

104B 23 EASTERN AVE LONG ISLAND

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3626

PROPERTY ADDRESS

Town Or Plantation: Plantation

Street Subdiv. or Lot #: 104-B-23-101

PROPERTY OWNERS NAME

Last: Trumble First: Leanne

Applicant Name: Trumble

Mailing Address of Owner/Applicant (if different): Trumble

0162 PORTLAND *** 05170 ***

Date Permit Issued: 11.04.83

Local Plumbing Inspector Signature: _____

FEE: _____

L.P.I. #: _____

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: 10/18/83

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: [Signature] Date Approved: 10/21/83

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 gpd)</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>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>TYPE OF WATER SUPPLY</p> <p><u>Public</u></p>
<p>SIZE OF PROPERTY</p> <p><u>3 1/2 A</u></p>	<p>ZONING</p> <p><u>Residential</u></p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1,000</u> GALS</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input checked="" 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 style="text-align: center; font-size: 2em;">450</p> <p>DESIGN FLOW: _____ (GALLONS/DAY)</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> <p>1. <input checked="" type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft.</p> <p style="padding-left: 20px;"><input type="checkbox"/> REGULAR <input type="checkbox"/> H 20</p> <p>3. <input type="checkbox"/> FRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	

SITE EVALUATOR STATEMENT SITE EVALUATION WANTED BY LOCAL OPTION

On 10/18/83 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Wastewater Disposal Rules.

Signature of Evaluator or Professional Engineer's Signature: [Signature] Date: 10/18/83

Local Plumbing Inspector Signature (if a Local Site Evaluation Waiver under a Local Option): _____

SE / PE # 003 / 4819

TOWN COPY

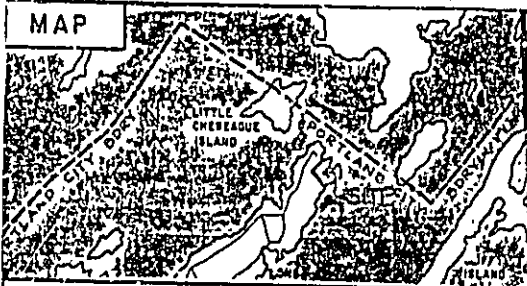
Page 1 of 3
IHE-200 Rev 4/83

This Application is for: New System Replacement of Entire System Expanded System Replacement System Variance With Variance None Required Replacement System Variance With Replacement of Disposal Area Only Conversion Permit New System Variance LPI Approval Dept Review

PROPERTY LOCATION: Portland-Long Island Town/Parishion Eastern Ave Street Road Tax Map 104 Blk B Subdivision Name 2310 Lot No.

PROPERTY OWNER or APPLICANT: Thomas D. Malco
 Mailing Address: 19 Birchvalley Dr 773-8933 Tel No.
Portland, Maine 04102 Zip Code

TYPE OF STRUCTURE, DESIGN FLOW
 Single Family Dwelling Number of Bedrooms 3 Design Flow 150 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



PROPERTY INFORMATION
 Area of Property 33 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 2 depth Dug Well _____ depth Well Point Spring Surface Water

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2

TEXTURAL DESCRIPTION OF EACH SOIL STRATA 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) <u>topsoil</u> Thickness <u>2</u>			Organic Strata or (Existing Fill) <u>sod</u> Thickness <u>3</u>		Organic Strata or (Existing Fill) _____ Thickness _____	
1st Original Mineral Soil Strata <u>gray brown sandy loam</u> Depth from 0 " to <u>11</u> " Thickness <u>8</u>			1st Original Mineral Soil Strata <u>brown sandy loam</u> Depth from 0 " to <u>6</u> " Thickness <u>6</u>		1st Original Mineral Soil Strata _____ Depth from 0 " to _____ " Thickness _____	
2nd <u>red brown sandy gravel</u> Depth from <u>8</u> " to <u>26</u> " Thickness <u>18</u>			2nd <u>red brown very stoney gravel</u> Depth from <u>6</u> " to <u>27</u> " Thickness <u>21</u>		2nd _____ Depth from _____ " to _____ " Thickness _____	
3rd <u>red brown very stony gravel</u> Depth from <u>26</u> " to <u>46</u> " Thickness <u>20</u>			3rd <u>gray clay</u> Depth from <u>27</u> " to <u>46</u> " Thickness <u>19</u>		3rd _____ Depth from _____ " to _____ " Thickness _____	
4th <u>gray brown very stony gravel</u> Depth from <u>46</u> " to <u>48</u> " Thickness <u>2</u>			4th _____ Depth from _____ " to _____ " Thickness _____		4th _____ Depth from _____ " to _____ " Thickness _____	
Total Depth of Observation Hole <u>48</u>			Total Depth of Observation Hole <u>46</u>		Total Depth of Observation Hole _____	
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 <u>26</u>		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"/> _____			Depth to Restrictive Layer <input type="checkbox"/> None evident <input checked="" type="checkbox"/> <u>27</u>		Depth to Restrictive Layer <input type="checkbox"/> None evident <input type="checkbox"/> _____	
Depth to Bedrock <input type="checkbox"/> None evident <input checked="" type="checkbox"/> _____			Depth to Bedrock <input type="checkbox"/> None evident <input checked="" type="checkbox"/> _____		Depth to Bedrock <input type="checkbox"/> None evident <input type="checkbox"/> _____	
PROFILE <u>6</u> CONDITION <u>R</u> SLOPE <u>0%</u>			PROFILE <u>3</u> CONDITION <u>C</u> SLOPE <u>0%</u>		PROFILE _____ CONDITION _____ SLOPE _____%	

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

<p>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"/> 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</p>	<p>TREATMENT TANK <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Aerobic Tank Size <u>1000</u> Gals Dose-GE <input checked="" type="checkbox"/> Pumping is not required <input type="checkbox"/> Pumping is required The dose should be _____ Gals Detention chamber capacity shall be _____ gals <input checked="" type="checkbox"/> System should be vented</p>	<p>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 <u>600</u> sq ft Number of beds <u>1</u> Width <u>20</u> ft Length <u>30</u> ft <input type="checkbox"/> Chamber Disposal Area Total chamber area _____ sq ft Number of chambers _____ Width _____ ft Length _____ ft <input type="checkbox"/> H 2C required</p>	<p>SYSTEM SIZE RATING <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input 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 _____ inches Reference Elevation Point established at <u>100.00</u> Elevation Disposal Area Bottom to be established at <u>92.94</u> Elevation Top of Distribution Lines or Top of Chambers <u>94.02</u> 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.</p>
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FOR USE BY SITE EVALUATOR
 On 10-21-83 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. Johnson Site Evaluator License Number: 00003
 Date signed: 11/9/81

