

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3526

PROPERTY ADDRESS

Town Or
Plantation: Eastern of Long Island

Street:
Subdivision: 109-B Eastern Ave.

PROPERTY OWNERS NAME

Last: Murphy First: Theresa

Applicant
Name:

Mailing Address of
Owner/Applicant
(if Different)

PORTLAND PE 11T # 489 TOWN COPY

\$ 4.00 FEE
L.P.I. # 1123 Disks
Charged

Local Plumbing Inspector Signature: [Signature]

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understanding 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: [Signature] Date Approved: OCT 18 1994

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NEW SYSTEM <input type="checkbox"/> REPLACEMENT SYSTEM <input type="checkbox"/> EXPANDED SYSTEM <input type="checkbox"/> SEASONAL CONVERSION <input type="checkbox"/> EXPERIMENTAL SYSTEM 	<p>THIS APPLICATION REQUIRES:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NO RULE VARIANCE REQUIRED <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Replacement System Variance Form <input checked="" type="checkbox"/> Requires only Local Plumbing Inspector Approval <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval 	<p>INSTALLATION IS COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <input type="checkbox"/> NON-ENGINEERED SYSTEM <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) <input type="checkbox"/> ENGINEERED (+2000 gpd) <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> TREATMENT TANK (ONLY) <input type="checkbox"/> HOLDING TANK <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS</p> <ol style="list-style-type: none"> <input type="checkbox"/> RED <input type="checkbox"/> CHAMBER <input type="checkbox"/> TRENCH <input type="checkbox"/> OTHER _____ 	<p>DISPOSAL SYSTEM TO SERVE:</p> <ol style="list-style-type: none"> <input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER _____ SPECIFY _____ 	<p>TYPE OF WATER SUPPLY</p>
<p>SIZE OF PROPERTY _____ ZONING _____</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Lo./ Profile <input type="checkbox"/> AEROBIC <p>SIZE: _____ GALS.</p>	<p>WATER CONSERVATION</p> <ol style="list-style-type: none"> <input type="checkbox"/> NONE <input type="checkbox"/> LOW VOLUME TOILET <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM <input type="checkbox"/> ALTERNATIVE TOILET <p>SPECIFY: _____</p>	<p>PUMPING</p> <ol style="list-style-type: none"> <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) <input type="checkbox"/> REQUIRED <p>DOSE: _____ GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE _____ CONDITION _____</p> <p>DEPTH TO LIMITING FACTOR _____</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> MEDIUM-LARGE <input type="checkbox"/> LARGE <input type="checkbox"/> EXTRALARGE 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> <input type="checkbox"/> BED _____ Sq Ft <input type="checkbox"/> CHAMBER _____ Sq Ft <input type="checkbox"/> TRENCH _____ Linear Ft <input type="checkbox"/> OTHER _____ <p style="text-align: center;"><input type="checkbox"/> REGULAR <input type="checkbox"/> H 20</p>	<p>DESIGN FLOW: _____ (GALLONS/DAY)</p>

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: _____ SE# / PE# _____ Date: _____

Page 1 of 3
HHE - 200 Rev 4/83

TOWN COPY

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 New System Replacement Of Entire System Expanded System Replacement Or Disposal Area Only Conversion Permit

Variance None Required Replacement System Variance (With LPI Approval) Dept Review

PROPERTY LOCATION: **PORTLAND - LONG ISLAND** (Town Plantation) **EASTERN AVE** (Street Road) **TAX MAP 104 BLOCK B** (Subdivision Name) Lot No. _____

PROPERTY OWNER OR APPLICANT: **THOMAS LLOYD**

TYPE OF STRUCTURE, DESIGN FLOW: Single Family Dwelling Number of Bedrooms: **3** Design Flow: **450** GPD

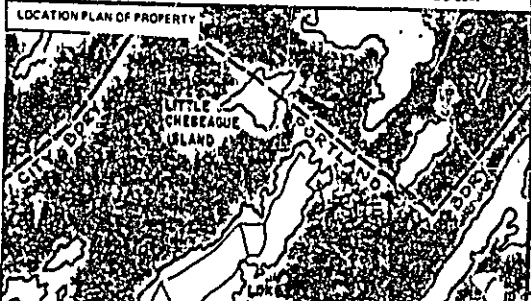
Design Flow based on: Minimum Moderate Conservative

