

Trow Charles

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 AUGUSTA	Street, Road, etc. 612 EASTERN AV.	Permit No. 8866EP	Date 5-16-78		
Owner of property CHARLES TROW		Owner's address 612 EASTERN AV. AUGUSTA		Size of lot 75 X 100	<input checked="" 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 <input type="checkbox"/> Shoreland <input type="checkbox"/> Resource Protection		
Name of applicant Owner's agent SAME		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. SAME		Tel. No. 622-3459			
Town AUGUSTA	zip code 04330	Subdivision name		Lot No.	
Applicant's signature <i>Charles D. Trow</i>		Date 5-15-78			

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 Surface water Body, Course— with disinfection, without disinfection. Public Utility, name **AUGUSTA**

Soil Profile No.	Soil Profile No.							
	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring						
Organic strata SILT + SOIL	Organic strata							
Inches 2'	Inches							
1st strata SILT + LOAM	1st strata							
Inches 12'	Inches							
2nd strata SILT + CLAY	2nd strata							
Inches 30	Inches							
3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata
Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches	Inches
Total Depth of observation hole Inches 75	Total Depth of observation hole Inches							
Max. Ground water table—mottling 7 inches	Max. Ground water table—mottling inches	Max. Ground water table—mottling inches	Max. Ground water table—mottling inches	Max. Ground water table—mottling inches	Max. Ground water table—mottling inches	Max. Ground water table—mottling inches	Max. Ground water table—mottling inches	Max. Ground water table—mottling inches
Impervious layer, clay, etc. 12-15' inches	Impervious layer, clay, etc. inches	Impervious layer, clay, etc. inches	Impervious layer, clay, etc. inches	Impervious layer, clay, etc. inches	Impervious layer, clay, etc. inches	Impervious layer, clay, etc. inches	Impervious layer, clay, etc. inches	Impervious layer, clay, etc. inches
Bedrock <input checked="" type="checkbox"/> None Evident	Bedrock <input type="checkbox"/> None Evident	Bedrock <input type="checkbox"/> None Evident	Bedrock <input type="checkbox"/> None Evident	Bedrock <input type="checkbox"/> None Evident	Bedrock <input type="checkbox"/> None Evident	Bedrock <input type="checkbox"/> None Evident	Bedrock <input type="checkbox"/> None Evident	Bedrock <input type="checkbox"/> None Evident
Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock
Surface slope 2 %	Surface slope %	Surface slope %	Surface slope %	Surface slope %	Surface slope %	Surface slope %	Surface slope %	Surface slope %
Soil Group & Condition per Table 9-1 of the Code, II S-C	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	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 **APRIL 10, 78** (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: *Richard P. Baker* Health Engineering License No. **063**

Date signed: **APRIL 12 78**

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	TREATMENT TANK: <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Size in gallons 1000 <input type="checkbox"/> Aerobic Tank Manufacturer— Model No. Size in gallons	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION
		Type <input type="checkbox"/> Trench System: Total trench length _____ <input checked="" type="checkbox"/> Bed System Length 50 Width 20 <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 type="checkbox"/> Medium <input checked="" type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large	Fill will be: _____ in. uphill; 12 in. downhill DETAILS <input checked="" 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
See Chapter 9 of the Code, II.		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 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 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"/> Miscellaneous _____ See Section _____ <input checked="" type="checkbox"/> Acceptance: Application for permit is approved <input type="checkbox"/> with condition specified, comply with Section 9-1 <input type="checkbox"/> without condition.
	Signed LPI: <i>Richard P. Baker</i> Date: 5-15-78 HHE-200 5/76

