

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering  
(603) 289-3826

**PROPERTY ADDRESS**

Town Or Plantation: **PORTLAND LONG ISLAND**

Street: **FERN AVENUE**

Submission Lot #: **TAXMAP 97 BLOCK E LOTS 5, 6**

**PROPERTY OWNERS NAME**

Last: **SARGENT** First: **JOHN**

Applicant Name: **JOHN SARGENT**

Mailing Address of Owner/Applicant (if different): **Box 153 4 Crawley Hill Rd  
EUNEOCK NEW HAMPSHIRE**

PORTLAND 3880

Date Permit Issued: **16.14.90** Fee: **\$140.00**  Double Fee Charged

TOWN COPY

L.P.I. # **0123**

Local Plumbing Inspector Signature: \_\_\_\_\_

*Hunter* Owner/Applicant Statement **NH 03242**

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

**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: *William B. Jordan* Date Approved: **5-1-91**

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></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><b>THIS APPLICATION REQUIRES:</b></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><b>INSTALLATION IS:</b></p> <p>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><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS</p> <p>1. <input type="checkbox"/> BFD      3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER      4. <input type="checkbox"/> OTHER _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></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><b>TYPE OF WATER SUPPLY</b></p> <p><b>DRILLED WELL</b></p>
<p>SIZE OF PROPERTY: <b>22,098 SF</b></p> <p>ZONING: <b>IR 1</b></p>		

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <b>1000</b> GALS</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p><b>3 BEDROOM CONSERVATIVE 450</b></p> <p><b>LOW VOLUME TOILET 45</b></p> <p>DESIGN FLOW: <b>405</b> (GALLONS/DAY)</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <b>4</b> CONDITION: <b>A III</b></p> <p>DEPTH TO LIMITING FACTOR: <b>30</b></p>	<p><b>SIZING RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" 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><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq Ft</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <b>525</b> Sq Ft</p> <p><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ L. near Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	

**SITE EVALUATOR STATEMENT** \* USED 21 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION

On **AUGUST 7 1988** (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 EVALUATION WAIVED BY LOCAL OPTION

Signature: *William B. Jordan* SE # / PC # **0003 / 4814** Date: **10/21/88**

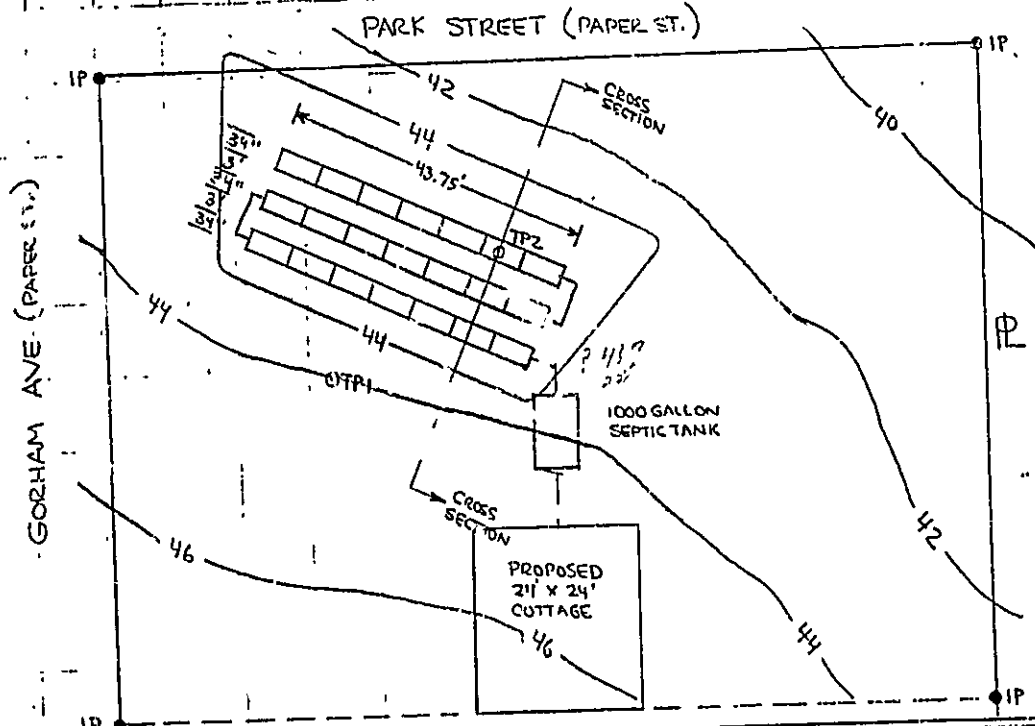
Site Evaluator or Professional Engineer's Signature