Reduction in Design Flow due to Water Conservation: If so, specify type (s) _____

Other Establishment: _____ Specify _____ Type of Facility _____

(Number of Employees, Seating Capacity, Building Size, etc.) _____

Design Flow: _____ GPD If greater than 2000 GPD Specify Professional Engineer

LOCATION PLAN OF PROPERTY: 

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 Billed Well **P** depth _____
 Dug Well _____ depth Well Point Spring Surface Water

TEXTURAL DESCRIPTION OF EACH SOIL STRATS ENCOUNTERED	OBSERVATION HOLE NO. 1		OBSERVATION HOLE NO. 2		OBSERVATION HOLE NO. 3			
	Test Pit	Boring	Test Pit	Boring	Test Pit	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 checked="" type="checkbox"/> None evident Water Table Depth 24		Maximum Seasonal High Ground <input type="checkbox"/> None evident Water Table Depth _____		Maximum Seasonal High Ground <input type="checkbox"/> None evident Water Table Depth _____			
Depth to Restrictive Layer	<input type="checkbox"/> None evident 29		Depth to Restrictive Layer <input type="checkbox"/> None evident		Depth to Restrictive Layer <input type="checkbox"/> None evident			
Depth to Bedrock	<input checked="" type="checkbox"/> None evident		Depth to Bedrock <input type="checkbox"/> None evident		Depth to Bedrock <input type="checkbox"/> None evident			
PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE
3	C	4%			%			%

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

TYPE OF SYSTEM: Combined System Separated System

If separated system, type of discharge disposal system to be used: Compost Pit Privy Sealed Vault Privy Other _____

Specify: Separated Laundry System Primitive System Holding Tank

TREATMENT TANK: Septic Tank Aerobic Tank Size **1000** Gals

DOSAGE: Pumping is not required Pumping is required The dose should be _____ Gals. Dosage chamber capacity shall be _____ Gals. System should be vented

SUBSURFACE DISPOSAL AREATYPE: Trench Disposal Area Total linear feet of trench _____ ft Number of Trench lines _____ ft Length of each trench line _____ ft Depth _____ inches Reduction on trench length due to stone depth _____ % Rod Disposal Area Total bed area **1500** sq ft Number of beds **1** Width **20** ft Length **75** ft Chamber Disposal Area Total chamber area _____ sq ft Number of chambers _____ Width _____ ft Length _____ ft H 20 required

SYSTEM SIZE RATING: Small Medium Medium Large Large Extra Large

DISPOSAL AREA ELEVATION: Depth of Upslope Fill required **0** 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.

Yes 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.

Yes 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 this 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. Jordan** Site Evaluator License Number: **0003**

Date signed: **12/1/81**

FOR USE BY OWNER/APPLICANT: I certify that all the information submitted to be true and correct to my best of my knowledge. I understand that any fabrication 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: **THOMAS LLOYD** **Guaranteed Paper**

FOR USE BY LPI: This Application is approved if conditions, specify _____ This Application is Denied due to _____ System is not in accordance with Rules Application is incomplete Application is unclear Development is in violation of other Regulations. Specify _____

