

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS		PORTLAND 3606 (OWN COPY) Date Permit Issued: <u>1/16/1990</u> \$ <u>14100.10</u> FEE <input type="checkbox"/> Duplicate Fee Charged Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # <u>11213</u>
Town/Cr Plantation	PORTLAND LONG ISLAND	
Street	EASTERN AVENUE	
Subdivision/Lot #	TAX MAP 104 BLOCK I LOTS 78, 80, 82	
PROPERTY OWNERS NAME		
INGHAM	JOHN	
Last	First	
Applicant Name	JOHN INGHAM	
Mailing Address of Owner/Applicant (if Different)	30 BAYVIEW ROAD WELLESLEY MASS 02181	
Owner/Applicant Statement		Caution: Inspection Required
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		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.
Signature of Owner/Applicant	Date	Local Plumbing Inspector Signature <u>[Signature]</u> JAN 5 1990 Date Approved

PERMIT INFORMATION		
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 3. <input type="checkbox"/> TRENCH 2. <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: 2.15 ACRES ZONING: SHORELAND		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input 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 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____	PUMPING 1. <input type="checkbox"/> NOT REQUIRED 2. <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) 3 BEDROOM CONSERVATIVE 450 LOW VOLUME TOILET -45
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 4 CONDITION: C DEPTH TO LIMITING FACTOR: 24	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input checked="" type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MED. UN-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 type="checkbox"/> REGULAR <input type="checkbox"/> H 20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	DESIGN FLOW 405 (GALLONS/DAY)

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

On JULY 24 1989 (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

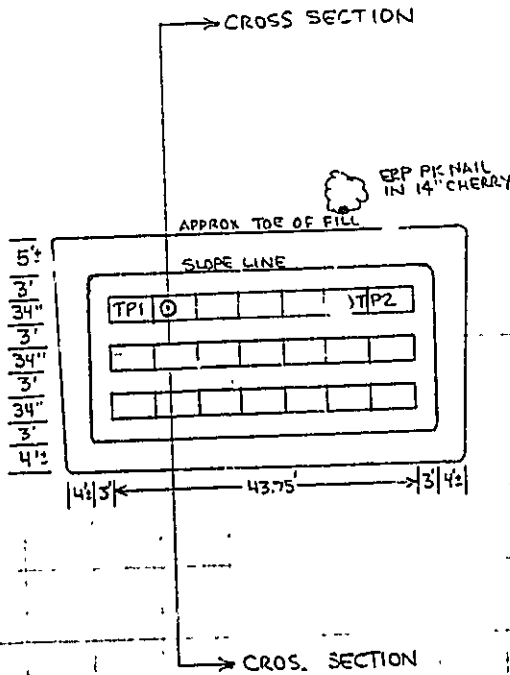
William B. Goodwin
Site Evaluator or Professional Engineer's Signature

