

Johnson, Judith

ORIGINAL To be sent to Division of Health Engineering, Augusta, Maine 04333 by the LPI

MAINE DEPARTMENT OF HUMAN SERVICES 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 <b>Augusta</b>	Street, Road, etc. private way off the If on water body, give name <b>spring road</b>		Permit No. <b>22822M</b>	Date <b>6-30-77</b>	
Owner of property <b>Judith Johnson</b>		Owner's address <b>Box 5 Whitefield</b>	Size of lot <b>2</b>	<input type="checkbox"/> Sq. feet <input checked="" type="checkbox"/> Acres	
Name & type of establishment if other than private home _____gpd		Is lot Zoned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Zoning <input type="checkbox"/> Shoreland <input type="checkbox"/> Resource Protection		
Name of applicant Owner's agent <b>Hank Brusselback</b>		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. <b>Washington, Me.</b>		Tel. No. <b>549-4291 382-6376</b>	Subdivision name		
Town		zip code	Lot No.		
Applicant's signature <i>Judith M. Johnson</i>		Date <b>6/30/77</b>			
Owner's signature		Date			
This application is for: <input checked="" type="checkbox"/> New System <input type="checkbox"/> Expanded System <input type="checkbox"/> Replacement System <input type="checkbox"/> Replacement of <input type="checkbox"/> Treatment Tank Only <input type="checkbox"/> Disposal Area Only					
The water supply for this property is: <input type="checkbox"/> Dug well, depth _____, lining _____; <input checked="" type="checkbox"/> Drilled well, to be drilled _____ Spring <input type="checkbox"/> depth _____, lining _____; Surface water <input type="checkbox"/> Body, <input type="checkbox"/> Course— <input type="checkbox"/> with disinfection, <input type="checkbox"/> without disinfection. <input type="checkbox"/> 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. <b>2</b>	
<input checked="" type="checkbox"/> Pit <input type="checkbox"/> Boring	
Organic strata Inches <b>1/2 +</b>	
1st strata <b>dark brown sandy loam</b> Inches <b>8"</b>	
2nd strata <b>light brown sandy loam</b> Inches <b>16"</b>	
3rd strata <b>olive sandy loam</b> Inches <b>36"</b>	
Total Depth of observation hole Inches <b>60"</b>	<p>Depth from bottom of organic horizon to:</p> <p>Max. Ground water table—mottling _____ Inches</p> <p>Impervious layer, clay, etc. <input checked="" type="checkbox"/> None Evident _____ Inches</p> <p>Bedrock <input checked="" type="checkbox"/> None Evident _____ Inches</p> <p>Type of Bedrock _____</p> <p>Surface slope <b>2</b> %</p> <p>Soil Group &amp; Condition per Table 9-1 of the Code, II <b>2B</b></p>
Max. Ground water table—mottling _____ Inches	
Impervious layer, clay, etc. <input checked="" type="checkbox"/> None Evident _____ Inches	
Bedrock <input checked="" type="checkbox"/> None Evident _____ Inches	
Type of Bedrock _____	

On **May 2, 1977** (date), a site investigation for this project was completed. I conducted 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 **Lloyd C. Rowe** Health Engineering License No. **42**

Date signed **May 5, 1977**

**PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED** Show location of system and details on sketches on page 2, and refer to completed sample form

<b>SYSTEM:</b> <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.	<b>TREATMENT TANK:</b> <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Size in gallons <b>1000</b> <input type="checkbox"/> Aerobic Tank Manufacturer— Model No. Size in gallons	<b>SUBSURFACE ABSORPTION AREA</b>		<b>SITE MODIFICATION</b> Fill will be: <b>0</b> in. uphill; <b>5</b> in. downhill
		Type <input type="checkbox"/> Trench System: Total trench length _____ <input checked="" type="checkbox"/> Bed System Length <b>40</b> Width <b>20</b> <input type="checkbox"/> Chamber System Number _____ <input type="checkbox"/> Type A <input type="checkbox"/> Single File <input type="checkbox"/> Type B <input type="checkbox"/> Cluster <input type="checkbox"/> Mound System Length _____ Width _____ at base <input type="checkbox"/> Special System Length _____ Width _____	SIZE <input type="checkbox"/> Very Small <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large	<b>DETAILS</b> <input checked="" type="checkbox"/> A Distribution Box is recommended Pumping is— <input type="checkbox"/> required, <input checked="" type="checkbox"/> is not required. The Dose will be _____ gallons
		<b>WAIVER</b> <input type="checkbox"/> Required <input checked="" type="checkbox"/> Not Required		<b>DISTANCES</b> <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.