Signature of LPI: **[Signature]** Date: **6/8/84**

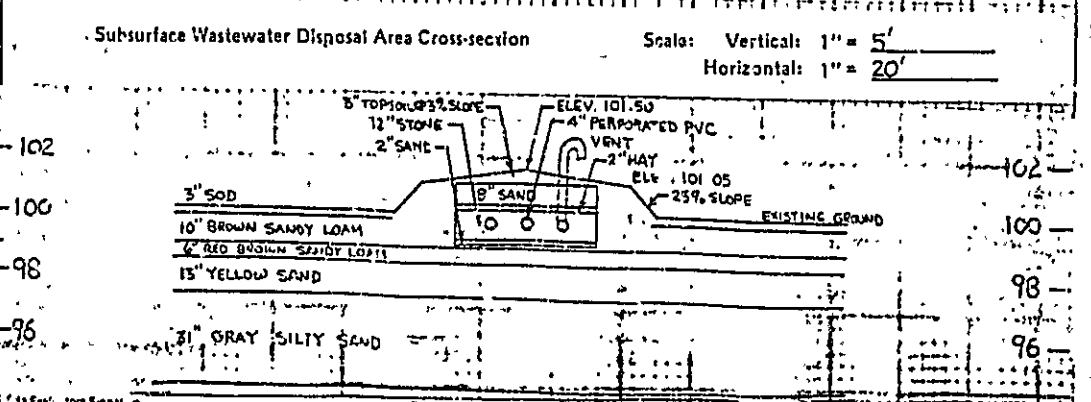
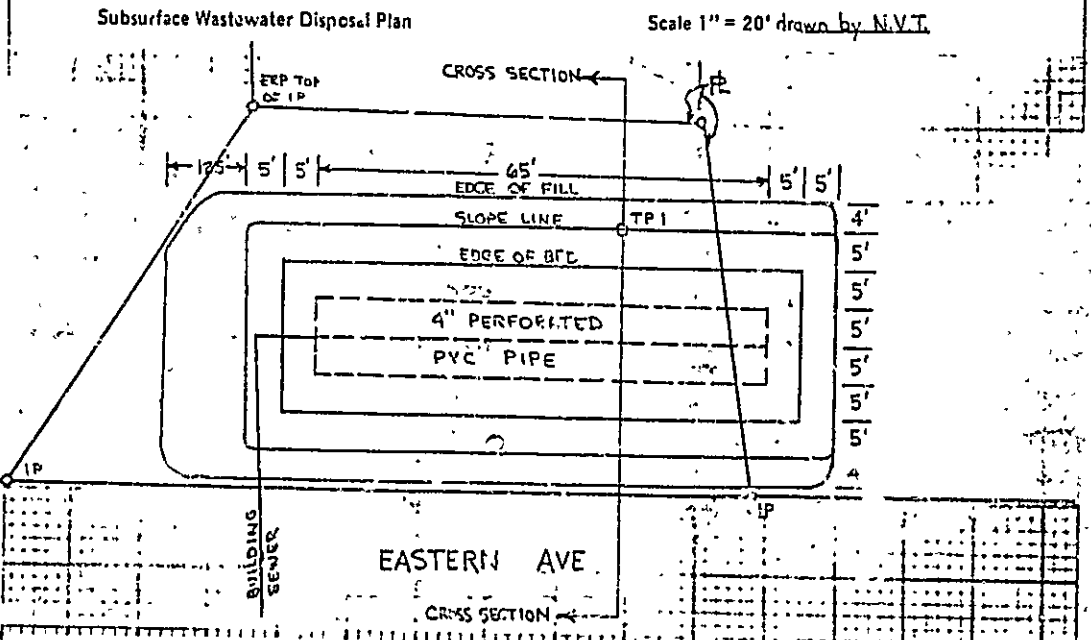
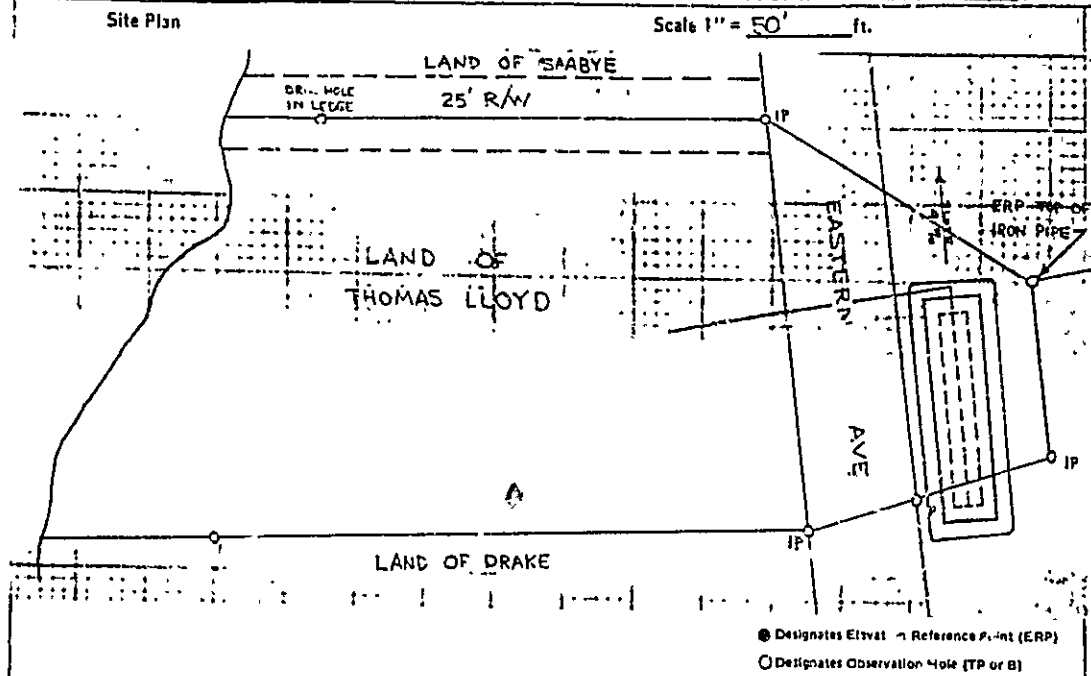
PERMIT NO: **489** Date Issued: **6/8/84**

