

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 <i>Augusta</i>	Street, Road, etc. <i>Bunny Street</i>	Permit No. <i>22812M</i> <i>16-214</i>	Date <i>6-17-71</i> <i>11-5-75</i>	
Owner of property <i>Rene Rodrigue</i>		Owner's address	Size of lot <i>32,000 ±</i>	<input type="checkbox"/> Sq. feet <input type="checkbox"/> Acres
Name & type of establishment if other than private home		Is lot Zoned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Zoning <i>R1</i>	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Resource Protection
Name of applicant Owner's agent <i>Rene Rodrigue</i>		If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following: <input type="checkbox"/> Deed restriction re. private sewage disposal <input type="checkbox"/> Copy of the subdivision's soils report <input type="checkbox"/> Soils report from a State Agency		
Applicant's address Street, Box, etc. <i>West River Road</i>		Tel. No. <i>6226474</i>		
Town <i>Augusta</i>	Maine	Subdivision name <i>GAGNE</i>	Lot No. <i>7</i>	
Applicant's signature		Date		
Owner's signature		Date		

This application is for: New System Expanded System Replacement System Replacement of Treatment Tank Only Disposal Area Only

The water supply for this property is: Dug well, depth _____, lining _____; Drilled well, depth *100 ft*, lining _____; Spring Public Utility, name _____

depth _____, lining _____; Surface water Body, Course— with disinfection, without disinfection.

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.

Thickness and Description of strata encountered	Soil Profile No. <i>701</i>	Soil Profile No.	Soil Profile No.	Soil Profile No.	Soil Profile No.
	<input type="checkbox"/> Pit <input type="checkbox"/> Boring				
Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata
Inches	Inches	Inches	Inches	Inches	Inches
1st strata <i>Brown sandy loam 32 in</i>	1st strata				
Inches	Inches	Inches	Inches	Inches	Inches
2nd strata <i>Brown fine sandy loam 21 in</i>	2nd strata				
Inches	Inches	Inches	Inches	Inches	Inches
3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata
Inches	Inches	Inches	Inches	Inches	Inches
Total Depth of observation hole	Total Depth of observation hole	Total Depth of observation hole	Total Depth of observation hole	Total Depth of observation hole	Total Depth of observation hole
Inches <i>53</i>	Inches	Inches	Inches	Inches	Inches
Max. Ground water table—mottling	Max. Ground water table—mottling	Max. Ground water table—mottling	Max. Ground water table—mottling	Max. Ground water table—mottling	Max. Ground water table—mottling
<input type="checkbox"/> None Evident <i>30</i> inches	<input type="checkbox"/> None Evident				
Impervious layer, clay, etc.	Impervious layer, clay, etc.	Impervious layer, clay, etc.	Impervious layer, clay, etc.	Impervious layer, clay, etc.	Impervious layer, clay, etc.
<input checked="" type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident
Bedrock	Bedrock	Bedrock	Bedrock	Bedrock	Bedrock
<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident	<input type="checkbox"/> None Evident
Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock
Surface slope <i>3</i> %	Surface slope %	Surface slope %	Surface slope %	Surface slope %	Surface slope %
Soil Group & Condition per Table 9-1 of the Code, II <i>8C</i>	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

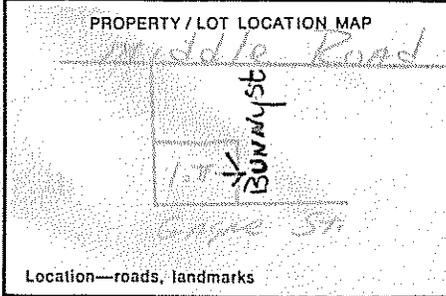
On *10-28-75* (date), a site investigation for this project was completed. I supervised this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the following type and size of private sewage disposal system. I also recommend the proposed private sewage disposal system layout and location shown on page 2.

Signature *Gerald O'Neil*
 Registration/Certification Number *2909*
 Date signed *11-3-75*

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 checked="" type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM If separated system—type of human waste disposal system to be used: <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Open Pit Privy <input type="checkbox"/> Compost Toilet <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Other, describe See Chapter 9 of the Code, II.	TREATMENT TANK: <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Manufacturer— <i>Unknown</i> Size in gallons <i>1000</i> <input type="checkbox"/> Aerobic Tank Manufacturer— Model No. Size in gallons	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION Fill is— <input type="checkbox"/> required, <input type="checkbox"/> not required Fill will be <i>24</i> inches deep
		Type <input type="checkbox"/> Trench System Total trench length <i>N/A</i> <input type="checkbox"/> Bed System Length <i>70</i> Width <i>30</i> <input type="checkbox"/> Chamber System Number <input type="checkbox"/> Type A <input type="checkbox"/> Single File <input type="checkbox"/> Type F <input type="checkbox"/> Cluster <input type="checkbox"/> Mound System Length Width <i>N/A</i> at base <input type="checkbox"/> Special System Length Width <i>N/A</i> <input type="checkbox"/> Non-discharge System Bed-Length <i>N/A</i> Width Holding Tank Size <i>N/A</i> Gal. Manufacturer <input type="checkbox"/> Alarm device provided, type	SIZE <input type="checkbox"/> Very Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Medium Large <input checked="" type="checkbox"/> Large <input type="checkbox"/> Extra Large	DETAILS <input type="checkbox"/> A Distribution Box is required Pumping is— <input type="checkbox"/> required, <input checked="" type="checkbox"/> is not required. The Dose will be _____ gallons DISTANCES <input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> 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.



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 _____ without condition.

Signed LPI *Richard G. Baber* Date *11-5-75* 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)

22812M

Town <i>Augusta</i>	Street, Road, etc. If on water body, give name <i>Bulfinch Street</i>	Owner of property <i>[Signature]</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: _____
 Applicant: *Rene B Rodriguez*
 Owner: _____