

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>ANDOVER</i>	Street, Road, etc. <i>LYON RD</i>	Permit No. <i>6213</i>	Date <i>4/21/75</i>		
Owner of property <i>CATHERINE DEMOS, DR. MAINE RD., CHELSEA</i>		Size of lot <i>100 x 140</i>	<input 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"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Resource Protection		
Name of applicant Owner's agent		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.		Tel. No. <i>623-3679</i>	Maine		
Town		Subdivision name		Lot No.	
Applicant's signature		Date			
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 Public Utility, name _____

depth *DRILLED*, lining *WELDED*, Surface water Body, Course, with disinfection, without disinfection, Public Utility, name _____

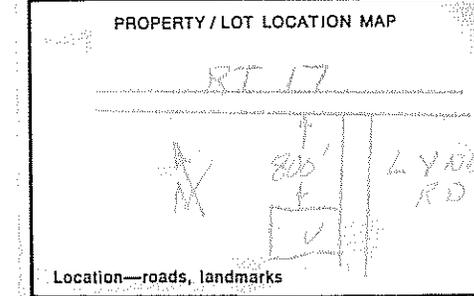
Soil Profile No.	Soil Profile No. <i>1</i>		Soil Profile No. <i>2</i>		Soil Profile No. <i>3</i>		Soil Profile No. <i>4</i>		Soil Profile No. <i>5</i>	
	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input checked="" type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input checked="" type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring
Organic strata	Inches <i>+1</i>		Inches <i>+1</i>		Inches <i>+1</i>		Inches <i>+1</i>		Inches <i>+1</i>	
1st strata	Inches <i>1.1</i>		Inches <i>1.1</i>		Inches <i>1.1</i>		Inches <i>1.1</i>		Inches <i>1.1</i>	
2nd strata	Inches <i>1.3</i>		Inches <i>1.3</i>		Inches <i>1.3</i>		Inches <i>1.3</i>		Inches <i>1.3</i>	
3rd strata	Inches <i>1.1</i>		Inches <i>1.1</i>		Inches <i>1.1</i>		Inches <i>1.1</i>		Inches <i>1.1</i>	
Total Depth of observation hole	Inches <i>3.5</i>		Inches <i>3.5</i>		Inches <i>3.5</i>		Inches <i>3.2</i>		Inches <i>3.4</i>	
Max. Ground water table—mottling	Inches <i>3.4</i>		Inches <i>3.3</i>		Inches		Inches		Inches <i>3.3</i>	
Impervious layer, clay, etc.	Inches		Inches		Inches		Inches		Inches	
Bedrock	Inches		Inches		Inches		Inches		Inches	
Type of Bedrock	<i>3.5</i>		<i>3.5</i>		<i>3.5</i>		<i>3.2</i>		<i>3.4</i>	
Surface slope	<i>6-7%</i>		<i>6-7%</i>		<i>6-7%</i>		<i>6-7%</i>		<i>6-7%</i>	
Soil Group & Condition per Table 9-1 of the Code, II	<i>1-B</i>		<i>1-B</i>		<i>1-B</i>		<i>1-B</i>		<i>1-B</i>	

On *4/21/75* (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
WILLIAM W. RIDEOUT
Date signed *4/20/75*

WILLIAM W. RIDEOUT
CONSULTING GEOLOGIST
RFD #5
GARDINER, MAINE 04345
Soil Scientist
Geologist
Soil Engineer
Other, must show current letter of certification to LPI

SYSTEM: <input type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM <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 Manufacturer— Size in gallons <i>1000</i> <input type="checkbox"/> Aerobic Tank Manufacturer— Model No. Size in gallons		SUBSURFACE ABSORPTION AREA Type <input type="checkbox"/> Trench System: Total trench length _____ <input type="checkbox"/> Bed System Length <i>45'</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 <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 _____		SITE MODIFICATION Fill is— <input checked="" type="checkbox"/> required, <input type="checkbox"/> not required Fill will be <i>3.2</i> inches deep 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 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.	
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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 *Thomas U. Gordon* Date *5/1/75* 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)

Town <u>ORCASTA</u>	Street, Road, etc. <u>AVON RD</u> If on water body, give name	Owner of property <u>CATHERINE DEMOS</u>
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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 1" = 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.

GWT OF LEDGE 3.2-3.5

Signature Required _____
 Date: _____
 Applicant: _____
 Owner: _____