LOAM	MODERATELY FRIABLE	DARK BROWN	NONE
6-10" SILTY SAND	SLIGHTLY FRI.	GRAY	NONE
10-15" SANDY GRAVEL	LOOSE	RED YELLOW	FEW
15-20" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER
20-30" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER
30-40" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER
40-50" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER
Soil <u>4</u>	Classification <u>C</u>	Slope <u>3 1/2 %</u>	Limiting Factor <u>18</u>
<input checked="" type="checkbox"/> Ground Water	<input type="checkbox"/> Permeable Layer	<input type="checkbox"/> Bedrock	

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	
2" FOREST FEET * Depth of Organic Horizon Above Mineral Soil		2" FOREST FEET * Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
0-6" SANDY LOAM	MODERATELY FRIABLE	DARK BROWN	NONE
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20-30" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER
30-40" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER
40-50" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER
Soil <u>4</u>	Classification <u>C</u>	Slope <u>3 1/2 %</u>	Limiting Factor <u>20</u>
<input checked="" type="checkbox"/> Ground Water	<input type="checkbox"/> Permeable Layer	<input type="checkbox"/> Bedrock	

*William B. Conner* 0003/4814 6/6/99  
 Site Evaluator or Professional Engineer's Signature SE# IPE#  
 Page 2 of 3 NHE-200 Rev. 4/83

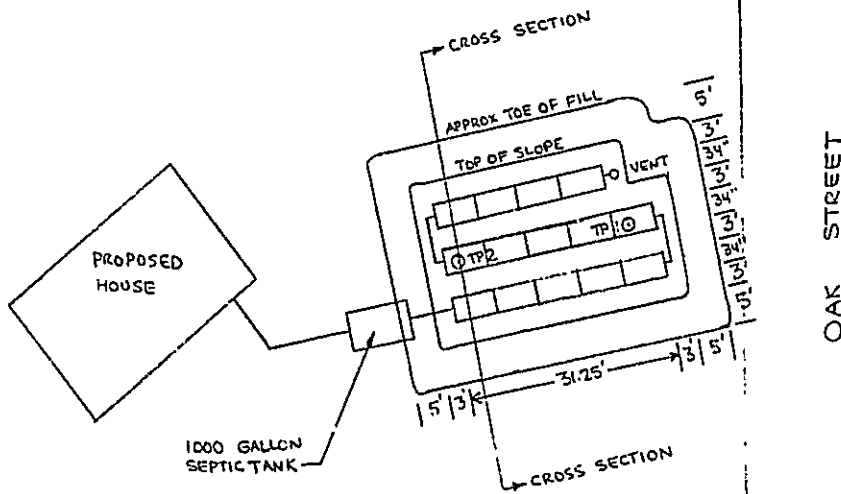
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PORTLAND LONG ISLAND** Street, Road, Subdivision: **BEACH AVE 97-N-2,3** Owners Name: **SHIRLEY CONNER**

