

Sawtelle, Frank

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

MAINE DEPARTMENT OF HUMAN SERVICES APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT		This is NOT a permit; this form when completed must be presented to the Local Plumbing Inspector to obtain a permit.		Page 1 of 2
Town AUGUSTA	Street, Road, etc. West River Road If on water body, give name	Plumbing Permit No. 8863EP	Date of Plumbing Permit 5-15-78	
Owner of property FRANK Sawtelle		Owner's address	Size of lot 27000 ±	<input checked="" type="radio"/> Sq. feet <input type="radio"/> Acres
Name & type of establishment if other than private home _____ gpd		Is lot Zoned? <input type="radio"/> Yes <input checked="" type="radio"/> No	Type of Zoning N/A Shoreland Resource Protection	
Name of applicant Owner's agent FRANK Sawtelle		If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following: <input type="radio"/> Deed restriction re. private sewage disposal <input type="radio"/> Copy of the subdivision's soils report <input type="radio"/> Soils report from a State Agency		
Applicant's address Street, Box, etc. RFD #3		Tel. No. 622-5133		
Town AUGUSTA	Zip Code 04330	Subdivision name N/A		Lot No. N/A
Applicant's signature <i>[Signature]</i>		Date 5-15-78		
Owner's signature <i>[Signature]</i>		Date 5-15-78		
This application is for: <input type="radio"/> New System <input type="radio"/> Expanded System <input checked="" type="radio"/> Replacement System <input type="radio"/> Replacement of <input type="radio"/> Treatment Tank Only <input type="radio"/> Disposal Area Only				
The water supply for this property is: <input type="radio"/> Dug well, depth _____, lining _____; <input checked="" type="radio"/> Drilled well, depth _____, lining _____; <input type="radio"/> Spring <input type="radio"/> _____ depth _____, lining _____; Surface water <input type="radio"/> Body, <input type="radio"/> Course— <input type="radio"/> with disinfection, <input type="radio"/> without disinfection. <input type="radio"/> Public Utility, name _____				

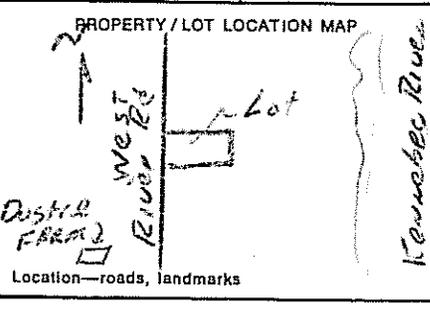
SITE INVESTIGATION						
Show location of pits and/or borings on sketch on page 2, and refer to completed sample form and Chapter 4 of the Code, II.						
Soil Profile No.	Soil Profile No.		Soil Profile No.		Soil Profile No.	
	<input checked="" type="radio"/> Pit	<input type="radio"/> Boring	<input type="radio"/> Pit	<input type="radio"/> Boring	<input type="radio"/> Pit	<input type="radio"/> Boring
Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata
Inches 0	Inches	Inches	Inches	Inches	Inches	Inches
1st strata DARK BROWN F.S.L.	1st strata					
Inches 9 ML	Inches	Inches	Inches	Inches	Inches	Inches
2nd strata Red Brown Lumpy SAND	2nd strata					
Inches 15 ML	Inches	Inches	Inches	Inches	Inches	Inches
3rd strata Oliver Brown Lumpy SAND	3rd strata					
Inches 24 ML	Inches	Inches	Inches	Inches	Inches	Inches
Total Depth of observation hole Inches 48	Total Depth of observation hole Inches					
Max. Ground water table—mottling 32 inches	Max. Ground water table—mottling _____ inches	Max. Ground water table—mottling _____ inches	Max. Ground water table—mottling _____ inches	Max. Ground water table—mottling _____ inches	Max. Ground water table—mottling _____ inches	Max. Ground water table—mottling _____ inches
Impervious layer, clay, etc. None Evident	Impervious layer, clay, etc. <input type="radio"/> None Evident _____ inches	Impervious layer, clay, etc. <input type="radio"/> None Evident _____ inches	Impervious layer, clay, etc. <input type="radio"/> None Evident _____ inches	Impervious layer, clay, etc. <input type="radio"/> None Evident _____ inches	Impervious layer, clay, etc. <input type="radio"/> None Evident _____ inches	Impervious layer, clay, etc. <input type="radio"/> None Evident _____ inches
Bedrock None Evident	Bedrock <input type="radio"/> None Evident _____ inches					
Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock
Surface slope 0 %	Surface slope _____ %	Surface slope _____ %	Surface slope _____ %	Surface slope _____ %	Surface slope _____ %	Surface slope _____ %
Soil Group & Condition per Table 9-1 of the Code, II GC	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II