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/App: [Signature] 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 Application is incomplete Application is unclear Development is in violation of other Regulations. Specify _____

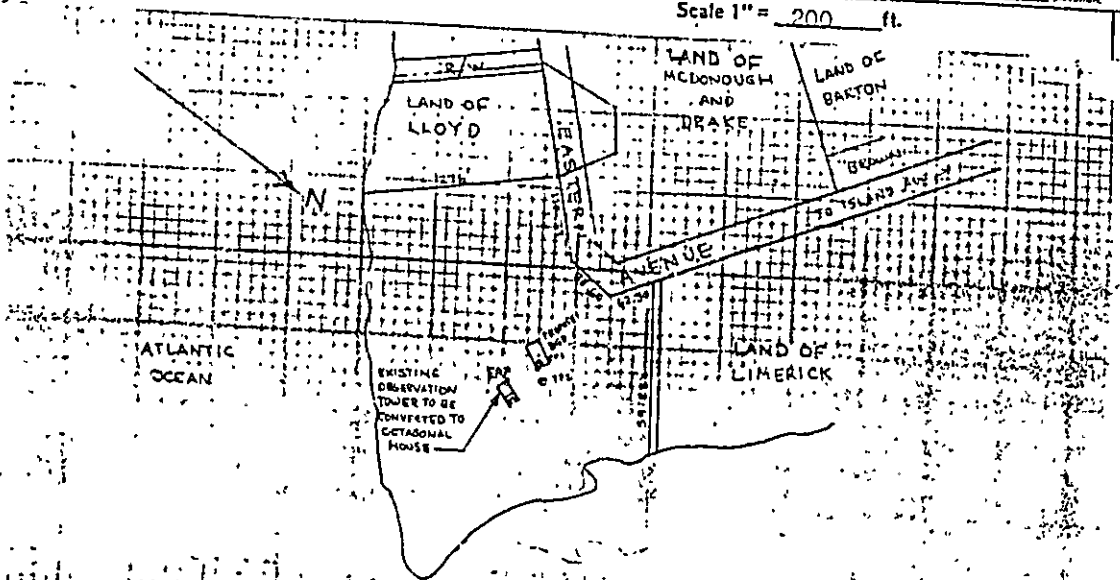
Signature of LPI: [Signature] Date: OCT - 4 1983 PERMIT NO: 116 PF Date: OCT - 4 1983

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

PROPERTY LOCATION Portland-Tongue I., Town, Plantation	Eastern Avenue Road	Parcel No. 104 B	Section 23
PROPERTY OWNER OR APPLICANT Francis P. Drake	DISPOSAL AREA ELEVATION Depth of Upslope Fill required <u>0</u> inches Depth of Downslope Fill required <u>0</u> inches	Subdivision Name	Reference Elevation Point established at <u>100.00</u> Elevation Disposal Area Bottom to be established at <u>92.04</u> Elevation Top of Distribution Lines or Top of Chambers <u>94.10</u> Elevation

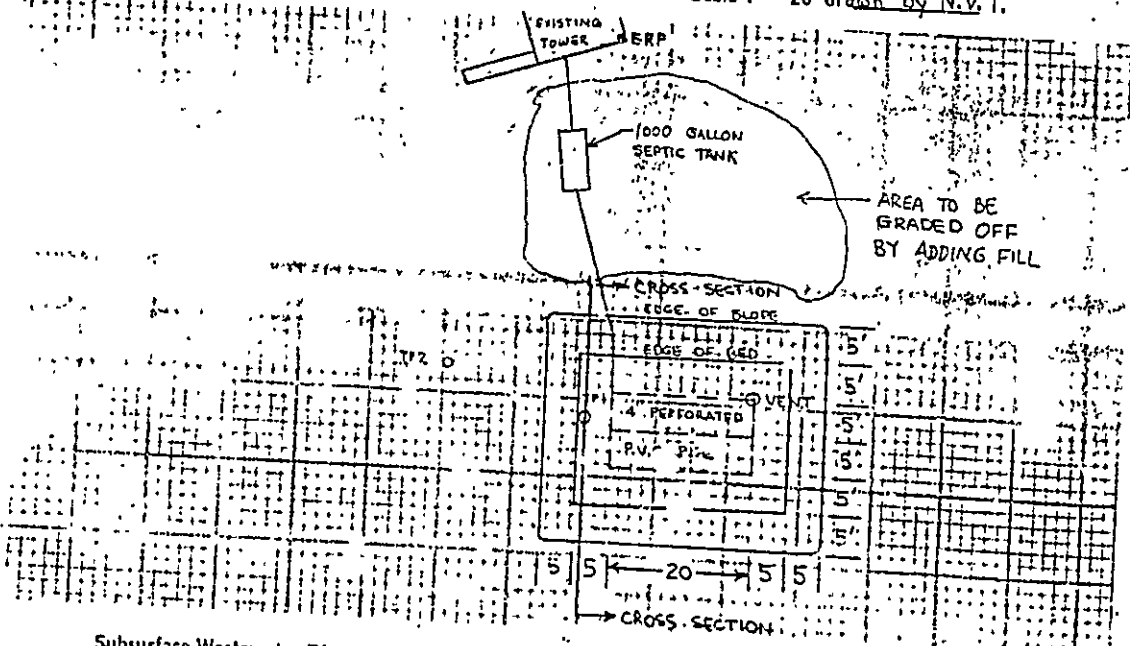
Site Plan

Scale 1" = 200 ft.



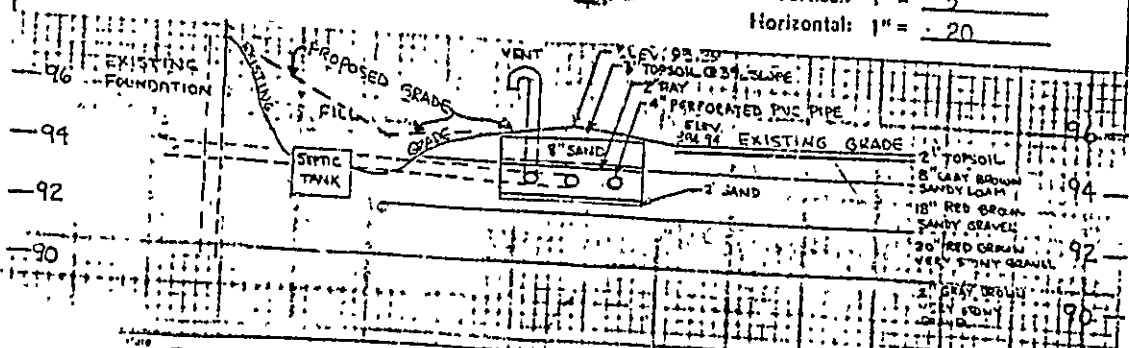
Subsurface Wastewater Disposal Plan

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



Subsurface Wastewater Disposal Area Cross-section

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



B. Gardner

11/9/81

00003

Division of Health Engineering **APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT**
 Station No. 10
 State House
 Augusta, Maine 04333

