

ELECTRICAL INSTALLATIONS -

Permit Number 78617Location 104-B-20 Easton Ave Long BeachOwner F. D. DebraDate of Permit 7-7-82Final Inspection 10-26-83By Inspector W. MillerPermit Application Register Page No. 122

INSPECTIONS: Service Temp by Libby
 Service called in in before
 Closing-in _____ by _____

PROGRESS INSPECTIONS: 7-28-83 / _____
10-26-83 / _____
 _____ / _____
 _____ / _____
 _____ / _____
 _____ / _____

CODE
 COMPLIANCE
 COMPLETED
 DATE 7-26-83

REMARKS:

7-28-83 Service on tree? check later.

Long Beach

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 283-3826

PROPERTY ADDRESS

Town Or Plantation: Portland
 Street: Portland
 Subdivision Lot #: 112-B-22

PROPERTY OWNERS NAME

Last: Daly First: Francis
 Applicant Name: Francis W. Daly
 Mailing Address of Owner/Applicant (if different): 1372-1414

0186 PORTLAND *** 05170 ***

Date Permit Issued: 11.18.83

Local Plumbing Inspector Signature: _____ L.P.I. #: _____

FEE: \$ _____ Fee is Charged

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: [Signature] Date: 11/18/83

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

THIS APPLICATION REQUIRES:

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

INSTALLATION IS COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (Includes Alternative Toilet)
- ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED: _____

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: _____

DISPOSAL SYSTEM TO SERVE:

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

TYPE OF WATER SUPPLY

Well

SIZE OF PROPERTY: 1/2 Acre ZONING: R-3

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: 1,000 GALS

WATER CONSERVATION

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

SPECIFY: _____

PUMPING

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

DOSE: _____ GALS

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

DESIGN FLOW: _____ (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
_____	_____

DEPTH TO LIMITING FACTOR: _____

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq Ft
- CHAMBER _____ Sq Ft
 REGULAR H 20
- TRENCH _____ Linear Ft
- OTHER: _____

SITE EVALUATOR STATEMENT

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

Site Evaluator or Professional Engineer's Signature: [Signature] SE # / PE # _____ Date: 11-18-83

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

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

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APPLICATION FOR AMENDMENT TO PERMIT

PERMIT ISSUED

OCT 27 1983

CITY of PORTLAND

Amendment No. 1

Portland, Maine, Oct. 24, 1983

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for amendment to Permit No. 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 104-B-22 Eastern Ave., Long Island Within Fire Limits? Dist. No.
 Owner's name and address Thomas E. LLOYD - Elliott St. Norwood, Mass. Tele.
 Lessee's name and address Telephone
 Contractor's name and address Francis Drake - P. O. Box 1378 - 04104 Telephone 775-1832
 Architect Plans filed No. of sheets
 Proposed use of building ... summer cottage No. families 1
 Last use No. families
 Increased cost of work \$8,000 Additional fee 50.00

Description of Proposed Work

To increase cost of work applied for on original permit.

Details of New Work

Is any plumbing involved in this work? no Is any electrical work involved in this work? no
 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 ressed or full size?
 Corner posts Sills Girt or ledge: 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 3 feet.
 Joists and rafters: 1st floor 2nd 3rd roof
 On centers: 1st floor 2nd 3rd roof
 Maximum span: 1st floor 2nd 3rd roof

Approved:

7

Signature of Owner *Francis Drake*

Approved:

Inspector of Buildings

FILE COPY

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Long Island Park
 Street: Long Island Park Road
 Subdivision Lot #: 104-1B-32

PROPERTY OWNERS NAME

Last: Waring First: Francis

Applicant Name: Francis Waring

Mailing Address of Owner/Applicant (If Different): Same

0163 PERM AND *** 05170 ***

Date Permit Issued: 1/10/83 FEE: 4.00 Double Charge:

Local Plumbing Inspector Signature: James J. ... L.P.I. # 1163

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: Francis Waring Date: 1-4-83

Caution: Inspection Required

I have inspected the installation authorized above and found it to conform with the applicable Wastewater Disposal Rules.

