The Spar
280 Island Avenue
Long Island, ME 04050
Phone 207-766-3310 Fax 207-766-0076

Town of Long Island
P.O. Box 263
Long Island, ME 04050

Attention: Planning Board

Gentlemen, 6/03/08

Regarding the comments at the Planning Board meeting of 5/13/08 pleased be advised of the following;

1. Enclosed is a letter from Owen Haskell Inc. dated 5/15/08 with a revised Elevation Certificate per NGVD 1929. The letter is self-explanatory nothing changes. The Spar building is not in the flood area. If there are any further questions please give Owen Haskell a call, they would be most happy to explain the Certificate.
2. I obtained a copy, from the town, of the flood elevations area in the Spar location. That copy is attached. As shown there is a portion of the Spar property not in the flood area. The Elevation Certificate specifically locates the Spar building relative to the flood area and sorry to be redundant but the Spar building is not in the flood area.
3. Mr. Harold White of Wastewater Management inspected the Spar wastewater treatment plant on 5/27/08. The plant was deemed to be performing satisfactorily. A copy of his report is attached.

Yours truly,

John Wary President Spar
Cc: Mr. J. Nagle, Selectmen, and Mr. L Lowry Esquire

OWEN HASKELL, INC. Professional Land Surveyors

390 U.S. Route 1, Unit 10 • Falmouth, Maine 04105 • 207/774-0424 • FAX: 774-0511 • ohi@owenhaskell.com

May 15, 2008

John Wary
280 Island Avenue
Long Island, Maine 04050

Dear John:

Please find enclosed a revised Elevation Certificate based on NGVD 1929.

Our original certificate was based on a NOAA disc not associated with the NGVD 1929 elevation.

We are sorry for any inconvenience this may have caused. If you have any questions please do not hesitate to call.

Very truly yours,

OWEN HASKELL, INC.

Ellen C. Brewer

ECB:brl
File: 2005-135-01-ECB

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 200

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

BUILDING OWNER'S NAME
71295, Inc.

Policy Number

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
Island Avenue

Company NAIC Number

CITY	STATE	ZIP CODE
Long Island	ME	04050

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Tax Map 97 Block G Lot 5, 1 and 2

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
Residential and Commercial (restaurant)

LATITUDE/LONGITUDE (OPTIONAL) (##° - ## - ##.## or ##.######) HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983 SOURCE: ☐ GPS (Type):____ ☐ USGS Quad Map ☐ Other: ____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
	Cumberland	Maine

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
231035 0009	B	12-8-98	7-17-1986	V2	21

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe): ____

B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe): ____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No Designation Date____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

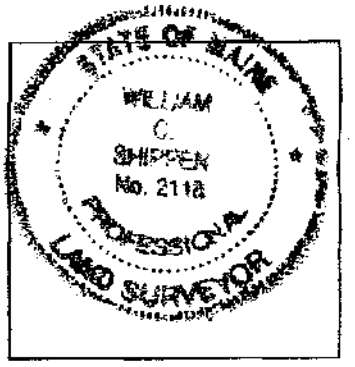
C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum ____ Conversion/Comments ____

Elevation reference mark used ____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

☐ a) Top of bottom floor (including basement or enclosure)	28. 4 ft.(m)
☐ b) Top of next higher floor	____. __ ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only)	27. 4 ft.(m)
☐ d) Attached garage (top of slab)	____. __ ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	27. 4 ft.(m)
☐ f) Lowest adjacent (finished) grade (LAG)	17. 2 ft.(m)
☐ g) Highest adjacent (finished) grade (HAG)	28. 4 ft.(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	____
☐ i) Total area of all permanent openings (flood vents) in C3.h	____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