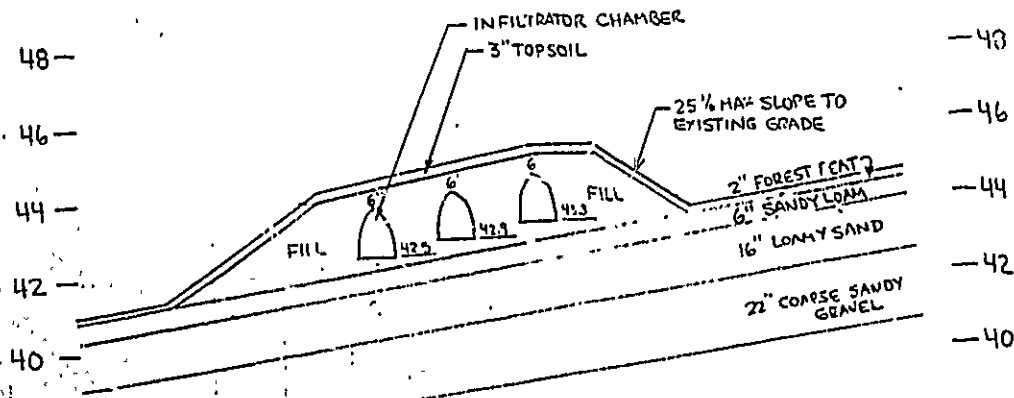
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plan	Street, Road, Subdivision	Owner's Name
PORTLAND LONG ISLAND	FERN AVENUE 97-E-5,6	JOHN SARGENT
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = 20' FL.



<b>FILL REQUIREMENTS</b>	<b>CONSTRUCTION ELEVATIONS</b>	<b>ELEVATION REFERENCE POINT LOCATION &amp; DESCRIPTION</b>
Depth of Fill (Upslope) <u>30'</u>	Reference Elevation is <u>63.28</u>	MONUMENT BOLT WESTERLY SIDE
Depth of Fill (Downslope) <u>28'</u>	Bottom of Disposal Area SEE X SECTION	LINE OF BEACH AVE @ TOP OF HILL
	Top of Distribution Lines or Chambers SEE X SECTION	
<b>DISPOSAL AREA CROSS SECTION</b>		Scale:
		Vertical: 1 Inch = 4' FL.
		Horizontal: 1 Inch = 10' FL.



*William B. Gardner*  
Site Evaluator or Professional Engineer's Signature

0003/4814  
SE #1 PE #

10/21/88  
Date

Page 3 of 3  
HHE-200 Rev. 4/83

001919

Permit # \_\_\_\_\_ City of Portland **BUILDING PERMIT APPLICATION** Fee \$85 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
 Please fill out any part which applies to job. Proper plans must accompany form. minor, minor site plan review - \$50.

Owner: John Sargent Phone # 603 428 3516  
 Address: 9 Craney Hill RD; Henniker, NH 03242  
 LOCATION OF CONSTRUCTION Fern Ave; Long Island 97-E-5,6  
 Contractor: OWNER Sub: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Est. Construction Cost: \_\_\_\_\_ Proposed Use: single-family home Zoning: \_\_\_\_\_  
 Past Use: vacant land  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions L 24' W 24' Total Sq Ft. \_\_\_\_\_  
 # Stories 1 1/2 # Bedrooms 2 Lot Size: 66,000 sq ft  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion Construct single-family home

**For Official Use Only**

Date 6/14/90 Subdivision: \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Name \_\_\_\_\_  
 Bldg Code \_\_\_\_\_ Lot \_\_\_\_\_  
 Time Limit \_\_\_\_\_ Ownership: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_  
 Estimated Cost \$13,000

Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
 Review Required: see letter  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other (Explained) 9-18-90

**Foundations:**

- Type of Soil: \_\_\_\_\_
- Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_
- Footings Size: \_\_\_\_\_
- Foundation Size: \_\_\_\_\_
- Other: \_\_\_\_\_

**Floor:**

- Sill Size: \_\_\_\_\_ Sills must be anchored.
- Girder Size: \_\_\_\_\_
- Lally Column Spacing: \_\_\_\_\_ Size \_\_\_\_\_
- Joists Size: \_\_\_\_\_ Spacing 16" O.C
- Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_
- Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_
- Other Material: \_\_\_\_\_