HHE-200
 Page 1 of 2


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 Variance None Required Replacement System Variance With LPI Approval Dept. Review
 Replacement Of Disposal Area Only Conversion Permit New System Variance

PROPERTY LOCATION: Portland - Long Island Eastern Ave Tex Man 104 Blk B 2310
 Town/Plantation Street Road Subdivision Name

PROPERTY OWNER OR APPLICANT: Francis D. Doolan
 Mailing address: 19 Birchvale Dr 773-8933
 City/State/Zip: Portland, Maine 04102

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 to 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

MAP: 

PROPERTY INFORMATION:
 Area of Property 3 1/2 Acres Sq Ft 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 ? depth _____
 Dug Well _____ depth _____ Well Point Spring Surface Water

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2

TEXTURAL DESCRIPTION OF EACH SOIL STRATA ENCOUNTERED	Observation Hole No. <u>1</u>	Observation Hole No. <u>2</u>	Observation Hole No. _____
	<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Test Pit <input type="checkbox"/> Boring
Organic Strata or (Existing Fill) Thickness _____	<u>topsoil</u> Thickness <u>2</u>	<u>sod</u> Thickness <u>3</u>	Organic Strata or (Existing Fill) Thickness _____
1st Original Mineral Soil Strata Depth from 0" to _____ Thickness _____	<u>gray brown sandy loam</u> Depth from 0" to <u>8"</u> Thickness <u>8"</u>	<u>brown sandy loam</u> Depth from 0" to <u>6"</u> Thickness <u>6"</u>	1st Original Mineral Soil Strata Depth from 0" to _____ Thickness _____
2nd _____ Depth from _____ to _____ Thickness _____	<u>red brown sandy gravel</u> Depth from <u>8"</u> to <u>26"</u> Thickness <u>18"</u>	<u>red brown very stoney gravel</u> Depth from <u>6"</u> to <u>27"</u> Thickness <u>21"</u>	2nd _____ Depth from _____ to _____ Thickness _____
3rd _____ Depth from _____ to _____ Thickness _____	<u>red brown very stoney gravel</u> Depth from <u>26"</u> to <u>45"</u> Thickness <u>20"</u>	<u>gray clay</u> Depth from <u>27"</u> to <u>46"</u> Thickness <u>19"</u>	3rd _____ Depth from _____ to _____ Thickness _____
4th _____ Depth from _____ to _____ Thickness _____	<u>gray brown very stoney gravel</u> Depth from <u>6"</u> to <u>48"</u> Thickness <u>2"</u>	4th _____ Depth from _____ to _____ Thickness _____	4th _____ Depth from _____ to _____ Thickness _____
Total Depth of Observation Hole _____	<u>48</u>	<u>48</u>	Total Depth of Observation Hole _____
Maximum Seasonal High Ground <input type="checkbox"/> None evident Water Table Depth _____	<input type="checkbox"/> None evident Water Table Depth _____	<input type="checkbox"/> None evident Water Table Depth <u>26"</u>	Maximum Seasonal High Ground <input type="checkbox"/> None evident Water Table Depth _____
Depth to Restrictive Layer <input checked="" type="checkbox"/> None evident	<input type="checkbox"/> None evident	Depth to Restrictive Layer <input type="checkbox"/> None evident <u>27"</u>	Depth to Restrictive Layer <input type="checkbox"/> None evident
Depth to Bedrock <input checked="" type="checkbox"/> None evident	<input type="checkbox"/> None evident	Depth to Bedrock <input checked="" type="checkbox"/> None evident	Depth to Bedrock <input type="checkbox"/> None evident
PROFILE <u>6</u> CONDITION <u>R</u> SLOPE <u>0%</u>	PROFILE <u>3</u> CONDITION <u>C</u> SLOPE <u>0%</u>	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"/> 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"/> Septic Tank <input type="checkbox"/> Absorption Tank Size <u>1000</u> 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 3' zone _____ inches Reduction on trench length due to stone depth _____ % <input checked="" type="checkbox"/> Bed Disposal Area Total bed area <u>600</u> sq. ft. Number of beds <u>1</u> Width <u>20</u> ft Length <u>30</u> ft <input type="checkbox"/> Chamber Disposal Area Total chamber area _____ sq. ft. Number of chambers _____ Width _____ ft Length _____ ft <input type="checkbox"/> 20 required	SYSTEM SIZE RATING <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input 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 _____ inches Reference Elevation Point established at <u>70.00</u> Elevation Disposal Area Bottom to be established at <u>92.94</u> Elevation Top of Distribution Lines or Top of Chambers <u>94.02</u> 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 10-21-91 (Date), a site investigation for this project was complete. 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: 00003
 Date signed: 11/9/81

FOR USE BY OWNER/APPLICANT
 I certify that 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 warranted or implied by receipt of my advice or approval given.