Local Plumbing Inspector Signature: James J. ... Date Approved: 1-17-83

PERMIT INFORMATION

THIS APPLICATION IS FOR:

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

THIS APPLICATION REQUIRES:

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

INSTALLATION IS COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (Includes Alternative Toilet)
- ENGINEERED (+ 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

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

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED: _____

THE FAILING SYSTEM IS:

- BED 3 TRENCH
- CHAMBER 4 OTHER _____

DISPOSAL SYSTEM TO SERVE:

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

TYPE OF WATER SUPPLY

Well

SIZE OF PROPERTY: 1A ZONING: Residential

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: 1,000 GALS

WATER CONSERVATION

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

SPECIFY _____

PUMPING

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

DOSE: _____ GALS

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

DESIGN FLOW: 47 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 3 CONDITION: C

DEPTH TO LIMITING FACTOR: 29

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

- BED: 1-60 Sq Ft
- CHAMBER: _____ Sq Ft
- TRENCH: _____ Linear Ft
- OTHER _____

SITE EVALUATOR STATEMENT

On 1-4-83 (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. ... Date: 1-4-83

Local Plumbing Inspector Signature if a Local Site Evaluator Waiver under a Local Option: _____ Date: _____

TOWN COPY

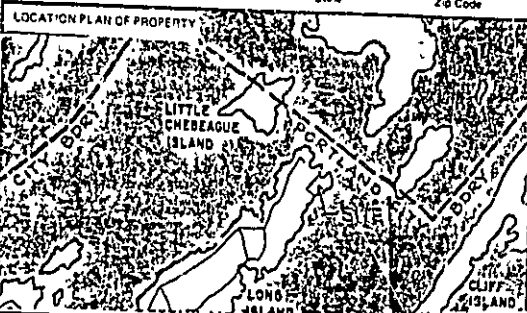
The Application is For New System Replacement Of Entire System Expanded System
 Replacement Of Disposal Area Only Conversion Permit

Variance None Required Replacement System Variance With LPI Approval Dept Review
 New System Variance

PROPERTY LOCATION
PORTLAND - LONG ISLAND Town, Plantation
EASTERN AVE Street Road
TAX MAP 104 BLOCK B Subdivision Name
22 Lot No.

PROPERTY OWNER OR APPLICANT
THOMAS LLOYD
 Mailing Address
23 ELIOT STREET (617) 769-4691
NORWOOD MASS. 02062
 Town State Zip Code

TYPE OF STRUCTURE DESIGN FLOW
 Single Family Dwelling Number of Bedrooms **3** Design Flow **450** GPD
 Design Flow based on Minimum Moderate Conservative
 Reduction in Design Flow due to Water Conservation
 If so specify type (s) _____
 Other Establishment Spec _____ Type of Facility _____
 (Number of Employees Seating Capacity Building Size etc)
 Design Flow _____ GPD
 If greater than 2000 GPD, Specify Professional Engineer _____



PROPERTY INFORMATION
 Area of Property **1** Sq Ft Acres Zoned Not Zoned
 If zoned type of zoning **RESIDENTIAL**
 Property on Water Body, if so Name of Water Body **ATLANTIC OCEAN**
 Water Supply is Public Utility Drilled Well **P** ditch
 Dug Well _____ depth Well Point Spring Surface Water