SUBSURFACE WASTEWATER DISPOSAL PLAN

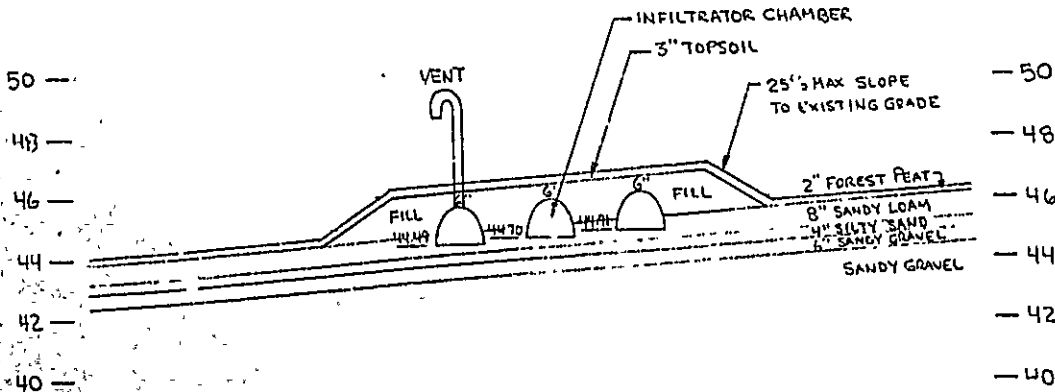
Scale 1" = 20' FL



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>19'</u>	Reference Elevation is <u>51.26</u>	TOP OF CITY MONUMENT NE
Depth of Fill (Downslope) <u>19'</u>	Bottom of Disposal Area SEE X-SECTION	SIDELINE BEACH AVE OPPOSITE FERN AVE
	Top of Distribution Lines or Chambers SEE X-SECTION	

### DISPOSAL AREA CROSS SECTION

Scale:  
Vertical: 1 Inch = 5' FL  
Horizontal: 1 Inch = 10' FL



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

0003/4814  
SE #/PE #

6/6/89  
Date

Page 3 of 3  
HHE-200 Rev. 4-83

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

PROPERTY ADDRESS		PERMIT # 3,473 TOWN COPY PORTLAND Date Permit Expires: 1/5/90 Local Plumbing Inspector Signature: [Signature] L.P.I. # _____ FEE: _____ Double Fee Charge?
Town Or Plantation	PORTLAND LONG ISLAND	
Street	BEACH AVENUE	
Subdivision Lot #	TAX MAP 97 BLOCK N LOTS 219	
PROPERTY OWNERS NAME		
CONNER SHIRLEY		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: [Signature] Date Approved: JAN 5 1990
Last	First	
Applicant Name	SHIRLEY CONNER / Scott Wood	
Mailing Address of Owner/Applicant (if Different)	ISLAND AVENUE LONG ISLAND MAINE 04050	
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 of Owner/Applicant: [Signature] Date: _____		

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"/> Requires only Local Plumbing Inspector Approval 4 <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	<b>INSTALLATION IS COMPLETE SYSTEM</b> 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: _____ 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> PROPOSED WELL
SIZE OF PROPERTY: 22,098 SF ZONING: IR2		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> 1 <input checked="" 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 checked="" type="checkbox"/> LOW VOLUME TOILET 3 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4 <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	<b>PUMPING</b> 1 <input checked="" type="checkbox"/> NOT REQUIRED 2 <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) 3 <input type="checkbox"/> REQUIRED DOSE: _____ GALS	<b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b> 2 BEDROOM 300 CONSERVATIVE LOW VOLUME TOILET 30 DESIGN FLOW: 270 (GALLON/3/DAY)
<b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b> PROFILE: 4   CONDITION: C DEPTH TO LIMITING FACTOR: 18	<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"/> EXTRALARGE	<b>DISPOSAL AREA TYPE/SIZE</b> 1 <input type="checkbox"/> BED _____ Sq Ft. 2 <input checked="" type="checkbox"/> CHAMBER 350* Sq Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H 20 3 <input type="checkbox"/> TRENCH _____ Linear Ft. 4 <input type="checkbox"/> OTHER _____	

**SITE EVALUATOR STATEMENT** \* USED 14 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION  SITE EVALUATION WAIVED BY LOCAL OPTION

