Baker

Original to be sent to Division of Health Engineering, Augusta, Maine 04333 by the LPI COMPANION ANIMAL CLINIC

This Application Is For: ○ New System ○ Expanded System ○ Conversion Permit ○ Experimental System ☒ Replacement Of Entire System ☒ Disposal Area Only

An Application For Subsurface Wastewater Disposal Permit

This Is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

Town	Street, Road, Etc. / If On Water Body, Give Name	Plumbing Permit No.	Date Of Plumbing Permit
Augusta	Rt. 9 Hospital St	19507EP	11-22-78

Owner Of Property	Tel. No.	Name Of Applicant Owner's Agent	Tel. No.
Companion Animal Clinic			

Street	Town	State	Zip Code
RFD 2	Augusta	Maine	

Owner's Signature	Date	Applicants Signature	Date
x Barry Fawett	11-22-78		

Size Of Lot	Is Lot Zoned?	Type Of Zoning	Subdivision Name	Lot No.
2+ ○ Sq. Feet ☒ Acres	○ Yes ☒ No			

The Water Supply For This Property Is: ○ Dug Well, depth ____ ○ Drilled Well, depth ____ ○ Spring, depth ____

Surface water ○ Body ○ Course—○ with disinfection, ○ without disinfection. Public Utility, name ____

SITE INVESTIGATION

Show Location Of Pits on Site Plan on Page 2

	Soil Profile No. ☐ Pit ☒ Boring	Soil Profile No. ☐ Pit ☐ Boring	Soil Profile No. ☐ Pit ☐ Boring	Soil Profile No. ☐ Pit ☐ Boring
Organic Strata	—			
Thickness and Description of each soil strata encountered: 1st Strata	Brown Silt Loam 8 Inches	1st Strata Inches	1st Strata Inches	1st Strata Inches
2nd Strata	Yellow Brown Silt Loam 10 Inches	2nd Strata Inches	2nd Strata Inches	2nd Strata Inches
3rd Strata	Gray Brown Silty Till 12 Inches	3rd Strata Inches	3rd Strata Inches	3rd Strata Inches
4th Strata	Inches	4th Strata Inches	4th Strata Inches	4th Strata Inches
Depth from bottom of organic horizon to: Total Depth of Observation Hole Inches	30	Total Depth of Observation Hole Inches	Total Depth of Observation Hole Inches	Total Depth of Observation Hole Inches
Max. Seasonal Water Table Mottling	○ None Evident 18 Inches	Max. Seasonal Water Table Mottling ○ None Evident Inches	Max. Seasonal Water Table Mottling ○ None Evident Inches	Max. Seasonal Water Table Mottling ○ None Evident Inches
Impervious Layer Clay, Etc.	○ None Evident 28 Inches	Impervious Layer Clay, Etc. ○ None Evident Inches	Impervious Layer Clay, Etc. ○ None Evident Inches	Impervious Layer Clay, Etc. ○ None Evident Inches
Bedrock	Inches ☒ None Evident Type of Bedrock	Bedrock Inches ○ None Evident Type of Bedrock	Bedrock Inches ○ None Evident Type of Bedrock	Bedrock Inches ○ None Evident Type of Bedrock
Surface Slope	5 %	Surface Slope %	Surface Slope %	Surface Slope %
Soil Group / Soil Condition	1 / C	Soil Group / Soil Condition	Soil Group / Soil Condition	Soil Group / Soil Condition
Per Table 9-1 Code II		Per Table 9-1 Code II	Per Table 9-1 Code II	Per Table 9-1 Code II

On 11/16/78 (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 [illegible] Date Signed 11/16/78 Site Evaluator License Number 251

DISPOSAL SYSTEM PROPOSED

Show Location of System and Details on Disposal Plan on Page 2

SYSTEM:
- ☒ Combined System
- ○ Separated System

If separated system—type of human waste disposal system to be used:
- ○ Sealed Vault Privy
- ○ Open Pit Privy
- ○ Compost Toilet
- ○ Chemical Toilet
- ○ Incinerator Toilet

TREATMENT TANK
- ○ Aerobic Tank
- ☒ Septic Tank
- ○ Concrete
- ○ Fiberglass
- ☒ Metal

Size in Gallons: Use existing Tank Gal.