TEXTURAL DESCRIPTION OF EACH SOIL STRATA ENCOUNTERED	Observation Hole No. 1		Observation Hole No. _____		Observation Hole No. _____	
	Organic Strata or (Existing Fill) Thickness 3	1st Original Mineral Soil Strata Depth from 0 to 10 Thickness 10	Organic Strata or (Existing Fill) Thickness _____	1st Original Mineral Soil Strata Depth from 0 to _____ Thickness _____	Organic Strata or (Existing Fill) Thickness _____	1st Original Mineral Soil Strata Depth from 0 to _____ Thickness _____
2nd RED BROWN SANDY LOAM Depth from 10 to 16 Thickness 6	2nd		2nd		2nd	
3rd YELLOW SAND Depth from 16 to 29 Thickness 13	3rd		3rd		3rd	
4th GRAY SILTY SAND Depth from 29 to 60 Thickness 31	4th		4th		4th	
Total Depth of Observation Hole 60	Total Depth of Observation Hole _____		Total Depth of Observation Hole _____		Total Depth of Observation Hole _____	
Depth from top of ORIGINAL MINERAL SOIL Maximum Seasonal High Ground <input type="checkbox"/> None Evident <input checked="" type="checkbox"/> Water Table Depth 24 Depth to Restrictive Layer <input type="checkbox"/> None Evident <input checked="" type="checkbox"/> 29 Depth to Bedrock <input checked="" type="checkbox"/> None Evident	Maximum Seasonal High Ground <input type="checkbox"/> None Evident <input checked="" type="checkbox"/> Water Table Depth _____ Depth to Restrictive Layer <input type="checkbox"/> None Evident <input checked="" type="checkbox"/> _____ Depth to Bedrock <input checked="" type="checkbox"/> None Evident		Maximum Seasonal High Ground <input type="checkbox"/> None Evident <input checked="" type="checkbox"/> Water Table Depth _____ Depth to Restrictive Layer <input type="checkbox"/> None Evident <input checked="" type="checkbox"/> _____ Depth to Bedrock <input checked="" type="checkbox"/> None Evident		Maximum Seasonal High Ground <input type="checkbox"/> None Evident <input checked="" type="checkbox"/> Water Table Depth _____ Depth to Restrictive Layer <input type="checkbox"/> None Evident <input checked="" type="checkbox"/> _____ Depth to Bedrock <input checked="" type="checkbox"/> None Evident	
PROFILE 3 CONDITION C SLOPE 4%	PROFILE _____ CONDITION _____ SLOPE _____%		PROFILE _____ CONDITION _____ SLOPE _____%		PROFILE _____ CONDITION _____ SLOPE _____%	

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2

TYPE OF SYSTEM <input checked="" type="checkbox"/> Combined System <input type="checkbox"/> Separated System If separated system type of black waste disposal system to be LWD <input type="checkbox"/> Compost <input type="checkbox"/> Pit Privy <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Other _____ Specify _____ <input type="checkbox"/> Separated Laundry System <input type="checkbox"/> Primitive System <input type="checkbox"/> Holding Tank	TREATMENT TANK <input checked="" type="checkbox"/> Static Tank <input type="checkbox"/> Aerobic Tank Size 1000 Gals DOSAGE <input checked="" type="checkbox"/> Pumping is not required <input type="checkbox"/> Pumping is required The dose should be _____ Gals Dosage chamber capacity shall be _____ gals <input checked="" type="checkbox"/> System should be vented	SUBSURFACE DISPOSAL AREA/TYPE <input type="checkbox"/> Trench Disposal Area Total linear feet of trench _____ ft Number of Trench lines _____ ft Length of each trench line _____ ft Depth of Stone _____ inches Reduction on trench length due to stone depth _____ % <input checked="" type="checkbox"/> Bed Disposal Area Total bed area 1500 sq ft Number of beds 1 Width 20 ft Length 75 ft <input type="checkbox"/> Chamber Disposal Area Total chamber area _____ sq ft Number of chambers _____ Width _____ ft length _____ ft <input type="checkbox"/> H 20 required	SYSTEM SIZE RATING <input type="checkbox"/> Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large DISPOSAL AREA ELEVATION Depth of Upslope Fill required _____ inches Depth of Downslope Fill required 38 inches Reference Elevation Point established at 100.00 Elevation Disposal Area Bottom to be established at 99.05 Elevation Top of Distribution Lines or Top of Chambers 100.13 Elevation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The proposed subsurface disposal area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook-stream, river), swamps, marshes, and bogs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The proposed subsurface disposal area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies
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FOR USE BY SITE EVALUATOR
 On **10-21-81** (date), a site investigation for this project was completed. I conducted a soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.

Signature of Site Evaluator **William B. Goodwin** Site Evaluator License Number **3003**
 Date signed **12/1/81**

FOR USE BY OWNER/APPLICANT
 I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.