On MAY 24, 1989 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

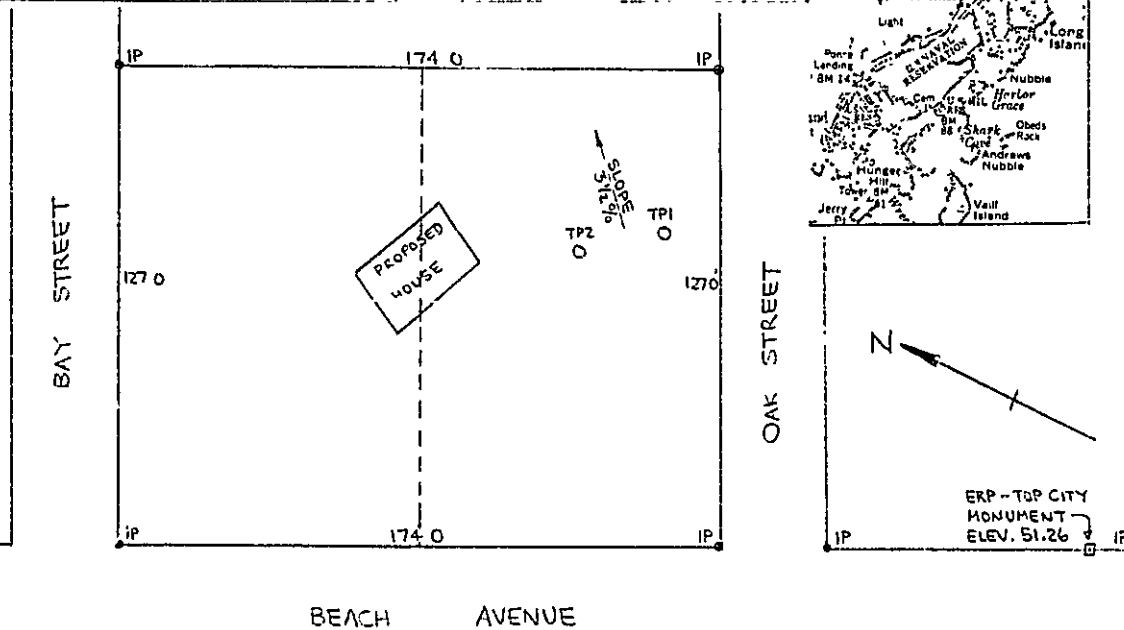
Signature: [Signature] SE# / PE# 0003 / 4814 Date: 6/6/89

Local Plumbing Inspector's Signature and Local Site Evaluation Man. Page 1 of 3 HHE-200 Rev. 4/83

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation <b>PORTLAND LONG ISLAND BEACH AVE</b>	Street, Road, Subdivision <b>97-N-3529</b>	Owners Name <b>SHIRLEY CONNER</b>
SITE PLAN		Scale 1" = <b>40</b> FL



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

Observation Hole 1 <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring				Observation Hole 2 <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring			
2" FOREST FEET - Depth of Organic Horizon Above Mineral Soil				2" FOREST FEET - Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
0-6" SANDY LOAM	MODERATELY FRIABLE	DARK BROWN	NONE	0-6" SANDY LOAM	MODERATELY FRIABLE	DEEP BROWN	
6-10" SILTY SAND	SLIGHTLY FRI.	GRAY		6-10" SILTY SAND	SLIGHTLY FRIABLE	GRAY	NONE
10-15" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER	10-15" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER
15-20" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER	15-20" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER
20-30" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER	20-30" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER
30-40" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER	30-40" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER
40-50" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER	40-50" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER
50-60" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER	50-60" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER
60-70" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER	60-70" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER
70-80" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER	70-80" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER
80-90" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER	80-90" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER
90-100" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER	90-100" SANDY GRAVEL	LOOSE	RED YELLOW	STANDING WATER

Soil Profile: <b>4</b>	Classification: <b>C</b>	Slope: <b>3 1/2 %</b>	Limiting Factor: <b>18</b>	<input checked="" type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

Soil Profile: <b>4</b>	Classification: <b>C</b>	Slope: <b>3 1/2 %</b>	Limiting Factor: <b>20</b>	<input checked="" type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

*William B. Goodwin* 0003/4814 6/6/89  
 Site Evaluator or Professional Engineer's Signature SE# / PE# Date  
 Page 1 of 3 HHE-200 Rev 483

