

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>Church Hill Rd</i> If on water body, give name		Permit No. <i>16239</i> <i>10-2-75</i>	Date <i>10-2-75</i>	
Owner of property <i>Ron Hallenbeck</i>		Owner's address		Size of lot <i>1 1/4</i>	<input type="checkbox"/> Sq. feet <input type="checkbox"/> Acres
Name & type of establishment if other than private home <i>Private home</i>		Is lot Zoned? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Zoning <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Resource Protection	
Name of applicant Owner's agent <i>Edward S Coffin</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>RFD #2 Honey Rd</i>		Tel. No. <i>623-9475</i>			
Town <i>Augusta, Maine</i>		Maine <i>04330</i>		Subdivision name	
Applicant's signature <i>Edward S Coffin</i>		Date <i>August 2, 1975</i>		Lot No.	
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 _____, lining _____; Spring depth _____, lining _____; Surface water Body, Course— with disinfection, without disinfection. 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. <i>1</i>		Soil Profile No. <i>2</i>		Soil Profile No.		Soil Profile No.		Soil Profile No.	
	<input checked="" type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input checked="" type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring
Organic strata <i>Decomposed organic matter</i> Inches	<i>1"</i>	Organic strata <i>Decomposed organic matter</i> Inches	<i>2"</i>	Organic strata Inches		Organic strata Inches		Organic strata Inches		Organic strata Inches
1st strata Inches	<i>0-15" loam</i>	1st strata Inches	<i>0-18" loam</i>	1st strata Inches		1st strata Inches		1st strata Inches		1st strata Inches
2nd strata Inches	—	2nd strata Inches	—	2nd strata Inches		2nd strata Inches		2nd strata Inches		2nd strata Inches
3rd strata Inches	—	3rd strata Inches	—	3rd strata Inches		3rd strata Inches		3rd strata Inches		3rd strata Inches
Total Depth of observation hole	Inches <i>15"</i>	Total Depth of observation hole	Inches <i>18"</i>	Total Depth of observation hole	Inches	Total Depth of observation hole	Inches	Total Depth of observation hole	Inches	Total Depth of observation hole
Max. Ground water table—mottling	<input checked="" type="checkbox"/> None Evident	Max. Ground water table—mottling	<input checked="" type="checkbox"/> None Evident	Max. Ground water table—mottling	<input type="checkbox"/> None Evident	Max. Ground water table—mottling	<input type="checkbox"/> None Evident	Max. Ground water table—mottling	<input type="checkbox"/> None Evident	Max. Ground water table—mottling
Impervious layer, clay, etc.	<input checked="" type="checkbox"/> None Evident	Impervious layer, clay, etc.	<input checked="" type="checkbox"/> None Evident	Impervious layer, clay, etc.	<input type="checkbox"/> None Evident	Impervious layer, clay, etc.	<input type="checkbox"/> None Evident	Impervious layer, clay, etc.	<input type="checkbox"/> None Evident	Impervious layer, clay, etc.
Bedrock	<i>15" schist</i>	Bedrock	<i>18" schist</i>	Bedrock		Bedrock		Bedrock		Bedrock
Type of Bedrock	<i>schist</i>	Type of Bedrock	<i>schist</i>	Type of Bedrock		Type of Bedrock		Type of Bedrock		Type of Bedrock
Surface slope	<i>13%</i>	Surface slope	<i>12%</i>	Surface slope	%	Surface slope	%	Surface slope	%	Surface slope
Soil Group & Condition per Table 9-1 of the Code, II	<i>A-2</i>	Soil Group & Condition per Table 9-1 of the Code, II	<i>A-2</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

On *Aug 2, 1975* (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
Edward S Coffin
1438

Date signed
August 2, 1975

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— 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 checked="" type="checkbox"/> required, <input type="checkbox"/> not required Fill will be <i>33</i> inches deep	
		Type <input type="checkbox"/> Trench System: Total trench length _____ <input type="checkbox"/> Bed System Length <i>50</i> Width <i>20</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		SIZE <input type="checkbox"/> Very Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large	DETAILS <input type="checkbox"/> A Distribution Box is required Pumping is— <input type="checkbox"/> required, <input type="checkbox"/> is not required. The Dose will be _____ gallons
		<input type="checkbox"/> Mound System Length _____ Width _____ at base <input type="checkbox"/> Special System Length _____ Width _____ <input type="checkbox"/> Non-discharge System Bed-Length _____ Width _____ Holding Tank Size _____ Gal. Manufacturer _____ <input type="checkbox"/> Alarm device provided, type _____		DISTANCES <input checked="" 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.	
		See Chapter 9 of the Code, II.			

PROPERTY/LOT LOCATION MAP Location—roads, landmarks	FOR THE USE OF LPI ONLY <input type="checkbox"/> Denial: Application is denied for following reasons; portions of the Code II are cited. Form is incomplete (____ pg.) as to <input type="checkbox"/> General info, <input type="checkbox"/> Site investigation, <input type="checkbox"/> System Proposed, <input type="checkbox"/> Site Plan, <input type="checkbox"/> Disposal System Plan, <input type="checkbox"/> Cross-Section, <input type="checkbox"/> Statement. See Section 2.3. <input type="checkbox"/> Site Investigation indicates site is <input type="checkbox"/> totally unsuitable for disposal system; Sections 4.5 and 9.5, Table 9-1 Group 9 and 10. <input type="checkbox"/> Unsuitable for system proposed; Sections 4.3, 4.6, 9.5, Table 9-1. <input type="checkbox"/> System Proposed does not conform to Code; See Sections 9. _____ <input type="checkbox"/> Site Investigation indicates site modifications are necessary; See Sections <input type="checkbox"/> 4.3, <input type="checkbox"/> 4.4, <input type="checkbox"/> 4.6, <input type="checkbox"/> 8.7, <input type="checkbox"/> _____ <input type="checkbox"/> Miscellaneous _____ See Section _____ <input checked="" type="checkbox"/> Acceptance: Application for permit is approved <input type="checkbox"/> with condition specified, comply with Section _____ <input type="checkbox"/> 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)

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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: _____
 Owner: *Ron Hallock*