State of Maine

Original to be sent to Division of Health Engineering, Augusta, Maine 04333 by the LPI

This Application Is For: ● New System ○ Expanded System ○ Conversion Permit ○ Experimental System ○ Replacement Of Entire System ○ Disposal Area Only

An 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

Town	Street, Road, Etc. If On Water Body, Give Name	Plumbing Permit No.	Date Of Plumbing Permit
AUGUSTA	SPRING BROOK	35 228EP	7-24-80

Owner Of Property	Tel. No.	Name Of Applicant Owner's Agent	Tel. No.
STATE OF MAINE			

Street	Street
DEPT. OF INLAND FISHERIES	

Town	State	Zip Code	Town	State	Zip Code
AUGUSTA					

Owner's Signature	Date	Applicants Signature	Date
Clayton G. Grant	8-4-80		

Size Of Lot	Is Lot Zoned?	Type Of Zoning	Subdivision Name	Lot No.
○ Sq. Feet ○ Acres	○ Yes ○ No			

The Water Supply For This Property Is: ○ Dug Well, depth ____; ● Drilled Well, depth ____; ○ Spring, depth ____;
Surface water ○ Body ○ Course—○ with disinfection, ○ without disinfection. Public Utility, name ____

SITE INVESTIGATION

Show Location Of Pits on Site Plan on Page 2

	Soil Profile No. 1 ■ Pit ☐ Boring	Soil Profile No. ☐ Pit ☐ Boring	Soil Profile No. ☐ Pit ☐ Boring	Soil Profile No. ☐ Pit ☐ Boring
Thickness and Description of each soil strata encountered	Organic Strata 2	Organic Strata	Organic Strata	Organic Strata
	1st Strata 4 Inches REDISH BROWN LOAM	1st Strata Inches	1st Strata Inches	1st Strata Inches
	2nd Strata 9 Inches LT. REDISH BROWN LOAM	2nd Strata Inches	2nd Strata Inches	2nd Strata Inches
	3rd Strata 7 Inches LT GRAY SILT LOAM	3rd Strata Inches	3rd Strata Inches	3rd Strata Inches
	4th Strata 28 Inches LT RED TO LT OLIVE LOAMY SAND	4th Strata Inches	4th Strata Inches	4th Strata Inches
Depth from bottom of organic horizon to:	Total Depth of Observation Hole Inches 48	Total Depth of Observation Hole Inches	Total Depth of Observation Hole Inches	Total Depth of Observation Hole Inches
	Max. Seasonal Water Table Mottling ● None Evident Inches	Max. Seasonal Water Table Mottling ○ None Evident Inches	Max. Seasonal Water Table Mottling ○ None Evident Inches	Max. Seasonal Water Table Mottling ○ None Evident Inches
	Impervious Layer Clay, Etc. ● None Evident Inches	Impervious Layer Clay, Etc. ○ None Evident Inches	Impervious Layer Clay, Etc. ○ None Evident Inches	Impervious Layer Clay, Etc. ○ None Evident Inches
	Bedrock Inches ● None Evident Type of Bedrock	Bedrock Inches ○ None Evident Type of Bedrock	Bedrock Inches ○ None Evident Type of Bedrock	Bedrock Inches ○ None Evident Type of Bedrock
	Surface Slope 0 %	Surface Slope %	Surface Slope %	Surface Slope %
	Soil Group 5 / Soil Condition B / Per Table 9-1 Code II	Soil Group / Soil Condition / Per Table 9-1 Code II	Soil Group / Soil Condition / Per Table 9-1 Code II	Soil Group / Soil Condition / Per Table 9-1 Code II

On 7-8-80 (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 following type and size of private sewage disposal system. I also recommend the proposed private sewage disposal system layout and location shown on page 2.

Signature Nelson Peterson
Date Signed 7-24-80
Site Evaluator License Number 00147

DISPOSAL SYSTEM PROPOSED

Show Location of System and Details on Disposal Plan on Page 2

SYSTEM:
● Combined System
○ Separated System
If separated system—type of human waste disposal system to be used:
○ Sealed Vault Privy
○ Open Pit Privy
○ Compost Toilet
○ Chemical Toilet
○ Incinerator Toilet

TREATMENT TANK
○ Aerobic Tank
● Septic Tank
● Concrete
○ Fiberglass
○ Metal
Size in Gallons 1000 Gal.