Signature of Owner/Applicant: Francis D. Doolan Date: OCT - 4 1981

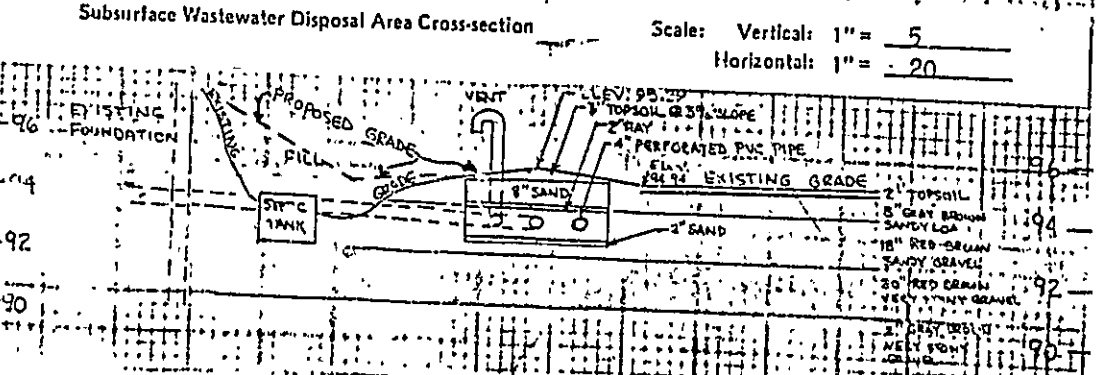
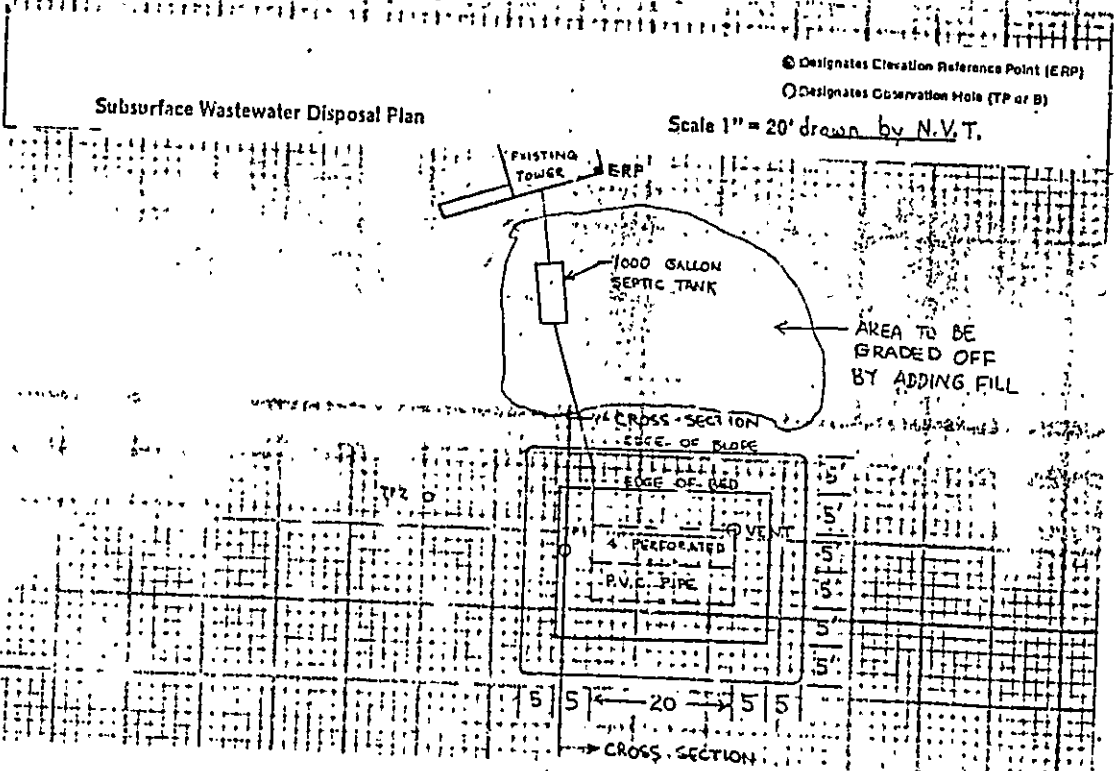
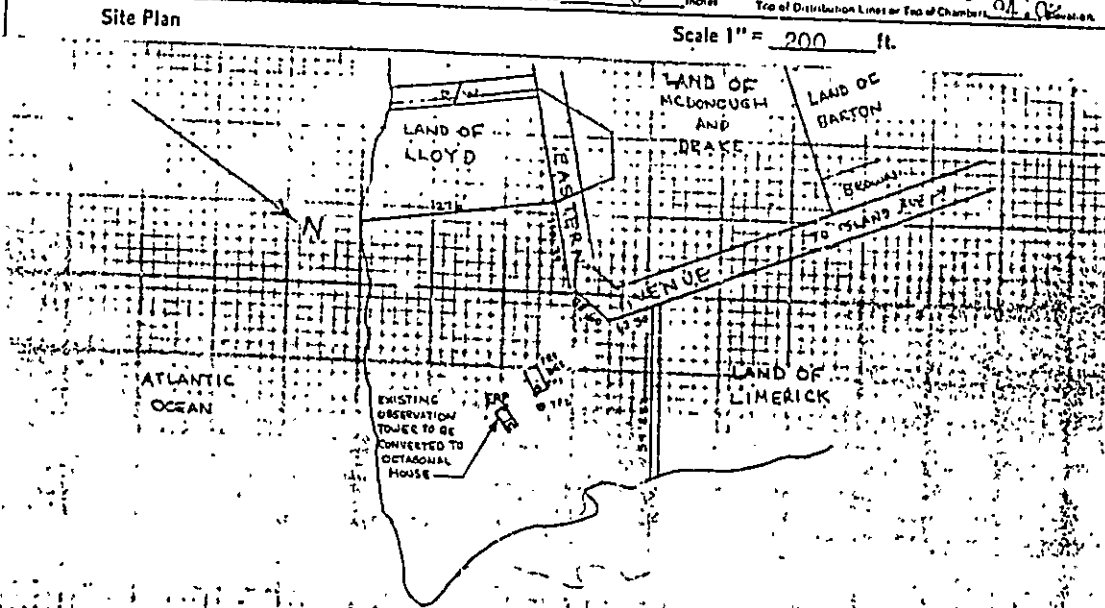
FOR USE BY LPI: This Application is Denied due to: System is not in accordance with Rules, Application is incomplete Application is unworkable Development is in violation of other Regulations. Specify _____

Signature of LPI: Conrad J. Goodwin PERMIT NO. 1162-1
 Date: OCT 14 1981

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

Page 2 of 2

PROPERTY LOCATION Portland-Town To, Town Plantation		Eastern Street Road	Map Jan 104 B	23
PROPERTY OWNER or APPLICANT Francis P. Drake		DISPOSAL AREA ELEVATION Depth of Topsoil Fill required _____ inches Depth of Downgrade Fill required _____ inches	Reference Elevation Point established at 100.00 Elevation Disposal Area Bottom to be established at 92.04 Elevation Top of Distribution Lines or Top of Chamber _____ Elevation	Lot No



By *B. Goodman* Date 11/9/81 License Number 00003

IHE-200-A RV7780

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"/> Variance <input checked="" type="checkbox"/> None Required <input type="checkbox"/> Replacement System Variance With <input type="checkbox"/> New System Variance <input type="checkbox"/> LPI Approval <input type="checkbox"/> Dept Review			
PROPERTY LOCATION Portland-Long Island Town/Plantation	Eastern Ave Street/Road	Tax Map 104 Blk B Subdivision Name	23 Lot No
PROPERTY OWNER or APPLICANT Therese P. DeLoe		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	
Map Address 19 Birchvalley Dr	773-8933 Tel No	If so, specify type (s) _____ <input type="checkbox"/> One Establishment Specify _____ Type of Facility _____ (Number of Employees Seating Capacity Building Size etc) Design Flow _____ GPD If greater than 2000 GPD, Specify Professional Engineer	
Portland, Maine 04102 City/State/Zip		PROPERTY INFORMATION Area of Property 3 1/2 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 2 depth _____ <input type="checkbox"/> Dug Well _____ depth <input type="checkbox"/> Well Point <input type="checkbox"/> Spring <input type="checkbox"/> Surface Water	
MAP 			