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

PORTLAND LONG ISLAND BEACH AVE

Street No. & Name

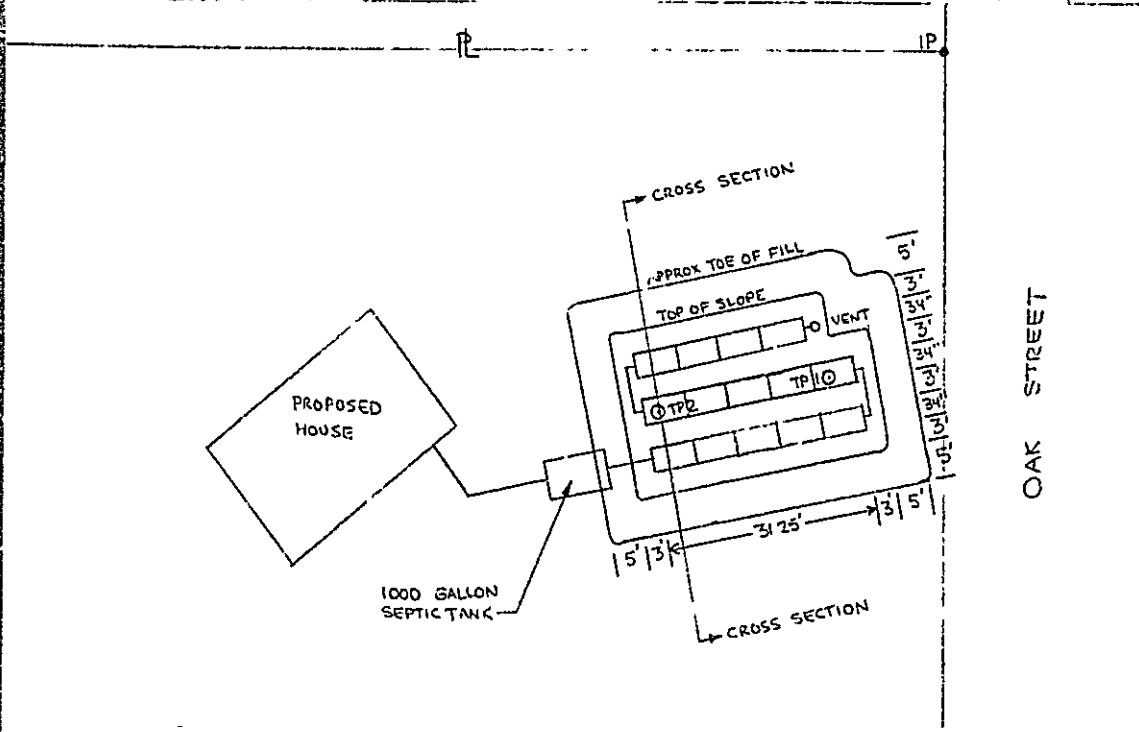
97-11

Owners Name

SHIRLEY CONNER

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL



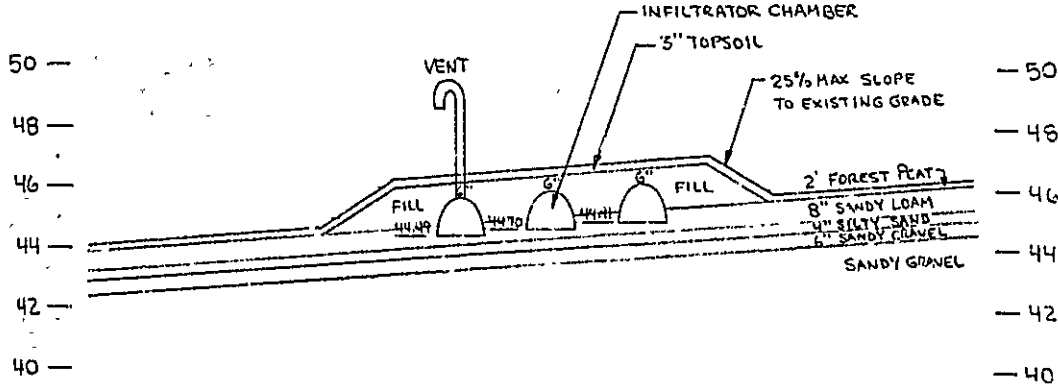
FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) 19'	Reference Elevation is 51.26	TOP OF CIT, MONUMENT NE
Depth of Fill (Downslope) 19'	Bottom of Disposal Area SEE X-SECTION	SIDELINE BEACH AVE OPPOSITE FERN AVE
	Top of Distribution Lines or Chambers SEE X-SECTION	

### DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 Inch = 5 FL

Horizontal: 1 Inch = 10 FL



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

0003/4314  
SE # IPE #

6/6/09  
Date

Page 3 of 3  
HHE-200 Rev. 4/83



CITY OF PORTLAND, MAINE

389 CONGRESS STREET  
PORTLAND, MAINE 04101  
(207) 775-5451

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF  
INSPECTION SERVICES DIVISION

Beach Avenue at Proposed Oak St.  
Long Island, Maine

October 21, 1987

TO WHOM IT MAY CONCERN:

This is to certify that three lots belonging to Shirley Conner on Long Island, being Lots 97-N-2 and 3 and Lot 97-0-2, having a total area of 33,147 square feet, are considered to be "grandfathered" as a buildable homesite subject to approval by the City Plumbing Inspector, Mr. Ernold Goodwin, of the test results as submitted with this information. A 30 foot proposed or paper street separates two of these three lots.

The above land area should be sufficient land on which to construct a single family dwelling provided public water is available. Since no public water is available on Long Island, these lots appear to meet the State Plumbing Code requirement of a minimum of 20,000 square feet for a buildable home-site.

This office would therefore recommend that the approval of the City Plumbing Inspector be obtained prior to the issuance of a building permit for construction of a single family residence on one of these three lots, with the remainder of the lots being kept vacant.

Sincerely,

*Warren J. Turner*  
Warren J. Turner  
Zoning Enforcement Inspector

cc: P. Samuel Hoffses, Chief, Inspection Services  
Ernold Goodwin, Chief Plumbing Inspector  
Arthur Rowe, Code Enforcement Officer

*This is a buildable lot  
so of the 1/2 E 200 ft.*



CITY OF PORTLAND, MAINE

389 CONGRESS STREET

PORTLAND, MAINE 04101

(207) 775-5451



DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF  
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*Warren J. Turner*  
Warren J. Turner  
Zoning Enforcement Inspector

cc: P. Samuel Hoffses, Chief, Inspection Services  
Ernold Goodwin, Chief Plumbing Inspector  
Arthur Rowe, Code Enforcement Officer

*This is a buildable lot  
as of the H/E 200 form.*

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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

PROPERTY ADDRESS		<p><b>Caution: Permit Required</b></p> <p>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.</p>
Town Or Plantation	Portland - Long Island	
Street	Portland Assessors Map 97	
Subdivision Lot #	Block N - Lots 382 Block O - Lot 2	
PROPERTY OWNERS NAME		<p><b>Caution: Inspection Required</b></p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules</p>
Last Name	Conner Shirley	
First Name	Shirley	
Applicant Name	Same	
Mailing Address of Owner/Applicant (if Different)	Island Ave Long Island, Me 04050	
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	Local Plumbing Inspector Signature
		Date Approved

PERMIT INFORMATION		
<p><b>THIS APPLICATION IS FOR:</b></p> <p>1 <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2 <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3 <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4 <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5 <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1 <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2 <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>1 <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>1 <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></p> <p>1 <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2 <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3 <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4 <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5 <input type="checkbox"/> HOLDING TANK</p> <p>6 <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7 <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8 <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9 <input type="checkbox"/> SEPARATE LAUNDRY SYSTEM</p>
<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p><b>THE FAILING SYSTEM IS:</b></p> <p>1 <input type="checkbox"/> BED      3 <input type="checkbox"/> TRENCH</p> <p>2 <input type="checkbox"/> CHAMBER      4 <input type="checkbox"/> OTHER _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1 <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2 <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4 <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p>Proposed Well</p>
<p><b>SIZE OF PROPERTY:</b> _____</p> <p><b>ZONING:</b> IR-2</p>	<p>22098 S.F. ± 11099</p>	

