MAXIM, WALLACE

ORIGINAL---To be sent to Division of Health Engineering, August, Maine 04330

MAINE DEPARTMENT OF HEALTH AND WELFARE
DIVISION OF HEALTH ENGINEERING

Application for Private Sewage Disposal Permit

Name of Applicant: Wallace Maxim Name of Establishment: _____

Mailing Address: 709 Riverside Dr. Augusta, ME. Project Location: Same

Zip Code: 04330 Telephone: 622-0091

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 _____

ADDITIONAL INFORMATION (Check Where Applicable)

☒ New Construction ☐ Replacement ☐ Remodeling Number of Bedrooms 3 ; 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 Ralf's Plumbing License No. 1620; Date Performed 10/1/73; Percolation Rate 3+

☐ Registered Professional Engineer ☐ Registered Land Surveyor ☑ Master Plumber ☐ Other _____

Describe soil (top and underlying) observed: Loam Sandy & gravel

Depth to ledge 5+ ; Depth to water table 5+ ; 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 2 ; Length of trenches (total) 105'

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

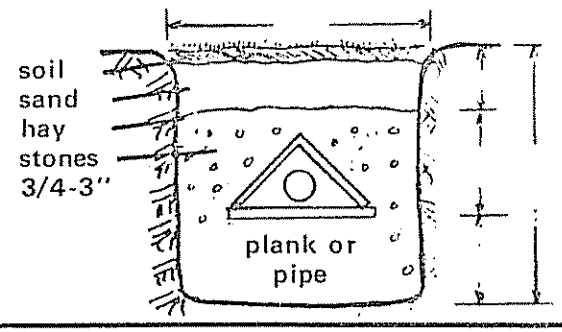
☐ Inverted wooden vee plank ☐ Agricultural tile ☑ Perforated plastic pipe

Pipe Diameter 4" ☑ ABS ☐ PVC

LOCATION OF DISPOSAL FACILITIES

	Distance in feet from septic tank	Distance in feet from disposal area
1. Property lines	____ ft.	____ ft.
2. Normal high water mark of any lake, pond, stream, river, or similar intermittent watercourse	____ ft.	____ ft.
3. Well or spring	____ ft.	____ 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.

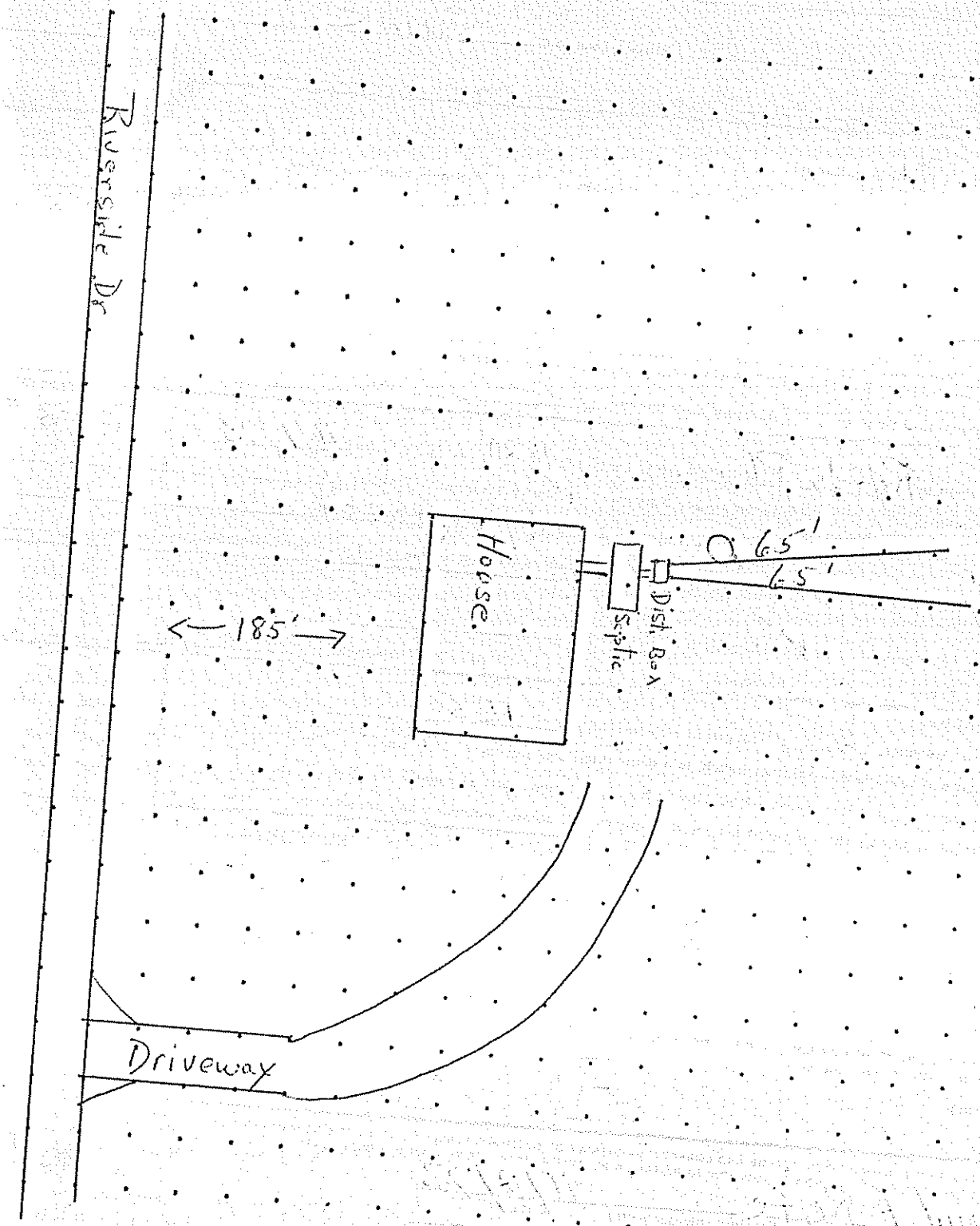
Raymond A Ralfe 10/2/73
Name of person who completed the application (please print) Date

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