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2			
TEXTURAL DESCRIPTION OF EACH SOIL STRATA ENCOUNTERED	Observation Hole No 1 <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	Observation Hole No 2 <input checked="" 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) topsoil Thickness 2	Organic Strata or (Existing Fill) sod Thickness 3	Organic Strata or (Existing Fill) _____ Thickness _____
	1st Original Mineral Soil Strata gray brown sandy loam Depth from 0 " to 8 " Thickness 8	1st Original Mineral Soil Strata brown sandy loam Depth from 0 " to 6 " Thickness 6	1st Original Mineral Soil Strata _____ Depth from _____ " to _____ " Thickness _____
	2nd red brown sandy gravel Depth from 8 " to 26 " Thickness 18	2nd gray brown very stony gravel Depth from 6 " to 27 " Thickness 21	2nd _____ Depth from _____ " to _____ " Thickness _____
	3rd red brown very stony gravel Depth from 26 " to 46 " Thickness 20	3rd gray clay Depth from 27 " to 46 " Thickness 19	3rd _____ Depth from _____ " to _____ " Thickness _____
	4th gray brown very stony gravel Depth from 46 " to 48 " Thickness 2	4th _____ Depth from _____ " to _____ " Thickness _____	4th _____ Depth from _____ " to _____ " Thickness _____
Total Depth of Observation Hole 48	Total Depth of Observation Hole 48	Total Depth of Observation Hole _____	
Maximum Seasonal High Ground _____ or Table Depth _____	Maximum Seasonal High Ground _____ or None Evident Water Table Depth 26	Maximum Seasonal High Ground _____ or None Evident Water Table Depth _____	
Depth to Restrictive Layer <input type="checkbox"/> None evident	Depth to Restrictive Layer <input type="checkbox"/> None evident 27	Depth to Restrictive Layer <input type="checkbox"/> None evident	
Depth to Bedrock <input checked="" type="checkbox"/> None evident	Depth to Bedrock <input checked="" type="checkbox"/> None evident	Depth to Bedrock <input type="checkbox"/> None evident	
PROFILE 6 CONDITION B SLOPE 0%	PROFILE 3 CONDITION A SLOPE 0%	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"/> 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"/> Septic Tank <input type="checkbox"/> Aerobic Tank Size 7,000 Gall DOSAGE <input checked="" type="checkbox"/> Pumping is not required <input type="checkbox"/> Pumping is required The dose should be _____ Gall Dose chamber capacity shall be _____ Gall <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 Trenches _____ 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 600 sq ft Number of beds 1 Width 20 ft Length 30 ft <input type="checkbox"/> Chamber Disposal Area Total chamber area _____ sq ft Number of chambers _____ width _____ ft Length _____ ft <input type="checkbox"/> M 70 required	SYS. EM SIZE RATING <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input 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 _____ inches Reference Elevation (unit established at 100.00 Elevation) Disposal Area Bottom to be established at 92.94 Elevation Top of Distribution Lines or Top of Chambers 94.02 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.

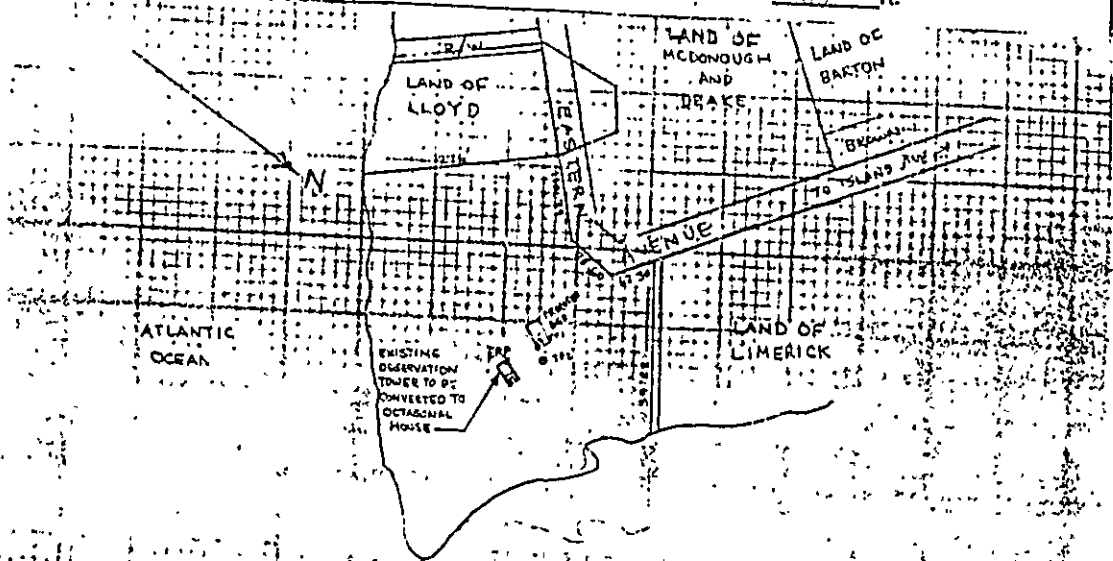
FOR USE BY SITE EVALUATOR On 10-1-81 (Date), a site investigation for this project was completed. I conducted the soil evaluation and certify that the results indicate I have best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.	Signature of Site Evaluator William B. Jordan Date signed 11/9/81 Site Evaluator License Number 00003
FOR USE BY OWNER/APPLICANT I certify that all the information submitted to us 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 18 month period from the date of permit issuance. I also understand that no guarantees are intended or implied by reason of any advice or approval given.	Signature of Owner/Applicant W. DeLoe Date Signed _____
FOR USE BY LPI <input checked="" type="checkbox"/> This Application is approved. If conditions, specify _____ <input type="checkbox"/> This Application is Denied due to <input type="checkbox"/> System is not in accordance with Rules <input type="checkbox"/> Application is incomplete <input type="checkbox"/> Application is unclear <input type="checkbox"/> Development is in violation of other Regulations. Specify _____	Signature of LPI Robert J. Johnson Date 10-4-81 PERMIT NO 1162 OCT 4 1983 HHE 200 RV/82

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

PROPERTY LOCATION Portland-Tor, Me. Town, Plantation		Section 4 Street Road	Map Plan 104 B	23
PROPERTY OWNER OR APPLICANT Francis P. Imake		DISPOSAL AREA ELEVATION		Reference Elev. on Point established at 100.00 Elevation
		Depth of Upslope Fill required 0 inches	Depth of Downslope Fill required 0 inches	Disposal Area Bottom to be established at 92.04 Elevation
				Top of Distribution Lines or Top of Chambers 94.02 Elevation