Number of Bedrooms: —

SUBSURFACE ABSORPTION AREA/TYPE
- ☒ Bed System, No. of Beds 1, Length 65 ft, Width 20 ft
- ○ Chamber System Number ____
- ○ Type A ○ Single File
- ○ Type B ○ Cluster
- ○ Special System Length ____ ft, Width ____ ft
- ○ Laundry System, No. of Chambers: Type A ____ Type B ____

Name and type of establishment if other than private home: Veterinary

SIZE
- ○ Small
- ○ Medium
- ○ Med.-Large
- ☒ Large
- ○ Extra-Large

Design Flow: 300 GPD

SITE MODIFICATION

Fill will be: 18 in. uphill 30+ in. downhill

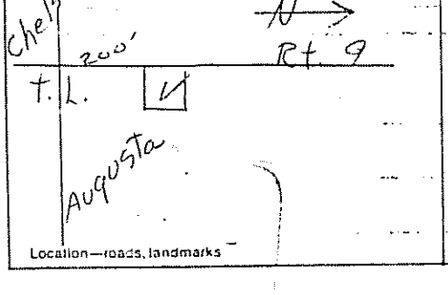
DETAILS
- ○ A Distribution Box is required
- Pumping is—☒ required ○ is not required
- The dose will be 75 Gallons

DISTANCES

☒ Yes ○ No: The proposed subsurface absorption will be located at least 100 feet from any and all springs; surface water bodies and courses (lake, ocean, brook, stream, river); swamps, marshes, and b

☒ Yes ○ No: The proposed subsurface absorption will be located at least 300 feet from any and all well springs producing 2000 gallons or more of water pe and any public water supplies

PROPERTY/LOT LOCATION MAP



Location—roads, landmarks

WAIVER ○ State Variance Required ○ Replacement Variance Required ☒ None Required

FOR THE USE OF LPI ONLY

○ Denial: Application is denied for the 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 4.1
○ Site Investigation indicates site is ○ unsuitable for disposal system. ○ Unsuitable for system proposed
○ System Proposed does not conform to Code ____
○ Site Investigation indicates site modifications are necessary
☒ Acceptance: Application for permit is approved ○ with condition specified, comply with Section ____ ☒ without condition.

Signed LPI Richard P. Baker Date 11-22-78 HHE-200

(For systems disposing of less than 2000 gallons per day)

Street, Road, etc. Rt. 9

Owner of Property: Companion Animal Clinic

If on water body, give name

Augusta

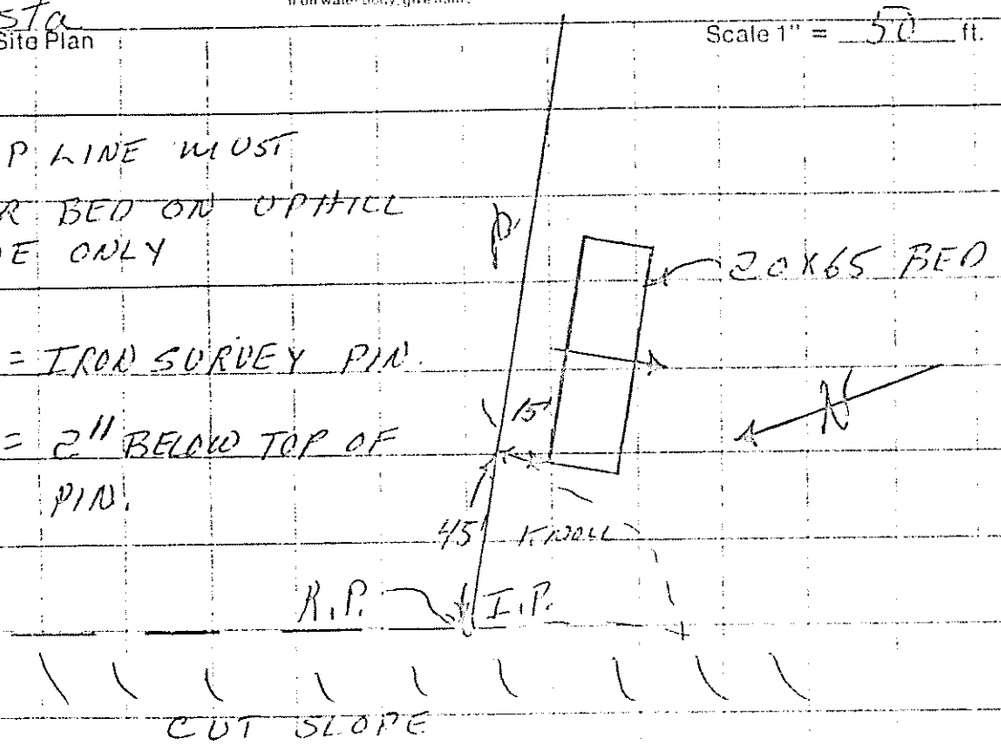
Site Plan

Scale 1" = 50 ft.