Signature of Owner/Applicant **W. J. ...**
 Date Signed _____

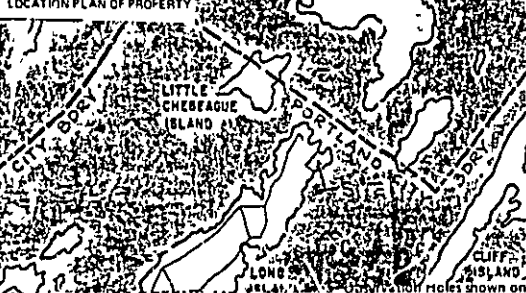
FOR USE BY LPI: This Application is approved if conditions specify This Application is Denied due to System is not in accordance with Rules Applies on its own merits Application is unclear Development is in violation of other Regulations Specify _____

Signature of LPI _____ Date _____

PERMIT NO **00163** E
 Date Issued **1/8**

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

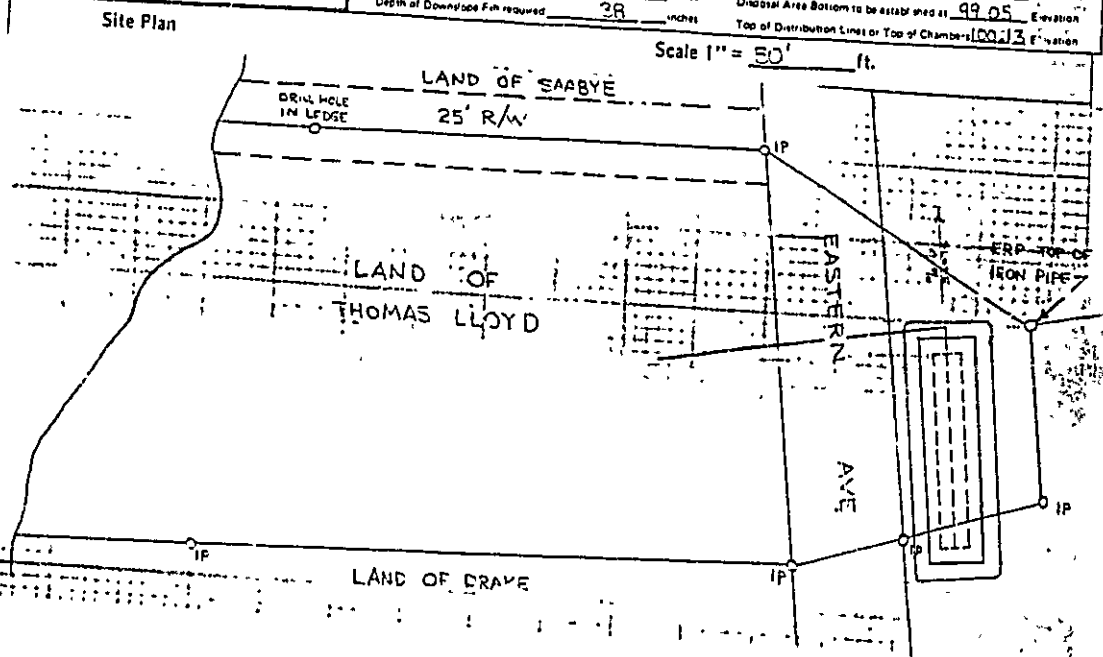
This is NOT A Permit. This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