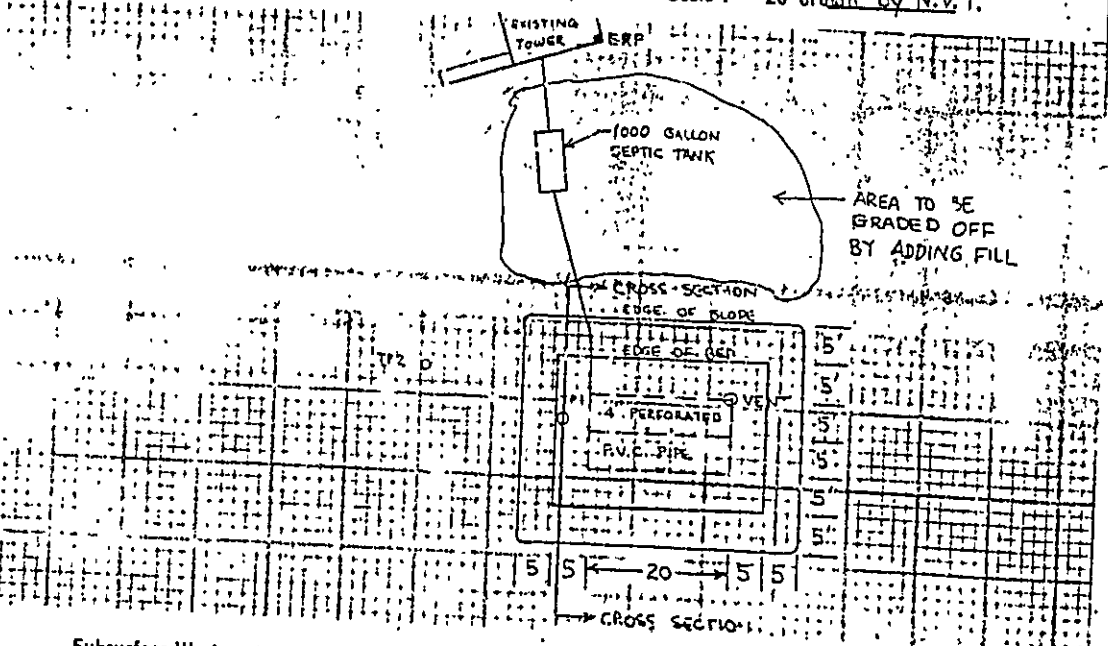
Site Plan

Scale 1" = 200 ft.



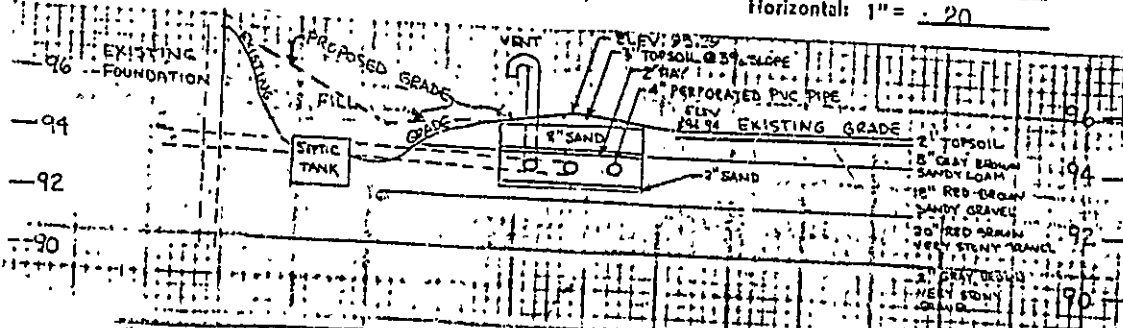
Subsurface Wastewater Disposal Plan

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



Subsurface Wastewater Disposal Area Cross-section

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



B. Johnson

Date 11/9/81

License Number 00003

104-B_23 EASTERN AVE LONG ISLAND



CITY OF PORTLAND

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

October 24, 1983

Drake Equipment Company
158 Veranda Street
Portland, Maine 04103
Att: Jim Drake

Re: Single Family Dwelling - 104-B-23 Eastern Avenue, Long Island

Sir:

construction

You have been issued a permit to complete ~~alteration~~ at the above address. The amount of contractual cost, estimated on the permit application, seems very low as to the extent of work completed at this time.

It is therefore necessary for you to file an amendment to your permit which shows a true estimated contractual cost.

Failure to abide with this request could necessitate a \$100.00 belated fee and a fine of from \$50.00 to \$1,000.00 per day. Please take care of this matter as soon as possible.

Yours truly,

F. Samuel Hoffes
Chief of Inspection Services

Code Enforcement Officer



CITY OF PORTLAND

JOSEPH E GRAY JR
DIRECTOR OF PLANNING
AND URBAN DEVELOPMENT

October 24, 1983

Drake Equipment Company
158 Veranda Street
Portland, Maine 04103
Attn: Jim Drake

Re: Thomas & Mary Lloyd Property - 104-B-23, Long Island

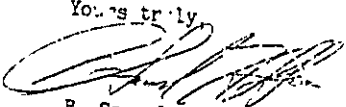
Sir:

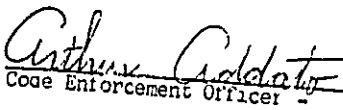
You have been issued a permit to complete ^{construction} ~~work~~ at the above address. The amount of contractual cost, estimated on the permit application, seems very low as to the extent of work completed at this time.

It is therefore necessary for you to file an amendment to your permit which shows a true estimated contractual cost.

Failure to abide with this request could necessitate a \$100.00 belated fee and a fine of from \$50.00 to \$1,000.00 per day. Please take care of this matter as soon as possible.

Yours truly,


P. Samuel Hoffses
Chief of Inspection Services


Code Enforcement Officer



APPLICATION FOR AMENDMENT TO PERMIT

Amendment No. 1

Portland, Maine, March 8, 1983

PERMIT 1983

MAR 8 1983

CITY OF PORTLAND

TO THE INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for amendment to Permit No. 13-10 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-23 Eastern Ave. Long Island Within Fire Limits? Dist. No.

Owner's name and address Francis P Drake - 19 Birchvale Drive Telephone 773-8930

Lessee's name and address Telephone

Contractor's name and address Drake Equipment Co. - 158 Veranda St. Telephone 775-1832

Architect Plans filed No. of sheets

Proposed use or building summer cottage No. families

Last use same No. families

Increased cost of work 4,000 Additional fee 30.00

Description of Proposed Work

To increase cost of building permit fee by 4,000.