HHE 200 RV/80

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

Page 2 of 2

PROPERTY LOCATION PORTLAND - LONG ISLAND <small>Town, Platification</small>	EASTERN AVE <small>Street Name</small>	TAX MAP 104 BLOCK B <small>Subdivision Name</small>	<small>Lot No.</small>
PROPERTY OWNER OR APPLICANT THOMAS LLOYD	DISPOSAL AREA ELEVATION Depth of Ledge Fill required <u>0</u> inches Depth of Chamber Fill required <u>38</u> inches	Reference Elevation Point established at <u>100.00</u> Elevation Disposal Area Bottom to be established at <u>99.05</u> Elevation Top of Chamber Lined or Top of Chamber <u>100.13</u> Elevation	



Drawn by: *William B. Gardner* Date: **12/1/01** License Number: **0003**

HHE 200-A RV7/80



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 104-B-22 Eastern Ave. Long Island

Issued to Thomas Lloyd

Date of Issue October 18, 1984

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. 83-941, 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

Summer Cottage

Limiting Conditions:

This certificate supersedes
certificate issued

Approved

10-18-84 *[Signature]*

(Date)

Inspector

[Signature]
Inspector of Buildings

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



CITY OF PORTLAND

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

September 12, 1983

Thomas & Mary Lloyd
103 Elliott Street
Norwood, Mass.

Dear Sir:

Your application for a building permit to construct a 26' x 34 summer cottage at 104-13-22 Eastern Avenue, Long Island, Maine, has been reviewed and a building permit is herewith issued subject to the following requirements:

Site Plan Requirements:

Building Division:	OK	8-24-83	P.S.H.
Fire Department:	OK	8-24-83	P.S.H.

Public Works:

Disposal system has been designed by licensed Site Evaluators. Disposal area extends over PL easement or acquisition in fee of additional land should be indicated on plan. Access to the site, total area of the site and treatment of any disturbed land should be indicated. 8-29-83 Robert Roy

Planning Division:


1. Disturbed areas shall be suitably treated to prevent erosion.
2. Site Plan will show land area.
3. Project shall be in compliance with shoreland regulations.
4. Applicant shall document that he has an appropriate interest in the total land area of the leach field. Richard Knowland - 9-7-83.

Building Requirements:

1. Please supply this office with a copy of the required easements.
2. Plumbing and electrical permits must be obtained before work is started.