This Application is For: <input checked="" type="checkbox"/> New System <input type="checkbox"/> Replacement of Entire System <input type="checkbox"/> Expanded System <input type="checkbox"/> Replacement of Disposal Area Only <input type="checkbox"/> Conversion Permit		Variance: <input checked="" type="checkbox"/> None Required <input type="checkbox"/> New System Variance <input type="checkbox"/> Replacement System Variance With LPI Approval <input type="checkbox"/> Dept. Review	
PROPERTY LOCATION PORTLAND - LONG ISLAND Town Plantation		EASTERN AVE Street Road	
PROPERTY OWNER or APPLICANT THOMAS LLOYD		TAX MAP 104-BLOCK B Subscription Name	
Mailing Address 23 ELIOT STREET		Tel. No. (617) 769-4691	
NORWOOD MASS Town State		02062 Zip Code	
LOCATION PLAN OF PROPERTY 		TYPE OF STRUCTURE DESIGN FLOW <input checked="" type="checkbox"/> Single Family Dwelling Number of Bedrooms 3 Design Flow 450 GPD Design Flow based on <input type="checkbox"/> Minimum <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Conservative <input type="checkbox"/> Reduction in Design Flow due to Water Conservation If so specify type is) _____ <input type="checkbox"/> Other Establishment. Specify _____ Type of Facility _____ (Number of Employees Seating Capacity Building Size etc) Design Flow _____ GPD If greater than 2000 GPD Specify Professional Engineer	
PROPERTY INFORMATION Area of Property 1 Sq Ft <input checked="" type="checkbox"/> Acres <input checked="" type="checkbox"/> Zoned <input type="checkbox"/> Not Zoned If zoned type of zoning RESIDENTIAL Property on Water Body, If so Name of Water Body ATLANTIC OCEAN Water Supply is <input type="checkbox"/> Public Utility <input checked="" type="checkbox"/> Drilled Well P depth _____ <input type="checkbox"/> Dug Well _____ depth <input type="checkbox"/> Well Point <input type="checkbox"/> Spring <input type="checkbox"/> Surface Water			
TEXTURAL DESCRIPTION OF EACH SOIL STRATA ENCOUNTERED	Observation Hole No. 1 <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	Observation Hole No. _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring	Observation Hole No. _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring
	Organic Strata or (Existing Fill) SOD Thickness 3	Organic Strata or (Existing Fill) _____ Thickness _____	Organic Strata or (Existing Fill) _____ Thickness _____
	1st Original Mineral Soil Strata BROWN SANDY LOAM Depth from 0 to 10 Thickness 10	1st Original Mineral Soil Strata _____ Depth from 0 to _____ Thickness _____	1st Original Mineral Soil Strata _____ Depth from 0 to _____ Thickness _____
	2nd RED BROWN SANDY LOAM Depth from 10 to 16 Thickness 6	2nd _____ Depth from _____ to _____ Thickness _____	2nd _____ Depth from _____ to _____ Thickness _____
	3rd YELLOW SAND Depth from 16 to 29 Thickness 13	3rd _____ Depth from _____ to _____ Thickness _____	3rd _____ Depth from _____ to _____ Thickness _____
	4th GRAY SILTY SAND Depth from 29 to 60 Thickness 31	4th _____ Depth from _____ to _____ Thickness _____	4th _____ Depth from _____ to _____ Thickness _____
Total Depth of Observation Hole 60	Total Depth of Observation Hole _____	Total Depth of Observation Hole _____	
Maximum Seasonal High Ground <input type="checkbox"/> None evident <input checked="" type="checkbox"/> Water Table Depth 24	Maximum Seasonal High Ground <input type="checkbox"/> None Evident <input type="checkbox"/> Water Table Depth _____	Maximum Seasonal High Ground <input type="checkbox"/> None evident <input type="checkbox"/> Water Table Depth _____	
Depth to Restrictive Layer <input type="checkbox"/> None evident <input checked="" type="checkbox"/> 29	Depth to Restrictive Layer <input type="checkbox"/> None evident <input type="checkbox"/> _____	Depth to Restrictive Layer <input type="checkbox"/> None evident <input type="checkbox"/> _____	
Depth to Bedrock <input checked="" type="checkbox"/> None evident	Depth to Bedrock <input type="checkbox"/> None is evident	Depth to Bedrock <input type="checkbox"/> None is evident	
PROFILE 3 CONDITION C SLOPE 4%	PROFILE _____ CONDITION _____ SLOPE _____%	PROFILE _____ CONDITION _____ SLOPE _____%	
DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2			
TYPE OF SYSTEM <input checked="" type="checkbox"/> Combined System <input type="checkbox"/> Separated System If separated system, type of black waste disposal system to be used: <input type="checkbox"/> Comp. Pit <input type="checkbox"/> Pit Privy <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Other _____ Specify _____ <input type="checkbox"/> Separated - but dry System <input type="checkbox"/> Primitive System <input type="checkbox"/> Holding Tank	TREATMENT TANK <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Aerobic Tank Size 1000 Gals. DOSAGE <input checked="" type="checkbox"/> Pumping is not required <input type="checkbox"/> Pumping is required The dose should be _____ Gals. Dosage number capacity will be _____ gals. <input checked="" type="checkbox"/> System should be vented	SUBSURFACE DISPOSAL AREA TYPE <input type="checkbox"/> Trench Disposal Area Total linear feet of trench _____ ft Number of Trench lines _____ ft Length of each trench line _____ ft Depth of Stone _____ inches Reduction on trench length due to stone depth _____ % <input checked="" type="checkbox"/> Bed Disposal Area Total bed area 1500 sq. ft Number of beds 1 Width 20 ft Length 75 ft <input type="checkbox"/> Chamber Disposal Area Total chamber area _____ sq. ft Number of clusters _____ Width _____ ft Length _____ ft <input type="checkbox"/> H 20 required	SYSTEM SIZE RATING <input type="checkbox"/> Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large DISPOSAL AREA ELEVATION Depth of Upflow - If required _____ inches Depth of Downflow - If required 38 inches Reference Elevation on Point established at 100.00 Elevation Disposal Area Bottom to be established at 99.05 Elevation Top of Distribution Lines or Top of Chambers 100.13 Elevation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The proposed subsurface disposal area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook stream, river), swamps, marshes, and bays. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The proposed subsurface disposal area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.
FOR USE BY SITE EVALUATOR On 10-21-81 (date), a site investigation for this project was completed. I conducted the soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.		Signature of Site Evaluator <i>William R. Goodwin</i> Site Evaluator License Number 0003 Date signed 12/11/81	
FOR USE BY OWNER/APPLICANT I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.		Signature of Owner/Applicant <i>Thomas Lloyd</i> Date Signed _____	
FOR USE BY LPI <input type="checkbox"/> This Application is Denied due to _____ <input type="checkbox"/> Application is incomplete <input type="checkbox"/> Application is unclear <input type="checkbox"/> Development is in violation of other Regulations See _____		Signature of LPI _____ Date _____	
		PERMIT NO. 11143 Date Issued 1/8	