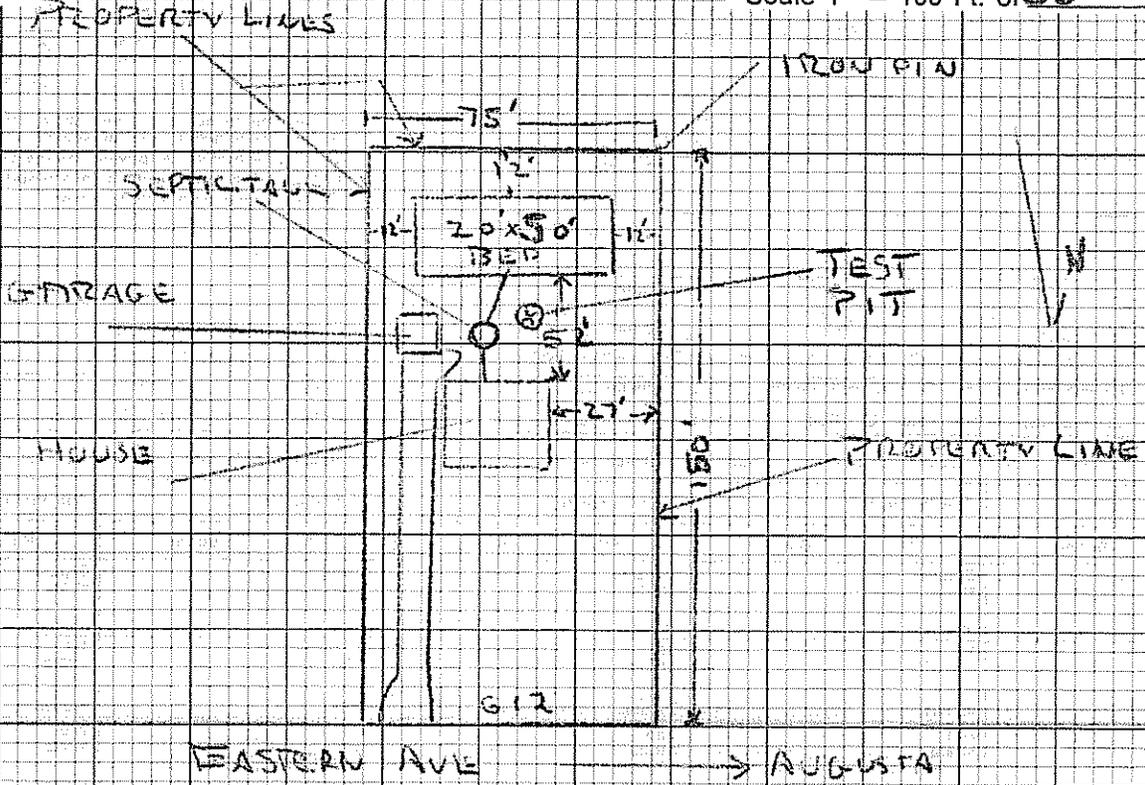
SYSTEM TO BE BUILT FOR POSITIVE PROTECTION

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

Town AUGUSTA	Street, Road, etc. RTE 17 If on water body, give name	Owner of property CHARLES TROW
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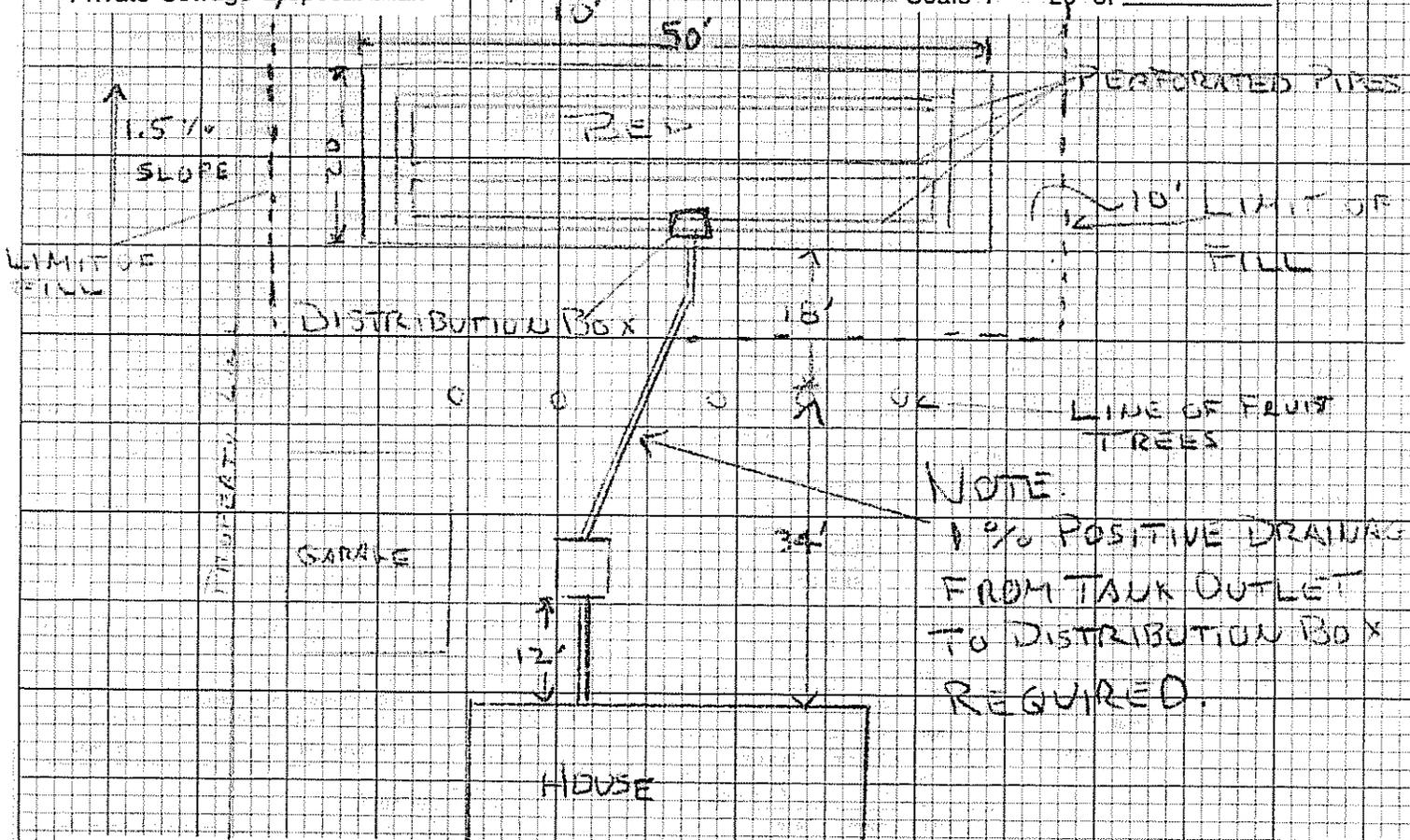
Site Plan