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

On centers: 1st floor, 2nd, 3rd, roof

Maximum span: 1st floor, 2nd, 3rd, roof

Approved: [Signature]
INSPECTION COPY

Signature of Owner [Signature]
Inspector of Buildings



CITY OF PORTLAND

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

Re:

Sir:

You have been issued a permit to complete _____ at the above address. The amount of contractual cost, estimated on the permit application, seems very low as to the extent of work completed-at this time.

It is therefore necessary for you to file an amendment to your permit which shows a true estimated contractual cost.

Failure to abide with this request could necessitate a \$100.00 belated fee and a fine of from \$50.00 to \$1,000.00 per day. Please take care of this matter as soon as possible.

Yours truly,

P. Samuel Hoffses
Chief of Inspection Services

Code Enforcement Officer - _____



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-23 Eastern Ave. Peaks Island Within Fire Limits? Dist. No.
 Owner's name and address Francis P Drake - P. O. Box 1378 04104 Telephone 775-1832
 Lessee's name and address Telephone
 Contractor's name and address OWNER Telephone
 Architect Plans filed No. of sheets
 Proposed use of building summer cottage No. families 1
 Last use No. families
 Increased cost of work 6,000 Additional fee 40.00

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? 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
 On centers: 1st floor , 2nd , 3rd , roof
 Maximum span: 1st floor , 2nd , 3rd , roof

Approved:

Signature of Owner *F. P. Drake*

Approved *[Signature]*

Inspector of Buildings

INSPECTION COPY

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

HHE-200

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

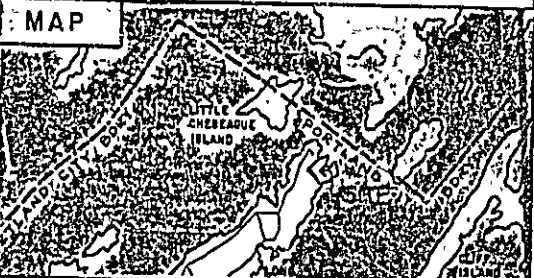
Page 1 of 2

The Application is For: New System Replacement Of Entire System Expanded System Variance New System Variance Replacement System Variance With LPI Approval Detail Review

Replacement Of Disposal Area Only Conversion Permit New System Variance

PROPERTY LOCATION: Portland-Long Island Eastern Ave Tax Map 104 Blk B 23
 Town, Plantation Street Road Subdivision Name Ltr No

PROPERTY OWNER OR APPLICANT: Francis P. Drapeau
 Mailing Address: 19 Birchvale Dr 773-8933
Portland, Maine 04102
 City, State, Zip



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 (a) _____
 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 3 1/2 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 2 depth
 Dug Well _____ depth Well Point Spring Surface Water

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2

TEXTURAL DESCRIPTION OF EACH SOIL STRATA ENCOUNTERED	Observation Hole No. <u>1</u>	Observation Hole No. <u>2</u>	Observation Hole No. _____
	<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Test Pit <input type="checkbox"/> Boring
Organic Strata or (Existing Fill) <u>topsoil</u> Thickness <u>2</u>	Organic Strata or (Existing Fill) <u>sod</u> Thickness <u>3</u>	Organic Strata or (Existing Fill) _____ Thickness _____	Organic Strata or (Existing Fill) _____ Thickness _____
1st Original Mineral Soil Strata <u>gray brown sandy loam</u> Depth from 0 " to <u>8</u> " Thickness <u>8</u>	1st Original Mineral Soil Strata <u>brown sandy loam</u> Depth from 0 " to <u>6</u> " Thickness <u>6</u>	1st Original Mineral Soil Strata _____ Depth from 0 " to _____ " Thickness _____	1st Original Mineral Soil Strata _____ Depth from 0 " to _____ " Thickness _____
2nd <u>red brown sandy gravel</u> Depth from <u>8</u> " to <u>26</u> " Thickness <u>18</u>	2nd <u>red brown very stoney gravel</u> Depth from <u>6</u> " to <u>27</u> " Thickness <u>21</u>	2nd _____ Depth from _____ " to _____ " Thickness _____	2nd _____ Depth from _____ " to _____ " Thickness _____
3rd <u>red brown very stony gravel</u> Depth from <u>26</u> " to <u>46</u> " Thickness <u>20</u>	3rd <u>gray clay</u> Depth from <u>27</u> " to <u>46</u> " Thickness <u>19</u>	3rd _____ Depth from _____ " to _____ " Thickness _____	3rd _____ Depth from _____ " to _____ " Thickness _____
4th <u>gray brown very stony gravel</u> Depth from <u>46</u> " to <u>48</u> " Thickness <u>2</u>	4th _____ Depth from _____ " to _____ " Thickness _____	4th _____ Depth from _____ " to _____ " Thickness _____	4th _____ Depth from _____ " to _____ " Thickness _____
Total Depth of Observation Hole <u>48</u>	Total Depth of Observation Hole <u>46</u>	Total Depth of Observation Hole _____	Total Depth of Observation Hole _____
Maximum Seasonal High Ground <input checked="" type="checkbox"/> None evident Water Table Depth _____	Maximum Seasonal High Ground <input type="checkbox"/> None Evident Water Table Depth <u>26</u>	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 checked="" type="checkbox"/> None evident	Depth to Restrictive Layer <input type="checkbox"/> None evident <u>27</u>	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	Depth to Bedrock <input type="checkbox"/> None evident

PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE
<u>6</u>	<u>B</u>	<u>0%</u>	<u>3</u>	<u>G</u>	<u>0%</u>			<u>0%</u>

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

<p>TYPE OF SYSTEM <input checked="" type="checkbox"/> Combined System <input type="checkbox"/> 3 System If separate system, type of each waste disposal system to be used: <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</p>	<p>TREATMENT TANK <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Aeration Tank Size <u>1000</u> Gals. DOSAGE <input checked="" type="checkbox"/> Pumping is not required <input type="checkbox"/> Pumping is required The dose should be _____ Gals. Drudge chamber capacity shall be _____ gals. <input checked="" type="checkbox"/> System should be vented</p>	<p>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 <u>600</u> sq. ft. Number of beds <u>1</u> Width <u>20</u> ft. Length <u>30</u> 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</p>	<p>SYSTEM SIZE RATING <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input 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 _____ inches Reference Elevation Point established at <u>70.00</u> Elevation. Disposal Area Bottom to be established at <u>92.94</u> Elevation. Top of Distribution Lines - top of chambers <u>94.02</u> 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 (lakes, 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</p>
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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 E. Jordan Site Evaluator License Number: 00003
 Date: 11/9/81

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: _____ 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
 Application is incomplete Application is unclear Development is in violation of other Regulations. Specify _____

Signature of LPI: _____ Date: _____

PERMIT NO. _____ E
 Date Issued: _____ / ____ / 1981



CITY OF PORTLAND

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

Re: 104-B-23 Eastern Avenue, Long Island

January 4, 1983

Mr. Francis P. Drake
19 Birchvale Drive
Portland, Maine 04102

Dear Mr. Drake:

Your application for a building permit is being considered under Shoreland Zoning regulations for Eastern Avenue, Long Island, Maine. In order to complete such review, additional information is needed in this office.

