





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

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: Augusta Street, Road, Etc.: 24 PARKVIEW TER. Plumbing Permit No.: 23957 EP Date Of Plumbing Permit: 8-2-79  
 If On Water Body, Give Name

Owner Of Property: Willis Ellsworth Tel. No.: 623-2797 Name Of Applicant Owner's Agent: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Street: 24 PARKVIEW TERRACE

Town: Augusta State: Me Zip Code: 04330 Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner's Signature: Willis Ellsworth Date: 8-2-79 Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Size Of Lot: 1 ± 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 \_\_\_\_\_

**SITE INVESTIGATION** Show Location Of Pits on Site Plan on Page 2

Soil Profile No.	Soil Profile No.		Soil Profile No.		Soil Profile No.	
	<input checked="" type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring
Organic Strata	Organic Strata	Organic Strata	Organic Strata	Organic Strata	Organic Strata	Organic Strata
1st Strata <u>Brown LOAMY SAND</u> Inches <u>7 ML</u>	1st Strata					
2nd Strata <u>Red Brown LOAM SAND</u> Inches <u>11 ML</u>	2nd Strata					
3rd Strata <u>Olive LOAM SAND</u> Inches <u>29 ML</u>	3rd Strata					
4th Strata	4th Strata	4th Strata	4th Strata	4th Strata	4th Strata	4th Strata
Total Depth of Observation Hole Inches <u>47</u>	Total Depth of Observation Hole Inches					
Max. Seasonal Water Table Mottling <input type="radio"/> None Evident	Max. Seasonal Water Table Mottling <input type="radio"/> None Evident	Max. Seasonal Water Table Mottling <input type="radio"/> None Evident	Max. Seasonal Water Table Mottling <input type="radio"/> None Evident	Max. Seasonal Water Table Mottling <input type="radio"/> None Evident	Max. Seasonal Water Table Mottling <input type="radio"/> None Evident	Max. Seasonal Water Table Mottling <input type="radio"/> None Evident
Impervious Layer Clay, Etc. <input checked="" type="radio"/> None Evident	Impervious Layer Clay, Etc. <input type="radio"/> None Evident	Impervious Layer Clay, Etc. <input type="radio"/> None Evident	Impervious Layer Clay, Etc. <input type="radio"/> None Evident	Impervious Layer Clay, Etc. <input type="radio"/> None Evident	Impervious Layer Clay, Etc. <input type="radio"/> None Evident	Impervious Layer Clay, Etc. <input type="radio"/> None Evident
Bedrock <input checked="" type="radio"/> None Evident	Bedrock <input type="radio"/> None Evident	Bedrock <input type="radio"/> None Evident	Bedrock <input type="radio"/> None Evident	Bedrock <input type="radio"/> None Evident	Bedrock <input type="radio"/> None Evident	Bedrock <input type="radio"/> None Evident
Surface Slope <u>10</u> %	Surface Slope %	Surface Slope %	Surface Slope %	Surface Slope %	Surface Slope %	Surface Slope %
Soil Group <u>5</u> Soil Condition <u>C</u> 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	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 7-16-79 (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: Gerald C Paulin Site Evaluator License Number: 79  
 Date Signed: 7-16-79

**DISPOSAL SYSTEM PROPOSED** Show Location of System and Details on Disposal Plan on Page 2

<b>SYSTEM:</b> <input checked="" type="radio"/> Combined System <input type="radio"/> Separated System If separated system—type of human waste disposal system to be used: <input type="radio"/> Sealed Vault Privy <input type="radio"/> Open Pit Privy <input type="radio"/> Compost Toilet <input type="radio"/> Chemical Toilet <input type="radio"/> Incinerator Toilet	<b>TREATMENT TANK</b> <input type="radio"/> Aerobic Tank <input checked="" type="radio"/> Septic Tank <input type="radio"/> Concrete <input type="radio"/> Fiberglass <input type="radio"/> Metal Size in Gallons: <u>1000</u> Number of Bedrooms: <u>3</u>	<b>SUBSURFACE ABSORPTION AREA TYPE</b> <input checked="" type="radio"/> Bed System No. of Beds <u>1</u> Length <u>70</u> ft Width <u>10</u> ft <input type="radio"/> Chamber System Number _____ <input type="radio"/> Type A <input type="radio"/> Single File <input type="radio"/> Type B <input type="radio"/> Cluster <input type="radio"/> Special System Length _____ ft Width _____ ft <input type="radio"/> Laundry System Type A _____ Type B _____ No. of Chambers: _____	<b>SIZE</b> <input type="radio"/> Small <input checked="" type="radio"/> Medium <input type="radio"/> Med.-Large <input type="radio"/> Large <input type="radio"/> Extra-Large Design Flow: <u>264</u> GPD Name and type of establishment if other than private home _____	<b>SITE MODIFICATION</b> Fill will be: <u>16</u> in. uphill <u>28</u> in. downhill <b>DETAILS</b> A Distribution Box is required <input type="radio"/> Pumping is— <input type="radio"/> required <input checked="" type="radio"/> is not required The dose will be _____ Gallons <b>DISTANCES</b> <input checked="" type="radio"/> Yes <input type="radio"/> 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. <input checked="" type="radio"/> Yes <input type="radio"/> 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.
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**PROPERTY/LOT LOCATION MAP**