**Exterior Walls:**

- Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
- No. windows \_\_\_\_\_
- No. Doors \_\_\_\_\_
- Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
- Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_
- Corner Posts Size \_\_\_\_\_
- Insulation Type \_\_\_\_\_ SF \_\_\_\_\_
- Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
- Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_
- Masonry Materials \_\_\_\_\_
- Metal Materials \_\_\_\_\_

**Interior Walls:**

- Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
- Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
- Wall Covering Type \_\_\_\_\_
- Fire Wall if required \_\_\_\_\_
- Other Materials \_\_\_\_\_

**Ceiling:**

- Ceiling Joists Size: \_\_\_\_\_
- Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_
- Type Ceilings: \_\_\_\_\_
- Insulation Type: \_\_\_\_\_
- Ceiling Height: \_\_\_\_\_

**Roof:**

- Truss member Size \_\_\_\_\_ Spar \_\_\_\_\_
- Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
- Roof Covering Type \_\_\_\_\_

**Chimneys:** \_\_\_\_\_  
 Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

**Heating:** \_\_\_\_\_  
 Type of Heat: \_\_\_\_\_

**Electrical:** \_\_\_\_\_  
 Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

**Plumbing:** \_\_\_\_\_  
 1. Approval of soil test if required Yes \_\_\_\_\_ No \_\_\_\_\_  
 2. No. of Tubs or Showers \_\_\_\_\_  
 3. No. of Flushes \_\_\_\_\_  
 4. No. of Lavatories \_\_\_\_\_  
 5. No. of Other Fixtures \_\_\_\_\_

**Swimming Pools:**

- Type: \_\_\_\_\_
- Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_
- Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant John Sargent Date 6/14/90

Signature of CEO \_\_\_\_\_

Inspection Dates \_\_\_\_\_

**PERMIT ISSUED WITH LETTER**



CITY OF PORTLAND, MAINE

389 CONGRESS STREET  
PORTLAND, MAINE 04101  
(207)874-8300

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF  
INSPECTION SERVICES DIVISION

September 19, 1990

Mr. John Sargent  
9 Craney Hill Road  
Henniker, NH 03242

RE: 97-E-5-6 Fern Avenue, Long Island, ME

Dear Sir:

Your application to construct a single family dwelling has been reviewed and a permit has been issued subject to the following requirement(s):

No certificate of occupancy can be issued until all requirement(s) of this letter are met.

Site Plan Review Requirements

Inspection services - Approved with the understanding that the uses other than those listed on this permit are subject to compliance with the land use code. W. Giroux

Public Works - Approved - S. Harris

Building Code Requirements

1. Please read and implement items 1,6,7 and 9 of the attached building permit report.
2. NO work is to begin until a complete framing cross section is submitted and approved.

If you have any questions regarding these requirement(s), please do not hesitate to contact this office.

Sincerely,

P. Samuel Hoffses  
Chief of Inspection Services

cc: S. Harris - Public Works Dept.  
P. Niehoff - Public Works Dept.

PSH/ljh

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

PROPERTY ADDRESS		PORTLAND PERMIT # 3880 STATE COPY Date Permit Issued: 16, 14, 90 \$ 14.00 FEE Charged <input type="checkbox"/> Local Plumbing Inspector Signature: SA L.P.I.S. 0.123
Town Or Plantation	PORTLAND LONG ISLAND	
Street	FERRI AVENUE	
Subdivision Lot #	TAX MAP 97 BLOCK E LOTS 5, 6	
PROPERTY OWNERS NAME		
SARGENT JOHN		
Last:	JOHN	
Applicant Name:	JOHN SARGENT	
Mailing Address of Owner/Applicant (if Different)	BOX 155 9 Craney Hill Rd SUNCOCK NEW HAMPSHIRE	
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.		Caution: Inspection Required I have inspected this installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules
Signature of Owner/Applicant: <i>Henriker, NH</i> Date: 03/04/90		Local Plumbing Inspector Signature: JED 3 Date Approved: 1990

THIS APPLICATION IS FOR: 1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM			THIS APPLICATION REQUIRES: 1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form... 3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval			INSTALLATION IS COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM		
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 2. <input type="checkbox"/> TRENCH 3. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____			DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____			TYPE OF WATER SUPPLY DRILLED WELL		
SIZE OF PROPERTY 22,098 SF		ZONING R 1						