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

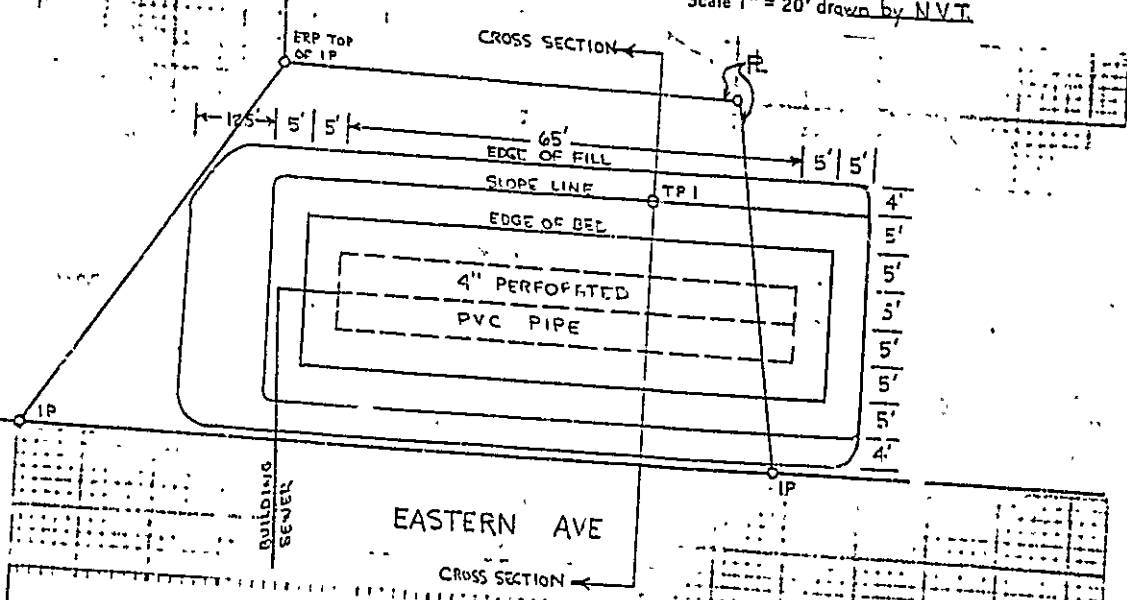
Page 2 of 2

PROPERTY LOCATION PORTLAND - LONG ISLAND Town Platification	EASTERN AVE Street Road	TAX MAP 104 BLOCK E Subdivision Name	Lot No. _____
PROPERTY OWNER or APPLICANT THOMAS LLOYD	DISPOSAL AREA ELEVATION Depth of Upslope Fill required _____ inches Depth of Downslope Fill required _____ inches		Reference Elevation Point established at 100.00 Elevation Disposal Area Bottom to be established at 99.05 Elevation Top of Distribution Lines or Top of Chambers 100.13 Elevation