Location—roads, landmarks

**WAIVER**  State Variance Required  Replacement Variance Required  None Required

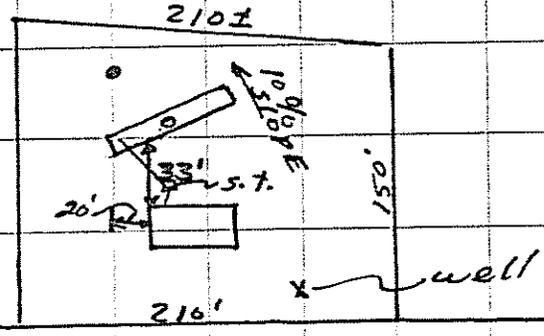
**FOR THE USE OF LPI ONLY**  
 Denial: Application is denied for the following reasons; portions of the Code II are cited. Form is incomplete (\_\_\_\_ pg.) as to  General info.,  Site Investigation,  System Proposed,  Site Plan,  Disposal System Plan,  Cross-Section,  Statement. See section 4.1  
 Site 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 47 (8)  
 without condition.

Signed LPI: Richard B Baker Date: 8-2-79 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. **24 PARKVIEW TERRACE** Owner of Property **Willis Ellsworth**  
 If on water body, give name **TERRACE** Scale 1" = \_\_\_\_\_ ft.

Site Plan



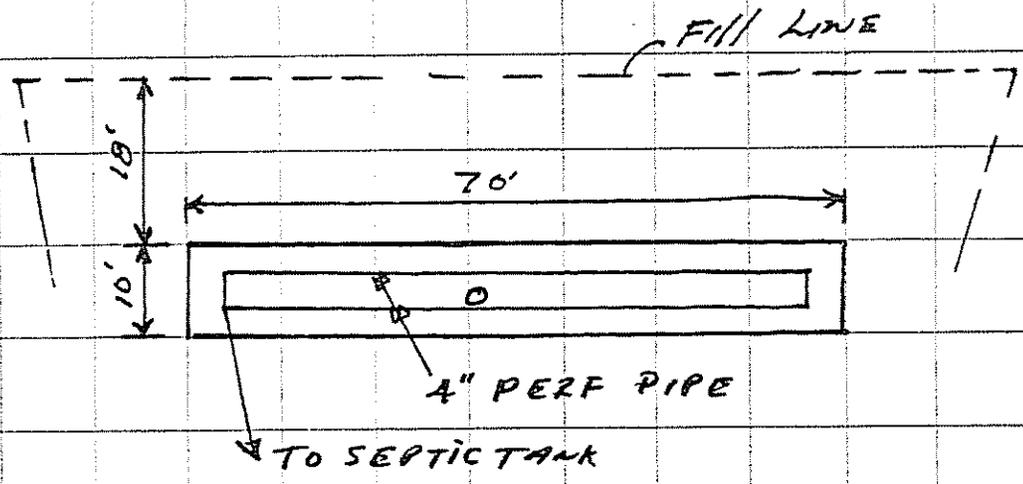
● NAIL IN TREE AT ELEV. OF TOP OF SYSTEM

PARKVIEW TERRACE

● Designates Elevation Reference Point ○ Designates Test Pit

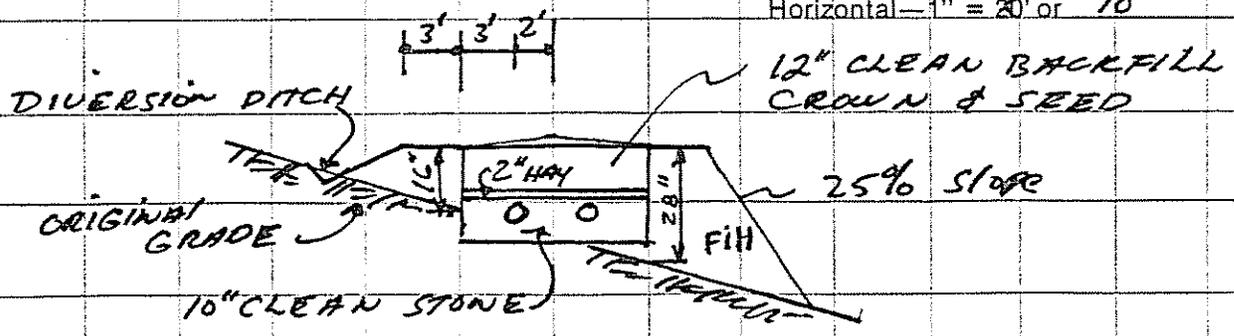
Private Sewage Disposal Plan

Scale 1" = 20' or \_\_\_\_\_



Subsurface Absorption Area Cross-section

Scale: Vertical—1" = ~~20'~~ or **4'**  
 Horizontal—1" = 20' or 10'



Site Evaluator's Signature **Gerald C. Poellin** Date **7-16-79** License Number **79**

Signature Required

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.

Date: **8-2-79**  
 Applicant: **Willis Ellsworth**  
 Owner: **Willis Ellsworth**