

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: Augusta
Street: Sand Brook Road
Subdivision Lot #:

PROPERTY OWNERS NAME

Last: Arnold First: Walter E. & Narcine B.

Applicant Name: Narcine B. Arnold

Mailing Address of Owner/Applicant (If Different): PO Box 90 Sand Brook

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.
Narcine B. Arnold 4/9/98
Signature of Owner/Applicant Date

CAUTION: PERMIT REQUIRED

AUGUSTA 3910 TOWN COPY

Date Permit Issued: 4/30/98 \$ 105.00 FEE Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 105A

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input checked="" type="checkbox"/> HOLDING TANK <u>1000</u> GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>SEASONAL CONVERSION to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input checked="" type="checkbox"/> OTHER <u>Travel Trailer two month steady yr.</u> SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p><u>No Dired water supply</u></p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____</p>	<p>SIZE OF PROPERTY <u>1.75</u></p> <p>ZONING <u>RR</u></p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC <u>N/A</u></p> <p>SIZE: _____ GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>Not more than 50 gallons per day water usage.</u></p> <p>DESIGN FLOW: _____ (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>N/A</u> CONDITION: _____</p> <p>DEPTH TO LIMITING FACTOR: _____</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	

E EVALUATOR STATEMENT

On _____ (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.



STATE OF MAINE
 DEPARTMENT OF HUMAN SERVICES
 DIVISION OF HEALTH ENGINEERING
 10 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0010

BK. 5604
 49
 Pg.

ANGUS S. KING, JR.
 GOVERNOR

KEVIN W. CONCANNON
 COMMISSIONER

HOLDING TANK DEED COVENANT FORM

Property Owner: Complete and record this form with your County Registry of Deeds. Then forward a copy of the recorded deed covenant to the your municipality's Local Plumbing Inspector.

County Registrar: Please cross-reference this document with book and page no.

Property Owner Statement: I(we), Walter T. & Norrine B. Arnold are the owner(s) of the property located at Box 80, Bond Brook Road (street) Augusta, ME (town).

The property's deed is recorded in book no. 2583, page no. 294.

We state that the holding tank installation for the aforementioned property received approval by the town of Augusta and its officials.

Stipulations of Covenant:

The Holding Tank is only for Summer Seasonal use, Two to three months, for the purpose of disposal from a travel trailer with a 50-gallon per day maximum use. Any other use is prohibited without prior approval of the City of Augusta and the Department of Health Engineer Municipal Approval Conditions: This approval has been granted subject to the implementation of the above conditions and said approval will become null and void if the required and stated conditions of approval are violated.

Property Owner signature(s)

Norrine Arnold
Walter T. Arnold
 God Norrine & Arnold

State of Maine

County Kennebec, ss

Date 4-15-98

Then personally appeared the above named Walter (and)

Norrine Arnold and (severally) acknowledged the foregoing instrument to be his (or their) free act and deed.

Before me

[Signature]
 Justice of the Peace or Notary Public



GEORGE W. DIPLOCK, JR.
 Notary Public, Maine HHE-300 Rev. 3/97
 My Commission Expires March 26, 2005

APPLICATION/AGREEMENT for HOLDING TANK INSTALLATION

PROPERTY OWNER INFORMATION

Name Walter J. + Norrine B. Arnold
Mailing Address RR #10, Box 80 Bond Brook
City/Town Augusta State ME Zip 04330
Daytime telephone number _____

PROPERTY LOCATION

Street, Road, Route Bond Brook Road
City/Town Augusta Zip 04330

APPLICATION FOR (check one) For summer season (2-3 months only) Travel trailer.
 First Time Installation (if this is checked, give Town's Ordinance adoption date 1 1)
 First Time Installation, non-residential only, less than 100 gpd or 500 gal/week
 Replacing an existing overboard discharge, surface wastewater discharge or malfunctioning subsurface wastewater system
 Replacing an existing holding tank

CONDITIONS FOR APPROVAL

- * The installation of a conventional disposal system is not possible due to unacceptable site and/or soil conditions, lot configuration, or other constraints
- * Public sewer is not available.
- * All existing or proposed plumbing fixtures shall be installed or modified for water conservation and all water closets shall meet the Federal standard of 1.6 gallons per flush.

REQUIREMENTS FOR APPROVAL

- A Completed Application shall consist of:
 - * This form (HHE-304) completed with all signatures.
 - * A completed *Subsurface Wastewater Disposal System Application* (HHE-200) prepared by a Licensed Site Evaluator.

PROPERTY OWNER INFORMATION AND REQUIREMENTS

I (we), Mr & Mrs. Arnold own the property described in this Application/Agreement.
1. Holding tanks require regular pumping by a licensed pumper. The owner must pay this service.
2. The holding tank will be pumped at least once a year by the pumper listed on this application. Another pumper may be used if the listed pumper is notified and the LPI approves the change. The new pumper will then be listed on an attachment to this agreement.
3. A water meter shall be installed at the owner's expense if required by the LPI.
4. All records of pumping and water use (if required) must be kept for at least three years and shall be made available to the LPI or other official if requested.
5. A holding tank for new construction can only be replaced by a system meeting first time system requirements.
6. Once approved this form must be recorded at the Registry of Deeds, cross referenced to the owner's deed.
7. We agree to comply with any additional requirements of the Town.

We state that all the information presented with this application is true and accurate, we acknowledge the foregoing items and agree to comply with all the requirements.

Property Owner(s) Signature Walter J. Arnold Date 4/15/98
Property Owner(s) Signature Norrine B. Arnold Date 4/15/98

Application/Agreement for Holding Tank Installation

Owner Walter & Corinne B. Arnold Property Location Bowl Brook Rd

SITE EVALUATION STATEMENT

I, NA, state that I have evaluated the subject property and found that a subsurface wastewater disposal system is not practical. Secondly, I have completed a *Subsurface Wastewater Disposal System Application* (HHE-200) proposing a holding tank installation for the property's wastewater disposal.

Site Evaluator's Signature NA Date _____

HOLDING TANK PUMPER INFORMATION

Business owner's name Peter Dube License # _____

Business name Pat JACKSON Inc.

Mailing address RFD #5 Box 540

City Augusta State Me. Zip 04330

Business telephone 207-623-3223

Max. truck hauling capacity 4000 gallons

Can pump: _____ seasonally year round

DEP licensed disposal site location Belgrade, Me. Site # S16061

HOLDING TANK PUMPER STATEMENT

I, Peter Dube, own and operate a septage pumping business named in this Application/Agreement, and have contracted with the property owner(s) to pump and properly dispose of the tank's waste. I further state that the tank, and that the wastewater will be disposed of at a Department of Environmental Protection licensed disposal location.

Holding Tank Pumper's Signature [Signature] Date 4/14/98

Municipal Officers Statement

- I (we) have reviewed the information submitted in support of this application.
- I (we) find that the installation of the holding tank will not violate any local ordinances.
- I (we) will authorize the LPI to enforce the requirements of this agreement, the Subsurface Wastewater Disposal Rules and any local ordinances, including recordkeeping and required pumping.
- I (we) recommend that the LPI issue the necessary permits for the installation of the holding tank.

Signature [Signature] Title City Engineer Date 4/17/98

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Local Plumbing Inspector's Statement

I have reviewed this application and find that the issuance of a permit for the holding tank complies with the Subsurface Wastewater Disposal Rules and all pertinent local ordinances.

Additional Requirements: _____

Signature [Signature] Date 4/17/98