Number of Bedrooms 2

SUBSURFACE ABSORPTION AREA/TYPE
MODERATE DESIGN
● Bed System No. of Beds 1
Length 65 ft Width 12 ft
○ Chamber System Number ____
○ Type A ○ Type B NA ○ Single File ○ Cluster
○ Special System Length ____ ft Width ____ ft
○ Laundry System No. of Chambers NA Type A ____ Type B ____

Name and type of establishment if other than private home
2 BEDROOM TRAILER PLUS 3 MAINT. PERSONS WORKING DAYS

SIZE
○ Small
● Medium
○ Med.-Large
○ Large
○ Extra-Large

Design Flow 300 GPD

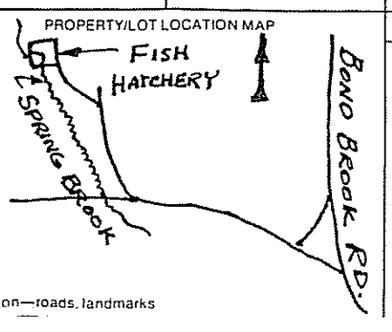
SITE MODIFICATION
Fill will be: 0 in. uphill 0 in. downhill

DETAILS
○ A Distribution Box is required
Pumping is—● required ○ is not required
The dose will be 60 Gallons

DISTANCES
● Yes ○ No: The proposed subsurface absorption 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.

● Yes ○ No: The proposed subsurface absorption 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.

PROPERTY/LOT LOCATION MAP



Location—roads, landmarks

WAIVER ○ State Variance Required ○ Replacement Variance Required ● None Required

FOR THE USE OF LPI ONLY
○ Denial: Application is denied for the following reasons; portions of the Code II are cited.
Form is incomplete (____ pg.) as to ○ General info., ○ Site Investigation, ○ System Proposed, ○ Site Plan, ○ Disposal System Plan, ○ Cross-Section, ○ Statement. See section 4.1
○ Site Investigation indicates site is ○ unsuitable for disposal system. ○ Unsuitable for system proposed.
○ System Proposed does not conform to Code.
○ Site Investigation indicates site modifications are necessary.
● Acceptance: Application for permit is approved ○ with condition specified, comply with Section ____ ○ without condition.

Signed LPI Richard P. Baker Date 8-4-80

HHE-200 1/78

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

(For systems disposing of less than 2000 gallons per day)