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

Sincerely,


P. Samuel Haffes
Chief of Inspection Services

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION 00941

ZONING LOCATION ... A-3 ... PORTLAND, MAINE August-19, 19-3

SEP 14 1933

CITY OF PORTLAND

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

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

- LOCATION 104-B-22 Eastern Ave. Long Island ... Fire District #1 [] #2 []
1. Owner's name and address Thomas & Mary Lloyd - 103 Elliott St. Norwood, Mass. Telephone
2. Lessee's name and address
3. Contractor's name and address Drake Equipment - 156 Veranda St. Telephone 775-1832

Proposed use of building .. summer cottage No of sheets
Last use No families
Material No stories Heat Style of roof Roofing
Other buildings on same lot
Estimated contractual cost \$12,000.00

FIELD INSPECTOR-Mr. @ 775-5451

Appeal Fees \$
Site plan fee .300.00
Late Fee
TOTAL \$ 70.00

Site plan review
Construct summer cottage, 26' x 34', as per plan.

Stamp 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? ... yes.
Is any electrical work involved in this work? ... yes.
Is connection to be made to public sewer? ... If not, what is proposed for sewage?
Has septic tank notice 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 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 MISC. / ANEQUOUS
BUILDING INSPECTION-PLAN EXAMINER Will work require disturbing of any tree on a public street?
ZONING: Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?
BUILDING CODE:
Fire Dept.:
Health Dept.:
Others:

Signature of Applicant Thomas D. Lloyd Phone # same
Type Name of above Thomas D. Lloyd

PERMIT ISSUED WITH LETTER

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY

Handwritten signature/initials

NOTES

10-26-83 - Frame, siding, roof &
 base supports - O.K. WIP/O.S. needs
 to Amend cost. *aa*
 8-21-84 - Exterior complete
 O.K. Interior work in
 progress. *aa*
 10-10-84 Complete.
 Issues a cert of occupancy *aa*

Permit No. 83/911
 Location 109 B-22
 Owner James J. J. J.
 Date of permit 8-19-83
 Approved 9-14-83
 Dwelling Cottage
 Garage
 Alteration

