

ELECTRICAL INSTALLATIONS

Permit Number 00470

Date of Permit 1/28/19

Final Inspection 1/28/19

By Inspector [Signature]

Permit Application Register Page No. 27

CODE COMPLIANCE COMPLETED DATE

INSPECTIONS: Service called in 1/28/19 by [Signature] Closing-in [Signature]

PROGRESS INSPECTIONS: [Table with columns for date and remarks]

Main table with columns DATE and REMARKS. Contains detailed notes on electrical work, including 'MISCELLANEOUS (number of) Branch Panels', 'Air Conditioners (Control Unit)', and 'Swimming Pool Pump Control in Garage'.

Additional notes and signatures at the bottom of the page, including 'FOR REMOVAL OF A STOP ORDER' and 'INSTALLATION AND THE'.

Tom Ave

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: PORTLAND, LONG ISLAND

Street: PORTLAND ASSASSINE PLAIN 101

Subdivision/Lot #: BLOCK G, LOT 22

PROPERTY OWNERS NAME

Last: NORTLAND First: INC.

Applicant Name: THOMAS JOHNSON

Mailing Address of Owner/Applicant (if different): LONG ISLAND, ME 04050

PORTLAND PERMIT # 3,426 TOWN COPY

Date Permit Issued: 05/18/87 \$ 1,100.00 Fee Charged

Local Plumbing Inspector's Signature: [Signature] L.P.I. # 11813

Owner/Applicant Statement

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

Signature of Owner/Applicant: _____ Date: _____

Caution: 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: JUL 3 1990

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</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>THIS APPLICATION REQUIRES:</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>INSTALLATION IS COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gal-d)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</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>TYPE OF WATER SUPPLY</p> <p>To Be Determined</p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input 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>SIZE OF PROPERTY <u>291,383 ± sf</u></p> <p>ZONING <u>IR-1 & IR-2</u></p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: _____ GALS.</p>	<p>WATER CONSERVATION</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>PUMPING NOT DETERMINED</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>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>4 BEDROOM - CONSERVATIVE</u></p> <p><u>-10% Low Volume Toilet</u></p> <p>DESIGN FLOW: _____ (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>7</u> CONDITION: <u>C</u></p> <p>DEPTH TO LIMITING FACTOR: <u>15'</u></p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE & SIZE</p> <p>1. <input type="checkbox"/> BED <u>Not Determined</u> Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft.</p> <p><input type="checkbox"/> REGULAR <input type="checkbox"/> H 20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	

SITE EVALUATOR STATEMENT

On 7/29/87 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Site Evaluator or Professional Engineer's Signature: William B. Goodwin 0003/4814