Scale 1" = 100 Ft. or **50'**



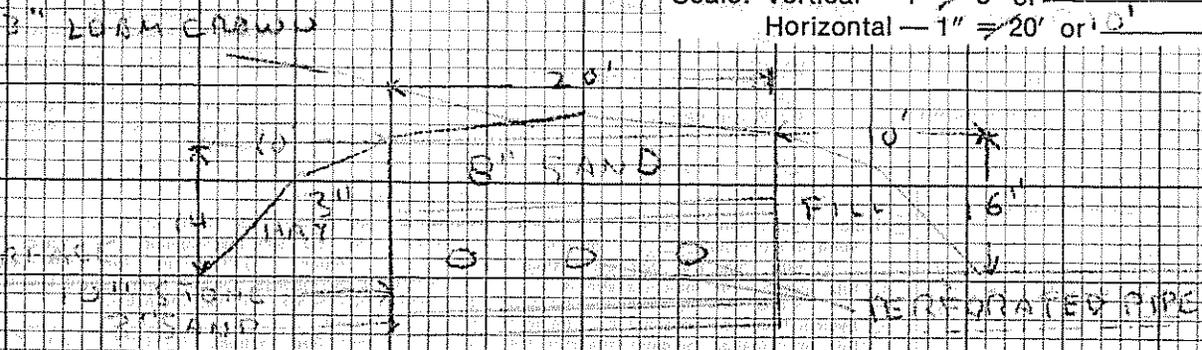
Private Sewage Disposal Plan

Scale 1" = 20' or _____



Subsurface Absorption Area Cross-section

Scale: Vertical — 1" = 5' or 2'
Horizontal — 1" = 20' or 10'



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: May 15, 1978
Applicant: Charles D. Trow
Owner: Charles D. Trow

APPLICATION AND AGREEMENT

TO WAIVE CERTAIN PROVISIONS OF THE PLUMBING CODE

I, CHARLES TROW, hereby apply to the Maine State Department of Human Services for permission authorizing the responsible Plumbing Inspector to waive certain provisions of the Plumbing Code for an installation in connection with a dwelling or building at 612 EASTERN AVE, AUGUSTA.
(owner) (street) (city or town)

This may include materials, methods, dimensions or conditions not specifically approved by the Plumbing Code. Please draw a brief sketch of the property's location on the back of this form so an inspector can find it. Include landmarks, route numbers and street names.

Section of Code to be waived.	Description of specific waiver
1. 9-1	PROPERTY SIZE IS SMALL TO PUT IN THE
2.	REQUIRED 20' X 70' BED. A 20' X 50' IS
3.	THEREFORE RECOMMENDED. (SEE OVER-PAGE)

(If additional space is needed, attach a list)

In all other respects, the installation will comply with the Code. The installation will be made in accordance with the ATTACHED PLAN. A permit is to be issued by the Plumbing Inspector if he is in agreement. The undersigned stipulates that he is the owner and occupant of the building involved and that the building is not for sale in the foreseeable future. The installation will be made by: _____, License No. _____.

If any defects or inadequacies appear, I will promptly notify the State Department of Human Services and subsequently make such corrections as the Department shall find necessary

Owner's signature Charles P. Trow

NOTE: A PLAN TO SCALE
MUST BE ATTACHED

Winter address Augusta, Me.

Summer address same

Telephone 622-3459 Date May 15, 1978

THE FOLLOWING TO BE FILLED IN BY THE PLUMBING INSPECTOR

I am (Local), (Alternate) Plumbing Inspector for the town of AUGUSTA. I have examined the plans for the installation described above and I find the building to be in my jurisdiction.

I (do), (do not) recommend the issuance of a special permit for the installation as described above.

Signed Richard B. Baker

Date 5-15-78

Return this form to the Division of Health Engineering, Department of Human Services, Augusta, Maine. NO permit shall be issued for this waiver until the Local Plumbing Inspector receives notification from this office.

Replacement System unit.

9.10

BED IS NOT ELEVATED THE REQUIRED
24" ABOVE S.W. L. BECAUSE PUMP
IS NOT DESIRED FOR THIS SYSTEM.
A 1% POSITIVE DRAINAGE FROM
TANK OUTLET TO DISTRIBUTION BOX
IS REQUIRED.