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: 1000 GALS	WATER CONSERVATION 1. <input type="checkbox"/> NONE 2. <input checked="" type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SLATING, EMPLOYEES, WATER RECORDS, ETC.) 3 BEDROOM CONSERVATIVE 450 LOW VOLUME TOILET 45 DESIGN FLOW: 405 (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 4   CONDITION: AIII DEPTH TO LIMITING FACTOR: 30	SIZERATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input checked="" type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED _____ Sq Ft 2. <input checked="" type="checkbox"/> CHAMBER 525" Sq Ft <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20 3. <input type="checkbox"/> TRENCH _____ Linear Ft 4. <input type="checkbox"/> OTHER: _____	

SITE EVALUATOR STATEMENT \* USED 21 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION \* SITE EVALUATION WAIVED BY LOCAL OPTION

On August 7 1988 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

*William B. Goodwin* 0003/4514 10/21/88  
 Site Evaluator or Professional Engineer's Signature SE # / PE # Date

Page 1 of 3  
SHE-200 Rev 4/83

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

PROPERTY ADDRESS		<p><b>Caution: Permit Required</b></p> <p>The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.</p>
Town Or Planation	PORTLAND LONG ISLAND	
Street	FERN AVENUE	
Subdivision Lot #	TAAMAP 7 BLOCK E LOTS 5,6	
PROPERTY OWNERS NAME		<p><b>Caution: Inspection Required</b></p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules</p>
SARGENT	JOHN	
Last:	First:	
Applicant Name:	JOHN SARGENT	
Mailing Address of Owner/Applicant (If Different)	BOX 155 SUNCOOK NEW HAMPSHIRE	
Owner/Applicant Statement		
I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit		
Signature of Owner/Applicant	Date	Local Plumbing Inspector Signature
		Date Approved

PERMIT INFORMATION

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<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE <u>4</u>   CONDITION <u>ATC</u></p> <p>DEPTH TO LIMITING FACTOR <u>30</u></p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" 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><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>525</u> Sq. Ft.</p> <p><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER _____</p>	<p><b>DESIGN FLOW: 405 (GALLONS/DAY)</b></p>

**SITE EVALUATOR STATEMENT** USED 21 INFILTRATOR<sup>®</sup> POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION  SITE EVALUATION WAIVED BY LOCAL OPTION

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*William B. Jewell* 0003/4814 10/31/88

Site Evaluator or Professional Engineer's Signature SE # / PE # Date

\* Local Plumbing Inspectors Signature if a Local Site Evaluation Waiver under a Local Order

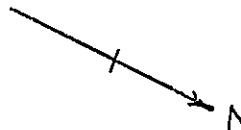
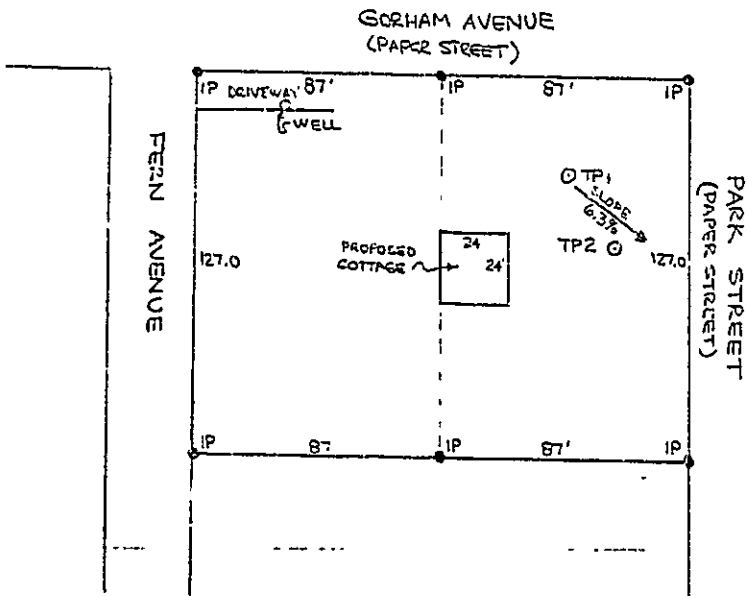
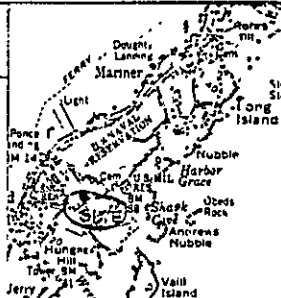
**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Hamlet: **PORTLAND LONG ISLAND** Street, Road, Subdivision: **FERN AVE 97-E-5,6** Owners Name: **JOHN SARGENT**

SITE PLAN

Scale 1" = 40 Ft.



**SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)**

Observation Hole 1  Test Pit  Boring  
 2" FOREST FEET \* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	SANDY LOAM		DARK BROWN	
6-12				NONE
12-15	LOAMY GRAVEL		RED BROWN	
15-20		LOOSE		
20-30				
30-36	COARSE GRAVEL		DARK TAN	FEW
36-50				
50	ROCK			

Soil: 4 Classification: AIII Slope: 30 Limiting Factor:  Ground Water  Rooting Layer  Bedrock

Observation Hole 2  Test Pit  Boring  
 2" FOREST FEET \* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	SANDY LOAM		DARK BROWN	
6-10				NONE
10-13	LOAMY SAND		RED BROWN	
13-20		LOOSE		
20-30				
30-36	COARSE SANDY GRAVEL		RED YELLOW	FEW
36-50				
50				

Soil: 4 Classification: AIII Slope: 22 Limiting Factor:  Ground Water  Rooting Layer  Bedrock

*William B. Goodwin*  
Soil Evaluator / Professional Engineer's Signature

0003/4814  
SE# / PE#

10/21/88  
Date



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation  
**PORTLAND LONG ISLAND**

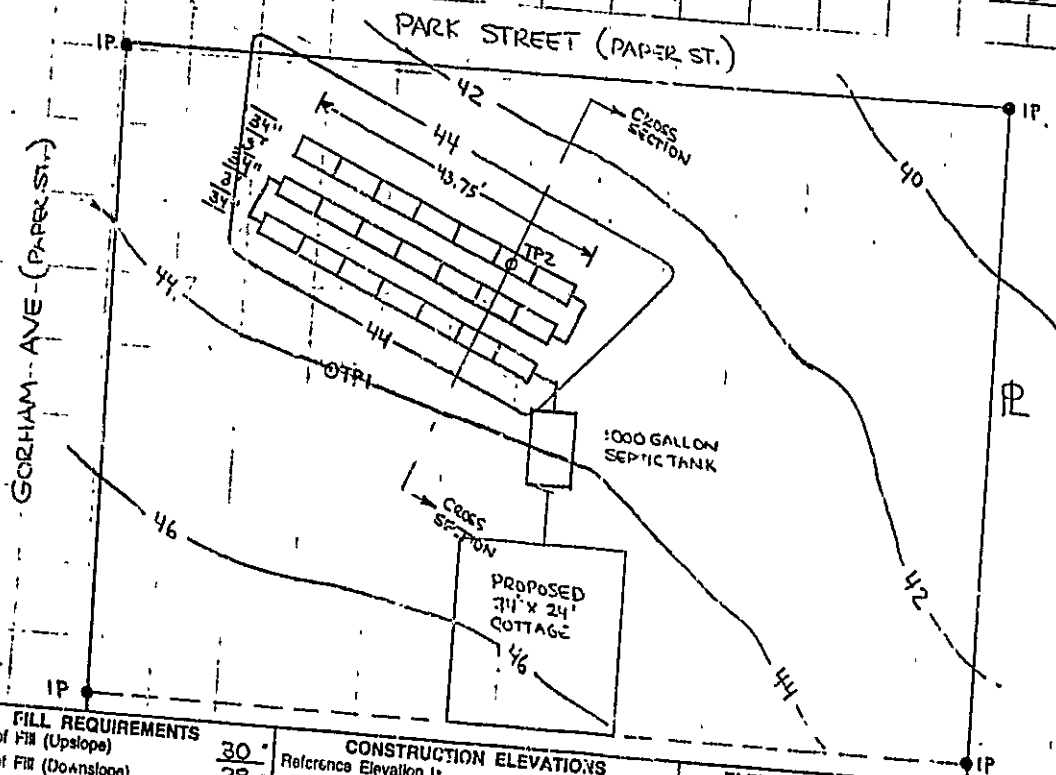
Street, Road, Subdivision  
**FERN AVENUE 97-E-5,6**

