

CDC
 4x4 3 BED
 DAVID PARADIS
 LOT 10

MAINE DEPARTMENT OF HEALTH AND WELFARE
 DIVISION OF HEALTH ENGINEERING

Application for Private Sewage Disposal Permit

Name of Applicant: C D E INC Name of Establishment: SAME
 Mailing Address: 150 MT. VERNON AVE AUGUSTA ME Project Location: BURNS Pt, Aug.
 Zip Code: 04330 Telephone: _____

Date Received 9/17/73
 Review Date 9/17/73
 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 _____

ADDITIONAL INFORMATION (Check Where Applicable)

- New Construction Replacement Remodeling Number of Bedrooms _____; 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 H.R. Dotson; License No. _____; Date Performed 9/14/73; Percolation Rate 19.6 min/in
 Registered Professional Engineer Registered Land Surveyor Master Plumber Other _____

Describe soil (top and underlying) observed: Sandy topsoil Silty clayey sand subsoil
 Depth to ledge 23'; Depth to water table 73'; 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 4; Length of trenches (total) 1200 = 550'
 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.

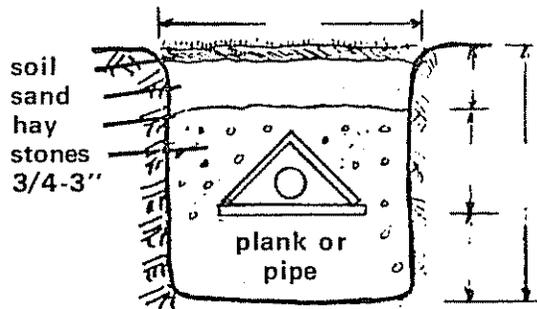
TYPE OF PERCOLATION PIPE PROPOSED

- Inverted wooden vee plank Agricultural tile Perforated plastic pipe
 Pipe Diameter 4" ABS PVC

LOCATION OF DISPOSAL FACILITIES

	Distance in feet from septic tank	Distance in feet from disposal area
1. Property lines	<u>30 ft.</u>	_____ ft.
2. Normal high water mark of any lake, pond, stream, river, or similar intermittent watercourse	_____ ft.	_____ ft.
3. Well or spring	<u>150 ft.</u>	_____ ft.
4. Buildings	<u>20 ft.</u>	_____ 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.

Name of person who completed the application (please print) AVIT DOTSON Date 9/17/73
 Signature of the Owner C D E INC
 Signature of the Local Plumbing Inspector _____
 Name of person installing system Quill Weston 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