0003/4814
SE# / IPE#

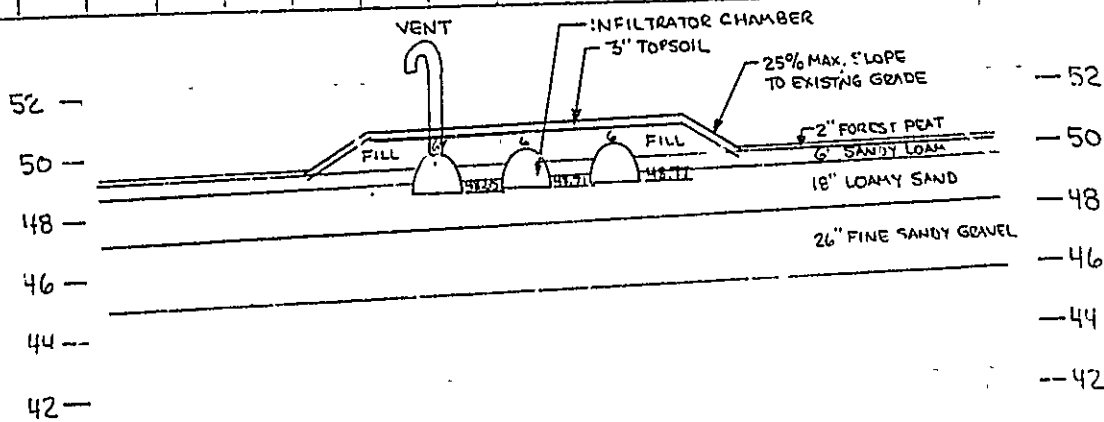
8/14/89
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation PORTLAND LONG ISLAND	Street, Road, Subdivision EASTERN AVENUE 104-I-78, 80 & 82	Owners Name JOHN INGHAM
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = 20 Ft.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>16</u>	Reference Elevation is <u>50.00</u>	PK NAIL IN 14" CHERRY TREE 12' NORTHERLY OF TP 2
Depth of Fill (Downslope) <u>16</u>	Bottom of Disposal Area <u>SEE CROSS SECTION</u>	
	Top of Distribution Lines or Chambers " " "	
DISPOSAL AREA CROSS SECTION		Scale: Vertical: 1 inch = 5 ft. Horizontal: 1 inch = 10 ft.



William B. Goodwin
 Site Evaluator or Professional Engineer's Signature

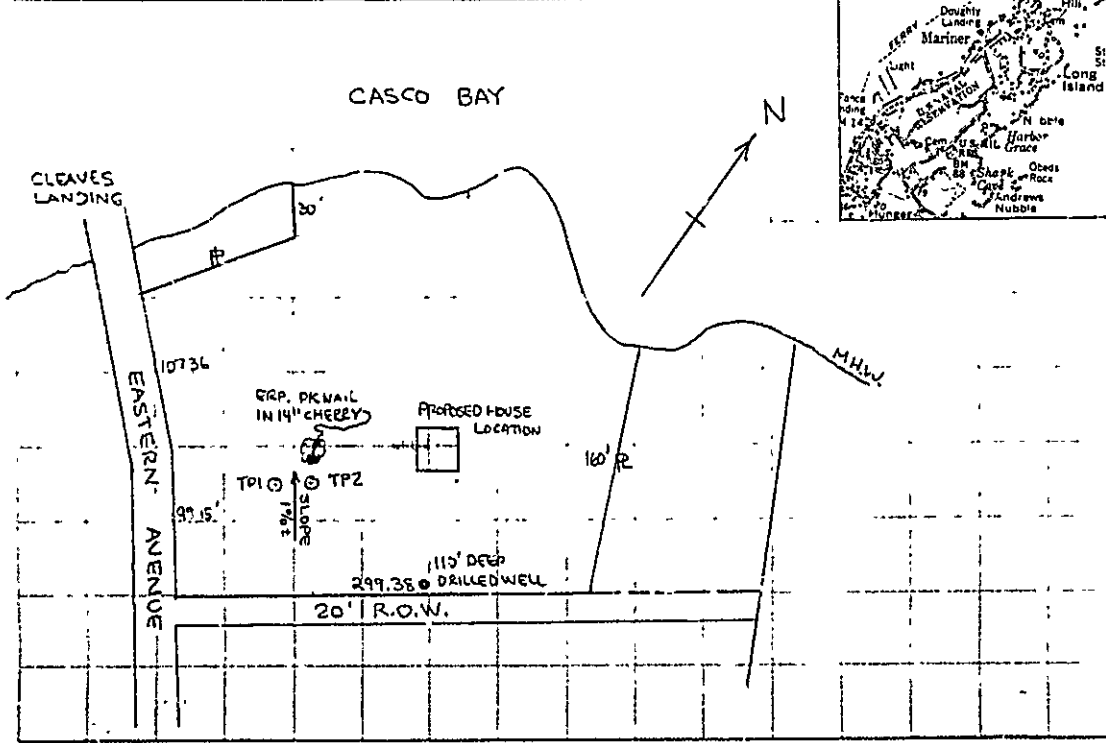
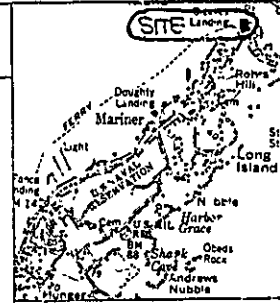
0003/4814
 SE #/PE #