Department of Human Services  
 Division of Health Engineering

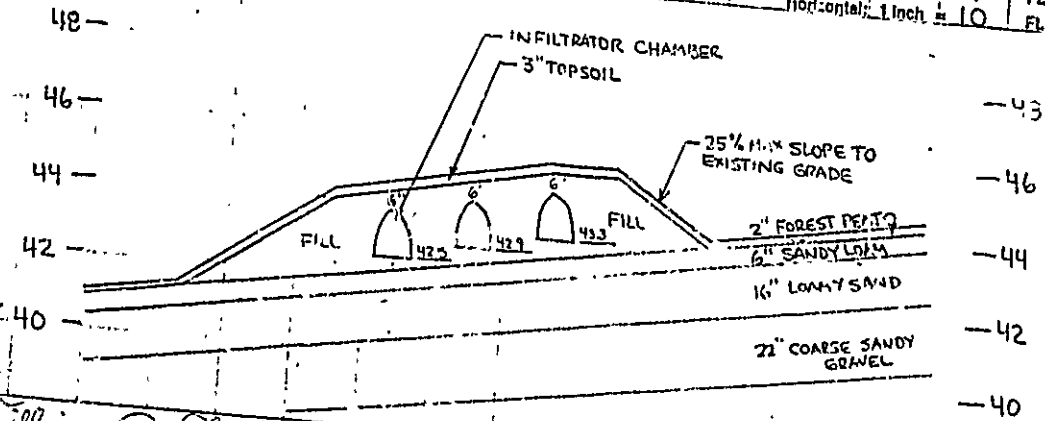
Owners Name  
**JOHN SARGENT**

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 FL.



<b>FILL REQUIREMENTS</b>		<b>CONSTRUCTION ELEVATIONS</b>		<b>ELEVATION REFERENCE POINT LOCATION &amp; DESCRIPTION</b>	
Depth of Fill (Upslope)	30"	Reference Elevation is	63.28	MONUMENT BOLT WESTERLY SIDE	
Depth of Fill (Downslope)	23"	Bottom of Disposal Area	SEE X SECTION	LINE OF GORHAM AVE @ TOP OF HILL	
		Top of Distribution Lines or Chambers	SEE X SECTION		
<b>DISPOSAL AREA CROSS SECTION</b>				Scale:	
				Vertical: 1 inch = 4 FL	
				Horizontal: 1 inch = 10 FL	



*William B. Sargent*  
 Site Evaluator or Professional Engineer's Signature

0003/4814  
 SE #1 PE #

10/21/88  
 Date

Page 3 of 3  
 HHE-200 Rev. 4/83

City of Portland Maine  
Mr. Bill Goodwin  
Inspection Services  
389 Congress St.  
Portland Maine 04101

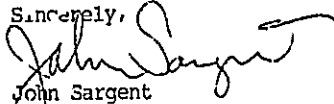
*DW 3/90*  
*OK*  
*aj*

Dear Mr. Goodwin

As per your conversation on 11/30/90 giving me permission to cover my waste water disposal system.

The disposal system has been installed in accordance with the plan and site evaluation. The materials were new and in the numbers, type and size required.

Sincerely,



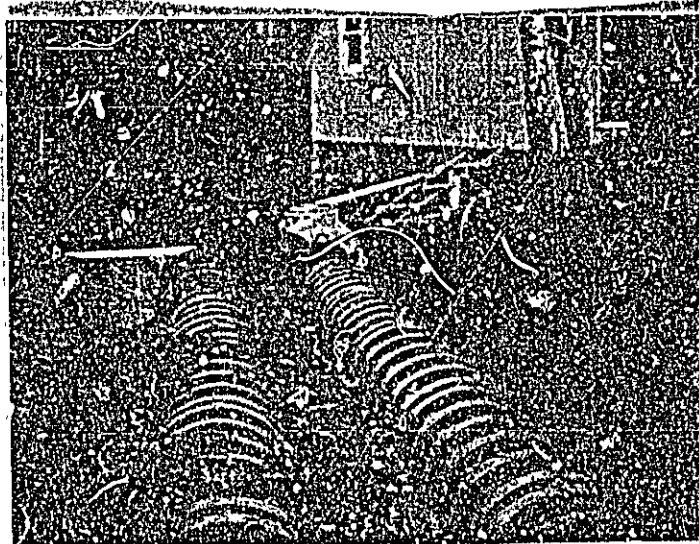
John Sargent  
9 Craney Hill Rd.  
Henniker N.H. 03242

11/30/90

RECEIVED

DEC 6 1990

DEPARTMENT OF PUBLIC WORKS





**APPLICATION FOR PERMIT**  
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES  
 ELECTRICAL INSTALLATIONS

Date 8/2/91, 19\_\_  
 Receipt and Permit number 0000

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: Fern Ave - Long Island 97-E-5  
 OWNER'S NAME: John Sargent ADDRESS: \_\_\_\_\_ FEES

