

CERTIFICATE OF APPROVAL

FOR INTERNAL PLUMBING FOR THE TOWN/CITY OF AUGUSTA

OWNER TIMMY TARDIFF

Cert. of App. No.

No 1020

ADDRESS EIGHT ROAD ROAD, MAINE
Location where plumbing was done and inspected

Date C.O.A. Issued

Month	Day	Year

Plumbing Installed by FRANK RUDY

Date Inspected

Month	Day	Year

9-23-77
Date Permit issued

THE INTERNAL PLUMBING INSTALLED PURSUANT TO THE ABOVE CERTIFICATE OF APPROVAL NUMBER HAS BEEN TESTED IN MY PRESENCE, FOUND TO BE FREE FROM LEAKS, AND WAS INSTALLED IN COMPLIANCE WITH THE MUNICIPAL AND STATE PLUMBING REGULATIONS.

Signature of LPI Paul P. Baker

State Office
Use Only
Date Received

ORIGINAL—To be sent to: Department of Human Services
Division of Health Engineering 221 State Street Augusta, Maine 04333

CERTIFICATE OF APPROVAL

FOR SEWAGE DISPOSAL FOR THE TOWN/CITY OF AUGUSTA

OWNER TIMMY TARDIFF

Cert. of

No 700

ADDRESS EIGHT ROAD ROAD, MAINE
Location where system was installed and inspected

Date C.O.A. Issued

Month	Day	Year

Installer's Name FRANK RUDY Last Name F.I. M.I.

Date Inspected

Month	Day	Year

9-23-77
Date Permit issued

THE SUBSURFACE SEWAGE DISPOSAL SYSTEM AND/OR COMPONENT(S) INSTALLED PURSUANT TO THE ABOVE CERTIFICATE of APPROVAL NUMBER HAS BEEN PERSONALLY EXAMINED AND HAS BEEN PROPERLY INSTALLED IN COMPLIANCE WITH THE MUNICIPAL AND STATE SUBSURFACE SEWAGE DISPOSAL REGULATIONS.

Signature of LPI Paul P. Baker

State Office
Use Only
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ORIGINAL—To be sent to: Department of Human Services
Division of Health Engineering 221 State Street Augusta, Maine 04333

BELAND, LAURENT
Tardiff, Timmy

MAINE DEPARTMENT OF HEALTH AND WELFARE APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT		(For systems disposing of less than 2000 gallons per day)	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. If on water body, give name TURTLE HOLE ROAD		Permit No. 7058EP	Date 9-23-77	
Owner of property LAWRENCE BELAND, 2111 BROAD ST, AUGUSTA, MAINE			Owner's address		Size of lot 150 x 200 <input type="radio"/> Sq. feet <input type="radio"/> Acres
Name & type of establishment if other than private home			Is lot Zoned? <input type="radio"/> Yes <input type="radio"/> No	Type of Zoning <input type="radio"/> Residential <input type="radio"/> Commercial <input type="radio"/> Resource Protection	
Name of applicant Owner's agent James P. Beland			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. R.F.D. 2		Tel. No. 629-9200			
Town Maine		Subdivision name		Lot No.	
Applicant's signature Augustine M...		Date 5-29-75		RFD 2/5/8/7!	
Owner's signature James P. Beland		Date			
This application is for: <input type="radio"/> New System <input type="radio"/> Expanded System <input 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 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.						
Thicknes and Description of strata encountered	Soil Profile No. 1		Soil Profile No. 2		Soil Profile No. 3	
	<input type="checkbox"/> Pit <input type="checkbox"/> Boring					
Organic strata	Inches	Inches	Inches	Inches	Inches	Inches
	1st strata BROWN	1st strata				
	Inches	Inches	Inches	Inches	Inches	Inches
2nd strata BROWN SANDY	Inches	Inches	Inches	Inches	Inches	Inches
	2nd strata					
3rd strata GRAY BROWN	Inches	Inches	Inches	Inches	Inches	Inches
	3rd strata					
Depth from surface of ground to:	Total Depth of observation hole Inches					
	Max. Ground water table—mottling Inches					
	Impervious layer, clay, etc. Inches					
	Bedrock Type of Bedrock					
Surface slope	Surface slope	Surface slope	Surface slope	Surface slope	Surface slope	
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 _____ (date), a site investigation for this project was completed. I supervised 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 and Registration/Certification Number
Date signed

WILLIAM W. RIDGWAY
CONSULTING GEOLOGIST
RFD #5
GARDINER, MAINE 04345
PHONE (207) 582-4151

Soil Scientist
 Geologist
 Soil Engineer
 Other, must show current letter of certification to LPI

PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED					
Show location of system and details on sketches on page 2, and refer to completed sample form.					
SYSTEM: <input 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 type="radio"/> Septic Tank <input type="radio"/> Concrete <input type="radio"/> Fiberglass <input type="radio"/> Metal Manufacturer— 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 _____ <input type="radio"/> Bed System Length _____ Width _____ <input type="radio"/> Chamber System Number _____ <input type="radio"/> Type A <input type="radio"/> Single File <input type="radio"/> Type F <input type="radio"/> Cluster <input type="radio"/> Mound System Length _____ Width _____ at base <input type="radio"/> Special System Length _____ Width _____ <input type="radio"/> Non-discharge System Bed-Length _____ Width _____ Holding Tank Size _____ Gal. Manufacturer _____ <input type="radio"/> Alarm device provided, type _____		SITE MODIFICATION Fill is— <input type="radio"/> required, <input type="radio"/> not required Fill will be _____ inches deep DETAILS <input type="radio"/> A Distribution Box is required Pumping is— <input type="radio"/> required, <input type="radio"/> is not required. The Dose will be _____ gallons	
		DISTANCES <input 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 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.			

PROPERTY/LOT LOCATION MAP Location—roads, landmarks	FOR THE USE OF LPI ONLY <input type="radio"/> Denial: Application is denied for following reasons; portions of the Code II are cited. Form is incomplete (____ pg.) as to <input type="radio"/> General info, <input type="radio"/> Site Investigation, <input type="radio"/> System Proposed, <input type="radio"/> Site Plan, <input type="radio"/> Disposal System Plan, <input type="radio"/> Cross-Section, <input type="radio"/> Statement. See Section 2.3. <input type="radio"/> Site Investigation indicates site is <input type="radio"/> totally unsuitable for disposal system; Sections 4.5 and 9.5, Table 9-1 Group 9 and 10. <input type="radio"/> Unsuitable for system proposed; Sections 4.3, 4.6, 9.5, Table 9-1. <input type="radio"/> System Proposed does not conform to Code; See Sections 9, _____. <input type="radio"/> Site Investigation indicates site modifications are necessary; See Sections <input type="radio"/> 4.3, <input type="radio"/> 4.4, <input type="radio"/> 4.6, <input type="radio"/> 8.7, <input type="radio"/> _____. <input type="radio"/> Miscellaneous _____ See Section _____ <input type="radio"/> Acceptance: Application for permit is approved <input type="radio"/> with condition specified, comply with Section _____ <input type="radio"/> without condition. Signed LPI _____ Date: _____
	HHE-200 7/74

DUPLICATE — To be retained by the Plumbing Inspector
MAINE DEPARTMENT OF HEALTH AND WELFARE
APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
 (For systems disposing of less than 2000 gallons per day)

John H. ...
 Page 2 of 2

Town <i>AUGUSTA</i>	Street, Road, etc. If on water body, give name <i>BEAN ROD ROAD</i>	Owner of property <i>78572 PEBLARD</i>
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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 Horizontal — 1" = 20' or

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: *6/2/75*
 Applicant: *[Signature]*
 Owner: *[Signature]*

asey →
29249

9-23-77

MT- 10284 IP
EXT 7058 EP

~~430-75~~

Beland Dev

LOT No (4)

on 4/30/75

- To Bedrock
fling

2-c
med-large
20' x 35'

50' right of way between LOT 4 & LOT 5

INTERNAL PLUMBING PERMIT FOR THE TOWN/CITY OF

Town/City Code	LPI Number	License Number	Date Issued	PERMIT NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N ^o 10284 IP	
Address of where Plumbing is done			Month	Day	Year
St/Lot Number			Street, Road Name/Subdivision		
Name of Owner			St. Rd. Av/Lot		
Last Name			F.I. M.I.		
Type of Construction			Mailing Address		
1. New 2. Remodeling 3. Addition 4. Remodeling & Addition 5. Replacement of Hot Water Heater 6. Hook-up of Mobile Home 7. Minor Change 8. Other (Specify)			1. Owner 2. Licensed Master Plumber 3. Licensed Oil Burnerman 4. Employees of Public Utilities Code Issued To		
Plumbing to Serve			Zip Code		
1. Single (Res) 2. Multi-Fam (Res) 3. Mobile Home 4. Mobile Home without Seal 5. Commercial 6. School 7. Other (Specify)					