Local Plumbing Inspector's Signature: _____ Date: 7/29/87

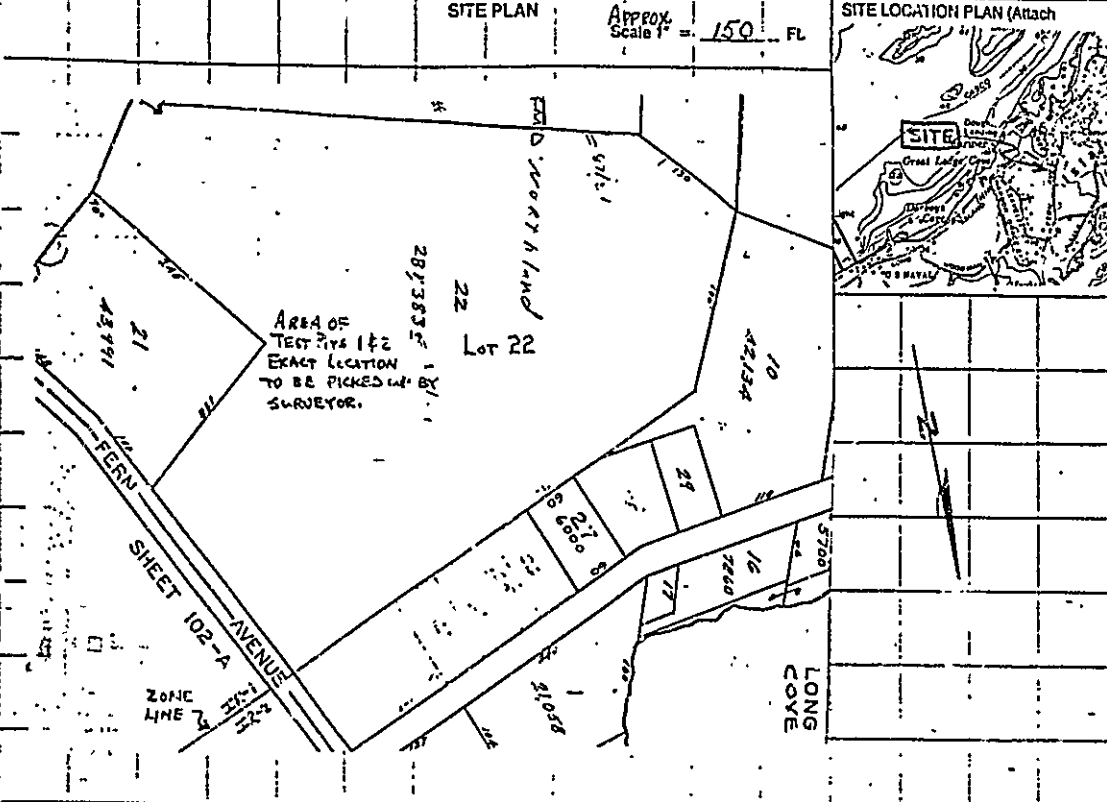
SE / PEP

Page 1 of 3

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town of Portland, Portland, Long Island
 Portland Assessor's Office, Street Road, Subdivision
 PLAN 101 BLOCKS, Lot 22 THOMAS JOHNSON
 Owners Name



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)				
Observation Hole <u>TP1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		Observation Hole <u>TP2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		
2" FOREST PEAT - Depth of Organic Horizon Above Mineral Soil		2" FOREST PEAT - Depth of Organic Horizon Above Mineral Soil		
Texture	Consistency	Color	Mottling	
0-2	LOOSE	DARK BROWN		
2-6				
6-10	MOD. FRIABLE	MED. BROWN	NONE	
10-15			FEW	
15-20				
20-30	FRIABLE	GRAY		
30-40				
40-50				
50-60				
60-70				
70-80				
80-90				
90-100				
ON 620	Soil 7 Classification C Slope 3% Limiting Factor 15	X Groundwater C Phreatic Layer C Bedrock		
ON 427	Soil 7 Classification C Slope 3% Limiting Factor 18	X Groundwater C Phreatic Layer C Bedrock		

William G. Goodwin 0003/0874 7/29/87
 Site Evaluator or Professional Engineer License No. 0003/0874 Date 7/29/87
 Page 2 of 2

PERMIT # 002595 TOWN OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Debra A. & Thomas G. Johnson

Address: PO Box 100, Portland 04050

LOCATION OF CONSTRUCTION: 101-G-22 Fern Avenue, Long Island

CONTRACTOR: Steven Whitney SUBCONTRACTORS: 766-2772

ADDRESS: same

Est. Construction Cost: \$10,000 Type of Use: single family

Past Use: _____

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

In Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Exclusion: MINOR MINOR SITE PLAN and to construct new

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE 2 site plans, 1

Residential Buildings Only: _____ construction plan

Off. Ceiling Units: _____ # Office Dwelling Units: _____ and HBE 200 form submitted.

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 _____ Spans(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

For Official Use Only

Date: Aug 31, 1989 Subdivision: Yes / No

Inside Fire Limits _____ Block _____

Bldg Code _____

Time Limit _____

Estimated Cost: \$10,000 Permit Expiration: SEP 10 1989

Value/Structure _____ Ownership: Public

Fee: \$70.00 - building fee City Of Portland

PERMIT ISSUED

\$50.00 - MINOR MINOR site plan

Ceiling:

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

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 _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date _____