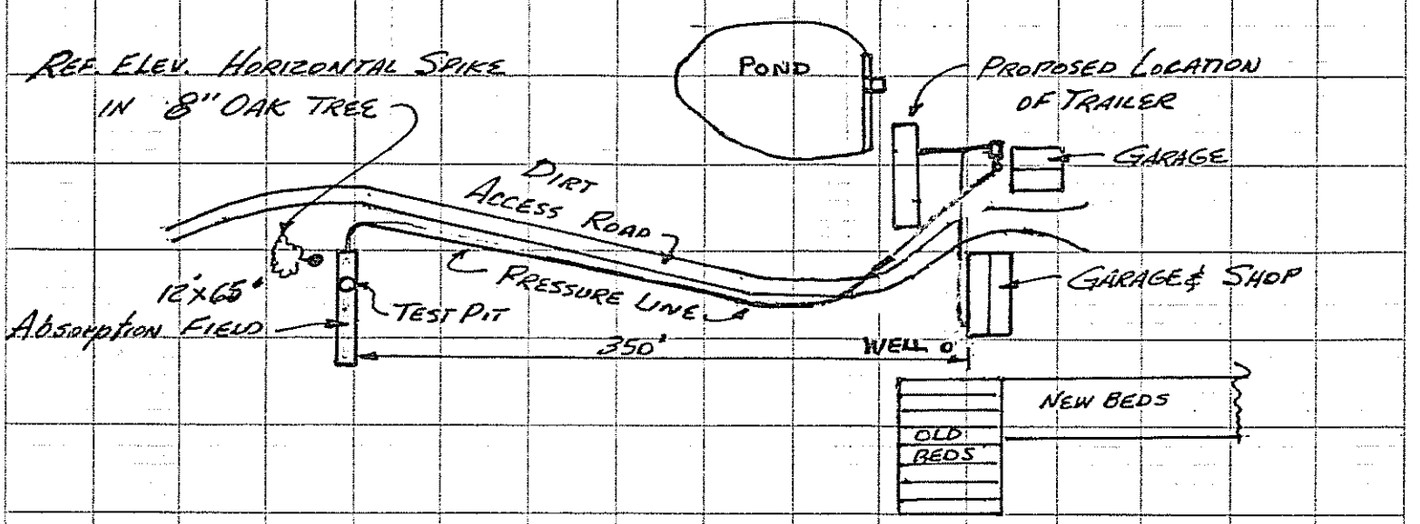
Town: AUGUSTA

Street, Road, etc.: SPRING BROOK FISH HATCHERY

If on water body, give name: ACCESS ROAD

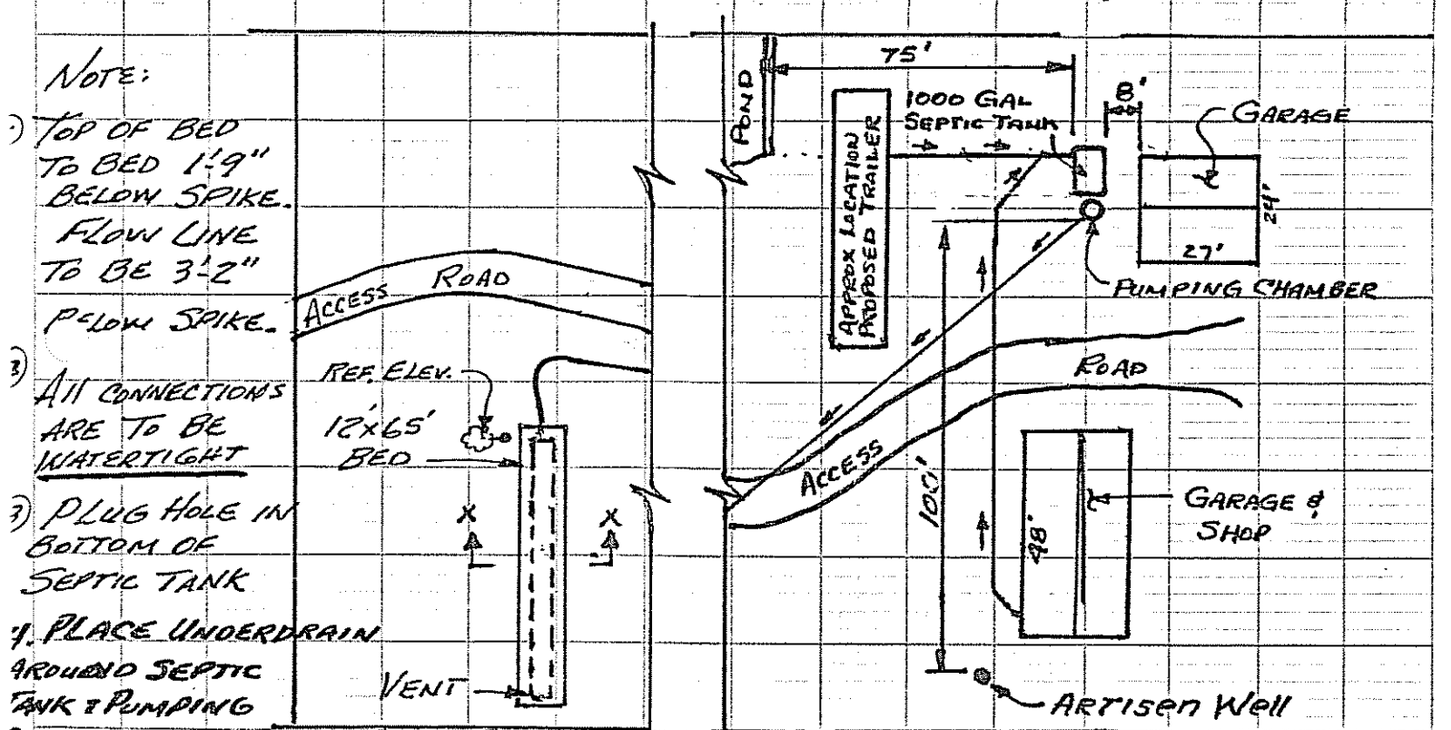
Owner of Property: STATE OF MAINE

Site Plan — Scale 1" = 100 ft.