SCHEDULE OF "FEES" (See Sect. 1.12 of the Part I Code)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Fixture</th> <th>#</th> <th>Fixture</th> <th>#</th> <th>Fixture</th> <th>#</th> </tr> <tr> <td>Sinks</td> <td></td> <td>Showers</td> <td></td> <td>Hot Water Heaters</td> <td></td> </tr> <tr> <td>Toilets</td> <td></td> <td>Urinals</td> <td></td> <td>Floor Drains</td> <td></td> </tr> <tr> <td>Bathtubs</td> <td></td> <td>Clothes Washers</td> <td></td> <td>Other</td> <td></td> </tr> <tr> <td>Lavatories</td> <td></td> <td>Dish-Washers</td> <td></td> <td>Hook-ups</td> <td></td> </tr> </table>	Fixture	#	Fixture	#	Fixture	#	Sinks		Showers		Hot Water Heaters		Toilets		Urinals		Floor Drains		Bathtubs		Clothes Washers		Other		Lavatories		Dish-Washers		Hook-ups		<table style="width: 100%;"> <tr> <td>Fixtures</td> <td>Quantity</td> <td>Fee</td> </tr> <tr> <td>Hook-ups</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Administrative fee</td> <td style="text-align: center;">3 0 0</td> </tr> <tr> <td colspan="2">Total or Double Fee</td> <td></td> </tr> <tr> <td colspan="2">If Double Fee Check (✓) Box</td> <td><input type="checkbox"/></td> </tr> </table>	Fixtures	Quantity	Fee	Hook-ups			Administrative fee		3 0 0	Total or Double Fee			If Double Fee Check (✓) Box		<input type="checkbox"/>
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STATE OFFICE USE ONLY Date Received Receipt Number Money Received Administrative Code	<input type="text"/> \$ <input type="text"/> Signature of LPI
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This "Internal Plumbing Permit" is invalid if work is not commenced within six(6) months from date of issuance. Upon completion of work a "Certificate of Approval" must be obtained.
 Original—To be sent to: Department of Human Services, Division of Health Engineering 221 State Street, Augusta, Maine 04333

HHE-211 Rev. 677

SUBSURFACE SEWAGE DISPOSAL PERMIT FOR THE TOWN/CITY OF

Town/City Code	LPI Number	License Number	Date Issued	PERMIT NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N ^o 7058 EP	
Address of System's Location			Month	Day	Year
St/Lot Number			Street, Road Name/Subdivision		
Name of Applicant			St. Rd. Av/Lot		
Last Name of Applicant			F.I. M.I.		
Permit Issuance			Mailing Address		
1. Regular 2. Local Variance 3. State Variance 4. Local Waiver Option			1. Owner 2. Builder 3. Installer 4. Developer 5. Realtor 6. Other Code Issued		
Type of System			Zip Code		
1. New 2. Replacement 3. Expansion 4. Experimental			Code Units Design Flow		
System to Serve			(Bt. St. Camp.) (GPO)		
1. Single (Res) 2. Multi-Fam (Res) 3. Mobile Home 4. Commercial 5. School 6. Other (Specify)					
Complete System (Tank with)			Code Quant. Fee		
1. Trench 2. Bed 3. Chamber 4. Mound 5. Special System (Includes one Waterless Toilet) (\$25. Each)*					
Treatment Tank (only)			Code Quant. Fee		
1. Septic (\$10 each) 2. Aerobic (\$10 each) 3. Holding (\$20 each)					
Disposal Area (only)			Code Quant. Fee		
1. Trench 2. Bed 3. Chamber 4. Mound 5. Other (\$20. each)* (Specify)					
Waterless Toilets			Code Quant. Fee		
1. Pit Privy 2. Vault Privy 3. Compost Toilet (\$10 each)					
Other Systems			Code Quant. Fee		
1. Laundry Waste 2. Separated Chamber(s) (\$10. each)					

STATE OFFICE USE ONLY Date Received Receipt Number Money Received Administrative Code	<input type="text"/> \$ <input type="text"/> Signature of LPI Administrative Fee 3 Total or Double Fee \$ <input type="text"/> Double Fee 1. Yes <input type="checkbox"/>
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This "Subsurface Sewage Disposal Permit" is invalid if work is not commenced within six (6) months from date of issuance. Upon completion of work a "Certificate of Approval" must be obtained.
 Original—To be sent to: Department of Human Services, Division of Health Engineering 221 State Street, Augusta, Maine 04333
 *Refer to Sec. 2.6 for Fee Schedule on Systems over 2000 Gall/Day

HHE-210 377