Planning Board Approval: Yes _____ No _____ Date _____

Conditional Use: _____ Variance: _____ Site Plan: _____ Subdivision: _____

Shore and Floodplain Mgmt. _____ Special Exception _____

Other (Explain): _____

Date Approved: _____

Permit Received By: Nancy Grossman

Signature of Applicant: Steven Whitney Date: Aug 31 1989
AS AGENT FOR OWNER

Signature of CEO: _____ Date: _____

Inspection Dates: (7)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS		5/14/89 STATE # 3,406 \$ 40.00 <i>corrected application</i>
Town Or Plantation	PORTLAND LONG ISLAND	
Street	FERN AVENUE	
Subdivision/Lot #	TAX MAP 101 BLOCK G LOT 22	
PROPERTY OWNERS NAME		
Owner	THOMAS & DEBRA	
Applicant Name:	STEVEN WHITNEY	
Mailing Address of Owner/Applicant (If Different)	LONG ISLAND MAINE 04050	
Owner/Applicant Statement <small>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.</small>		Caution: Inspection Required <small>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules</small>
Signature of Owner/Applicant _____ Date _____		Local Plumbing Inspector Signature <u>AA</u> JAN 5 1990 Date Approved _____

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 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	THIS APPLICATION REQUIRES: 1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE <small>Attach New System Variance Form</small> <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE <small>Attach Replacement System Variance Form</small> 3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	INSTALLATION IS COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM <small>(Includes Alternative Toilet)</small> 3. <input type="checkbox"/> ENGINEERED (+2000gpd) INDIVIDUALLY INSTALLED COMPONENTS: 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
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 2. <input type="checkbox"/> TRENCH 3. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOB HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ <small>SPECIFY _____</small>	TYPE OF WATER SUPPLY DRILLED WELL
SIZE OF PROPERTY 6.46 ACRES	TOWNS IR1 & IR2	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: 1000 GALS.	WATER CONSERVATION 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: _____	PUMPING 1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED <small>(DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</small> 3. <input checked="" type="checkbox"/> REQUIRED DCSE: 15 GALS	CRITERIA USE FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER P/COROS, ETC) ? BEDROOM 450 CONSERVATIVE LOW VOLUME TOILET 45
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE 7 CONDITION C DEPTH TO LIMITING FACTOR 15"	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER 700* Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	DESIGN FLOW 405 <small>(GALLONS/DAY)</small>

SITE EVALUATOR STATEMENT * USED 28 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION SITE EVALUATION WANTED BY LOCAL OPTION
 On JUNE 20 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 2/2/89
 Site Evaluator or Professional Engineer's Signature SE# / PE# Date

* Local Plumbing inspectors 1-7-87 use of a Local Site Evaluation Waiver under a Local Option

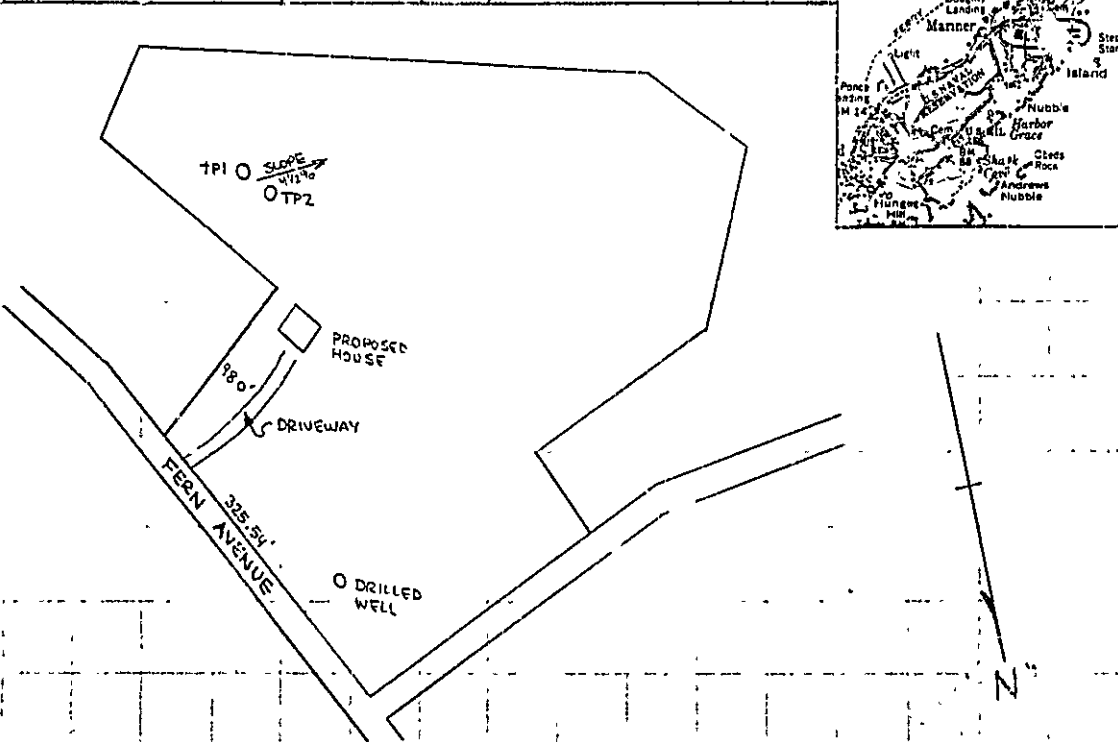
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation Street, Road, Subdivision
PORTLAND LONG ISLAND FERN AVE 101-6-22