8/14/89
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND LONG ISLAND	Street, Road, Subdivision 104-I-7th, 80, 82	Owners Name JOHN INGHAM
SITE PLAN		Scale 1" = <u>100</u> FL



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

Observation Hole 1 Test Pit Boring
 2' FOREST PEAT * Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURF. E (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM		DARK BROWN	
10	LOAMY GRAVEL		RED BROWN	NONE
15		LOOSE		
30	FINE SANDY GRAVEL		TAN	FEW
40				
50				

Soil Profile: <u>4</u>	Classification: <u>C</u>	Slope: <u>1</u> %	Limiting Factor: <u>24</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Reticular Layer <input type="checkbox"/> Bedrock
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Observation Hole 2 Test Pit Boring
 2' FOREST PEAT * Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	FINE SANDY LOAM		DARK BROWN	
10	LOAMY GRAVEL		RED BROWN	NONE
15		LOOSE		
30	FINE SANDY GRAVEL		TAN BROWN	
40				FEW
50				

Soil Profile: <u>4</u>	Classification: <u>C</u>	Slope: <u>1</u> %	Limiting Factor: <u>33</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Reticular Layer <input type="checkbox"/> Bedrock
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William B. Goodwin
Site Evaluator or Professional Engineer's Signature

0003/4814
SE# / PE#

8/14/89
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: PORTLAND LONG ISLAND

Street: EASTERN AVENUE

Subdivision/Lot #: TAX MAP 104 BLOCK I LOTS 78, 80, 82

PROPERTY OWNERS NAME

Last: INGHAM First: JOHN

Applicant Name: JOHN INGHAM

Mailing Address of Owner/Applicant (If Different): 30 BAYVIEW ROAD WELLESLEY MASS 02181

PORTLAND PERMIT # 3606 APPLICANTS COPY

Date Permit Issued: 9/16/89 Fee: 110.00 Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 110213

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understanding. If any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 9/16/89

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: 9/16/89

PERMIT INFORMATION

THIS APPLICATION IS FOR: F

THIS APPLICATION REQUIRES:
1. NO RULE VARIANCE REQUIRED

INSTALLATION IS COMPLETE SYSTEM

GENERAL RECEIPT

CITY OF PORTLAND, MAINE

DEPARTMENT: Plumb DATE: 9/16/89

RECEIVED FROM: John S. Ingham

ADDRESS: Eastern Ave 104-I-78, 80, 82

1 VARIANCE System Variance Form
2 SYSTEM VARIANCE System Variance Form only Local Plumbing Approval
3 both State and Local Inspector Approval

- 1. NON-ENGINEERED SYSTEM
- 2. PRIMITIVE SYSTEM (incl. alt. Alternative Toilet)
- 3. ENGINEERED (+2000 gpd)
- INDIVIDUALLY INSTALLED COMPONENTS:
- 4. TREATMENT TANK (ONLY)
- 5. HOLDING TANK
- 6. ALTERNATIVE TOILET (ONLY)
- 7. NON-ENGINEERED DISPOSAL AREA (ONLY)
- 8. ENGINEERED DISPOSAL AREA (ONLY)
- 9. SEPARATED LAUNDRY SYSTEM

STEM TO SERVE:
1. FAMILY DWELLING
2. GARAGE OR MOBILE HOME
3. FAMILY DWELLING
SPECIFY: _____

TYPE OF WATER SUPPLY
DRILLED WELL

UNIT	ITEM	REVENUE CODE	DOLLAR AMOUNT
1	permit		40.00
	Eastern Ave		
	104-I-78, 80, 82		

ROUT SHOWN ON PAGE 3)

PUMPING

1. NOT REQUIRED
2. MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)
3. REQUIRED
DOSE: _____ GALS

DISPOSAL AREA TYPE/SIZE

1. BED _____ Sq Ft.
2. CHAMBER 525* Sq Ft.
 REGULAR 20
3. TRENCH _____ Linear Ft.
4. OTHER: _____

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

3 BEDROOM CONSERVATIVE 450
LOW VOLUME TOILET 45
DESIGN FLOW: 405 (GALLONS/DAY)

METLIFE CAPITAL CREDIT CORPORATION
A METROPOLITAN LIFE COMPANY
Paragon Towers, 233 Needham Street, Newton, MA 02459

1528

POLYETHYLENE CONFIGURATION SITE EVALUATION WAIVED BY LOCAL OPTION

I certify that the data reported is accurate. The Rules.

RECEIVED BY: DG

814 8/14/89 Date

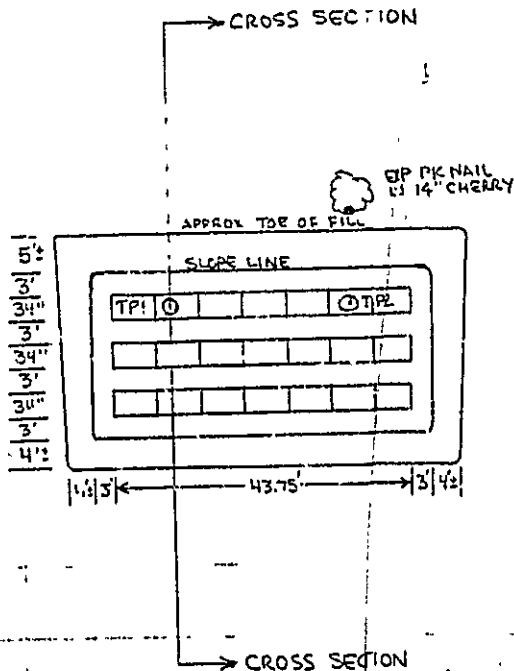
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND LONG ISLAND**
 Street, Road, Subdivision: **EASTERN AVENUE 104-I-78,80 & 82**
 Owners Name: **JOHN INGHAM**

SUBSURFACE WASTEWATER DISPOSAL PLAN

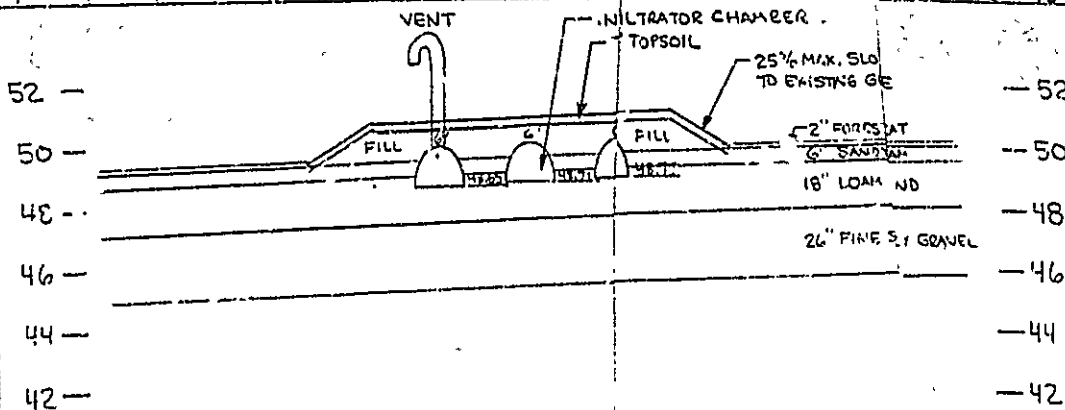
Scale 1" = 20' FL



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope) $\frac{1}{16}$	Reference Elevation 50.00	LOC. AND DESCRIPTION
Depth of Fill (Downslope) $\frac{1}{16}$	Bottom of Disposal Area SE CROSS SECTION	PK NAIL 1/4" CHERRY TREE
	Top of Distribution Lines or Chambers " " "	12' NORTH OF TP 2

DISPOSAL AREA CROSS SECTION

Scale:
 Vertical: 1" = 5' FL
 Horizontal: 1" = 10' FL



William B. Goodwin
 Site Evaluator or Professional Engineer's Signature

0003/44
 SE 7/7

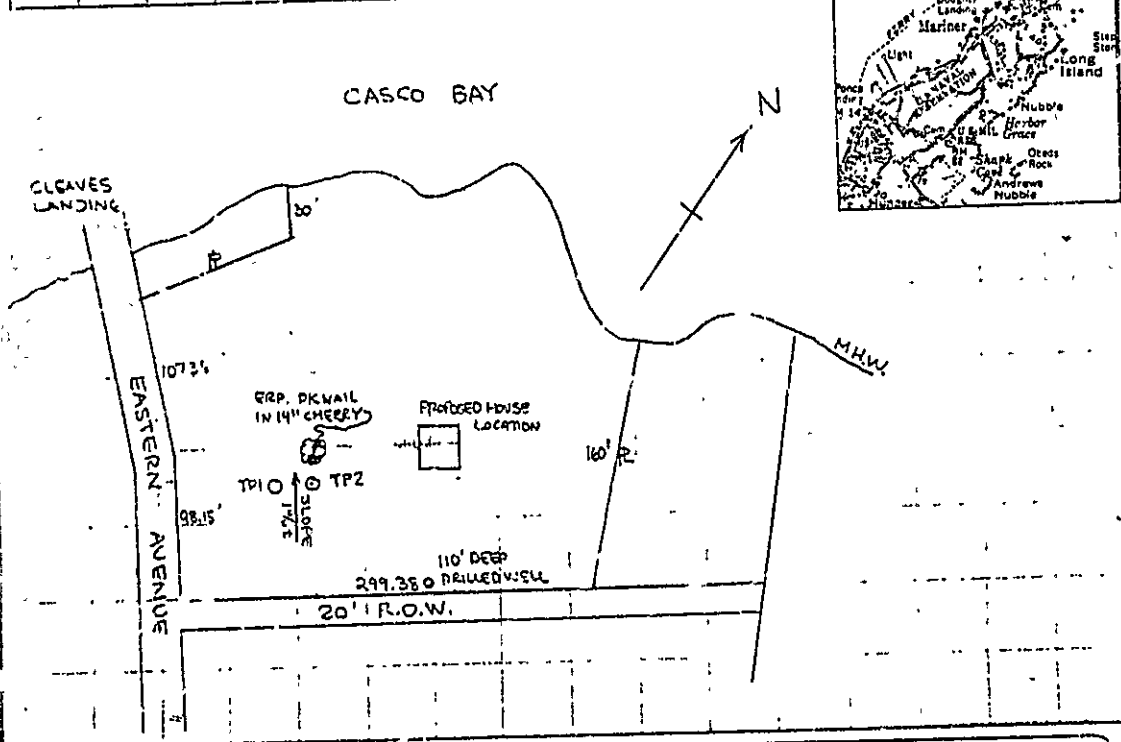
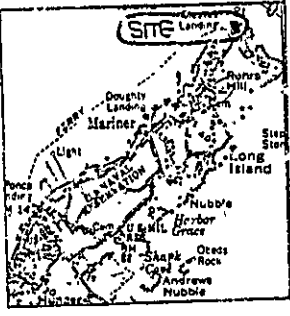
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 Date

Page 3 of 3
 PVE 200 4th Ed.