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</p> <p>2 <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1,000 GALS</p>	<p><b>WATER CONSERVATION</b></p> <p>1 <input checked="" type="checkbox"/> NONE</p> <p>2 <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4 <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <p>1 <input type="checkbox"/> NOT REQUIRED</p> <p>2 <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3 <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE _____ CONDITION _____</p> <p>DEPTH TO LIMITING FACTOR _____</p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1 <input type="checkbox"/> SMALL</p> <p>2 <input type="checkbox"/> MEDIUM</p> <p>3 <input type="checkbox"/> MEDIUM-LARGE</p> <p>4 <input type="checkbox"/> LARGE</p> <p>5 <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1 <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2 <input type="checkbox"/> CHAMBER _____ Sq Ft <input type="checkbox"/> REGULAR <input type="checkbox"/> H 20</p> <p>3 <input type="checkbox"/> TRENCH _____ Linear Ft</p> <p>4 <input type="checkbox"/> OTHER: _____</p>	<p><b>DESIGN FLOW:</b> _____ (GALLONS/DAY)</p>

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

On September 6, 1987 (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.

William B. Goodwin 0003/4814 10/9/87  
Site Evaluator or Professional Engineer's Signature      SE# / PE#      Date

\* Local Plumbing Inspector's Signature & a Local Site Evaluation Waiver under a Local Order

Page 1 of 3  
HHE - 200 Rev. 4/83

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Division of Health Engineering

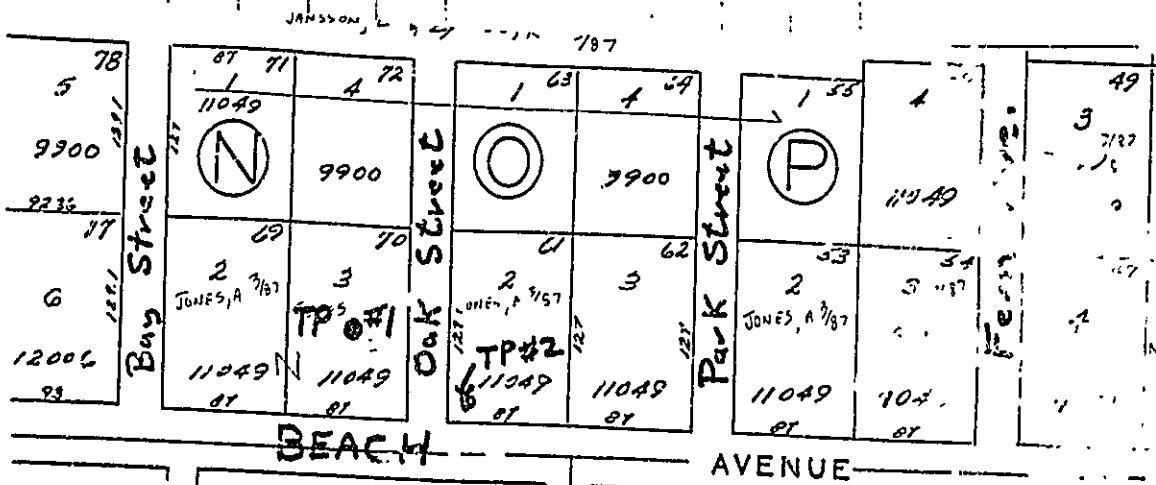
Town, City, Fl. location: Portland - Long Island Street, Road, Subdivision: Beach Ave Owners Name: Shirley Corner

Assessors 97-N-253 & 97-0-2

SITE PLAN

Scale 1" = 100.0 Ft.