Owners Name
THOMAS & DEBRA JOHNSON

SITE PLAN Scale 1" = 150 FT



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 PEAT - Depth of Organic Horizon Above Mineral Soil		2" FOREST PEAT - Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
	LOOSE	DARK BROWN	
8" SANDY LOAM	MODERATELY FRIASBLE	MEDIUM BROWN	NONE
10"			FEW
15"			
20" CLAY	FRIASBLE	GRAY	NONE
25"			
30" CLAY	FRIASBLE	GRAY	NONE
35"			
40"			
45"			
50"			
55"			
60"			
65"			
70"			
75"			
80"			
85"			
90"			
95"			
100"			
Soil Profile <u>7</u> Classification <u>C</u> Slope <u>15</u> Limiting Factor <u>15</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Rooting Layer <input type="checkbox"/> Bedrock	Soil Profile <u>7</u> Classification <u>C</u> Slope <u>15</u> Limiting Factor <u>15</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Rooting Layer <input type="checkbox"/> Bedrock

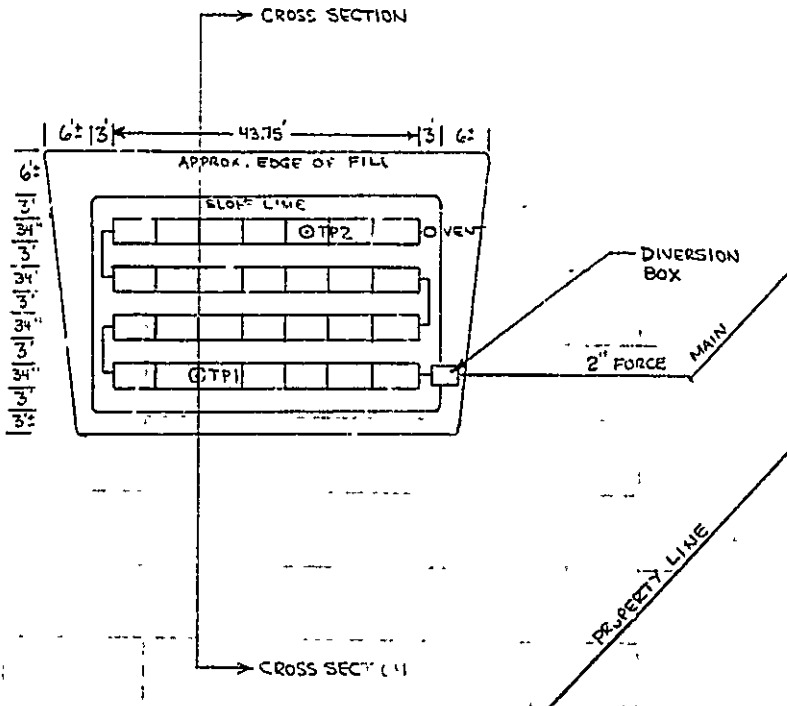
Signature: William B. Johnson 0003/4814 Date: 3/24/89
 Site Evaluator or Professional Engineer's Signature SE# / PE#