OUTLETS: Receptacles 15 Switches 10 Plugmold \_\_\_\_\_ ft. TOTAL 25 .. . . . 5.00

FIXTURES: (number of) Incandescent 6 Fluorescent \_\_\_\_\_ (not strip) TOTAL \_\_\_\_\_ 1.20  
 Strip Fluorescent \_\_\_\_\_ ft. .... . \_\_\_\_\_

SERVICES: Overhead \_\_\_\_\_ Underground \_\_\_\_\_ Temporary \_\_\_\_\_ TOTAL amperes \_\_\_\_\_

METERS: (number of) \_\_\_\_\_

MOTORS: (number of) Fractional \_\_\_\_\_  
 1 HP or over \_\_\_\_\_

RESIDENTIAL HEATING: Oil or Gas (number of units) \_\_\_\_\_  
 Electric (number of rooms) \_\_\_\_\_

COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) \_\_\_\_\_  
 Oil or Gas (by separate units) \_\_\_\_\_  
 Electric Under 20 kws \_\_\_\_\_ Over 20 kws \_\_\_\_\_

APPLIANCES: (number of) Ranges 1 Water Heaters 1  
 Cook Tops \_\_\_\_\_ Disposals \_\_\_\_\_  
 Wall Ovens \_\_\_\_\_ Dishwashers \_\_\_\_\_  
 Dryers \_\_\_\_\_ Compactors \_\_\_\_\_  
 Fans 1 Others (denote) XXXXX 6.00  
 TOTAL 3 .. . . . \_\_\_\_\_

MISCELLANEOUS (number of) Branch Panels \_\_\_\_\_  
 Transformers \_\_\_\_\_  
 Air Conditioners Central Unit \_\_\_\_\_  
 Separate Units (windows) \_\_\_\_\_  
 Signs 20 sq. ft. and under \_\_\_\_\_  
 Over 20 sq. ft. \_\_\_\_\_  
 Swimming Pools Above Ground \_\_\_\_\_  
 In Ground \_\_\_\_\_  
 Fire/Burglar Alarms Residential \_\_\_\_\_  
 Commercial \_\_\_\_\_  
 Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under \_\_\_\_\_  
 over 30 amps \_\_\_\_\_  
 Circus, Fairs, etc. \_\_\_\_\_  
 Alterations to wires \_\_\_\_\_  
 Repairs after fire \_\_\_\_\_  
 Emergency Lights, battery \_\_\_\_\_  
 Emergency Generators \_\_\_\_\_

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ... . INSTALLATION FEE DUE:  
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) ... . DOUBLE FEE DUE:  
 TOTAL AMOUNT DUE: 15.00  
 minimum fee

INSPECTION: Will be ready on \_\_\_\_\_, 19\_\_; or Will Call X  
 CONTRACTOR'S NAME: Owner - John Sargent  
 ADDRESS: resident/ 1-fam dwlg  
 Telephone: \_\_\_\_\_  
 MASTER LICENSE NO.: \_\_\_\_\_  
 LIMITED LICENSE NO.: \_\_\_\_\_  
 SIGNATURE OF CONTRACTOR: John Sargent

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





**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date July 30, 1991, 19\_\_  
 Receipt and Permit number 4548

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance the National Electrical Code and the following specifications:

LOCATION OF WORK: 97-E-2,6 Park and Ferr Ave., Long Island  
 OWNER'S NAME: Jona Sargeant ADDRESS: Same

	FEES
<b>OUTLETS:</b>	
Receptacles _____ Switches _____ Plug _____ ft. TOTAL _____	
<b>FIXTURES: (number of)</b>	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft. _____	
<b>SERVICES:</b>	
Overhead <input checked="" type="checkbox"/> Underground _____ Temporal _____ TOTAL amperes <u>100</u> ..	15.00
METERS: (number of) <u>1</u> ..	1.00
<b>MOTORS: (number of)</b>	
Fractional _____	
1 HP or over _____	
<b>RESIDENTIAL HEATING:</b>	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
<b>COMMERCIAL OR INDUSTRIAL HEATING:</b>	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ or 20 kws _____	
<b>APPLIANCES: (number of)</b>	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
<b>TOTAL</b> _____	
<b>MISCELLANEOUS: (number of)</b>	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
INSTALLATION FEE DUE: _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE: _____	
FOR REMOVAL OF A "STOP ORDER" (304-16.b) .....	
<b>TOTAL AMOUNT DUE:</b>	<u>16.00</u>

