

Dostie's Avit

MAINE DEPARTMENT OF HEALTH AND WELFARE
DIVISION OF HEALTH ENGINEERING

Application for Private Sewage Disposal Permit

Name of Applicant: Avit Dostie's C.D.E. INC Name of Establishment: _____
 Mailing Address: Burns rd. Project Location: _____
Augusta Zip Code: 04330 Telephone: 622-5918

Date Received	_____
Review Date	_____
Initials	_____
<input type="checkbox"/> Approved	
<input type="checkbox"/> Unapproved	

TYPE OF FACILITY (Check Where Applicable)

Mobile Home Park Nursing Home Restaurant Motel Single Family Dwelling
 Camping Area Seasonal Dwelling Subdivision School Other _____

ADDITIONAL INFORMATION (Check Where Applicable)

New Construction Replacement Remodeling Number of Bedrooms 3; Number of units/seating capacity _____

SOURCE OF WATER SUPPLY: Public Private If private, Dug Well Drilled Well Spring Surface Supply

PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED (Flow in excess of 2,000 gallons per day requires a plan by a registered professional engineer)

Septic tank with absorption trenches Aeration unit (model _____) Other _____

SITE EVALUATION

Percolation test performed by Raffo Plumbing; License No. 1626; Date Performed 7/10/73; Percolation Rate 5 mit-1

Registered Professional Engineer Registered Land Surveyor Master Plumber Other _____

Describe soil (top and underlying) observed: Sand, brown clay

Do ledge ledge ledge Depth to water table ledge Depth to mottling (evidence of maximum groundwater elevation) _____

SIZE AND TYPE OF SEPTIC TANK PROPOSED

750 gallons 900 gallons 1,000 gallons Other _____
 Concrete Steel Fiberglass Manufacturer (if other than concrete) _____

ABSORPTION TRENCHES

Number of absorption trenches 2; Length of trenches (total) 120'

If there is more than one subsurface absorption trench, is a distribution box provided? Yes No
 If the length of absorption trench is in excess of 500 linear feet, is a dosing tank provided? Yes No
 If more than 1,000 linear feet of absorption trench are the siphons and pumps automatic and alternating? Yes No

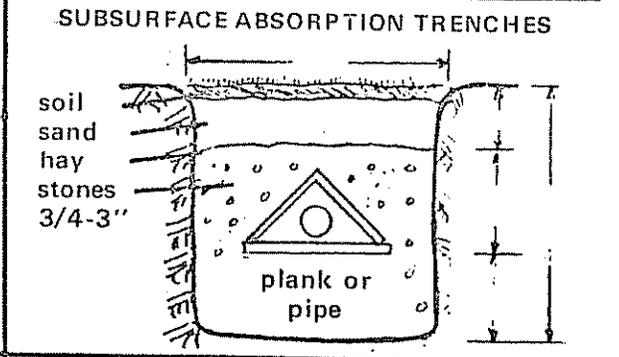
Size of Dosing Tank	_____ gallons
Frequency of discharge	_____ hrs.

TYPE OF PERCOLATION PIPE PROPOSED

Inverted wooden vee plank Agricultural tile Perforated plastic pipe
 Pipe Diameter 4 ABS PVC

LOCATION OF DISPOSAL FACILITIES

	Distance in feet from septic tank	disposal area
1. Property lines	_____ ft.	_____ ft.
2. Normal high water mark of any lake, pond, stream, river, or similar intermittent watercourse	_____ ft.	_____ ft.
3. Well or spring	<u>1100'</u> ft.	<u>1100'</u> ft.
4. Buildings	_____ ft.	_____ ft.



I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. FALSIFICATION OF THIS APPLICATION GIVES THE DEPARTMENT OF HEALTH AND WELFARE THE RIGHT TO DENY PERMISSION TO INSTALL A PRIVATE SUBSURFACE SEWAGE DISPOSAL SYSTEM.

Name of person who completed the application (please print) Clayton W. McDermott Date 7/11/73
 Signature of the Owner _____
 Signature of the Local Plumbing Inspector _____
 Name of person installing system _____ License No. _____

NOTE:
Show layout and location of proposed disposal facilities on the reverse side with its relationship to property lines, wells, driveways, buildings, bodies of water, etc.

C.D.E. Inc Avit Dostie's

LAYOUT OF PROPOSED DISPOSAL SYSTEM

Scale: each division = 10 feet