Page 2 of 3 IHE-200 Rev. 4/83

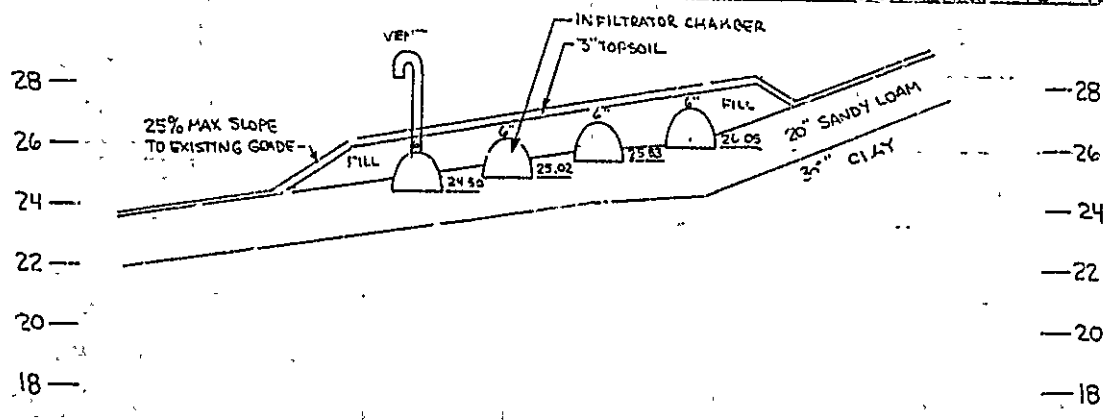
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation FORTLAND LONG ISLAND	Street, Road, Subdivision FERN AVE 101-G-22	Owners Name THOMAS FEBRA JOHNSON
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = <u>20</u> FL.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>1'</u>	Reference Elevation is <u>25.49</u>	PK NAIL IN 10" BIRCH
Depth of Fill (Down slope) <u>18"</u>	Bottom of Disposal Area <u>SEE CROSS SECTION</u>	16' FROM TP2
	Top of Distribution Lines or Chambers " " "	
DISPOSAL AREA CROSS SECTION		Scale: Vertical: 1 Inch = 5 FL. Horizontal: 1 Inch = 10 FL.



William B. Johnson
Site Evaluator or Professional Engineer's Signature

0003/4814
SE #7PE #

8/24/09
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3926

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND LONG ISLAND**

Street: **FEEN AVENUE**

Subdivision Lot #: **TAXMAP 101 BLOCK G LOT 22**

PROPERTY OWNERS NAME

Last: **JOHNSON** First: **THOMAS & DEBRA**

Applicant Name: **STEVEN WHITNEY**

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

5/18/89 Town #3,426
\$40,000
corrected application

Owner/Applicant Statement

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

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

THIS APPLICATION IS FOR:

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

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

THIS APPLICATION REQUIRES:

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

DISPOSAL SYSTEM TO SERVE:

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

INSTALLATION IS COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (Includes Alternative Toilet)
- ENGINEERED (+2003 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

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

TYPE OF WATER SUPPLY
DRILLED WELL

SIZE OF PROPERTY 6.46 ACRES **ZONING** IR1 & IR2

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: 15 GALS

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

3 BEDROOM CONSERVATIVE: 450

LOW VOLUME TOILET: 45

DESIGN FLOW: 405 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 7 | CONDITION: C
DEPTH TO LIMITING FACTOR: 15"

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq. Ft.
- CHAMBER 700* Sq. Ft.
 REGULAR P 20
- TRENCH _____ Linear Ft.
- OTHER _____

SITE EVALUATOR STATEMENT *USED 28 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION

On JUNE 20 20 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. Anderson Site Evaluator or Professional Engineer's Signature

0003/4814 SE#/PE#

8/24/89 Date

SITE EVALUATION WAIVED BY LOCAL OPTION

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

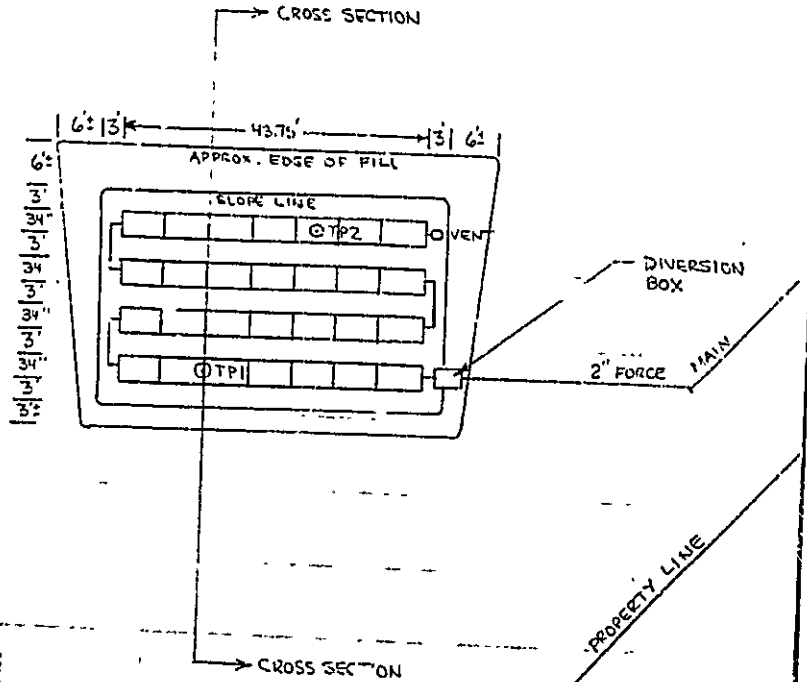
Department of Human Services
Division of Health Engineering

Town, City, Plantation
PORTLAND LONG ISLAND FERN AVE Street, Road, Subdivision
101-G-22

Owners Name
THOMAS & DEBRA JOHNSON

SUBSURFACE WASTEWATER DISPOSAL PLAN

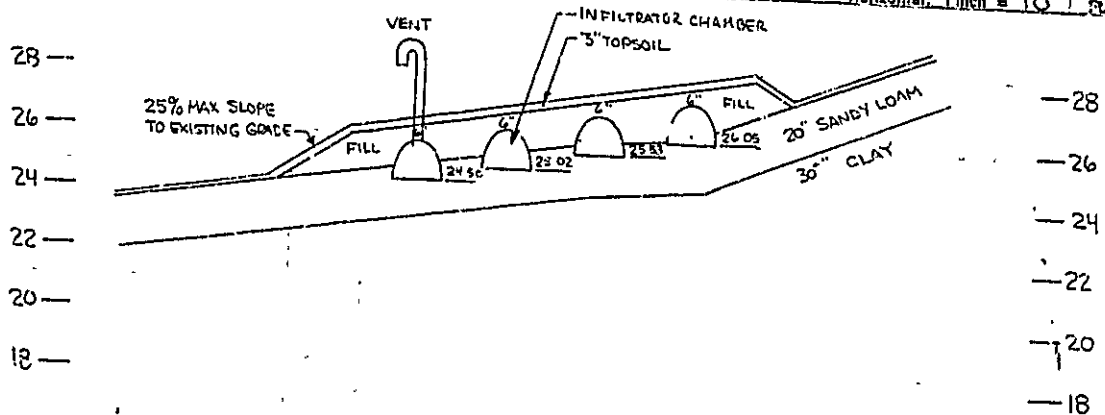
Scale 1" = 20' FL.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION PK NAIL IN 10" BIRCH 16' FROM TP2
Depth of Fill (Upslope)	17'	Reference Elevation is	25.49	
Depth of Fill (Downslope)	18'	Bottom of Disposal Area	SEE CROSS SECTION	
		Top of Distribution Lines or Cylinders		

DISPOSAL AREA CROSS SECTION

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



Stallman
Site Evaluator or Professional Engineer's Signature

0003/4814
SE #1/PE #

8/24/89
Date

CITY OF PORTLAND, MAINE
ZONING BOARD OF APPEALS



MERRILL S. SELTZER
Chairman

JOHN C. FOX
Secretary

PETER F. MORCELLI
THOMAS F. JEWELL
DAVID L. SILVERMAIL
MICHAEL E. WESTORT
CHRISTOPHER DINAN

Lot 101-6-22
Fern Avenue
Long Island

May 12, 1989

Mr. Steven Whitney
Box 100
Long Island, Maine 04050


Dear Mr. Whitney:

This is in reference to your application for a building permit for a 20 foot by 20 foot fish shed on the property owned by Debra and Thomas G. Johnson on Fern Avenue, Long Island.