PUMP LINE MUST ENTER BED ON UPHILL SIDE ONLY

R.P. = IRON SURVEY PIN.

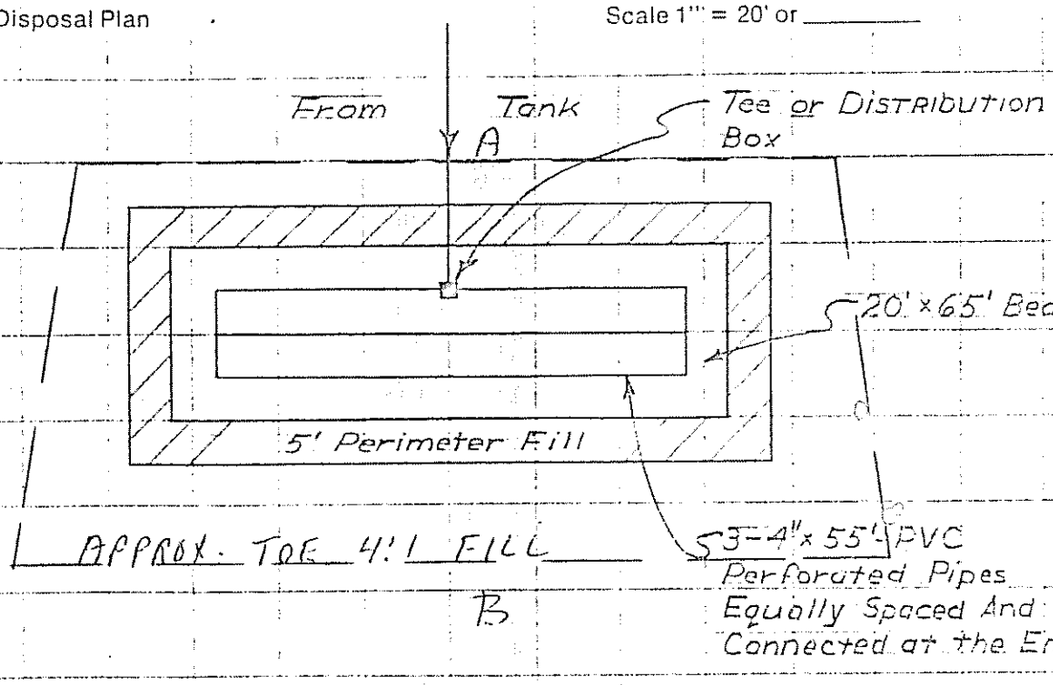
F.G. = 2" BELOW TOP OF PIN.



O Designates Elevation Reference Point ○ Designates Test Pit

Private Sewage Disposal Plan

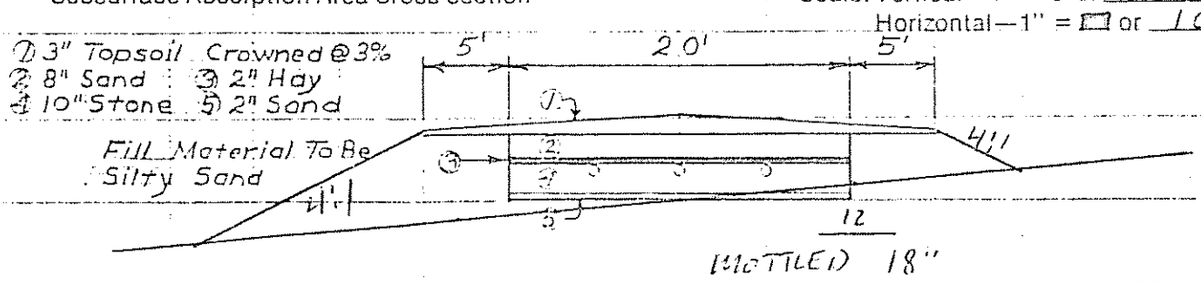
Scale 1" = 20' or _____



Subsurface Absorption Area Cross-section

Scale: Vertical—1" = 5' or _____

Horizontal—1" = ☐ or 10'



Remove Stumps, Boulders, and or Sod and Scarify Surface Before Fill Is Placed.

Site Evaluators Signature: [signature] Date: 11/16/78 License Number: 51

HHE 200 1/76

Signature Required

(Statement must 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.

Date: 11-22-78

Applicant: _____

Owner: X Barry Farrett.