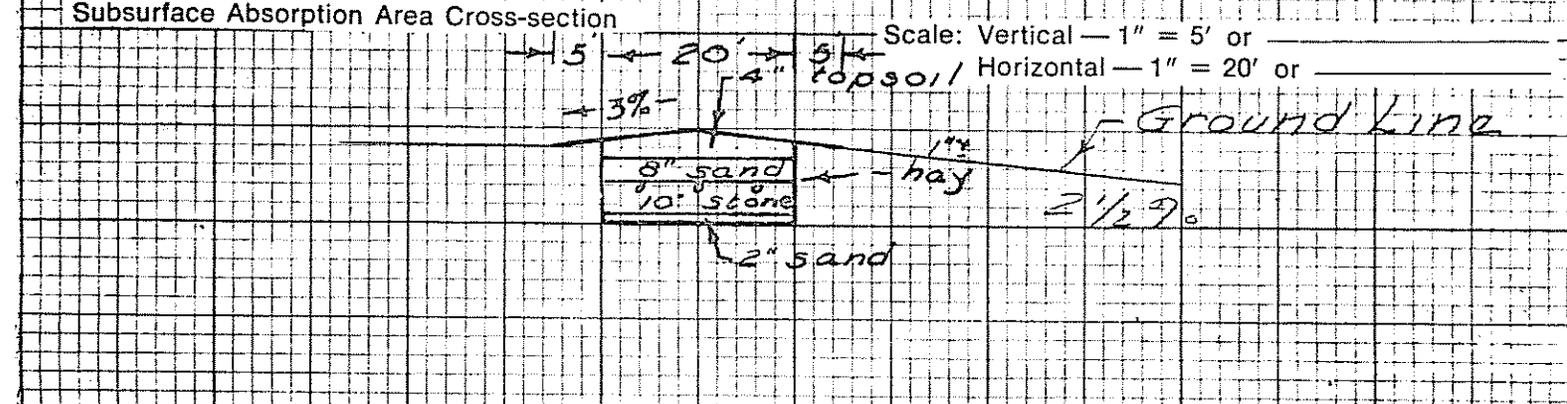
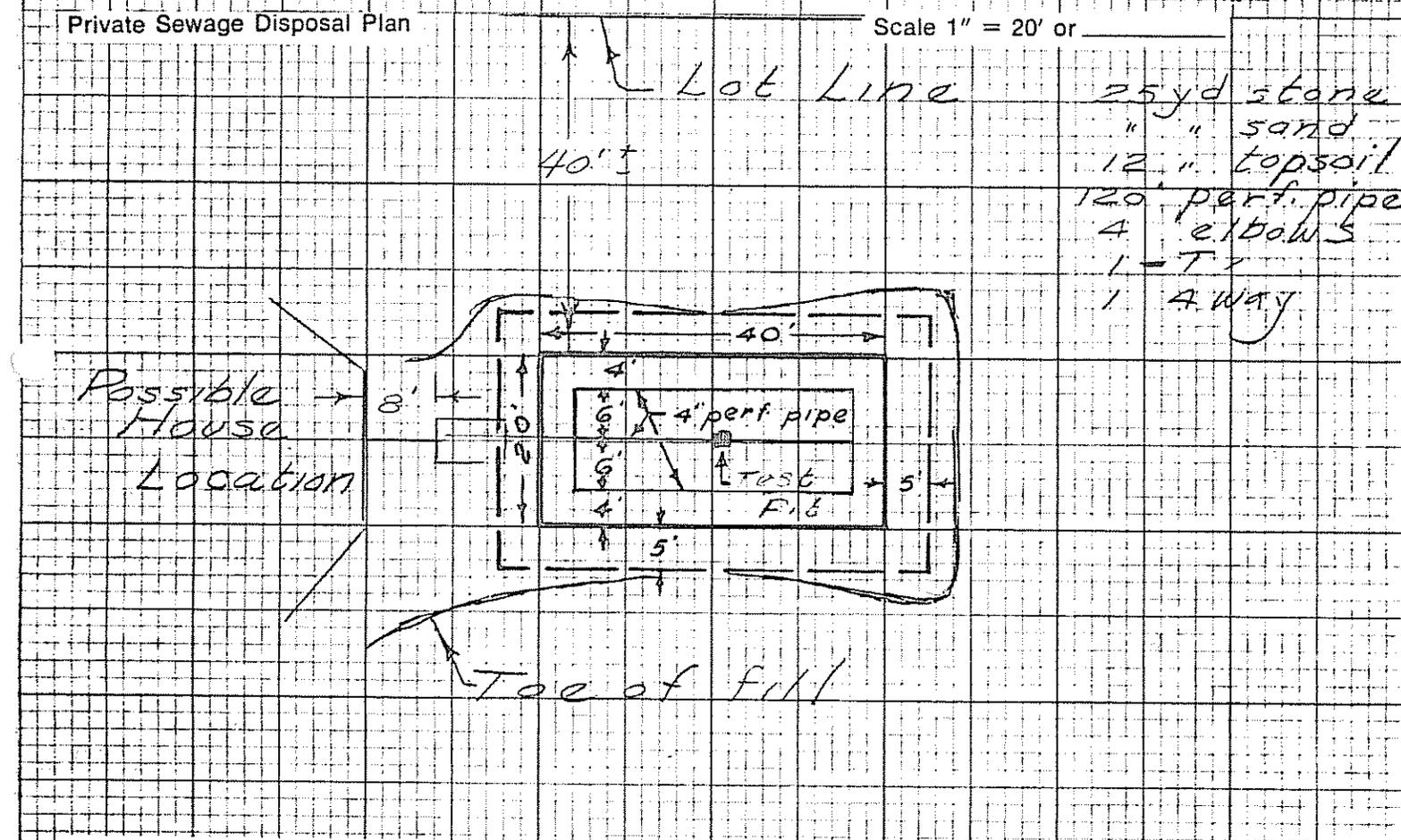
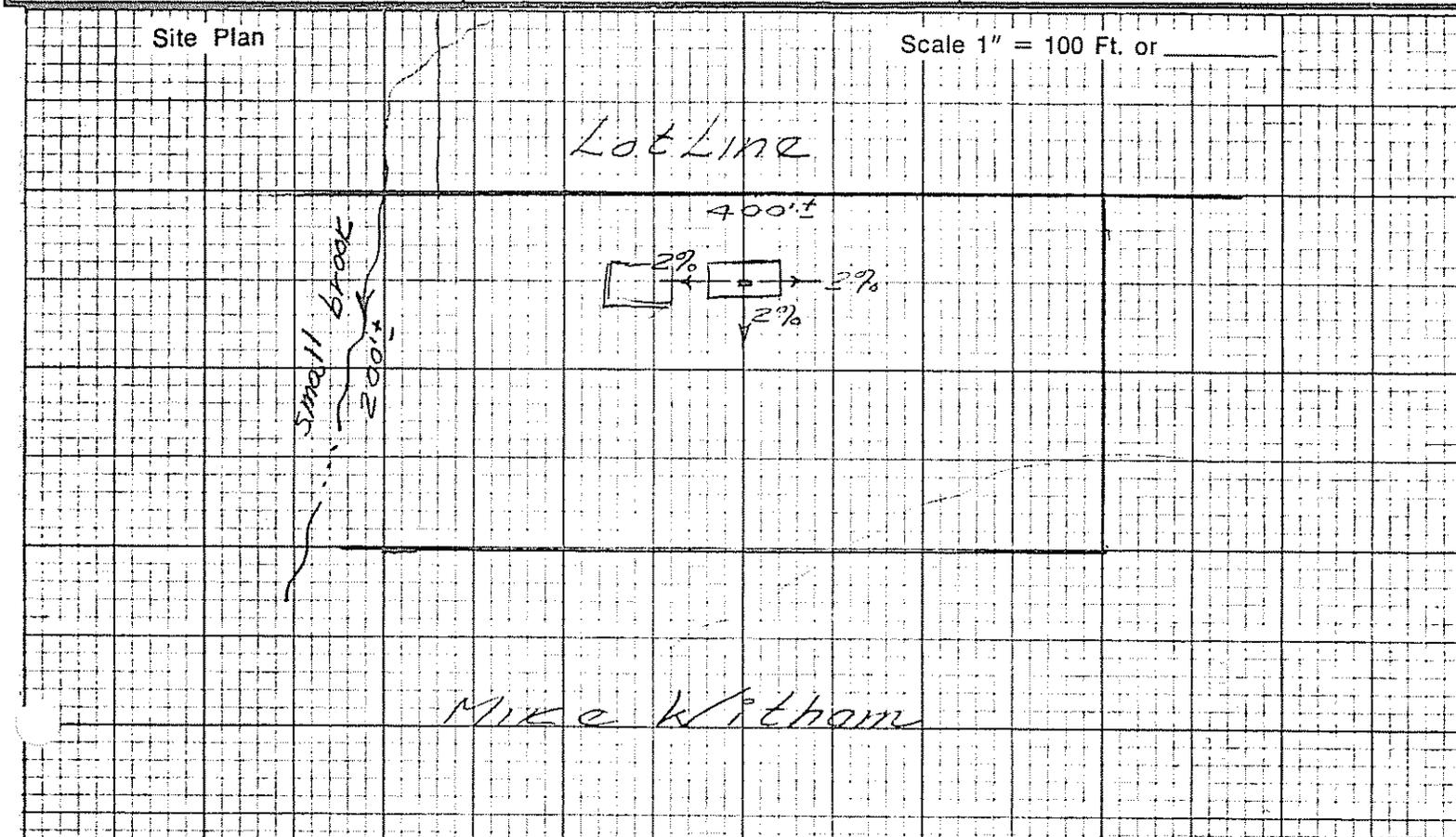
**PROPERTY / LOT LOCATION MAP**  
 0.7 miles down the Spring road from So. Belfast Ave. The lot is about 700' from the road.