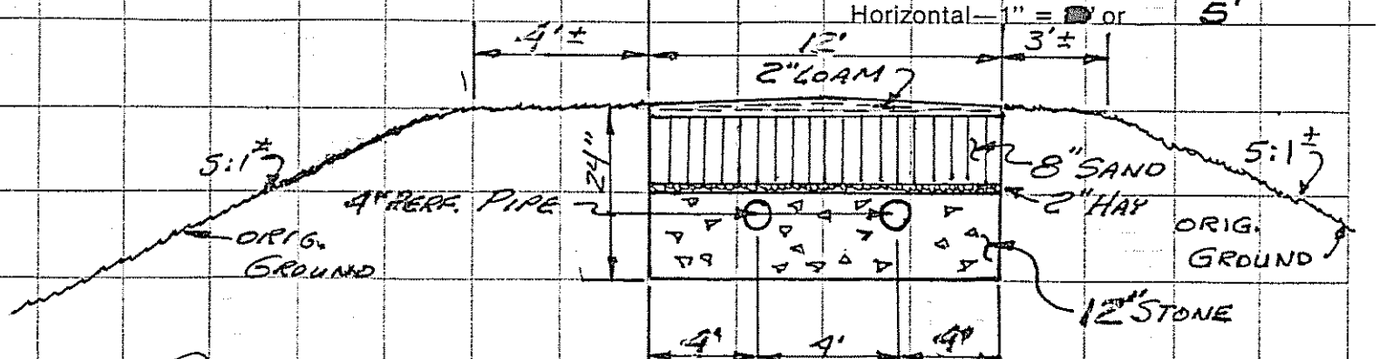


● Designates Elevation Reference Point ○ Designates Test Pit

Private Sewage Disposal Plan — Scale 1" = ● ' or 40



Subsurface Absorption Area Cross-section — Scale: Vertical—1" = ● or 2'; Horizontal—1" = ● or 5'



Site Evaluators Signature: Nelson Peterson — Date: 7-8-80 — License Number: 00147

HHE-200 1/78

Statement: (no permit may be issued unless signed)

I certify that all the information submitted to be true and correct; and I understand that issuance of a permit is based upon the information and plans submitted by the applicant. I also understand that any falsification of this application is reason to deny a permit to install a private sewage disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I understand that no guarantee is intended or implied by reason of any advice or approval given by the Administrative Authority or its agent.

Signature Required

Date: 8-4-80

Applicant: Clayton J. Grant

Owner: X

State of Maine

Original to be sent to Division of Health Engineering, Augusta, Maine 04333 by the LPI

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Owner Of Property: STATE OF MAINE	Tel No	Name Of Applicant Owner's Agent: CLAYTON G. GRANT	Tel. No.: 289-2571
Street: DEPT. OF INLAND FISHERIES		Street: 284 STATE ST.	
Town: AUGUSTA	State	Town: AUGUSTA	State: ME. Zip Code: 04330
Owner's Signature	Date	Applicant Signature: Clayton G. Grant	Date: 7/24/80
Size Of Lot: 1 Acre ○ Sq. Feet ● Acres	Is Lot Zoned? ○ Yes ● No	Type Of Zoning	Subdivision Name	Lot No.