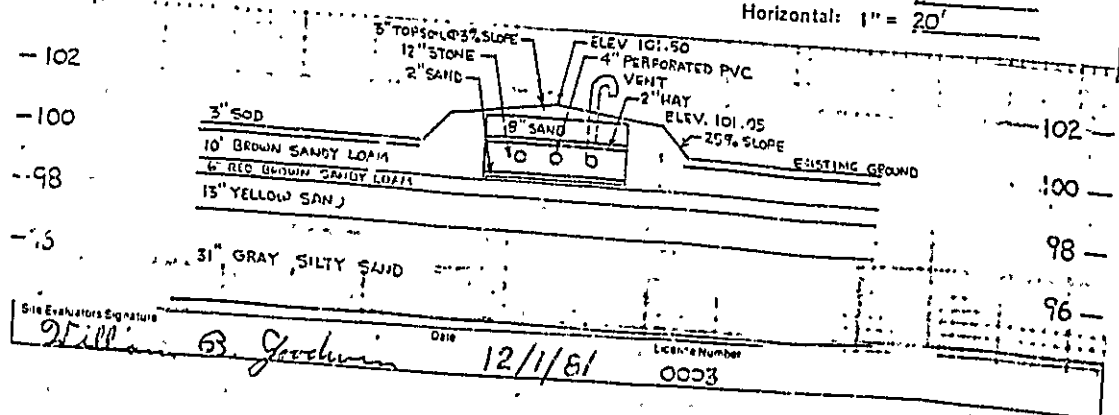
Subsurface Wastewater Disposal Plan

Scale 1" = 20' drawn by N.V.T.



Subsurface Wastewater Disposal Area Cross-section

Scale: Vertical: 1" = 5'
Horizontal: 1" = 20'



Site Evaluator Signature: *William B. Gochman* Date: *12/1/81* License Number: *0003*

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APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION 0685
ZONING LOCATION PORTLAND, MAINE ... JUL 21, 1985

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND MAINE

CITY OF PORTLAND

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

LOCATION 104-E-20 Baston Ave. Long Island Fire District #1 [] #2 []

1. Owner's name and address Francis P. Drake, P. E. Box 1378-04104 Telephone 775-1032

2. Lessee's name and address Telephone

3. Contractor's name and address Owner Telephone

Proposed use of building Boat Dock - rebuilding No. of sheets

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$ 1,500 ... Appeal Fees \$

FIELD INSPECTOR-Mr. @ 775-5451 Base Fee 30.00

Late Fee

TOTAL \$

To rebuild existing dock as per plans. 1 sheets of plans

Send permit to # 1 04104

Stamp of Special Conditions

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

DETAILS OF NEW WORK

Is any plumbing involved in this work? NO Is any electrical work involved in this work? NO

Is connection to be made to public sewer? If not, what is proposed for sewage?

Has septic tank notice been sent? Form not sent?

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

Kind of roof Rise per foot Roof covering

No. of chimneys Material of chimneys of lining Kind of heat fuel

Framing Lumber-Kind Dressed or full size? Corner posts Sills

Size Girder 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

On centers: 1st floor 2nd 3rd roof

Maximum span: 1st floor 2nd 3rd roof

If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE MISCELLANEOUS

BUILDING INSPECTION-PLAN EXAMINER Will work require disturbing of any tree on a public street? NO

ZONING: BUILDING CODE: Will there be in charge of the above work a person competent

Fire Dept.: to see that the State and City requirements pertaining thereto

Health Dept.: are observed? YES

Others:

Signature of Applicant [Signature] Phone # same

Type Name of above Francis P. Drake 1 [] 2 [] 3 [] 4 []

Other and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

Board of Harbor Commissioners for the Harbor of Portland

PERMIT

To Mr. Francis P. Drake Eastern Avenue, Long Island, Maine 104-13-20

The undersigned, Board of Harbor Commissioners for the Harbor of Portland, having carefully considered your application, dated the Ninth day of April 19 85, for a permit authorizing the building and maintaining of a dock at Eastern Ave., Long Island, Assessor's Map 104B20.

and having given public notice of the pendency of said application as required by law, and therein designated Thursday, the Sixth day of June 19 85, at 5:00 o'clock in the afternoon prevailing time, as the time when they would meet at So. Portland City Hall, 25 Cottage Rd, in the Council Chambers and examine the same, and hear all parties interested; and having met at the time and place mentioned and examined the location of said proposed dock

and hear all parties interested, issue to you this permit authorizing you to proceed under all applicable local and federal regulations hereinafter stated and to maintain the same within the limits mentioned, namely:

See map attached to original permit. Nothing in this permit shall be construed to justify or authorize any invasion to the private rights of others. Moreover, nothing in this permit shall limit or modify the authority of the Portland Board of Harbor Commissioners within their applicable statute. A tested copy submitted to U.S. Army Corps of Engineers DEP, City of Portland and So. Portland.