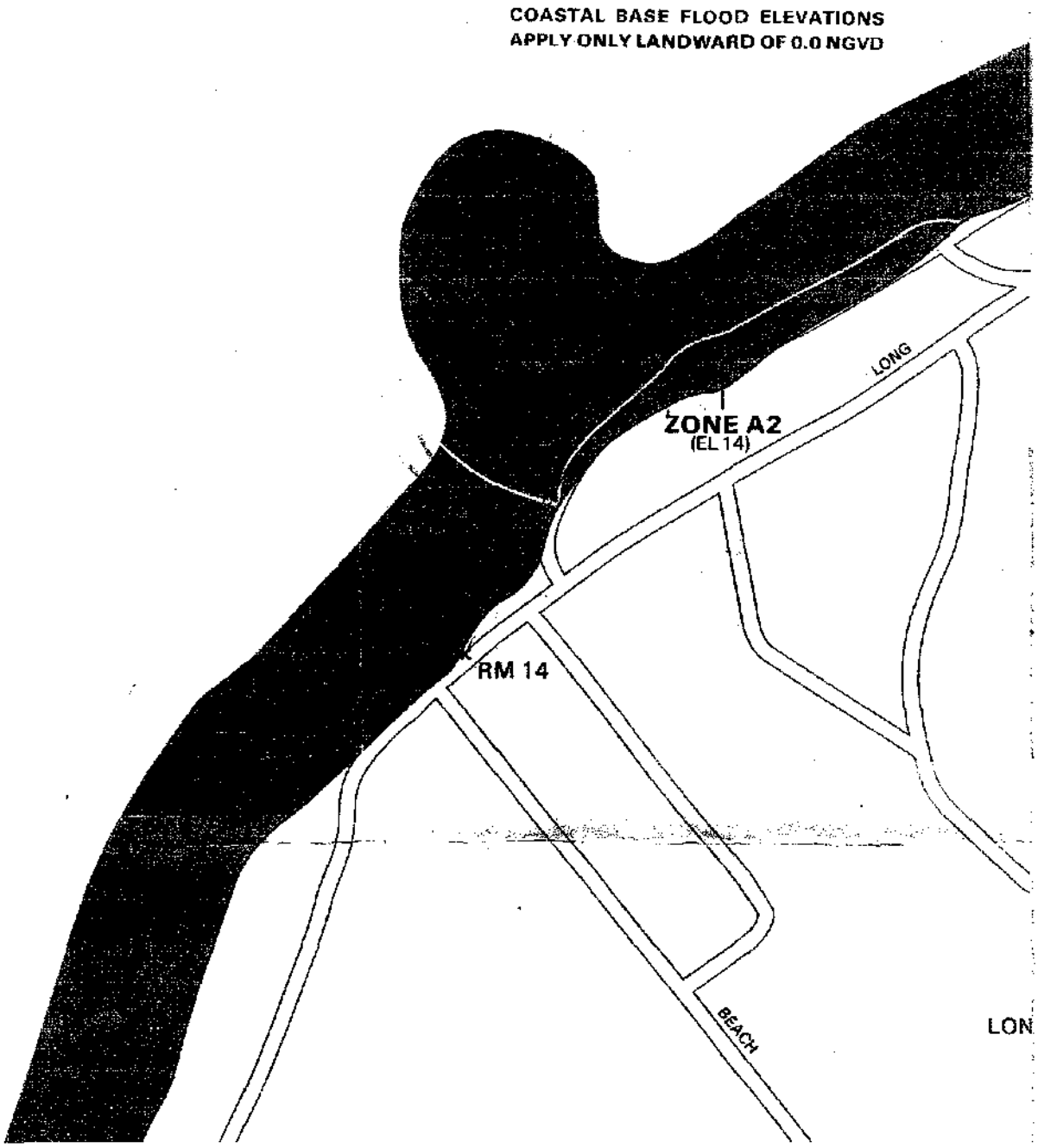
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME William C. Shippen LICENSE NUMBER 2118

TITLE Professional Land Surveyor COMPANY NAME Owen Haskell, Inc.

ADDRESS	CITY	STATE	ZIP CODE
16 Casco Street	Portland	ME	04101

SIGNATURE	DATE	TELEPHONE
	07/14/05	207-774-0424


COASTAL BASE FLOOD ELEVATIONS
APPLY ONLY LANDWARD OF 0.0 NGVD
ZONE A2
(EL 14)
LONG
RM 14
BEACH
LON

WASTEWATER MANAGEMENT

Harold L. White
Georgetown, ME 04548
207-371-[redacted] 2114

REPORT OF INSPECTION OF RESIDENTIAL/COMMERCIAL WASTEWATER TREATMENT SYSTEMS

LICENSEE Spair Res LICENSE # 2273 DATE OF INSPECTION 6/27/08

MUNICIPALITY Long Island INSPECTOR HWhite TIME 9:30 AM

RATINGS: S = SATISFACTORY M = MARGINAL U = UNSATISFACTORY NA = NOT APPLICABLE

	CONDITION	RATING	C-15 COMMENTS
GENERAL	License	S	
	Service contract	S	
	Maintenance	S	
	Monitoring	S	
	Records/reporting	S	
	Alarm systems	S	Good
	Odor	S	NO
	Year round or Seasonal	S	
PRELIMINARY	Influent	S	LOW
	Flow rate	S	
	Pump stations	S	
	Grease removal	S	
	Septic tank	X	
MECHANICAL SYSTEMS	Aeration	S	Good
	Scum	S	NO
	Color	S	Brown
	Solids level	S	OR
	Pumps, compressors, etc.	S	
	Settling chamber	S	
SAND FILTERS	Distribution system		
	Filter bed		
	Dosing system		
EFFLUENT	Effluent Quality	S	Clear
	Disinfection	S	Present
	Flow measurement	S	TO Water
	Discharge pipe	S	

Samples Taken?	YES	NO	S 2320 mL. 9p
Are License Conditions Met?	YES	NO	
Corrected:	YES	NO	
Date of Correction:			

COMMENTS/RECOMMENDATIONS:

HWhite