**INSPECTION:**  
 Will be ready on NOW, 19\_\_; or Will Call \_\_\_\_\_  
**CONTRACTOR'S NAME:** William Flynn  
**ADDRESS:** 24 Centennial St. Peaks Island, Maine 04108  
**TEL.:** 207-766-2780  
**SIGNATURE OF CONTRACTOR:** \_\_\_\_\_  
**MAF** INSE NO.: 4548  
**LIM** INSE NO.: \_\_\_\_\_

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



**PLUMBING PERMIT**

97-E-5

Department of Human Services  
Division of Health Engineering  
(207) 269-3826

Town Or Plantation: \_\_\_\_\_  
 Street Subdivision Lot #: \_\_\_\_\_  
 Last: Sargent First: John  
 Applicant Name: John Sargent  
 Mailing Address of Owner/Applicant (if different): 9 Craney Hill Rd, Henniker NH 03142

PORTLAND  
 Date Permitted: 10-2-93  
 Local Plumbing Inspector Signature: \_\_\_\_\_  
 Local Plumbing Inspector Title: \_\_\_\_\_  
 License #: 0124  
 Fee: \_\_\_\_\_  
 Town Copy: \_\_\_\_\_

**Owner/Applicant Statement**  
 I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.  
 Signature of Owner/Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Caution: Inspection Required**  
 I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.  
 Local Plumbing Inspector Signature: D. Rowe Date Approved: 2-2-93

**PERMIT INFORMATION**

This Application is for:  
 1.  NEW PLUMBING  
 2.  RELOCATED PLUMBING

Type Of Structure To Be Served:  
 1.  SINGLE FAMILY DWELLING  
 2.  MODULAR OR MOBILE HOME  
 3.  MULTIPLE FAMILY DWELLING  
 4.  OTHER - SPECIFY \_\_\_\_\_

Plumbing To Be Installed By:  
 1.  MASTER PLUMBER  
 2.  OIL BURNERMAN  
 3.  MFG'N. HOUSING DEALER/MECHANIC  
 4.  PUBLIC UTILITY EMPLOYEE  
 5.  PROPERTY OWNER

LICENSE # \_\_\_\_\_

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District OR HOOK-UP: to an existing subsurface wastewater disposal system PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures		Hosebib / Sillcock		Bathtub (and Shower)
	4	Floor Drain	3	Shower (Separate)
		Urinal	2	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc	1	Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
Number of Hook Ups & Relocations			1	
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	6	Fixtures (Subtotal) Column 1
			4	Fixtures (Subtotal) Column 2
			10	Total Fixtures
			\$ 30.	Fixture Fee
			\$	Hook-Up & Relocation Fee
			\$ 30.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

# PLUMBING APPLICATION

97-E-5

Department of Human Services  
Division of Health Engineering  
(207) 289-3825

**PROPERTY ADDRESS**

Town Or Plantation: Portland

Street Subdivision Lot #: 97 Fern Ave LI

**PROPERTY OWNERS NAME**

Sargent First John

Applicant Name: John Sargent

Mailing Address of Owner/Applicant (if Different): 9 Craney Hill Rd, Kennebunk, N.H. 03742

PORTLAND

Date Permitted: 2-2-93

Fee: \$120

TOWN COPY  Fee Double Fee Charged

L.P.I. # 01124

Local Plumbing Inspector Signature: [Signature]

**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: \_\_\_\_\_

**Caution: Inspection Required** 2-2-93

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: [Signature] Date Approved: \_\_\_\_\_

## PERMIT INFORMATION

<b>This Application is for</b>	<b>Type Of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	1. <input type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D HOUSING DEALER/M. CHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input checked="" type="checkbox"/> PROPERTY OWNER
LICENSE # _____		

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District  <b>OR</b>  HOOK-UP to an existing subsurface wastewater disposal system.  PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures		Housebubb / Sillcock		Bathtub (and Shower)
	<u>4</u>	Floor Drain	<u>1</u>	Shower (Separate)
		Urinal	<u>2</u>	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste	<u>1</u>	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	<u>1</u>	Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	<u>1</u>	Water Heater
	<b>Fixtures (Subtotal) Column 2</b>	<u>6</u>	<b>Fixtures (Subtotal) Column 1</b>	
		<u>4</u>	<b>Fixtures (Subtotal) Column 2</b>	
		<u>10</u>	<b>Fixtures Fee</b>	
		<u>\$ 30</u>	<b>Hook-Up &amp; Relocation Fee</b>	
		<u>\$ 30</u>	<b>Permit Fee</b>	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE