

MAINE DEPARTMENT OF HEALTH AND WELFARE
DIVISION OF HEALTH ENGINEERING

Application for Private Sewage Disposal Permit

Name of Applicant: Richard Aube Name of Establishment: _____
 Mailing Address: Box 23 Project Location: Box 23, Augusta
22.2 mi Zip Code: _____ Telephone: 582-7946

Date Received _____
 Review Date _____
 Initials _____
 Approved
 Unapproved

TYPE OF FACILITY (Check Where Applicable)

Mobile Home Park Nursing Home Restaurant Motel Single Family Dwelling
 Camping Area Seasonal Dwelling Subdivision School Other Two Family

ADDITIONAL INFORMATION (Check Where Applicable)

New Construction Replacement Remodeling Number of Bedrooms 5; Number of units/seating capacity _____

SOURCE OF WATER SUPPLY: Public Private If private, Dug Well Drilled Well Spring Surface Supply

PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED (Flow in excess of 2,000 gallons per day requires a plan by a registered professional engineer)

Septic tank with absorption trenches Aeration unit (model _____) Other _____

SITE EVALUATION

Percolation test performed by Palmer Plumbing; License No. 1000; Date Performed 7/16/73; Percolation Rate 2.2-1"

Registered Professional Engineer Registered Land Surveyor Master Plumber Other _____

Describe soil (top and underlying) observed: Loam sand on clay

Depth to ledge 4 ft; Depth to water table 1 ft; Depth to mottling (evidence of maximum groundwater elevation) _____

SIZE AND TYPE OF SEPTIC TANK PROPOSED

750 gallons 900 gallons 1,000 gallons Other _____
 Concrete Steel Fiberglass Manufacturer (if other than concrete) _____

ABSORPTION TRENCHES

Number of absorption trenches _____; Length of trenches (total) _____

If there is more than one subsurface absorption trench, is a distribution box provided? Yes No

If the length of absorption trench is in excess of 500 linear feet, is a dosing tank provided? Yes No

If more than 1,000 linear feet of absorption trench are the siphons and pumps automatic and alternating? Yes No

Size of Dosing Tank _____ gallons
 Frequency of discharge _____ hrs.

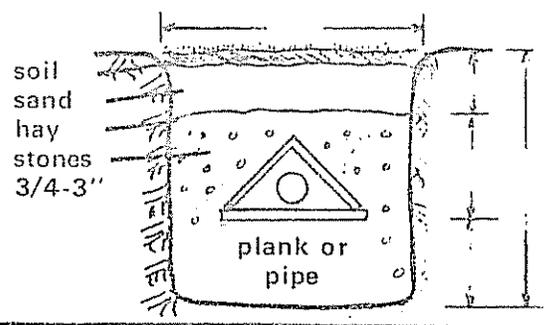
TYPE OF PERCOLATION PIPE PROPOSED

Inverted wooden vee plank Agricultural tile Perforated plastic pipe
 Pipe Diameter _____ ABS PVC

LOCATION OF DISPOSAL FACILITIES

	Distance in feet from septic tank	disposal area
1. Property lines	_____ ft.	_____ ft.
2. Normal high water mark of any lake, pond, stream, river, or similar intermittent watercourse	_____ ft.	_____ ft.
3. Well or spring	<u>100</u> ft.	<u>115</u> ft.
4. Buildings	_____ ft.	_____ ft.

SUBSURFACE ABSORPTION TRENCHES



I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. FALSIFICATION OF THIS APPLICATION GIVES THE DEPARTMENT OF HEALTH AND WELFARE THE RIGHT TO DENY PERMISSION TO INSTALL A PRIVATE SUBSURFACE SEWAGE DISPOSAL SYSTEM.

Chartrand M. Doreau 7/28/73
 Name of person who completed the application (please print) Date

 Signature of the Owner

 Signature of the Local Plumbing Inspector

 Name of person installing system License No. _____

NOTE:
 Show layout and location of proposed disposal facilities on the reverse side with its relationship to property lines, wells, driveways, buildings, bodies of water, etc.

LAYOUT OF PROPOSED DISPOSAL SYSTEM

Scale: each division = 10 feet

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