We have a plot plan, but we can not identify the proposed fish shed or its location with setbacks which are required by the Zoning Ordinance in the plan which you submitted.

We must know the precise location in order to determine whether it is proposed to be within the shoreland zone. We must also receive some statement to the effect that the proposed building will not become a residence or dwelling. This should be initiated by the owner of the proposed fish shed.

Sincerely,


Warren J. Turner
Administrative Assistant

cc: P. Samuel Hoffses, Chief, Inspections Services
Arthur Addato, Code Enforcement Officer
William D. Giroux, Zoning Enforcement Officer



APPLICATION FOR AMENDMENT TO PERMIT

PERMIT ISSUED
SEP 7 1900
City Of Portland

Amendment No. 1
Portland, Maine, 9/29/90

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for amendment to Permit No. 89/2595 pertaining to the building or structure comprised in the original application in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications:

Location: 101-C-3-22 Fern Avenue, Island Within Fire Limits? _____
Owner's name and address: Araven Whitney, Box 94 Long Island Telephone: 405
Lessee's name and address: _____ Telephone: _____
Contractor's name and address: _____ Telephone: _____
Architect: _____ Telephone: _____
Proposed use of building: 1-family dwelling Plans filed: _____ No. of sheets: _____
Last use: _____ No. families: _____
Increased cost of work: \$45,000. Additional fee: \$245.

Description of Proposed Work

Increased cost of work: _____

dated 9.6.90

Details of New Work

Is any plumbing involved in this work? _____ Is any electrical work involved in this work? _____
Height average grade to top of plate _____ Height average grade to highest point of roof _____
Size front _____ depth _____ No. stories _____ solid or filled land? _____ earth or rock? _____
Material of foundation _____ Thickness, top _____ bottom _____ cellar _____
Material of underpinning _____ Height _____ Thickness _____
Kind of roof _____ Rise per foot _____ Roof covering _____
No. of chimneys _____ Material of chimneys _____ of lining _____
Framing lumber - Kind _____ Dressed or full size? _____
Corner posts _____ Sills _____ Girt or ledger board? _____ Size _____
Girders _____ Size _____ Columns under girders _____ Size _____ 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 _____
Or centers: 1st floor _____ 2nd _____ 3rd _____ roof _____
Maximum span: 1st floor _____ 2nd _____ 3rd _____ roof _____

Approved: _____
Signature of Owner: *[Signature]*

INSPECTION COPY -- WHITE
APPLICANT'S COPY -- YELLOW
FILE COPY -- PINK
ASSESSOR'S COPY -- GREEN
Approved: _____
Inspector of Buildings

[Handwritten signature]



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date June 28, 1989
 Receipt and Permit number 000670

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: 101-G-19 Fern Ave., Long Island, Maine
 OWNER'S NAME: Thomas & Debra Johnson ADDRESS: Box 94A, Long Island, ME

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip, Fluorescent _____ ft. _____	
SERVICES:	
Overhead <input checked="" type="checkbox"/> Underground _____ Temporary <input checked="" type="checkbox"/> TOTAL amperes <u>11</u>	3.00
	.50
METERS: (number of) <u>1</u>	
MOTCRS: (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 (window) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT _____	INSTALLATION FEE DUE:
FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____	DOUBLE FEE DUE:
	TOTAL AMOUNT DUE: <u>5.00 Min.</u>

INSPECTION:
 Will be ready on 6-28, 1989, or Will Call _____
CONTRACTOR'S NAME: Seacoast Electric Co.
ADDRESS: 58 Fore St., Portland
TEL: 774-6179
MASTER LICENSE NO.: 03088 Harry Papke **SIGNATURE OF CONTRACTOR:** *Harry Papke*
LIMITED LICENSE NO.: _____

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