**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 P. Baber** Date **6-30-77** HHE-200 5/76

APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT  
(For systems disposing of less than 2000 gallons per day)

Town <b>Augusta</b>	Street, Road, etc. <b>Off the Spring Road</b> If on water body, give name	Owner of property <b>Judith Johnson</b>
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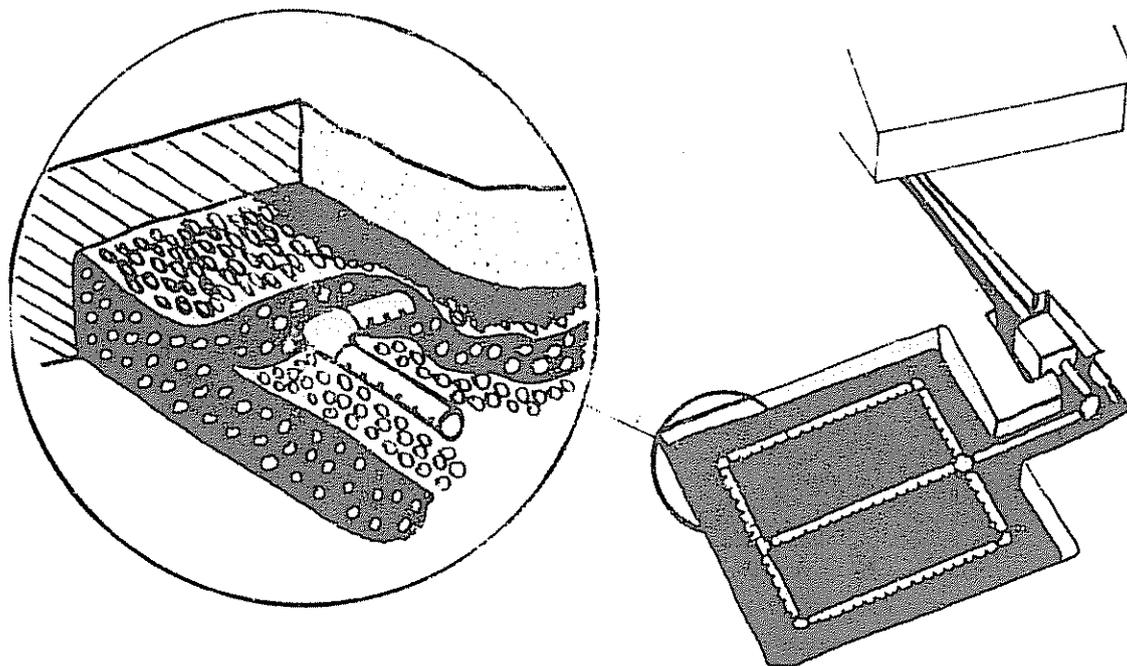
Statement: (no permit may be issued unless signed)