IT'CAL

Long Island

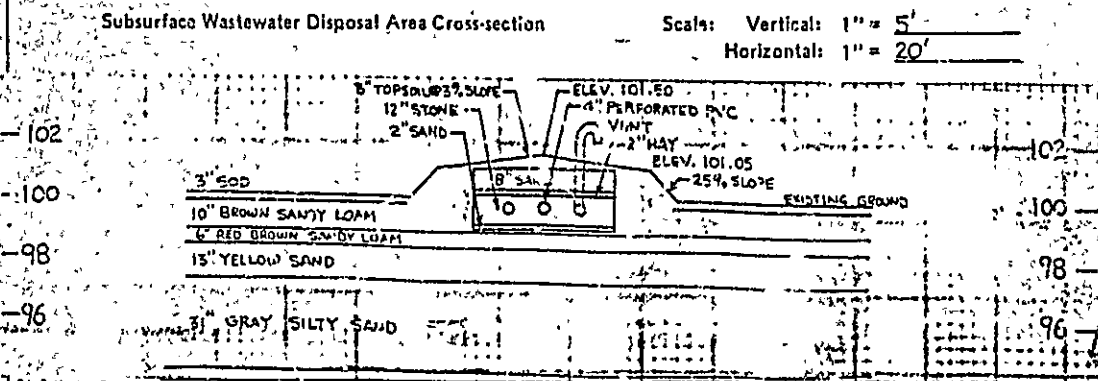
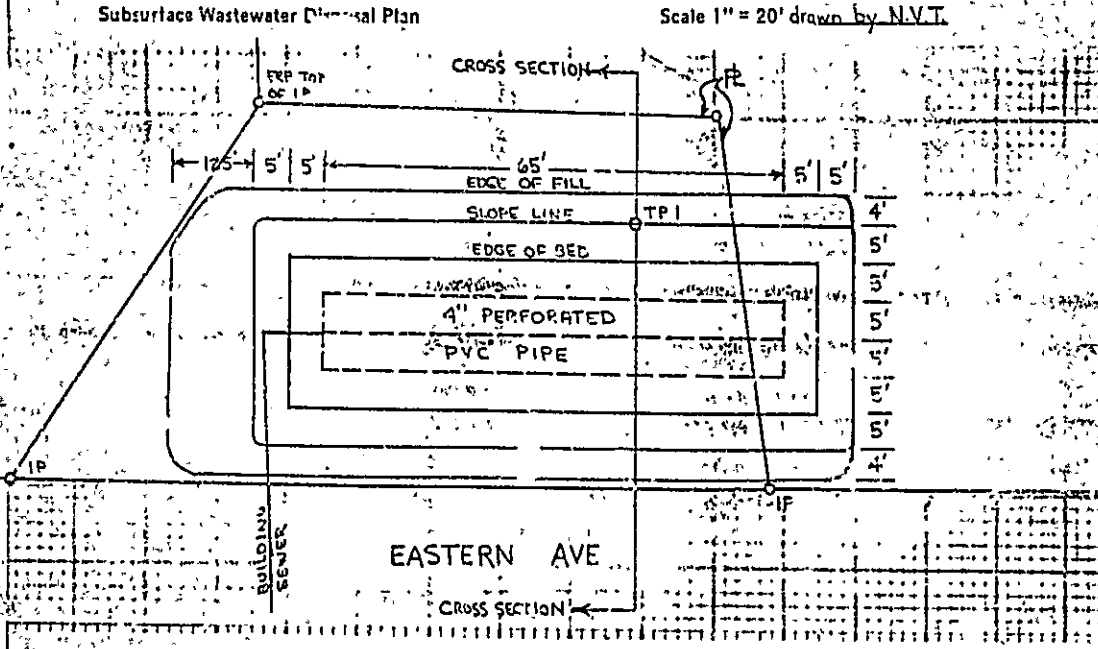
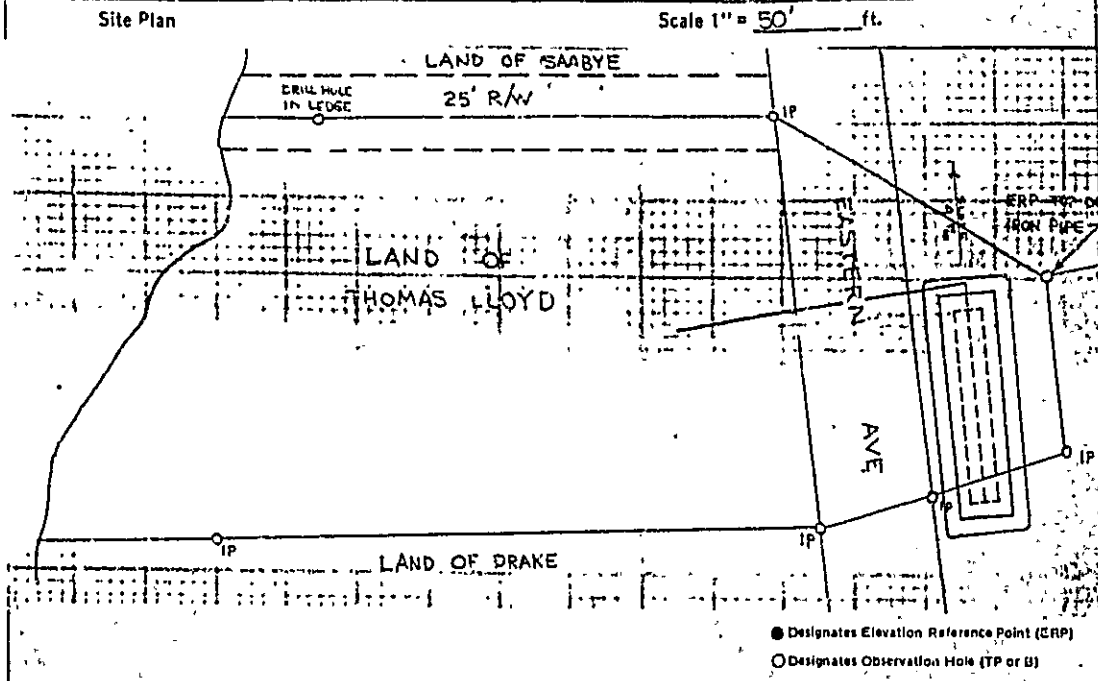
APPLICATION FOR SUBSURFACE WASTE WATER DISPOSAL PERMIT