The Water Supply For This Property Is: ○ Dug Well, depth ____; ○ Drilled Well, depth ____; ○ Spring, depth ____;
Surface water ○ Body ○ Course—○ with disinfection, ○ without disinfection. Public Utility, name ____

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Size in Gallons: 1000 Gal

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● Bed System No. of Beds 1
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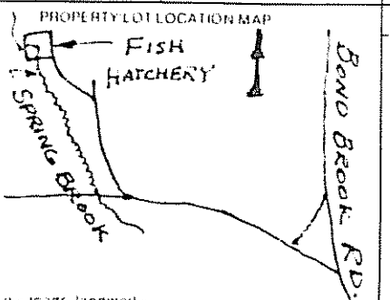

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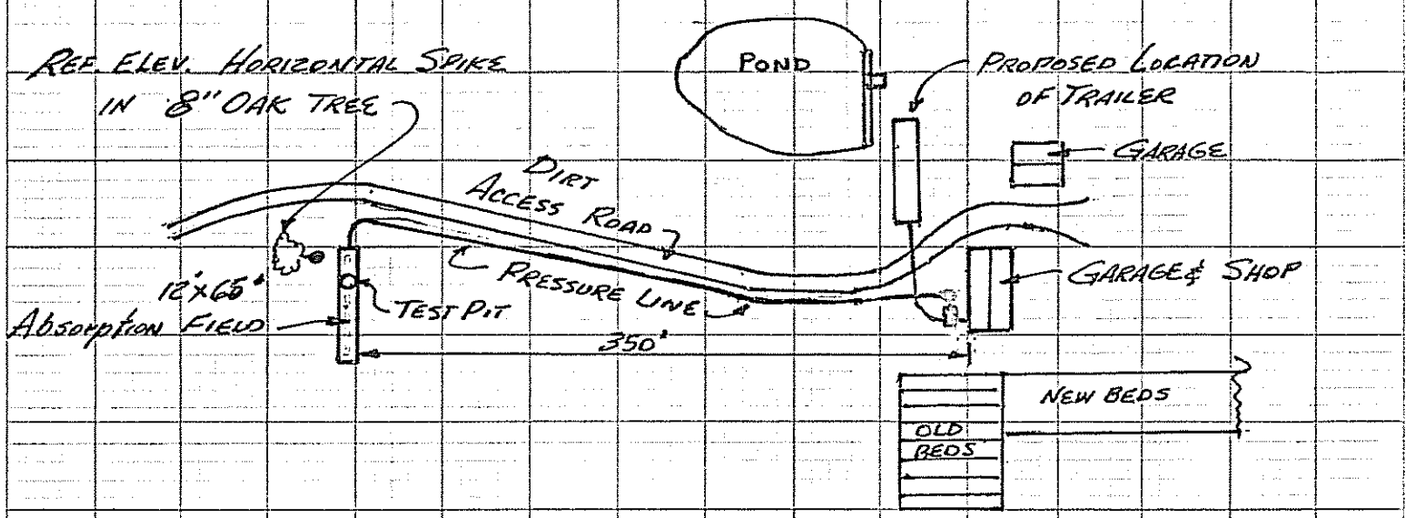