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

Signature Required  
Date: June 30, 1977  
J. Johnson

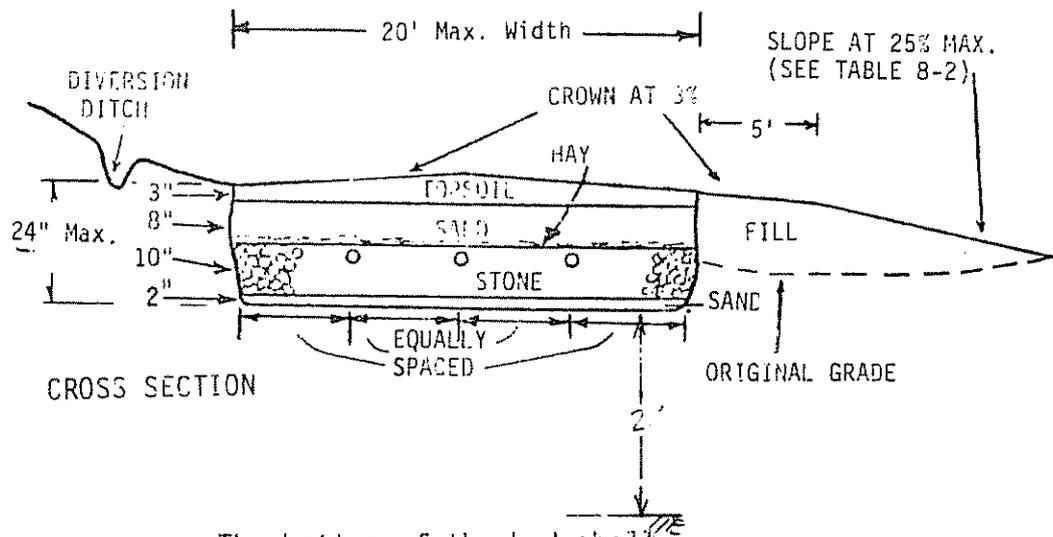
# Sec.9.7

# BEDS



SHALLOW BEDS - DETAILS - Beds shall be constructed in accordance with the following table:

Minimum diameter of percolation line	4 inches
Maximum slope of percolation line	2 inches in 100 feet
Minimum width of bed bottom	5 feet
Minimum distance of undisturbed earth between beds (if more than one is used)	40 feet
Maximum depth of invert of percolation line	15 inches
Minimum depth of stones below the invert of percolation line	6 inches
Minimum depth of sand above the percolation line	8 inches
Minimum depth of sand below the stone layer	2 inches
Minimum thickness of stone layer	10 inches
Minimum depth of bed	24 inches
Maximum depth of bed	26 inches
Minimum thickness of topsoil over bed	3 inches
Thickness of layer of hay over stone	1 inch
Maximum width of bed bottom	20 feet
Maximum length of bed bottom	100 feet



The bottom of the bed shall be two (2) feet above the seasonal high groundwater, bedrock, and impervious layer.

When beds are:

- 10 to 14 feet wide Use two percolation pipes
- 15 to 20 feet wide Use three percolation pipes

The perforated pipe shall be installed in a closed continuous network.