On **5-8-78** (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 *[Signature]* Health Engineering License No. **79**

Date signed **5-9-78**

PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED			
Show location of system and details on sketches on page 2, and refer to completed sample form			
SYSTEM: <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"/> Incinerator Toilet <input type="radio"/> Chemical Toilet <input type="radio"/> Other, describe _____ See Chapter 9 of the Code, II.	TREATMENT TANK: <input checked="" type="radio"/> Septic Tank <input type="radio"/> Concrete <input type="radio"/> Fiberglass <input type="radio"/> Metal Size in gallons 1000 <input type="radio"/> Aerobic Tank Manufacturer _____ Model No. _____ Size in gallons _____	SUBSURFACE ABSORPTION AREA	
		Type <input type="radio"/> Trench System Total trench length N/A <input type="radio"/> Bed System Length 20 Width 20 <input type="radio"/> Chamber System Number _____ <input type="radio"/> Type A _____ Single File <input type="radio"/> Type B _____ Cluster <input type="radio"/> Mound System Length _____ Width N/A at base <input type="radio"/> Spacial System Length _____ Width N/A WAIVER <input checked="" type="radio"/> Required <input type="radio"/> Not Required	



FOR THE USE OF LPI ONLY

Denial: Application is denied for 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 2.3.

Site Investigation indicates site is totally unsuitable for disposal system; Sections 4.5 and 9.5, Table 9-1 Group 9 and 10. Unsuitable for system proposed; Sections 4.3, 4.6, 9.5, Table 9-1.

System Proposed does not conform to Code; See Sections 9. _____

Site Investigation indicates site modifications are necessary; See Sections 4.3, 4.4, 4.6, 8.7.

Miscellaneous _____ See Section _____

Acceptance: Application for permit is approved with condition specified, comply with Section **4.3-4.7**
 without condition.

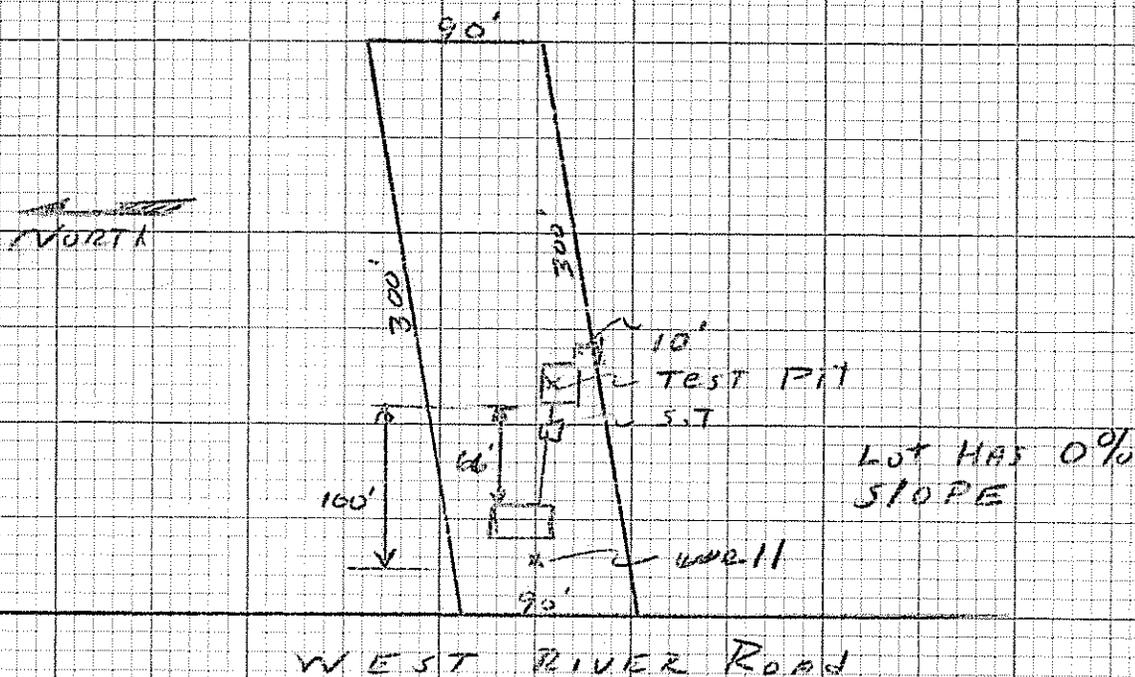
Signed LPI: *[Signature]* Date **5-11-78** HHE - 200 1/77

APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
(For systems disposing of less than 2000 gallons per day)

Town AUGUSTA	Street, Road, etc. WEST RIVER ROAD If on water body, give name	Owner of property FRANK SAWTELL
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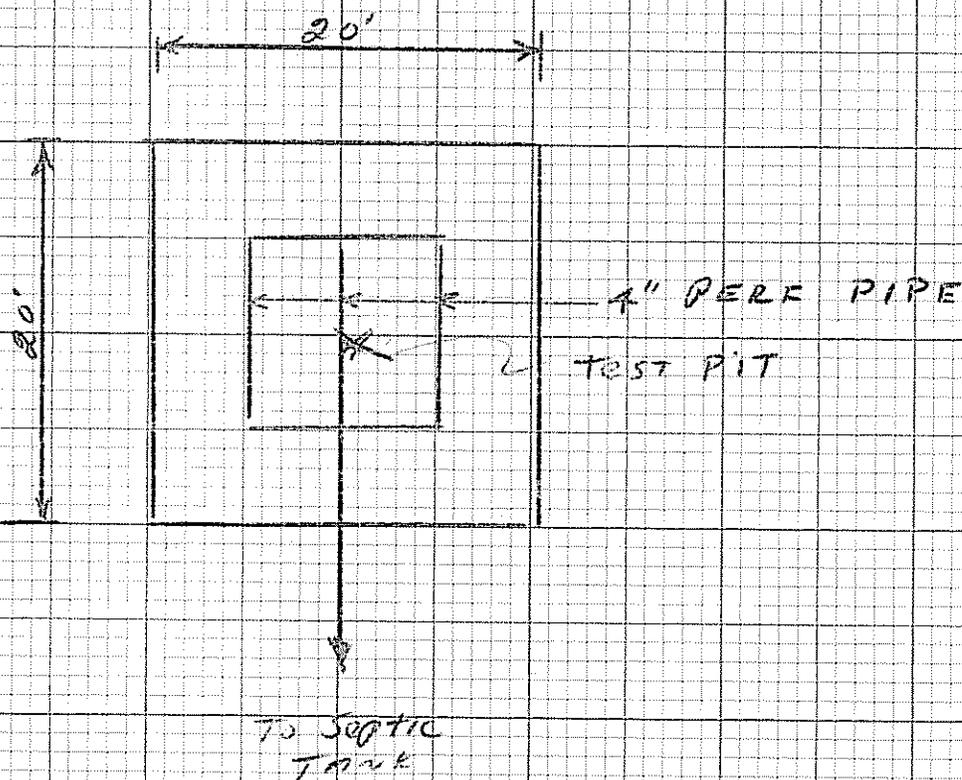
Site Plan

Scale 1" = 100 Ft. or _____



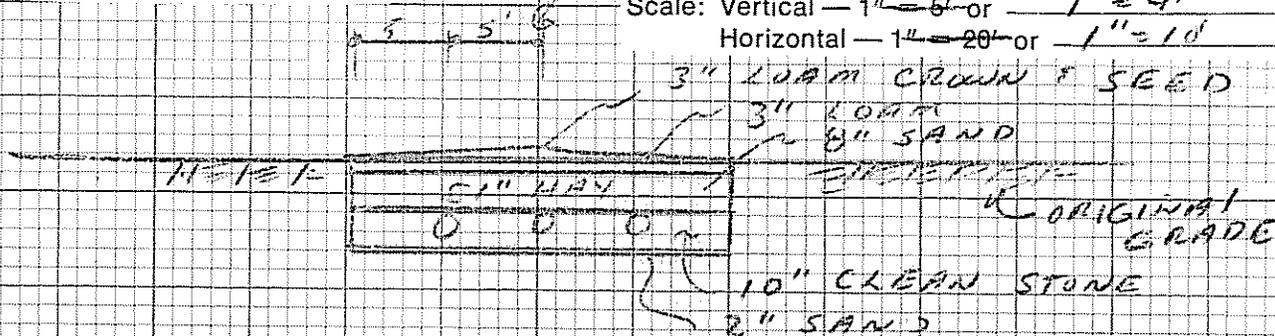
Private Sewage Disposal Plan

Scale 1" = 20' or _____



Subsurface Absorption Area Cross-section

Scale: Vertical — 1" = 5' or 1" = 4'
Horizontal — 1" = 20' or 1" = 10'



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.

HHE - 200 1/77

Signature Required

Date: _____
Applicant: _____
Owner: Frank B Sawtelle