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND LONG ISLAND	Stn. or Road, Subdivision 104-I-78,80,82	Owner's Name JOHN INGHAM
SITE PLAN		Scale 1" = <u>100</u> Ft.



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

<p>Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring</p> <p><u>2' FOREST PEAT</u> Depth of Organic Horizon Above Mineral Soil</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>DEPTH BELOW MINERAL SOIL SURFACE (Inches)</th> <th>Texture</th> <th>Consistency</th> <th>Color</th> <th>Mottling</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>SANDY LOAM</td> <td></td> <td>DARK BROWN</td> <td></td> </tr> <tr> <td>10</td> <td>LOAMY GRAVEL</td> <td>LOOSE</td> <td>RED BROWN</td> <td>NONE</td> </tr> <tr> <td>30</td> <td>FINE SANDY GRAVEL</td> <td></td> <td>TAN</td> <td>FEW</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td>Soil <u>4</u></td> <td>Classification <u>C</u></td> <td>Slope <u>1</u> %</td> <td>Limiting Factor <u>24</u></td> <td><input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Surface</td> </tr> </table>	DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling	0	SANDY LOAM		DARK BROWN		10	LOAMY GRAVEL	LOOSE	RED BROWN	NONE	30	FINE SANDY GRAVEL		TAN	FEW	Soil <u>4</u>	Classification <u>C</u>	Slope <u>1</u> %	Limiting Factor <u>24</u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Surface	<p>Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring</p> <p><u>FOREST PEAT</u> Depth of Organic Horizon Above Mineral Soil</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>DEPTH BELOW MINERAL SOIL SURFACE (Inches)</th> <th>Texture</th> <th>Consistency</th> <th>Color</th> <th>Mottling</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>FINE SANDY LOAM</td> <td></td> <td>DARK BROWN</td> <td></td> </tr> <tr> <td>15</td> <td>LOAMY GRAVEL</td> <td>LOOSE</td> <td>RED BROWN</td> <td>NONE</td> </tr> <tr> <td>40</td> <td>FINE SANDY GRAVEL</td> <td></td> <td>TAN BROWN</td> <td>FEW</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td>Soil <u>4</u></td> <td>Classification <u>C</u></td> <td>Slope <u>1</u> %</td> <td>Limiting Factor <u>33</u></td> <td><input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Surface</td> </tr> </table>	DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling	0	FINE SANDY LOAM		DARK BROWN		15	LOAMY GRAVEL	LOOSE	RED BROWN	NONE	40	FINE SANDY GRAVEL		TAN BROWN	FEW	Soil <u>4</u>	Classification <u>C</u>	Slope <u>1</u> %	Limiting Factor <u>33</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Surface
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William B. Zacharis 0003/4814 8/14/89 Page 2 of 3
 Site Evaluator or Professional Engineer's Signature SE # / PE # Date HHE-200 Rev 4/83



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date August 3, 1992, 19
 Receipt and Permit number 3088

To the **CHIEF ELECTRICIAN 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: 104-I-78 Eastern Ave Long Island
 OWNER'S NAME: John Ingham ADDRESS: _____

OUTLETS:	FEES
Receptacles <u>30</u> Switches <u>8</u> Plugmold _____ ft TOTAL _____	7.60
FIXTURES (number of)	
Incandescent <u>10</u> Fluorescent _____ (not strip) TOTAL _____	2.00
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 _____
Cook tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
TOTAL _____	2.00
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, Fair, 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!" (304-18.5) _____	
TOTAL AMOUNT DUE: _____	15.00

INSPECTION:
 Will be ready on 8-3-92, 1992; or Will Call _____
 CONTRACTOR'S NAME: Seacoast Electric - Harry Papke
 ADDRESS: 15 Leavitt St Long Island
 TEL: 774-6179
 MASTER LICENSE NO.: X 3088 SIGNATURE OF CONTRACTOR: [Signature]
 LIMITED LICENSE NO.: _____

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