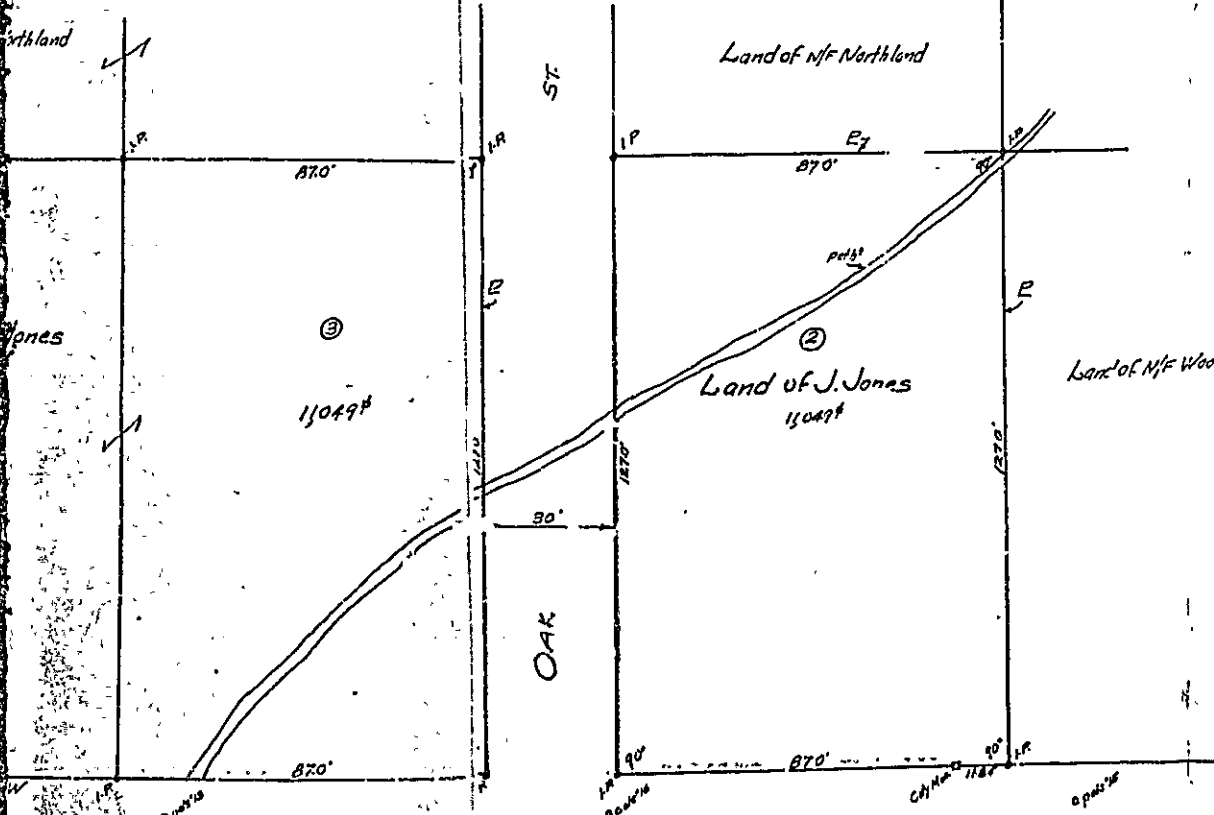
SITE LOCATION PLAN (Attach Map from Maine Atlas for Now System Variance)



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				Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring			
2" Forest Plat. Depth of Organic Horizon Above Mineral Soil				2" Sand. Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
Peaty Loam	Mod.	Dark Brown		Sandy Loam	Loose	Dark Brown	
Sandy Loam	Friable	Gray Brown	None	Sandy Gravel	Loose	Red/Yellow	None
Loamy Sand	Loose	Red Brown	Few	Gravel	Loose	Red/Yellow	Comm.
Silty Gravel	Friable	Red Brown	Standing Water				Few
							Standing H <sub>2</sub> O
Soil Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Perched Layer <input type="checkbox"/> None	Soil Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Perched Layer <input type="checkbox"/> None
	1.0.	20'			1.0.	25'	

William B. Goodwin 00314819 10/9/87  
 Site Evaluator or Professional Engineer's Signature SE# PE# Date

Mag. North 1907



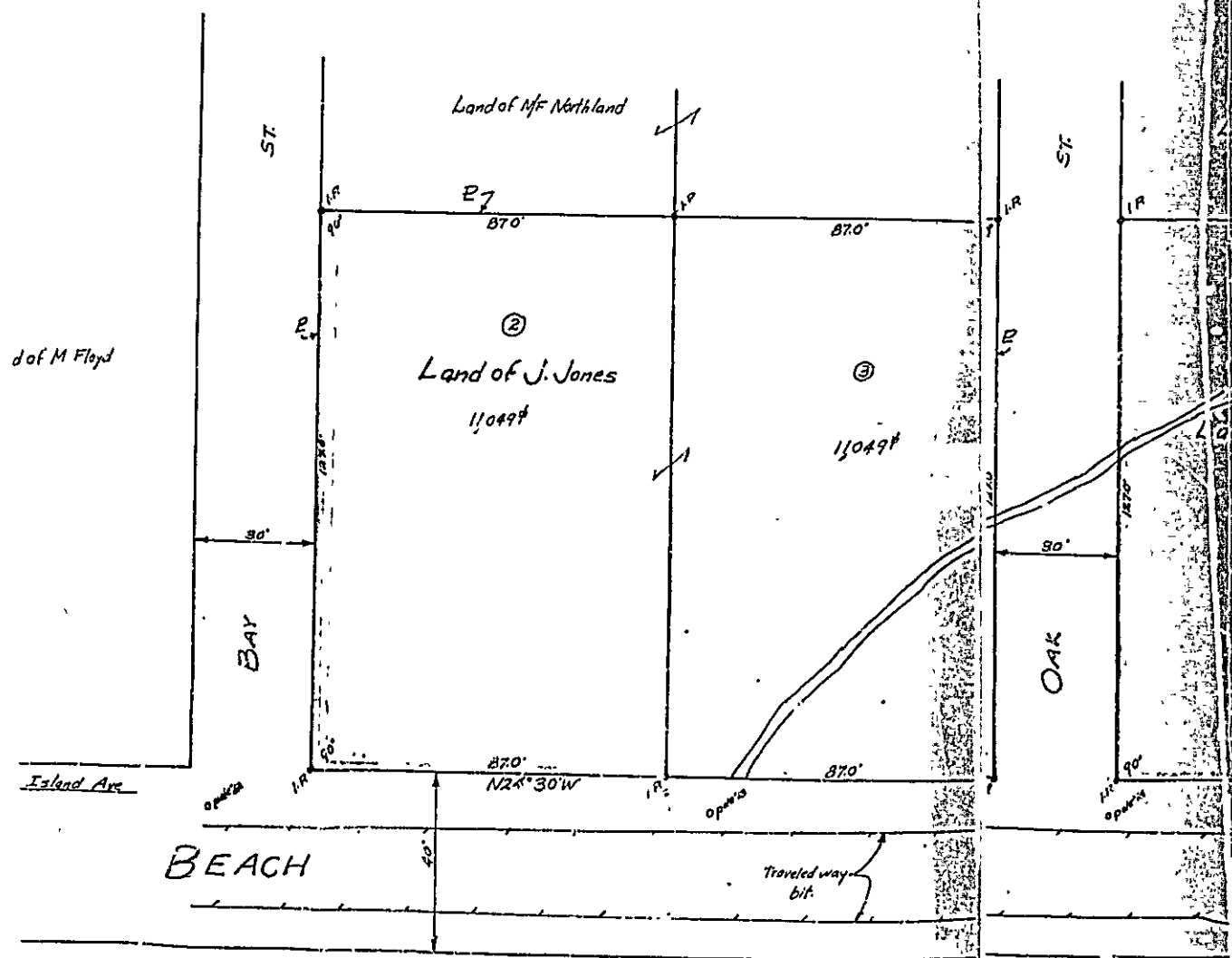
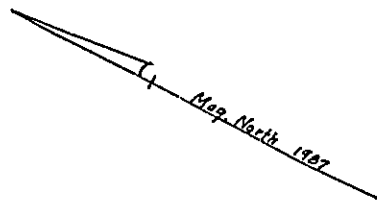
leg  
I.P. 100  
E. 21  
E. 21  
7.59  
Total

Point
LOI
PONTL.
JOH
Lloyd E. Jones
Scale: 1" = 20'
Assessors P/O

AVE.

FERN AVE.

36



d of M Floyd

Land of Mr Northland

(2)  
Land of J. Jones  
11049<sup>sq</sup>

(3)  
11049<sup>sq</sup>

BAY

OAK

BEACH

Island Ave

Traveled way  
bit.

Mag North 1987

870'

870'

870'

870'

90'

90'

90'

N24°30'W

90'