The work authorized by this permit to be completed on or before the Sixth day of September 19 85.

Whereof the members of said Board have hereunto set their hands, and affixed the corporate seal of said Board this Sixth day of June 19 85

A True Attest Copy

Doreen G. Blake, Clerk

Emmett R. ... Board of Harbor Commissioners for the Harbor of Portland

RECEIVED

JUN 23 1985



CITY OF PORTLAND

JOSEPH E. GRAY, JR.
DIRECTOR OF PLANNING
AND URBAN DEVELOPMENT

July 1, 1985

Mr. Francis P. Drake
P. O. Box 1378
Portland, ME 04104

Re: 104-B-20 Eastern Avenue, Long Island


Dear Sir:

Your application to rebuild existing dock has been reviewed and a building permit is herewith issued subject to the following requirements:

1. This permit is for the rebuilding of the dock and for the structure only.
2. Before any work begins, all required permits from D.E.P. and the U. S. Army Corp. of Engineers must be obtained.

If you have any questions on these requirements, please call 775-5451, Ext. 346.

Sincerely,



P. Samuel Hoffaas,
Chief of Inspection Services

PSH/jmr

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION 0 685

ZONING LOCATION PORTLAND, MAINE ... June 27, 1985

PERMIT ISSUED

1985

CITY of PORTLAND

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

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

LOCATION ... 1 ... 2nd Ave., Long Island ... Fire District #1 [] #2 []
1. Owner's name ... P. Drake ... P.O. Box 1378-04104 Telephone ... 775-1832
2. Lessee's name ... Telephone ...
3. Contractor ... Telephone ...
Proposed use of building ... dock building ... No. of sheets ...
Last use ... No. families ...
Material ... No. stories ... Heat ... Style of roof ... Roofing ...
Other buildings on same lot ...
Estimated contractual cost \$... 1,500 ...

FIELD INSPECTOR--Mr. ... @ 775-5451
Appeal Fees \$...
Base Fee ... 30.00
Late Fee ...
TOTAL \$...

To rebuild existing dock as per plans.
1 sheets of plans

Send permit to # 1 04104

State of Special Conditions
PERMIT ISSUED
WITH LETTER

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

DETAILS OF NEW WORK

Is any plumbing involved in this work? ..no..... Is any electrical work involved in this work? ..no.....
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notification been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solid or fill'd land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber--Kind Dressed or full size? Corner posts Sills
Size Girder 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
On centers: 1st floor 2nd 3rd roof
Maximum span: 1st floor 2nd 3rd roof
If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

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

APPROVALS BY: DATE: MISCELLANEOUS
BUILDING INSPECTION--PLAN EXAMINER Will work require disturbing of any tree on a public street? ...no
ZONING
BUILDING CODE: Will there be in charge of the above work a person competent
Fire Dept.: to see that the State and City requirements pertaining thereto
Health Dept.: are observed? ...yes
Others:

Signature of Applicant ... Phone # ... same

Type Name of above ... Francis P. Drake ... 1 [] 2 [] 3 [] 4 []

Other ... and Address

PERMIT ISSUED
FIELD INSPECTOR'S COPY
WITH LETTER

APPLICANT'S COPY

OFFICE FILE COPY

Handwritten signature and initials at the bottom left.

NOTES

7-23-85 - Site OK (HP) *ad*
 8-1-86 - WIP/OIS. *ad*
 11-5-86 - " / " *ad*
 6-17-87 - " / " *ad*
 7-30-87 - OK. *ad*

Alteration *Removal of shed*

Garage

Dwelling

Approved *9-2-85*

Date of permit *6-27-85*

Owner *Sharon L. Unalva*

Location *107-B-210 South Ave*

Permit No. *85/683*

[The main body of the form is crossed out with a large 'X' and contains no legible text.]