

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: **Augusta** Street, Road, Etc.: **Mud Mills Road** Plumbing Permit No.: _____ Date Of Plumbing Permit: _____

Owner Of Property: **Guy Allen** Tel. No.: **582-5476** Name Of Applicant Owner's Agent: **Same** Tel. No.: **Same**

Street: **R.F.D. #1**

Town: **Gardiner** State: **Maine** Zip Code: **04345**

Owner's Signature: _____ Date: _____ Applicant's Signature: _____ Date: _____

Size Of Lot: Sq. Feet Acres Yes No Type Of Zoning: _____ Subdivision Name: **Mud Mills Road** Lot No.: **5**

The Water Supply For This Property Is: Dug Well, depth _____; Drilled Well, depth **TBD**; 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.	Soil Profile No.		Soil Profile No.		Soil Profile No.	
	<input checked="" type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring
Organic Strata 0	Organic Strata					
1st Strata Light Brown Sandy Loam 14"	1st Strata					
2nd Strata Medium Sand Rocky 44"	2nd Strata					
3rd Strata	3rd Strata	3rd Strata	3rd Strata	3rd Strata	3rd Strata	3rd Strata
4th Strata	4th Strata	4th Strata	4th Strata	4th Strata	4th Strata	4th Strata
Total Depth of Observation Hole Inches 58"	Total Depth of Observation Hole Inches					
Max. Seasonal Water Table Mottling 0 <input checked="" type="radio"/> None Evident	Max. Seasonal Water Table Mottling <input type="radio"/> None Evident	Max. Seasonal Water Table Mottling <input type="radio"/> None Evident	Max. Seasonal Water Table Mottling <input type="radio"/> None Evident	Max. Seasonal Water Table Mottling <input type="radio"/> None Evident	Max. Seasonal Water Table Mottling <input type="radio"/> None Evident	Max. Seasonal Water Table Mottling <input type="radio"/> None Evident
Impervious Layer Clay, Etc. <input checked="" type="radio"/> None Evident	Impervious Layer Clay, Etc. <input type="radio"/> None Evident	Impervious Layer Clay, Etc. <input type="radio"/> None Evident	Impervious Layer Clay, Etc. <input type="radio"/> None Evident	Impervious Layer Clay, Etc. <input type="radio"/> None Evident	Impervious Layer Clay, Etc. <input type="radio"/> None Evident	Impervious Layer Clay, Etc. <input type="radio"/> None Evident
Bedrock <input checked="" type="radio"/> None Evident	Bedrock <input type="radio"/> None Evident	Bedrock <input type="radio"/> None Evident	Bedrock <input type="radio"/> None Evident	Bedrock <input type="radio"/> None Evident	Bedrock <input type="radio"/> None Evident	Bedrock <input type="radio"/> None Evident
Surface Slope 4%	Surface Slope %					
Soil Group 5-c Soil Condition B	Soil Group					
Per Table 9-1 Code II	Per Table 9-1 Code II	Per Table 9-1 Code II	Per Table 9-1 Code II	Per Table 9-1 Code II	Per Table 9-1 Code II	Per Table 9-1 Code II

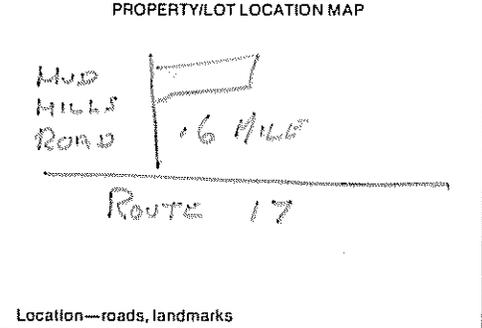
On **4/7/78** (date), a site investigation for this project was completed. I conducted this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the following type and size of private sewage disposal system. I also recommend the proposed private sewage disposal system layout and location shown on page 2.