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"/> Replacement System Variance With LPI Approval <input type="checkbox"/> Duct Review <input type="checkbox"/> New System Variance	
PROPERTY LOCATION PORTLAND - LONG ISLAND Town Plantation		EASTERN AVE Street Road		TAX MAP 104 BLOCK B Subdivision Name	
PROPERTY OWNER OR APPLICANT THOMAS LLOYD		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 (s) _____			
Mailing Address 23 ELIOT STREET		Tel. No. (617) 769-4691			
TOWN NORWOOD MASS		ZIP CODE 02062			
LOCATION PLAN OF PROPERTY 					
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 STRATS ENCOUNTERED					
Observation Hole No. 1 <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		Organic Strata or (Existing Fall) SOD Thickness 3		1st Original Mineral Soil Strata BROWN SANDY LOAM Depth from 0 " to 10 " Thickness 10	
2nd RED BROWN SANDY LOAM Depth from 10 " to 16 " Thickness 6		3rd YELLOW SAND Depth from 16 " to 29 " Thickness 13		4th GRAY SILTY SAND Depth from 29 " to 60 " Thickness 31	
Total Depth of Observation Hole 60					
Depth from top of ORIGINAL MINERAL SOIL		Maximum Seasonal High Ground <input type="checkbox"/> None evident Water Table Depth 24		Depth to Restrictive Layer <input type="checkbox"/> None evident 29	
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"/> C - post <input type="checkbox"/> P - tray <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"/> 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 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	
FOR USE BY SITE EVALUATOR On 10-21-81 (date), a site investigation for this project was completed. I conducted this 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. Jordan		Site Evaluator License No. 00003	
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 person is intended or implied by reason of any advice or approval given.		Date signed 12/1/81		Signature of Owner/Applicant	
FOR USE BY LPI <input type="checkbox"/> This Application is approved, if conditions, specify _____ <input type="checkbox"/> This Application is Denied due to _____ <input type="checkbox"/> Application is incomplete <input type="checkbox"/> System is not in accordance with Rules <input type="checkbox"/> Applicant is unclear <input type="checkbox"/> Developer is in violation of other Regulations. Specify _____		Signature of LPI		Date _____	
		PERMIT NO. [] [] [] [] [] [] [] [] [] []		Date Issued 1/8	

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

PROPERTY LOCATION PORTLAND - LONG ISLAND <small>Town, Plantation</small>		EASTERN AVE <small>Street, Road</small>		TAX MAP 104 BUCK B <small>Subdivision Name</small>		LCI	
PROPERTY OWNER or APPLICANT THOMAS LLOYD		DISPOSAL AREA ELEVATION Depth of Upper Fill Required <u>0</u> inches Depth of Downside Fill Required <u>38</u> inches		Reference Elevation Point established at <u>110.00</u> Elevation. Disposal Area Bottom to be established at <u>99.05</u> Elevation. Top of Disposal Chamber Lines of Top of Chambers <u>100.13</u> Elevation.			



Site Engineer's Signature: *William B. Goodwin* Date: *12/11/81* License Number: *0003*



APPLICATION FOR AMENDMENT TO PERMIT

Amendment No. 1

Portland, Maine, Oct. 24, 1983

PERMIT ISSUED

OCT 27 1983

CITY OF PORTLAND

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 With a Fire Limits? Dist. No.

Owner's name and address: Thomas D. Lloyd - Elliott St., New York, Mass. Telephone

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

Kind of roof Rise per foot Roof covering

No. of chimneys Material of chimneys of limit

Framing lumber—Kind Dressed or full size?

Corner posts Girt or ledger board? Size

Girts Size Columns and/or girders Size Max. on centers

Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span eye-8 feet.

Joists and rafters: 1st floor 2nd 3rd roof

On centers: 1st floor 2nd 3rd roof

Maximum span: 1st floor 2nd 3rd roof

Approved:

Signature of Owner *[Signature]*

Approved: *[Signature]*

Inspector of Buildings

INSPECTION COPY