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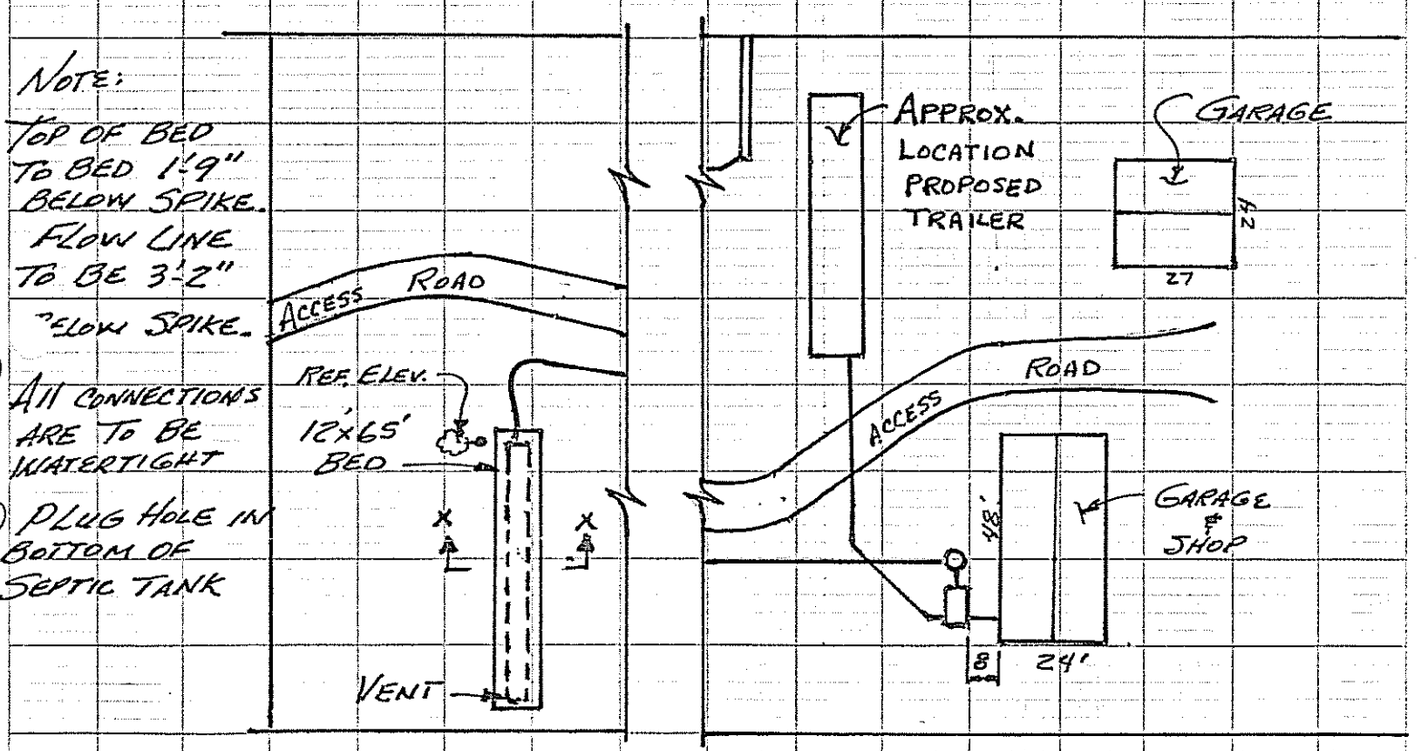

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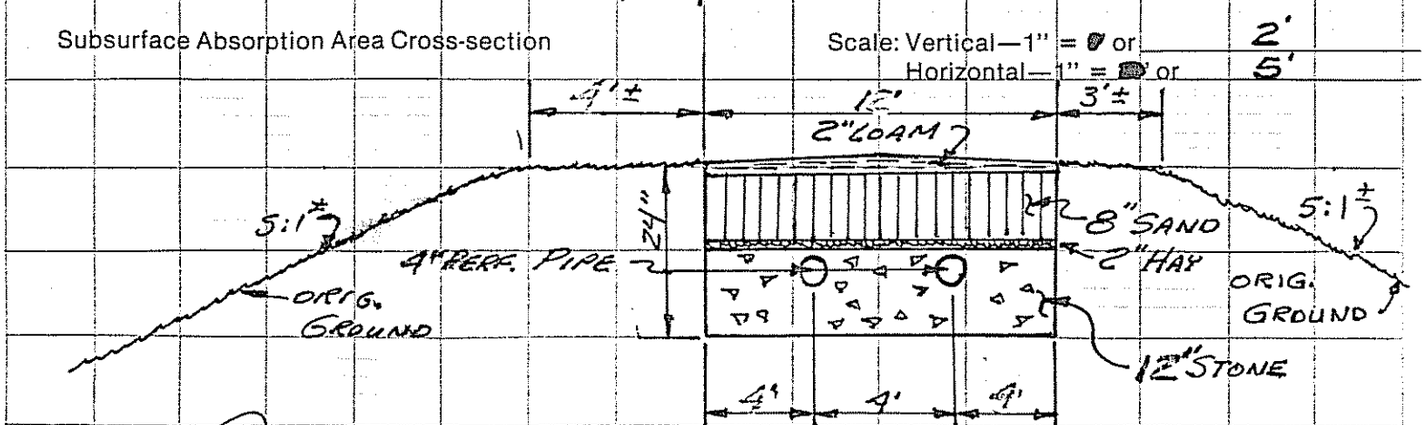

Site Evaluator's Signature: Nelson Peterson — Date: 7-8-80 — License Number: 00147

HHE-200 1/7

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Signature Required

Date: 8-20-80

Applicant: Clayton D. Hunt

Owner: Dept. Inland Fisheries & Wildlife