Signature: *[Signature]* Site Evaluator License Number: **158**

Date Signed: **8/1/78 Revised**

DISPOSAL SYSTEM PROPOSED Show Location of System and Details on Disposal Plan on Page 2

<p>SYSTEM:</p> <input checked="" type="radio"/> Combined System <input type="radio"/> Separated System If separated system—type of human waste disposal system to be used: <input type="radio"/> Sealed Vault Privy <input type="radio"/> Open Pit Privy <input type="radio"/> Compost Toilet <input type="radio"/> Chemical Toilet <input type="radio"/> Incinerator Toilet	<p>TREATMENT TANK</p> <input type="radio"/> Aerobic Tank <input checked="" type="radio"/> Septic Tank <input checked="" type="radio"/> Concrete <input type="radio"/> Fiberglass <input type="radio"/> Metal Size in Gallons 1,000 Gal. Number of Bedrooms 3	<p>SUBSURFACE ABSORPTION AREA/TYPE</p> <input checked="" type="checkbox"/> Bed System No. of Beds 1 Length 16-34 Width 20 ft <input type="checkbox"/> Chamber System Number _____ <input type="radio"/> Type A <input type="radio"/> Single File <input type="radio"/> Type B <input type="radio"/> Cluster <input type="checkbox"/> Special System Length _____ ft Width _____ ft <input type="checkbox"/> Laundry System Type A _____ Type B _____ No. of Chambers: _____	<p>SIZE</p> <input type="radio"/> Small <input checked="" type="radio"/> Medium <input type="radio"/> Med.-Large <input type="radio"/> Large <input type="radio"/> Extra-Large Design Flow 204 GPD	<p>SITE MODIFICATION</p> Fill will be: _____ in. uphill _____ in. downhill <p>DETAILS</p> <input type="radio"/> A Distribution Box is required No Pumping is— <input type="radio"/> required <input checked="" type="radio"/> is not required The dose will be _____ Gallons <p>DISTANCES</p> <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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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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 _____ Date _____ HHE-200 1/78

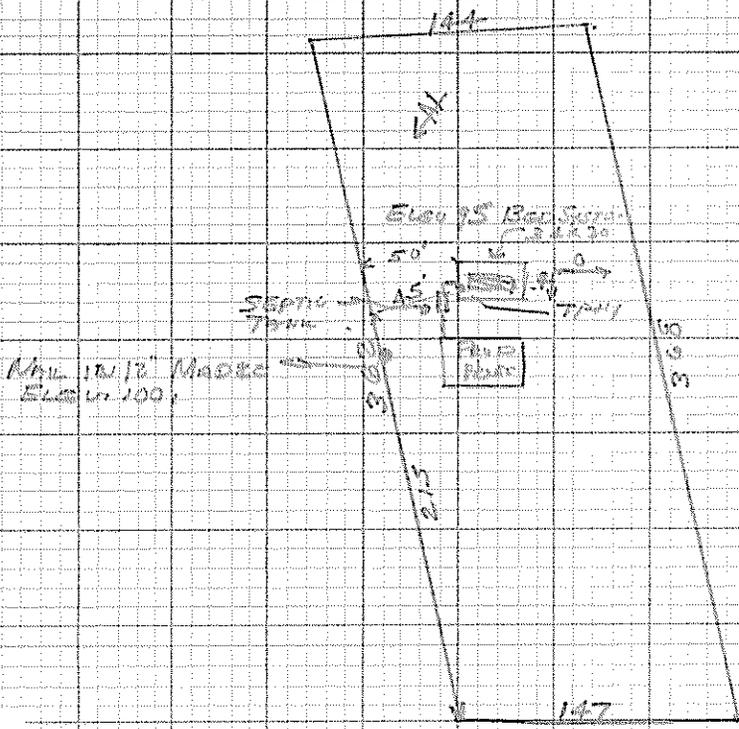
APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

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

Town Augusta Street, Road, etc. MOO MILLS LOOP Owner of Property GUY ALLEN
 If on water body, give name

Site Plan

Scale 1" = 100 ft.