The site plan should show dimensions in scale of the driveway, structure and leach field.

Indication should be provided concerning the treatment of disturbed areas and that existing vegetation is being preserved.

Boundary and lot area of the project also should be indicated on your site plan. It is difficult to determine from the plans where the proposed structure will be sited on the lot and which lots are to accompany this proposed dwelling.

The Public Works Department has conditioned their approval upon receipt of a new site plan showing the above information.

Sincerely,

Warren Turner
WARREN TURNER,
ZONING SPECIALIST

WT/mlb

CC: P. Samuel Hoffses

Marc Guimont

File ✓

*See attached
sketch showing all
of the land & driveway
W.T.*

12-23-82

WARREN

THE FRANCIS DRAKE SHOP AND REVIEW APPLICATION
WILL REQUIRE THE FOLLOWING ADDITIONAL INFORMATION

- SITE PLAN SHOULD SHOW DIMENSIONS IN SCALE OF THE DRIVEWAY, STRUCTURE AND LEACHFIELD
- INDICATION SHOULD BE GIVEN OF THE EXTENT OF DISTURBED AREAS AND THAT EXISTING VEGETATION IS BEING CONSERVED
- BOUNDARY AND LOT AREA OF THE PROJECT SHOULD BE INDICATED

RK

Applicant: *Francis P. Drake*

Date: *Dec. 7, 1982*

Address: *Eastern Ave. Long Island*

Assessors No.: *104-B-23*

CHECK LIST AGAINST ZONING ORDINANCE

Date -

Zone Location - *R-3 Residence*

Interior or corner lot -

40 ft. setback area (Section 21) -

Use - *Seasonal dwelling*

Sewage Disposal *septic*

Rear Yards -

Side Yards -

Front Yards -

Projections -

Height -

Lot Area -

Building Area - *150 sq. ft.*

Area per Family -

Width of Lot -

Lot Frontage

Off-street Parking -

Loading Bays -

Site Plan -

Shoreland Zoning -

Flood Plains -



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 104-B-23 Eastern Ave. Long Island

Issued to Francis Drake

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. 83-46, 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

(Date)

Inspector

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.

Francis Drake
came in on Jan 7th
and furnished the
reverse sketch of
where his house
will be on Long
Island in response
to letter request
from this office.

Warren



CITY OF PORTLAND

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

January 19, 1983

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

Dear Mr. Drake:

Application for a building permit to construct a 1,504 sq. ft. summer cottage at Eastern Avenue, Long Island is herewith issued subject to the following Plumbing, Planning and Public Works Codes and Ordinances.

Planning Division: Existing vegetation to be conserved.

Public Works - O.K.

3. Fire Dept. - O.K.

4. Inspection Division - Your application states a construction cost of \$8,000.00 for a 1,504 sq. ft. summer cottage. I would like to either have you upgrade the estimated cost of construction, or supply this office with a price list of all material and labor cost est.

5. Your plan shows 2 x 6 rafters 16 o.c. on a 4/12 pitch, with a span of 14.5 feet.

The Building Code requires that on a pitch from 0 to 5/12 pitch, a 50 lb. live load is required. Therefore, on a 14.5' + span, a 2 x 6 cannot hold the live load unless it was Douglas Fir or equal.

I would recommend 2" x 8" rafters, 16 o.c.

6. Section 111.7 of the City Building Code states "If a structural analysis is required, a certificate of design, signed by a licensed structural engineer, shall be filed with the building official."

I am requesting a design statement on your plan showing where the floor joist bearing beam and foundation pier meet.

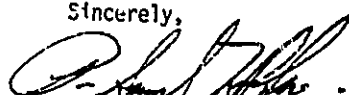
- 1 -

TO: MR. FRANCIS P. DRAKE

JANUARY 19, 1983

7. You must obtain Plumbing and Electrical permits from this office.
- If you have any questions on these requirements, please call this office.

Sincerely,



P. SAMUEL HOFFSES,
CHIEF OF INSPECTION SERVICES

PSH/mlb

APPLICATION FOR PERMIT

PERMIT ISSUED

JAN 19 1983

CITY OF PORTLAND

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION **00046**

ZONING LOCATION **R-3** PORTLAND, MAINE Dec. 7, 1982

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 **104-3-23 Eastern Avenue, Long Island**..... File District #1 #2

1. Owner's name and address **Francis P. Drake - 19 Birchvale Drive**..... Telephone **773-8933**

2. Lessee's name and address

3. Contractor's name and address **Drake Equipment Co. - 158 Veranda St.**..... Telephone **775-1032**

Proposed use of building **summer cottage**..... No. of sheets

Last use

Material..... No. stories..... Heat..... Style of roof..... Roofing.....

Other buildings on same lot

Estimated contractual cost \$ **8,000**.....

FIELD INSPECTOR—Mr.

@ 775-5451

Appeal Fees \$

Base Fee **50.00**

Site plans **100.00**

TOTAL \$ **150.00**

Site Plan Review

To construct **1,504 sq ft. summer cottage as per plans. 3 sheets of plans.**

send permit to P. O. Box 1378 04104
c/o Francis Drake

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? Is any electrical work involved in this work?

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

BUILDING INSPECTION—PLAN EXAMINER

ZONING: **AK. P.A.T.**

BUILDING CODE

Fire Dept.

Health Dept.

Others **Plumbing, DK. mg.**

Reviewed by 083

1/18/83

Signature of Applicant **FP Drake**..... Phone # same.....

Type Name of above **Francis P Drake for**..... 1 2 3 4

Drake Equipment Co......

Other
and Address

**PERMIT ISSUED
WITH LETTER**

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

Z MR. Add to

NOTES

Permit # 0 83/046

Location 10/B-23 Eastern Ave

Owner 10-7-83

Date of permit 12-19-83

Approved

Dwelling

Garage

Alteration

No trees or vegetation along the street will be disturbed.

7-28-83 - Framed in. WIP/OK. over general phases. A cost of ~~800~~ permit to be framed as cost is exceeding the estimated figure as

10-26-83 - WIP/OK. Ins in floor, incl. all OK.

8-22-84 - All interior work in progress OK.

10-11-84 - Complete OK. Issued Cert. of occupancy

J. Stoney