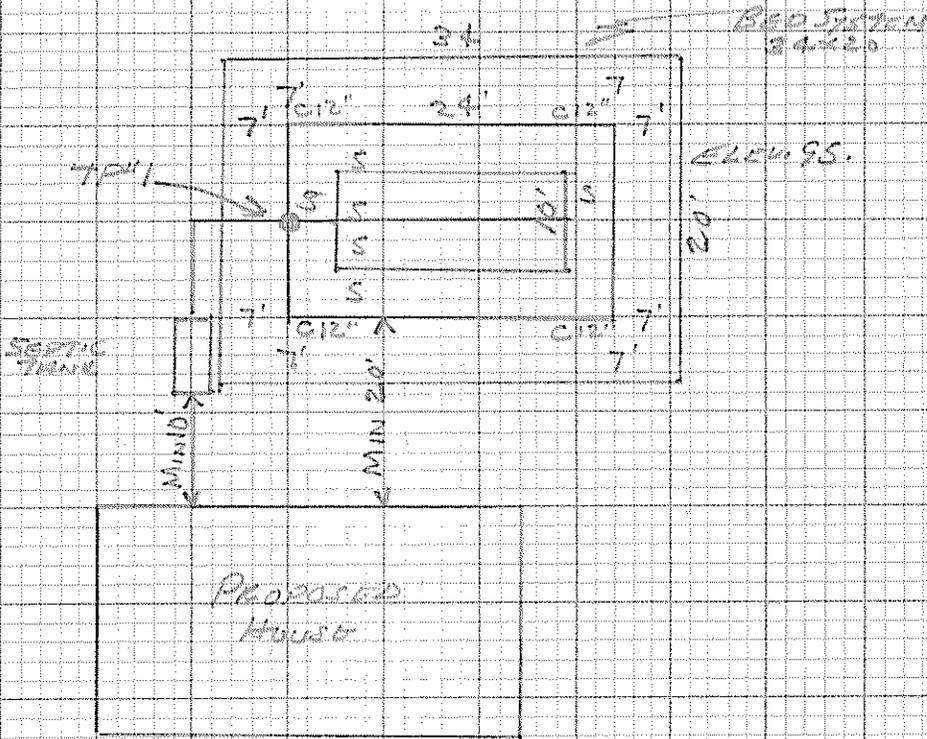


● Designates Elevation Reference Point

○ Designates Test Pit

Private Sewage Disposal Plan

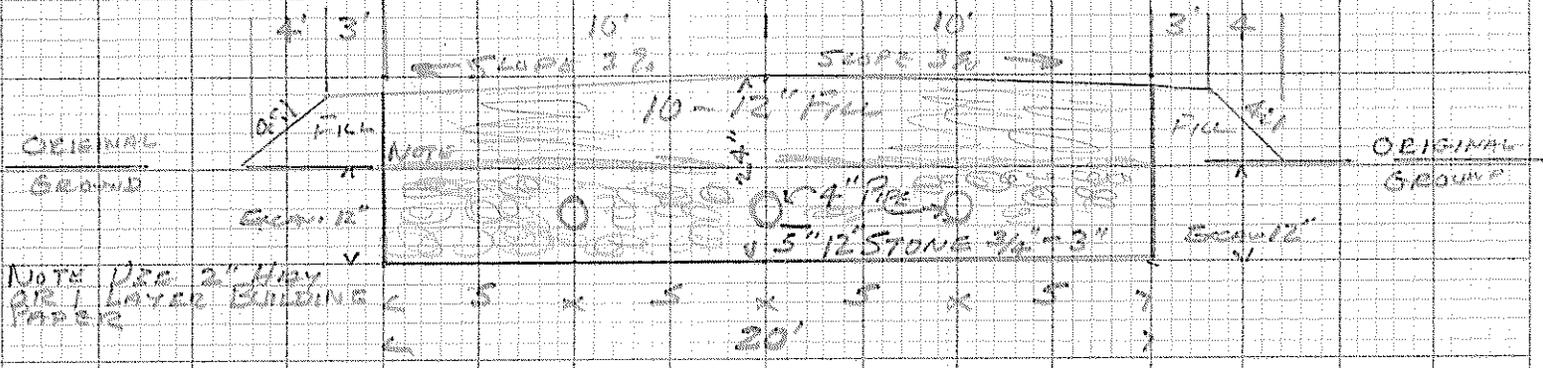
Scale 1" = 20' or _____



USE 4' APW
 PLACE 2' CLEAR
 PATCH 3/4" IN 24"

Subsurface Absorption Area Cross-section

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



Site Evaluator's Signature [Signature] Date 8/11/78 License Number 158

Signature Required

HHE-200 1/78

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.

Date: _____
 Applicant: _____
 Owner: _____